

Championing young people's voices on:

Mental Health Service for CYP

Young Healthwatch East Sussex (YHWES) is an action group designed and run by a team of young volunteers (aged 13 - 17) with support from Healthwatch East Sussex (HWES).

YHWES are passionate about engaging with children and young people to gather their views of, and experiences of, accessing health and care services in East Sussex.

Mystery Shopping of East Sussex CAMHS help and support

Our Rationale

The young volunteers who make up the Young Healthwatch East Sussex group are passionate about improving mental health services for children and young people in East Sussex.

They felt that it was important to explore the pathways a young person might take if they were struggling with a mental health issue and were seeking support, to understand what kind of barriers they may encounter when looking for help.

The young volunteers were aware of the CAMHS service as a portal for young people to access mental health support and decided to undertake a 'mystery shopping' exercise to see where improvements might be made to make a young person's journey in seeking help easier and more effective.

The Exercise

A group of 6 young volunteers undertook the mystery shopping exercise in December 2021, looking at the East Sussex CAMHS help and support [website](#) through the lens of young patients seeking help for mental health concerns.

Exploring the website, the YHWES volunteers looked at the general design and layout of the website, the language used, how easy/challenging it was to navigate and how helpful they found the information.

They also looked at the website while imagining themselves to be a young person in crisis, looking for information on how to access support for concerns including, anxiety, depression and having suicidal thoughts.



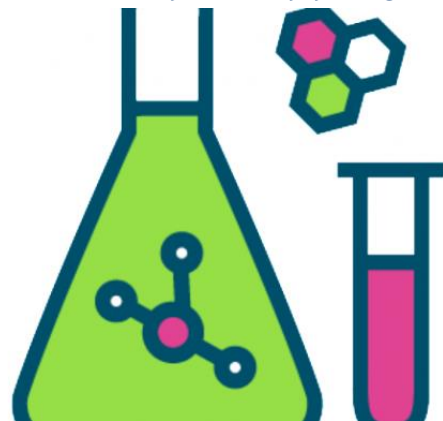
Our findings

The following is a summary of their findings and recommendations.

Design and Layout

The main points identified by the volunteers were:

1. The 'Help, I'm in Crisis' button on the top menu bar of the website was unnoticeable and easy to miss, mainly due to the color chosen (green). The volunteers felt that green was not a color they associated with a crisis or emergency and so when looking at the page through the lens of a young person requiring immediate help, most did not notice the button for some time.
2. The volunteers felt that the layout of the text was unappealing to children and young people. The text was blocky and off putting, with few visuals or changes in formatting to break it up or highlight important bits of text. They felt that young people with dyslexia or low literacy would particularly struggle with the websites text.
3. Several volunteers attempted to view the site through different devices to see how they were supported. Although they were able to view the site easily on their laptops and chrome books (both commonly used by young people) they found viewing the websites on their mobile phones (where many, if not most children and young people would view the site) more difficult as it led to some formatting issues.



Navigating the website

Overall, the volunteers found the website itself quite easy to navigate and felt that the sections and sub-sections were clearly labeled.

Although the names/labels of each section were clear, some volunteers felt that they failed to take into account the complexity of mental health, as many individuals often live with multiple overlapping issues, i.e. many people who experience depression also experience anxiety.

Language and wording

The volunteers looked at the language used on the website to see how appropriate it was for children and young people. They noted the following:

1. It was a considerable challenge to use language that was appropriate for both young children and young adults, and that they felt the website had

not quite mastered this, particularly that some of the language was too complicated for younger children (10 or 11 years old).

2. The volunteers felt uncomfortable with much of the language used on the site and that certain words and phrases that were repeated risked cheapening or trivialising their feelings. For example, using the terms *upset*, *low mood* or *common problems* and advising that children and young people ‘*take a deep breath*’ was not appropriate and could be seen as patronising.

How useful was the information provided?

Generally, the volunteers did not feel that much of the information provided on the website was helpful to children and young people experiencing mental health issues.

They noted that:

Although the website contained a lot of information on various mental health conditions themselves, it has very little information on how a child or young person may [or should] access help or support.

None of the pages we viewed directed us to seek support from a GP, mental health charity or health and social care providers and seemed to suggest that self-care was the primary/only option.

Recommendations

After reviewing the notes, the volunteers worked together with HWES staff to put together the following recommendations which could help improve the website and make it more helpful for children and young people.

1. We would recommend that the website include more information on how children and young people can access support for the various issues described. This should include details on when and how to contact services such as GPs, 111, A&E, mental health charities such as MIND, counselling services and other practitioners who can support children and young people experiencing mental health issues.
2. We would suggest that to improve accessibility and readability, bold fonts, clear sections, bullet points and colored fonts/sections should be incorporated into the text.
3. We strongly recommend that CAMHS ask children and young people to review the website further [lay review] on a regular basis and provide feedback on what works well, what does not and make any necessary changes to improve usability.

4. We also recommend that CAMHS consider having separate sections for children (under 13) and young people (13 to 18) with language changes and information which reflect the differing audiences.



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