Expanding minds, improving lives:

FINDINGS FROM THE LISTENING PHASE

'"Expanding Minds, Improving Lives"' – motivating and working together to transform children and young people's mental health

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necs
Partners in improving local health

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Contents

Introduction

Expanding Minds, Improving Lives: Motivating and Working Together to Transform Children and Young People's Mental Health is a project being led by the health and local authority commissioners of mental health services in Newcastle and Gateshead.

NHS Newcastle Gateshead Clinical Commissioning Group (CCG), Newcastle City Council and Gateshead Council are working together with our communities to transform how the mental health needs of children and young people and families are supported and potentially arranged across Newcastle and Gateshead.

Nationally, regionally and locally there is a recognition that the emotional wellbeing and mental health needs of children and young people and their families are not being met. The impact of not meeting the mental health needs can be significant for the child or young person, their family and our communities:

- There is strong evidence supporting the importance of positive emotional and psychological well-being in children and young people.
- Mental health problems in children may result in lower educational attainment, impact on the family and result in offending and antisocial behaviour.
- The negative consequences of not acting early or offering the right support at the right time often place preventable costs and demands on health, social care services, schools and the youth justice system.

Currently there is a fragmented system for supporting children and families, within challenging financial circumstances and there is a need to focus on an integrated, early response approach. By working together through Expanding Minds, Improving Lives we want to develop a new way of working that ensures the right services are available at the right time and emotional wellbeing and mental health is everybody's business across universal, targeted and specialist provision.

To help build a 'case for change' and inform the work undertaken in the design and development phase of the project, a listening exercise was undertaken to explore the views of those who work closely with children and young people, as well as children and young people themselves.

1.1 Stages in the transformation of child and adolescent mental health services

There are five defined stages in the Expanding Minds, Improving Lives project; these are outlined in table 1 below. This report captures the stage two 'pre-consultation and listening stage'.

Table 1: Stages in transformation of CAMHS Newcastle and Gateshead

Stage	Description	Dates
Establishing the baseline	Getting the detail about how things currently work - marking out what we want to change and what we don't, and why the system should transform	13 April 2015 - 31 July
Pre-consultation and listening	Taking a summary of the current services to the community - service users, children and young people, parents and carers, families, providers and commissioners- and listening to what we hear	3 Aug 2015 -31 January 2016
Co-producing a new model of emotional wellbeing care and support	Working together to build on the views shared in the listening phase and designing a new approach that enables people to thrive through prevention and early intervention, and when necessary specialist support	8 February 2016 – 31 May 2016
Engaging with communities about the new approach	Sharing the outcome of the co-production phase and engaging with our communities about the new proposed approach	19 June 2016- 29 July 2016
Implementing	Putting our new approach into place	August 2016 - 28 April 2017

2. Methodology

The following documents the engagement methods that were used as part of the listening exercise.

2.1 Listening events with professionals, parents and carers

Professionals who work with children and young people, as well as parents and carers were invited to attend a listening event to express their views and help shape a whole systems change for CAMHS services for children and young people in Newcastle and Gateshead. The schedule of events that were held is documented in Table 2.

The specific objectives for the events were as follows:

- To inform and update a wide range of professionals and parents/carers about the project
- To engage a wider range of professionals in the transformation process
- To help develop the data on issues, and identify need
- To discuss and collate evidence about what works
- To help develop design principles for a new approach

Alongside the listening events staff from the project team attended other events and used the opportunity to facilitate short sessions with the VCS and GPs.

Table 2: Facilitated listening events and activities schedule

Title/description	Date	Number of attendees/participants
Action: Story! Helix Arts consultation with young people participating in the CHAOS film production	October 2015 – March 2016	8
Schools Workshop, Gateshead	1st October 2015	16
Schools Workshop, Newcastle	8th October 2015	29
Multi-agency Professionals Workshop, Newcastle	3rd November 2015	20
Newcastle Children's Trust Transition MADE (Making a Difference Events)	27th November	50
Health Visitors/School Nursing Workshop, Newcastle and Gateshead	30th November 2015	7
Multi-agency Professionals Workshop, Gateshead	7th December 2015	39
Parents and Carers Workshop, Newcastle	5th December 2015	5
Parents and Carers Workshop, Gateshead	9th December 2015	6
Newcastle GP Leads Child Health Day	10th December 2015	32
Interviews with all local further education (FE) and higher education (HE) institutions in Newcastle and Gateshead	January – February 2016	7

Furthermore, individuals who were unable to attend one of the listening events were able to submit their views by completing a short online survey or via email. In total, 33 individuals provided a submission; two via email and 31 through completing the online survey.

Of those who completed the survey online, the majority were from Newcastle (76%), whilst 10% were from Gateshead (14% indicated they were from an 'other' area). Just under half indicated that they have used or are currently using mental health services (48%), whilst 67% indicated that someone that they have cared for has used or is currently using mental health services.

2.2 Engagement with young people

It is essential that children and young people and their families are at the heart of our transformation, and that they have a clear voice throughout.To understand the experiences and views of children and young people in the Listening Phase a series of one-to-one interviews and focus groups were conducted by those who work closely with the target audience.

To support a discussion around mental health, and the work of the project, a short slide pack was prepared and a set of 7 questions were developed to capture the experiences and views of the children/young people:

- *What does mental health mean to you?*
- *Thinking about how you have described mental health, where would you or your friends go for help?*
- *What is good about these services/places/people?*
- *What doesn't work?*
- *What needs to change to make it work?*
- *What is important to you when you are looking for help and why?*
- *Any other comments/questions.*

Professionals were encouraged to use their expertise as to the best way to discuss the project and questions with the young people.

In total, two focus groups were conducted and 10 one-to-one interviews in Streetwise; totaling 18 young people. The majority were females (61% females & 22% males; 17% did not provide their gender status) and indicated that they white British (61%). The age range of participants varied from 12 -25 years.

In addition Helix Arts was funded to work with young people who were accessing CAMHS in Newcastle and Gateshead in a project called Action:Story! The remit of this work was to produce a short-film which would express the experiences and needs of

young people accessing CAMHS as perceived by young people. The age range of this group was 9 -14 years. There were 8 participants. The film is a stand-alone piece which conveys the positive and negative aspects of current tier 3 provision. Alongside the film production process "Roots and Wings" captured qualitative data on the experiences of these young people. This qualitative data has been incorporated into the thematic analysis presented in this report.

2.3 Data analysis

A process of thematic (qualitative) analysis was undertaken to identify key themes and trends emerging from the engagement activity. A glossary of terms used in the analysis is provided in Table 3.

Table 3: Glossary of terms

Acronym	Definition
ASD	Autistic Spectrum Disorder
BME	Black and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Services
C&YP	Children and Young People
C&YP IAPT	Children and Young People's Improving Access to Psychological Therapies
CYPS	Children and Young People's Service (service provided by Northumberland, Tyne and Wear NHS Foundation Trust)
EWT	Emotional Wellbeing Team (service provided by South Tyneside NHS Foundation Trust)
FE	Further Education (post-secondary school education)
HE	Higher Education (under-graduate and post graduate)
LAC	Looked-after Children
LGBTQ	Lesbian, Gay, Bisexual, Trans and Questioning
PSHE	Personal, Social and Health Education
TaMHS	Targeted Mental Health in Schools

2.4 Context of the listening phase

It is important to highlight that the listening phase was not a formal consultation, rather it was an initial stage that was intended to gather the perspectives of stakeholders, in order to build our 'case for change' and inform the work undertaken in the design and development phase of the project.

This report sets out the range of perspectives expressed during this listening phase. These perspectives have not been attributed to individuals or organisations nor have these views and opinions been verified as fact.

The listening phase is an iterative process. The listening phase is not a one off piece of work that has now ended. The approach and ethos of the listening phase so far will remain and will be firmly embedded in the co-production of the future state of CAMHS in Newcastle and Gateshead.

This report refers to the structure of CAMHS referencing the current tiered model of operation in Newcastle and Gateshead. It is an ambition that through the local transformation process collectively we move to a service structure which works to the principles of the Tavistock Thrive Model for CAMHS. The underlying principles of the Thrive Model is based upon multi agency partnership working, providing timely support not based on diagnosis but to meet the emotional wellbeing and mental health needs of the child or young person, this includes ensuring that the most experienced professionals with expert knowledge of CYP mental health are accessible from start and not at the end journey or as only as a result of an escalation in need.

2.5 Limitations of the listening phase

As previously stated the listening phase is an ongoing process. However in this initial stage it was intended that a range of young people, particularly those young people who are more likely to have mental health issues or have greater difficulty reaching services would be engaged in the listening phase.

It was anticipated that the following groups of young people would be engaged in small groups or in one to one interviews.

- Black and Minority Ethnic (BME) young people
- Lesbian, Gay, Bisexual, Transgender and Questioning (LGBT&Q)
- Transgender young people
- Deaf young people
- Young people experiencing transition between CAMHS and adult services
- Disabled young people
- Young people with a Learning Disability
- Children and young people experiencing life limiting illness
- Looked after children
- Girls and young women
- Young people who have gone missing
- Blind young people
- Bereaved children and young people
- Care leavers
- Children for whom English is a second language / who do not yet speak English

The support was sought from organisations that directly work with young people to canvas the views of their service users. The process and mechanism for reaching these young people was agreed at the multi-agency Advisory Group. Information and resource packs, which included a semi-structured session plan were disseminated via the Advisory Group and other networks.

The uptake was very low, with only one organisation (Streetwise) facilitating the semi-structured sessions with groups of young people and conducting interviews with individuals.

The quality of the information received from Streetwise was high and echoed the feedback from young people participating in the Helix Arts Action:Story! Both groups of young people were very open and reflective on their lived experiences of mental health and how they had accessed service provision. However it is important to note that the views expressed by young people at this phase are only from two sources and may not represent the views of other young people that are in contact with other service provision.

Also consideration needs to be given to the needs of young people who are affected by other factors such as gender, disability, ethnicity and sexuality. These groups were not specifically targeted via the initial engagement strategy.

2.6 Addressing the limitations of the listening phase

Given the limitations of the initial engagement strategy a targeted listening programme of activities for specific groups of young people has been implemented. Involve North East has been commissioned to engage the following groups of young people, supported by Haref. It is anticipated that the results of this engagement will be available at the end of April 2016. These findings will be incorporated into the listening phase themes and will be used to inform the design phase.

- Young carers
- Looked after children
- Young offenders
- Young people with eating distress/eating disorders
- Young people with substance misuse issues
- BME young people

The aim of this engagement is also to ensure where received we can understand ‘if’ and ‘how’ targeted provision should / could be delivered

The work undertaken by Involve North East and Haref has a limited reach and a number of groups of young people are not included in their brief. The aim is to work with the Advisory Group to identify the barriers which prevented the initial engagement strategy

and learn from this so that alternative methods can be implemented to ensure that the listening phase continues to be inclusive of all young people and the views and experiences of young people shape the design phase.

3. The Current System

3.1 What is working well?

It was acknowledged that in the delivery of mental health services to children and young people there were some aspects of the current service configuration that worked well.

The views and perceptions of parents, carers and professionals:

- On the whole, staff working in the CYPS/EWT and EWT are committed to their roles and dedicated to making a difference to young people. It was noted that there are some very highly skilled specialists working within the team.
- There is a good level of support provided to those in the system, for example the provision of a named care coordinator for the child/young person.
- There is easy access to C&YP IAPT for young people, who are able to self-refer into the provision.
- The crisis team provides an efficient, fast response (however this was not the perception of children and young people who felt that they had nowhere to go in a crisis).
- There is a clear pathway for referral into the CYPS/EWT, with a single point of contact (however, this was not a collective perspective of all those engaged with the services, see Section 4.2).
- There is a good range of mental health services available to young people at all tiers (again this was not a collective perspective of all those engaged with the services, in addition to it not being clear whether these individuals were referring to services solely provided by CYPS/EWT, or to universal service provision, for example including services offered by Streetwise, Children North East and Barnardo's, all of which were perceived by many to offer excellent support services for children and young people).
- Training and resources available for staff in universal provision, enables tier 1 type work to be undertaken within community settings.
- There is good use of digital technology, email support and online counselling.

Specifically, the following aspects were identified in relation to schools:

- A range of resources, training and programmes to promote mental wellbeing are available for schools to access.
- The TaMHS resource is excellent, however it is very small and not available in every school. TaMHS currently is only in schools in Newcastle, however Gateshead does have access to some school counselling provided by North East Counselling Service. Both TaMHS and the school counselling is not available in every school in Newcastle or Gateshead.
- The whole school approach to mental wellbeing enables teaching and non-teaching staff to model positive behaviour and helps build resilience throughout the school.
- For children and young people with identified special education needs, the school system works well in providing tailored educational packages and support.

- The EWT and CYPS are able to provide advice to teaching and non-teaching staff on a case by case basis; providing reassurance, and enabling them to provide support and signpost young people and their families to services within the community.
- The provision of a dedicated worker to access support for a child/young person and their family is a valuable resource for schools.
- The school is a valuable resource and community asset, which creates a safe space to engage with parents and can result in them being signposted to services, or assisting them in engaging with other statutory services e.g. adult mental health services.

Specifically, the following positive aspects were identified in relation to FE/HE Settings:

- FE/HE settings all have established student welfare and wellbeing services which provide a range of interventions. Additional to these services, external agencies (including VCS and NHS) provide drop-ins and PSHE programmes. The value of these support services was recognised as having a positive impact upon academic attainment.
- The internal processes that monitor a young person's progression through FE/HE work better when there is an early disclosure of need. This enables the colleges and universities to help with transition and provide support, including peer mentoring and buddying up.
- FE/HE institutions invest in workforce training and development, this includes bespoke training on mental health and substance misuse.

What young people thought…

Young people highlighted that there were examples of good practice across CAMHS, however this needs to be the expected standard, rather than the exception.

School based mental health provision was well received and valued by young people, with the example of one school having a separate block with special teachers. Thought had gone into the space/environment in order to make it a nice place to go to.

Young people identified a range of resources that were available to them or their friends if they required support, these included: their GP, Barnardos, Streetwise, the internet, school counsellors/teachers, family and friends, mental health unit, psychologists, social services, charities e.g. MIND and smartphone applications such as CBT and anxiety apps.

When asked to identify what worked well about these sources of support, the majority of young people commented upon the excellent care and support they had/are receiving from Streetwise. This service was perceived to be welcoming and non-judgmental, offering a flexible and positive environment for young people to access mental health support.

Amongst those with no or limited awareness of the different support services available to young people, there was a heavy reliance on the GP in informing them of the different options available and in signposting them accordingly.

It was evident from the feedback provided by the young people the value that is placed upon being 'listened to' and 'taken seriously' by professionals. It was furthermore recognised that mental health issues in young people are often diminished or misinterpreted, which can have a detrimental impact on the young person.

The convenience and accessibility of online support services and smartphone apps was also highlighted, due to these services being accessible 24/7. Furthermore, it was suggested during one of the focus groups that these sources of support might be more appealing to males, who can be reluctant to access face-to-face support.

Young people participating in Action: Story! reflected upon how important it is to have access to group work and social activities that promote mental wellbeing but are not solely focussed on a clinical intervention.

3.2 What needs to be improved?

3.2.1 Access to services

Access to services was highlighted as a key area for improvement by parents, carers and professionals, as well as young people. The general consensus was that "everything just seems so complicated…".

The views and perceptions of parents, carers and professionals:

- **Greater clarity is needed with regards to the referral process to CYPS/EWT; enabling professionals, parents/carers, and young people to easily refer into the service**. Specifically, it was noted that:

    - The process of referring children/young people to CYPS/EWT needs to be improved to enable referrals to be easily made by professionals, parents/carers and young people themselves, with a single point of contact to CYPS/EWT.

    - Despite some perceiving that it was easy to refer into the service and that there was a single point of contact to CYPS/EWT, there was an evident degree of uncertainty among many with regards to how the referral process worked. Although referrals are actually accepted from any professional or family member/carer, as well as the young person themselves, participants in the listening events indicated that there was an 'over-emphasis on the GP to make the referral and that other professionals should also be able to refer'.

    - There needs to be a streamlined pathway for children/young people with chronic medical conditions, as well as closer integration with multi-disciplinary teams within primary and secondary care to ensure multiagency care planning.

    - The culture of 'bouncing back' referrals between professionals need to be overcome, as well as providing greater clarity with regards to referral thresholds.

    - There needs to be more open communication with regards to the referral process and how referrals are progressing.

- **Waiting times need to be reduced to ensure a timely response when help is required.** In addition, it was noted that support should be offered to those on waiting lists to prevent further deterioration in the mental health of the child/young person, as well as potential disengagement with the service. It was felt that a more effective triage/detailed initial assessment is required to signpost young people to the right level of intervention depending on a thorough assessment of their needs.

- **Greater consideration of the needs of children/young people and their families is required, to improve accessibility of the EWT and CYPS.** Specifically it was noted that:
    - Provision needs to be accessible outside of school hours, to alleviate the impact of taking children out of school.

    - It was felt that children not only miss out on their education but there are also issues of stigma and bullying as a consequence of being identified as requiring extra mental health support.

    - Services need to be easily accessible and affordable by public transport, as well as consideration for those families who might require extra support to help them attend appointments, in order to prevent non-attendances.

    - It was noted that there is an expectation that the child/young person attends the CYPS/EWT, rather than the CYPS/EWT going out to the child/young person. It was suggested by those in the listening events that better use of the school space would help accommodate the needs of parents and children.

    - There needs to be better awareness of the support available to children and young people, and help for those to navigate the system.

    - Having appointments cancelled at short or no notice, as well as a perceived inconsistency in key staff impacts upon the quality of relationships between professionals, and children/young people and their families. This was felt to be very important for some vulnerable groups such as LAC who often have greater mental health needs.

What young people thought…

The young people identified a number of barriers they have faced in terms of accessing support from mental health services, these included:

- Long waiting lists, with little or no support offered whilst they wait: *"You feel abandoned".*

- Poor access to services for example, a lack of weekend provisions: *"Nowhere to go when you are in crisis".*

- Support needs to be delivered in a timely manner, with clear routes for signposting and referrals.

- Choice needs to be at heart of the support young people receive, there is no 'one size fits all' and good mental health should not be seen as solely the remit of the mental health services.

- A lack of choice of venues to be seen in. There were a number of comments relating to Benton House, which included the cost of getting there, poor public transport links, being too clinical and not conducive to a therapeutic environment.

- Being judged and not taken seriously by health professionals; individuals strongly emphasised the importance of being 'listened to' no matter how small their problems are, as such problems may be very significant to the individual. It was suggested that GPs should be able to suggest a range of options available to the individual dependent on their needs and not be too quick to prescribe medication.

- Although access to school counsellors was perceived as a source of 'immediate help' it was stressed that there is no privacy with this service, with 'others finding out that you go'.

3.2.2 Service configuration

A number of different areas were identified for improvement within the current service structure. A number of these aspects centred upon the integration of EWT and CYPS with other services and providers of mental health provision.

The views and perceptions of parents, carers and professionals:

- **There are limited options available for children and young people,** specifically it was stated that:
  - There is very little youth work or community based and social therapeutic interventions targeted at prevention and early intervention.
  - Greater support is needed for those with lower level needs.
  - There is a perceived lack of service provision for diagnosing and managing children with autism.
  - There is a large gap in terms of what is available through universal provision in comparison to the services offered by EWT and CYPS.
- **Improved integration within the current structure is required, as well as integration with other services**, for example social care services.
  - A small number of professionals suggested having a 'one-stop shop' of specialist support services which would help to improve integration of the current structure.
  - It was noted that greater integration with multi-disciplinary teams within primary and secondary care is needed to ensure that a coordinated care package is established for those with more complex needs. It was felt that the Common Assessment Framework (CAF) was not working, with professionals not attending CAF meetings.
- **Closer integration is needed between the education sector and mental health services**, specifically it was noted that:

- The school setting is key to helping to raise awareness of mental health among children/young people and their families, and reducing the stigma that is attached to it.

  With the right tools and resources (e.g. TaMHS/THRIVE training), it was felt that schools, as well as other organisations working with children and young people, are ideally placed to enable teaching and non-teaching staff to spot early warning signs and make appropriate first steps, in addition to helping young people to build resilience and recognise emerging issues in themselves and others before they get to crisis point. It was noted that the needs of many children who suffer mental health issues quietly at school are often not identified.

- Mental health specialists should be attached to or present in schools, enabling support to be provided when necessary e.g. support with the transition from primary to secondary school.

- **Improving collaboration with organisations working within this area (e.g. arts, health and social care organisations) will help facilitate shared learning and resources, whilst improving the service offered to children and young people**.
- **Greater provision of long-term support is required,** with interventions ceasing when agreed targets are met, rather than when the individual has attended a set number of sessions. Some health professionals held the perception that the service only offered six appointments which was felt to be inadequate.
- **There is a lack of support available for parents and carers, with many feeling unsupported.** Specifically it was noted that:
  - Parents need to feel 'listened to' and part of the process.
  - There needs to be improved access to family therapy as currently there is limited support services tailored to children/young people and their families.
  - Greater advice is needed for parents on managing their child's mental health / behaviour following a diagnosis e.g. parents of children with high functioning ASD.
  - The value of 'choice of appointments' was questioned by a small number who felt they were not comprehensive enough for parents and do not allow enough time for parents to understand their child's behaviour fully.

What young people thought…

Strategies identified by children and young people in terms of improving the current service provision included greater availability of long-term support (rather than having time-limited interventions) and raising awareness among young people about how the services operate.

It was recognised by many that mental health in young people is a taboo subject, and that greater acceptance of the issue would help improve feelings of isolation among those suffering with mental ill-health. A number of strategies were put forth by the young people in helping to address this stigma, and enabling young people to recognise emerging issues in themselves and others:

- Raising awareness of mental health and the services that are available to young people through education workshops in schools: *"People need to become more open minded to mental health and not be afraid to talk about it".*

- Improved monitoring of mental health among young people at times of high stress e.g. by administering a mental health assessment/questionnaire to assess how pupils are coping.

- Ensuring that there is someone qualified in schools and sixth form colleges for young people to talk to (not the school nurse who deals with a range of other problems).

- Access to group based and social activities that promote mental wellbeing.

3.2.3 Communication and information sharing

A number of areas for improvement were identified with regards to communication and information sharing.

The views and perceptions of parents, carers and professionals:

- The current system is fragmented and too complicated resulting in poor communication and information sharing between professionals, young people and their families/carers.
- There is a lack of clarity as to the exact role and function of staff in the CYPS/EWT team.
- There is an assumption that parents/carers and professionals know how the system works, however, this is not the case with many highlighting the need for clearer information with regards to the referral process, how long it will take, how the system works and what to expect.
- There is limited follow-up post referral and little information available regarding treatment plans.

What young people thought…

Only a small number of young people made comments in relation to communication and information sharing, with those that did focusing upon the need for less rigorous procedures and paperwork to improve accessibility and waiting times for services.

Those that did comment on communication highlighted the following issues:

- The language used in letters from professionals to young people not always being appropriate or clear on what was happening next.
- Services not being integrated or communicating with each other.
- Too much jargon in forms *"All the forms use lots of terms I've never heard of and no one seems to be able to explain them to me".*

3.2.4 Transition

A number of significant transition points were identified by professionals and parents/carers in the public education system, notably nursery-primary school, primary–secondary school, secondary school-university/other training providers. In addition, for those accessing mental health support services they might face transitions between CYPS/EWT and adult services and within CYPS/EWT services themselves e.g. counselling to CYPS/EWT, school nurse to C&YP IAPT. A number of areas for improvement were identified in the transition process e.g. where escalation is required or a change of provider supporting at the same level of need.

The views and perceptions of parents, carers and professionals:

- More work needs to be done within early years settings to ensure that children and their parents/carers are school ready.
- Strict criteria prevents young people from receiving a service via adult provision until they are 18 years of age.
- The transition between CYPS/EWT and adult services is massive, with young people 'falling off a cliff edge' in terms of support when they reach 18 years of age. It was noted that more needs to be done to ensure a smoother transition between services for young people and adults.
- The transition between CYPS/EWT services needs to be easier.
- Transition between services needs to be ability or maturity appropriate rather than defined by actual age, this will require more flexibility and for young people to be treated on an individual basis where their needs can be best met.
- The service needs to be a 0-25 year service, although there was concern that by shifting the transition point to an older age, just delays the issue of transition and that better planning between CYPS/EWT and adult services is required.
- Better relationships between secondary schools and local FE colleges would aid transition into further education, particularly if young people have identified learning needs. Currently young people are required to self-disclose the need for additional support, FE/HE institutions recognise that only a small proportion of students do this as many fear disclosing mental health issues will have a negative effect on their application.
- Young people attending local universities need to ensure that they are registered with a local GP as this helps access to local adult mental health services and extended support.

What young people thought…

Young people didn't explicitly comment on transition although it was noted that CYPS/EWT had helped some in making the transition to senior school. Some of the solutions concerning transition from a young person's perspective included using mentors and buddies.

3.2.5 Workforce and training

A number of areas for improvement were identified with regards to workforce and training.

The views and perceptions of parents, carers and professionals:

- There needs to be sufficient investment in the EWT and CYPS workforce to ensure that there are adequate staff and that they are equipped with the skills to meet the growing demands placed on the service.
- There was a perception that there is a high turnover of professionals within services. This creates inconsistency and uncertainty for children/young people and their families, which in turns impacts on communication. This was felt to be particularly important for LAC who often have greater mental health needs and higher incidence of conceptions, drug and alcohol misuse and involvement with the Criminal Justice Service.
- With the right skills and resources, schools and community based organisations are ideally placed to work at tier 1. Specifically it was noted that:
    - Offering training to staff in universal settings (e.g. mental health first aid, brief intervention training) would skill the workforce to understand, identify and respond to mental health issues in children/young people – thus providing tier 1 support. (This was considered important in recognition of the reported inconsistency in the delivery of PSHE in schools).
    - Schools highlighted that they often relied on external agencies including local VCS organisations in the delivery of PSHE and this was seen a valuable contribution to the workforce.
    - Resources and programmes that organisations can use with children/young people should be shared to help build emotional resilience and prevent mental ill-health.
- With added capacity and/or support of mental health workers, there is the potential of schools and community based organisations in providing tier 2 support.
- The wider system is reliant upon the VCS and there is the opportunity to really capacity build the wider system and provide early intervention and prevention work.
- The universal workforce needs to understand the roles and functions of key professionals and organisations in the delivery of mental health interventions.

What young people thought…

Young people made the following suggestions on workforce and training:

- That mental health training needs to be included in teacher training programmes and in school nurse training. CAMHS need to work more closely with the local universities that provide these courses.
- Schools need to have a counsellor on site and that for each cluster of schools there needs to be named mental health workers attached to the school cluster.

- Encourage school governors and head teachers to include mental wellbeing in the school's mission statement.

4. Emerging Issues: Mental Health and Emotional Wellbeing

The following provides an overview of the factors that were identified to have a significant impact on the mental health and emotional wellbeing of children/young people and their families.

4.1 Family and Parental Mental Health

Parental mental health was identified to have a significant impact upon children and young people, often resulting in the young person taking time off school to care for their parent. It was noted that the stigma associated with being a carer often means that the young person does not want the school to be involved.

Professionals identified that there was an increase in the number of families with high intensive needs and that schools have very little resources to engage and support these families.

It was acknowledged that families struggle on a number of levels, in particular with the increasing impact of drug and alcohol issues (parental and child) on the whole family.

4.2 School Setting

Young people identified bullying as a huge issue in schools. Young people also reported that some teachers saw “naughtiness” and “bad behaviour”, rather than an emerging mental health issue.

Professionals discussed how children are arriving at primary school with a negative view of the world and predefined identity of low self-value/worth and self-esteem. This negative self-image was perceived to impact upon the child’s engagement in learning, preventing them from forming positive relationships with their peers and diminishing their ability to accept praise from teaching and non-teaching staff.

It was recognised that across primary and secondary school there was an issue that young people do not have the resilience to manage their own emotional wellbeing**,** highlighting the need for support to be offered to parents to help them to nurture their child’s emotional needs and resilience. It was perceived that very little work is done with parents on emotional wellbeing in nursery and primary schools, however, when courses have been open to parents in secondary schools there has been a very low response rate.

Furthermore, issues were raised with regards to the pressure placed on young people in terms of academic performance and the consequential impact that this can have on emotional wellbeing. For example, the importance placed on exam results and achieving predicted grades was perceived to have a detrimental impact on the self-esteem and self-worth of some young people, leading to increased levels of anxiety,

depression and self-harming behaviours. This pressure was identified by young people themselves, with members of one focus group suggesting that there should be some form of assessment to ensure that young people are coping emotionally during periods of high stress.

There was a sense that schools were seeing an increase in the numbers of young people experiencing mental health issues, in addition to these becoming more complex and harder to work with. There were also comments from some school staff that there was a competitive vying for attention through expressing destructive behaviours such as self-harm, eating disorders and suicidal ideation, particularly among young females, in addition to children being identified as having mental health needs at a younger age.

Teaching staff identified the difficulty they face in managing the classroom environment when there are a number of young people with mental health issues, as well as the impact that this has on other children in the classroom.

4.3 FE/HE Setting

Local universities and colleges reported an increase in the number of students presenting to student support services with mental health issues.

A number of young people attending local colleges and universities are being screened for the first time for dyslexia, and other learning difficulties are being identified. One local university estimates that it spends approximately £80K per year on testing for dyslexia.

4.4 Vulnerable Children and Young People

It was highlighted by some professionals that for certain groups there was an increased risk of mental health issues such as self-harm and suicide. This included LGBTQ young people, BME, Looked-after Children, young offenders, disabled young people and young people with a learning difficulty. It was noted that these groups of children and young people were more likely to experience bullying and isolation.

4.5 The role of new technologies and social media

Social media was identified to have both a positive and negative impact on emotional wellbeing, by both professionals and parents/carers, as well as among the young people themselves.

Professionals and parents/carers highlighted the power of social media in not just helping to facilitate and maintain friendships and relationships, but as a tool in disseminating positive messages and promoting mental health resources and materials among young people. However, there were concerns over the negative side of social media such as cyber-bullying and sexual exploitation.

Furthermore, the internet was also identified as a powerful tool in engaging young people, helping to facilitate resilience and increase mental wellbeing through online tools and resources. However, it was noted that it was important to ensure that parents/carers are aware and able to control and monitor their child's access to the internet.

As stated previously, a small number of young people also indicated using smartphone apps to access mental health support services e.g. Cognitive Behaviour Therapy/anxiety apps.

It is evident that new technologies are revolutionising the way that young people engage with the world and therefore it is imperative that is considered within the future development of CAMHS services.

5. External Factors Impacting upon Mental Health and Emotional Wellbeing

A number of external factors were identified by professionals and parents/carers that were thought to impact upon the mental wellbeing of children and young people. Although these factors are outside the control of CAMHS service configuration it was felt that it was important to capture these:

- The impact of austerity and reduced services
- The current economic climate and family debt/poverty
- Families with complex needs and the impact on children and young people
- Reduced future employment opportunities for young people
- The loss of universal youth work provision
- The financial vulnerability of the voluntary and community sector

6. Areas for Consideration: the future state of CAMHS

6.1 Mapping the Listening phase to Future in Mind Recommendations

To date the listening phase has identified a number of key areas for service improvement. These themes have been mapped to of the work of the Children and Young People's Mental Health Taskforce "Future in Mind" Report which presents the future vision for children and young people's mental health provision. This is presented in detail in table 4.

Table 4: Mapping the themes from the listening phase to Future in Mind

Listening Phase: ***The views of children, young people and their parents/carers, and professionals.***	**Future in mind:** **National Guidance on transforming CAMHS**
Theme one: Access	
A single point of access for children and young people would ease the current confusion relating to who can refer and how to refer to CAMHS. Greater clarity is needed with regards to the referral process to CYPS/EWT; enabling professionals, parents/carers, and young people to easily refer into the service. A number of professionals suggested having a 'one-stop shop' of specialist support services which would help to improve integration of the current structure. Ring-fencing of time and resources dedicated to include; promotion, advocacy, raising Awareness and training. Services need to be easily accessible and affordable by public transport, as well as consideration for those families who might require extra support to help them attend appointments, in order to prevent non-attendances.	Many areas are already using a single point of access to targeted and specialist mental health services through a multi-agency 'triage' approach. Common features of a single point of access system include: **One point of contact** for a wide range of universal services to access a team of children and young people's mental health professionals for advice, consultation, assessment and onward referral. **Initial risk assessment** to ensure children and young people at high risk are seen as a priority. **Prompt decision-making** about who can best meet the child/young person's needs (including targeted or specialist services, voluntary sector youth services and counselling services). Young people and parents are able to **self-refer** into the **single point of access.**
Support should be offered to those on waiting lists to prevent further deterioration in the mental health of the child/young person, as well as potential disengagement with the service. It was felt that a more effective triage/detailed initial assessment is required to signpost young people to the right level of intervention depending on a thorough assessment of their needs.	The availability and adequacy of the right mix of specialist community health services is critical to the success of THRIVE and similar needs based 'triage' models. Under these models, community mental health is not just a set of services to be referred into. It becomes a joined-up team, working proactively to support other professionals in their settings as well as managing caseloads in terms of higher level interventions.
Waiting times need to be reduced to ensure a timely response when help is required.	NHS England has committed to developing access and waiting time standards in mental health. By 2020, the aim would be to provide a comprehensive set of access and

Long waiting lists, with little or no support offered whilst they wait: “You feel abandoned”.	waiting time standards that bring the same rigour to mental health as is seen in physical health services.
It was evident from the feedback provided by the young people the value that is placed upon being ‘listened to’ and ‘taken seriously’ by professionals. It was furthermore recognised that mental health issues in young people are often diminished or misinterpreted, which can have a detrimental impact on the young person.	Warm and encouraging welcome for children, young people and parents/carers when they walk through the door; enabling and encouraging their involvement in their own treatment plans and reviews; having a positive attitude and culture within services and promoting effective participation. Young people say that these interactions make an enormous difference to how they feel, to their confidence in participating, and to counteracting the stigma associated with accessing mental health services.
A lack of choice of venues to be seen in. There were a number of comments relating to Benton House, which included the cost of getting there, poor public transport links, being too clinical and not conducive to a therapeutic environment. There is an expectation that the child/young person attends the CYPS/EWT, rather than the CYPS/EWT going out to the child/young person.	Some children, young people and families find the formal setting of a clinic off-putting.
There was a perception that there is a high turnover of professionals within services. This creates inconsistency and uncertainty for children/young people and their families.	It is important that services monitor attendance and actively follow up families and young people who miss appointments and inform the referrer. It may be necessary to find alternative ways to engage the child, young person or family.
Establish and support more work with groups. Decentralisation of services – Move therapy from Benton House to existing community settings.	Mental health practitioners and staff such as youth workers delivering interventions should follow existing good practice and give young people and families the choice to receive treatment away from traditional NHS mental health settings. This might mean that staff see them in public places, such as cafes and restaurants, or in schools, or home-based treatment
Poor access to services for example, a lack of weekend provisions: “Nowhere to go when you are in crisis”. Services need to be age appropriate and reach out to vulnerable groups such as LGBT&Q, BME and young disabled people.	Improving children and young people’s mental health and their access to mental health services will require solutions that are tailored to the needs of children and young people from all backgrounds, of all characteristics, and from all sectors of the community.
Theme two: service configuration. pathways and interventions	
The current system is fragmented and too complicated resulting in poor communication and information sharing between professionals, young people and their families/carers.	That there is a local integrated, partnership approach to defining and meeting needs. A wide range of professionals should be involved across universal, targeted and specialist services, through: **promoting good mental wellbeing** and resilience, by supporting children and young people and their families to adopt and maintain behaviours that support good mental health; **preventing mental health problems** from arising, by taking early action with children, young people and parents who may be at greater risk; **Early identification of need**, so that children and young people are supported as soon as problems arise to prevent more serious problems developing wherever possible.

There is a lack of clarity as to the exact role and function of staff in the CYPS/EWT team. There is an assumption that parents/carers and professionals know how the system works, however, this is not the case with many highlighting the need for clearer information with regards to the referral process, how long it will take, how the system works and what to expect.	Move away from services that are designed around the tiered structure and create a seamless pathway of care and support, and which address the need for the diversity of circumstances and issues with which families and young people approach mental health services. The advantage of these models is that they have the potential to move away from an inflexible and restrictive system, towards one which enables agencies to commission and deliver support to allow children and young people to move more easily between services and to make collaborative choices about what would work best for them at given points in time. It obliges providers to place expertise at the front end of delivery systems to establish with children, young people and families, the intervention most appropriate to their current need.
The culture of 'bouncing back' referrals between professionals needs to be overcome, as well as providing greater clarity with regards to referral thresholds. There is limited follow-up post referral and little information available regarding treatment plans.	The tiers model has been criticised for unintentionally creating barriers between services, embedding service divisions and fragmentation of care. It often results in children or young people falling in gaps between tiers and experiencing poor transitions between different services. At its worst, it can even lead to commissioners and providers of different tiers of service effectively passing the buck to one another.
Access to group based and social activities that promote mental wellbeing. Solutions concerning transition from a young person's perspective included using mentors and buddies.	Peer support schemes should be led and designed by children and young people or by parents or carers, with careful professional support to reduce and manage risk both to peer mentors and the young people and families they are involved with.
Strategies identified by children and young people in terms of improving the current service provision included greater availability of long-term support (rather than having time-limited interventions). There needs to be improved access to family therapy as currently there is limited support services tailored to children/young people and their families.	The provision of mental health support should not be based solely on clinical diagnosis, but on the presenting needs of the child or young person and the level of professional or family concern. Some children and young people will benefit from services which tackle problems across all family members, including adult mental health, substance misuse issues or complex cases that do not have a clear clinical diagnosis.
Theme three: Universal Provision and early intervention and prevention (tier 1-2)	
There is very little youth work or community based and social therapeutic interventions targeted at prevention and early intervention. There is a large gap in terms of what is available through universal provision in comparison to the services offered by EWT and CYPS	GPs, schools and other professionals such as social workers and youth workers often feel as frustrated as the children and their parents. They want to do the right thing, but have not necessarily been equipped to play their part or been provided with clear access routes to expertise and for referring to targeted and specialist support. The local offer could include commissioning approaches that support the ability for GPs to offer social prescribing, where activities such as sport are used as a way of improving wellbeing.
The Targeted Mental Health in Schools (TaMHS) resource is excellent. The whole school approach to mental wellbeing	Many schools are already developing whole school approaches to promoting resilience and improving emotional wellbeing, preventing mental health problems from arising and providing early support where they do. Evidence shows

enables teaching and non-teaching staff to model positive behaviour and helps build resilience throughout the school. The school is a valuable resource and community asset, which creates a safe space to engage with parents and can result in them being signposted to services, or assisting them in engaging with other statutory services e.g. adult mental health services.	that interventions taking a whole school approach to wellbeing have a positive impact in relation to both physical health and mental wellbeing outcomes, for example, body mass index (BMI), tobacco use and being bullied.
Although access to school counsellors was perceived as a source of 'immediate help' it was stressed that there is no privacy with this service, with 'others finding out that you go'. The provision of a dedicated worker to access support for a child/young person and their family is a valuable resource for schools. Mental health specialists should be attached to or present in schools, enabling support to be provided when necessary e.g. support with the transition from primary to secondary school. Schools need to have a counsellor on site and that for each cluster of schools there needs to be named mental health workers attached to the school cluster. Encouraged school governors and head teachers to include mental wellbeing in the school's mission statement	Pupils in 86% of secondary schools surveyed have access to a trained/qualified counsellor(s), and almost all secondary schools (98%) have pastoral care services. While counselling services within schools are not intended as a substitute for other community and specialist mental health services, they can be a valuable complement to them. Schools should have a named mental health lead.
Improving collaboration with organisations working within this area (e.g. arts, health and social care organisations) will help facilitate shared learning and resources, whilst improving the service offered to children and young people. There is easy access to C&YP IAPT for young people, who are able to self-refer into the service. The local partnership includes VCS providers.	Provide a key role for the voluntary and community sector to encourage an increase in the number of one-stop-shop services, based in the community. They should be a key part of any universal local offer, building on the existing network of YIACS (Youth Information, Advice, and Counselling Services). Building up such a network would be an excellent use of any identified early additional investment. There may also be a case in future for developing national quality standards for a comprehensive one-stop-shop service, to support a consistent approach to improving outcomes and joint working.
Theme four: Specialist Provision (tier 3-4)	
For children and young people with identified special education needs, the school system works well in providing tailored educational packages and support.	Ensuring there is a strategic link between children's mental health services and services for children and young people with special educational needs and disabilities (SEND)
There needs to be a streamlined pathway for children/young people with chronic medical conditions, as well as closer integration with multi-disciplinary teams within primary and secondary care to ensure multiagency care planning. Greater advice is needed for parents on managing their child's mental health / behaviour following a diagnosis e.g. parents of children with high functioning ASD.	While community-based mental health services have a significant role in supporting children and young people in great need, there will always be some children and young people who require more intensive and specialised inpatient care. These must be age-appropriate and as close to home for the child or young person as possible. The access and utilisation of specialised beds is a signal of how the whole system is working and therefore cannot be addressed in isolation. The key to commissioning the right type of care, in the right places is to adopt a whole system

The value of 'choices appointments' was questioned by a small number who felt they were not comprehensive enough for parents and do not allow enough time for parents to understand their child's behaviour fully.	commissioning perspective which addresses the role of pre-crisis, crisis and stepdown services alongside inpatient provision.
Theme five: Crisis Response	
"Nowhere to go when you are in crisis".	The challenge of supporting a child or young person in a crisis includes ensuring that there is a swift and comprehensive assessment of the nature of the crisis. There are examples around the country of dedicated home treatment teams for children and young people, but these are not universally available. Some children and young people end up in A&E, where access to appropriate and timely psychiatric liaison from specialist child and adolescent mental health services is not always available. it is essential that they receive appropriate support/intervention as outlined in the Crisis Care Concordat, including an out-of-hours mental health service
Theme six: Workforce and training	
Schools highlighted that they often relied on external agencies including local VCS organisations in the delivery of PSHE and this was seen a valuable contribution to the workforce. Resources and programmes that organisations can use with children/young people should be shared to help build emotional resilience and prevent mental ill-health.	Develop a joint training programme for named individuals in schools and mental health services to ensure shared understanding and support effective communications and referrals
It was noted that greater integration with multi-disciplinary teams within primary and secondary care is needed to ensure that a coordinated care package is established for those with more complex needs. It was felt that the Common Assessment Framework (CAF) was not working, with professionals not attending CAF meetings. With the right tools and resources (e.g. TaMHS/THRIVE training), it was felt that schools, as well as other organisations working with children and young people, are ideally placed to enable teaching and non-teaching staff to spot early warning signs and make appropriate first steps, in addition to helping young people to build resilience and recognise emerging issues in themselves and others before they get to crisis point. It was noted that the needs of many children who suffer mental health issues quietly at school are often not identified. With the right skills and resources, schools and community based organisations are ideally placed to work at tier 1. The wider system is reliant upon the VCS and there is	Ensure there is a workforce that is able to: Recognise the value and impact of mental health in children and young people, its relevance to their particular professional responsibilities to the individual and how to provide an environment that supports and builds resilience. Promote good mental health to children and young people and educate them and their families about the possibilities for effective and appropriate intervention to improve wellbeing. Identify mental health problems early in children and young people. Offer appropriate support to children and young people with mental health problems and their families and carers, which could include liaison with a named appropriately trained individual responsible for mental health in educational settings. Refer appropriately to more targeted and specialist support. Use feedback gathered meaningfully on a regular basis to guide treatment interventions both in supervision and with the child, young person or parent/carer during sessions. Work in a digital environment with young people who are

the opportunity to really capacity build the wider system and provide early intervention and prevention work. The universal workforce needs to understand the roles and functions of key professionals and organisations in the delivery of mental health interventions.	using online channels to access help and support. Are equipped to participate in shared assessment, case management and regular multi-agency case reviews. Able to work with the impact of trauma, abuse or neglect on mental health.
The EWT and CYPS are able to provide advice to teaching and non-teaching staff on a case by case basis; providing reassurance, and enabling them to provide support and signpost young people and their families to services within the community	Specialist services are available to provide advice. Staff would provide advice, troubleshooting, and formal consultation and care planning, or assessment and intervention in cases where this is required above and beyond the level of existing cross-agency provision.
Being judged and not taken seriously by professionals; individuals strongly emphasised the importance of being 'listened to' no matter how small their problems are, as such problems may be very significant to the individual.	Anybody who works with children and young people in universal settings such as early years provision, schools, colleges, voluntary bodies and youth services, should have training in children and young people's development and behaviours, as appropriate to their professional role.
That mental health training needs to be included in teacher training programmes and in school nurse training. CAMHS need to work more closely with the local universities that provide these courses.	Basic training in all disciplines should include an understanding of the interface between physical and mental health.
Theme seven: Communication	
With added capacity and/or support of mental health workers, there is the potential of schools and community based organisations in providing tier 2 support. Services not being integrated or communicating with each other.	An expectation that there is a dedicated named contact point in targeted or specialist mental health services for every school and primary care provider, including GP practices. Their role would be to discuss and provide timely advice on the management and/or referral of cases, including consultation, co-working or liaison. This may include targeted or specialist mental health staff who work directly in schools/GP practices/voluntary sector providers with children, young people and families/carers.
There is limited follow-up post referral and little information available regarding treatment plans. The language used in letters from professionals to young people not always being appropriate or clear on what was happening next. Too much jargon in forms "All the forms use lots of terms I've never heard of and no one seems to be able to explain them to me"	Effective access to support requires improved communication between universal, targeted and specialist services, backed by a clear shared understanding of roles and responsibilities across all those involved in the system, so that children and young people do not fall between services, and receive timely and appropriate support.
Theme eight: Stigma	
Raising awareness of mental health and the services that are available to young people through education workshops in schools: "People need to become more open minded to mental health and not be afraid to talk about it".	We encourage all schools (including those in the independent sector) to continue to develop whole school approaches to promoting mental health and wellbeing (2). This will build on the Department for Education's current work on character building, PSHE and counselling services in schools (see box for details).
Theme nine: Transitions	

Strict criteria prevents young people from receiving a service via adult provision until they are 18 years of age. The transition between CYPS/EWT and adult services is massive, with young people 'falling off a cliff edge' in terms of support when they reach 18 years of age. It was noted that more needs to be done to ensure a smoother transition between services for young people and adults. The transition between CYPS/EWT services needs to be easier. Transition between services needs to be age appropriate rather than defined by actual age, this will require more flexibility and for young people to be treated on an individual basis. The service needs to be a 0-25 year service, although there was concern that by shifting the transition point to an older age, just delays the issue of transition and that better planning between CYPS/EWT and adult services is required.	Young people transferring from children and young people's mental health services differ from those leaving physical services in that, for many, adult mental health services are either not available or not appropriate. Adult mental health services are not universally equipped to meet the needs of young people with conditions such as ADHD, or mild to moderate learning difficulties or autistic spectrum disorder. The Taskforce does not wish to be prescriptive about the age of transition, but does recognise that transition at 18 will often not be appropriate. We recommend flexibility around age boundaries, in which transition is based on individual circumstances rather than absolute age, with joint working and shared practice between services to promote continuity of care. Youth Information Advice and Counselling Services (YIACs) usually operate over the age of transition, often up to the age of 25. Vulnerable young people, such as care leavers and children in contact with the youth justice system, may also be especially vulnerable at points of transition and local strategic planning on transition should take their needs into account.
Young people in attending local universities need to ensure that they are registered with a local GP as this helps access to local adult mental health services and extended support. Better relationships between secondary schools and local FE colleges would aid transition into further education, particularly if young people have identified learning needs. Currently young people are required to self-disclose the need for additional support, FE/HE institutions recognise that only a small proportion of students do this as many fear disclosing mental health issues will have a negative effect on their application.	We also acknowledge the difficulty of transitions for university students as having extra complexity due to geographical relocation and transience of residence. Students may need access to mental health support both at home and at university, both from primary and secondary care services. We support the production of best practice guidance for CCGs and GPs around student transitions which encourages close liaison between the young person's home-based and university-based primary care teams and promotes adherence to NHS guidelines on funding care for transient populations.
Theme ten: Emerging Mental Health Issues	
Parental mental health was identified to have a significant impact upon children and young people. It was acknowledged that families struggle on a number of levels, in particular with the increasing impact of drug and alcohol issues (parental and child) on the whole family.	There is a strong link between parental (particularly maternal) mental health and children's mental health. For this reason, it is as important to look after maternal mental health during and following pregnancy as it is maternal physical health.
Young people identified bullying as a huge issue in schools. Young people also reported that some teachers saw naughtiness and bad behaviour, rather than an emerging mental health issue. It was highlighted that for certain groups there is an increased risk of mental health issues such as self-harm and suicide. This included LGBTQ young people, BME, Looked-after Children, young offenders,	It is important that schools tackle bullying, including cyberbullying, robustly. Schools can help to contain cyber-bullying during the school day by banning or limiting the use of personal mobile phones and other electronic devices.

disabled young people and young people with a learning difficulty. It was noted that these groups of children and young people were more likely to experience bullying and isolation.	
Theme eleven: New technologies	
Social media was identified to have both a positive and negative impact on emotional wellbeing, by both professionals and parents/carers, as well as among the young people themselves.	We also recognise the positive role of digital technology, which provides new opportunities to deliver the right information to children and young people and reduce stigma.
It is evident that new technologies are revolutionising the way that young people engage with the world and therefore it is imperative that is considered within the future development of CAMHS services.	Children and young people and many parents and carers are digitally literate and told us they wanted better and more use made of the web. This could be expressed in a number of ways, but must be informed by the views and preferences of children and young people to be effective.
Theme twelve: Co-production	
The local approach has young people involved in all phases of the transformation process and also in the continued improvement of local services.	The Taskforce firmly believes that the best mental health care and support must involve children, young people and those who care for them in making choices about what they regard as key priorities, so that evidence-based treatments are provided that meet their goals and address their priorities.

6.2 Prioritising the key considerations: Informing the design phase

The next phase includes working with the current providers of CAMHS in Newcastle and Gateshead in order to identify the future model of CAMHS. The priority areas that need to be addressed in this initial redesign consultation includes:

1. Address barriers to access (self-referral/ease of referral, opening times, non-clinical venues, geography and location).
2. Create a single point of access and integrate a fragmented service delivery model, whilst simultaneously creating and increasing choice to the types of interventions on offer (1-1, group work and social/creative opportunities).
3. Design a service that meets the needs of 0-25 year olds (ditch tiers and embrace the thrive model).
4. Reduce waiting times and provide support to those who are waiting to access CAMHS.
5. All young people are assessed and receive an appropriate service – no bounce back.
6. Connect with adult mental health services and adult IAPT to ensure seamless transition and shared care for young adults moving between CAMHS and adult mental health services.
7. Address the underlying and root causes of mental ill health, with a particular emphasis on bullying, stigma and the impact of the school environment on mental wellbeing.
8. Capacity building within the existing workforce to extend the provision of early support and identification.
9. Adopt a whole school approach to mental wellbeing.
10. Equip the workforce and enable the CAMHS structure to share the care of the child, young person and where appropriate their family/carers.
11. Train the wider workforce so that are able to identify and respond early to emerging mental health issues.
12. Train the next generation of teachers, GPs and nurses by working with local universities.
13. Ensure that all communication is child, young person, family friendly.
14. Make the best possible use of digital technology.
15. Embed co-production into the continued improvement of mental health services.

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Roots and Wings

Young Commissioners – Youth Focus North East

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