



Insight and intelligence

On Children and Young People's (CYPs)
mental health and wellbeing

January 2025

healthwatch
Brighton and Hove

Introduction

The Health & Wellbeing Board (HWB) is established as a Committee of Brighton and Hove City Council (BHCC) pursuant to Section 194 of the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013.

Purpose

The purpose of the Board is to provide system leadership to the health and local authority functions relating to health & wellbeing in Brighton & Hove. It promotes the health and wellbeing of the people in its area through the development of improved and integrated health and social care services.

The HWB is responsible for the co-ordinated delivery of services across adult social care, public health, and health and wellbeing of children and young peoples' services. This includes decision making in relation to those services within Adult Services, Children's Services, Public Health and decisions relating to the joint commissioning of children's and adult social care and health services (s75 agreements).

Healthwatch Brighton and Hove CIC is a non-voting, member of the HWB. We attend the Board in our independent capacity to represent the voice of residents during discussions and offer critical yet constructive challenge to providers and commissioners and Councillors.

The February HWB has an agenda item on 'Children & Young People mental Health and Emotional Wellbeing'.

To support the discussion, Healthwatch shared a summary of our intelligence and insight which were incorporated into a paper for Board members. Additional detail is set out in this report.

To see the publicly available Board papers, follow this link: [Agenda details](#)

1. Recent feedback received to the Healthwatch helpline

Waiting times. We were contacted by someone about their daughter who has been waiting several months for an urgent gynaecology referral at the Royal Alexandra children's hospital regarding suspected endometriosis. We were told that their daughter is in a great deal of pain, that it is impacting her mental health and her studies. The parent is concerned by the impacts of long waits.

Being dismissed due to age.



"I wanted to share some feedback about my daughter's experience. She is 20 and has been suffering with back pain. She visited her GP and asked for an MRI but was dismissed, being told that at her age she didn't need to worry. We were concerned and paid for her to have one done privately which showed that she did have a problem and needed further treatment."



2. Healthwatch projects

a) Our current patient surveys (January 2025) are exploring CYP's views of vaping. Early analysis is showing that:

- 69.2% of children and young people who have responded to our survey (to date) said they vape to 'relieve stress/ help their mental health'. This was the most common response to the question; 'What are your main reasons for vaping?'
- 71.4% of parents and carers believe their child vapes to 'help relieve stress and anxiety'. This was the joint most common response to the question 'Why do you think your child vapes?' alongside 'to fit in with friends/ peer pressure'.

Our project work builds on the government's [Public consultation on a smoke-free generation and vaping](#) and results from the Council's [Safe and Well at School Survey 2023](#) (of nearly 14,000, 8-16 year olds) that revealed a rise in numbers trying e-cigarettes and vaping. It also

found that older children are more likely to regularly vape. Previous research on vaping has documented a link between ADHD and vaping.

Healthwatch Brighton and Hove, [Amaze](#), [PaCC](#) and [Brighton and Hove City Council](#) are working together to run this research project. We want to learn more about young people aged under 25 with Special Educational Needs and Disabilities (SEND) and their experiences of, and beliefs around, vapes and vaping.

- b) Last year, we commissioned [Ru-ok?](#) to deliver sessions that focussed on substance misuse services, sexual health services and support services and we published our report "[Young People share their views on barriers to accessing services](#)".**

Through this work, it became clear when listening to the feedback of the young people that they want professionals to understand the wider experiences of LGBTQ people, including their views on how other services, such as mental health services, have supported them.

[Ru-ok?](#) and the young people who took part have created a suite of videos (which are being finalised) and a guide for people who work with children and young people to help them best support. The young people involved met with the Head of Service, Adolescent Service and the Corporate Director for Families, Children & Learning Services at Brighton & Hove City Council to discuss their work and their hopes for how the outputs could be used. The outputs were also discussed at the city's adolescent board. We are aware that other services are interested in the outputs and pending further legal advice from the Council, we will explore how we these materials might be used to inform social work practice, education advisors and trainee medical staff, with plans to approach our local universities. The young people involved produced a [toolkit](#) which we are exploring how best to disseminate.

The guide highlights young people's views:



"Being regularly misgendered or deadnamed can have a huge impact on a young person's mental health and wellbeing."



"It is important to be aware that it can be very common for LGBTQ young people to try to manage their emotions with the aid of substances. If a young person is using substances and trying to access mental health support, they can be required to stop using drugs before they can engage in therapy. As such, there is a danger that substance use could become a barrier to getting the help they need."



"Accessing mental health services isn't an easy step to take - and neither is talking to a stranger about using illegal substances. The idea of having to make an entirely new referral to another service is something that can also require emotional support."



"Around Brighton and Hove there are services that can offer therapeutic support to young LGBTQ people - which in turn could help them get to a better place if they are struggling with mental health and/or substances. Applications can be daunting and waiting lists can be long. Offering some support to young people accessing other services can make a huge positive impact."



c) In 2021, we explored Young People's perceived barriers to accessing video/phone mental health appointments - a solution focused consultation

When young people were asked what could stop them from accessing remote (phone or video call) mental health appointments, the main barriers emerged were:

- 1) Communication and Trust
- 2) Privacy and Confidentiality
- 3) Anxiety and Lack of Confidence
- 4) Technology
- 5) Stigma and Fear of Being Judged

Popular solutions included:

- 'a free online guide to help young people prepare for online mental health appointments' (60.53%, 46) and
- 'social media posts made to support young people with online mental health appointments' (63.16%, 48).

A [guide](#) to support children and young people prepare for Mental Health appointments was produced, together with some [top tips](#).

d) In 2020, we looked at Young People's Preferences Towards the Future of Health and Social Care Services in Sussex - Findings during the Coronavirus Pandemic. Although this project is five years old, we believe many of our findings remain relevant today.

When young people were given space to reflect on the appointments they had and express their views further, however, specific concerns were raised around remote appointments, including anxiety and difficulty to express oneself through phone or video appointments; issues with technology during video calls; remote appointments not being appropriate when prescribing a new medication or treating specific conditions that require face-to-face assessment.

Most young people said they were happy with future appointments to be remote, with 'Triage' and 'Medication or a repeat prescription' being the services with the highest preference for remote appointments versus non-remote (e.g. 80% and 79.84% happy with future appointments to be by phone for Triage and Medication/repeat prescription, respectively).

The majority of young people were also happy with future phone appointments for 'GP' and 'Outpatient' (64.49% and 53.78%, respectively).

Notably, a high proportion of young people, were not happy to receive mental health support remotely.

When given space to express their views via open-ended responses, some young people voiced their preference for face-to-face appointments (particularly regarding mental health support) with the main reasons being:

- Not being able to establish rapport and communicate effectively with the health or social care professional remotely.
- Anxiety about phone and video calls.
- Issues with privacy (e.g. being overheard by family members during phone/video appointments) and confidentiality of data.
- Issues with clinical assessment via remote appointments and risk of misdiagnosis or treatment.

3. Child and Adolescent Mental Health Services (CAMHS)

CAMHS is the name for the NHS services that assess and treat young people with emotional, behavioural or mental health difficulties. We recently received feedback regarding this service which we shared with Sussex Partnership Foundation Trust (SPFT).

A child's father was complementary of staff who had gone out of their way to support his son with accessing medication. But the feedback also highlighted the challenges associated with the Right to Choose (RTC) process.



“Many Primary Care Networks and surgeries I fear are still not fully aware of these new NHS Sussex recommended routes for ADHD/ASD diagnosis and, where appropriate, titration; and importantly, referral back to the GP under Shared Care Agreements with these NHS-commissioned RTC providers. Wider adoption of these pathways could significantly reduce patient harm from prolonged waiting times and better distribute demand, reduce risks, and improve outcomes for patients.”



Regarding Shared Care Agreements and Right to Choose, SPFT told us they are aware that this is an arrangement which needs some attention. While using NHS-commissioned RTC providers can help people receive a diagnosis, it does not necessarily help improve their access to treatment. SPFT’s Chief Medical Officer, is working with colleagues at NHS Sussex to develop a GP-based model of assessment and treatment that will connect primary and secondary care.

It is acknowledged that there is no easy fix to addressing the significant increase in need for ADHD/ASD assessment and treatment that we have seen over recent years. We are aware that dedicated SPFT staff are doing all they can to respond to this but many are left waiting too long and into adulthood before getting help. It is clear that adequate support whilst waiting must be radically improved.

Related to this area, we are aware that Ofsted and the Care Quality Commission (CQC) **published an inspection report** (Wednesday 31 May 2024) which stated that ‘most children and young people’s needs [in Brighton and Hove] are identified accurately and assessed in a timely and effective way right from the start’. Brighton & Hove City Council and NHS Sussex Integrated Care Board are jointly responsible for delivering services for children and young people with Special Educational Needs (SEND) in the city.

What the partnership is doing effectively

- The partnership is ambitious for the city’s children and young people with SEND, and staff work together with a genuine sense of dedication

- It understands the needs of children and young people
- It listens to parents, carers, children and young people in the running of the services
- Social workers work well with the children and families they support
- The Youth Employability Service (YES) helps young people find education, employment and training post-16 places
- The help and advice provided by the local SEND information advice and support service (SENDIASS) is highly valued.

What the partnership needs to do better

- Help children and young people be better prepared for adulthood, including education, employment or training for children at risk
- Monitor the quality of education, health and care plans and ensure they better reflect the child's needs
- Shorten to time some children and young people wait to find a specialist school place
- Communicate more effectively and regularly with families, children and young people.

Areas for improvement

- Prepare SEND children and young people for adulthood more effectively
- Continue developing services to ensure they meet the needs of children and young people's SEND
- Monitor and measure the quality of SEND services and keep families, children and young people fully up to speed with what's working and what isn't.

Talk to us



We listen to what you think about health & care services, share your views with decision makers, and challenge them to make improvements. We also provide advice & signposting.

Contact us – click here

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