

Report to: Health and Wellbeing Board

Date: 16 July 2014

Report of: NHS Bolton CCG Su Long, Chief Officer, Bolton CCG

Report No:

Contact Officer: Rachel Douglas-Clark

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Report Title: Child and Adolescent Mental Health Services in Bolton

Non Confidential:

This report does **not** contain information which warrants its consideration in the absence of the press or members of the public

Purpose:

This document is for noting and discussion.

Recommendations:

That the Health and Wellbeing Board note the report and make comments.

Decision:

Background Doc(s):

Attached Child and Adolescent Mental Health Service public engagement feedback.

NHS Bolton Clinical Commissioning Group in 2013/14 commissioned Greater Manchester Commissioning Support Unit to review the Child and Adolescent Mental Health Services within Bolton. The review identified a number of areas that required work and development. CCG and Bolton NHS Foundation Trust are working to address these issues.

To date a service specification has been produced and additional funds have been given to Bolton NHS Foundation Trust to reduce the waiting list for an appointment by the 15th August 2014.

As part of the specification development a public consultation with children and young people in Bolton was conducted (**appendix 1**). These comments have fed into the final specification.

The next planned steps are to

- Formally approve the revised specification with the service and agree plans to ensure service implements the changes.
- Monitor the new service via a robust series of Key Performance Indicators and key deliverables.

Child and Adolescent Mental Health Services (CAMHS) Analysis

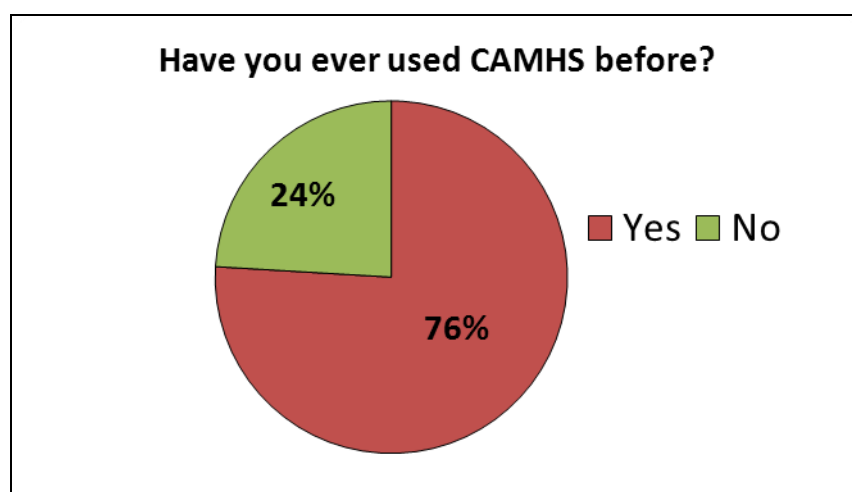
Introduction:

From May till June 2014, individuals who had either used the Child and Adolescent Mental Health service (CAMHS) or had supported someone who had were invited to give their views on the current service through a questionnaire.

The response rate overall was good with 56 people completing the questionnaire online, and 22 people completing a hard copy of the survey. This gives a total of 78 responses.

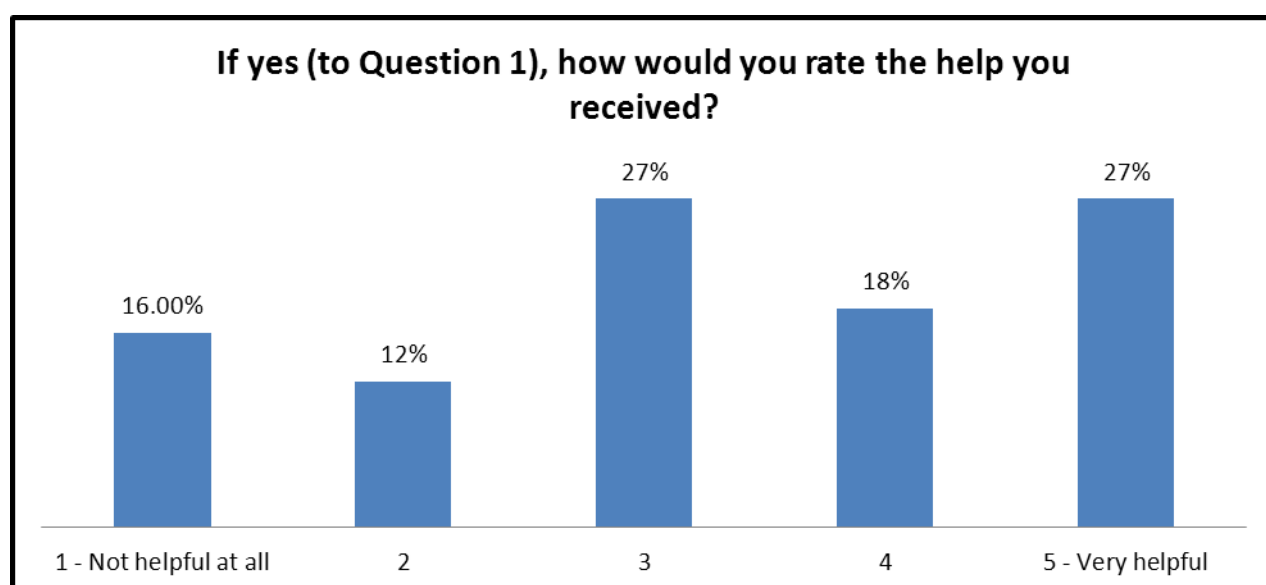
Results:

The first question in the survey asked respondents whether they had personally used the CAMH service before.



As can be seen from the chart, 76% said that they had used CAMHS, while 24% said they had not.

Those who had used CAMHS were then asked how they would rate the service and the help they had received.



As demonstrated by the chart above, 45% stated that the help they received was either very helpful or helpful; while 28% said they found the service to be either not helpful or not helpful at all.

The survey then asked why the respondents had chosen a particular score for their experience, and there were a variety of answers given. There were 46 responses to this question, and of these 19 were positive, 23 were negative and 4 responses were mixed.

Those who scored the service well gave reasons such as CAMHS had helped them overcome different issues such as anxiety and fears, and the staff had made them and his/her family feel supported and gave plenty of advice.

Below is a snap shot of the positive comments received:

- 'The staff are informative and helpful. They are child centered in their approach and we couldn't function without the work CAMHS does.'
- 'Got emergency appointment quite quickly which led to emergency admission of child.'
- 'Regular contact, good advice, good support.'
- 'Because he stopped me being scared of the dark.'

Those who scored the service poorly listed concerns such as poor communication, problems with waiting lists and lack of explanation of procedures.

Some of the negative comments received are shown below:

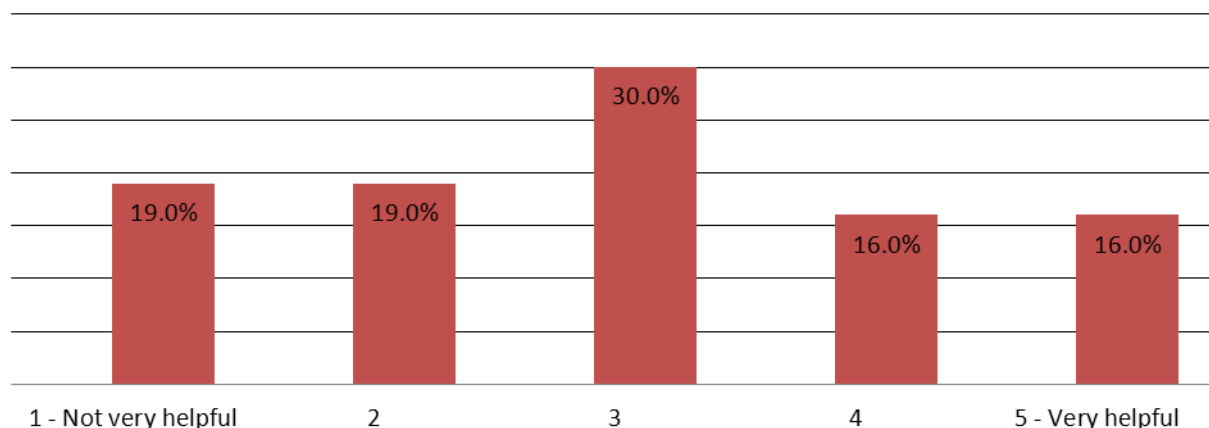
- 'CAMHS didn't want to listen to the views of the family and didn't take the family expertise and experience into consideration. Last minute cancellation by CAMHS which was later recorded as cancellation by us - no consideration of family circumstances.'
- 'Getting in feels like jumping through hoops. Processes and procedures too long, too many reports to have to get before action.'
- 'Waiting list, they don't work with children who use cannabis, they appear to handpick clients, and they don't offer emotional support.'
- 'No proper therapy or support my myself and my daughter for her anorexia, ignored her self harm, took 5 months to get her anti-depressant dose increased, did nothing for her PTSD following a sexual assault, no treatment for her OCD, everything was blamed on her anorexia.'

Responses to this question seem to suggest that respondents feel they are receiving either a very good or a poor service from CAMHS.

The survey then moved on and asked for the opinions of people who had not used the CAMH service, but had supported someone who had.

As shown below, 38% said that they found the service to either be not very helpful or not very helpful at all, while 32% stated they found the service to be helpful or very helpful. This shows a very mixed experience by the respondents who had supported service users of CAMHS.

If no (to Question 1), but you have helped someone who has used the service before, how would you rate the help received?



Of the 20 responses received about why the families/carers had scored the service, only 3 were positive, 12 were negative and 5 were mixed.

The mixed responses included statements such as:

- 'Service has been variable depending on the case.'
- 'When a young person is already being seen by CAMHS, the service they receive is excellent. But if I put a referral into CAMHS, then the waiting time is over 40 weeks resulting in the service being inaccessible to the young person.'

Below is a snap shot of the negatives points made:

- 'Waiting times still poor/Not adapting to the needs of the schools, very rarely go into school and observe children, inflexible regarding meeting and appointments.'
- 'Time scales for access are unacceptable - currently set at 43 weeks. Professionals close cases without further investigation and accepting excuses from young people such as "I'm alright" too readily to close a case. Too many CAMHS professionals are either not turning up to meetings without notice, or cancelling them with sometimes just 10-15 minutes till the meeting starts. This is not acceptable as most meetings where CAMHS are invited were deliberately dated and timed to accommodate those professionals that then decide they cannot attend. It is of course understandable that people at times may not be able to attend, but there are repeat offenders who are doing this often without regard for other professionals who also have time restraints and are managing child protection concerns etc.'

All the data from these first few questions in the survey shows that in comparison to those who had actually used the service, families/carers etc appear to feel more strongly that the level of help was either not good enough or only average. This is very interesting, as it is the families/carers etc who have more contact with the service in order to get the care needed for the patient, and as a result could to be more aware of any difficulties than the actual patients.

The next question in the survey asked what suggestions for improvements could be made based on the patient's and their family's experience of using CAMHS.

There were a number of responses to this question, but they mainly fall under two broad themes in terms of topic. The first theme is to do with waiting times. Comments made mentioned that the length of time to get an initial assessment is too long; there is not enough availability of

appointments (especially in the summer holidays or outside standard school hours), the length of time waiting in the waiting room and appointments not starting on time.

The second theme is about communication. This includes how staff members explain procedures, treatments, what support is available but also the manner in which staff speak to people.

A frequent point that clearly came out of all of the responses to this question was about the way staff spoke to patients and families. Many, in particular parents, felt that they were not listened to by the professionals; there was little or no compassion or understanding, and they were spoken to in a condescending way.

As an example, some of the comments given are shown below:

- 'A very large percentage of parents claim that professionals at CAMHs are condescending and refusing to acknowledge their concerns that their child is displaying a mental health condition rather than simply mismanagement and anxiety. There are a number of cases where these young people are then accessing adult services and receiving almost immediate diagnosis of bi-polar, personality conditions etc, so more effort to engage families in appropriate ways and explanations for decisions.'
- 'More compassion and not treated as though we had no understanding of my child's condition.'
- 'We could have been able to talk freely with the Dr, with our child in a separate room. We would like to be treated with respect.'

While the previous question discussed what respondents felt went wrong for them and what improvements could be made, the next question asked what they felt went well.

The response to this question shows a very mixed situation, as whereby some were critical of the way staff helped and supported them, as demonstrated by the comments shown above, others were very happy with how they had been treated:

- 'Communication between staff and parents/ child is very good.'
- 'Dr. Dunkerley and Dr. Jim Harrison have supported school, young people and their parents with a huge range of issues. They liaise with staff regarding students' health and wellbeing and are considerate and professional in all their assessments and meetings. The service provided by CAMHS staff is exemplary.'
- 'Understanding and empathic approach of staff.'

Overall all the responses to this question state that the advice, support and help received were found to be useful and staff were kind and understanding.

General experience:

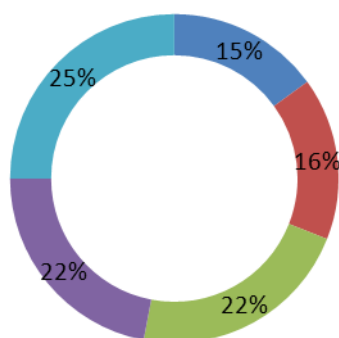
The next question asked of the respondents was to find out how aware they were personally about mental health services in Bolton.

As demonstrated by the graph, 47% were either aware or very aware of what services were available, but 31% had little or no knowledge.

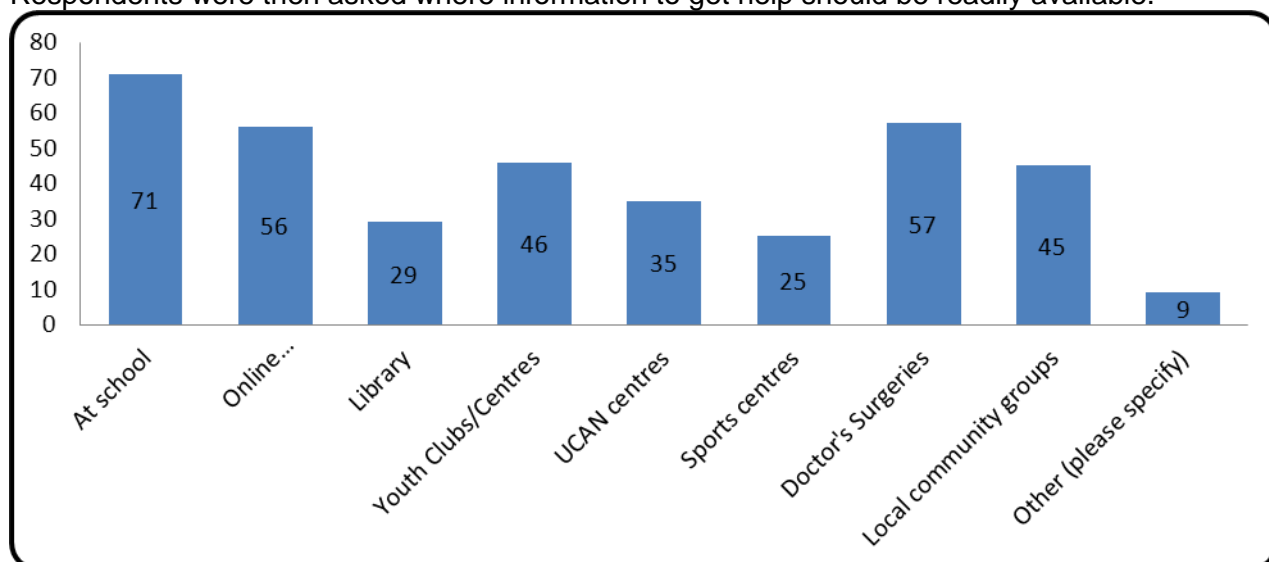
This could be an area to look into to consider how services could be more widely

In general, how aware are you about mental health services in Bolton?

1 - Not aware at all 2 3 4 5 - Very aware



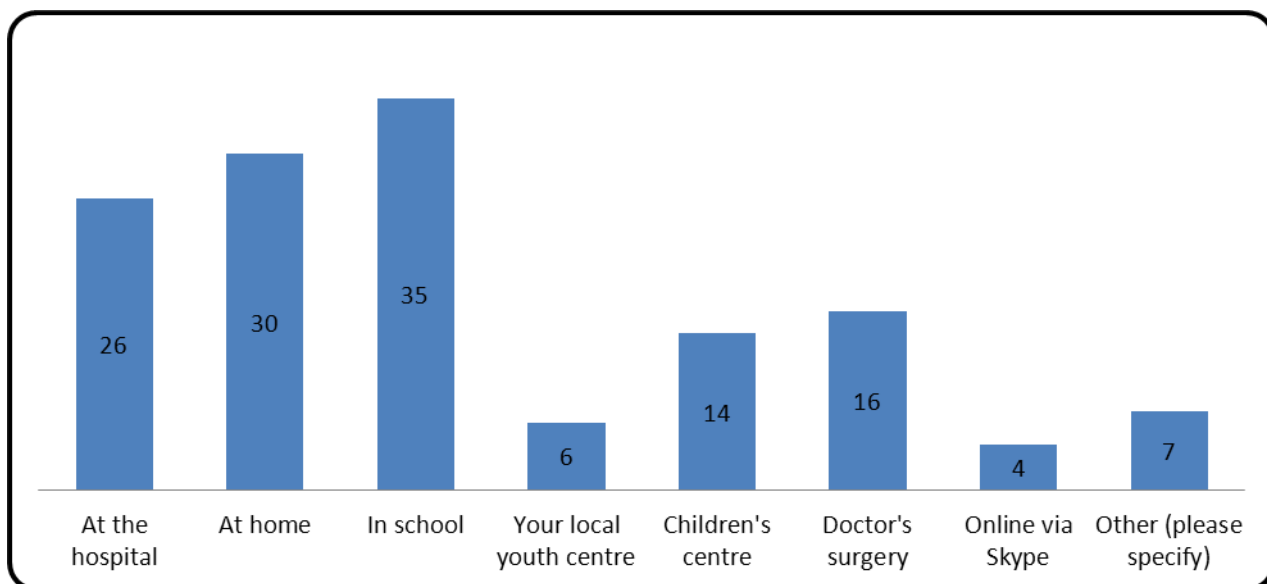
Respondents were then asked where information to get help should be readily available.



As demonstrated above, the majority stated that information should easily be found in schools, online and in GP's surgeries.

Under the 'Other' option, respondents stated that information should also be found at local charities, in supermarkets/popular shops and at NHS Choices.

Respondents were then asked where they would prefer to have their appointments.



As seen in the above chart, most stated that they would prefer to have their appointment at their school, in their home or at the hospital.

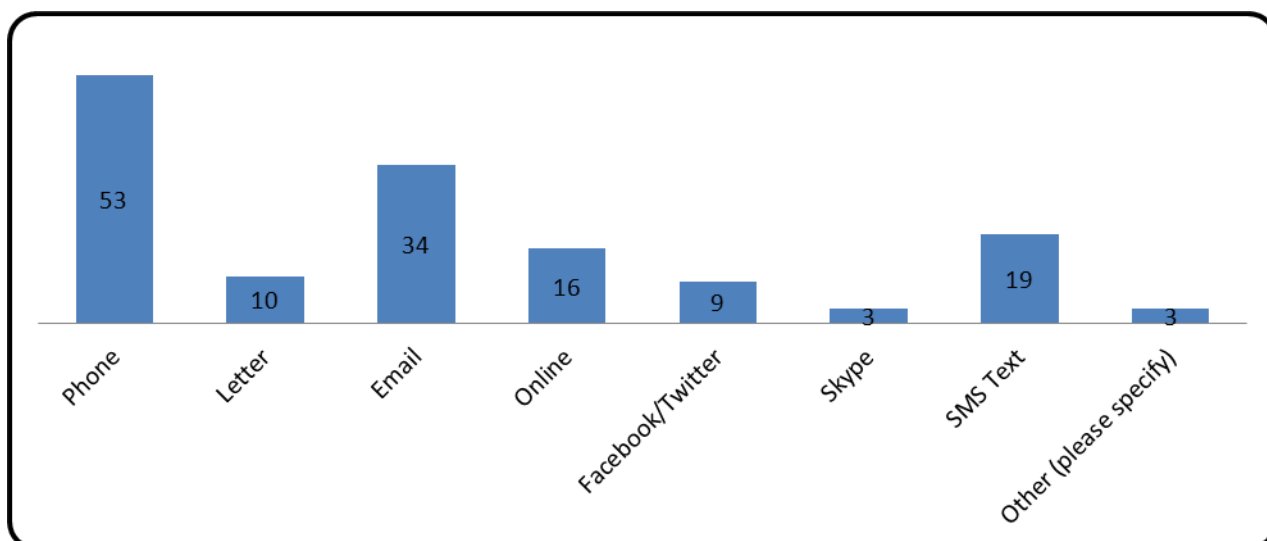
Other suggestions given by respondents in the main stated that they did not mind where they had appointments, as long as they had privacy. For example, one person stated that:

'The waiting area is very intimidating, there is no confidentiality, you can hear what the other young people are discussing and also the magazines are out of touch i.e. Lancashire Life!'

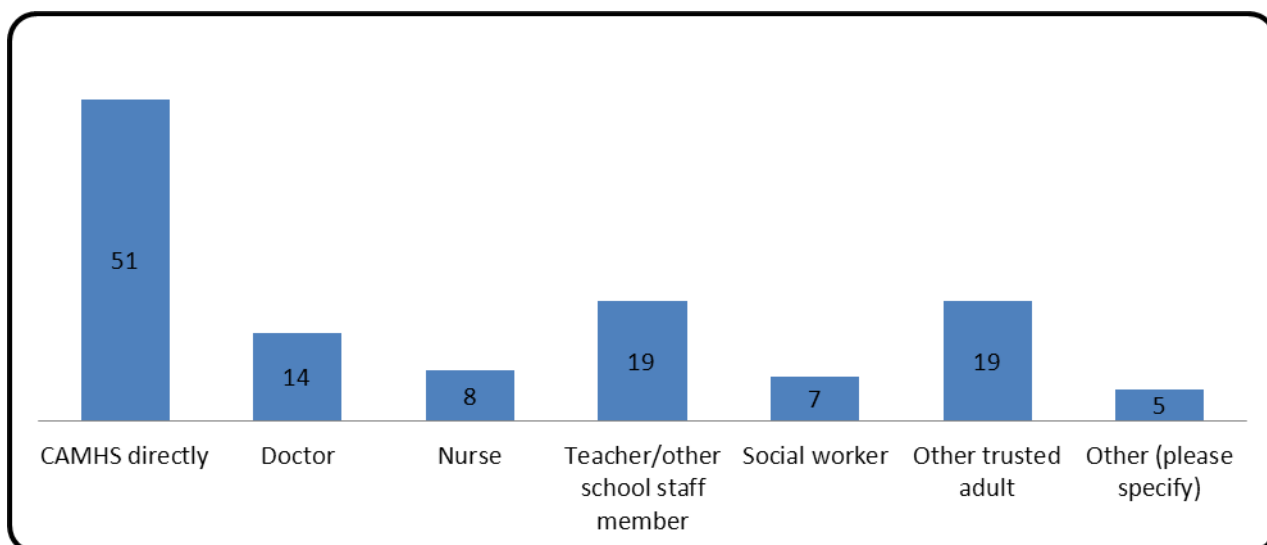
The survey then looked at ways of contacting Child and Adolescent Mental Health Service, and what people thought would be the most appropriate way.

As the chart shows below, respondents preferred to contact CAMHS either via phone, email or by text.

Other suggestions focused on not having a particular method of contact that they preferred, but that help must be available at any time, and not just between standard working hours.



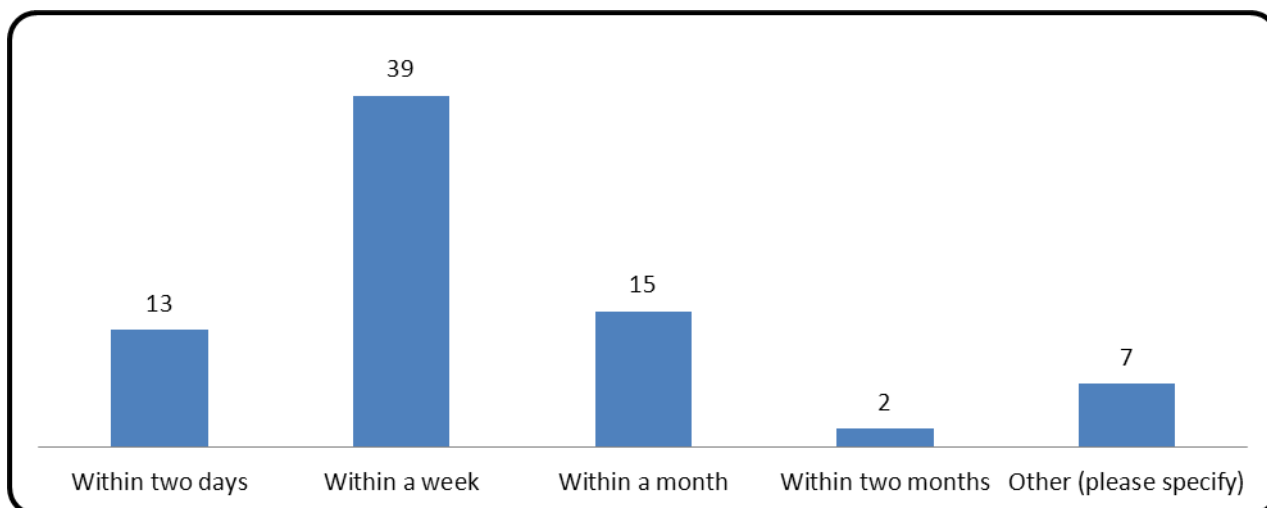
The next question in the survey then focused on how people wanted to contact CAMHS. As shown below, the majority (51 out of 67 respondents) wanted to be able to contact the service directly for help, with 22 respondents stating they would prefer to contact their doctor or nurse.



Under the 'Other' section, respondents also said they would speak to their families first, approach charities such as Breaking Barriers, or had no preference at all as long as the process ran quickly and smoothly.

People were then invited to set down how quickly they thought people should be seen by CAMHS for an initial assessment.

As shown in the chart below, the majority felt that people should be seen within a week. Only two people felt that initial assessments could be done within two months, and no one suggested that any longer than 2 months would be appropriate.



Also, in the additional comments section to this question, it was suggested that care and help should be provided as soon as possible, depending on the situation and the risk. That could include a 24 hour drop in service for emergencies.

Respondents were then asked what problems and issues they felt affected young people in Bolton. There was a good response for this question, and some major themes came out very strongly in the responses.

The main problem respondents felt was to do with bullying and the anxiety, emotional issues and peer pressure. Another major theme that emerged was to do with family life and upbringing, and finally issues to do with drugs and alcohol and eating disorders were also mentioned.

Below is a selection of the comments given:

- 'Too much technology and bullying.'
- 'Peer pressure, being different e.g. learning difficulty, weight, diet, stress of exams.'
- 'Bullying and nothing being done about it and just name calling.'
- 'Bullying/drugs/lack of parenting skills, no aspirations.'
- 'Poor parenting, social isolation, deprivation, poor relationships within schools, lack of stability and consistency.'
- 'Relationships with family and friends; Peer group pressure; Drugs and Alcohol; Not feeling they fit in.'
- 'Substance abuse and relationship issues.'
- 'Depressions, eating disorders, self harm, depression, substance abuse, stress etc.'

It is clear from the comments provided by the respondents that the combination of self esteem issues, peer pressure, drugs and alcohol, lack of opportunity and stability is making it a difficult time for young people and children in Bolton.

As a follow up to the previous question, respondents were then asked what Bolton Clinical Commissioning Group (CCG) should make sure is on offer for young people in Bolton. Again this question had a good response with a number of important and helpful suggestions.

What is clear from all of the comments is that people would like the CCG to provide more counselling services for young people, including CBT and bereavement counselling, and for services and staff to go into schools more.

Below are some comments that demonstrate this:

- 'Counseling services at all schools and colleges, a dedicated Eating Disorders unit in Bolton.'
- 'Counselors within schools so problems can be addressed before they escalate. Lose the stigma attached to mental health problems, CBT, DBT, meditation, aromatherapy, group therapies, support groups.'
- 'Psychological therapies, support group, sibling support, carer support, life coaching.'
- 'Self referrals to a 'pre CAMHS' service to ensure those who need the service get seen quickly and those who are just needing support for stress can be redirected.'

Finally, to conclude the survey respondents were then asked what wish they would like the CCG to grant for all children and young people in Bolton. Again this had a good response with 68% of respondents making a wide variety of suggestions.

The main suggestions are as follows:

- 'Provision of fast access tier 1/2 services to keep risk low.'
- 'Have the flexibility in budget to offer a proactive service rather than a reactive service – education, training, working with multi-disciplinary teams before a crisis. In this current climate there is more need to support health and mental wellbeing - more services are needed for young people.'
- 'The right people with the right skills at the right time for the problem: one size cannot possibly fit all. There were a lot of people with a lot of information and ability to support our family but this was not mobilised and we were not in a position to do so ourselves. Plans must be clear, shared, monitored and reviewed - with families.'
- 'Easy access to counseling support at early stage to avoid more long term problems. School programme to pick up these issues at an early stage. Raising awareness in schools about mental health issues so people can talk about mental health just as cancer is now

spoken about. Promote like cancer that people can live with and beyond this illness but help at an early stage is needed.'

- '1: Telephone help for parents and carers (and young people) - 24 hours. 2: A lower level service so that things don't have to get to a point of self harm before anything is done (prevention/damage limitation) 3: Somewhere as a respite for families and young people - or a place where young people can get care etc in a residential setting - there are lots of building around which would mean that this would not need to be a new build, i.e: libraries, Horwich college etc.'

The key theme that comes across from all the responses is that people want CAMHS to be a flexible service that can help everyone and that families are heavily involved if appropriate in the entire process.

Conclusion:

The CAMH service based on the above comments and responses clearly seem to be very mixed, whereby people are either very satisfied with the help and care they have received or very unhappy.

When people were unhappy with the service they received, the main areas they felt there should be improvement was:

- Length of wait for initial assessment and future appointments
- Courtesy and reliability of staff
- Little preventive work done but mainly reactive instead

However, positives comments were given as well and respondents in particular mentioned that CAMHS had helped people to overcome their problems and good advice was given.

Overall, it appears that people have a very mixed experience using CAMHS and there is little consistency and it is heavily dependent on the seriousness of the case and the staff that are involved.