Access to mental health services for children and young people in Birmingham: what needs to change?

healthwatch Birmingham

Contents

Introduction

In December 2020, Healthwatch Birmingham undertook to investigate the quality of mental health services provided by Forward Thinking Birmingham (FTB) for children and young people (CYP). The objective was to gather the views of services users and use these to drive better access to FTB's mental health services in Birmingham.[1] The investigation heard from service users and their parents and carers, and delved into the range of their experience with mental health provision. These included ease of access, barriers and challenges faced, what has worked well, and what service users say needs to change to provide a better service. Research also included coverage of services provided during the Covid-19 (coronavirus) pandemic.

Summary of findings

Although we have heard some positive experiences from Children and Young People (CYP), many have told us of the challenges they face when using Forward Thinking Birmingham (FTB) services. Challenges experienced are around assessments, care planning, waiting lists, diagnosis, poor treatment, poor medical insight and support, and lack of responsiveness to complaints.

While there has been progress in meeting the aims set out following FTB's inception in 2015, more work needs to be done. Some CYP are still experiencing challenges using FTB's services. Frequently cited problems include the invisibility and neglect of mental health services relative to services for physical ailments; long waiting times; bureaucratic barriers; unacceptably slow responses to mental health crises; and a lack of accurate care planning and staff continuity. One participant said:

> *When young people are unwell mentally, they need the therapies then and not many months in the future. If I was physically injured, I would be able to access treatments immediately but Mental Health appears to be far behind.*

---

[1] This includes mental health services commissioned by FTB.

Worryingly, service users reported detecting a sense of helplessness across the service, with respondents telling us, *'Staff have lost whatever it is that led them to work in mental health for young people'* and *'It's not a lack of knowledge of the issues [raised in our survey], but a lack of accountability'*. Below are some of the themes from the experiences we heard.

- Long waiting times from referral to assessments are impacting the ability of the service to intervene early and prevent deterioration in the mental health of some young people.
- Lack of care plans outlining conditions, interventions, and expected outcomes for some CYP means that their needs are poorly identified which affects treatment and outcomes.
- Some CYP and parents/carers told us the mental health service is fragmented and bureaucratic, creating barriers to access and negatively impacting outcomes.
- Some CYP and parents/carers told us their mental health has deteriorated following the use of mental health services.
- Some CYP and their parents feel they have to fight and often have to rely on A & E to access mental health services. Consequently, CYP and parents/carers are unable to speak up or are unaware of their rights, in relation to using mental health services, and are unlikely to access services.
- Mental health support for CYP with other conditions needs to be reviewed and improved in order to address their specific needs i.e. autistic, Asperger's, learning disability etc.
- Long waiting times for treatment mean some CYP and parents/carers opt not to access services with others paying for private care.
- Poor treatment from some practitioners is leading some CYP to opt out of services despite still needing support.
- Although most parents feel involved, they do not feel listened to and their views taken into consideration. Delays in support often lead to poorer outcomes for CYP, in some cases resulting in sectioning.
- Frequent staff changes means that there is no continuity in care/treatment leading to variable outcomes for some CYP.
- The service provided by the Crisis team is considered to be poor in its response to some CYP. This includes the time taken to respond and the opening hours of the service.
- Most CYP and parents/carers believe that face-to-face assessments and treatment are crucial for addressing mental health.

CYP and parents/carers would like to see the following changes to FTB:

- Provide early intervention and prevention
- Provide treatment that is timely, comprehensive and meets individual needs
- Improve the capacity and capability of staff, including staff attitudes
- Provide personalised/person-centred care and comprehensive, outcomes-focused care plans
- Support families to cope better with mental illness, and involve them where appropriate
- Remove obstacles to support
- Ensure co-production underpins practice and decision-making
- Improve access to services, including community services, with a particular focus on parts of Birmingham
- Service review and improvement
- Introduce a model of care for young people aged 18-25

- Provide a seamless service, from prevention through to specialist interventions, for those with complex needs
- Improve crisis support
- Improve communication and contact
- Improve follow up care
- Improve the complaints system

How are we using this report to improve mental health services for CYP in Birmingham?

We sent the draft report to Forward Thinking Birmingham (FTB) who are responsible for the provision of mental health services for CYP in Birmingham. We asked them to indicate the actions they will take to address the issues identified in the report: their response is included in this report. The report was made available to the public on our website and emailed to service users who had left their contact details, as well as being shared with relevant third-sector organisations.

How will we report service improvement made by FTB?

We will produce and publish a follow-up report six months after the publication of this report. This report will include evidence of actions undertaken by FTB and any improvements made. We will require evidence provided by FTB to demonstrate greater clarity on specific changes made and an indication of targets met. For instance, clarity on what measurable targets for waiting times FTB has, and how these have been achieved.

Forward Thinking Birmingham's Action Plan

Forward Thinking Birmingham's response gives an overview of the services they provide including outreach programmes into schools and GP surgeries. Although, the response highlights the many positive aspects of the service already in place and the positive outcomes for patients, FTB recognises that more needs to be done to ensure that they reach all CYP in Birmingham.

The response takes on board the experiences shared by CYP and parents/carers and commits to using these to improve services provided by FTB. The actions FTB has outlined in response are below, and the full response can be found on page 32.

- Review our Complaints and Patient Advisory Liaison Service which describe poor experience because of miscommunication, a perceived poor attitude – Target date for completion November 2021.
- Continuation of actions with Think 4 Brum around attitudes, values, and communication, in particular communication training – Target date for completion March 2022.
- Relaunch promotion of our core values to staff – December 2021.
- Introduce youth workers into our workforce to improve engagement with young people and to provide insight and feedback into supervision surrounding engagement - November 2021.
- Completion and Launch of carers charter which sets out how we involve parents/carers in the service– March 2022.
- Launch Working Together with parents to elicit how we can better listen to them and take their views into account – November 2021
- Reflect on how engaged parents feel following organised meetings where feedback is provided – April 2022.

- Improve training and skills offered in relation to enhancing the support to those with Co-morbid diagnosis and complex needs.
- Training will be added to Mental Health Services training dashboard.
- To improve how we communicate our co-production opportunities to children, young people and young adults/ parents and carers through website and social media platforms (Twitter, Facebook, Instagram, LinkedIn, You Tube) – November 2021.
- To increase awareness and membership opportunities for Think 4 Brum, Young Persons Advisory Group and Carers Group – November 2021.
- Begin focus groups between Crisis Team and Children and Young People to receive feedback and formulate service improvement plan – October 2022.
- Review of serious investigation actions – commence September 2022.
- Review of pathway from urgent care to recovery - commence December 2022.
- Review of Complaints, Patient Advice and Liaison Service (PALS) and Friends and Family Tests (FFT's) in relation to concerns raised in relation to Crisis Care – completed August 2022.
- Urgent Care Service Leads will review the call response times using the technology system attached to the phone lines that allows us to monitor calls – Target completion by October 2021.
- To review feedback from CYP and young adults/Parents and Carers about contracted services via the Contract Meetings – Monthly on-going.
- Utilise the FTB website more effectively to provide clarity on services we refer to and the services we signpost to – October 2021.
- Review feedback for Quality Improvement Work – Monthly on-going.
- Review the feedback about virtual appointments from Children, young people, and parents to define the future delivery.
- Define the balance between face to face and virtual appointments incorporating young people and parent's views – February 2022.
- Ensure clinical teams offer choice in relation to face to face and virtual appointments.
- Ensure Think 4 Brum and Carers Group are engaged in aspects of the procurement for a new trust Digital Communication Platform that is being commissioned and will assist with appointments types and communication preferences where possible.
- Continue with work to reduce waiting times within Forward Thinking Birmingham waiting list group. Weekly meetings held to review. On-going.

Acknowledgements

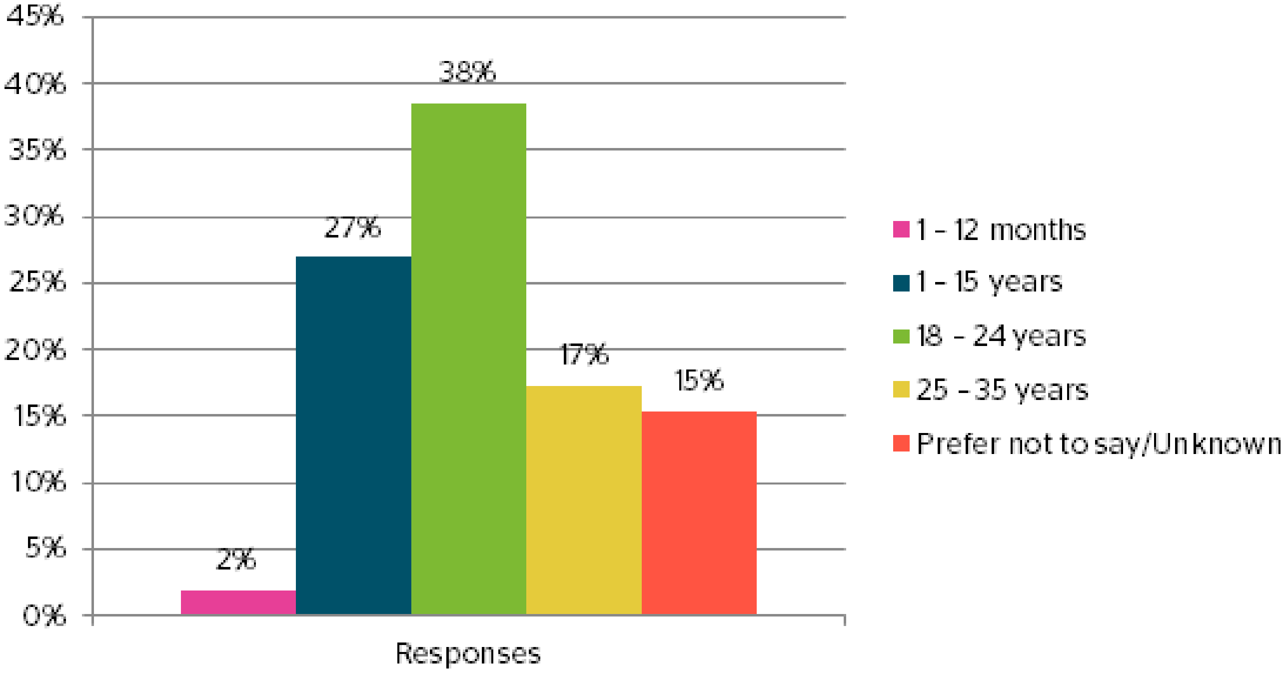
We would like to thank all of the people who completed the questionnaire and agreed to be interviewed. We would also like to thank Forward Thinking Birmingham, Think4Brum, and Birmingham Women's and Children's Trust (PALS/Patient Experience Team) for their support throughout this study and responding positively to the findings.

We would also like to thank third sector organisations that helped us to gain access to CYP and/or their families/carers. Namely: Birmingham Education Partnership, Migration Policy and Practice, Refugee Council, Birmingham Mind, Living Well UK, The Children's Society Birmingham, Autism West Midlands, Birmingham LGBT, Young People Mental Health Project, Migrant Help Outreach, Preparing for Adulthood, Forward Carers Birmingham, YMCA, CONTACT (For families with disabled kids), and Birmingham Parent Carer Forum.

Who did we hear from?

Our target group was children and young people aged up to 25 (or 35 for a first episode of psychosis) who had accessed, or tried to access, mental health services provided by FTB in the previous three years. Also included in the study were parents/carers of CYP. The age range of CYP covered was between one month and 35 years, with the majority of respondents aged between 18 and 24 (see Figure 1).

Figure 1: Age of CYP



Almost half of our CYP respondents (46%) and half of parents/carers (50%) had contacted FTB two or more years ago, with smaller proportions (37% and 19% respectively) having done so more recently.

Thirty-four respondents self-reported a disability. This included autism spectrum conditions, cerebral palsy, epilepsy, hearing impairment, Asperger's, functional neurological disorder, scoliosis, joint hypermobility disorder and endometriosis.

More detailed descriptions of the respondents are set out in Appendix 1.

How did we hear from people?

A combination of an online survey and telephone interviews, between March and June 2021, were used to hear people's experiences. In total, we heard 213 people's experiences of FTB services. Our online questionnaire was distributed widely among third sector organisations, FTB and on Healthwatch Birmingham's social media platform. It received 203 responses, with 102 of these being children or young people, and the remainder being parents/carers. In addition, we interviewed a further 10 respondents.

Background

The national context

It has been estimated that half of all mental health conditions in adults begin at age 14, and that one in 10 CYP have a diagnosable mental health condition (DHSC, 2018). In 2018/19, 380,000 CYP were treated through NHS-commissioned services, representing just 36% of CYP diagnosed with a mental health condition.

One possible reason for this very low rate of treatment - barely over a third of cases - is continuing high rates of referral rejections. The Education Policy Institute (2019) has reported that 26% of referrals to children's specialist mental health services were rejected in 2018/19. Rejection rates have not improved over the last four years, with the Midlands recording a referral rejection rate of 28%. Failure to meet eligibility criteria, or a condition being deemed unsuitable for treatment, are the main reasons for rejection.

Further pressure is seen in long waiting times: the average waiting time to receive an initial assessment is 34 days, and 56 days to start receiving treatment. This is exacerbated by inequalities in access, experiences and outcomes, with experiences being more negative for CYP from deprived areas and disadvantaged backgrounds, and for particular groups such as refugee and asylum-seeking families, children who are also physically disabled, looked after children, and those from minority ethnic groups.

National policies for CYP mental health services

The commitment to improve mental health support and treatment for CYP has been outlined in various policies, plans and strategies over the years. Since 2011, the focus has been on early support; improved access to therapy; and support to help schools identify mental health problems at an early stage, including by fostering links between schools and specialist services.

There have also been attempts to introduce access and waiting time standards. These include a target to increase access to NHS-funded community services to 35% of CYP with a diagnosable mental health condition by 2020/21, and a target of 95% of CYP with an eating disorder having access to treatment within one week for urgent cases and four weeks for routine cases (Parkin and Long 2021; NICE [2]).

The 2017 Green Paper on CYP's mental health set out three proposals, including piloting a four week waiting time for access to CYP mental health services. The Long Term Plan (NHS, 2019) pledged to widen access to services closer to home, reduce unnecessary delays, expand CYP mental health crisis support to a 24/7 provision by 2023/24, and deliver specialist mental health care based on a clearer understanding of, and responsiveness to, young people's needs. For instance, 345,000 additional CYP aged 0-25 will have access to support through NHS-funded mental health services and school or college-based mental health support teams (Parkin and Long, 2021).

A Care Quality Commission review of child and adolescent mental health services in 2017 found that services remain varied. The review highlighted continuing issues around access, growing demand, lack of co-ordination of different services, pressure on staff and lack of resources. A 2018 review by the Children's Commissioner in England found that for children referred to Children and Adolescent Mental Health Services (CAHMS), 31% had received treatment and 32% were still on waiting lists by the end of the year, 37% were not accepted into treatment or discharged after an assessment appointment (Parkin and Long 2021).

---

[2] https://stpsupport.nice.org.uk/cyp-mental-health/index.html

The local context: mental health of CYP in Birmingham

Birmingham is a city with an increasing and diverse CYP population, coupled with higher-than-average levels of deprivation, child poverty and homelessness. As a consequence, the prevalence and severity of mental health illness are expected to rise: a 2010 needs assessment undertaken by the Public Health Action Support Team found that a growth of 17%, on average, is expected across the majority of the mental health spectrum from 2011 to 2021 (Birchwood et al, 2018). The impact of an impoverished childhood on emotional health and well-being, resilience and illness among children and young people in Birmingham is significant. The Covid-19 pandemic has also had a palpable effect on the mental health and well-being of Birmingham's CYP.

Forward Thinking Birmingham

In 2013, work began in Birmingham to develop a 0-25 mental health service for CYP. It was the first delivery model that aimed to remove the barriers of a tiered[3] access system, and to focus on prevention and early intervention by seeking to provide seamless support at the earliest point of need and to remove barriers to access by working with partners in the statutory and the voluntary community sectors. To achieve this, Forward Thinking Birmingham (FTB) was launched in 2015, comprising Birmingham Women's and Children's Hospital Foundation Trust (BWCHFT) as lead partner, and The Priory Group, Beacon UK (now Simplify Health) and The Children's Society [4].

FTB's aims are to:

- remove barriers that hinder access to support
- have an outcomes-focused model of care
- devise personalised, goal-based care plans
- provide a seamless service, from prevention through to specialist interventions
- build capacity on the front-line (including among families)
- provide a wide range of treatment options
- see CYP closer to their homes
- ensure that co-production with service users underpins practice and decision-making
- help families to manage mental illness
- smooth the transition from child to adult services.

In the Birmingham model, referrals come from GPs, parents/carers, CYP, and staff in schools or college into a single access point. The young person must be aged 0-25 (or up to age 35 for a first episode of psychosis) and be registered with a GP. FTB has piloted some innovative approaches to providing early support, such as STICK (Screening, Training, Intervention, Consultation, Knowledge) - a dedicated team for improving engagement with CYP and their families; and Pause, a mental-health drop-in service in the city centre.

---

[3] Child and adolescent mental health services (CAHMS) are provided through a network of services organised in four tiers: Tier 1: Universal services (for all children, schools, GPs, health visitors, children centres); Tier 2: Targeted services (youth offending teams, primary mental health care workers, school and youth counselling); Tier 3: Specialist community services; and Tier 4: Highly specialist services (for severe/complex mental health needs and those requiring highly specialist in- and outpatient services).

[4] https://bwc.nhs.uk/forward-thinking-birmingham/

Findings: Experiences of mental health services among children and young people in Birmingham

The following sections highlight the areas where our respondents told us that the provision of mental health services has worked well, and instances where the quality of the service was poor. We have illustrated our findings with the voices of those with direct experience of services.

Experiences of the referral process

Overall, investment of £1.4bn has been made available nationally to support mental health services. This has been underpinned by the introduction of various access targets and waiting-time standards (see 'Background' above). We asked our respondents for their experiences of the referral process in the light of these incentives.

Referral mechanisms

A small majority of respondents (53%) had been referred to FTB by their GP, followed by those that self-referred (31%), with almost a quarter having been referred by other medical professionals, such as hospital mental health teams or through FTB's own services (see Table 1). A recent (unpublished) NHS report finds that more than a quarter of CYP's access to mental health support came through A&E departments or paediatric units[5].

Table 1: Referral mechanisms

Method	% of CYP
GP	53%
Self-referred	31%
Other medical professional	24%
Education provider	18%
Third sector/VCO	4%
Social services	5%
Not sure	1%

Note: Totals may exceed 100% because some respondents experienced more than one referral.

Eligibility criteria

Referral mechanisms are affected by the eligibility criteria that CYP have to meet to access services. This includes age criteria, but more importantly, the child or young person must be registered with a GP. Indeed, a significant proportion of respondents (35% of CYP and 27% of parents/carers) reported that they had had to fulfil these criteria to be referred to FTB. Almost a quarter of parents/carers (24%) and smaller proportion of CYP (19%) said that they did not need to meet any eligibility criteria to access FTB. Much larger proportions (49% and 45% respectively) did not know whether they had needed to meet any eligibility criteria to access services.

---

[5] www.hsj.co.uk/mental-health/exclusive-children-six-times-more-likely-to-be-restrained-than-adults/7030468.article

Post-referral contact

We asked respondents how long it took for FTB to contact them after a referral had been made. The length of time taken varied, but most had been contacted after between three and six months (17%) or between one and two months (16%) after referral. For 12%, it took longer than 12 months for the service to contact them (for further data, see Appendix 2).[6]

We also asked respondents how satisfied they were with the support they had received while waiting for post-referral contact, focusing on the five areas of:

1. information about the service
2. support offered during the waiting period
3. communications
4. methods of communicating
5. signposting to other services and support.

A large majority of parents/carers expressed overall dissatisfaction across these five aspects, with the highest level of dissatisfaction being around (ii.) support offered (90% dissatisfied) and (v.) signposting to other services (83% dissatisfied). Information (i) and communications (iii.) also saw high levels of dissatisfaction among parents/carers (65% dissatisfied).

CYP also expressed the greatest dissatisfaction with these three areas, with 100% expressing dissatisfaction with (ii.) support offered and 93% dissatisfied with (v.) signposting.

Some respondents (63%) had suggestions for what would have helped them while they were waiting to hear back from the service to which they had been referred. These included:

- more information about waiting times: *'Some indication of length of time referral will take and opportunity for assessment.'*
- details of the support available
- follow-ups and regular updates: *'I think you need to get regular updates because it's like they just forget about you.'*
- quicker response times, especially for urgent cases
- better information about other services: *'I would have appreciated information about Pause and the different groups that they run there.'*
- appropriate, relevant signposting: '*Not being referred / signposted to charities when our children needed a care plan and psychiatrist's support - once we got past the gatekeepers, the CPs and psychiatrist have been excellent.'*

---

[6] Figures or tables representing the data discussed in this section can be found in Appendix 2.

I needed a stay in a psychiatric hospital as I was self-harming at least couple times a week, I needed help, support and treatment but no one would listen to what I was saying and I ended up getting sectioned due to me attempting suicide by hanging. It should have never got to that point.

Given the information and "support" provided after waiting I'm not sure they would know how to offer anything during waiting period.

Greater efficiency of the fragmented service. Without wanting to sound like I am trivialising, as a parent I came out of this feeling like I needed therapy myself as it was just a constant battle and disappointment of chasing up and correcting mistakes, misinformation or information not passed on by the service. Felt like I was battling the system to get the support.

Advice of what to do in moments of crisis. Better response from the crisis team. Links to ANY websites etc. where tangible advice and support was given (I had to conduct my own research). Very clear timelines of how long the support would take and who would call me and a direct line number/name/email rather than just going to a main switchboard every time.

Even if someone was calling just to check how the person was doing and even try to offer advice over the phone .instead of saying when you call "I'm sorry you haven't been allocated a dr yet.

Information about what treatments were available and information about where I was being referred to and what was on offer.

Not being referred / signposted to charities when our children needed FTB CP and Psychiatrist support- once we got past the gatekeepers the CP's and Psychiatrist has been excellent.

Would have been useful to have been able to speak to anyone if needed before one person was allocated but they will not speak to anyone unless allocated a worker.

The fact that they had received the referral and the links they sent out with the 'it's not us it's these people you need' could have been sent earlier. It took months.

Communication to know that things were being done and just a quick call to see how I was and if I needed any help at all.

Experiences of gaining access to services

FTB has committed to prevention and early intervention, recognising that CYP and their parents/carers need to be able to access timely care and so prevent escalation of their mental health condition. However, for this to be realised, CYP need to know where and how to seek help. Respondents were asked to indicate their level of satisfaction with five areas:

i. finding information about the service
ii. ways of contacting the service
iii. location
iv. opening hours
v. confidentiality and privacy.

The highest level of satisfaction (54%) was expressed for (v.) confidentiality and privacy of services, with levels of satisfaction higher among CYP (60%) compared with parents/carers (49%). Almost half of all respondents (49%) were either very dissatisfied or dissatisfied with the ease with which they found (i.) information about the service, and just over half (52%) were dissatisfied with (ii.) ways of contacting the service. A similar pattern is found when we break down the figures for CYP (48%) and parents/carers (52%). In terms of (iii.) location, and (iv.) opening hours, a significant number of respondents were neutral about this (45% and 40% respectively), although CYP (41%) were more satisfied about (iv.) opening times than parents/carers (20%).

These figures suggest that it needs to be easier for CYP and their parents/carers to access services, information and support, for example through better signposting and information about services. This was borne out by comments about access from respondents.

- finding information: *'The ADHD team gave me incorrect information on several occasions.'*
- location of services: *'The service was easy to find online. It has a clear explanation of what it offers.'*
- opening hours: *'When I got there, they hadn't opened and I had to wander around town for a bit (it was like 10/11am so you'd expect them to be open). The opening times weren't clearly displayed on the building.'*
- contacting services: *'No support after 4pm or at weekends - all you get is "call the police".'*
- confidentiality: *'Never able to get through, had to write letter to psychiatrist, just received some paperwork, not sealed and no address - not very confidential.'*

Experiences of assessment

We asked respondents how long it took to be assessed by FTB or have their first meeting following a referral. A slightly higher number (20%) of CYP accessed the service between two to four weeks following referral, 19% between three to six months, and 14% longer than 12 months. Some respondents indicated that they were never contacted following the referral. As these respondents indicated 'Forward Thinking Birmingham (the first service I approached) sent a letter around a week later to confirm I had made a self-referral. But I never received anything after that'. Another said *'never called me back. After I was basically passed on to another number no one got back to me'.*

Overall, respondents expressed high levels of dissatisfaction with follow-up following a referral into the service. A significantly higher number of respondents said they were either very or somewhat dissatisfied with the following issues:

- the length of time they took to respond to me
- keeping me updated and informed
- staff conduct and attitude
- communication that met my needs
- outcome of the referral
- how the service directed you towards other support (e.g. open door, Living Well Consortium)

Over 70% of the respondent said they were dissatisfied with how they were kept updated, and the way the service communicated and signposted them to other relevant support. The top three concerns for CYP (79% respectively) were how they kept them updated, communication and signposting. For parents the top three concerns (77% respectively) were the length of time the service took to respond, how they were kept updated and communication.

We asked respondents whether they felt that the assessment following referral was carried out by an experienced, knowledgeable and competent mental health professional. More respondents agreed that this was the case than disagreed (40% and 36% respectively). However, when we asked whether the assessment had effectively identified the CYP's needs, over 60% of all respondents disagreed. Respondents' comments explained that they did not always feel that they had been heard:

> *I am sure the person was qualified but it felt like she had very little grasp of what my mental health problems were and how they were having a significant impact on my life.*

In some cases, the assessment felt impersonal and clinical, rather than person-centred. For example, there was no carer input on any of the assessment forms:

> *It all sounded very scripted and very impersonal. Almost like a pop quiz - if you get mostly As, you need this, mostly Bs you need this etc. My child was sent an online programme to complete, even though he had still not been diagnosed by a professional.*
>
> *Felt very much like a quick case study. Had to keep repeating the same information (as though she was hearing it for the first time each time). That said, there has been a diagnosis/ outcome.*

Respondents rated the development of a care plan outlining the support they require, including their next steps and the timeframes, as the most important area for improvement. Most respondents (70%) indicated dissatisfaction with this, with slightly more CYP expressing dissatisfaction (75%) than parents/carers (68%).

The second most important issue for respondents was the extent that their needs were met, with 62% expressing dissatisfaction in this area. The third issue that respondents were dissatisfied with was their involvement in deciding on the support they needed, and information and communications about any decisions made:

> *No one I spoke to or saw there had a clue what they were doing - they all just assumed and used what they thought, not what you told them.*
>
> *It never felt like the psychologist and psychiatrist ever actually got to know enough.*

Some respondents told us that although their initial assessment had not fully identified their needs, they found that further assessments were more holistic. However, other respondents did not feel that their needs were listened to, which had resulted in an inaccurate diagnosis.

They felt misunderstood, and that the professionals did not ask enough questions to help uncover the CYP's problems:

> *They read the history and put you in a box and with mental health, that don't work as everyone is different even if they have the same conditions.*

Having to explain their condition several times was distressing:

> *I don't think they have thought through how the service works, e.g. it's not the same practitioner, could be different each time, and the emotional impact of explaining each time why they are there (e.g. they keep self-harming), both for the child and parent, and how this affects someone who is already suffering anxiety and is autistic.*

Experiences of treatment and support

Waiting times for mental health treatment to begin is an important issue for CYP and their parents/carers: many providers are failing to meet the government's four week target for starting treatment. As a national average, CYP are waiting two months to start their treatment. FTB has been identified as one of the providers with the longest median waiting times for treatment, at 112 days. The waiting times for treatment that respondents reported to us varied, with 16% receiving treatment within one month, 21% waiting longer than two months and 15% longer than 12 months.

Respondents were asked what their experience was after treatment had started (see Table 2).

Table 2: Experience of treatment (which of the following statements are true to you?)

		True	**False**
i	I received the support outlined and agreed during my assessment	23%	77%
ii	I received support that matched my needs	18%	82%
iii	I felt I could raise issues without jeopardising my treatment	36%	64%
iv	I received support for as long as I needed it to meet agreed outcomes	24%	76%
v	I had the option to access support at a time when I was ready	26%	74%
vi	I was treated with dignity and respect	60%	40%
vii	I had appointments at a location and time suitable to me	52%	48%
viii	I was communicated with in a way that I could understand and an interpreter was provided where needed	59%	41%
ix	My parent/carer was involved throughout my treatment	46%	54%
x	The support I received was reviewed to ensure that it is still appropriate	22%	78%

A majority of respondents (59%) reported satisfaction with (viii.) communication, and a slightly smaller proportion (52%) said that (vii.) appointments were at a place and time that suited them. A clear majority (60%) said that they were (vi.) treated with dignity and respect.

However, on the other seven aspects, such as (i.) receiving the support they had been promised (77%); (iv.) accessing support for as long as they needed it (76%); (ii.) support that matched needs (82%); (x.) support was periodically reviewed (78%); and (v.) received support when ready to access it (74%), most respondents did not believe this to be true for them:

> *Although the counsellor was supportive and involved us in the initial stages, when working alone with my son, he did not pick up on his complex needs or refer him on for additional support and treatment.*
>
> *STICK is too short-term - families and kids need longer support, not a referral.*

When we asked respondents to explain what aspects of support had worked well and what did not, a major problem was that support was often cut short due to staff redeployment or resignation, rather than because the treatment could be scaled back. The problems our respondents identified included:

- appointments cancelled at short notice: *'The worker I had contacted me for an appointment to tell me she was leaving. Leaving today, the day of the appointment. That was it, no transition, she just left.'*
- unsatisfactory check-ups: *'We were under the impression that a counsellor would be checking in at an agreed time, but this wasn't even a phone call, just a very generic email telling them how well they're doing, when in fact they had no way of knowing this.'*
- failure to acknowledge CYP's views on the effectiveness of the treatment
- too much focus on medicating
- not enough consideration paid to parent/carer knowledge of the child or young person: *'Like every other parent, I know my child, and I know it will take 3-4 sessions with the same person before the real them starts to emerge. Attending places where this is not supported is likely to make his anxiety worse.'*

Experiences of signposting to other services

Effective signposting to relevant organisations can increase the support available to CYP and their parents/carers, particularly when there is a protracted waiting period for decisions to be made on referrals, assessments and treatments. Disappointingly, a majority of respondents (61%) had not been signposted to another support service during their contact with FTB:

> *Unfortunately, we were left in the dark about other levels of support available to us and we were back to square one once the counselling finished.*
>
> *There is a lot the staff can do and they could have utilised the carer's input, but it just involved the service user. This increased the service user's isolation and reduced social prescribing - it made him feel he had to struggle on his own.*

Of the quarter of respondents who said they had been signposted to other organisations, 88% were not satisfied with this, and highlighted the following issues:

- long waiting times: *'They offered counselling but the waiting list was so long I said no.'*
- an organisation's inability to support young people with both autism and mental health problems: *'We were fobbed off and sent packing as soon as they saw the word autism.'*
- inappropriate signposting: *'I do not understand how a website, after 2+ years of no sleep, is going to solve my sleep problems. That is all we ever get - fobbed off with "go to this site". It's like they'll offer that because they can't be bothered to spend the time actually treating you.'*
- poor quality service.

Experiences of mental health services during the pandemic

The Covid-19 pandemic and accompanying lockdowns increased demand for services, and also necessitated changes in the delivery of in-person services. The majority of respondents (64%) had accessed mental health services during the pandemic in the form of a community psychiatric nurse (CPN), crisis support, early help, home treatment, the Kooth support app, early intervention, and primary care. Most of these (56%) had accessed services online or over the telephone.

Most (59%) had found it difficult to use services during the pandemic, although significant proportions had found it easy or very easy (20%), and 21% said it was neither easy nor difficult. More CYP (74%) told us that using mental health services during the pandemic was difficult or very difficult compared to parents/carers (50%). Indeed, only 11% of young people found it very easy and none found it easy to use services during the pandemic.

Respondents who said it had been easy to use services during the pandemic gave the following reasons why it worked for them:

- easy to adjust to the new ways of accessing the service: *'My contact with the mental health team has not really been affected by the pandemic, with the exception of moving to telephone appointment or conference calls.'*
- services remained accessible*: 'Always accessible by phone and video calls made to my son. Home visits continued as his mental health deteriorated.'*
- the level of contact remained the same, with options for face-to-face contact: *'FTB texted and emailed and set up face-to-face appointments with my daughter due to her autism spectrum disorder, which was good.'*
- Changes were communicated well: *'Choice of video or phone, [they] communicated the change, and home treatment was more ideal over telephone for me.'*

Those respondents who found it difficult to use mental health services during the pandemic pointed to the following problems:

- quality of care and crisis support: '*Telephone consultation where I didn't feel listened to at all, my medical notes didn't match up with what I had said.'*
- quality of engagement: *'No Zoom meeting for over a year, just a telephone call from psychiatrist over the phone. Could they judge by the voice that the service user was well?'*
- duration of contact: *'Appointments were swapped to phone calls early in the pandemic, but instead of 45 mins to 1 hour, calls were 10 minutes or under. Pretty much "Hi, are you still alive, bye".'*
- options about how to engage with the service: *'I am hearing impaired, so phone calls are not easy for me.'*
- frequency of contact: *'this was the first time he had contacted me in over 12 months, when I should be seen every 3. So I said I don't want nothing to do with the service and put the phone down.'*
- reliability of appointments: *'Regular calls were made to my son, but often the timings were wrong. So he was told for example Monday at 10. But the call may not arrive until Tuesday 11.30. He was at home but often negotiating online lessons... I'd be waiting on a call that didn't come. Or I would get a voicemail 2 hours later than the time I was given.'*

In theory, the use of ICT for citizens to access health and care services is a welcome development. However, respondents were divided over whether they would like to receive services in this way: 57% would like to receive services online or over the telephone in future, and 43% would not. Comments reflected that a more nuanced approach rather than 'either/or' would suit some people:

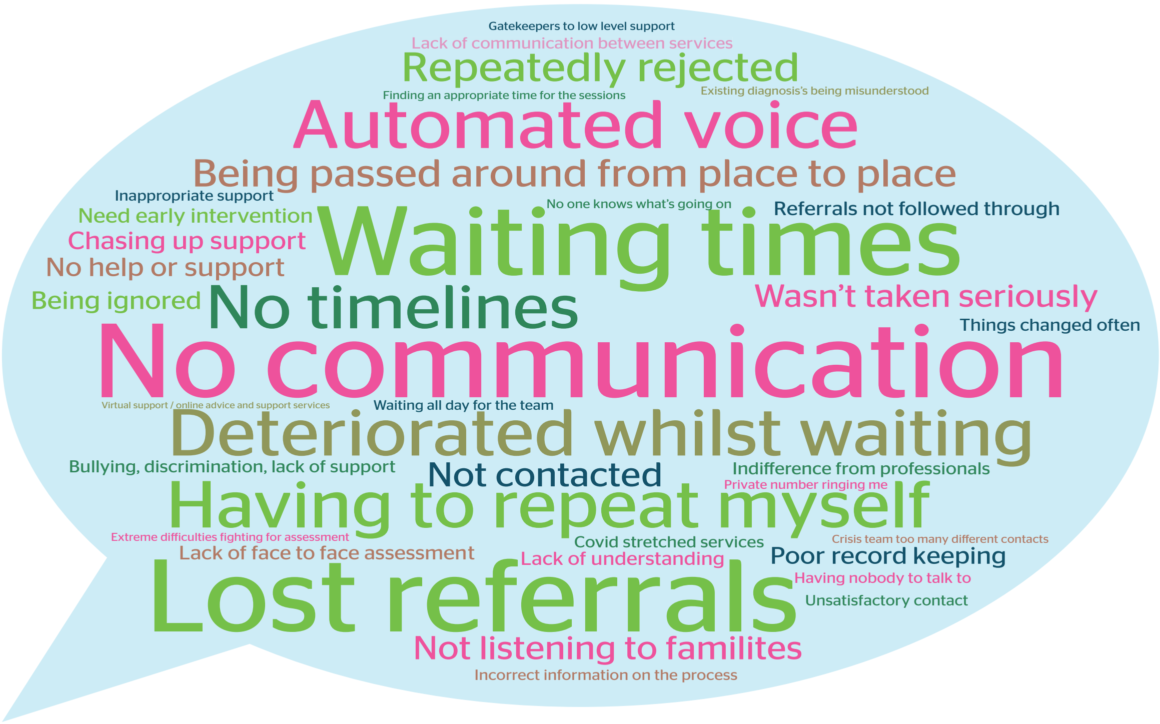
> *I think [the use of ICT] is very useful, but definitely need face-to-face contact every now and then, like 2-monthly... it can feel disconnected otherwise, but a handy resource, for sure.*
>
> *My son finds talking on the phone very stressful, even though he is a 30-year-old. I as a carer would prefer both.*
>
> *Contact is great. Since Covid, telemedicine access has been beneficial, like leaving an email or text out of hours to be picked up next working day is very handy... though I do prefer in-person contact!*

For some respondents, online and telephone consultations were a barrier, and they did not feel they could be properly 'seen' during a virtual consultation:

> *It's hard to express yourself using a phone.*
>
> *At least a video call - my doctor couldn't read my body language.*
>
> *You cannot accurately assess a complex mental health patient over the telephone. My psychiatrist at the start of the pandemic had never even met me.*
>
> *Face to face consultation is better for mental health support, rather than telephone consultation.*

Concerns raised by respondents

This word cloud is based on the responses we received to our survey and indicates the frequency with which various problems in accessing mental health services in Birmingham were reported to us (the larger the letters in the word cloud, the greater the frequency of mentions):



Overall satisfaction

To gain an overall picture, we asked CYP and parents/carers to rate mental health services in Birmingham on a scale of 1-10, with 1 being poor, 5 average and 10 excellent (see Table 3).

Table 3: How would you rate mental health services for children and young people in Birmingham

Respondents	**Poor 1**	**2**	**3**	**4**	**Average 5**	**6**	**7**	**8**	**9**	**Excellent 10**
Overall	59%	4%	15%	6%	7%	6%	0%	2%	0%	2%
Young people	50%	5%	14%	9%	14%	5%	0%	5%	0%	0%
Parents/carers	66%	3%	16%	3%	3%	6%	0%	0%	0%	3%

A majority of all respondents (59%) rated mental health services for CYP in Birmingham as poor (59%). This breaks down to 84% rating the service as being between poor and average, and 10% rating it as being between excellent and average. When we disaggregate the figures for CYP and parents/carers, we find that 78% of CYP rated the service as being between poor and average, and just 10% rating it between excellent and average, while for parents/carers, 88% rated the service as being between poor and average, with 9% rating it as being between excellent and average.

More specifically, we analysed the various challenges respondents had faced when accessing mental health services provided by FTB. These concerns included long waiting times, poor continuity of care, lack of follow-up, lack of support, poor care planning, poor communication and information, poor access to services (especially crisis support), lack of clarity around timelines, and poor diagnosis.

We have taken each of these broad themes and illustrated them in the following sections, using the comments that respondents themselves provided.

Waiting times

Concerns raised:

- long waiting times
- a sense of helplessness and despair of ever receiving the right help and support.

> *I made an urgent referral for counselling for my 15-year-old daughter who is struggling and self-harming. It took 16 weeks for counselling to start and that's urgent!*
>
> *The constant waiting for services to get back to me, for the next meeting etc. had a negative effect on my own mental well-being.*
>
> *I have lost all faith in receiving support. I have taken it upon myself to research and support my child and have worked tirelessly for over two months on improving his mental well-being. This has impacted on my whole family and I have had to be signed off work with stress.*
>
> *It was an emergency referral, but it still took over 6 months.*

Inconsistencies, delays and errors in communications

Concerns raised:

- infrequent appointments
- poor communication and clarity around appointments
- confidentiality failures
- gaps in communication, leading to insufficient support or premature discharge from the service.

> *In my experience, Oaklands isn't very joined up, I've had experiences where I haven't heard anything for months, then I call up and find out an appointment wasn't made for me, so I have to wait another few months. I'm supposed to have a psychiatrist appointment every 3 months, the gap between my last two appointments was 8 months, and it has been 10 months since the last one. I would normally do the chasing up myself, however I've been overwhelmed with cancer treatment as well.*
>
> *I was seeing a different person all the time, so was having the first appointment over and over again. I requested I only have one person, which I did, but I had to self-harm myself every 5 months to get the Rapid Assessment, Interface and Discharge (RAID) team to get me an appointment.*
>
> *The service initially repeatedly failed to inform me of appointments. Falsely claiming we were a 'did not arrive' (DNA). Sent me a letter regarding my daughter... I don't have a daughter, it was for my son. They sent me a letter containing details of another patient. I'm assuming details of my son went to someone else. General Data Protection (GDP) breach! Had I not been a persistent caller and made thorough notes of dates, times, names, I doubt my son would have ever accessed CBT through the service.*

My 16-year-old daughter self-referred online for anxiety affecting her daily life, insomnia, recurring thoughts and specific phobias. Months later someone phoned her during her GCSE exam period and asked her to talk. She panicked and cut off the call. They sent a letter saying she had declined services... Really unhelpful. She needed an in-person appointment. She hasn't got any better, but won't try again.

We had to chase the second referral made by the GP only to be told that they had discharged us as we had not responded to their texts, which was not correct.

When I was referred, it took FTB 2 months to come back and say, actually you don't need our input but Pause.

Poor crisis support

Concerns raised:

- slow responses
- long delays
- lack of understanding and empathy for CYP and their parents/carers in crisis
- failure to offer support at times of distress.

I was in a very dark place, rang up and was pretty much told I had two options of either going into hospital or ringing another phone number. In that time I could have given up and killed myself. I was struggling and had my dad not been there, I likely would have ended my life. A crisis team should be there to stop that. Not make someone feel like giving up even more.

I found the responses [from the crisis team] ranging from not helpful, to actually having a negative effect. On one occasion, the caller kept remarking that she didn't really know what to say as she did not normally hear about children of my child's age with these issues. She said that the parenting course that I was due to attend in a few weeks may help, but she did not know what the course would advise as she had never completed it herself. This made me feel worse and I ended the call. On another occasion... I was reminded that it was not an emergency service and... if I was worried to call 999... I have been waiting for over two months since my initial request for support. I felt utterly let down. I did not receive any advice or support from anyone in the crisis team. Not even any reassuring words.

When we have had to ring the crisis team for support, we have felt very disillusioned and have not received the support we were looking for. We feel totally disappointed with mental health services... There is no treatment available to access immediately as the waiting list is incredibly long. We had to pay privately to access a psychologist.

No one really contacted me back after getting diagnosed with depression.

Find it difficult to get through on emergency number. Told during a crisis someone is coming out today but no one comes, leaving me and my daughter in an unpredictable and maybe dangerous situation for another night until I can call up. No point calling at night as I was told someone would be out the next day.

Inadequate quality of care

Concerns raised:

- a focus on medication rather than therapy
- poor record keeping
- inadequate duration of treatment
- insufficient attention paid to individual circumstances of service users.

> *I was given a false diagnosis and given meds that weren't meant for me.*
>
> *I was just thrown medications in my face when I said I wanted some talking therapies. At one point, I was going through a phase of doing self-harm regularly and psychiatrist prescribed me 90 days of medications (where's the logic of giving someone who is currently overdosing/self-harming 90 days' worth of tablets?).*
>
> *Service was ok but not good. On the first meeting, the counsellor did not take any notes, just listened to what I had to say and did not understand me, instead criticised me.... When I tried to book in again, I was told there are no records of that 90-minute meeting I had with the counsellor. I was not able to speak to her nor book in again as it was written on record that I needed to be seen by another service.*
>
> *The sessions were very short (30 minutes once a week for 6 weeks), which meant I didn't feel I had enough time to talk about what I wanted to. I was looking for a more long-term solution (therapy), but got referred to this by my GP. The sessions were over the phone, which meant I couldn't connect with the other person properly. I was on edge about speaking the full truth as I was in my bedroom talking, where anyone could overhear.*
>
> *I self-referred to the eating disorder service through the access centre... I remember being asked to repeat my life story to a lot of people, not all of whom needed to know every detail. I wished someone would write up detailed notes that the people in charge of making a decision... could read. The person I remember speaking to was pleasant enough but told me, at the end of the call, that it was unlikely that I was going to get help because I wasn't purging or dangerously underweight. This really upset me because, with binge eating disorder, neither of these things happen. I felt completely hopeless; it was encouraging me to get worse or flip into another type of eating disorder in order to be taken seriously and get the help I knew I needed. I did get an appointment in the end, but that comment really shook my confidence in asking for help.*
>
> *There was an error with my referral. I made contact with FTB twice over the summer, but wasn't actually seen until my psychosis had progressed quite severely in December. FTB later said there had been an error and that I had been referred to the wrong team.*
>
> *I used the online self-referral form in July for my 14-year-old daughter, but never received any follow-up after an initial letter to confirm I'd made a self-referral. Her mental health continued to decline, so... I contacted the GP, and he made a referral to CAHMS in December, but her telephone assessment was not until 31 March! During the wait her mental health sadly continued to decline until we reached an actual crisis point... which left me feeling there was no other option than to take her to our local A&E. ... I'm quite certain I am not the only parent that has to go to such extremes to access help for their child.*

Difficulty in accessing services

Concerns raised respondents:

- lack of clarity and ease of contacting services
- unclear, restricted opening times
- failure to return calls or follow up
- limited ways of contacting the service.

> *Very hard to access. Took several referrals from GP and school. Discharged in a hurry as team had deployed. [They were] constantly looking for reasons to discharge [my child]. Pushed [his] parents to the edge of mental health [illness]. A sad experience.*
>
> *They claim to be open from 9 am; however, you can never get through on the phone, there is only ever one receptionist. Receptionists are unable to assist with any enquiries and we always get told no one is available to speak to.*
>
> *If you phone, there is always a queue, usually three to five people, and they only ever have one receptionist on at a time. If they email a CPN, GP etc., there's never a follow-up phone call, no matter how much it's needed. The opening times would be fine if there was actually people constantly on reception when you turn up, and have staff members actually on site to attend those appointments.*
>
> *I was transferred to them by my doctor in October 2020 for cognitive [behavioural] therapy and received an NHS letter in November. I have called them around six times to get them to call me. They told me there was no waiting list and that they would call me on 4 January, but they never did and I'm still trying to get through to them.*

Fragmented, bureaucratic services

Concerns raised:

- confusion about how all the different services work together
- bureaucratic barriers that get in the way of effective treatment
- obstructive and unfair eligibility criteria.

> *It's so fragmented, there's too many different departments. [Seen by FTB], then cognitive behavioural therapy was offered by FTB, but provided by a provider with a different name. Then Oaklands, which is still FTB, but not. A fragmented service that is really not fit for purpose. Awful experience of trying to access support. My son had the advantage of family support, [and] I really worry for less able individuals, teens, or other vulnerable people who do not have someone else chasing up letters, appointments and noticing and correcting errors in the admin and general service.*
>
> *Both medics I've had with FTB have not gotten to know me but have ultimate power over my care - they all pedal the person-centred approach - that hypocrisy is beyond me. Working with my care coordinators and a CPN who listen to me helps... but they are forced by a medic who hasn't listened to me into a mode of care that distresses me. Allowing me to express myself with my own terminology helps and works. Allowing me to change my mind as I learn about my mental health and what treatments work or don't work for me. Adapting with me - again, the care COs [get it], but not the medics. I understand why they are part of my care, but the hierarchy needs to go.*

The STICK team assessed my child within a week. They rejected my child as he was too complex. I then waited over 10 days to discover that the case had been escalated up to the crisis team. They took a week to get in touch. They completed a home visit and within 15 minutes stated that the case was being de-escalated...back to FTB! The same people who I made my initial request to, months before. I am still waiting for an allocated team/worker.

I live in Birmingham but my GP is actually under Sandwell (we live right on the border). But seeing as I have been paying Council tax to Birmingham City Council for the last 15 years and my child goes to school in Birmingham, why should she be denied help? At the very least I should have been sent a letter to say she would not receive help, instead of being left waiting thinking she was on a waiting list for help. Perhaps she wouldn't be where she is now. I am disgusted by the treatment received from FTB.

[Our child] was taken to the Queen Elizabeth Hospital QE as he was acting strangely and didn't know who we, his parents, were. Referred to Birmingham outreach, saw a different CPN every day, and a psychologist, who diagnosed ASD! Case closed & referred back to our GP. I called outreach as we were unable to cope with his behaviour and I fought and insisted he was seen again. Our GP is in Sandwell, who agreed a transfer to Birmingham & Solihull under his dad's GP. Now under early intervention team and can't praise them enough.

Lack of trust and confidence in the service and staff

Concerns raised:

- contradictory information provided around prescriptions and assessments
- lack of empathy among professionals.

They told me that they cannot prescribe me Fortisip. They asked me to see my GP, but last year when I saw my GP, she said she can't prescribe it unless it's for a physical issue. She needs the mental health team to prescribe it. I was confused by this, but I still booked an appointment with my GP, asked for the Fortisip and the GP said [again] I cannot prescribe for mental health but for physical health. I went back and told them what my GP had said - and suddenly they were able to prescribe me Fortisip.

My younger sister is 21 now and has been asking for an autism assessment and the GP has told her on more than five occasions that FTB do not offer these assessments. But on their homepage it says they offer autism assessment. It's on the main page - sometimes I think that they think we are all stupid.

At best, the staff are uncooperative, unhelpful and/or don't know what they're doing, but at worst they are actively harmful and neglectful. I've tried to complain multiple times about Dr X, but I still get booked appointments with him, which means I have to wait ages for a replacement appointment. He blamed all my mental illnesses on me being autistic and tried to get a diagnosis removed from my notes. This man, alongside the Oaklands Centre, left me virtually unmedicated and without help or intervention for over a year to the point where I ended up in a psychiatric hospital. My friends had to act as my carers and without them, myself and several other friends of mine who are also under Oaklands would be dead.

Poor support for CYP with multiple conditions

Concerns raised:

- lack of tailored services, especially for CYP with autism spectrum conditions.

My son is 14 and lives with autism spectrum disorder, attention deficit hyperactivity disorder and oppositional defiant disorder. It took years to get diagnosed and the support from mental health professionals is virtually non-existent.

Out of hours and weekend emergency care needs to be face to face for our autistic kids. Phone lines don't work. A&E is now not an option. We need face-to-face crisis support.

FTB is not well prepared to address the needs of young people who have a disability including autism. I am planning to use the service again, so we have to go through Pause. Pause have told me the process: if he is not making progress after four telephone calls, they will move him to video sessions, and if he does not progress after four video sessions, then he has four face-to-face sessions. If the face-to-face sessions do not work, they will refer him back to FTB. So you will be looking at three months before they refer you back to FTB and go through the whole referral process again. That's an awfully long-winded process for a child experiencing suicidal thoughts. Because of the type of illness - mental health and a disability - he will shut down well before that.

Poor information on referrals, signposting and discharge

Concerns raised:

- lack of detail about what groups and services are available
- lack of continuity when transferred from one service to another
- failure to inform people on the progress of referrals
- poor information about processes, the FTB service itself, and the care they should expect to receive.

> *There is no information when a person is moved from one service to another. The service is not designed in a service-user, rights-based approach. We are led to believe that staff know best. Service users are left in the dark.*
>
> *Our son's confidentiality was respected and the appropriate level of information-sharing was provided during his initial appointments. We were however disappointed that we were not informed when our son was discharged and we had to get that information from a phone call to the counsellor, which was not easy. Many issues were not dealt with at an appropriate level and we were not able to discuss these with the counsellor following discharge.*
>
> *Despite chasing up with calls, I have not got any further information as the case is yet to be allocated. The service I received (or lack of) is utterly unacceptable. My child has still yet to receive any support. I have not received any calls to let me know how long the process might take. At times I was told that someone would call me back within a set period of time and then this did not happen.*
>
> *In regard to finding information, no matter how long or where I looked, it was all the same things - I was not finding enough information to make a decision before going there.*

Improving services for CYP

We asked CYP and parents/carers to tell us which mental health services for children and young people were priorities for improvement. We have presented their comments and suggestions in Table 4.

Table 4: CYP and parents/carers' suggestions for improved services

Improvement	**Participant comments**
Provide early intervention and prevention	*I needed help and was not given it. I self-harmed constantly for 2 years and no one cared. I reached out so many times for help and was just told no, there is no help. There is nothing we can do. I feel like no one cared! Every time I said I wanted to die, I was threatened with being put in a hospital and having my rights taken away! But I just wanted help.* *Services need to assess patients quicker. What's not seen as big to the service is to the young person that needs help.* *[The service needs] a speeded-up referral process so that you know much quicker rather than the 12 weeks you have to wait and find out you are going to PAUSE.*
Provide treatment that is timely, comprehensive and meets individual needs	*Treatment needs to be followed through.* *When young people are unwell mentally, they need the therapies then and not many months in the future. If I was physically injured, I would be able to access treatments immediately but mental health appears to be far behind.* *Shorter waiting times for therapy. The waiting times are ridiculous.*
Improve the capacity and capability of staff, including staff attitudes	*There are insufficient resources and staff.* *Have counsellors who are respectful & keep the privacy in all matters & always being professional as well as friendly rather than rude.* *I would like to see a lot more professionals in mental health services for young people, and individuals being involved with fewer young people. Take my son's case worker, if his key worker only had five cases to deal with and saw them every day, then that would help.*
Provide personalised/person-centred care and comprehensive, outcomes-focused care plans	*Listen to what the person is saying and think about what you're doing before doing it. Me having to harm myself to get an appointment is a safeguarding risk caused by lack of organisation by the service.* *They are doing their best with a bureaucratic system. A lot of their decisions are based on bureaucracy, not the best interest of the young people. I would like to see more of a patient focus.* *I would love some kind of care plan.* *The support has not been great. What seems to be happening is that they pump drugs into her and say she is in a safe place. There is no attempt to get to the root cause of the problem.*

Improvement	**Participant comments**
Support families to cope better with mental illness, and involve them where appropriate	*Parents or carers need to be told when appointments will be made or if there are different services that might be better. Obviously not breaking the patients' confidentiality, but just letting us know about appointments.* *As a family, we have never had support. The carer support groups I have heard about are held during the day, when you are at work. If there could be one or two groups at the weekend, you could attend them then.* *We could see for some time that our son needed to go into hospital. And because the workers only see him for half-an-hour a week, they couldn't see what we could see. That's why it's not working. The services do not really listen to parents and what we have to say. It was six months before they sectioned him after we had been telling them over and over that that's what he needed.*
Remove obstacles to support	*It needs LESS fragments to it. There needs to be one NHS service that is responsible and accountable for itself from start to finish.* *There are too many services that take too long to assess and assign cases. Navigating between four different services is exhausting, time-consuming and mentally draining.* *The whole process has been a living nightmare. GPs state there's nothing they can do, you have to self-refer to FTB. Then they make a decision on your level of need based on how you fill in the referral form. We were never once referred to a consultant to assess my child's condition. It needs to be easier for your GP to refer you to someone to get an actual diagnosis.* *It should not be dependent on where your GP is based. If you are a resident of Birmingham, paying council tax, that should surely qualify you for access to services in Birmingham.* *They referred me to psychotherapy [and] I was told that even though you are referred by the NHS you have to pay. I am a student, and am struggling financially - I can't pay for this treatment. So I didn't do that.*
Ensure co-production underpins practice and decision-making	*I feel the service is designed for the staff and not the service user in mind. There need to be a shift for service users to be involved when services are designed.* *Involve young people in the development of the services. Have young people with lived experience at organisational level in the NHS.* *Workshops between FTB and young people would really be good.*

Improvement	**Participant comments**
Improve access to services, including community services, with a particular focus on parts of Birmingham	*Services available in North Birmingham for children are lacking compared to other areas of the city and this should be addressed. Mental health should not come down to a postcode lottery of your home or GP.* *Invest in community services. Sometimes it's necessary to take young people into hospital, but inject proper money into community services to prevent hospitalisation.* *I feel like west Birmingham is neglected and we are a more deprived area financially but we don't have that many services. Why should my daughter not have the same options in terms of services as other areas. Why should children from much more deprived areas and backgrounds not have the support they need. Especially for young people who identify as part of the LGBT community.*
Service review and improvement	*The whole service needs stripping back and start again - extremely poor service.* *Improve accountability. There is a lack of accountability, not a lack of knowledge. They know what they are doing. If there was accountability, then change would happen.* *Needs vast improvement and to grow to accommodate the city's needs. Too many people are being failed at an early intervention stage and allowed to get to a point of being at risk before they are seen. This is because there isn't enough grass roots entry consulting.*
Introduce a model of care for young people aged 18-25	*FTB does tend to talk to young people like they are still children. I think they need to get over that. They is no point talking to a 24-year-old as if they are still 19 - just speak to us like we are a normal person. I am not a child and am not any more stupid because I have a mental health problem.* *Sometimes they would lump us together with different ages and stuff. I could be 24 in a therapy group and there could be a 17 year old there.* *Have a model or policy of use for 18-25, specifically post grad young people (22-25) - as great as person centred can be, you need a model to base care off and there clearly isn't one for this age group*
Provide a seamless service, from prevention through to specialist interventions, for those with complex needs	*There is a need to have professionals who are equipped to pick up autism and other conditions promptly so that no young person is being denied essential healthcare or has to fight to get help and support, and wait years for this to happen.* *What would make this service great is if I had regular reviews of my medication, cos I am also physically disabled. I take quite a number of medications that have to be reviewed and monitored regularly, but never are.*

Improvement	**Participant comments**
Improve crisis support	*Face-to-face, out-of-hours crisis support.* *I tried to call the crisis line as you are told to do. I was suicidal and was by the motorway outside Birmingham Children's Hospital. I told them I had gone there with the intention of killing myself [but] the crisis team told me that I had called the crisis team too much and I should go home and relax. In the end, a police car saw me and took me to the hospital and they stayed with me. If that did not happen, I don't know what would have happened because crisis service did nothing.* *The crisis team are not fit for purpose.* *Have a model or policy of use for 18-25, specifically post grad young people (22-25) - as great as person centred can be, you need a model to base care off and there clearly isn't one for this age group*
Improve communication and contact	*They have no communication with us at all, apart from a letter that you get a week before your appointment to tell you about the appointment.* *It's the lack of communication. We were in a meeting yesterday and a lot of it was over our heads. Our son has been ill for some time. We understand some things but still the information was hard.* *It all seems to stem from bad communication, like one person does not know what the other person is doing. I was being called by different people from the same service asking me things I had gone over with their colleagues.*
Improve follow up care	*There is no follow-on care at all. You can bring something up in one meeting and because the psychiatrist is not taking notes, it won't be followed up in the next meeting. You end up having three appointments where you are repeating the same thing because the psychiatrist has not bothered to take notes.* *I feel like they should have the knowledge of the places they are sending people as inpatients. They need to ask how our experience was and go and see for themselves. They need to understand from patients what it's like if they are sending us there.*
Improve the complaints system	*Get a complaints system that takes complaints seriously and does not cover up. A complaints system that actually works.*

Conclusion

This report has highlighted the barriers and challenges that many CYP face when accessing mental health services in Birmingham. In some cases these challenges, such as long waiting times for assessments and treatment, are deterring CYP from seeking help from mental health services and leading them to use secondary care for treatment. In addition, the barriers and challenges CYP told us about is impacting the ability of the service to intervene early and prevent deterioration in their mental health. In some cases, the needs of CYP with complex needs are not effectively identified and addressed. More generally, the service provided by the Crisis team is considered to be poor in its response to CYP, including the time taken to respond and the opening hours of the service.

Health Watch Report Action Plan – 2021

The following summary of service has been created by members of Think 4 Brum who work alongside us in ensuring our services are co-produced and developed by those who have experience of the service.

Forward Thinking Birmingham (FTB) is the youth mental health service for 0–25-year-olds, the service provides support for young people who need specialist Mental Health care and treatment, such as Early Intervention Psychosis, Community Treatments for Complex Mental Illness and Disorder, Specialist Eating Disorder Services and Complex Trauma Pathways. We also offer an autism assessment service for children and young people who are not yet diagnosed and are experiencing mental health issues. In addition to this, we work closely with our colleagues within Birmingham Community Healthcare Trust and their Autism assessment service to ensure that young people's needs are met within the right service at the right time.

There are also incredibly resourceful services within Forward Thinking Birmingham for outreach and low-level support. This encompasses those who need a general chat about their mental health wellbeing at the drop in pause hub or chats in school such as the STICK team (Screening, Training, Intervention, Consultation, Knowledge) who go into schools and GP surgeries.

Forward Thinking Birmingham prides, itself on being innovatively focused. Continuous innovative developments into our services enables patient feedback to mould the services provided to befit patient needs. There are always new ways we can progress and improve our services to ensure the best support is provided for our patients. A key example of this is the IROC (Intensive, Residential, Outreach, Community) services. Other meaningful examples of co-production include how young people sit on the Divisional Management Board for Forward Thinking Birmingham to have a say and create change within Forward Thinking Birmingham at a senior level.

Every aspect of Youth Mental Health Services withing FTB services incorporates the views of YP through the valuable feedback provided during the co-production steering group. This encompasses but is not limited to training (suicide prevention training), communication-focussed work (around clinic letters and leaflets) and staff recruitment. We also created a wellbeing passport which was reported to make a profound difference to young people's mental health when in Crisis, in a Place of Safety.

'Despite the presence of strain of services from high referrals, as young people, we know that the Mental Health services team is passionate and dedicated to the cause of youth mental health. We know the people at the top are working hard to foster care that is about us and our wellbeing. They are continuing to support us and challenge themselves; they value our collaborative partnership because they know that together we can make a difference!'…………… **Feedback from Think4 Brum member.**

However, we do note that the co-production and achievements from Think 4 Brum only represent a small proportion of the population that we aim to serve. We fully recognise that we do not always reach everyone and that we need to do a lot more. We aim to increase engagement, feedback and co-production using the feedback from this report to support improvements.

As a Mental Health Service leadership team, we were genuinely saddened to hear of the experiences within the Health Watch Report and we are committed to ensuring that we take on board all the issues raised, learn, and improve from the feedback. We hope that the action plan we have provided highlights where we have made progress and our intentions to ensure that we improve so that we achieve the aspirations of a high-quality Mental Health Services for children and young people across our city.

Concern Identified	Action	Owner of the Action is	Progress and Outcomes
Communication			
1. Poor treatment from some practitioners is leading some young people to opt out of services despite still needing support.	• Review our Complaints and Patient Advisory Liaison Service which describe poor experience because of miscommunication, a perceived poor attitude – Target date for completion November 2021 • Continuation of actions with Think 4 Brum around attitudes, values, and communication, in particular communication training – Target date for completion March 2022 • Relaunch promotion of our core values to staff – December 2021 • Introduce youth workers into our workforce to improve engagement with young people and to provide	Head of Nursing	The Connections and Communications Group has formed a response to feedback from children, young people, and young adults (CYPYA). Think 4 Brum are working with the Forward-Thinking Birmingham Teams in devising a training package around engagement of hard-to-reach young people and young adults. Promoting the importance of valuing a young person's input into their care and treatment. This training will be delivered to all professions within the service and has been developed by our senior mental health youth work practitioners.

	insight and feedback into supervision surrounding engagement - November 2021		Staff from all clinical areas will be trained and this will form part of future Forward Thinking Birmingham inductions. The use of service user developed training called #teentalk.
2. Although most parents feel involved, some parents reported that they do not feel listened to and their views taken into consideration. Often leading to poorer outcomes for young people due to delays in support that in some cases result in sectioning.	• Completion and Launch of carers charter which sets out how we involve parents/carers in the service– March 2022 • Launch Working Together with parents to elicit how we can better listen to them and take their views into account – November 2021 • Reflect on how engaged parents feel following organised meetings where feedback is provided – April 2022	Carers Group – Chaired by our patient engagement lead	Our MHS Carers Group has been refreshed and reinstated post covid online to support attendance. Creation of a Carers Charter in Partnership with Forward Thinking Birmingham Carers Voice – A charter outlines our commitment set out in a document that communicates how we will listen and treat parents/carer with respect when they have a concern. This document will be agreed and rolled out at our Carer's involvement in Family and Patient Advisory Group for trust wide representation and recognition.
3. A majority of CYP and parents/carers feel that there is need to improve the capacity and capability of staff including attitudes of staff.	• Please refer to action 1.	Head of Nursing	We are starting a model of 'real time live' supervision to ensure that the skills we are teaching are being implemented into practice. Live Supervision involves shadowing, observation and monitoring of live clinical interactions and interventions to provide feedback and access to further training with trainers and skill development will be available immediately if required. Evaluation will be monitored through our FFT friends and family interactions and the monitoring of clinical supervisions with staff.

4. Mental health support for CYP with other conditions needs to be reviewed and improved in order to address the specific needs of this group –i.e., autistic, Asperger's, learning disability etc.	- Improve training and skills offered in relation to enhancing the support to those with Co-morbid diagnosis and complex needs. - Training will be added to Mental Health Services training dashboard.	Autism Assessment Pathway – Clinical Lead	Training plan is being formed for distribution across the service to promote the enhancement of knowledge and skills to support those with co-morbid diagnosis and complex needs – March 2022 Specific training will be targeted at Core teams and reception staff as this is where we have highlighted areas that require specific improvements based on feedback received in this report and our complaints and PALS.
5. Some CYP and parents/carers told us that continuous service user involvement and co-production in service design and improvement is needed.	- To improve how we communicate our co-production opportunities to children, young people and young adults/ parents and carers through website and social media platforms (Twitter, Facebook, Instagram, LinkedIn, You Tube) – November 2021 - To increase awareness and membership opportunities for Think 4 Brum, Young Persons Advisory Group and Carers Group – November 2021	Think 4 Brum Group Lead -	Co-production, service design and service improvements occur through membership of Forward-Thinking Birmingham, Carers Voice and Family and Patient Advisory Group (FPAG) and Think 4 Brum Gym shark Garden project at Parkview Clinic our inpatient CAMHS hospital who have helped design our new green garden space. We are actively engaging with Birmingham and Solihull Mental Health Foundation Trust carers forum to identify opportunities for services to join up across Birmingham and Solihull to speed up access to services in a mental health crisis

			We want to make sure we provide better information in the way we communicate with you. Co-production of how we set out our letter templates for our staff to use to ensure the information we send is appropriate, meaningful, and handled sensitively. This will improve how our staff and clinicians think about care and communication with young people. FTB services are improved and developed alongside the valuable work of the representatives from our Think 4 Brum group. This cooperation will continue to enable service user feedback to be incorporated directly into service delivery.
6. The service provided by the Crisis team is considered to be poor in its response to some CYP including the time taken to respond and the opening hours of the service.	• Begin focus groups between Crisis Team and Children and Young People to receive feedback and formulate service improvement plan – October 2022. • Review of serious investigation actions – commence September 2022 • Review of pathway from urgent care to recovery - commence December 2022 • Review of Complaints, Patient Advice and Liaison Service (PALS) and Friends and Family Tests (FFT's) in relation to concerns raised in relation to Crisis Care – completed August 2022	Head of Nursing for Urgent Care.	We are learning and improving by looking at all complaints in detail, this helps us make changes immediately. We also decided we needed to Complaints Service which is called (PALS) and Friends and Family Tests (FFT's) which tell us specifically how CYP feel about the services we provide. Because we received feedback about the handling of Crisis telephone calls and the way it can feel if dealt with in a insensitive way for YP in a crisis we have formed a specific focus group to capture the experiences of YP and use these as learning for training staff and change these into improvements.

	- Urgent Care Service Leads will review the call response times using the technology system attached to the phone lines that allows us to monitor calls – Target completion by October 2021.		We have the technology to listen back to calls recorded and made into the crisis services for improvement purposes. We will conduct a regular review of the quality of communication and how our YP are responded to in a crisis. The service leads regularly use recorded calls as an improvement learning tool for the staff within the Crisis Team this has

Referrals and Waiting Times	Action	Owner(s)/Groups	Progress and Outcomes
7. The service provided by the Crisis team is considered to be poor in its response to some CYP including the time taken to respond and the opening hours of the service.	- Please refer to Action 6	Head of Nursing	- Please refer to Section 6
8. CYP and parents/carers suggest that Forward Thinking Birmingham should get feedback	- To review feedback from CYP and young adults/Parents and Carers about contracted services via the	Contract Lead	We are ultimately responsible for all feedback about our services, irrespective of whether those services are delivered by signposted partners. We have set out how

from CYP and their parents/carers about the places they signposted to for treatment to understand their experiences and impact	Contract Meetings – Monthly on-going - Utilise the FTB website more effectively to provide clarity on services we refer to and the services we signpost to – October 2021 - Review feedback for Quality Improvement Work – Monthly on-going.		we handle feedback from parents and carers received and we will monitor the way feedback is handled in our contract meetings and will have clear oversight through these meetings of how feedback is monitored. We will also ensure that we audit our partners feedback and complaint handling within our contract meetings about our services so we can understand. - Living Well Consortium - The Children's Society Pause - Open Door Counselling - Acacia – Services for Pre and or Post-natal depression and offers family Support
9. Most young people and parents believe that face-to-face assessments and treatment are crucial for addressing mental health in young people	- Review the feedback about virtual appointments from Children, young people, and parents to define the future delivery. - Define the balance between face to face and virtual appointments Incorporating young people and parent's views – February 2022 - Ensure clinical teams offer choice in relation to face to face and virtual appointments - Ensure Think 4 Brum and Carers Group are engaged in aspects of	Director of Operations Lead	Our service reviewed the experience of YP with 'virtual care delivered online' this was completed in January 2021. The experience reported was good, but we intend to repeat this evaluation. Some improvements have started for example, our young people representatives from Think 4 Brum have been engaged in the purchasing and design of this future technology platform.

	the procurement for a new trust Digital Communication Platform that is being commissioned and will assist with appointments types and communication preferences where possible		
10. Long waiting times for treatment have an impact on help-seeking with some young people and parents opting not to access services and others paying for private care. Long waiting times from referral to assessments are impacting the ability of the service to intervene early and prevent deterioration in the mental health of some young people.	• Continue with work to reduce waiting times within Forward Thinking Birmingham waiting list group. Weekly meetings held to review. On-going.	Director of Operations Lead	Waiting times have reduced through working with this group. Significant progress has been made with the waiting times for the speciality Pathways. Clinicians from other pathways have been supporting this initiative and also providing evening and weekend support to enable us to offer further appointments. Further work has been done around out STICK Early help including reducing the referral to assessment time from one month to 2 weeks. This has been achieved by simplifying routes into the service through consultation. The ambition is for this to continue to reduce and is tracked on a weekly basis. This should become business as usual when all pathways are achieving the referral to treatment target. Further ambition is for waiting times to be added to the website to assist with communication in relation to referrals.

			Following feedback from parents, carers and young people who have requested information on waiting times we have an ambition for waiting times to be added to the website for communication.

Attitudes and Values	Action	Owner(s)/Groups	Progress and Outcomes
11. Lack of care plans outlining conditions, interventions, and expected outcomes for some CYP means that their needs are poorly identified which affects treatment and outcomes	• Continue with review of care plan quality based on monthly audit reviews. • Results show consistently we are unable to evidence approximately 25% of young people being involved in care planning, therefore an improvement plan is being generated to	Head of Nursing	Quality of care plans are reviewed monthly. Feedback from this report has focused our attention on ensuring all young people have copies of their current care plans. The service has identified areas for improvements and are actively working on these.

	improve this position – November 2022		
12. Frequent staff changes means that there is no continuity in care/treatment leading to variable outcomes for some children and young people (CYP)	• Review how often clinicians are changed in a YP treatment journey and its impact upon progress – December 2022 • Continue with recruitment and retention work that has commenced within mental health services to improve stability of the workforce	Workforce leads	We are continuing to closely monitor the number of vacancies in the service, recruitment targets and turnover rates. Nationally there are challenges recruiting to Psychiatry posts. We are actively recruiting both nationally and internationally to ensure that children and young people have access to the workforce that they need. Exit Interviews have been reviewed to identify themes and trends of service leavers. Top themes identified centred around individual development and promotion as reasons for leaving. Extensive training and development has been identified within each professional group to support retention of workforce and enhance the skills of the workforce.
13. Some children and young people (CYP) note that Forward Thinking Birmingham should have a model or policy of use for 18–25-year-olds to base care on and ensure person-centred care	• To continue to promote Forward Thinking Birmingham as a 0-25 service		Work is due to commence in the new year around communication through both our website and on our social media channels. As part of this we are aware of the need to focus on communicating our model and offer at each stage of a children, young people/young adults (CYPYA) life. The communications group will be creating a working group to achieve this. Well-being passports are an integral component to patient centred approaches and are a recognised tool

			used by patients in collaboration with Forward Thinking Birmingham professionals to support self-directed recovery.

Other Actions	Action	Owner(s)/Group	Progress and Outcomes
14. Ease of Access to Services	Commit to working with children, young people, young adults (CYPYA) and families and carers in relation to improvements that can be made to support ease of access to services and enhancement of experience of using mental health services.	Quality Oversight and Patient Safety Committee Meeting	This is measured on a monthly basis in our clinical governance meetings with patients and carer feedback forming part of the standing agenda. There is service user representation at this meeting.
15. Some children and young people (CYP) and parents/carers told us their mental health has deteriorated following the use of mental health services.	Training is planned for clinicians responding to deteriorations in mental health, but we still need to ensure that children, young people, and young adults (CYPYA) and parents and carers know how to get help when they are worried.	Head of Psychological Therapies	That children, young people, and young adults (CYPYA) can tell us when their mental health is deteriorating and that the service will respond effectively

About Healthwatch Birmingham

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice. Healthwatch Birmingham listens to and gathers public and patient experiences of using local health and social care services such as general practices, pharmacists, hospitals, dentists, opticians, care homes and community-based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre, and through our community engagement activity led by staff and volunteers. You can read more about the work of Healthwatch Birmingham here: https://healthwatchbirmingham.co.uk/about-us/

How do we select the issues we collect evidence about?

Some of the issues we hear about from patients and the public may require deeper exploration in order to present a comprehensive report to those who commission, design and deliver health and social care services in Birmingham. Members of the public select these issues as part of our Topic Identification and Prioritisation System. By involving members of the public in decisions about our future activities, we ensure we are operating in an open and transparent way. It also ensures that we understand the public's priorities.

Who contributes to our evidence collection?

We explore selected issues with the help of our volunteers, Healthwatch Birmingham board members, patients, members of the public, service users and carers. They share relevant experiences, knowledge, skills and support. Healthwatch Birmingham also talks to key professionals providing or commissioning the service we are investigating. This helps us to form a deeper understanding of the issue from the perspective of these professionals, and encourages them to take prompt action to implement positive changes for patients and the public.

What differences do our reports make?

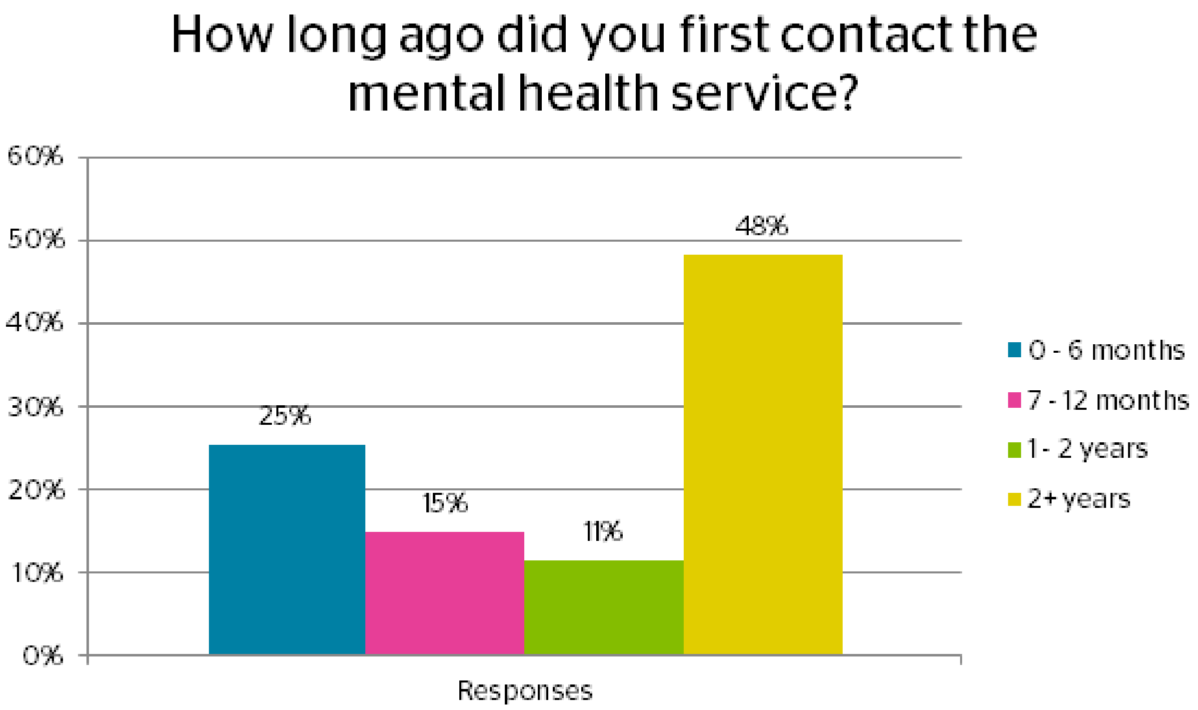
We follow up our reports to see if our findings have made services better for patients and service users. We hold service providers and/or commissioners to account for changes they stated they would make in response to the report. If Healthwatch Birmingham finds no improvement, we may decide to escalate the issue to Healthwatch England and local regulators. We also monitor the changes to see if people experience sustained improvements.

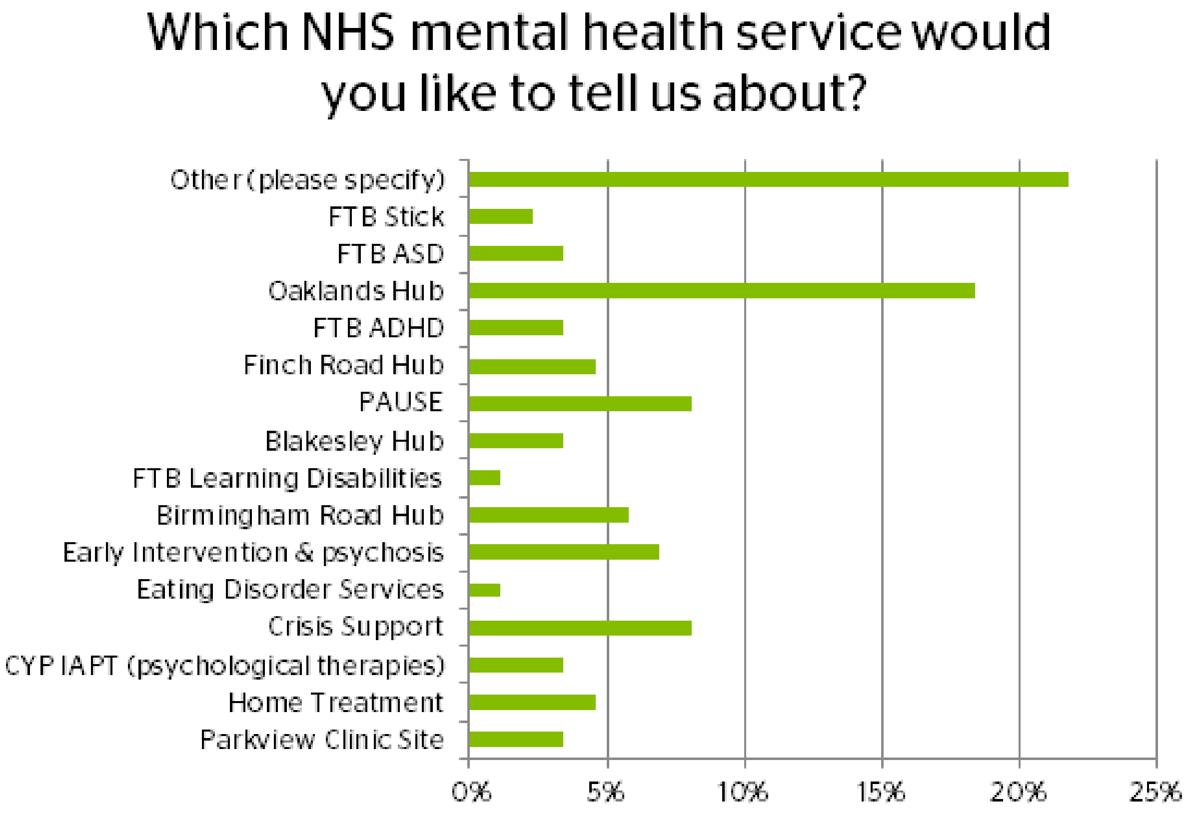
How to share your feedback about the issues heard in this study

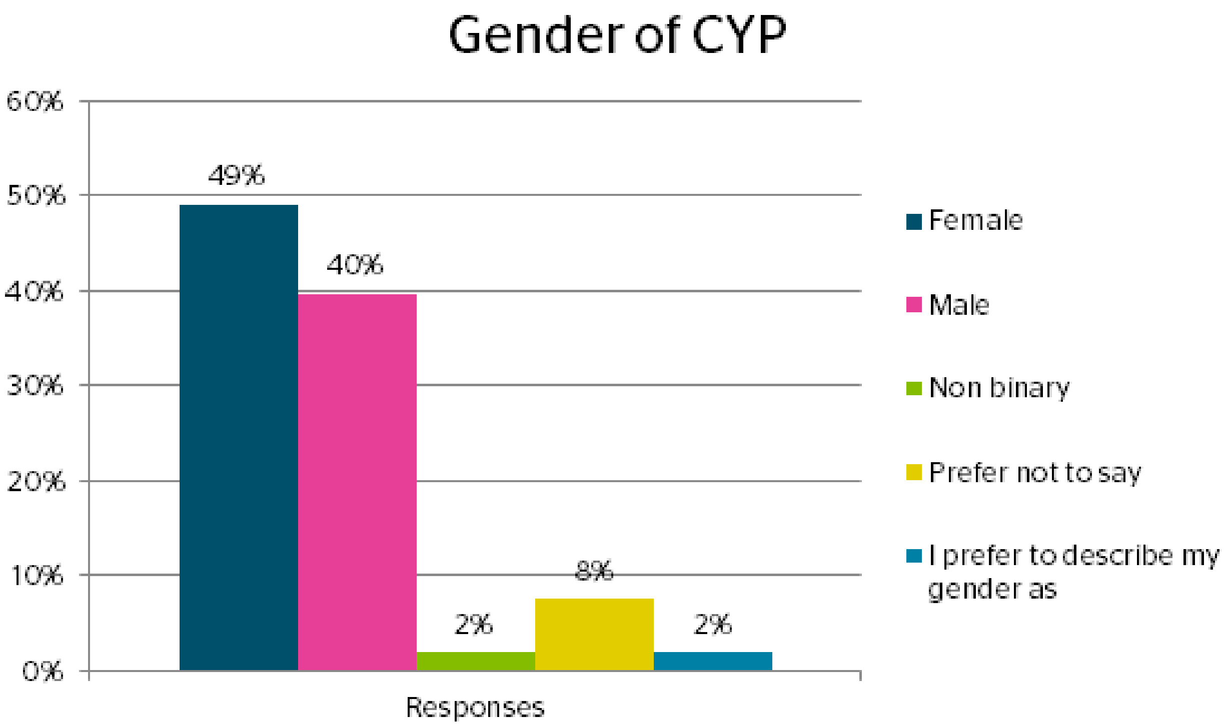
If you are a service user, patient or carer, please do share your experiences with us via our:

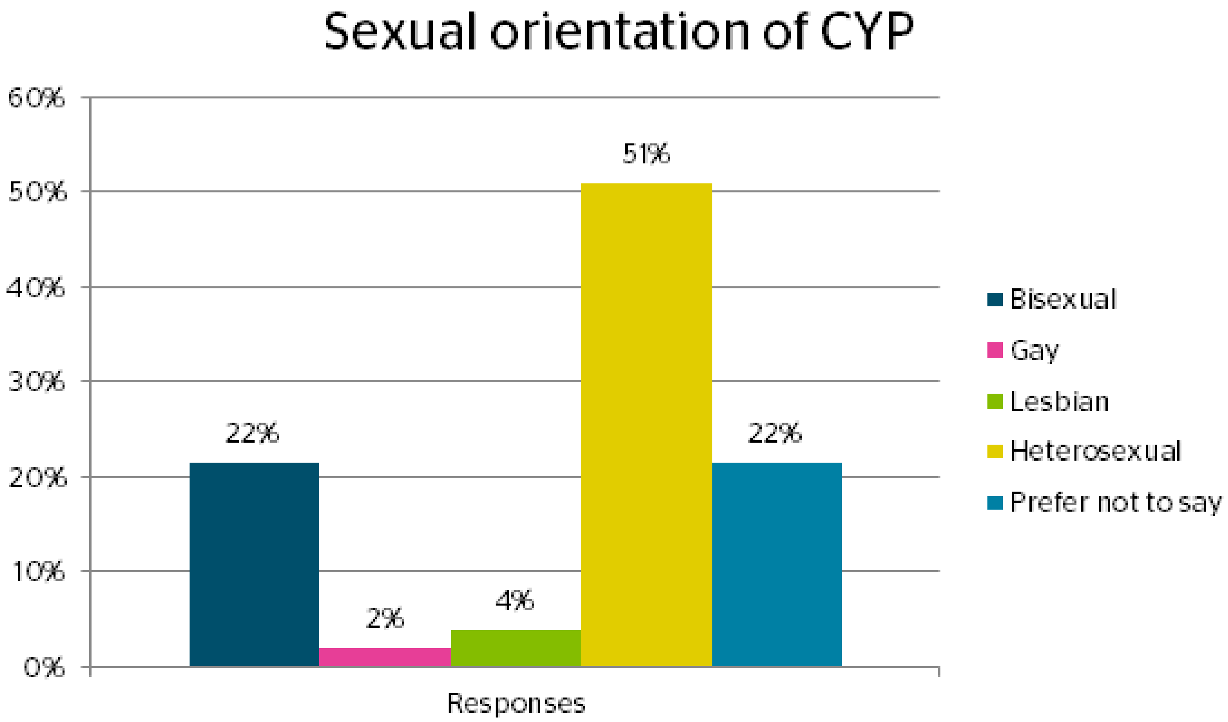
- Online Feedback Centre here.
- Information and Signposting line on 0800 652 5278 or by emailing us.

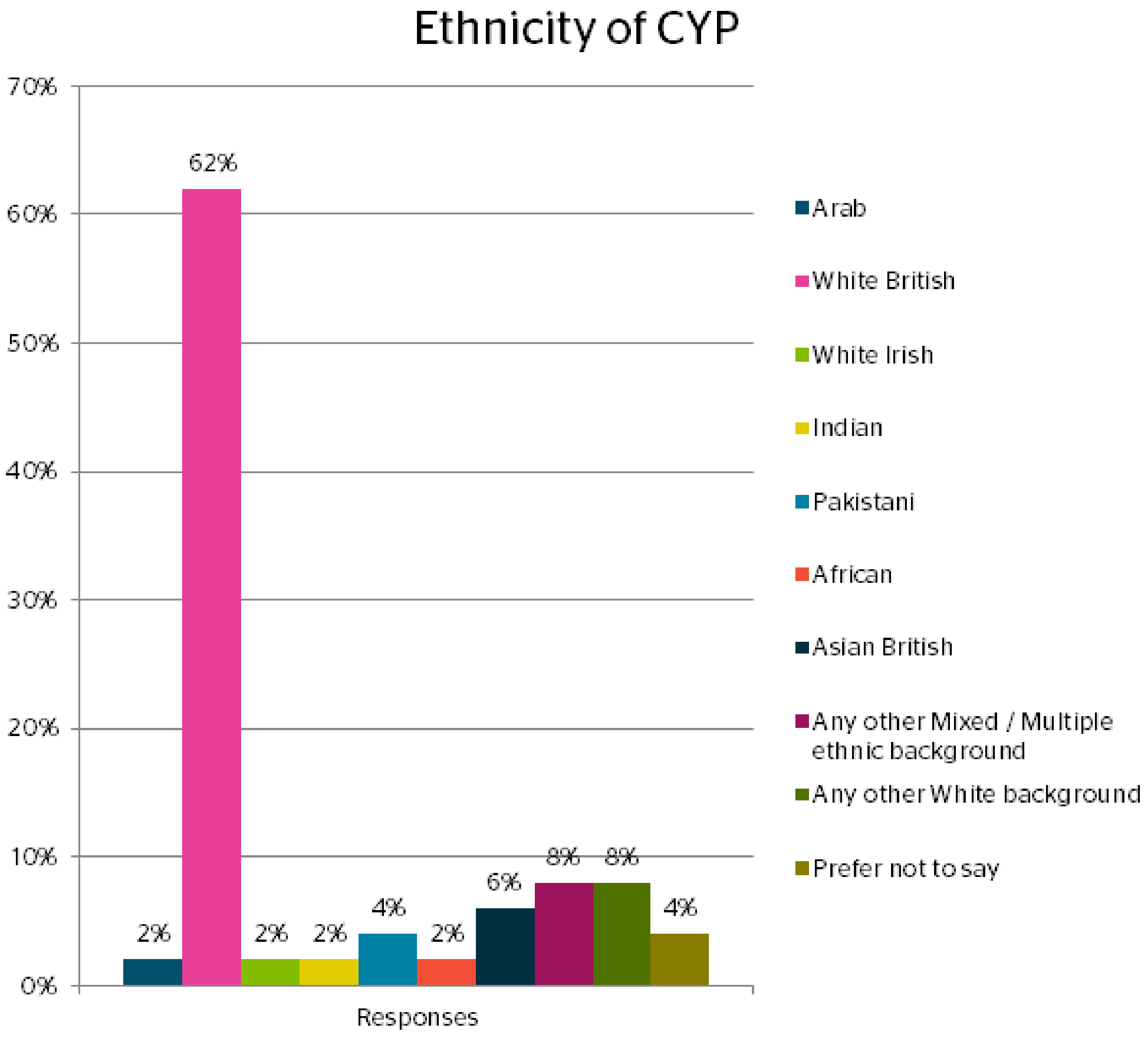
Appendix 1: About the people we heard from

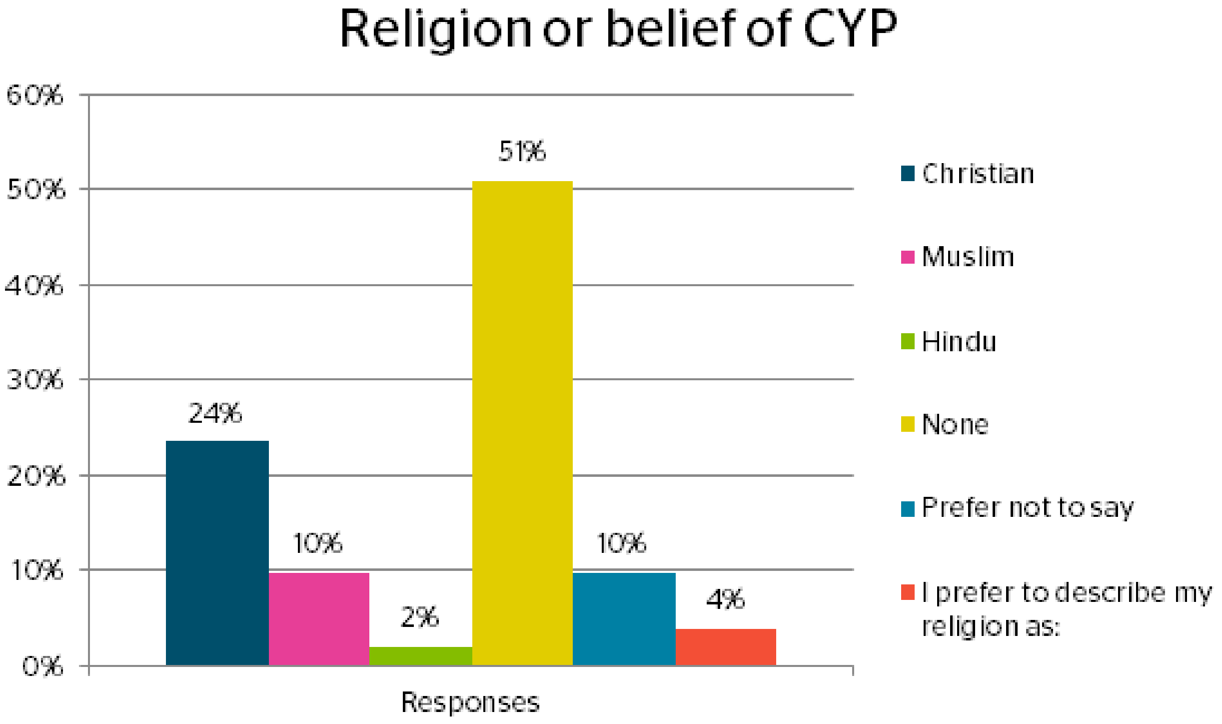


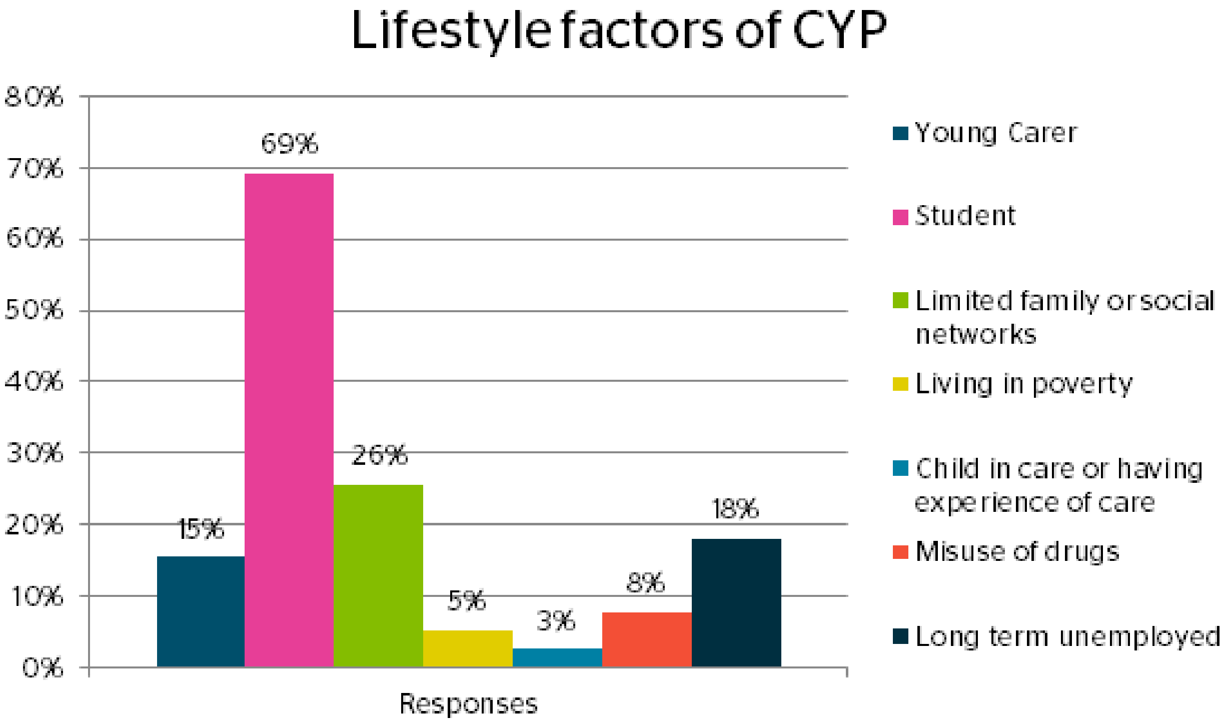



Gender of CYP
60%
50%
40%
30%
20%
10%
0%
49%
40%
2%
8%
2%
Responses
Female
Male
Non binary
Prefer not to say
I prefer to describe my gender as


Sexual orientation of CYP
60%
50%
40%
30%
20%
10%
0%
22%
2%
4%
51%
22%
Responses
Bisexual
Gay
Lesbian
Heterosexual
Prefer not to say


Ethnicity of CYP
70%
60%
50%
40%
30%
20%
10%
0%
62%
2%
2%
2%
4%
2%
6%
8%
8%
4%
Responses
Arab
White British
White Irish
Indian
Pakistani
African
Asian British
Any other Mixed / Multiple ethnic background
Any other White background
Prefer not to say


Religion or belief of CYP
60%
50%
40%
30%
20%
10%
0%
24%
10%
2%
51%
10%
4%
Responses
Christian
Muslim
Hindu
None
Prefer not to say
I prefer to describe my religion as:


Lifestyle factors of CYP
80%
70%
60%
50%
40%
30%
20%
10%
0%
15%
69%
26%
5%
3%
8%
18%
Responses
Young Carer
Student
Limited family or social networks
Living in poverty
Child in care or having experience of care
Misuse of drugs
Long term unemployed

Have any of the following affected the mental health of the CYP?	
Issue	**Responses**
Homelessness	*9%*
Disability	*40%*
Drugs	*15%*
Alcohol	*15%*
Body image	*51%*
Sexuality	*13%*
Finance	*19%*
Home life	*40%*
Religion	*6%*
Race	*2%*
Culture	*15%*
Ongoing health conditions	*26%*
Bullying	*28%*
Education/school life	*72%*
Gender	*9%*
Other (please specify): Majority indicated Covid-19; others rape, mental discrimination	*13%*

Appendix 2: Responses to survey questions

How long after referral did the service contact you?	
Answer Choices	**Responses**
Less than a week	*6%*
1-2 weeks	*6%*
3-4 weeks	*10%*
1-2 months	*16%*
3-6 months	*17%*
7-12 months	*8%*
Longer than 12 months	*12%*
Don’t know/Don’t remember	*25%*

After the referral was made to the service, how satisfied were you with the following during your wait for contact from the services?					
	Very dissatisfied	**Somewhat dissatisfied**	**Neither satisfied or dissatisfied**	**Somewhat satisfied**	**Very satisfied**
Information you received about the service	*40%*	*21%*	*23%*	*15%*	*4%*
Support offered to you during your waiting period	*70%*	*14%*	*11%*	*5%*	*1%*
Communication that met my needs (e.g. access to an interpreter)	*28%*	*14%*	*39%*	*9%*	*14%*
The way the service communicated with you – phone, letter, email	*48%*	*15%*	*15%*	*18%*	*4%*
How the service directed you towards other support	*55%*	*26%*	*12%*	*4%*	*3%*

How long did you wait between referral and accessing the service (e.g. your first appointment)?	
Answer Choices	**Responses**
2-4 weeks	*20%*
1-2 months	*13%*
3-6 months	*19%*
7-12 months	*9%*
Longer than 12 months	*14%*
Don’t know/don’t remember	*25%*

After the referral was made to the service, how satisfied were you with the following?					
	Very dissatisfied	**Somewhat dissatisfied**	**Neither satisfied or dissatisfied**	**Somewhat satisfied**	**Very satisfied**
The length of time they took to respond to me	*35%*	*34%*	*16%*	*10%*	*5%*
Keeping me updated and informed	*53%*	*24%*	*15%*	*3%*	*5%*
Their conduct and attitude	*34%*	*21%*	*16%*	*19%*	*10%*
Communication that met my needs	*47%*	*31%*	*15%*	*10%*	*5%*
Outcome of the referral	*46%*	*18%*	*20%*	*13%*	*5%*
How the service directed you towards other support (e.g., open door, Living Well Consortium)	*57%*	*16%*	*25%*	*2%*	*0%*

How satisfied were you with the following about the assessment?					
	Very dissatisfied	**Somewhat dissatisfied**	**Neither satisfied or dissatisfied**	**Somewhat satisfied**	**Very satisfied**
The extent to which your needs were listened to	*35%*	*27%*	*15%*	*11%*	*11%*
Involvement in deciding the support required	*38%*	*21%*	*20%*	*20%*	*2%*
The development of a plan outlining support required, next steps and timeframes for accessing services	*52%*	*18%*	*18%*	*8%*	*3%*
Information and communication about decision made	*39%*	*20%*	*20%*	*15%*	*7%*
Involvement of parent/carer	*34%*	*10%*	*30%*	*11%*	*16%*

How long after you had your assessment did your mental health support begin?	
Answer Choices	**Responses**
2-4 weeks	*16%*
1-2 months	*15%*
3-6 months	*15%*
7-12 months	*6%*
Longer than 12 months	*15%*
Don't know/don't remember	*34%*

Which of the following statements are true to you?		
	True	**False**
I received the support outlined and agreed during my assessment	*23%*	*77%*
I received support that matched my needs	*18%*	*82%*
I felt I could raise issues without jeopardising my treatment	*36%*	*64%*
I received support for as long as I needed it to meet agreed outcomes	*24%*	*76%*
I had the option to access support at a time when I was ready	*26%*	*74%*
I was treated with dignity and respect	*60%*	*40%*
I had appointments at a location and time suitable to me	*52%*	*48%*
I was communicated with in a way that I could understand and an interpreter was provided where needed	*59%*	*41%*
My parent/carer was involved throughout my treatment	*46%*	*54%*
The support I received was reviewed to ensure that it is still appropriate	*22%*	*78%*

If you were signposted to another service, were you satisfied with the signposting made for you by the NHS mental health service?	
Answer Choices	**Responses**
Yes	*12%*
No	*88%*

How was your experience of accessing services during the pandemic?				
Very easy	**Easy**	**Neither easy nor difficult**	**Difficult**	**Very difficult**
11%	*9%*	*21%*	*23%*	*36%*

If you accessed mental health services online or over the telephone during the pandemic, would you want online or telephone support in the future when receiving mental health support?	
Answer Choices	**Responses**
Yes	*43%*
No	*57%*

References

Birchwood, M. and Singh, S.W. (2018) **Mental health services for young people: matching the service to the need**, https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/mental-health-services-for-young-people-matching-the-service-to-the-need/79F4278028D04AC70DB0D92E8DD4799E (The British Journal of Psychiatry (2013) 202, s1–s2. doi: 10.1192/bjp.bp.112.119149)

Birchwood, M. J., Street, Cathy, Singh, Swaran P., Lamb, Clare, Anderson, Yvonne , WarnerGale, Fiona , Sedgewick, Jane , Thompson, Andrew D. and Upthegrove, Rachel (2018) **Impact and process evaluation of Forward Thinking Birmingham, the 0-25 Mental Health Service : Final Report.** University of Warwick; University of Birmingham ; GIFT (Great Involvement Future Thinking); CLAHRC-WM http://wrap.warwick.ac.uk/100545/7/WRAP-impact-process-evaluation-report-Birchwood-2018.pdf

Birmingham and Solihull Clinical Commissioning Group (2018) **Birmingham children and young people's mental health and wellbeing local transformation plan** https://www.birminghamandsolihullccg.nhs.uk/about-us/publications/strategic/2181-birmingham-children-and-young-peoples-mental-health-and-wellbeing-local-transformation-plan-201920/file

Birmingham Women's and Children's NHS Foundation Trust, **Forward Thinking Birmingham**, https://bwc.nhs.uk/forward-thinking-birmingham/

Care Quality Commission, **Review of children and young people's mental health services,** https://www.cqc.org.uk/sites/default/files/20171027_cypmhphase1_literaturereview.pdf

Centre for Mental Health, **Children & Young People's Mental Health: The Facts,** https://www.centreformentalhealth.org.uk/sites/default/files/2021-02/CYP%20mental%20health%20fact%20sheet%202021.pdf

Children's Commissioner (2020) **The state of children's mental health services** https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/01/cco-the-state-of-childrens-mental-health-services.pdf

Crenna-Jenning, W. and Hutchinson, J. (2020) **Access to child and adolescent mental health services in 2019,** Education Policy Institute, https://epi.org.uk/publications-and-research/access-to-child-and-adolescent-mental-health-services-in-2019/

Department of Health (2015) **Future in mind-Promoting, protecting and improving our children and young people's mental health and wellbeing** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Department of Health and social care (2017) **Transforming Children and Young People's Mental Health Provision: a Green Paper** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

Jill Roberts (2017) **Reducing inequalities in children and young people's mental health** https://www.kingsfund.org.uk/blog/2017/12/reducing-inequalities-children-young-people-mental-health

NHS (2019) **NHS Mental Health Implementation Plan 2019/20 – 2023/24** https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf

NICE, **Children and young people's mental health - How NICE resources can support local priorities,** https://stpsupport.nice.org.uk/cyp-mental-health/index.html

Parkin and Long (2021) **Support for children and young people's mental health** https://researchbriefings.files.parliament.uk/documents/CBP-7196/CBP-7196.pdf

Public Health England (2016) **Improving the mental health of young children and young people in England** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf

Stanley, L. (2020) **The hidden impact of COVID-19: children's and young people's mental health,** https://www.birminghamhealthpartners.co.uk/the-hidden-impact-of-covid-19-childrens-and-young-peoples-mental-health/

Healthwatch Birmingham
PO Box 16875 Birmingham, B16 6TN

www.healthwatchbirmingham.co.uk
0800 652 5278
info@healthwatchbirmingham.co.uk
@HWBrum
facebook.com/HealthwatchBirmingham