Report

Coventry & Warwickshire CAMHS redesign: YoungMinds
Final Report: Children, Young People & Families Engagement

YOUNGMINDS
The voice for young people's **mental health and wellbeing**

NHS

Coventry City Council

Warwickshire County Council

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Executive Summary

This is the final report on the engagement phase within the CAMHS Redesign Project in Coventry and Warwickshire. The project is overseen by a board which includes representation from Coventry and Rugby CCG, South Warwickshire CCG, Warwickshire North CCG, Warwickshire County Council and Coventry City Council, as well as Public Health, schools, parents and NHS England.

Since the last report recommendations from the national Children & Young People's Mental Health & Wellbeing Task Force have been published, _Future in Mind._ This reinforces that the work already well underway in Coventry and Warwickshire is clearly in line with the direction of travel recommended nationally.

In order to deliver the task force recommendations and draw down recently announced funding CCGs working in partnership with local authorities will be required to produce local Transformation Plans guidelines for these will be published in June 2015.The information in this report, gathered through local engagement with young people, parent/carers and professionals from across the system, will significantly contribute to the rationale and supporting evidence for both the on-going redesign project and the require Transformation Plan.

In summary, the themes from the local engagement project, all of which resonate with _Future in Mind_ findings, are about **greater investment and capacity for promoting resilience, prevention and early intervention across the system**. The messages from young people, parents and professionals in Coventry and Warwickshire concur with those across the country and call for re-designed local systems which provide quicker access and services in local, accessible places; whilst also supporting and involving more professionals who are closer to the everyday lives of children and families such as schools, youth workers, voluntary sector, GPs and others in the local community.

Outcomes and priorities have been developed through two phases of engagement involving providers, young people and parents through surveys, interviews and focus groups. Identifying challenges within the current system helped to generate a set of outcomes which, if achieved across the system, would indicate resilience and improved mental health.

The outcomes, and ideas about how outcomes could be better achieved, were further tested with a wider group of stakeholders, including 'harder to reach' young people, to produce a refined list of prioritised outcomes and service design elements.

Priority Outcomes

System outcome: **Increase young people's resilience.** This emerged as the priority outcome for services overall amongst parents, young people and professionals.

Young people's individual outcomes: The overall outcome of resilience is underpinned by a range of outcomes prioritised by young people, parents and carers, and which any level of service or setting could strive towards. Measuring these individual outcomes would indicate progress towards the overall system outcome. Those priority outcomes are:

- Intrinsic outcomes: feel supported; feel like one has purpose; feel good about themselves; feel in control;

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- Interpersonal outcomes: Have positive relationships; feel that their family have a better understanding of their mental health needs
- Outcomes related to individual agency: know where to go for help; be able to manage their future mental health needs; understand the mental health issues they are facing; Understand how to improve their mental health
- Behavioural outcomes: have better coping skills; be able to sleep well and relax; have ambitions & aspirations

Mental health services

The following elements emerged as clear priorities for young people and parents in relation to the provision of mental health services:

- Opening times that suit young people and families
- Locations where young people go
- Support for transition
- Services communicate so that young people only tell their story once
- Young people on waiting list get some kind support whilst waiting, preferably in schools or through a community service like a youth group
- Young people have a say in the treatment and care they receive
- Services that look and feel youth-friendly; that are non-clinical
- All staff are welcoming and friendly have a participative approach to working with young people and families both in their individual treatment and in the service design and operation.

These outcomes were all supported as priorities by providers and referrers too.

Parents, young people and professionals were **overwhelmingly in favour of extending provision to age 25** so young people no longer make the transition to adult services at 18. No clear consensus on models for this emerged i.e. how services accommodate such a wide range of ages best.

System design

Other key ideas that emerged in the first phase and continued to be prioritised in phase two were:

- Young people and parent/carers want consistent support from one person throughout their journey through the system
- Better integration between all services that young people use with a particular focus on schools; the current tier 3 CAMHS services and social services. This includes better information sharing between services.
- Training in mental health for staff across the children & young people's workforce, especially in schools but also in early years settings and amongst other health staff including GPs.
- Use of technology to facilitate access to mental health services such as by providing digital appointment reminders.

- Greater support for parents whose children are accessing mental health services including consistent relationship with workers; more communication from services; better information about how to support their child.
- More support for provided for young people's mental health in schools and other services they use and a greater role for these services in tackling stigma.
- More and better quality information for young people about how to look after their own mental health; where to get help and how to support their friends.
- Use of peer support models to support young people through periods of transition.

In terms of **equality impact** the priorities for more at risk groups with additional needs varied from the general findings. For example concerns included a greater emphasis on the importance of staff understanding their condition or circumstances; access during crisis; and other specific needs which require staff and services to differentiate practice in order to improve outcomes. The engagement of more vulnerable groups in any re-design will help ensure more appropriate and flexible provision moving forwards.

Sustaining engagement

There are a number of local assets that could be drawn upon to sustain engagement of local children, young people and families within the service commissioning and development phases, including:

- A strong network of tier 2 services including parenting support groups and a range of services for young people
- 'Connectors' – individuals within the local system with many relationships who can facilitate engagement of wide and diverse stakeholders
- Participants in current engagement- there are cohorts of young people and parents who now understand the commissioning process who would be well placed to support processes such as the evaluation of tenders.

Additionally, new models of engagement could be established to build on the foundation now developed; these could include introducing young advisor roles to the commissioning board or a shadow commissioning board. Such structures would require resourcing and support however, in line with the expectations set out in Future in Mind, we would encourage further action be taken to make participation sustainable.

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Introduction

This is the final report of the engagement phase for the CAMHS Redesign Project in Coventry and Warwickshire. It describes progress and outcomes of the second phase of co-production activities with children and young people, parents, and professionals. It builds on the interim report produced by YoungMinds in January 2015 which shared findings on the first phase of engagement.

The project is part of on-going developments to the children's mental health system driven by collaboration between commissioners across the areas. The project is overseen by a board which includes representation from Coventry and Rugby CCG, South Warwickshire CCG, Warwickshire North CCG, Warwickshire County Council and Coventry City Council, as well as Public Health, schools, parents and NHS England.

Since the interim report on the first phase of engagement, the report of the national Children & Young People's Mental Health & Wellbeing Task Force, *Future in Mind*, has been published, as has a national service specification for tiers 2 and 3 CAMHS. The focus of both are supportive of the work being undertaken Coventry and Warwickshire and this was alluded to in the first report but now both have been published the relationship between locally developed outcomes and priorities and the national agenda has been made explicit in this report.

In summary, the themes of *Future in Mind* are promoting resilience, prevention and early intervention. The report sets out the aspiration and evidence to improve access to effective support. It calls for re-designed local systems which provide care for the most vulnerable and those most at risk. Underpinning this is the need for accountability and transparency due to the lack of faith in the current systems and a focus on how these services sit as part of a much wider system driving the parity agenda for mental health services and driving this system change is work force development.

Prevention; early intervention and the design of specialist mental health services have been the golden threads that have been set through the engagement work in phase one and two of this undertaking. This report will summarise the findings from the engagement within each of these threads and cross reference with the national context and expectations.

Professionals, providers, young people and parents throughout Coventry and Warwickshire were contacted and engaged across the two phases through various networks including:

- Existing CAMHS providers
- Local Authority teams working with these groups
- Other parent and youth groups in the areas
- YoungMinds channels

The aim of the first phase was to identify challenges within the current system and generate a long list of outcomes that the re-designed service should seek to deliver for young people across the region. Additionally, to capture stakeholder ideas about how the challenges could be addressed and the outcomes achieved. The aim of the second phase was to test the outcomes and ideas with a wider group of stakeholders and produce a refined list of prioritised outcomes and service design elements.

Methodology

Phase 1

In phase one, providers, parents and young people were engaged through focus groups and workshops and outlined their experiences within the current system highlighting current challenges and priorities for the re-designed service. 23 of these stakeholders then attended two co-production workshops to develop the outcomes and service design ideas to test in phase two. A summary of phase one findings can be found in appendix 3.

Phase 2

The purpose of phase two was to 'test' the phase 1 findings and outcomes with wider groups of local stakeholders to ensure the final outcomes and service parameters truly reflect the needs and priorities of the local community. To guide this phase of the consultation, the following lines of enquiry were agreed with commissioners:

1. Overall, do local young people and families believe that if the outcomes generated in phase 1 (as per the outcomes table) were achieved by service/s would their needs be met? What is missing, if anything?
2. Which of the outcomes are most important to young people and families at each tier from prevention to specialist services? (aim to prioritise what should be achieved at each tier of services including by schools)
3. From the perspective of young people and families, what organisations and individuals need to be involved in achieving the outcomes at each tier from prevention to specialist services?
4. In the view of local young people and families, will the outcomes and ideas generated in phase 1 tackle the issues with the current system highlighted by families in phase 1? What other ideas do they have for the new model, if any?
5. From the perspective of young people and families, how can the standards in the national CAMHS 2-3 service specification are delivered locally?
6. What are the key qualities required of a CAMHS service / of those providing CAMHS services?

To enable wide engagement within a limited timeframe and to support the involvement of diverse groups, a mixed methodology approach was adopted within the engagement with children & young people and parents & carers. This optimised the opportunities for engagement and coproduction.

- A survey was developed for parents and carers
- A survey was developed for young people aged 14-25
- Nine workshops groups were held with children, young people and parents & carers
- A survey was developed for CAMHS professionals & referring agencies

Creative activities were designed for the workshops to address the key lines of enquiry. The survey and workshop activities were developed in partnership with young people to ensure the language and format of all the engagement was accessible.

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Children & Young People's Engagement

Qualitative Data

A range of local organisations in the mental health and voluntary sectors were approached to host workshops. These were based across both Coventry and Warwickshire, in order to ensure that opinions of young people in each area were represented.

In total, seven workshops were conducted by YoungMinds staff in March 2015. A further two workshops were hosted by partner organisations using consultation materials provided by YoungMinds. These group facilitators shared the findings from their groups with YoungMinds for analysis.

Analysis

During the workshops, participants were asked to participate in ranking activities to prioritise the phase 1 outcomes and ideas and discussion activities to generate new ideas. Materials generated from ranking activities were analysed collectively, bringing together priorities from across all groups to create a collated ranking and to analyse differences in priorities between different demographics. Notes from discussion exercises were thematically analysed.

Demographics

A total of **90** young people participated in workshops.

- The profile of young people who participated in workshops was as follows:
  - Gender: 47% male; 45% female; 8% preferred not to state their gender
  - 71% identified as straight; 24% identified as lesbian, gay, bisexual or 'other' sexual orientation; 5% preferred not to give this information
  - 89% stated they were not trans; 11% preferred not to provide this information
  - 80% had not been in care; 15% were currently or had previously been in care; 5% preferred not to give this information
  - 67% did not identify as having a disability; 23% identified as having a disability; 11% preferred not to give this information
  - 55% were from Warwickshire; 35% were from Coventry; 10% stated they were from Rugby.

Quantitative Data

A self-selecting survey for children and young people was conducted on Survey Monkey.

The survey was open from 10 March to 10 April 2015. In total 70 were received. The collector link was distributed via email to 62 organisations across Coventry & Warwickshire including primary and secondary schools; cultural community groups; Children's Centres; youth groups; family support services and statutory health and local authority services. It was also distributed via YoungMinds social media platforms on Facebook and Twitter. Some local partners shared the collector on their social media.

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The profile of respondents to the children and young people's survey was as follows:

Age profile of respondents

Age	Percentage
14-15	9%
16-17	26%
18-19	12%
20-21	21%
22-23	18%
24-25	15%

Mental health experience of respondents:

	Percentage
I have experienced a mental health problem	91%
Someone close to me has experienced a mental health problem	52%

Parent & Carer Engagement

Qualitative Data

Two focus groups were held with parent groups within phase two. The groups were with parents who access a Coventry based children's centre and parents from a group supporting families of children with SEND.

Analysis

As in the young people's groups- during the workshops, participants were asked to participate in ranking activities to prioritise the phase 1 outcomes and ideas and discussion activities to generate new ideas. Materials generated from ranking activities were analysed collectively, bringing together priorities from across all groups to create a collated ranking and to analyse differences in priorities between different demographics. Notes from discussion exercises were thematically analysed.

Demographics

A total of 18 parents and carers participated in workshops. 13 mothers and five fathers; 3 from Coventry and 15 from Warwickshire.

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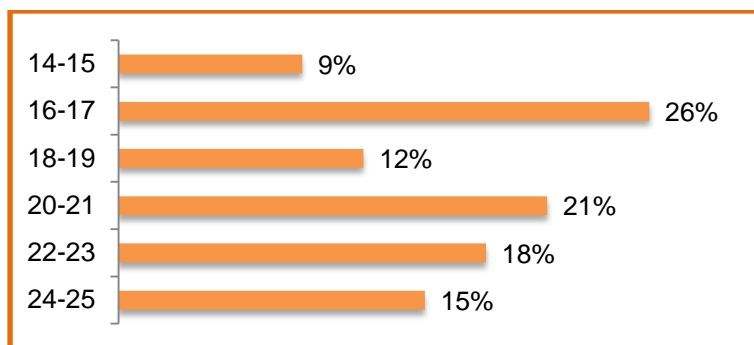**Quantitative Data**

A self-selecting survey for parents and carers was conducted on Survey Monkey.
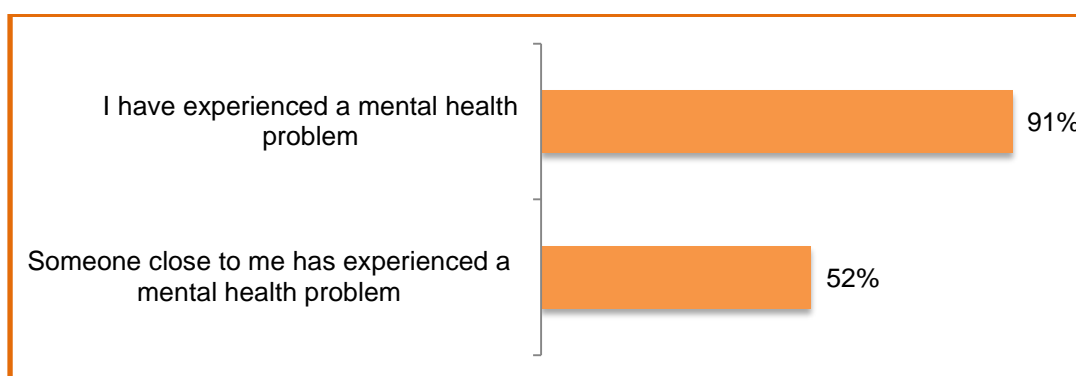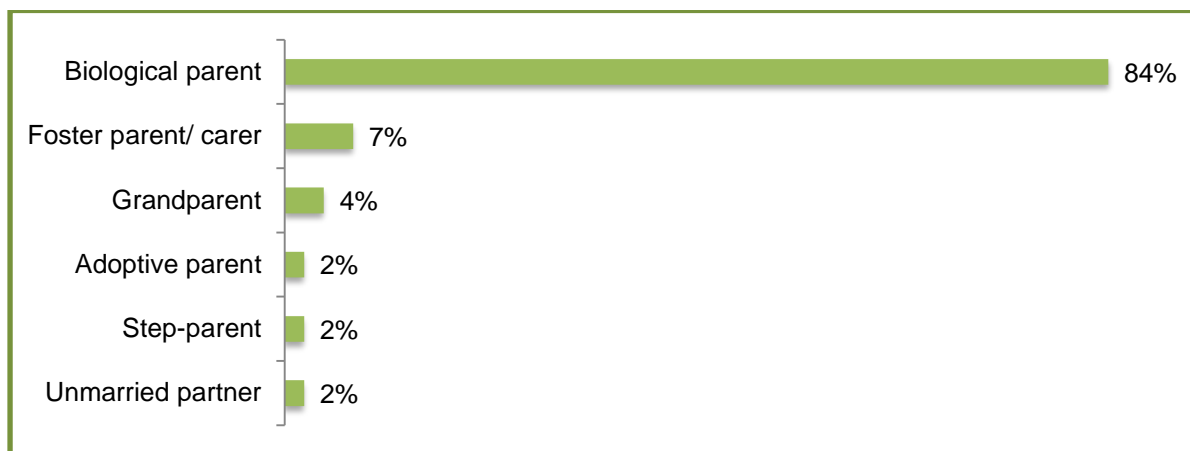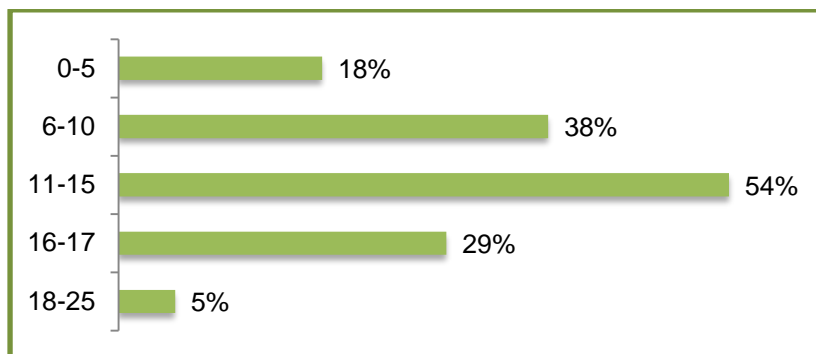
The survey was open from 10 March to 10 April 2015. In total 187 responses were received. The collector link was distributed via email to 62 organisations across Coventry & Warwickshire including primary and secondary schools; cultural community groups; Children's Centres; youth groups; family support services and statutory health and local authority services. It was also distributed on YoungMinds social media platforms: Facebook & Twitter. Some local partners shared the collector on their social media.

The profile of respondents to the parents and carers survey was follows:

Parental status of respondents

Biological parent	84%
Foster parent/ carer	7%
Grandparent	4%
Adoptive parent	2%
Step-parent	2%
Unmarried partner	2%

Age of respondents' children

0-5	18%
6-10	38%
11-15	54%
16-17	29%
18-25	5%

Respondents personal mental health experience

Currently experiencing mental health problem	17%
Experienced mental health problem in the past	37%

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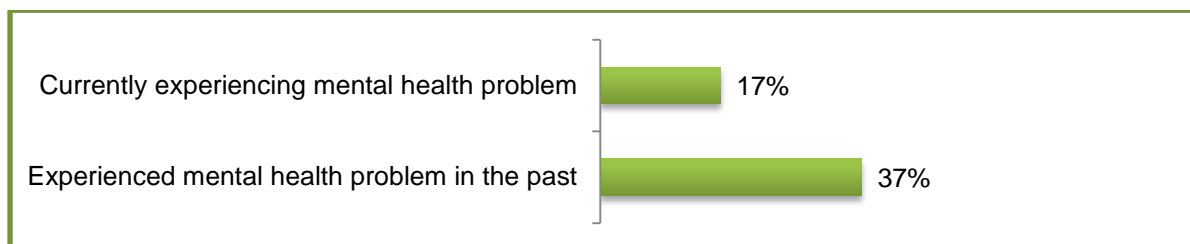
Mental health experiences of respondents' children

Currently experiencing mental health problem	62%
Experienced mental health problem in the past	23%
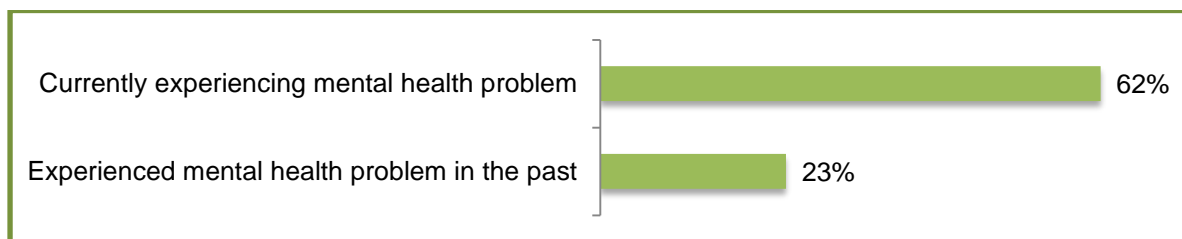
A high percentage of parent survey respondents had experienced mental illness currently or historically. The increased risk of mental health problems for children and young people whose parents have experienced distress/ have mental health problems themselves is well documented. *This reinforces the need to have close connectively between adult and child services as a prevention and early intervention approach in the new system design.*

CAMHS professionals & referring agencies engagement

Quantitative Data

A self-selecting survey for CAMHS professionals & referring agencies was conducted on Survey Monkey.

The survey was open from 27 March to 24 April 2015. In total 116 responses were received.

Respondent roles

- 42% (n=47) professionals working within Primary schools, e.g. Teacher, SENCO
- 18% (n=20) professionals working within Secondary schools, e.g. Teacher, SENCO
- 18% (n=20) professionals working in other Children's Services
- 8% (n=9) professionals working in Targeted Child and Adolescent Mental Health Services
- 7% (6%) professionals working in Voluntary Sector Services
- 6% (n=5) professionals working in Family Services, children centres etc
- 4% (n=5) professionals working in Social Care Services
- 4% (n=5) school counsellors

Of the remaining respondents, one came from Adult Mental Health Services, 1 from other Adult Services, 1 worked in an unspecified educational establishment, 1 was a CAF officer.

5 responded with 'Other':

- Professional working within maintained Nursery School
- Ed Psych.
- Teaching Assistant SEND
- Social enterprise delivering targeted young people's support programmes
- Head teacher

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Summary of Findings

Apart from adaptions in language to ensure accessibility, the same lines of enquiry were used in both focus groups and surveys with children and young people and parent and carers.

The survey was adapted for use with professionals and referring agencies, and the same options were given for all questions.

Findings are presented collectively and illustrate where there is convergence and divergence of children's; parent/carers and professionals priorities.

Outcomes testing

The outcomes identified by stakeholders in phase one were tested with wider stakeholder groups during the second phase. A summary of prioritised outcomes has been produced via the 'CAMHS on a page' provided alongside this report.

This section of the findings aims to provide more depth about how the outcomes were identified and prioritised by local stakeholders and some of the issues they raised as part of the process.
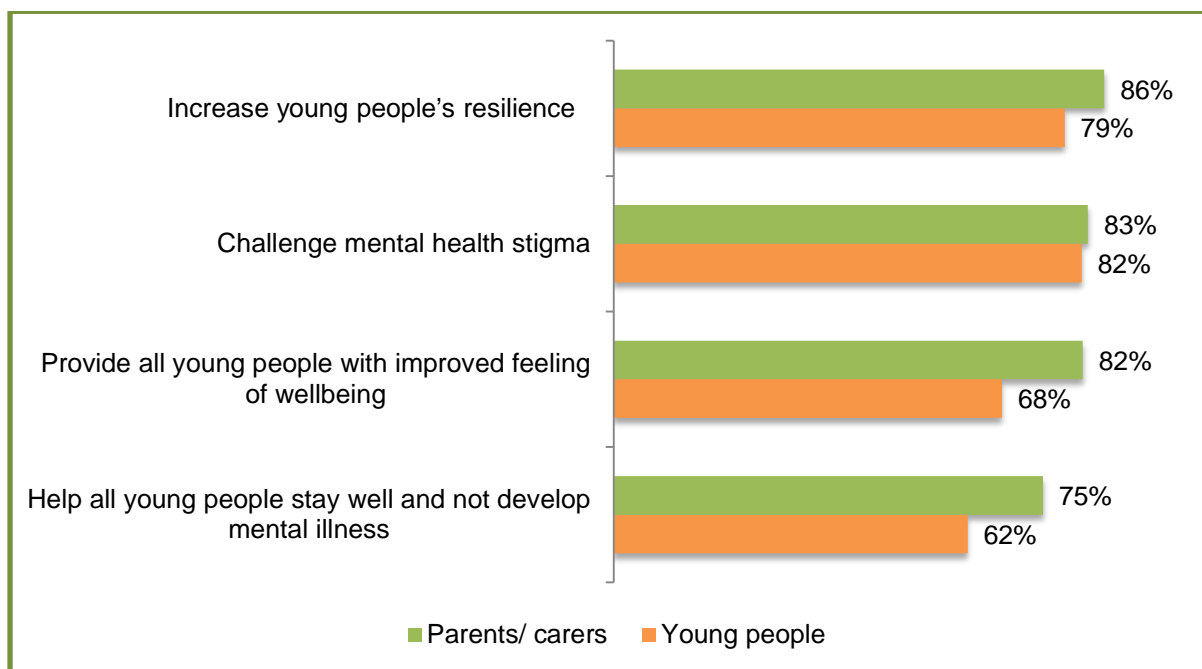
System outcomes

Prioritised outcomes:

1. **Increase young people's resilience**
2. **Help all young people stay well and not develop mental illness**
3. **Provide all young people with improved feeling of wellbeing**
4. **Challenge mental health stigma**

In both the surveys and focus groups, young people and parents/carers were asked what the most important outcome for the re-designed service overall was. Across the focus groups with young people the overall prioritised outcome for the system was '**Help all young people stay well and not develop mental illness.**' This relates to findings from both the young people' surveys and focus groups related to young people's want for earlier help before they reach crisis point and greater support with their mental health within universal services so they don't become unwell. Within the focus groups, the outcomes '**Increase young people's resilience**' and '**Provide all young people with improved feeling of wellbeing**' were both consistently placed as second or third priority. None of the groups rated the fourth option 'Challenge mental health stigma' as their first or second priority. However, stigma was discussed within the role of schools, suggesting young people feel tackling stigma is an important issue to be addressed but not the primary aspiration for the re-design.

The same options were offered within both the parent/carer and young people's surveys. Responses are shown on the graph below. Parents marginally prioritised '**Increase young people's resilience**' over the other outcomes. Young people's responses varied markedly from focus groups responses with a reversal of highest and lowest priorities: survey respondents rated 'tackling stigma' the first priority and 'Help all young people say well and not develop mental illness' the least important priority. One reason for this reversal could

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include that the focus group responses were captured during a discussion where a worker was present to explain terms and facilitate discussion about the outcomes. The word 'stigma' may be more familiar than 'resilience' for example and so it may be why more young people when responding alone, selected this option. However, there were 70 survey respondents and 90 focus groups participants so it is suggested that the focus group responses be given greater weight but that tackling stigma be featured as a priority within strategies for prevention and early intervention.

Within the professionals survey, the outcome **Increase young people's resilience** was significantly prioritised above the other outcomes (71% of respondents ranked this outcome as very important). The other three outcomes received similar 'Very Important' rankings: **Challenge mental health stigma** (64% ranked very important); **Help all young people stay well and not develop mental illness** (64% ranked very important); **Provide all young people with improved feeling of wellbeing** (63% ranked very important).

Looking across all responses around system outcomes, it is suggested that if an overarching aspiration for what the re-design should seek to achieve for local young people were sought, the outcome with most support from local stakeholders is **Increase young people's resilience** as this was most prioritised by parents and professionals and joint second priority for young people's focus group and survey respondents. However, during the co-production workshops in phase one, it was raised as a concern amongst some professionals and young people that there the word 'resilience' is open to varied interpretations and therefore, if a system outcome related to resilience is adopted, it would be valuable to ensure shared understanding around resilience is established amongst all stakeholders.

In terms of measuring this outcome, this may be more effectively done through measurement of the outcomes for young people listed below, many of which are linked to resilience.

Outcomes for young people

> Key points:
>
> - Young people prioritise outcomes relating to better understanding of their own mental health needs; how to look after them; self-management and increasing agency
> - Both parents/carers and young people prioritised knowing where and how to get help followed by feeling supported

In the focus groups and surveys, young people and parents & carers were asked to prioritise outcomes for young people who engaged with support in the re-designed service. These outcomes could apply to young people at any stage in accessing support from prevention & promotion; to early intervention; to accessing specialist mental health services.

Within the parent survey, the ten most prioritised outcomes were (in order from highest priority):

1. Know where to go for help
2. Feel supported
3. Feel life has purpose
4. Feel good about themselves
5. Feel in control
6. Be able to sleep well and relax
7. Feel that their family have a better understanding of their mental health issues
8. Have positive relationships
9. Be able to manage their future mental health needs
10. Have better coping skills

Base: All saying 'very important' and responding about each outcome (Parents/ carers 127)

Within the young people's survey, the ten most prioritised outcomes were (in order from highest priority):

1. Know where to go if they need help
2. Feel supported *and* Be able to manage their future mental health needs *and* Understand the mental health issues they are facing *and* Have ambitions and aspirations
3. Have better coping skills *and* Understand how to improve their mental health *and* Feel in control *and* Feel good about themselves *and* Feel life has purpose

Base: All saying 'very important' and responding about each outcome (Young people 33)

Both sets of most prioritised outcomes suggest that in general parents and young people both most highly value the impact that services have on how young people feel in themselves, rather than the impact it has on wider aspects of their behaviour and potential. For example, neither parents nor young people highly prioritised outcomes like 'achieving potential in their education' or 'Get and stay in work (if age relevant) as outcomes for services to aim for – although if talking about school or other non-mental health settings this would likely be different.

Parent and young people prioritised outcomes could be collated and grouped as different types of outcomes for young people including:

- **Intrinsic outcomes:** e.g. feel supported; feel life has purpose; feel good about themselves; feel in control;
- **Interpersonal outcomes:** Have positive relationships; feel that their family have a better understanding of their mental health needs; be helped to cope
- **Outcomes related to individual agency**: know where to go for help; be able to manage their future mental health needs; understand the mental health issues they are facing; Understand how to improve their mental health
- **Behavioural outcomes:** have better coping skills; be able to sleep well and relax; have ambitions & aspirations

There are potential interventions that can be made throughout the system from universal to specialist services that could support these outcomes. Suggestions of these are outlined below within System Design.

Young people's focus groups findings mirrored the survey findings, prioritising similar outcomes**. Knowing where to go if you need help** in particular was consistently rated as a priority outcome across all groups.

Professionals did not introduce any new priorities within their responses and in line with parents and young people, favoured outcomes that related to how young people felt within themselves and considered it important that young people were able to understand and manage their own mental health needs. Professionals' ten most highly prioritised outcomes (in order from highest priority) were:

1. Know where to go if they need help
2. Feel supported
3. Feel good about themselves
4. Feel life has purpose
5. Have positive relationships
6. Understand the mental health issues they are facing
7. Feel in control
8. Be able to sleep well and relax
9. Be able to manage longer term mental health
10. Understand how to improve their own health & wellbeing

Base: All saying 'very important' and responding about each outcome (Professionals 106)

Within the *Future in Mind* national engagement project YoungMinds asked young people if they thought they knew enough about how to look after their mental health. Only 19% of young people responded that they felt like they knew enough. 59% of respondents indicated they knew a bit but felt it would be helpful to know more. And 22% of respondents said that they didn't know enough to look after their mental health. This reflects findings from the local engagement exercise which indicated young people prioritise outcomes related to understanding more about their own mental health needs and being better informed about looking after their mental health, suggesting they may currently feel lacking in these areas.

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Prevention & Promotion

> Key points:
>
> • As in phase one, there is overwhelming support for increased promotion and prevention including a greater emphasis on family, friends, local community and non-mental health settings
> • The system could better recognise, and maximise the potential of, professionals young people regularly engage with such as youth workers and secondary school staff

In terms of which organisations local young people and families perceive as having a role in promoting positive mental health amongst young people, there was a strong understanding across both groups of the importance of the involvement of a wide range of services in this. **Secondary schools** were consistently rated as important in both surveys and focus groups and there was **overwhelming identification and support for the role of family and friends.** Potential roles for schools and families in promoting positive mental health are outlined within the Service Design section below.

Despite a number of issues raised with current CAMHS provision in phase one, CAMHS was still the service most parents and young people agreed had a role in promoting positive mental health as per the chart below.
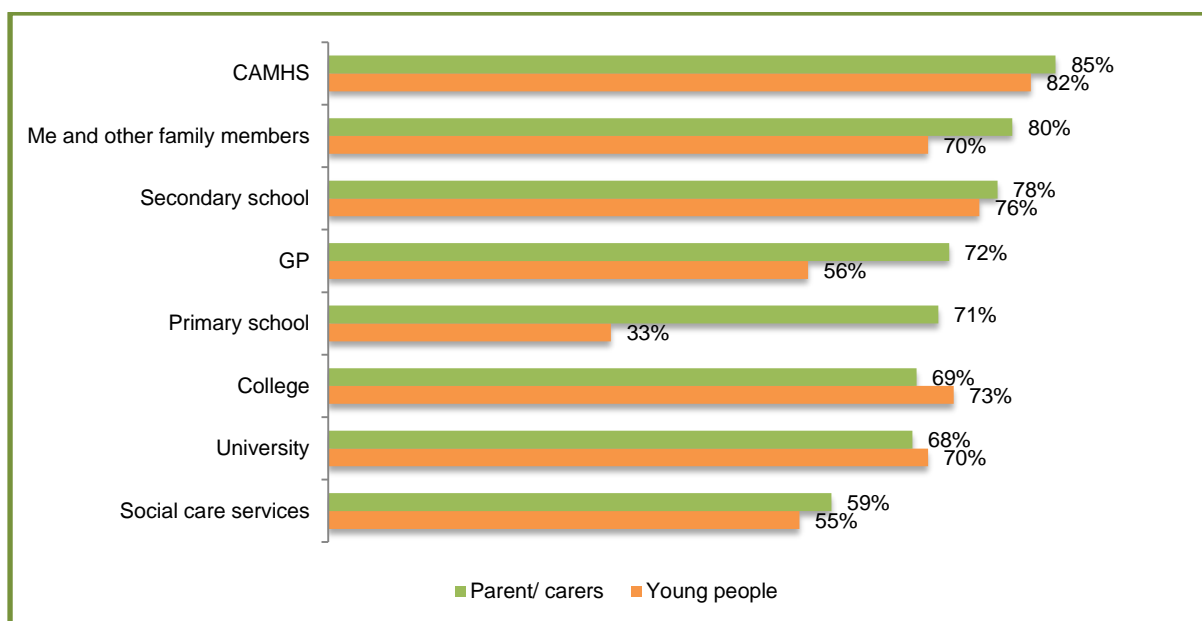
Base: All saying 'very important' and responding about each service (Parents/ carers 126-139) (Young people 49-50)

In organisations less prioritised by parents & carers there was again, generally similar low prioritisation by young people with the exception of support from friends. As seen on the graph below, only 35% of parents thought friends were an important source of mental health perspective whilst **friends were seen as a source of support by 49% of young people**- a significant percentile difference.
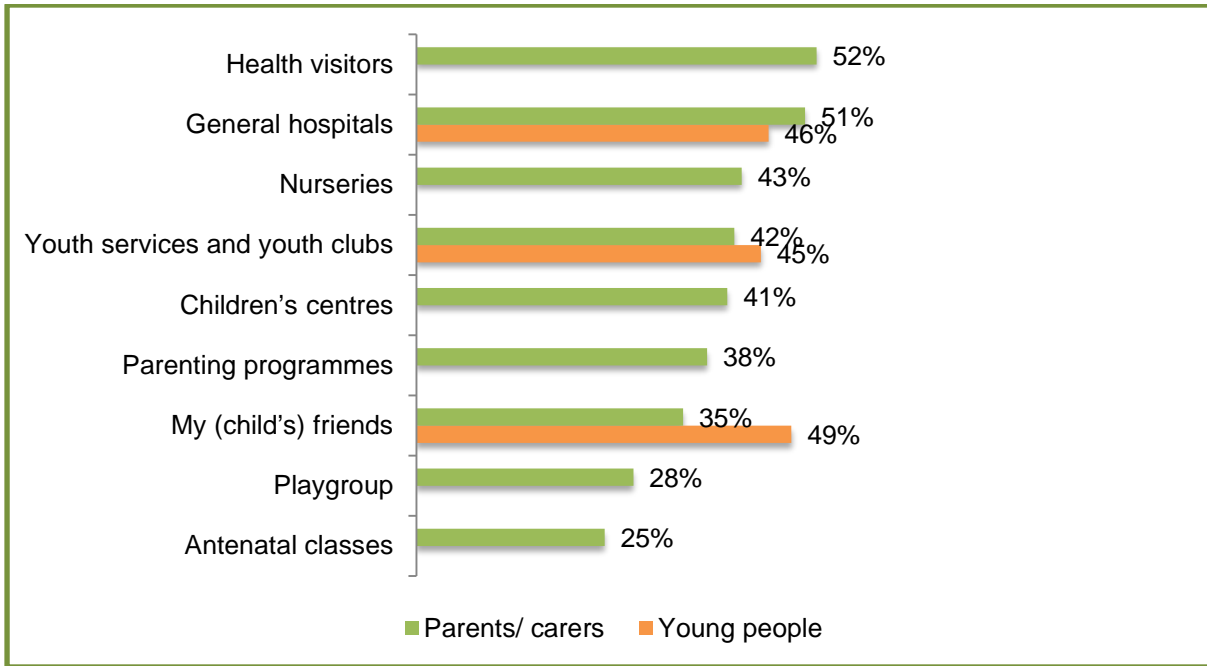
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Health visitors — 52%
General hospitals — 51% / 46%
Nurseries — 43%
Youth services and youth clubs — 42% / 45%
Children's centres — 41%
Parenting programmes — 38%
My (child's) friends — 35% / 49%
Playgroup — 28%
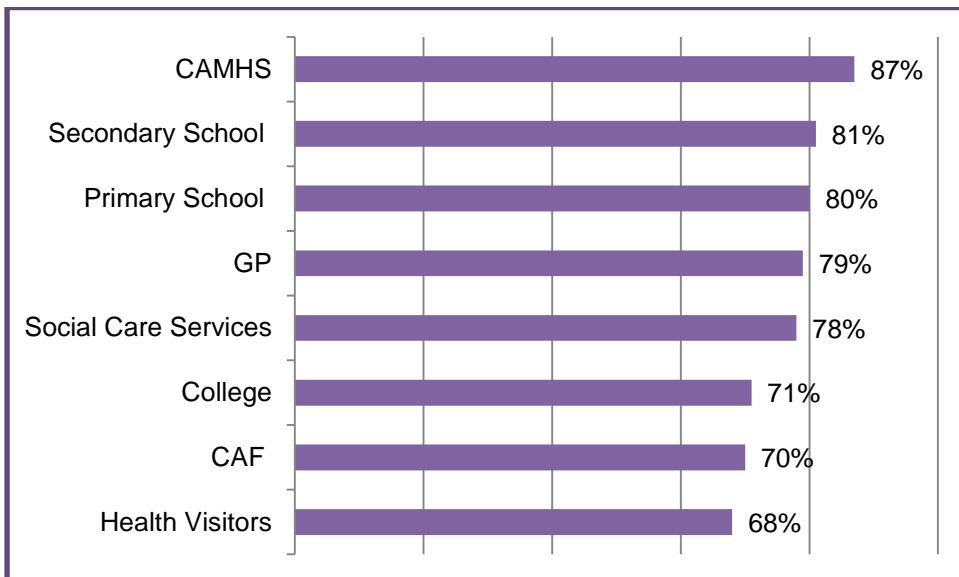Antenatal classes — 25%

■ Parents/ carers   ■ Young people

Base: All saying 'very important' and responding about each service (Parents/ carers 126-139) (Young people 49-50). Young people were not presented with the services that are blank.

As seen on the chart below, within responses from professionals there was generally agreement with young people and parents and carers about the key organisations engaged in supporting young people's mental health. One notable difference was that professionals had not prioritised the role as families as highly as children and parents. 80% of parents throught family had a very important role to play in supporting a child's mental health whilst 67% of professionals stated the role of family was 'Very important.' However, across services, professionals responses concurred with those of parents and young people- highlight the vital role of schools and social services.

CAMHS — 87%
Secondary School — 81%
Primary School — 80%
GP — 79%
Social Care Services — 78%
College — 71%
CAF — 70%
Health Visitors — 68%

Base: All saying 'very important' and responding about each service

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Future in Mind promotes the need to **involve a wide range of professionals to promote resilience, including the prevention and early intervention agenda.** It drives all professionals to provide support to children and young people and their families to adopt and maintain behaviours that support good mental health. It suggests that within the area of prevention of mental health issues arising early action should be taken with children young people and parents who may be at risk. This drive to increasingly be inclusive of the wider family agenda is mirrored in the findings here.

Within the young people's focus groups participants were asked '*which individuals and services do you engage most with currently'.*

- School teacher
- Other non-teaching school staff including pastoral workers; careers advisor; safeguarding lead
- Friends
- Parents /Carers
- Counsellor
- Youth groups they use
- Health professionals they already engage with including CAMHS worker; speech therapist; physiotherapist
- Employer
- Relatives including: parents; siblings; 'uncle';
- Neighbours
- Their mentor

Note; not ranked in any order of priority.

Young people's focus groups were also asked '*which other local services are you aware of that are available for mental health support if you need it'.*

- Helplines/Childline
- Social workers
- Health services they don't yet access including CAMHS and emergency services
- Police officers
- Student support services
- GP
- Citizens advice
- Wider family members

Note; not ranked in priority order.

These lists give an indication of which parts of the workforce may benefit from mental health training and who could facilitate access to further services. It also indicates areas where workers already have strength in this area- for example many young people cited their youth worker as a key source of support within focus groups, suggesting that ensuring tier 2 services for young people are well-resourced and integrated into the re-designed service and that their workers have adequate training and support to address young people's mental health at an appropriate level is important.

YOUNGMINDS
Training

There's no training for youth workers but they're getting referrals way above their remit because CAMHS can't take them.
Youth worker

Some young people mentioned individuals in their life that they would talk to if they were struggling including 'my barber' and 'my optician'- this highlights the importance of a range of adults in young people's lives that they are able to trust and approach for help. These adults themselves need access to basic information about where they can signpost young people for further support and advice.

With regard to prevention and promotion, overwhelmingly within phase one there was support for campaigns to address stigma and wide spread training for universal staff working with young people. These were continued themes within phase two, and is in keeping with *Future in Mind* which advocates a system wide approach to mental health from universal staff upwards. It supports a strong prevention and early intervention system that supports resilience, is responsive and empowering.

Early Intervention

Key points:

- Quick access when help is first needed is a priority
- Young people would like support to manage life better whilst waiting for a specialist service through school and other local services
- Support from people in everyday, accessible settings was prioritised higher than via digital technology
- The need for more training for staff in schools and other community settings was highlighted in both project phases
- Co-location of service provision within existing schools and community settings (or outreach to) was favoured as a model for best enabling earlier intervention

More young people are experiencing long term mental health issues because they don't get help early. **Youth worker**

There was support and endorsement for the increase in early intervention services amongst both parents and young people and youth workers spoken to within the engagement process. This is reflected within the outcomes young people prioritised as outlined above with young people and parents both agreeing it is priority for young people **to know where to go if they need help** and to **understand how to look after their own mental health**. Additionally, 93% of parents strongly agreed services should give young people '**quick access to help when they first need it'** and this was parents' overall top priority for the re-designed service. This echoes the themes in the *Future in Mind* report.

88% of young people agreed it was important that support was provided '**through schools or other local services to help young people manage life better whilst waiting for a specialist service.'** This was much more highly prioritised by young people than receiving support via technology whilst waiting for appointments which only 50% prioritised. The role of technology in the re-design service is further explored in System Design below. This finding however reinforces again the importance of **engaging schools and other universal and tier 2 providers** with the re-designed service and in making sure staff within such

services are trained to recognise signs a child may be struggling and help them access support.

> Professionals don't know what to do. I had to self-refer to IAPT.
> **Youth centre focus group participant**

Regarding access to services, 57% of young people rated the idea of **providing mental health services within schools and other services young people already use** as 'excellent.' Development of new community 'hubs' which emerged as key idea for the system re-design in phase one were not raised in focus groups within phase two. However a focus emerged in discussion, as in the survey, on using existing services as venues for provision of support, suggesting an outreach or co-location model would be effective in enabling young people and families to better access services. *Future in Mind* also put forward the recommendation that schools be used as alternative treatment venues, in particular for those children and young people from vulnerable and harder to reach backgrounds.

In phase one, providers and referrers had highlighted the importance of early intervention and this was re-emphasised in phase two with 89% of professionals stating it was 'Very Important' that young people were given **quick access to help when they first need it**. This was prioritised above **providing community support whilst young people are waiting for a specialist service** which 60% stated was 'Very Important' suggesting a strong priority amongst professionals to get young people the right support early on. Professionals did not feel that using technology to provide mental health support was the solution to getting more young people earlier help- **only 24% thought it was 'Very Important' to make better use of IT in providing support.**

Specialist Services

> Key points:
>
> Priority requirements from services identified in phase one received consensus support in phase two by parents/carers; young people and professionals. In summary;
>
> - Opening times that suit young people and families
> - Locations where young people go
> - Support for transition
> - Services communicate so that young people only tell their story once
> - Young people on waiting list get some kind support whilst waiting, preferably in schools or through a community service like a youth group
> - Young people have a say in the treatment and care they receive

The phase two engagement sought to establish what standards mental health services should meet within the re-designed service. This section explores findings related to access to services and types of support provided. How such services should look and feel and what characteristics are desired within their staff by young people and parents are explored below in 'System Parameters.'

Parents and young people's priority requirements from re-designed specialist mental health services are simple:

- Services are open when young people are able to access them, for example after school;
- Services are located in places that young people already access such as schools and youth centres;
- There is support for young people when they transition between services;
- Where a young person accesses multiple services, these services communicate so that young people don't have to tell their story several times;
- Young people on waiting list get some kind support whilst they are waiting, preferably in schools or through a community service like a youth group;
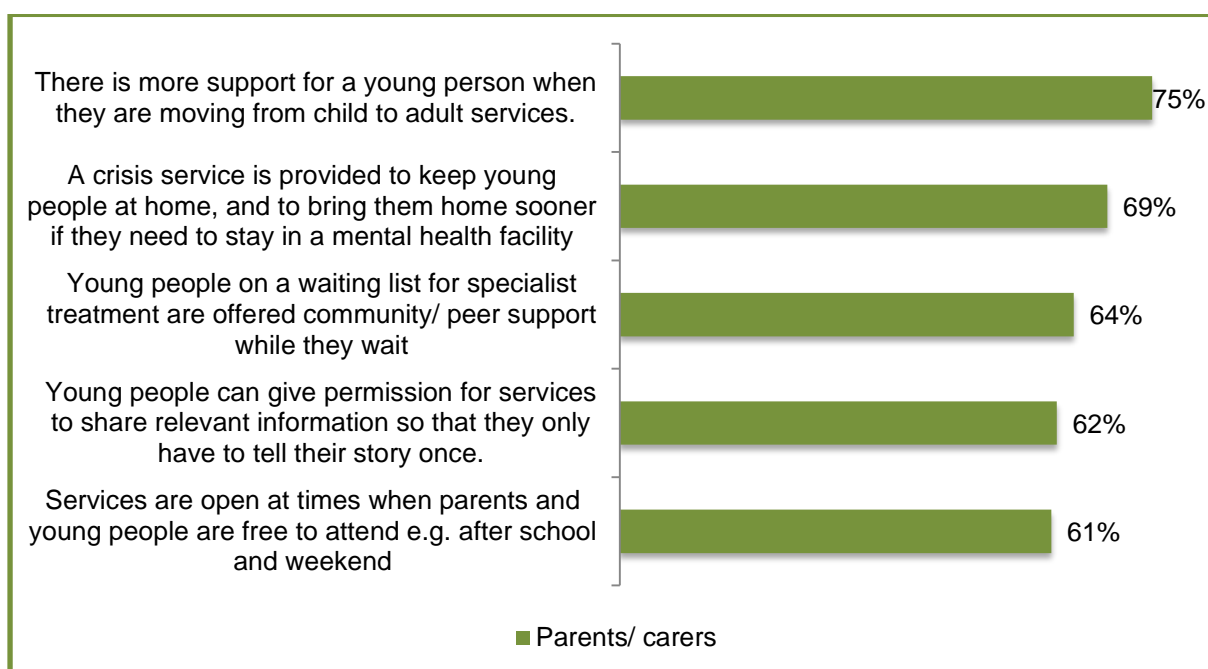- Young people have a say in the treatment and care they receive.

These ideas were raised in phase one and have been reinforced within phase two in both the parent and carer survey and the young people's surveys and focus groups.

The priorities emerging from the parent survey are illustrated in this graph:

Young people expressed slightly different priorities within their survey responses:

In the young people survey, 64% said the following ideas were 'Excellent':

- There is more support for a young person when they are moving to child to adult services
- Services are open at times when parents and young people are free to attend e.g. after school and weekend
- Young people are more involved in creating their own plan for the care and treatment they receive

and 61% said the following ideas were 'Excellent':

- Young people can give permission for services to share relevant information so they only have to tell their story once
- Young people on waiting list for specialist treatment are offered community/peer support whilst they wait

Priorities that emerged from the professionals' survey related to transitions and greater flexibility in the delivery of specialist services. The service delivery idea from phase one that was ranked highest by professionals was **There is more support for a young person when they are moving from child to adult services**. The second and third most highly rated ideas were: **Young service users are able to meet with CAMHS workers at school or at a youth centre they already visit** and **Services are open at times when parents and young people are free to attend e.g. after school and weekend**- suggesting that professionals are aware accessibility to specialist support needs improving for young people-this is important as one of the key issues raised by young people in phase one was the inflexibility of the current service for example being offered appointments during the school day.

Professionals in phase one had raised the issue of need for greater integration between themselves and partners in other organisations. This resonated with young people's feedback about the frustration of having to repeat their story and information multiple times to many services. Professionals were highly supportive of the idea **Young people can give permission for services to share relevant information so that they only have to tell their story once** suggesting that looking at improved systems for information sharing would be well supported by both local young people and professionals.

Crisis provision

> Key points:
>
> - Young people felt they reached crisis both because of lack of support at an earlier stage and also, for some, as a means of accessing help.
> - Parent/carers felt that better community services would reduce hospital stays
> - Looked after Children particularly raised issues about the need to improve the quality and access to crisis services

Within focus groups with young people it was expressed, as in phase one, that the priority should be to provide more support earlier so young people don't reach crisis point. Young people in both phases felt that they wouldn't have required crisis services if there was greater support from community services but also that, *reaching a crisis was the only way you could get any support.* Young people didn't want the new service to be like that.

Amongst parents survey respondents **85% agreed that there should be greater community support for young people in crisis to reduce time spent in hospital** which reflects a similar preference for greater community based mental health support. Looked after children specifically mentioned crisis support, stating that it needed to be better in terms of the extent of provision (so that it's easier to access any time day or night) and quality of provision.

YOUNGMINDS
Training

Overall agreement amongst professionals, parents and young people was that more support for families and within homes and community was preferable to using hospital services in a crisis.

System Design
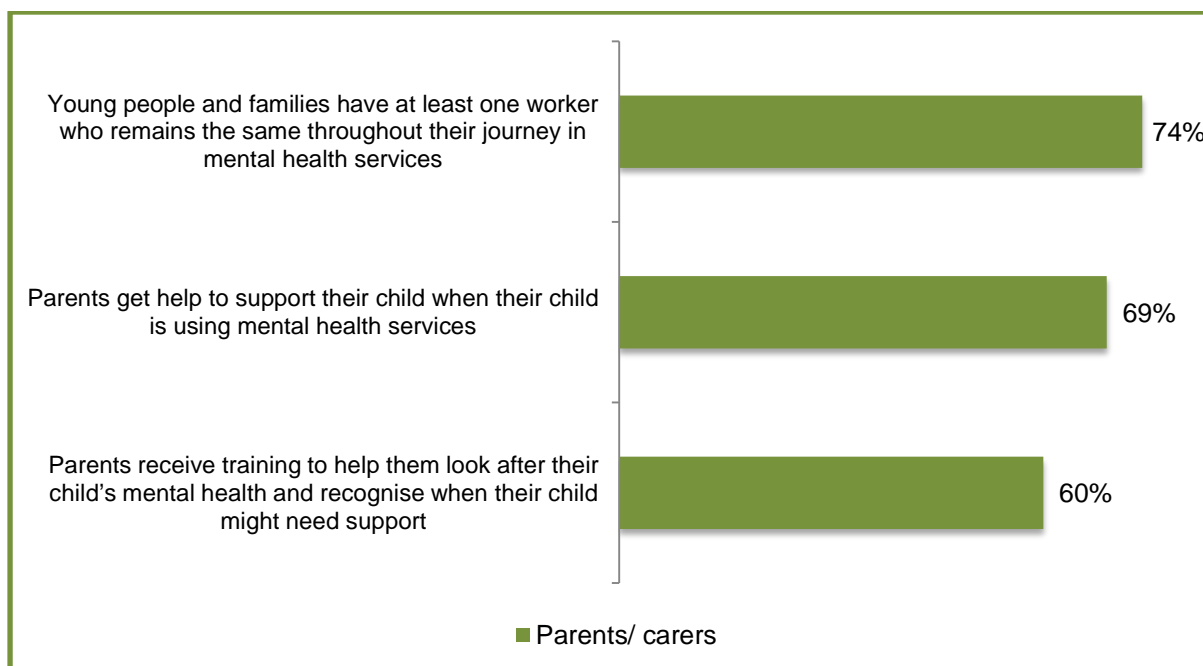
Who should be included and how

> Key points:
>
> - Young people and parent/carers want consistent support from one person throughout their journey through the system
> - In light of other findings from the engagement project including the prioritisation of resilience outcomes it is suggested that the role of professionals, and even community, friends and family members, who have regular access in the daily lives of children, young people and families should be considered as potential for the role of 'consistent adult' (with appropriate support)
> - This coupled with better integration and co-location of services would provide a more supported and seamless experience

One of the dominant ideas within phase one was for young people and families to have at least one worker who is consistent throughout their journey in mental health services. When tested in phase two against other ideas related to family support which arose in phase one, it remained the priority for parents. It was also prioritised by respondents to the professionals survey, 75% of whom ranked it as an 'Excellent' idea- significantly prioritising it above other types of family support suggested: parents get help when their child access services (63% professionals ranked as 'Excellent) and 'Parents receive training to help them look after their child's mental health needs (61% of professionals ranked as 'Excellent.' However, it wasn't agreed in either phase who would be best placed to provide this role of being one consistent contact for the family throughout their journey in the system.

It may be that better integration of all the services (including better information sharing between them) would create a less fragmented experience. A more cohesive system would certainly present less 'navigation' challenges.

Considering the research evidence about what builds resilience, especially for those who are more vulnerable, a system which ensures that at least one adult is actively 'holding in mind' a child or young person would have a huge impact (Hart et al, 2007). This coupled with the importance of staff in schools and youth workers highlighted by young people suggests that the ideal model would seek to both integrate and co-locate services AND expect those services to identify adults in the community, family or school/youth settings who will be supported to better help the child. This help might be with navigation; listening; encouragement; help to engage with positive activities; etc – in other words, less highly 'professionalised' support which will significantly contribute to resilience outcomes.

Young people and families have at least one worker who remains the same throughout their journey in mental health services	74%
Parents get help to support their child when their child is using mental health services	69%
Parents receive training to help them look after their child's mental health and recognise when their child might need support	60%

■ Parents/ carers

Schools and community

Key points:

- Young people and parent/carers in both phases of the project suggest that schools could play a much greater role particularly through training for staff and access to guidance and tools
- CAMHS professionals and referrers believe it is a priority for school staff to be trained in recognising early signs of mental health problems in pupils.
- National recommendations from *Future in Mind* for schools resonate with local findings; particularly for whole school approaches to fostering resilience and named contacts in school responsible for co-ordinating interventions and support
- Awareness raising and anti-stigma work is also important

Throughout both phases of engagement, the role of schools was expressed as crucial by both parents and young people. In the phase two engagement some of the phase one ideas about how schools could better support young people's mental health were tested. Prioritisation within the three surveys are illustrated on the following chart:

YOUNGMINDS
Training

Chart showing priorities for schools by Professionals, Parents/carers, and Young people:

Statement	Professionals	Parents/carers	Young people
School staff members are trained to spot early signs of mental health problems	66%	77%	62%
All adults working with young people get training in promoting positive mental health in young people and in how to help young people access support	57%	71%	55%
Adult education opportunities are available to young people whose early education was disrupted by mental illness.	52%	68%	62%
Schools offer mindfulness/ stress management sessions for pupils	37%	64%	43%
Schools challenge mental health stigma among their pupils	52%	62%	66%
A public awareness-raising campaigns is run to teach young people how to look after their mental health	40%	50%	59%

Linking into the outcomes findings above, young people highly prioritised the role of schools in tackling stigma, whilst the parent and professionals priority was for school to be better trained around mental health. Both of these would help enable earlier intervention. Training for school staff in spotting early signs of mental health problems was the second priority for young people. Young people's third priority was a campaign to teach young people about looking after their mental health; this would support the achievement of young people's priority outcome of better understanding their own mental health needs.

These findings reflect the engagement undertaken for *Future in Mind* which found that 77% of parents placing importance on school staff members being trained in early identification of mental health issues.

Teachers should be educated about self-harm and what to say. I got pulled out of lesson and told that I know nothing about self-harm, if I did I would really hurt myself.
Young people's focus group participant

Young people expressed within the focus groups that school staff needed to understand more about mental health both for individuals and for families. Young people also wanted to have access to a range of swift advice and guidance tools. This correlates with the *Future in Mind* report that promotes and endorses that all school develop a whole-school approach to fostering resilience with staff training driving forward improvement. The *Future in Mind* documentation takes this a step further with the *endorsement of each school having a named mental health lead that would be instrumental in developing the whole school based interventions.*
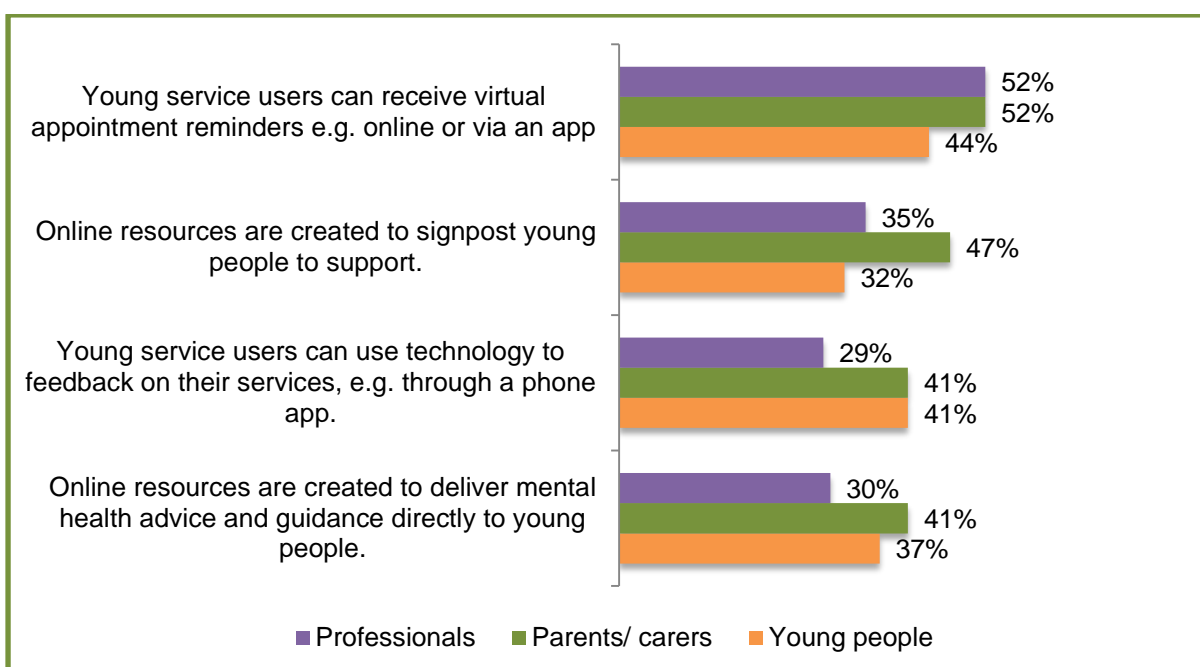
YOUNGMINDS Training

Technology

Key points:

- Young people and parent/carers see a role for technology as a facilitation or enabler to better use of services rather than a delivery mechanism of services

A number of questions with the survey looked at the potential role of technology within the re-designed service. It was stated above that both parents and young people would prefer that whilst waiting for an appointment, they or their child would value receiving support from a school or other community service rather than an intervention provided by technology.

The chart below indicates that where young people, parents and professionals do see a valuable role for technology in the re-designed system it is as *a facilitation mechanism to services rather than a delivery mechanism.*

Statement	Professionals	Parents/ carers	Young people
Young service users can receive virtual appointment reminders e.g. online or via an app	52%	52%	44%
Online resources are created to signpost young people to support.	35%	47%	32%
Young service users can use technology to feedback on their services, e.g. through a phone app.	29%	41%	41%
Online resources are created to deliver mental health advice and guidance directly to young people.	30%	41%	37%

■ Professionals   ■ Parents/ carers   ■ Young people

However, beyond the use of technology alongside face to face services, neither parents nor young people saw it a significant priority and ideas related to use of technology were the most low rated cohort of ideas across the surveys. This may reflect a lack of experience of this kind of service and a concern about internet use impacting on prioritisation. However its potential could be harnessed to perform a specific function although it should not be over relied upon.

Responses from professionals were in line with those from young people and parents in that they saw the priority function for technology as a tool to improve access to face to face services via appointment reminders for example. On all other ideas related to technology, professionals generally were less supportive of its use than parents and young people. This supports responses elsewhere in the professionals survey where there was very limited support for increasing the role of technology in provision of support.

YOUNGMINDS
Training

The *Future in Mind* report suggests that we are cultivating a generation of *digital natives* and it highlights the importance of harnessing this media to support mental health and resilience but also acknowledges the risks associated with digital media.

The system from 0-25

> Key points:
>
> - There is clear prioritisation across both surveys and groups of the need for mental health services being provided up to the age of 25
> - Professionals support the idea of more flexible mental health provision for 18-25 year olds which is more centred on the needs of the individual than on a fixed age transition
> - Young people feel particularly strongly that transitioning at 18 should not occur within newly designed services as this is already a time of change when stability should be prioritised
> - In both phase one and two, young people proposed peer mentoring as good way of offering support during transition times
> - Parents of under fives prioritised nursery and health visiting staff over GPs and social care as a preferred source of support

A key issue explored in both the survey and focus groups was the provision of mental health service from 0-25- specifically whether the service re-design should look to provide services to young people up to age of 25 rather than 18 as at present.

In this section we have also investigated whether there were any significant findings in relation to early years support for mental health that need to factored into the service re-design.

Early years

There were six survey respondents with children aged 0-5. *Due to the very small size of cohort, the content here is only to indicate areas that further engagement may wish to explore rather than findings.* Their responses were broadly in line with the overall parent & carer findings. However, some variations have been identified and outlined below.

Prevention & promotion

Parents of 0-5 year olds included **nurseries** and **health visitors** in their most prioritised services that should support children and young people's mental health. These two services replaced GPs and social care services in the list of organisations most prioritised by parents and carers overall.
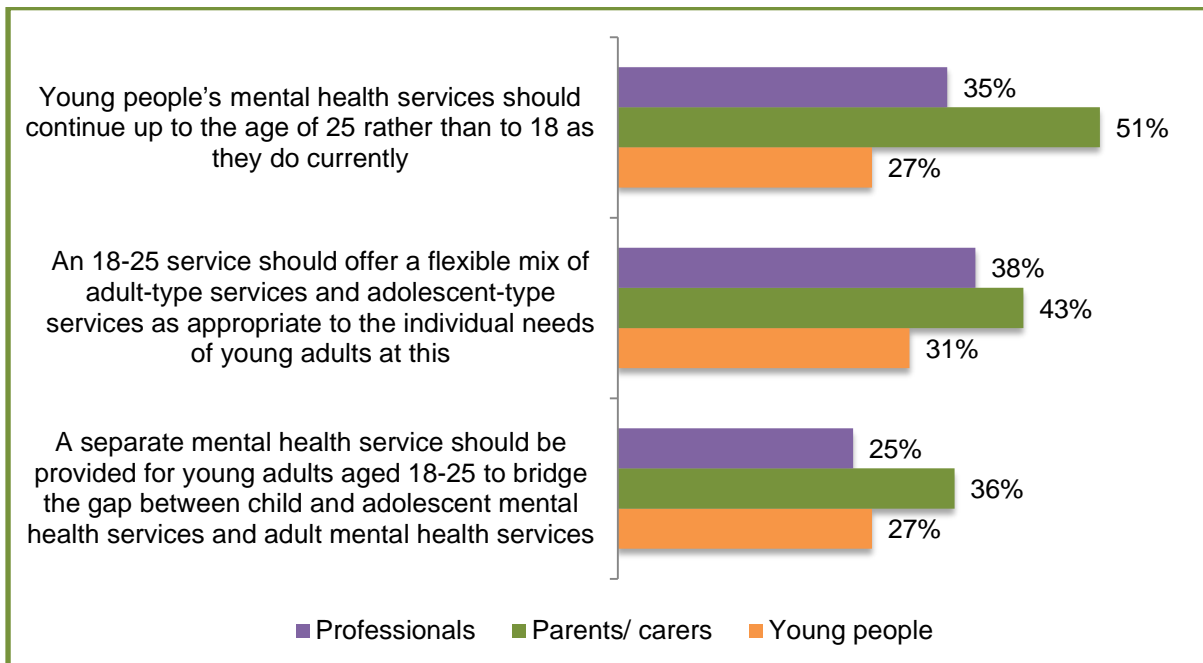
System ideas

Regarding the prioritisation of the ideas proposed for the service re-design in phase one, parents of 0-5 prioritised the following ideas across the categories:

- Ideas for supporting families: Parents get help to support their child when their child is using mental health services;
- Ideas regarding use of technology in mental health support: Young service users can receive virtual appointment reminders e.g. online or via an app;
- Ideas for early intervention: Young people on a waiting list for specialist treatment are offered community/ peer support while they wait;
- Ideas for provision of specialist services: Young service users are able to meet with CAMHS workers at school or at a youth centre they already visit.
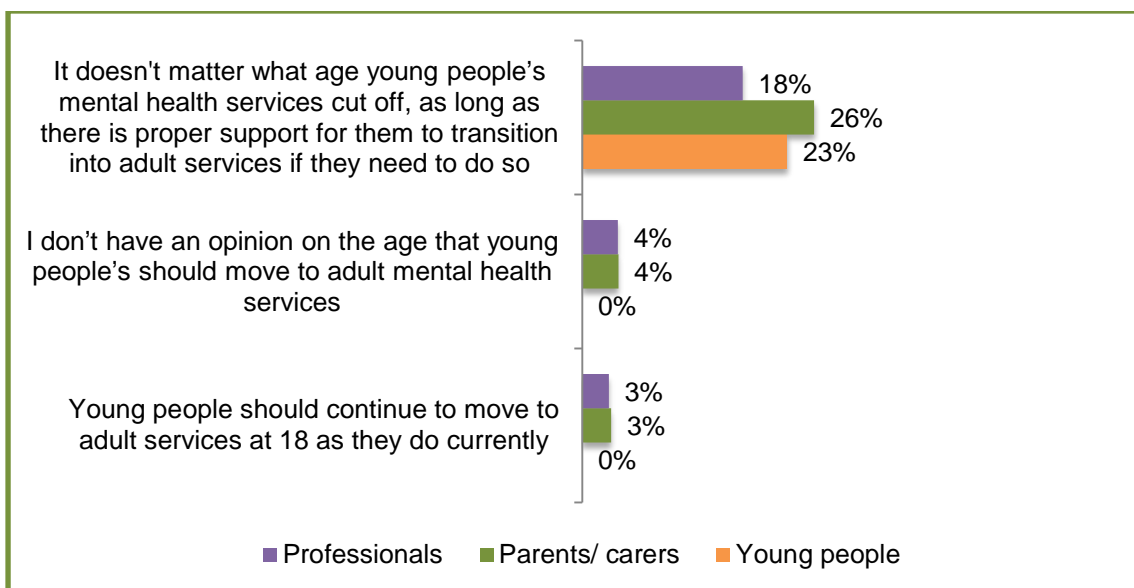
YOUNGMINDS
Training

Provision of services up to age 25

All three surveys (parents/carers; young people; professionals) asked respondents to indicate level of agreement with statements regarding the extension of services up to age 25. There were three statements proposing some form of provision of services up to age 25- responses of these are shown on the chart below.

	Professionals	Parents/ carers	Young people
Young people's mental health services should continue up to the age of 25 rather than to 18 as they do currently	35%	51%	27%
An 18-25 service should offer a flexible mix of adult-type services and adolescent-type services as appropriate to the individual needs of young adults at this	38%	43%	31%
A separate mental health service should be provided for young adults aged 18-25 to bridge the gap between child and adolescent mental health services and adult mental health services	25%	36%	27%

Base: All saying 'strongly agree' and reaching this question (Parents/ carers 123) (Young people 26)

Additionally, respondents were given three further statements which didn't propose any extension up to age 25; responses to these are shown on the following chart:

	Professionals	Parents/ carers	Young people
It doesn't matter what age young people's mental health services cut off, as long as there is proper support for them to transition into adult services if they need to do so	18%	26%	23%
I don't have an opinion on the age that young people's should move to adult mental health services	4%	4%	0%
Young people should continue to move to adult services at 18 as they do currently	3%	3%	0%

Base: All saying 'strongly agree' and reaching this question (Parents/ carers 123) (Young people 26)

YOUNGMINDS Training

There is clear prioritisation across both surveys of a young people's mental health service being provided up to the age of 25. Parents have more clearly prioritised an extension of current CAMHS services to 25 over provision of an new 'young adult' service for 18-25 whilst young people haven't reached a clear consensus on what the service should look like but did strongly agree there should be provision up to age 25 and that transitioning at 18 should not occur within the new service. Professionals were most strongly in support of more flexibility in provision so that young people could move to adult services between 18-25 based on when it suited them and their individual circumstances best.

This was also reflected in the focus groups where young people shared that they felt the age limit of traditional CAMHS services should be extended as 18 was for many young people, a period of many other changes and having stability of support during that period would be helpful.

With regards to transitioning between services, including into adult mental health services, in both phase one and two focus groups, young people proposed peer mentoring as a desirable intervention to provide them with support during the transition period.

Peer mentoring could help. People who've been through certain things should be matched up with someone else who's been through the same things.
Youth centre focus group participant

"I feel that continuity through to 25 would be a very good idea. Currently, as a secondary pastoral manager and teacher I have students who have to change during Year 13, also it can make referral difficult when they may only have a couple of months left with the younger age group."
Professionals survey respondent

Equality Impact

> Key points:
>
> - Groups with additional needs and who are more at risk of developing mental health problems expressed needs and priorities which varied from the general findings
> - Young people with SEND wanted more outcomes associated with future life chances such as independence, aspirations and relationships. They also identified a lack of appropriate awareness and differentiation in the services they received considering their particular additional needs.
> - Looked after Children are already in the system and are high risk yet their experience of waiting times and crisis services were poor. They would like more help to manage through technology, and wider family and peer support
> - For young carers the fragmentation of services impacts on them remaining 'hidden' for longer, especially the lack of links between adult services working with their parents and children's services and schools. They need greater access and sooner, – with flexibility for services to come to their home.
> - For young people not educated in mainstream education there were concerns about their circumstances and/or conditions not being understood; staff approaches, environment and waiting times were priorities

During phase two, focus groups were held with groups of young people with protected characteristics and/or at known greater risk of experiencing mental illness to identify any specific needs and priorities held by such groups that the service re-design needs to take into account. Each of the groups brought a new refining filter to the engagement which provided insight to how they have received services, and would like to receive service in the future.

Young people with SEND

A focus group was undertaken with young people with additional needs with several of the group having ASD. The priority outcomes for this group was to **feel that life has a purpose** and for them to **feel good about themselves**. There was a desire to have **better coping skills** and **relationships** and to **feel supported**. This group of young people wanted to have ambitions and aspirations to reach their potential in education. For this group there was a strong need to increase independence.

Other issues associated with ASD were highlighted with young people saying staff didn't know enough about their needs and the frustrations associated with the nature of perception and routine. For example being made to wait as other sessions had overran negatively impacted on the young people given their need for routine and certainty.

Don't speak to us like we're dumb or disabled
SEND focus group participant

Looked after children

Young people in this group focused on the weaknesses in the current system of which they have personal experience. Predominantly issues with placements and navigating though the

service. For Looked after Children there was a desire for **shorter waiting times** and **a peer support program for young people leaving services or transitioning to adult services**. This group of young people envisaged a service that harnessed and utilised **digital media** and the **use of technology to provide self-help**, advice and guidance for young people and parents. This group also kept in mind the needs of their parents and carers and stated the need for outreach support for families as it was argued that **crisis care was poor and more needed to be done to support the wider family network**.

Young carers

This group like others mentioned above had had a challenging relationship and experience with CAMHS. Unlike the other groups this group expressed that they can increasingly be missed and hidden. Young people wanted a system that would **help find support before they experienced crisis and distress**, for this group **integrated working** was very important. **Peer support** and **staff approaches and training** featured in discussions.

Due to the hidden nature of many young carers' lifestyles, from a system wide approach, mechanisms between adult health systems including substance dependency services and mental health should be able to make referrals into any new provision to support the young people within those households who may be in a caring role.

> Find us, please, we need support before we lose who we are. Helping in a crisis is too little too late.
> **Young carers focus group participant**
> Make the talks better by understanding the young persons and to be able to come to the house if the young person can't come to the buildings
> **Young carers focus group participants**

Young People not educated in mainstream education

Feedback from this cohort was from children and young people who were not in mainstream education, their insight and experience is fundamental to the development of true early interventions because of the increased risk factors they have already experienced. These young people again spoke of **long waiting lists** and the **importance of the environment and staff approach**. A more thorough understanding of where the young people have come from and the experiences they bring with them is needed, and therefore a more bespoke service, is needed for vulnerable cohorts who have increased risks and possibly live in chaotic, vulnerable homes.

System Characteristics

> Key points:
>
> - Young people and parent/carers highlighted the importance of welcoming environments which are relaxed and informal and less 'clinical'
> - Young people want to be treated equally and honestly and listened to
> - Both parent/carers and young people agreed on the importance of an inclusive, participative approach with young people being more involved in creating their own care plan
> - This resonates with national drivers and may require staff training and development of a cross sector strategy which aims to create and sustain a participative culture, underpinned by shared staff values about participation and user involvement

During phase one, some clear ideas emerged regarding how parents and young people would like specialist mental health services to look and feel and the qualities that young people and parents believed were most valuable in staff working within such services. In phase two, these ideas were tested further in both the survey and focus groups.

Service Environment

The idea of '**Young service users are able to meet with a CAMHS worker at a school or youth centre they already visit**' was rated as 'Excellent' by 56% of parents and 57% of young people.   Whilst this primarily relates to accessibility of services, it could also indicate that parents and young people would like to access mental health services in environments that feel **non-clinical** and more like they are **designed with young people in mind**. Within phase two vulnerable groups of young people in particular highlighted the importance of the environment of services being appropriate.

Within the surveys, parents & carers and young people were asked to show how much they agree with the most prominent ideas emerging from phase one regarding the environment of services. The two criteria most highly prioritised by both were:

- **Have friendly staff welcoming young people on arrival**
- **Be relaxed, informal, warm, comfy (like a coffee shop)**

Base: All saying 'strongly agree' and reaching this question (Parents/ carers 123) (Young people 26)

This reflects phase one findings from parents' engagement where parents shared how it was as important for all staff within CAMHS settings, not just those directly delivering the service, to demonstrate a youth-centred attitude.

Professionals prioritised the same service characteristics as young people and parents, selecting the following three as their priorities:

- **Have friendly staff welcoming young people on arrival**
- **Take place in a building that allows some anonymity, or that is chosen by the young person**
- **Be relaxed, informal, warm, comfy (like a coffee shop)**

YOUNGMINDS
Training

Their second priority is also supported by their prioritisation of mental health services being delivered in a range of settings including schools and youth groups within the questions related to service delivery.

> "Staff should be more flexible where they meet young people. Clinics or health buildings are very off putting and can add to the feeling of ill health."
> **Professionals survey respondent**

Interestingly in the top five priories for services as prioritised by young people was that the services needed to feel safe to the young people who use them, which highlights the vulnerabilities young people accessing CAMHs already possibly feel. Being cognisant of this when designing the new system, including the environment will play a contributory factor in how young people experience the service initially. Young people said they wanted the environment and service to be welcoming, comfortable and calming. In articulating the many facets this could take it was clear that, they wanted the environment to be **as far from the traditional clinic based environment as possible**. The phase two engagement supports the phase one findings around this.

Staff characteristics

With regards to staff within CAMHS, vulnerable groups stated the need for staff to demonstrate a **greater understanding of the complex range of issues and pressures they face** and how this impacts their on their ability to engage with the support offered by CAMHS. For vulnerable groups, **relationships between their CAMHS worker and staff in other services they accessed** were particularly important to facilitate information sharing and make sure the young people's experience of services doesn't become fragmented and therefore frustrating.

Within the surveys, young people and parents/carers were asked to what extent they agreed that CAMHS should exhibit a range of characteristics. These characteristics were all suggested by young people in phase one.

Within the young people's survey, two statements were given significant prioritisation:

- **Staff should treat young people as equals**
- **Staff should show they are listening**

Base: All saying 'strongly agree' and responding to this question (Parents/ carers 124) (Young people 26)

Staff showing they are listening was the highest priority for professionals, followed by '**Ask young people for their opinion on what would help them.**' This participatory approach could suggest the national policy agenda which is driving towards more individualised care and co-production is being taken on by professionals, especially the drive within the CYP-IAPT programme which requires young people to be involved in goal setting and outcomes measurement for their care.

Additionally, amongst young people

- 91% strongly agreed it was a priority for services to treat young people respectfully
- 88% strongly agreed services should make young people feel valued and included

YOUNGMINDS
Training

This reflects phase one findings that young people who had accessed CAMHS often did not feel that they were treated as equals and that their views were not given due weight. This experience was expressed again in phase two by focus group participants who described situation such as being made to wait for appointments with little explanation.

> CAMHS would be a lot better if they were honest about time. I always end up waiting ages for my appointment because they are running late and they don't tell you
> **Service User focus group participant**

Other young people spoke about how staff didn't always feel approachable and they therefore preferred talking to family or friends:

> CAMHS was harsh, wanted you to say everything at once even if I wasn't ready. They kept giving me the same strategies when they weren't working. Friends were better they allowed me freedom of speech. You need to build trust over time. Younger people come to me now cause they know I've been through similar things.

Another priority for young people within the new service is that it must have a participative approach to working with young people. This was reflected in 82% strongly agreeing that '**Young people should be more involved in creating their own care plan for the care and treatment they receive**.' This indicates that a key parameter for the re-designed service must a participative approach across all service provision. This may require staff training and development of a cross-service participation strategy which aims to create a participative culture, underpinned by shared staff values about participation and user involvement.

For parent survey respondents, key characteristics for staff were:

- **Staff should show they are listening**
- **Staff should act in welcoming way**

Base: All saying 'strongly agree' and responding to this question (Parents/ carers 124) (Young people 26)

The overall views of young people within focus groups about qualities of the re-designed service were captured by a participant in a service user focus group:

> My top points that I'd want to share with CAMHS:
> 1. Do not be overly forceful about your way
> 2. Make sure the place around you is comfortable. Not a formal office.
> 3. Gain some knowledge and/or experience of what it's like to have certain issues. Ask what our experience is not what you think we should be experiencing
> 4. Don't pressure us to say everything at once
> 5. Try and be as friendly as possible If you're more friendly we'll trust you easier. Ask us 'how we are'!

Commissioning for Outcomes and the National tier 2-3 service specification

As described in the national T2/3 CAMHS specification (NHSE, 2014) there is a strong legislative and moral obligation to develop locally defined outcomes which will help drive up quality improvements locally. The co-productive approach with children, young people and parents/carers which underpins the work to date in Coventry and Warwickshire is in line with best practice and ensures a greater robustness of identified outcomes. The triangulation with the view point and thoughts of the wider work force also increases the solid foundation for local redesign.

Moving towards more outcome based commissioning is the right move, however, it will bring challenges. Nationally, quality of data has been recognised as a huge area for improvement in children's mental health services (*Future in Mind*). Whilst the 'CAMHS on a page' outcomes framework document sets out the outcomes found to be important locally there is little blue print or practice to draw on in terms of rigorously tested approaches to the measurements and effective monitoring of these. This is relatively new territory and will require further work.

For further consideration;
- In the co-designed outcomes, three types emerged that can be measured: Individual/interpersonal outcomes, service level outcomes and strategic/or system outcomes. Further consideration will need to be given as to not only how they are measured but how they are weighted and which parts of the system can effectively contribute to them.
- Whilst the national specification and *Future in Mind* as a guiding 'framework are useful, commissioners will need to resist being overly prescriptive within service specifications and remain focused on engagement and co-production approaches to help achieve the kind of culture and values across the system that deliver the desired outcomes identified by children and families in this project.
- *Future in Mind* identifies strong and consistent leadership and strategic partnership across the system as key success factors in system change. We would encourage commissioners to continue to ensure adequate resource and protected time to effectively lead the transformation process in the next phase.
- Strong and transparent relationships with successful providers will also be needed in order to manage risk and to facilitate change of contracts to deliver different outcomes, especially during the bedding in stage of the services.

Sustaining Engagement

During the process of conducting the engagement for the service re-design, YoungMinds has identified a number of **local assets across Coventry & Warwickshire** which could play a key role in sustaining engagement of the community with the service re-design process and once established, the operation and evaluation of the service.

- ***Sustain and build on the Tier 2 network****:* the engagement process has been strongly supported by an informal network of tier 2 services for young people and parents and carers. These services have enabled direct access to diverse groups of young people in particular and digital access to a broader network of local families. These services have demonstrated clear interest and commitment to the CAMHS re-design and to ensuring the views and experiences of their stakeholders are heard within the engagement process.

  We recommend keeping this network informed about the re-design process using both digital platforms and continued engagement events. This will demonstrate commitment and accountability to local stakeholders, especially those who have invested resources into the re-design by hosting groups; sharing communications and so forth.   It will also maintain a flow of stakeholder experiences and views into the re-design process.

- ***Build relationships with 'Connectors' within the system****:* within the tier 2 services engaged in the re-design process, a small number 'connectors' have emerged. These professionals perform a vital informal role in the community and are placed predominantly within the voluntary sector. They hold relationships with colleagues in multiple organisations and have been able to facilitate relationships with a wide range of groups.

  We recommend further building relationships with 'connectors' in order to build channels of communication between the commissioning board and local stakeholders and facilitate the engagement of further stakeholder groups in the continued re-design and service development process.

- ***Capacity building for young people engaged in the project:*** Ten young people engaged in both the phase one and phase two engagement and were enthusiastic and committed to the process.

  We recommend that consideration is given to ways in which they could continue their engagement, escalating their role to perform as peer advocates- engaging with their peers and representing their views and needs throughout the continued re-design process. We can also provide examples from other areas.

In addition to harnessing these local assets, some other approaches would facilitate the sustaining of engagement through the service re-design process:

- ***Appoint a local Engagement Lead for the re-design process****:* It is suggested that the commissioning board appoints a champion from within its membership or to work alongside them to sustain the momentum around engagement and ensure a consistent point of contact for local stakeholders to engage with. A remit for this champion could be around ensuring the views of children, young people and families

as expressed within this consultation are at the forefront of the on-going work of the commissioning board and to be identifying future issues that it may be useful to conduct further engagement around.

- ***Empower local political leaders:*** To complement the work undertaken so far it is recommended that the areas look at how they harness and empower the political leaders to maintain the focus that has been established as part this work via the *Mental Health Challenge* which supports Local leaders to spearhead change and transformation of local mental health services.

In terms of engagement structures, there are a number of options which would need to be considered including resources available to invest in engagement and what capacity there is within the re-design team to deliver engagement. Possible structures for sustaining the engagement of parents and carers and children and young people include:

- ***Digital network***: As outlined above, there is strong network of tier 2 services and individual stakeholders, within minimal resources this network could be kept engaged digitally with the re-design process. This could be built upon with further engagement events at key future points in the re-design process.

- ***Young Advisors***: this role could be adopted by individual young people who sit alongside the commissioning board or a group of young people who form a shadow commissioning board. With support and training they could participate in the governance of the services, development of specifications and the evaluation of tenders). These roles have the potential to become tokenistic with young advisors not truly influencing the decisions made, however the involvement of a skilled participation worker who works with both the commissioning board and the young advisors could enhance the efficacy of this type of model. Such workers have already been involved in the engagement process and have supported the involvement of the young people they work with.

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