

# Kirklees Future in Mind Transformation Plan Children and Young Peoples Mental Health and Wellbeing

## Introduction:

NHS North Kirklees and Greater Huddersfield Clinical Commissioning Groups (CCGs) and Kirklees Council together with other stakeholders are working together to try and ensure that every child and young person in Kirklees can enjoy a happy and healthy childhood and become confident adults who can cope with the demands of everyday life and contribute to their community.

Over the next five years we are working together to co-produce and develop a system wide transformation. Our long term visions are set out in the 2015 Kirklees Future in Mind Transformation Plan and an October 2016 Refreshed Plan. These plans along with other supporting information can be viewed at [www.kirklees.gov.uk/futureinmind](http://www.kirklees.gov.uk/futureinmind).

As part of continuing co-production and consultation approaches an on-line survey asked for the views of anyone that had accessed local mental health services to help understand how these services can be delivered and improved in the future.

The following provides a summary of the responses received. These are being considered by commissioners and service providers as part of the implementation and delivery of the new 0-19 [Kirklees Integrated Healthy Child Programme](#) from 1<sup>st</sup> April 2017 which will have an operational title of Thriving Kirklees.

## Summary:

There were 71 responses in total which for certain questions provides a reasonable sample size. However, this meant sub analysis for certain questions was not possible as the sample size was too low (below 10).

For this reason some of the analysis in the report is presented as response counts rather than percentages to ensure responses are not misinterpreted (e.g. 47% but only = 9 people)

Therefore, it is strongly recommended that the open text responses are read and fully considered. There were four questions on the survey that allowed optional open text responses. A summary for these questions has been provided highlighting the key themes emerging in responses. However, as these responses are highly emotive and offer unique

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perspectives on the service it is strongly recommended that the full responses included in this report are read and considered by decision makers.

Furthermore, 35 respondents left an email address stating that they would like to be involved in further transformation work. This is an ideal opportunity to do some more in depth qualitative research in the form of focus groups or interviews that, with the correct methodology, may provide more rich and robust data.

### Who responded to the survey?

The majority (**67%**) of these responses came from parents or carers of young people who use the service and (**20%**) from Kirklees Council employees. Only 3 young people responded to the survey.

Only **11%** of respondents were from a Black or ethnic minority background.

**50%** of the responses were on behalf of young people who have Special Education needs and another **38%** were vulnerable or at risk.

### Where were respondents from?

**59%** Huddersfield

**14%** Kirklees Rural

**13%** Dewsbury and Mirfield

**13%** Batley and Spen

### Q1 Have you used the Single Point of Access Service called ASK CAMHS?

**28%** yes

**62%** no

**10%** not sure

### Q2 (Satisfaction with aspects of support or advice ASK CAMHS provided)

*(Only 19 respondents answered these questions therefore individual response rates for some areas are too low to report on so below is a summary trend without figures). The full open text response for Q3 will give the most valuable insight into this service.*

The aspect of the service that respondents were most satisfied with is how supportive the person was that dealt with their referral.

However, responses show that more people were dissatisfied with how the information or advice they were given met their needs and the outcome of their referral call than they were satisfied with these aspects of ASK CAMHS.

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### Q3 Do you have any other comments about the ASK CAMHS service? (11 responses)

Out of 11 responses all but 1 comment made reference to delays in referrals or confusion with signposting with comments such as ‘The single point of access is still not clear to users’ as well as calling the service; ‘long winded and convoluted’.

One of the responses was from a GP who reiterates that the service can be confusing stating he was misinformed twice and that he felt he had no say over what tier people were admitted to.

One comment also mentioned that the service is particularly confusing if the young person is almost an adult and a failure to get the necessary support lead to their child taking an overdose.

### Q4 Use of services

*(Figure shown as actual number of responses not percentage of responses)*

	In the last 6 months	In the last 12 months	More than 12 months ago
ChEWS	20	7	5
CAMHS	26	8	14
Regional Eating Disorder Service	3	0	3
Private Counselling Services	9	8	7
Voluntary Sector Youth Counselling services	5	4	4
Crisis Team	9	3	8

### Q5 & Q6

Respondents were asked which service they had used most recently and to answer a number of questions on how satisfied they were with particular aspects of the service. The question was asked this way so responses for each service could be separated but because of the low response rate for several services the only two where sub analysis was useful were ChEWS and CAMHS. The percentage of responses for Very Satisfied and Satisfied has been combined to show an overall percentage of satisfied responses.

	Responses for all services	Responses just for ChEWS	Responses just for CAMHS
Information about the appointment	52%	38%	48%
Waiting time from referral to appointment	25%	6%	20%
Support and communication whilst waiting for an appointment	26%	12%	20%
Your journey through the services	26%	18%	20%
The times of any appointment	54%	43%	52%
Location of the appointment	56%	51%	48%
How well the person at the appointment (s) listened to your needs	57%	43%	60%

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In all areas except 'How well the person at the appointment(s) listened to your needs' for CAMHS the satisfaction levels for both ChEWS and CAMHS were lower in all areas than the overall satisfaction levels when all services are included. So although we cannot separate response rates for the other services individually an assumption can be made that there are higher levels of dissatisfaction amongst service users of ChEWS and CAMHS.

### **Q7 Based on your experience what should we try to improve and why? (52 responses)**

There was a wide variety of responses in this section but some of the most prevalent themes were around unacceptable waiting times, a need to improve communications and improved consistency when managing patients.

Many of the responses give examples of young people have to wait over 6 months- over two years for referrals; this is even true for several respondents who state the young person was in crisis.

A number of responses make reference to fairly serious communication failures. Eight respondents directly state that they had no response from CAMHS after contacting them with voice messages and phone calls repeatedly ignored. Several responses call more generally for improvements to communications including feedback to patients after sessions, the communication skills of staff and lack of communication in between appointments.

The other frequent theme within the responses was calls for a named contact in the service and improved continuity of care so for complex cases the case history does not need repeating to multiple people.

Further comments included the need for more awareness and adaptations within the service for young people with autism. Despite some positive comments about the staff and the benefits of the service once treatment is received there were also some negative comments about attitudes of staff including comments around lack of empathy.

Again there were also some comments about the referral process being confusing and complicated for users.

### **Q8 Most important aspects if respondents needed to access emotional or mental health support. (Respondent could chose up to 5)**

Top 5 responses:

- Reduce waiting times for complex conditions (CAMHS Tier 3 Service) - **73%**
- Support for parents and carers when they have a child or young person who is ill and needs help - **66%**
- Accessibility / location of services at the right time and place - **54%**
- Reduce waiting time for Autism Spectrum Disorder assessments - **51%**
- Improve communication for those who refer into CAMHS - **50%**

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### **Something else: (11 responses)**

There were 11 additional responses about what would be most important to respondents when accessing emotional or mental health support. These ranged from requests for specific services such as sexual violence counselling, recognition of pathological demand avoidance and embedding mindfulness in schools to more general support such as more flexible appointments, telephone support and improved patient care.

### **Q9 How people would prefer to contribute to the ongoing review process (Respondents could choose up to 3):**

Top 3 responses:

- Surveys or questionnaires by post or online - **71%**
- Focus groups/ user panels - **35%**
- Public meetings - **31%**

### **Q10 Have we missed anything important that we need to consider? (24 responses)**

Comments in this section varied with a diverse range of comments. There was however several comments that suggested treating all young people as individuals and tailoring treatments more to individual's needs. There were also several comments that referred to simplifying the process and reducing waiting times.

There were also a range of specific suggestions for service changes/ improvements. For example, utilising social prescribing, increasing collaboration with other professionals interacting with young children like social workers and keeping services separate from schools.

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## **CAHMS Open Responses**

The following comments are un-edited but any comments that could have personal identifying information have been adapted or removed to maintain anonymity.

### **Q3 - Do you have any other comments about the ASK CAMHS service?**

- My GP was very understanding and took the time to listen to my daughters concerns. He then referred her and the referral was dealt with quickly. The support given to her, in my opinion was essential and ensured that she has been able to move forward and has given her the tools to help with her recovery.
- Out of hours it is extremely limited in comparison to support for adults.
- Long winded and convoluted.
- The single point of access is still not clear to users especially to young people who need support immediately. It is also confusing when a young person is nearly an adult, from a personal experience my child was referred to CAMHS and was told they needed adult care and was just given a telephone number to contact themselves. They sought advice from the doctor but was again just given a number. My child ended up in hospital after taking an overdose as they didn't get the help they required.
- No
- Ground staff are very supportive but in general from start of referral to diagnoses is very choppy and not clearly sign posted which leads to much confusion with all service's involved. Am sorry but I it's too little to late!!!!
- I called to refer my son in mid-August. We are now at the end of October and besides the initial letter accepting my referral, I haven't heard anything more.
- Seems to take a long time to receive a letter after assessment. Unsure if this is because it is taking a long time for assessments to take place, or if there is a delay in admin.
- I was asked to complete a form; I did not speak to a person.
- Waiting time far too long and they did not ring back when they said and gave no timescales.
- I am a GP who needs to refer young people and families to CAHMS services. I have twice been misinformed about referral pathways. I am always told someone will ring back to discuss further/information gathering. But I can't remember this actually happening. I don't seem to have any say in which Tier people are allotted to.

### **Q7- Based on your experience what should we try to improve and why?**

- When first assessed had a nurse but she left so then I had to chase up numerous times in order to arrange someone else to see my daughter. Now she has counselling but no medical assessment done or medical practitioners involved. Continuity needs to be improved.
- Too many strands / routes to access what we needed. Use plain language when referring to types of services on offer ('Tier' only means something to the professionals, nothing to the ordinary person on the street). Referred to a service to telephone, called several times and left messages on answer machine had no response at all. Telephone calls made at different times over different days. Services

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not joined up and links / referral from one to another not smooth and not joined up (eg story has to be told several times over and over, so felt really impersonal and that staff really weren't 'in tune' at all with our issues).

- The service tried to condemn the patient without trying to support them. I would suggest that instead of labeling people, more should be done to help them rather than apply labels.
- The waiting time was unbearable not helpful at all.
- The referral process for my son to have an ASD assessment seemed to take 'forever', however as he had a number of emotional wellbeing challenges whilst waiting we did have a home assessment & great support from the educational psychologist. therefore, I feel the service could be improved by parents/carers/guardians having a "Named Person" with whom they can liaise if they have an urgent matter (e.g. suicidal child like ours was) so they are aware of that child & their individual needs and the referring person then does not need to go through the whole history.
- Seeing as my child has been referred on 3 separate occasions, and each time I have not had ANY contact from CAMHS I would say very dissatisfied is putting it nicely. I am currently on with a fourth referral...
- Getting a child with learning disabilities to be seen by CAMHS is next to impossible. Even paediatricians can't often manage it. The learning disability nursing team do not have the skills to deal with some of the mental health/aggressive behavioural issues presented by these children. They are therefore left to languish with their families struggling to cope.
- Waiting times and communication whilst waiting. More specific reasons as to why a referral for help whilst waiting for an assessment was refused - despite the request coming from me as a parent, school, educational psychologist GP for an appointment to be set up.
- More flexible model to meet need, rather than one size fits all approach. It feels as though much of what CHEWs offers can now be accessed by learning mentors/ experienced ETAs in school: does not present like a specialist service.
- As a Targeted Youth support worker I have made a lot of referrals to CAMHS and ChEWS. There was no communication at all. Messages would be ignored. I believe in a lot of cases as workers on the streets and having a good relationship with the young people we work with we have a lot more knowledge and understanding of the YP who we work with. The consultants should draw from our knowledge and us from them. Working together would be great. I have a real life example of when I got in touch with a doctor from CAMHS eventually and told the doctor about the mental health problems the young person was facing and the work that I was doing such as taking the YP out for walks and talking to him about changing his mind-set the doctor said the work we were doing was great and believes mental health should be tackled informally and through positive activities. He was also very appreciative of the phone call and we both benefited from it. I believe there should be more jobs where there are workers who are able to tackle Mental health problems by understanding the issues YP face and using NLP informally and through Positive activities. This will decrease the need to depend on medication.
- As SW working out of hours, we work closely with home based treatment for adults, we do not have a similar relationship with Camhs out of hours.
- Over complicated process to refer into service.

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- There is no chance of services being improved to a standard that would meet local and national difficulties.
- Waiting times for an appointment - people in need of help are having to wait far too long for the support they need.
- Accessing CAMHS and getting through the appointment stage was a horrendous experience which left me in tears - I was told that I would only get through because I was a belligerent mother - obviously this isn't appropriate. Communication needs to be improved, and phone call returned - mine never were, so finally I refused to hang up until I spoke to someone who could help.
- It would be nice to know the waiting time for the referral.
- Single point of access should be just that and it would be good to have a support working assigned to a person who can help them through the process. It is still not clear who to contact and when you do contact the service it is a receptionist and not a trained mental health worker.
- All other services should try to be as responsive.
- I had a suicidal child and it took nearly a year to be seen.
- Phone calls not returned, messages not passed, appointments promised and not made. Inaccessible centres for autism patients. Being forced to speak about a child in front of them. No appointments for working parents and child has to miss school to attend. Staff have no awareness of how to meet needs other than medicating.
- Scrap tier 2 make it part of tier 3, avoid tier 2 stopping us getting the help we need.
- You should recognise pathological demand avoidance and diagnose children (like my son) as no help is offered and it's such a hard behavioural problem to deal with
- Waiting list too long to wait for a specialist referrals and people need to call back when they say they are going to.
- The attitudes staff members have is appalling. The professional I had my interview with kept interrupting me and telling me the way I was handling my mental health was all wrong. I was appalled and it made me even more ill. Absolutely disgusting, I would not use CAHMS again.
- Communication and waiting times.
- To bring Tier 2 into schools, so that counselling and therapy is not regarded as an after school activity. Especially when the schools are often places where the problems exist. A greater variety of services need to be offered for children and young people who don't want to immediately talk about their issues, such as Arts Therapies.
- Speed of appointments.
- Daughter now been waiting 2 years 3 months for an ASD assessment! I was told 2 months ago her assessment would be in the next batch of invites to be released. Still waiting ..... staff that are honest would be a good start.
- Have a base where can be contacted, listen to parents, answer phones, ring back when say you're going to....
- Staff actually need training in all presentations of autism especially high functioning particularly girls. They are allegedly professionals, but yet fail to see the triad of impairments even when two separate educational establishments can and prefer to take one or two approaches or a combination of both :- 1) wait and see 2) blame the parents for behaviour presented. Staff should also be able to recognise the

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difference between a child who has ADHD and a child who has sensory processing disorder....presentation is similar in some ways but treatment is different and so is support required by the child. Waiting times need to be reduced... all literature states how important early intervention is and yet kids are waiting over 3 years in some instances and then to be told they are not on the spectrum (when the clearly are) so fail to receive appropriate support and the child and family continue to struggle. Parents often then struggle and try to fund private assessments to try and help their child or the child goes back on the waiting list (hence why the waiting list continues to grow) as school raise further concerns. It concerns me greatly that some members of the CAMHS service seem to take delight in parents' struggle too and their love of the power their position gives them seems to bring them more job satisfaction than actually helping and supporting the children in their role. A course in empathy may be of value here.

- Parent communication. We had no feedback from the appointment he had, no training or advice given. Give feedback. We don't need to know what was said just advise on how to cope.
- Reduce waiting list for counselling or subcontract out to specialist counselling centres.
- CAMHS only reactive rather than proactive we need support for our ASD daughter before crisis hits.
- Provision of services for children with learning difficulties who also have emotional/mental health problems.
- The time in which cases are allocated. My daughter's difficulties were so great for a number of years, and although the service is now in place I strongly believe that if support had been given sooner she would not have attempted suicide. The referral process also needs some consideration. I was told over 2 years ago that my family would benefit from family therapy and a referral was made at the end of an assessment by Soctates by yourselves, I have followed this up numerous times and we have still not been told when or if this will take place, even though the current worker agrees it is necessary for my family.
- ChEWS is excellent, well delivered and organised. It is not an over complicated service....simply and affective.
- Taking time to listen and make a proper diagnosis without putting children into instant categories. Being honest about the limitations of the services offered and the people delivering them. Building reliable relationships and therapists being accessible to parents. Treating parents with respect and not assuming that they are the root of the problem. Not recommending diversionary services, such as family therapy, when unable to provide effective treatments. Displaying some genuine care for children and their problems and relating to them in a way which makes them feel genuinely listened to. Spend more time and effort treating and caring for children rather than trying to defend the service's own inadequacies. Maintaining proper continuity of care for complex cases, so parents are not repeating case history to different people. Showing appropriate urgency when children are putting themselves and others in danger. Liaising positively with schools and social services in order to find joint solutions, instead of being obstructive and high handed.
- From my son attending A&E at HRI due to suicidal thoughts and waiting 6 months for a diagnosis from a psychiatrist. That my son was depressed and needed to have

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anti-depressants. During those 6 months he did attend a 2 weekly counselling session with CAMHS and I took time off work to support my son. His mental health improved considerably to the point when we saw the psychiatrist after 6 months, we were confused as to why they asked to see us after all this time. I am thankful that my son's mental health improved, but the waiting time of the diagnosis from entry to A&E of 6 months is ridiculous. These waiting times really need to be shortened; my son should have been diagnosed immediately. The psychiatrist who saw us after 6 months, thanked me for supporting my son so well.

- I have been 'under the care' (or rather lack of) of this system for going on a year and a half and have never witnessed anything so completely shambolic, which is unacceptable to say as this is supposed to protect the vulnerable 1 in 10 young people who suffer from mental illnesses. I have a wealth of personal experiences of the system failing me, but also accounts from many friends who have also been let down by CAMHS due to its disorganised and uncaring nature. From being passed from care worker to care worker in a matter of weeks with no stability or reassurance of what the plan was, to not being contacted by CAMHS for 2 consecutive months when I was at my most vulnerable, to being promised appointments and phone calls and help that I never received, I have many personal issues with the system but I know for a fact that these problems do not only apply to me, but to nearly all of the young people under CAMHS, and now find hearing people's horrific experiences of the system so unsurprising. Children are moved into inpatient units hours away from their families despite needing their loved ones close to them at such a desperate time in their lives. High risk young people are discharged from hospitals after trying to take their own lives only to be admitted again the next day or week after another attempt. Support is simply not available from CAMHS when it is desperately needed, for example I was often told that if I ever needed to talk to someone in an emergency I could call CAMHS and speak to someone. That is, between the hours of 9 and 5 on a Monday to Friday. So if a child should be needing help on a Saturday evening they are left stranded. Does that seem right? Frankly it shocks and frightens me that this essential safeguarding service has been so drastically underfunded for so long, leaving it clinging onto dear life and barely coping. Even the staff I have encountered in the service (who mostly are brilliant, genuinely empathetic people trying to do the best they can with so little support) recognise the desperation of the situation. Mental illnesses are potentially debilitating and at such a crucial stage in a person's life, going through immense pressure in education which will affect their entire future, support for mental health is undeniably necessary. Leaving mental illnesses untreated can and does lead to the loss of lives. To quote the NHS 2014-15 annual report: three quarters of mental health problems start before the age of 18, people with mental illnesses die on average 15-20 years earlier than others, and mental illness is the single largest cause of disability in England, so why are the Government content with only 0.7% of the total NHS budget being directed at a lifesaving service? P
- Waiting time to be seen is too long.. I was desperate for help and my child needed some professional support much earlier. When I got the support, only 8 sessions... what a waste.. How can you change a child in 8 hours.. Needs long term support of at least a year to see results filter through. Absolutely gutted.. you've paid so much money to an emotional support worker who has only skimmed the surface and

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impact on child is not positive. Child will know they give up on me.. I can get away with my behaviour. Your service Needs to change.. I'm not impressed. Was told only children in care can get long term support.. my child needs support.. it is impacting on the whole family' s health...which will in turn impact NHS.

- Speed of initial assessment.
- Obviously you are chronically under resourced. The whole process of getting my child diagnosed and supported took years. Parents of SEN children have enough to cope with daily and a large delay in diagnosis and support compounds this.
- Family therapeutic support - not just for the children, but for parents / siblings together.
- My child first attended CAMHS when there were 7 and is now an inpatient in a psychiatric hospital. Their care has been excellent since we had a private assessment done when they were 16 and had a diagnosis, which opened doors to treatment and regular psychiatric appointments. Prior to this they had never been diagnosed but was given a variety of interventions. These were often delivered by a range of different practitioners so that a therapeutic relationship could not develop and also the appointments were too far apart to be successful and were a waste of money. The episodes of therapy needed to be intensive and carried out by one person. My child was assessed over and over again by each different practitioner who came to deliver care and because of this they had more assessment time than therapeutic time. More recently they have been taken to A&E by family and the police due to severe distress or suicidal ideation and this has been difficult as the hospital is not geared up to deliver this care and each time it took hours to have a CAMHS worker attend. Several times they wanted to admit them, but no beds were available. They are now in hospital and has been in different hospitals across the country, it would be much better for children with mental health disorders to be cared for as inpatients closer to home as taking them away from friends and family can further isolate children who are already 'outcast' from society. There also needs to be support for family as this can tear families apart and does affect every member of the family.
- The referral process can be difficult and sometimes I find that forms or services change. Version control would be very useful in all forms, and all forms available for practices via integrated word, to reduce delays for administrative reasons.
- Waiting times are ridiculous and complicated cases such as ours are completely unsupported once the counselling finished with no onward referral or help to obtain one. There was no communication whilst waiting for an appointment other than the initial letter. It seems that difficult cases are passed from pillar to post as no one wants to actually look at a case that doesn't tick conventional boxes. GP's seem unaware that they cannot refer cases to Cahms and are unsure of who actually can.
- Ensure access to a range of support, would have benefited from early support within our area.
- I work with children and adolescents. Many who have significant mental health issues, possibly on the autistic spectrum, suicidal self-harming. Children who have been badly abused-these children are not getting picked up-waiting times are too long. One boy who is at serious risk is still on a 5 year waiting list for ASD assessment.

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- Give timescales and support from specialists for those with issues such as Autism as well as mental health.
- Improve times for phone inquiries.
- Linking up with school as info would be helpful for them to know appointment times and some outcomes.
- Length of time needs to be shorter between referral and appointment for young people, if vulnerable young people who have been referred and as recognised as being hard to engage do not attend appointments the case should not be closed. The threshold is too high and too many young people are left without support when they have mental health issues. This may be a capacity issue. Listen to other professionals involved with young people who see them on a daily basis.

### **Q8 - If you needed to access emotional or mental health support for yourself or someone else, what would be most important? (something else response):**

- You only allow 5 ticks, but I want to tick everything here - sorry!
- Families dealing with a young person in emotional crisis would value telephone consultation/ support.
- Appointments on evenings or weekend and on different days so they don't have miss school.
- All services in one central place near the bus station. so professionals can talk to each other.
- Recognising pathological demand avoidance.
- Better reporting care and updates.
- Sexual Violence counselling by a specialist service.
- Provide inpatient care.
- Make sure many settings are equipped to deal and support with early support- similar to safeguarding.
- Access to a psychologist who can diagnose autism and not have to wait 18 months.
- Embed mindfulness in schools.

### **Q10- Have we missed anything important that we need to consider?**

- No clear communication, easy to refer to information about how council / nhs link with voluntary sector organisations in 'customer journey'. e.g. is it a partnered approach to dealing with our problems or is the Council / nhs passing us on to someone else. Not clear whose care we were under (ie who was the 'HQ' / main base / contact for our issues).
- The overall assessment procedure needs to be looked at to take into consideration the feelings of a patient.
- No.
- Tier 3 CAMHS is almost non-existent in Kirklees: there needs to a better access to specialist mental health services.
- As a Targeted Youth support worker I have made a lot of referrals to CAMHS and ChEWS. There was no communication at all. Messages would be ignored. I believe in a lot of cases as workers on the streets and having a good relationship with the

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young people we work with we have a lot more knowledge and understanding of the YP who we work with. The consultants should draw from our knowledge and us from them. Working together would be great. I have a real life example of when I got in touch with a doctor from CAMHS eventually and told the doctor about the mental health problems the young person I was working with was facing and the work that I was doing such as taking the YP out for walks and talking to him about changing his mind-set the doctor said the work we were doing was great and believes mental health should be tackled informally and through positive activities. He was also very appreciative of the phone call and we both benefited from it. I believe there should be more jobs where there are workers who are able to tackle Mental health problems by understanding the issues YP face and using NLP informally and through Positive activities. This will decrease the need to depend on medication.

- Current system out of hours extremely rigid - seems purely MH assessment then expectation that other services will take responsibility for implementing this. Expectation that children will be 'processed' via MHA rather than children's act - needs to learn from adult services.
- You don't take any notice of feedback and fail to respond year after year to the same complaints and concerns. Children are in crisis because of the failure of SWYFT to provide an adequate service.
- We need CAMHS to have a nice friendly base in the town centre; we do not want it in schools where everyone knows what's going on.
- I don't appreciate being told over the phone that it is my parenting and need to do parenting courses it's rude and frankly uncalled for.
- More support and information for those trying to support someone with a mental health condition.
- Listen to the people instead of doing tick box exercises ...
- Honest disclosure of how long things take. Being on waiting list 3 years is not acceptable.
- No.
- Is there any support for the siblings in the family where a child has emotional difficulties as the impact on them is huge and can add pressure and strain to the whole family unit as they are often left feeling less important as the parents need to offer more support to the child with the need.
- Keep your service simple and structured and well signed posted to assist professionals to make referrals.. More ground staff not a manager to manage a manager!!!! Better communication between all departments and staff.
- Our experience with CAMHS over 6 years revealed deep seated cultural problems and some unbelievable errors, attempted cover ups and unprofessional conduct. My son is due to be sentenced for offences he committed due to his deluded mental state. We just wanted CAMHS to be honest about what they could do and deliver it professionally, but they just sapped our energy and left our son disillusioned.
- Treat every child as an individual...if child needs support that should be paramount. Don't give support and take it away just when there could be a breakthrough.. cannot limit sessions or say that only a certain category are entitled to longer term support. We r all human and mental wellbeing is important for the whole family as it has a knock on effect if one person in the family is suffering.

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- The practitioners are hard working but need better support and resources. This cannot be achieved on less money, there needs to be investment into early intervention so that children and families are helped early.
- Co-production involves developing services together participation - you really need to add this as an option. Link up with early help - seeing as you are reducing services which will be contributing to wellbeing of children, young people and families.. social prescribing - enable young people to access other forms of support rather than medication, give gp's the opportunity to prescribe range of \different activities rather than meds, if appropriate.
- Thresholds are ridiculous - example 2 girls who are aged 8 and 10 seriously groomed and sexually abused, abandoned by their mother are not deemed to need help?
- People are just put on waiting list even though you know they will take two years to be seen this is unacceptable. You need to diagnose a condition so that the best person is allocated to support the young person within 6 months.
- No, but as you know the referral pathway, and availability of Autism assessments is unacceptable.
- I think it is important that, when a parent believes their child needs mental health help that they are not passed from pillar to post trying to work out who can refer them and to which service. All agencies, schools, school nurses etc should be empowered to make a referral and give parents information about the services that are available.
- There is huge concern within the education sector that for whatever reason a significant number of young people are still unable to access mental health support. In addition the threshold seems to be too high for people to get support.