

**Tees Valley Getting Help – Children and Young
People’s Mental Health and Wellbeing Services**

Engagement Findings Report

Final

March 2024

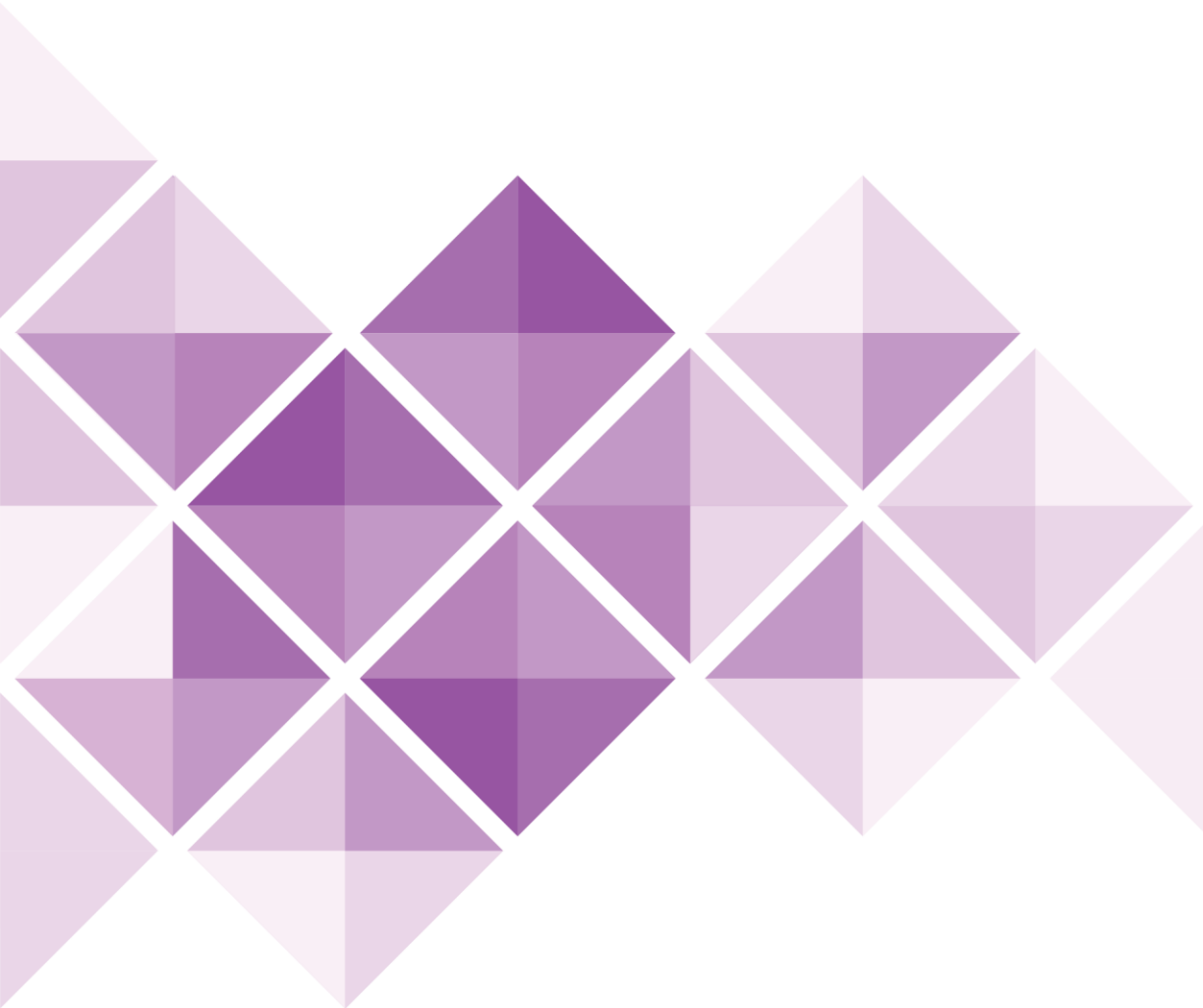


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1 Executive summary

Children and young people's (CYP) mental health has never been so high on the public agenda. According to estimates by NHS Digital, in 2020 one in six school-aged children have a mental health difficulty.

Over the last couple of years, significant transformations have been made to providing earlier mental health support for CYP across Tees Valley, particularly by increasing the opportunity to access and receive earlier support and evidence based interventions in schools. However, to achieve North East and North Cumbria Integrated Care Board's (NENC ICB) local vision of delivering sustainable services, improving access and outcomes and reducing health inequalities across Tees Valley, much more work is needed.

To support NENC ICB to achieve their vision and improve the offer to CYP and their parents / carers across Tees Valley, an independent research organisation – J. Harvey Research Ltd, was commissioned to support NENC ICB with a listening exercise engaging with stakeholders, staff working within mental health services, CYP and parents / carers. The exercise ran from October 23 to February 24 and engaged with a total of 472 individuals.

The exercise sought to provide a review of the mental health and wellbeing support that is in place for CYP across Tees Valley, in addition to exploring what is important for CYP and parents / carers when accessing support.

	No. of individuals engaged with
Key stakeholders identified by the project team (online / telephone interviews)	8
Staff working within CYP mental health services and other stakeholders (online survey)	104
Children and young people (online / paper survey and facilitated group discussions held by mental health practitioners)	204
Parents / carers (online / paper survey)	156
Total	472

Key findings

Mental health in CYP

CYP are most likely to talk to a friend or parent / carer if they are worried about their mental health (28%; 11 survey respondents). Slightly smaller proportions would talk to a teacher or someone else at school, a doctor / other health professional or look online for help (20%; 8 respondents for each category).

Notably, 1 in 5 CYP were unsure about what they would do if they were worried about their mental health and/or wouldn't want to speak to anyone. This reluctance and difficulty that CYP have in 'opening up' was evident in the discussions held with CYP. Concern was also raised by CYP about what they should do if they are worried about a friend's mental health, especially if that friend doesn't want to talk to anyone.

Experience of mental health support – perspective of CYP

Over half of the CYP surveyed (55%; 22 respondents) have sought help for their mental health. This most commonly included support from a mental health practitioner (86%; 19 respondents) and to a lesser extent a teacher (27%; 6 respondents) and/or a GP (27%; 6 respondents).

Although relatively small numbers, when asked to rate the care they received, over half rated their experience as poor / fair (64%; 14 respondents), whilst 18% (4 respondents) described it as good and 18% (4 respondents) as very good / excellent. Of those 14 respondents who rated their experience as poor / fair, 12 had accessed a mental health service such as Child and Adolescent Mental Health service (CAMHS) or a Mental Health Support Team (MHST), five had accessed support at school / college, four the GP and three a hospital.

Note: some CYP had accessed more than one service therefore it is not possible to assign their experience with a certain service.

To enhance their experiences CYP talked about having more sessions to give them more time to talk and improved support at discharge with some feeling not ready to leave therapy and others perceiving that their care came to an abrupt end once a diagnosis was received. Other comments were made about the need to provide better support and for mental health practitioners to take the needs of CYP more seriously so that they feel more listened to and understood. In addition, a handful of comments were made by CYP with more extensive needs about the need for practitioner training in relation to supporting CYP with neurodiversity, Attention Deficit Hyperactivity Disorder (ADHD) and those who identify as Lesbian, gay, bisexual, transgender or queer / questioning (LGBTQ+).

To support CYP to have better mental health, CYP discussed two key factors:

1. Ensuring a greater focus on mental health within schools with staff better equipped to deal with CYP and their mental health needs. As part of this CYP talked about teachers being more aware and recognising when a child is not 'ok', access to calm and private spaces for pupils to attend when feeling overwhelmed and where they are able to talk in confidence, and promotion of positive wellbeing strategies.
2. Access to better mental health support / services within and outside of educational settings – although some CYP feel comfortable accessing and receiving support within school (either from a teacher or external practitioner), others would prefer to do this outside of school, perceiving it to be more confidential.

CYP were asked what is most important to them when thinking about CYP mental health services. The top five most important factors emerged as:

- Knowing that anything I discuss is confidential / private
- To not feel embarrassed or judged
- Knowing I will be seen by the right service / person for my needs
- To be able to see the same person and not have to retell my story
- To be involved in decisions.

Of lesser importance was being able to access support online and receiving support in a place that they are familiar with.

CYP additionally discussed the importance of services being well promoted and accessible to all, short waiting lists and support tailored to their needs. With regards to the latter, CYP talked about flexibility in the length of sessions and duration of support, more interactive and engaging sessions so they don't feel under pressure to sit, talk and make eye contact, as well as options regarding where support is accessed, the format of sessions and the gender of the therapist. Up-to-date practitioner training on neurodiversity and LGBTQ+ issues was also important for some.

Experience of mental health support – perspective of parents / carers

From a parent / carer perspective, 90% of those surveyed (133 respondents) had previously had concerns about the mental health of the child / young person in their care, 86% (115 respondents) of which had accessed support for them. The most prominent barriers to seeking support were the parent / carer not feeling that their child/young person's issues were bad enough, perceptions about the waiting times for services being too long and uncertainty as what support is available.

The highest proportion (70%; 80 respondents) had accessed Tees Esk and Wear Valley NHS Trust (TEWV) CAMHS, whilst 33% (38 respondents) had accessed parent support groups / networks and 17% (20 respondents) the MHST in their child's school. An additional 32% (38 respondents) had accessed other mental health support in their child's school. Similar proportions had accessed mental health training / workshop (27%; 30 respondents), online support (24%; 26 respondents), support from the Local Authority (LA) e.g. early help / 0-19 service (22%; 23 respondents) and/or a voluntary and community sector (VCS) service (21%; 23 respondents).

Parents / carers were asked about various aspects of the support their child received. This included the referral process, waiting times, support received during the waiting period, quality of support received and communication with themselves and with other services. For all factors, respondents were more likely to rate these negatively than positively. This was particularly the case for support received during the waiting period (74%; 81 respondents rated this as poor/fair & 17%; 20 respondents as good/excellent) and waiting times (66%; 71 respondents rated this as poor/fair & 30%; 34 respondents as good/excellent). The highest proportions rated staff understanding and the referral process positively (46% & 42%, respectively).

Note: The survey did not ask parents / carers about their child/young person's specific needs but rather their general experiences, therefore we are unable to ascertain whether their experience related to specific pathways i.e. neurodiversity.

Parents / carers want to see changes to the referral process (36%; 39 respondents) to make this better for CYP, whilst 33% (36 respondents) want practitioners to be more understanding. Furthermore, 17% (18 respondents) want shorter waiting times, whilst 11% (12 respondents) would like different types of support to be available. A smaller

proportion felt that improvement is needed in the support provided for CYP with neurodiversity (7%; 8 respondents).

Suggestions for different types of support focussed on the importance of tailoring support to CYP and their specific needs. Examples of different types / formats of support included offering a range of alternatives / more options of therapies such as counselling therapy, more direct work with CYP (i.e., one-to-one as opposed to online support), support to be brought into the school or home (as opposed to being provided in hospital / clinical settings) and/or longer or more sessions depending on the needs of the CYP with the option of check-ins, if needed once therapy has ended.

When asked what they felt was the most important thing about CYP mental health services, 28% (37 respondents) felt that this was getting CYP the right type of support and also that this happened quickly with short waiting times (28%; 36 respondents). Around a quarter (24%; 31 respondents) felt that it was important that both parents and CYP are listened to and supported and a further 15% (20 respondents) that staff are supportive and understanding and able to build relationships with the CYP.

Current mental health provision for CYP

Staff and stakeholders were asked how effective they considered current mental health and wellbeing provision to be (N=104). Just 10% (10 respondents) rated it as 'very effective', with a further 31% (32 respondents) rating it as 'effective'. In contrast, 30% (31 respondents) selected 'neither effective nor not effective', 22% (22 respondents) 'slightly effective' and 7% (7 respondents) 'not effective'.

Staff and stakeholders discussed the various aspects of current provision that they perceived to work well as well as those where they felt improvement could be made. These are discussed below drawing upon the insight provided by CYP and parents / carers.

Quality and diversity of support

Positive comments were made by staff and stakeholders about the quality of service received when CYP are accessing support and the effectiveness of interventions, with many identifying examples of good practice. A wide variety of support / services were perceived to be available and delivered by a passionate and committed workforce. Additionally, LA stakeholders talked about the availability of LA commissioned therapeutic services which offer creative and flexible solutions for the most vulnerable CYP (i.e. for children in our care including looked after children and child protection cases). These services are commissioned by the LA to support a CYP on a one-to-one basis.

Despite this, some staff and stakeholders feel that current provision is not sufficient to support the needs of CYP across Tees Valley. Comments were made about the system being varied, unbalanced and unstable due to time-limited and siloed commissioning, creating a 'postcode lottery' of access and issues in navigation.

Suggestion was made in terms of improving funding to enhance provision, more sustainable commissioning / contracting to provide greater stability, the need for realignment based on current need, as well as greater consistency and uniformity across Tees Valley to ensure that all CYP and their families have the same equitable

opportunities regardless of where they live or the educational setting they attend. Suggestion was made by a handful of staff / stakeholders of a sub-contract model that has a lead organisation with influence across the whole system. One individual suggested that this should be TEWV.

Staff / stakeholders highlighted the need to provide greater diversity of provision to address the increasing complexity of need of CYP and gaps in current provision. More specifically, there was felt to be limited alternatives for CYP who don't fit the criteria for Getting Help services, but do not meet the thresholds for more intensive support (i.e. access to counselling and other alternative evidence-based interventions). Additional comment was made about the importance of building services around CYP and their needs, as opposed to having pathways based on presentation / mental health issues. The insight from CYP and parents / carers provides direct support for this with the importance of support tailored to a CYP needs being highlighted as well as the availability of different types of support.

In terms of the i-THRIVE model, there was recognition amongst some that this needs to be continued to be embedded to improve understanding of where all services fit within that (including early help services). It was evident that some LAs had made more progress on this than others. Benefits of doing this included providing greater strategic overview, identifying gaps and supporting commissioning, and improving / supporting understanding of the system. Partnership working was considered key to achieving this.

Mental health support in schools

The benefits of providing mental health support in schools and whole school based approaches were highlighted by staff / stakeholders. This included improving accessibility, more effective screening of referrals, practitioner relationships with staff, CYP and their families, support provided to teaching staff and parents / carers and the identification of trends in schools, helping to tailor delivery.

However, the disparity in the approaches from schools was noted to create issues in terms of accessibility, lack of strategic oversight and reporting mechanisms. Staff / stakeholders felt a greater focus on early help was needed to ensure that mental health support is available in every school, and that education around mental health is built in from an earlier age. Understanding the current offer within all schools and relationship building were considered key to overcoming this.

The importance of providing mental health support within schools was recognised by CYP who talked about the need for schools / school staff being better equipped to deal with CYP and their mental health needs, as well as access to mental health support services within educational settings.

Online support

Staff and stakeholders commented positively about the range of support services available to CYP, this included reference to online services such as Kooth and Ask Jan.

Ask Jan is an online support service providing counselling services and other support for looked after children aged 18 to 25.

It is important to note that whilst staff / stakeholders consider online services to add to the offer for CYP, only 23% (9 respondents) of CYP surveyed would be likely to use such a service, despite 63% (25 respondents) considering it important to have this available for CYP.

Identified benefits of online services by CYP included the service being a 'good starting point' to seeking support for either themselves or if they are worried about a friend, as well as greater anonymity – making CYP feel more comfortable and relaxed, with reduced risk of repercussions. However, preferences to communicate face-to-face so CYP can see who they are talking to and build relationships, fear of being 'more judged' as well as concerns about trust, confidentiality and the effectiveness of online support were put forth as some of the reasons to explain CYP reluctance. Additional difficulties of accessing such services included reading difficulties and not having access to email.

Awareness of services

There was an evident lack of awareness about the support available amongst CYP and parents / carers with only 16% (25 respondents) of the latter feeling completely / fairly confident that they know how to access mental health support for their CYP.

CYP talked about the need to bring information about services together, along with tips about how CYP can look after their mental health, and the vital role that schools can play in doing this.

This lack of awareness was also recognised by staff and stakeholders who discussed the importance of building understanding of the offer available, including awareness of the interventions offered and how they can be accessed. However, this extended beyond CYP and parents / carers but to understanding amongst professionals, mental health staff (services understanding each other's roles and responsibilities), schools, social care staff and other individuals / teams working with CYP. Staff / stakeholders talked about the lack of understanding among professionals / practitioners about what support is available and how services are accessed, and the need to build this capacity to better support CYP. This issue is felt to further be compounded by high staff turnover, especially within social care.

Referral processes

Some positive comments were made by staff and stakeholders in relation to the referral processes that are in place and how CYP have quick access to assessment and signposting to suitable services. Specific comments related to TEWV Single Point of Contact (SPOC) helping CYP get to the right place and also Getting Help services.

Although the referral process was rated as one the most positive aspects of parents / carers experiences of accessing CYP mental health services (42% rating this positively), significant improvements were still felt to be needed. This was also recognised by some staff and stakeholders who talked about the need for more appropriate and better quality referrals with improved information for families at the point of referral to help prepare parents / carers and manage expectations, as well as streamlined referral pathways with

a more comprehensive assessment / triage process representing all services, to ensure that the journey for the CYP is the most suitable for their needs and prevent them from bouncing around the system.

Building understanding of the offer available was felt to be key to achieving this. Comment was also made about the need to strengthen understanding of children in our care, ensuring that not all referrals are directed to CAMHS.

Waiting times

Waiting times were identified as one of the greatest areas of dissatisfaction among parents / carers with experience of accessing CYP mental health support (66% of parents carers rated this as poor/fair and 30% as good/excellent).

Staff and stakeholders also recognised that improvement is needed to ensure CYP receive the right support when needed. There was discussion of how lower-level services 'hold' cases that require more intensive support, but waiting lists prevent CYP from accessing the service required. Staff / stakeholders highlighted the importance of transparency and if families do need to wait ensuring there is effective advice, signposting and support provided in the interim. This supports the finding from the parent / carer survey in terms of the support received during the waiting period being the greatest area of dissatisfaction of all service aspects explored.

Collaboration and partnership working

Staff and stakeholders felt that there has been considerable improvement over the years in terms of collaboration and partnership working. Specific comments related to collaboration across Getting Help and Getting More Help services, including VCS organisations, as well as multi-agency huddles / boards / meetings / events. However, it was felt that much more could be done. Reference was made to the importance of this in terms of identifying need and ensuring the right support is provided at the right time (particularly for those with complex presentations), enhancing all-round communication, information sharing, and supporting transitions.

Findings from the parent / carer survey provide support for this with just 24% (28 respondents) of parents / carers with experience of accessing mental health support for their child / young person, perceiving that the communication with other services (e.g. school or GP) was good/excellent.

Training and development

To improve the offer provided to CYP and provide greater alignment with the increasing complexities of CYP, staff and stakeholders discussed the need to enhance the training provided to mental health staff. The examples were provided of training around neurodiversity, long-term health conditions, family relationships / dynamic issues and school refusal.

A small number of comments were also made in relation to improving training for staff working within educational settings, including access to trauma informed and attachment aware training and support for systemic shifts in schools to move towards whole school relational school policies. These comments were made by individuals from Darlington and Stockton-On-Tees.

Support for parents

Staff / stakeholders talked about the assumptions that parents / carers have about support from mental health services always being required (particularly CAMHS) and the lack of understanding of how parents / carers can support their child's mental wellbeing. It was therefore felt that better support is needed for parents / carers to facilitate this and to help manage their expectations around service involvement.

Parents / carers did not discuss this area specifically, however 39% (43 respondents) of those with experience of accessing CYP mental health services felt that the communication they had with the service was good / excellent. This therefore highlights one area where improvement can be made to support parents / carers whilst their child/young person is accessing support.

Support offered

Staff / stakeholders talked about how the importance of providing more accessible, approachable and engaging support for CYP with some suggesting that they should be able to access services via a youth friendly open access model and how CYP, and their parents/cares, would be able to self-refer. Additionally comments were made about the need for greater options for CYP (i.e. where CYP receive support, group vs one-to-one activities) and improved resources to facilitate engagement and enhance the experience of CYP.

Feedback from CYP provides direct support for efforts to enhance the experience for CYP, to avoid scenarios whereby they feel under pressure to sit in front of a practitioner, make eye contact and 'open up' which is what CYP told us makes them feel uncomfortable.

Conclusions

The engagement sought to explore the views of stakeholders and staff as well as CYP and parents / carers towards CYP mental health and wellbeing services.

Whilst staff / stakeholders were able to identify aspects of current provision that they considered to be working well including quality of support provided, referral processes and quick access to assessment and signposting, partnership working, mental health support provided to schools and whole school based approaches, various areas were highlighted as to where improvement is needed. These included:

- Improved funding with more sustainable commissioning and contracting and greater provision.
- Shorter waiting times to ensure CYP receive the right support when needed.
- Embedding i-THRIVE as a model and understanding where all services fit within that.
- Greater diversity of provision to address the increasing complexity of need of CYP and gaps in provision.
- Greater consistency and uniformity across Tees Valley ensuring that all CYP and their families have the same equitable opportunities regardless of where they live or the educational setting they attend.
- Greater focus on early help ensuring that mental health support is available in every school, and that education around mental health is built in from an earlier age.
- Improving understanding of the offer available, including awareness of the interventions offered and how they can be accessed.
- Greater collaborative working and multi-agency approaches.
- More appropriate and better quality referrals with improved information for families at the point of referral to help prepare parents / carers and manage expectations.
- Streamlined referral pathways with a more comprehensive assessment / triage process representing all services, to ensure that the journey for the CYP is the most suitable for their needs and prevent them from bouncing around the system.
- Enhanced mental health staff training / development to improve the offer and provide greater alignment with the increasing complexities of CYP.
- Better support for parents / carers.
- Improved training for staff working within educational settings.
- More accessible, approachable and engaging support for CYP.

The engagement with CYP and parents / carers provides support for many of these recommendations. More specifically, CYP talked about the need for greater focus on mental health and education at an earlier age within schools, improving access to mental health support both within and outside of educational settings, and raising awareness of the services available and how to access them. With regards to the latter, schools were perceived as the most effective way to do this. It was evident that parents / carers lack confidence in their knowledge of the support services available.

When referred to services, CYP and parents / carers talked about the referral process and the importance of ensuring that CYP receive the right type of support when required. For those with experience of accessing support, waiting times and the support received

whilst waiting were felt to be inadequate. Furthermore, parents / carers lack confidence that their child/young person will receive the right support when referred. This supports recommendations in terms of reducing waiting times, more appropriate and better quality referrals and streamlined referral pathways with a more comprehensive assessment / triage process representing all services.

When accessing services, CYP and parents / carers want to feel listened to and understood and be able to access different types of support. They want to feel engaged, involved in decisions and given choices about their care. This supports recommendations in terms of improving diversity of provision, and more accessible, approachable and engaging support for CYP.

This independent report will be used by NENC ICB to review their CYP mental health services and consider where changes need to be made in order for local vision of delivering sustainable services, improving access and outcomes, and reducing health inequalities to be achieved.

2 Introduction

Children and young people's (CYP) mental health has never been so high on the public agenda. According to estimates by NHS Digital, in 2020 one in six school-aged children have a mental health difficulty. This is a significant increase from one in ten in 2004 and one in ten in 2017.

Over the last couple of years, significant transformations have been made to providing earlier mental health support for CYP across Tees Valley, particularly by increasing the opportunity to access and receive earlier support and evidence based interventions in schools. As a result, more children and their families are receiving support earlier and are evidencing improved outcomes.

However, to achieve North East and North Cumbria Integrated Care Board's (NENC ICB) local vision of being able to deliver sustainable services, improve access and outcomes and reduce health inequalities across Tees Valley, much more work is needed. It is estimated that across Tees Valley there are approximately 17,000 CYP who would benefit from mental health support.

I-THRIVE is an integrated, person-centred and needs-led approach to delivering mental health services for CYP and their families, enabling them to seek help earlier. NENC ICB is considering how this framework can be adopted to improve CYP mental health services across Tees Valley.

I-THRIVE considers the mental health and wellbeing needs of CYP through five different needs-based groupings:

1. **Getting Advice** – advice and signposting to information / support
2. **Getting Help** – focused, goals-based input
3. **Getting More Help** – more extensive and specialised help
4. **Getting Risk Support** – previous help has not resolved difficulties
5. **Thriving** – prevention and promotion strategies to maintain own mental wellbeing.

The majority of CYP seek support through the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) Child and Adolescent Mental Health Services (CAMHS). This includes the current Getting Help offer, where local voluntary sector providers work alongside TEWV to provide support to CYP.

To support NENC ICB to achieve their vision and improve the offer across Tees Valley, a listening exercise was undertaken to engage with CYP, parents / carers and local staff and stakeholders to understand their experiences of CYP mental health support across Tees Valley.

The independent research organisation, J. Harvey Research Ltd, was commissioned to support NENC ICB with the exercise which ran from October 23 to February 24.

3 Methodology

The exercise sought to provide a review of the mental health and wellbeing support that is in place for CYP across Tees Valley – understanding what is working well, where there are current challenges and what needs to be improved, in addition to exploring what is important for CYP and parents / carers when accessing support.

Different approaches were used to capture insight from stakeholders, staff working within mental health services, CYP and parents / carers;

- Telephone / online interviews with key stakeholders identified by the project team - notably these were commissioners of CYP services and/or public health leads in all local authorities (LAs).
- A qualitative online survey with staff working within CYP mental health services (NHS & voluntary and community sector [VCS]), and other stakeholders (including representatives from schools, VCS organisations and LAs).
- Survey and facilitated discussions with CYP – an online survey was developed to engage with CYP aged between 11 and 25 years (paper copies of the survey were also made available). Additionally, a discussion guide was developed to support mental health practitioners from across the region to hold facilitated discussions with CYP, including those of primary school age. The aim of the discussion guide was to provide consistency in the conversations held with CYP. Practitioners were asked to submit feedback through an online recording template.
- Survey with parents / carers – a survey was developed for parents / carers with children under the age of 18 years who have and have not accessed mental health services. The survey was available to be completed online or on paper.

Details of the listening exercise were promoted by NENC ICB through its website, social media and via partners. Stakeholder briefing was shared with:

- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
- Public Health teams across Tees Valley
- Cabinet Members and Directors for Children and Young People's services in Tees Valley Local Authorities (LAs)
- Voluntary and Community Sector (VCS) organisations supporting CYP and offering mental health support
- Family Hubs
- Parent Carer Forums
- GP Practices across Tees Valley
- Healthwatch across Tees Valley.

The promoted social media post on Facebook and Instagram gathered the following results:

- 128,387 impressions
- 41,129 reach
- 2,958 post clicks
- 909 clicks through to website.

3.1 Total sample

A total of 472 individuals were engaged with, including stakeholders, staff working within mental health and wellbeing services, CYP and parents / carers.

	No. of individuals engaged with
Key stakeholders	8
Staff and other stakeholders	104
Children and young people	204
Parents / carers	156
Total	472

3.2 Notes on analysis

J. Harvey Research Ltd was commissioned to support NENC ICB with the listening exercise and produce an independent report of the findings.

Section 4 – provides an overview of the findings from the interviews with key stakeholders. Notes were taken of each interview with comments summarised into a table of key themes.

Section 5 – summarises the findings from the qualitative survey with staff and other stakeholders. Responses to each free text (open) question were assigned a code, and codes grouped into themes to allow a quantitative representation of the feedback.

Section 6 – summarises the findings from the engagement with CYP – the survey and group discussions. The survey was structured to include both closed and free text (open) questions giving respondents the opportunity express their views openly. All free text responses were assigned a code, and codes grouped into themes to allow a quantitative representation of the feedback. Key themes from the discussions held with CYP are also presented.

Section 7 – summarises the findings from the parent / carer survey. As with the CYP survey, the survey was structured to include both closed and free text (open) questions giving respondents the opportunity express their views openly. All free text responses were assigned a code, and codes grouped into themes to allow a quantitative representation of the feedback.

It is important to note that respondents to the survey are self-selecting, representing the views of those who wanted to give their opinion.

4 Engagement with key stakeholders

4.1 Overview

Eight interviews were undertaken with commissioners of CYP services, as well as Public Health Leads.

4.2 Summary of findings

The interviews focused on identifying what is working well in terms of CYP mental health and wellbeing services, what the key challenges are and what improvements need to be made. Feedback gathered from the interviews is presented below.

Theme	What is working well?	What are the key challenges?	What needs to improve?
Integration and partnership working	<p>Support provided by a wide pool of providers.</p> <p>Examples of partnership working:</p> <ul style="list-style-type: none"> ○ Emotional wellbeing marketplace event (Stockton) ○ I-THRIVE launch events (Hartlepool) ○ Emotional Wellbeing Board (Middlesbrough). <p>Reconfiguration of the neurodiversity pathway and the 'add-ons' to that which encompass other types of support (Darlington and Redcar & Cleveland).</p>	<ul style="list-style-type: none"> - Siloed, and time-limited, commissioning resulting in disjointed services. - Lack of strategic overview of all mental health support available to CYP. - Multiple referral points / processes, resulting in some CYP accessing more than one service at a time. - Existing pathways based on presentation / mental health issues, rather than the needs of CYP. - Variance in terms of embedment of i-THRIVE in different LAs. Work being undertaken to map services has been delayed due to staff movement / reconfigurations. - Limited partnership working, even within the same organisations. 	<ul style="list-style-type: none"> ➤ Building services around CYP and their needs. ➤ Embedding i-THRIVE as a model and understanding where all services fit within that (including Early Help services). Partnership working was considered key to achieving this. ➤ Identifying and addressing any gaps within the offer to support commissioning. ➤ Clearly articulating the offer (and how to get to those services) to all those working with CYP, as well as parents / carers. <i>[Reference was made to the work undertaken in North Yorkshire to map services against i-THRIVE using an interactive web-based toolkit].</i> ➤ Understanding and articulating how the offer overlays with the social care graduated response. ➤ Ensuring smoother transitions between services (stepping up/down) through greater partnership working. ➤ Ensuring CYP mental health is continuously on the agenda.

<p>School-based provision</p>	<p>Mental Health Support Teams (MHSTs) and whole school based approaches (however, varying coverage).</p> <p>Strong collaborations between different Getting Help providers in South Tees – enabling all educational providers to have access to a similar level of support (including academies).</p> <p>Examples of good practice / positive outcomes, including:</p> <ul style="list-style-type: none"> ○ HeadStart (South Tees) ○ Alliance Getting Help service (North Tees) ○ Joint commission between Darlington Borough Council and health providing trauma informed provision for Darlington Virtual School. 	<ul style="list-style-type: none"> - Varying relationships with schools, particularly with academies who have flexibility to commission what they want. - Disparity in approaches in schools – creates further issues in terms of: <ul style="list-style-type: none"> ○ Lack of strategic oversight (from LA perspective) ○ Reporting mechanisms. - Short-term funding arrangements for educational support services. - High staff turnover within schools and MHSTs (linked to short-term funding). - Concern that the general offer within schools is not appropriate for those with additional needs (keenness to change within Stockton). - Less focus on prevention as CYP needs identified, additionally safeguarding takes staff away from their preventative / partnership role (i.e. school nursing). 	<ul style="list-style-type: none"> ➤ Building relationships with schools / leadership / senior mental health leads, particularly academy providers. ➤ Understanding the offer within all schools (i.e. what their priorities are and what is being commissioned) - to better understand where there are gaps and how schools can be better supported. ➤ Longer-term funding arrangements for whole school mental health support services to provide more stability and security. ➤ Trauma informed and attachment aware training for staff in all educational settings.
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Supporting quotes from stakeholders:

“If you have that overview you can understand where things feed into the overarching picture”

“Some schools do a lot about it, others are dictated to due to being an academy, so they have less flexibility”

“If funding is secure, we can maintain our workforce and relationships with schools”

“Sometimes schools don’t understand what trauma and informed is about, they don’t understand how they can very easily embed into teaching practices”

Workforce - training and development	-	<ul style="list-style-type: none"> - Lack of understanding of CYP mental health needs and capacity to support (mild-to-moderate interventions). - Potential deskilling (i.e., social workers) due to Single Point of Contact (SPOC) – lack of understanding of which service delivers what, or what the different interventions are. - High staff turnover, especially within social care. - Lack of universal access to trauma informed and attachment aware training. - Difficulties accessing IAPT training due to post-training commitments. 	<ul style="list-style-type: none"> ➤ Embedding, and raising awareness of, iTHRIVE – to support understanding of the services available. ➤ Building capacity amongst staff (i.e. social workers) to better understand the system and support CYP. ➤ Mental health training to all of those working with CYP to support early prevention. ➤ Strengthening skills around trauma informed and attachment practice for all professionals and settings – making part of everyday delivery.
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Supporting quotes from stakeholders:

“Staff feel they can always refer on, not my responsibility, but if they have the relationship they can have the success. Helping to understand trigger points and what early help they can offer themselves or signpost to”

“More training / awareness to social worker teams, senior managers are not so aware of iTHRIVE, they don’t understand the implications of it”

Accessibility and referrals	<p>SPOC helps get CYP in the right place.</p> <p>Quality of service (when able to access).</p> <p>Kooth provides a valuable online resource to CYP.</p> <p>Ask Jan provides an online, counselling service for Looked After Children (LAC) (time limited commission).</p>	<ul style="list-style-type: none"> - 'Postcode lottery' access – due to silo commissioning. - Confusion for practitioners about what is available and how to access. - Lack of understanding / awareness among parents / carers and CYP. - Difficulty of measuring the impact of online resources (i.e., Kooth / Ask Jan) – poses queries about future funding. 	<ul style="list-style-type: none"> ➤ Utopia of having one central place for all referrals (parent / practitioners / CYP). ➤ Clearly articulating the offer, and how to access those services, to parents / carers and CYP.
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Supporting quotes from stakeholders:

“There is SPOC for mental health support, yes it’s a front door but then you have to go down multiple corridors”

“Wherever they go, their referral is to the right service, at the right time for their needs”

“Offer so different in different parts of Borough, makes it difficult for families to navigate – all down to funding”

Waiting times	<p>-</p>	<ul style="list-style-type: none"> - Variable but often too long (e.g., Child and Adolescent Mental Health Services, CAMHS) - Capacity of services / caseloads. - Lower-level services ‘holding’ cases who require more intensive support, but waiting lists prevent CYP from accessing service required. - Queries around the support available for CYP whilst waiting - whose responsibility is it? 	<ul style="list-style-type: none"> ➤ Improving partnership working across sectors (including VCS) to ensure CYP get the right support at the right time. ➤ Understanding what support can be provided to support CYP on waiting lists (i.e. to schools). ➤ Early prevention and intervention is key – reducing the number of CYP requiring more intensive support.
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Supporting quotes from stakeholders:

“Working together so we don’t have stupid waiting times because services won’t pass people on”

“Delays for specialist services could be avoided if able to access advice and support earlier”

Shared data and information	Good range of data collected.	<ul style="list-style-type: none"> - Data not held at a single point, and not easily accessible. - Fragmentation of services creates barriers to information sharing. - Challenges to informing need / intelligence (particularly difficult in areas where the Joint Strategic Needs Assessment is not up-to-date i.e. Darlington). 	<ul style="list-style-type: none"> ➤ Better understanding of the data collected across the system. ➤ Development of data sharing agreements across sectors to facilitate a greater understanding of need and more effective design and commissioning of services.
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Supporting quotes from stakeholders:

“It’s like pulling teeth getting anonymised data”

“When we try to underpin some of the data and need, it becomes very difficult, Information is stored in systems / spreadsheets which are not linked”

Supporting CYP with mental health and social care needs	<p>LA commissioned therapeutic support offers creative and flexible solutions for the most vulnerable (Stockton, Redcar & Cleveland, and Darlington).</p> <p>Examples of good practice:</p> <ul style="list-style-type: none"> ○ Providing Rich Opportunities for Children Looked After in Middlesbrough (PROCLAIM) – a targeted programme which benefits whole schools through trauma informed and attachment aware training to school staff. ○ Rockpool (led by Changing Futures North East) – working with identified group of CYP and 	<ul style="list-style-type: none"> - Assumption that all children involved in social care (particularly those who have a social worker – Tier 4) won’t meet the Getting Help offer and require more intensive support. - Difficulties providing mental health support due to placement instability (staff left ‘<i>managing the risk</i>’ – resource implications) - Access to mental health support for CYP attending out-of-area educational provisions. - Trauma and attachment, and mental health – where does it sit? Whose responsibility is it? - Parent/carer stigma associated with social care involvement. 	<ul style="list-style-type: none"> ➤ Key role of early prevention. ➤ Identifying ways to harness the relationships that some of the most vulnerable CYP have with non-traditional mental health services (e.g., youth provision). ➤ Securing longer term funding for pilot projects such as PROCLAIM and Rockpool, and rolling these out more widely. ➤ Overlaying LA commissioned therapeutic support with CAMHS provision to identify which children are accessing more than one service. ➤ Strengthening understanding of Children in Our Care (CIOC) and not directing all referrals to CAMHS. ➤ Providing mental health support as a constant for CYP - detached from a residential placement / school. ➤ Response needed to behaviours irrespective of
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	<p>their parents / carers to understand any trauma / previous life experiences among parents, and what the impact on the child is.</p>	<ul style="list-style-type: none"> - Lack of follow-up / reporting once LA commissioned therapeutic support completed. 	<p>other circumstances (i.e., Education and Health Care Plan, LAC). <i>[Reference was made to Darlington’s Learning Disability CAMHS and the positive behaviour support outcomes that have been observed when working with CYP in very fragile placements – it was suggested that this approach would be beneficial for CYP with social care and mental health needs].</i></p>
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Supporting quotes from stakeholders:

“Everyone has the right to access any service through the general offer”

“They probably do need more than low to moderate, but having that blanket approach that because they have a social worker they need more complex provision – there needs to be more formulation / understanding”

“Youth workers are often the most stable people for the most vulnerable CYP, not sure we are capitalising on that”

<p>Parental engagement and support</p>	<p>Examples of good practice in South Tees (however, disjointed and driven by available funding).</p>	<ul style="list-style-type: none"> - Parents / carers not recognising / acknowledging their own mental health difficulties and being reluctant to seek appropriate support for themselves. - Parent/carer difficulty of communicating the needs of their CYP effectively. - Assumption that support from mental health services is always required. - Parent/carer expectations around CAMHS (lack of awareness / consideration of other services). - Lack of understanding how parents / carers can help CYP with their mental health. 	<ul style="list-style-type: none"> ➤ Building the community offer – equipping parents / carers with the skills to support the emotional wellbeing of their CYP. ➤ Simplified and readily accessible information on navigating the system and referral points. ➤ Health literacy support for parents.
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Targeted work	<p>Examples of good practice e.g., in Darlington there has been a direct social care commission with TEWV to provide support to LAC transitioning from CAMHS to adult mental health services. The development of the project has been organic and tailored to the CYP needs, working with Personal Assistants (PAs). Despite very positive outcomes, the project is commissioned on non-recurring budget, raising concern about the future.</p>	<ul style="list-style-type: none"> - CYP transitional support (i.e., Y6 toY7, leaving care) - Upward trend in anxiety and emotional-based school avoidance (reported in South Tees and Hartlepool). 	<ul style="list-style-type: none"> ➤ Develop and improve working practices between education and health to support transition and improve school attendance. ➤ Understanding how mental health services are working with misuse services / sexual health around risk taking behaviour?
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Supporting quotes from stakeholders:

“Seeing more CYP self-medicating for anxiety but not coming into service until crisis stage”

5 Engagement with staff and other stakeholders

5.1 Overview

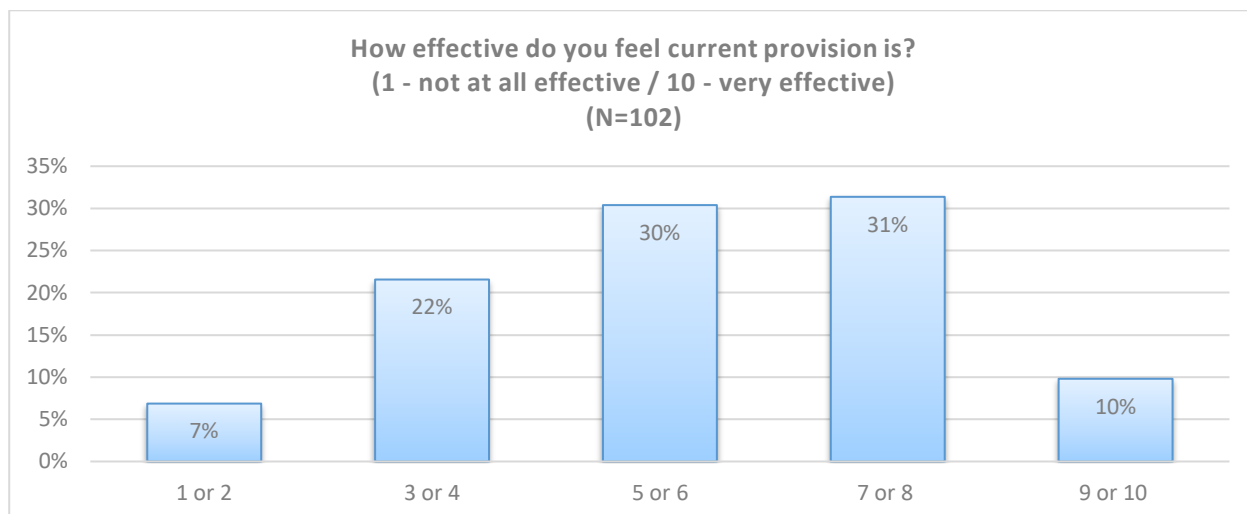
An online survey was shared and completed by 104 staff working within CYP mental health services and other stakeholders.

5.2 Summary of findings

The sample included representation from staff / stakeholders working within the NHS (37%), LAs (11%), education (23%) and VCS (21%). An additional 9% were from another sector.

In which sector do you work? (N=104)	% of respondents
NHS TEWV, North Tees & Hartlepool NHS Foundation Trust, County Durham & Darlington NHS Foundation Trust and Harrogate & District NHS Foundation Trust	37%
Local Authority South Tees Safeguarding Children's Partnership, Hartlepool / Darlington / Redcar & Cleveland / Stockton-on-Tees / Middlesbrough Borough Council and Police	11%
Education St John the Baptist Primary School, Hardwick Green Primary Academy, Outwood Academy Trust, St Peter's CE Primary School, Whale Hill Primary School, Consilium Academies, River Tees Multi Academy Trust, The Rydal Academy, St Paulinus Catholic Primary School, St Margaret Clitherow's Primary School, Ironstone Academy Trust, Darlington College, Nunthorpe Academy, Optimum Skills and Study Group	23%
VCSE The Link CIC, Changing Futures NE, Inside Out MHST, The Junction Foundation, Teesside Mind, St Teresa's Hospice, Alliance Psychological Services Ltd, ABC Counselling & Family Therapy, Barnardo's, Hartlepool Carers, Tees Valley Together CIO, Darlington Mind, Hartlepool Carers and My Sisters Place	23%
Other Kooth PLC, With You – Drug & Alcohol service, St Cuthbert's care and private psychotherapist	7%

Respondents were asked how effective they considered current provision to be. Just 10% scored it as a 9/10 (very effective), with a further 31% rating it as a 7/8 (effective). In contrast, 7% rated it as 1/2 (not effective) and 22% as a 3/4 (slightly effective).



Respondents were asked what works well in terms of current provision. As with all open questions within this survey, responses were coded and codes grouped into themes to provide a quantitative representation of the insight.

The top themes related to:

- **Quality of service when accessing / effectiveness of interventions (26%).** Specific reference was made to Alliance Psychological Services, CAMHS, low intensity model / Cognitive Behavioural Therapy (CBT), Tees Valley Trauma Offer, Therapeutic Parenting team, TEWV Getting Help team and Emotional Resilience Nurse (ERN) support.
- **Mental health support provided to schools and links with services (25%).** Identified benefits of this, included:
 - o Improving accessibility
 - o More effective screening of referrals ensuring CYP receive the right support at the right time
 - o Practitioner relationships with staff, CYP and their families (due to regular presence in schools)
 - o Support provided to teaching staff and parents / carers through family work
 - o Whole school approaches based on the needs to the school (upskilling schools)
 - o One-to-one support and group / class workshops
 - o The identification of trends in schools – helping to tailor delivery.
- **Wide variety of support / services available, including online support and delivery by grass route organisations (19%).**
- **Referral processes and quick access to assessment and signposting to suitable services (17%).** Comments related to referrals to SPOC and Getting Help services.

- **Collaborative working to support CYP and their families more quickly and holistically** (16%). Comments related to collaboration across the Getting Help and Getting More Help services, including VCS organisations, as well as multi-agency huddles / meetings.

Specific comments made by respondents included;

“Low intensity CBT is very effective for those CYP who fit the criteria for this intervention, and is accessible via getting help, schools and Footsteps” (Footsteps)

“Excellent partnership working - CAMHS in its wider sense. Placed-based design and delivery by the grass roots organisations who know the area best” (The Link Redcar CIC)

“Quick access to mental health triage and signposting to suitable services. Partner agencies working well together to maintain efficient access to Getting Help support and supporting each other to keep waiting times manageable” (TEWV)

What works well and why? (N=95)	% of responses
Quality of service when accessing / effectiveness of interventions	26%
Mental health support provided to schools and links with services	25%
Wide variety of support / services available	19%
Referral processes and quick access to assessment and signposting to suitable services	17%
Collaborative working to support CYP and their families more quickly and holistically	16%
Dedicated, committed and supportive workforce	9%
Robust supervision arrangements for staff, with regular continuing professional development (CPD)	6%
Nothing	4%
Other / comment unable to be categorised, including: <ul style="list-style-type: none"> - Growing awareness of support available - Detection of children in need of support due to training of educational staff - Paid-for school services work well and provide consistency 	15%

N.B. Percentages add up to more than 100% due to the open question style.

Respondents were asked what they thought could work better and why. As can be seen in the table below, respondents provided various different suggestions. The top five themes are summarised here, with the table providing greater detail on less prevalent themes identified.

- **More provision / support / funding** (29%) – current provision was felt to not be sufficient to support the needs of CYP across the region with suggestion that more provision, resources and funding is required. Additional comments were made about existing duplication (which adds to the confusion for families) and the need for reassessment and readjustment.
- **Reducing waiting times to access support** (26%). Comments related to:
 - o Getting CYP to the right service quicker without being passed from team to team
 - o The need for transparency (especially for CAMHS)
 - o Access to preventative support whilst waiting
 - o The neurological diagnosis pathway being too long with families isolated in their plight for support / diagnosis.
- **Increasing complexity of need and gaps in service provision** (25%) – there was felt to be a heavy reliance on CBT based interventions and limited alternatives for CYP who don't fit the criteria for Getting Help due to additional complexities, resulting in many CYP being left without suitable support. More specifically, gaps were identified in terms of:
 - o Support for CYP who have experienced bereavement
 - o Support for CYP with attachment difficulties
 - o Support for CYP with Attention Deficit Hyperactivity Disorder (ADHD) / neurodiversity
 - o Support for CYP with Avoidant Restrictive Eating
 - o Counselling and alternative evidence-based interventions such as Dialectical Behaviour Therapy, Systemic Family Practice, Psychotherapy, as well as family and child based interventions.
 - o Positive behaviour support for dysregulated CYP
 - o Funding reliant pathways (leaving some CYP with a gap in therapy or premature ending)
 - o Variety of support offered within CAMHS e.g. counselling and one-to-one emotional wellbeing support.
 - o Transition from CYP to adult mental health services.
- **Greater consistency and uniformity across Tees Valley** (13%) - to ensure that all CYP and families have the same equitable opportunities in relation to the offer within schools, different projects and services. The current system was felt to be varied and unbalanced – creating a 'postcode lottery' of access and issues in navigation. Inconsistencies between localities were identified in terms of:
 - o The offer within schools
 - o The Getting Help offer – differences were noted between NHS and other Getting Help services, despite all teams receiving the same training (e.g., variance in access criteria).
 - o Governance and expectations

- Waiting times.

Suggestion was made of a sub-contract model that has a lead organisation with influence across the whole system (e.g. TEWV).

- **More widespread understanding of how services work, the interventions offered and how they can be accessed** (12%). Comments referred to understanding amongst professionals, mental health services (services understanding each other including roles and responsibilities), schools, CYP, parents / carers, social care workforce and other individuals / teams working with CYP.

Identified benefits of this included easing confusion and reducing multiple referrals across the system.

Specific comments made by respondents included;

“Some referrals signposted to the service are regularly not suitable due to significantly complex backgrounds, e.g. family trauma which mean that the support available is often not applicable from the MHST. We often feel the need to signpost this to the social care provision who have access to more specialised care.” (Inside Out MHST)

“I think we could receive further training to work with different presentations to enable us to offer more as a service. I also feel there can be pressures to accept cases that may not be appropriate for our team.” (TEWV Getting Help team)

“More information gathering and a better offer of support options - often a referral to neuro is suggested, which doesn't offer any support for the child in the immediate.” (Ironstone Academy Trust)

“I think as a service, there are areas that need reassessment and adjustment to meet the needs of the CYP. I feel that the referral process would benefit from streamlining and to be able to offer more practitioners to support CYP would be amazing” (The Junction Foundation)

What do you think could work better and why? (N=99)	% of responses
More provision / support / funding	29%
Reducing waiting times to access support	27%
Increasing complexity of need and gaps in service provision	25%
Greater consistency and uniformity across Tees Valley	13%
More widespread understanding of how services work, the interventions offered and how they can be accessed	12%
Greater collaboration and communication between services, including VCS, social care and education. Comments related to: <ul style="list-style-type: none"> - Broader multi-disciplinary team arrangements - Reintroducing CYP mental health meetings (Tees Valley wide) - Integration between Getting Help and Getting More Help services - easing transitions for CYP - Integration between CAMHS and education - Disconnection of children's services from mainstream mental health services - Communication and effective information sharing - More joined up thinking on how to tackle the current crisis 	11%
More appropriate and better quality referrals Comments related to: <ul style="list-style-type: none"> - Streamlining referral processes and reducing time implications (staff) - Providing more information for families at point of referral, to help manage expectations - Supporting the Getting Help Team to refer to high intensity CBT more easily - More triage support within service structures with skilled staff to support contact between social workers and services to reduce impact on clinician time and waiting times 	10%
More sustainable commissioning and contracting, including funding for the VCS	9%
Enhanced mental health staff training and development to improve the offer within services and support the workforce (i.e., reduce attrition rates especially in MHSTs). Comments related to: <ul style="list-style-type: none"> - More training for Early Mental Health Practitioners (EHMPs) - More time for reflective practice - Upskilling Getting Help teams to support different presentations - More provision for different roles to cover the broad range of difficulties - Training to cover neurodiversity, long-term health conditions, tics, family relationships / dynamic issues as well as school refusal - More accessible CPD for Enhanced Evidence-Based Practice (EEBP) / High intensity CBT practitioners on whole school approaches 	6%
Better support for, and improved communication with parents / carers - to prepare parents / carers for the interventions ahead so they know what to expect and how to support their CYP	5%

Better support / training for those working within education	2%
More engaging and approachable support for CYP Comments related to: <ul style="list-style-type: none"> - Better resources for sessions to facilitate engagement and enhance experience - Delivering support in locations where the CYP feels most comfortable (schools, family hubs or at home) - Greater choices for CYP (i.e. CYP placed at back of list if practitioner doesn't suit) 	2%
Other comment / comment unable to be categorised, including: <ul style="list-style-type: none"> - Children should not to be dismissed when raising mental health concerns - Understanding that some CYP take time to build relationships, often CYP discharged too quickly when they do not attend - Unrealistic expectations from schools and social care/Early Help for children not attending schools - Increasing workloads and expectations put on mental health workforce - Culture within some schools acts as barrier to engagement with mental health educational services - Interface between all services with different areas of iTHRIVE - Retaining place-based focus - Feedback from front-line workers being acted upon and changes to service provision implemented to improve the service 	18%

N.B. Percentages add up to more than 100% due to the open question style.

Respondents were asked to describe what they felt services would look like in an ideal world. The top five themes are described here with a summary of less salient themes identified in the table.

- **Immediate access and shorter waiting times** to ensure CYP receive the support when needed and further deterioration is prevented (39%). Additional comments were made about the importance of transparency and if families do need to wait – useful advice, signposting and support in the interim.
- **Greater focus on early help** through providing mental health support in every school and education at an earlier age to better equip CYP to understand and manage their emotions and feelings (27%). It was felt that this would have a positive impact on waiting lists, whilst reducing costs later in life.
- **Better understanding and support through a greater diversity of provision and more treatment options** (21%). An essential part of this was addressing identified gaps in provisions and ensuring support is available to those who needs are too high for Getting Help services, but do not meet the thresholds for more intensive support.
- **Multi-agency approaches and collaborative working** to better support CYP and families (20%). Staff / stakeholders talked about integration to identify need and ensure the right support is provided at the right time, particularly for those with complex presentations, and to enhance communication between services and with CYP and parents / carers. Other comments related to:
 - o Information sharing / Shared IT systems

- Listening to and respecting opinion
 - All Getting Help teams across the area working together to better understand thresholds
 - Supporting stepping up transitions
 - Integrated approaches with social care / early help services (family support workers) to break down barriers and attempts to increase parent/carer engagement in different programmes.
- **Services / support would be more accessible to CYP and parents / carers (16%)** – some felt they would be community / primary care based with a youth friendly open access model (e.g., via youth services), with both CYP and parents / carers having the ability to self-refer. Having this ‘single point of access’ was anticipated to reduce ‘scatter referrals’ and ensure CYP receive the right support at the right time.

Specific comments made by respondents included;

“More support for neurodiverse children, young people and families. Families would have a better understanding of CAMHS and the Getting Help offer. Upon referring into the Getting Help team, they would have a more thorough assessment of need and directed to the most appropriate service which would improve patient journey.” (CAMHS North Tees Getting Help team)

“A cohesive service that starts with education for all children from a young age, with early interventions at the first signs of ill health.” (Outwood Academy Trust)

“I believe we should have more diversity of provision as is the case in Newcastle and Sunderland with a greater investment in evidence based interventions...CBT based interventions are great however do not meet the needs of every child and family and therefore lots of families end up dropping out of support or failing to improve.” (The Link)

In an ideal world, what would children and young people’s mental health and wellbeing services look like? (N=95)	% of responses
Immediate access and shorter waiting times	39%
Greater focus on early help through providing mental health support in every school and education at an earlier age	27%
Better understanding and support through a greater diversity of provision and more treatment options	21%
Multi-agency approaches and collaborative working	20%
Services / support would be more accessible to CYP and parents / carers	16%
<p>Streamlined referral pathways with a more comprehensive assessment / triage representing all services, to ensure that the journey for the CYP is the most suitable for their needs and prevent them from bouncing around the system.</p> <p>Specific comments related to:</p> <ul style="list-style-type: none"> - Central records and shared referrals. - Very clear understanding of what type of assessment would be most beneficial. - Clear signposting. - The emphasis placed on schools where referring for neurological / SEMH conditions – ability / option for parents to refer. 	12%
<p>Access to a highly trained and varied workforce</p> <p>Recognising the increased complexity of need, staff / stakeholders talked about having a variety of roles within teams to address gaps (i.e. having Children and young people’s wellbeing practitioners [CWPs], High intensity CBT therapists, ERN nurses, support workers and counsellors within Getting Help teams) and ensuring that training of the workforce is aligned to local need, for example to support work with neurotypical and neurodiverse children.</p>	9%
<p>Greater understanding of the graduated offer available to CYP amongst CYP, parents / carers, professionals / practitioners, schools and other stakeholders working with CYP. Information would be easily accessible and easy to navigate (e.g. through regular CPD for professionals).</p>	9%
<p>Support would be appropriate to a CYP needs (as opposed to a 'best fit' approach) and take a family and holistic approach.</p>	7%
<p>More education and training for parents / carers (e.g. through access to online resources)</p>	6%
<p>Services / support would be more engaging providing greater options for CYP – e.g., options of locations (school / home), access to group activities, use of guest speakers and facilitators with lived experience of mental health issues.</p>	6%
<p>Greater consistency across localities, ensuring access to the same range of interventions regardless of where CYP live / educational setting. All Getting Help teams would offer the same services with the same thresholds. Additional comments were made about the salary of practitioners (noted to not be equal across the board) and the need to have a lead organisation (e.g., TEWV) with place based services to support decision-making.</p>	5%

<p>Mental health staff / workforce would be better supported and have more manageable workloads</p> <p>Comments related to access to ongoing CPD, embedded supervision arrangements / registration and accreditation, staff feeling competent when working with CYP based on training received, staff having a voice in the change process and staff having a comfortable base to work.</p>	5%
<p>More sustainable commissioning and contracting (including for VCS services) enhancing provision and providing more stability</p>	2%
<p>Better / improved training for staff working within educational settings, including support for systemic shifts in schools to move towards more whole school relational school policies and mandatory training on neurodiverse conditions and mental health support.</p>	2%
<p>Other comment / comment unable to be categorised, including:</p> <ul style="list-style-type: none"> - All CYP would be listened to and their mental health concerns not dismissed - CYP views would be taken on board to shape services - Support would not end at 18 but come to a natural therapeutic end - 24/7 access to mental health support - CYP mental health would be everyone's business - Less stigma - Communication would be open, easy to understand and in plain English 	14%

N.B. Percentages add up to more than 100% due to the open question style.

Respondents were given the opportunity to provide any final comments. Key themes related to recognition of the improvement made over the last few years, the need for greater focus on early intervention and more support within educational settings and increased / more sustainable funding to better support CYP.

Specific comments made by respondents included;

“We have seen the benefits of having counsellors in our mental health support teams and how this has helped bridge some of the gap between getting help and getting more help. It would be brilliant if other teams could also have a similar offer in the future so we are all providing the same offer to all CYP and families”. (Alliance Psychological Services)

“I have noticed huge improvements in children and young people’s mental health and wellbeing services over the last 5 years. However, I feel the changes still leave gaps in suitable service provision and still seem to operate a postcode lottery in terms of what services are available in what areas and schools. If we could improve gaps in services, provide consistency of services across all schools and localities as well as significantly reduce neuro pathway waiting times, we will be on the road to achieving gold standard care for children and young people’s mental health and wellbeing in the tees valley.” (TEWV)

Further comments (N=60)	% of responses
Positive comment / improvement recognised	25%
Greater focus on early intervention and more support within educational settings	18%
Increased / more sustainable funding	15%
Improvement needed	10%
Shorter waiting times needed to prevent further deterioration	8%
Work needed to address stigma in both CYP and adults (in relation to accessing support and the locations offered from)	8%
Inconsistency across all schools and localities in school provision and Getting Help offer	7%
Importance of staff training / investment and support for the workforce	5%
Greater understanding around the system / services / interventions needed (among CYP, parents / carers, professionals / practitioners, different mental health services, schools)	5%
Improved collaboration	5%
Other comment / comment unable to be categorised, including: <ul style="list-style-type: none"> - Complexities and presentations are changing / increase in the number of inappropriate referrals to Getting Help Teams - Importance of parent engagement and education to help them to support their CYP - Need to address identified gaps in provision - Mental health and wellbeing needs to continue as a priority for all CYP - CYP multiple referrals to different services (when risk involved) - Engage and listen to CYP and parents / carers 	27%

N.B. Percentages add up to more than 100% due to the open question style.

6 Engagement with children and young people

6.1 Overview

A survey was made available for young people aged between 11 and 25 to complete. The survey explored CYPs worries and concerns, experiences of mental health services and preferences for accessing support. This insight was supplemented with feedback from mental health practitioners who held facilitated conversations with CYP of both primary and secondary school age. In total, 204 CYP were engaged with.

6.2 Summary of findings

6.2.1 Survey

Respondent demographics

Forty CYP completed the survey. A full breakdown of the equality and monitoring data collected is available in the [Appendix](#) with a summary provided here.

- The sample included a spread of CYP from across Tees Valley - 30% from Redcar & Cleveland, 15% Stockton-on-Tees, 15% Darlington, 13% Hartlepool and 13% Middlesbrough (the remaining 15% selected other or chose not to respond to the question).
- Over half of the sample were aged 14-17 years (58%) with smaller proportions 11-13 years (20%), 18-21 years (8%) and 22-25 years (5%) (the remaining 10% did not specify their age).
- 63% were female and 18% male. Furthermore, 8% selected other and 13% chose not to respond. 10% (4 respondents) indicated that their gender does not match their sex registered at birth.
- All those who specified their race / ethnicity indicated that they were White British, Irish, European, or other (90%).
- 25% have a disability, long-term illness or health condition and 23% provide care or look after a family member, friend or someone else.

Worries and stresses

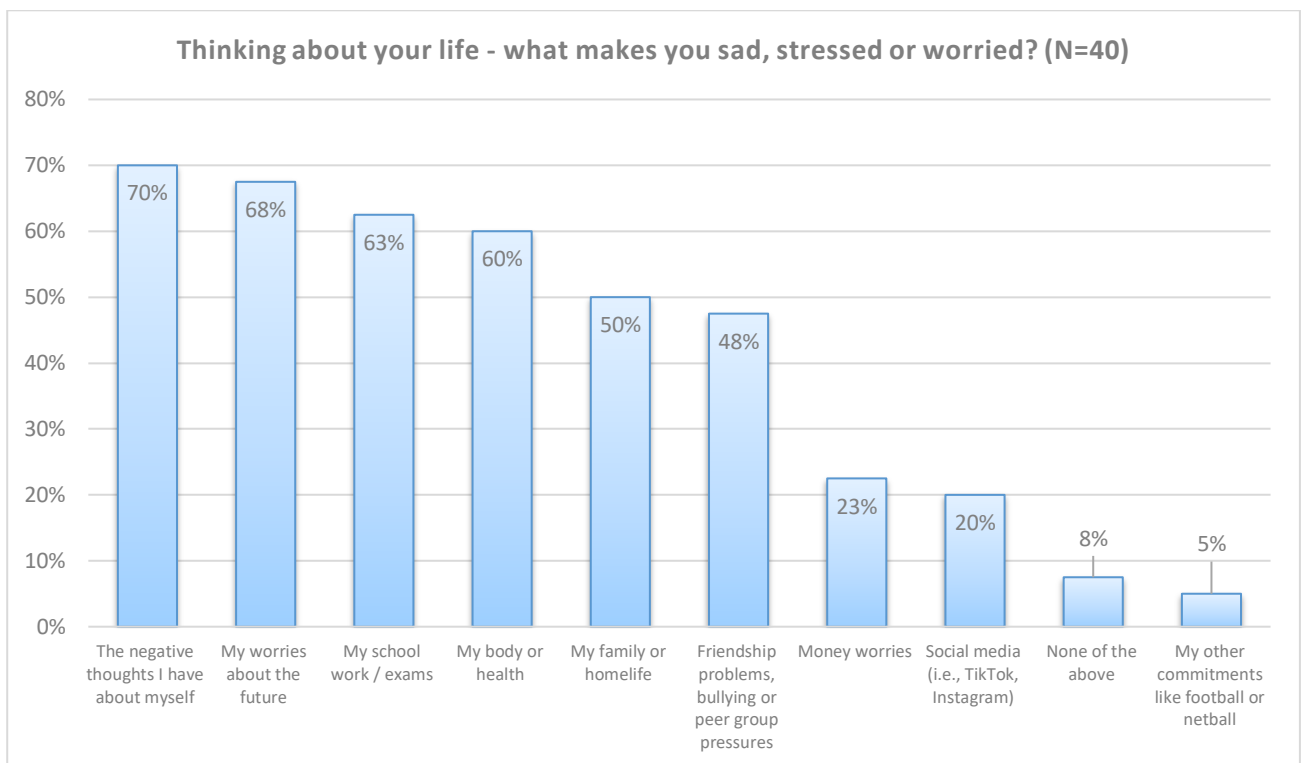
CYP were asked what makes them feel sad, stressed or worried.

The most frequent response was *'the negative thoughts I have about myself'* with 70% of the sample selecting this. This was followed by *'worries about the future'* (68%), *'my school work / exams'* (63%) and *'my body or health'* (60%). Furthermore, 50% selected *'my family or homelife'* and 48% *'friendship problems, bullying or peer group pressures'*.

Other responses included new social situations, lack of healthcare / mental health support for CYP, phobias, disorders and addictions and doing something wrong or not being good enough.

"My mental health. Being alone with my mental health. Being unsupported"

"The pressure put on young people throughout school, expected to be perfect all of the time and from experience, a lot of places have little to no support for teenagers with mental health problems."



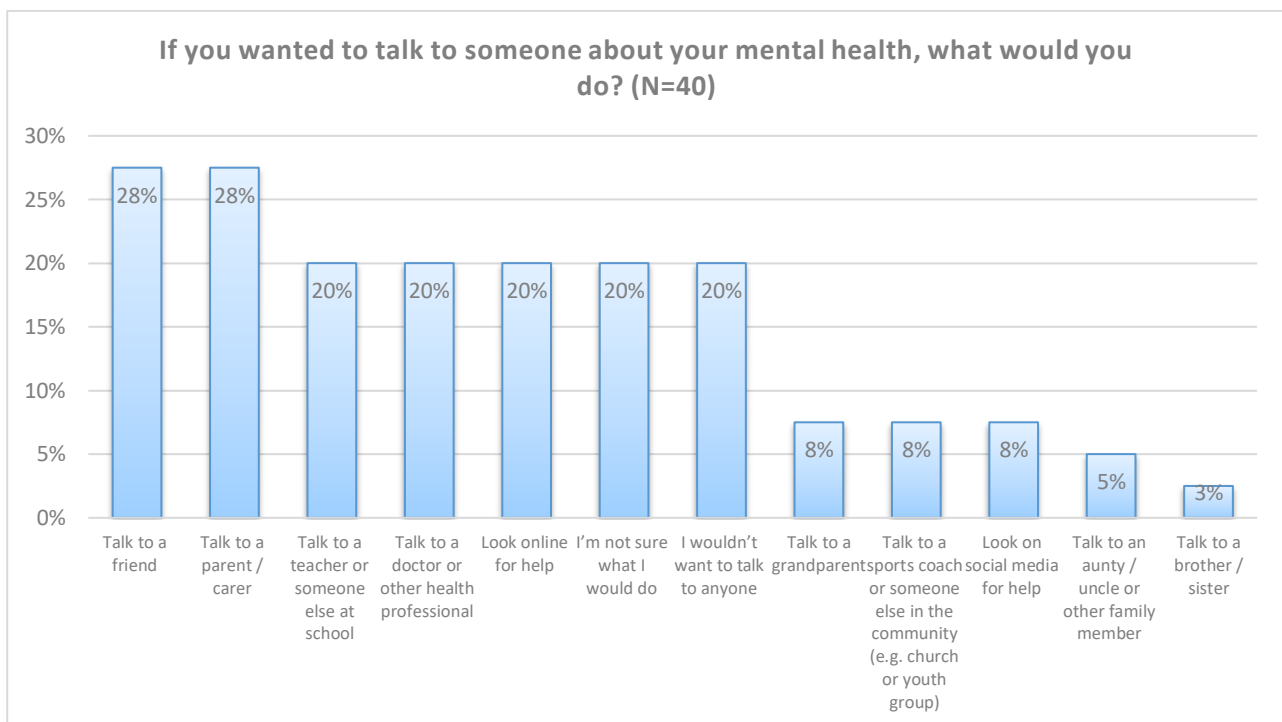
When feeling sad, stressed or worried, CYP most commonly talk to a friend (38%), a parent / carer (33%) and a slightly smaller proportion a teacher (20%).

Notably, approximately 1 in 5 (28%) don't talk to anyone.



If CYP wanted to talk to someone about their mental health, most would feel comfortable talking to a friend or a parent / carer (28% for both categories). Slightly smaller proportions would talk to a teacher or someone else at school, a doctor / other health professional or look online for help (20% for each category).

Notably, 1 in 5 (20%) were unsure about what they would do and/or wouldn't want to speak to anyone.

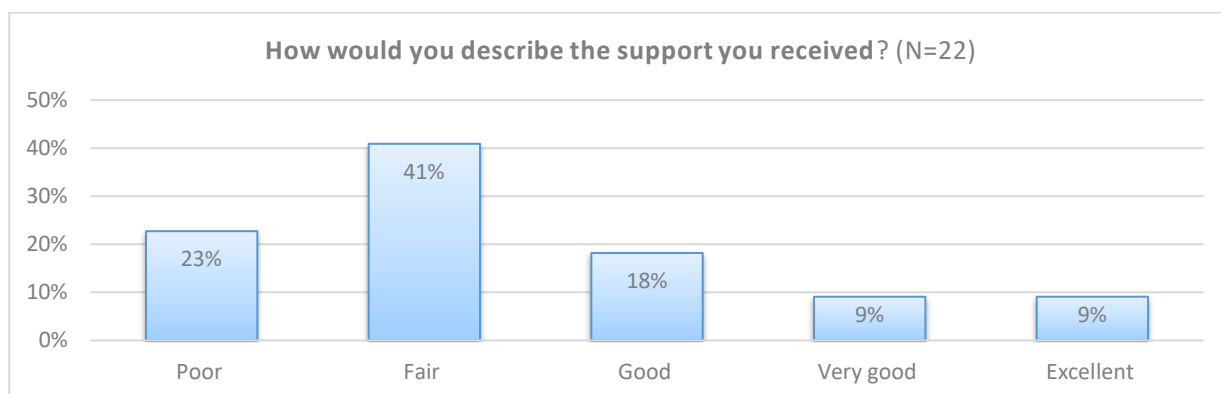


Experience of mental health services

Over half (55%; 22 respondents) have sought help for their mental health. Of these 86% received help from a mental health service, whilst 32% had accessed support in school. Smaller proportions received help from the GP (23%) or the hospital (14%).

CYP had most commonly received support from a mental health worker / practitioner (86%) and to a lesser extent a teacher (27%) and/or a GP (27%).

When asked to rate the care they received, 64% (14 respondents) described this as poor / fair, 18% (4 respondents) as good and 18% (4 respondents) as very good or excellent. Of those 14 respondents who rated their experience as poor / fair, 12 had accessed a mental health service such as Child and Adolescent Mental Health service (CAMHS) or a Mental Health Support Team (MHST), five had accessed support at school / college, four the GP and three a hospital.



When asked what was good about their experience most were unable to identify anything positive (5 respondents).

“Nothing. They did not care, they gas lit me, they told me to continue taking medication that made me suicidal, then failed to report it within my documents. They go months without contacting me and it is providing me with more trauma and lack of faith in their services”.

For those that were, four young people felt the support received helped them to make positive changes and/or understand their feelings better.

“It helped me understand my feelings a bit better and to know I’m not the only one struggling”

Other positive comments referred to the lack of judgement and understanding of staff, the family support and safe space provided, as well as the diagnosis received.

“It made my family clearer on how to help me”

What was good about your experience? (N=22)	No. of comments
Nothing	5
Helped to make positive changes / understand feelings better	4
No judgement / understanding	3
Prescribed medication	1
Provided a safe place	1
Provided family support	1
Received diagnosis	1
Everything	1

N.B. Due to the coding process, the total comments do not add up to the number who responded to the question.

In terms of what could have been better about their experience, CYP suggested having more sessions to give them more time to talk, as well as improved support at discharge. With regards to the latter, comments were made about not feeling ready to leave treatment and sessions coming to an abrupt end when a diagnosis was received;

“Longer sessions so we had more time to talk.”

“Not being dropped as soon as I received the diagnosis without proper closure, actually contacting me in the time frame agreed.”

Additionally, CYP talked about wanting better support from services and staff taking the needs of CYP more seriously, showing more understanding and providing support that ‘actually works’.

One individual elaborated on their experience in greater detail talking about their frustration of being passed from service to service due to these services being unable to provide the right support;

“That they looked at my case notes/assessments and made the right referral from the start. I have been referred and discharged 4 times over the last 8 years. I have been told, that this treatment isn't right for me, oh, I'm not the person that should be seeing you someone else does that kind of thing, I don't think I have the time to do long sessions with you, we don't have someone in your area to treat you...can you come out and travel up to 15 miles or more to be seen? And there are many more excuses for not treating me”

Additional suggestions were made about the manner of practitioners in terms of being friendlier and not pushing them to answer questions they were uncomfortable with, and improved training for staff in relation to supporting CYP with neurodiversity / ADHD and those who identify as LGBTQ+.

What do you think could have been better about your experience? (N=22)	No. of comments
More sessions and improved discharge	6
Better support / more understanding	6
Nothing	4
Manner of practitioner	2

More training for staff - LGBTQ+ and autism / ADHD	2
Other comment, including: <ul style="list-style-type: none"> - Getting medication sooner - Practitioners with personal experience of mental health 	2

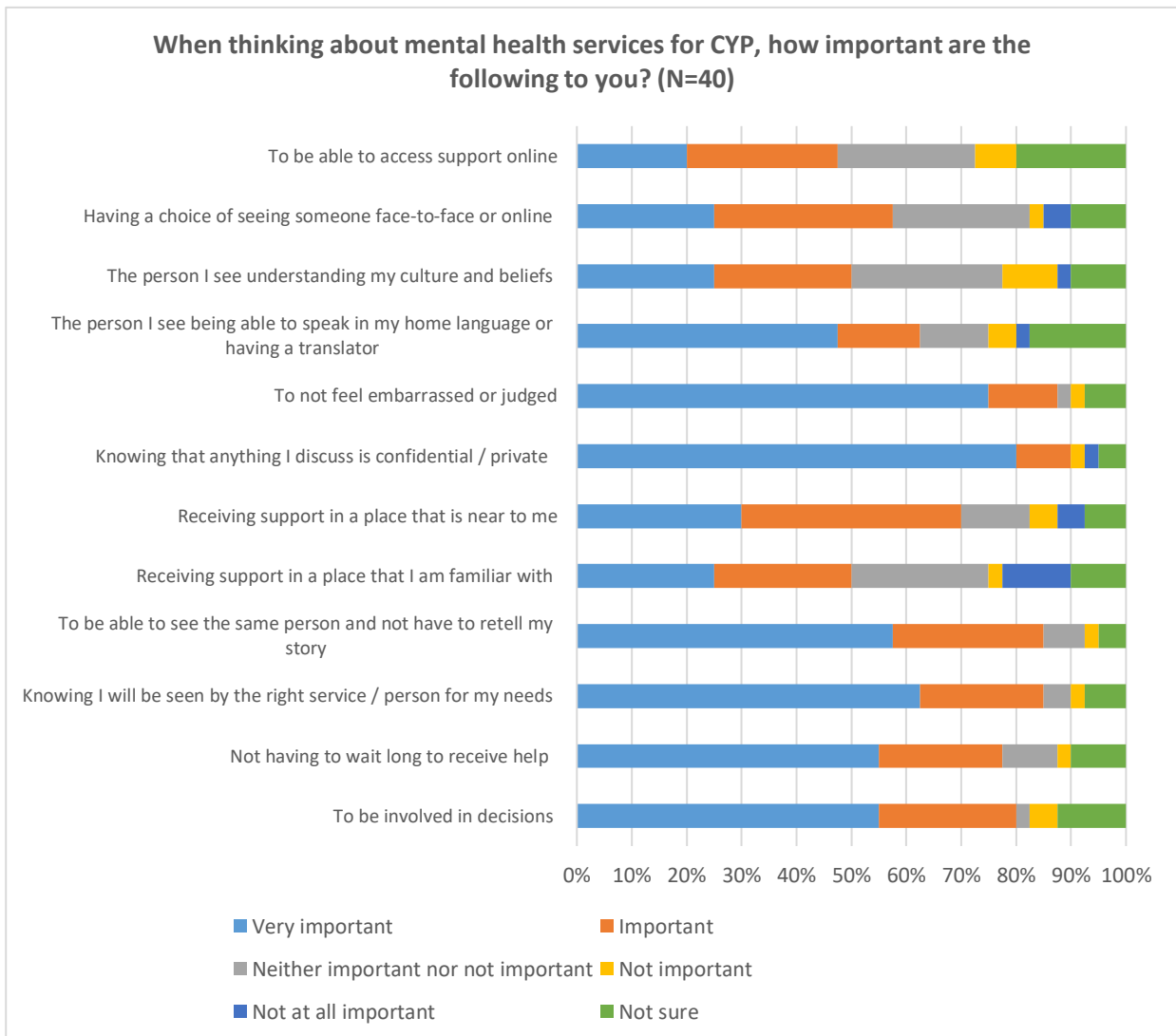
N.B. Due to the coding process, the total comments do not add up to the number who responded to the question.

Accessing support

CYP were asked what is most important to them when thinking about CYP mental health services. The top five most important factors emerged as:

- Knowing that anything I discuss is confidential / private (90%)
- To not feel embarrassed or judged (88%)
- Knowing I will be seen by the right service / person for my needs (85%)
- To be able to see the same person and not have to retell my story (85%)
- To be involved in decisions (80%).

Of least importance was being able to access support online (48%), receiving support in a place that they are familiar with (50%) and the professional / practitioner understanding my culture and beliefs (50%). Caution must be applied to this latter finding due to the sample being predominantly white.



Other suggestions as to what CYP felt is important included:

- Services being well promoted.
- Access to support for all (not just medication).
- CYP being listened to, by kind and understanding practitioners / professionals.
- Up-to-date LGBTQ+ and neurodiverse training for practitioners / professionals.
- Providing CYP with choices / options about their care, for example making sure the practitioner / professional is appropriate, with an option to swap if the CYP feels uncomfortable.

“Making sure to consider the actual person who will be receiving the help, I've found myself that just being forced into it does not help at all. It is also important to have somebody that is actually suitable for said person as it may be easier to open up. I also think there should be an option to swap who they're with too if they may benefit them.”

“Accessibility for those with both mental health issues and neurodivergent / learning disabilities.”

Respondents were asked how important it is to have online mental health support for CYP, to which 63% felt it is very important / important and just 8% not important / not important at all. Furthermore, 20% were unsure and 10% felt it was neither important or not importance.

When asked how likely they would be to use an online support service, 23% would be very likely / likely and 30% neither likely nor unlikely. The remaining respondents were not sure (10%) or very unlikely / unlikely (38%). Reasons why CYP would be unlikely to use such an online support service included:

- Preference to communicate face-to-face or speak to a family member.
- Concerns about trust and confidentiality.
- Uncertainty as to whether the support would help.
- Embarrassment.
- CYP being too used to not getting help.
- Online life not being 'real'.
- Reading difficulties.

“Struggle with trusting people, especially so soon but even people I've known for a long time. Worrying about confidentiality as well as that. Also I don't think things like this are spoken about enough which leads to me, as well as others, to feel almost embarrassed or shame for feeling the way we do.”

In terms of expectations about online services, most would expect the service to be free (70%), to support them to understand how they can improve their mental health (63%), to get advice from a health professional (60%) and for the service to be confidential (60%). CYP perceived discussions with other CYP and having the option to receive text / email support to be less important (30% & 40%, respectively). Other factors that CYP felt important for online support services to include / consider were;

- A quiz / assessment for CYP to complete so they can be matched to the person / service most suitable to talk to.
- An understanding / awareness of autism.
- Provision of resources such as a journal to help CYP record their feelings.

6.2.2 Facilitated discussions with CYP

Facilitated discussions were held with 164 CYP aged between 7 and 16 years, this included some CYP who have or were currently accessing mental health support services.

Notably, one discussion was held with pupils in an alternative provision setting, these pupils were not currently accessing mainstream education due to difficulties with their physical and/or emotional health.

Facilitators noted how the CYP were initially quite reserved / nervous, but in time engaged well and started talking openly about their experiences and opinions.

	%
Primary (7 – 11 years)	65%
Secondary (11 – 16 years)	26%
Mixed (7 – 16 years)	9%
Redcar & Cleveland	
Redcar & Cleveland	17%
Darlington	12%
Middlesbrough	19%
Stockton-on-Tees	42%
Hartlepool	9%
Unknown	1%
Total	164

What does mental health mean to you?

Understandably mental health means different things to CYP, with this varying depending on age.

Primary age children talked about good and bad mental health and the association with a person’s thoughts and feelings.

“If it’s good you are in a good mood and if it’s bad you might bottle it up.”

Many were able to distinguish mental health from physical health and recognised that it is just as important and needs to be looked after. Some talked about mental health being something ‘*wrong with your brain*’ or ‘*your brain not functioning properly*’.

CYP talked about how mental health can happen to someone who doesn’t have a family or whose basic needs are not being met, or when something bad happens (i.e. death of a loved one).

Some were aware of family members who have mental health, but were not really sure what this meant or what they struggled with;

“My dad has mental health but I don't know what he finds hard”

“My mam struggles with mental health and can be sad but I do not know what it means”

They realised that at times they can feel something but were often unable to identify what they felt or what this was telling them about how they were thinking.

“I notice I don’t want to talk to anyone and want to be by myself”

Secondary age children again identified that people can have good and bad mental health and referred to a person’s thoughts and feelings. They noted how mental health is about how people deal with their emotions and is something that needs to be managed.

“Knowing what is good for you to feel OK and manage your mental health.”

CYP talked about how a person’s emotions can fluctuate throughout the day and how they can affect every aspect of their lives including sleep, physical health and eating behaviours.

“When you are sad you will do things which might not help you such as overeating.”

Although secondary school children on the whole tended to be more informed and aware compared to their younger counterparts, there was still uncertainty amongst some about what mental health really means.

“I really don’t know, it’s all the negative thoughts and the feeling in your head that something is not right or ok.”

CYP in one group recognised what the issues were for them in terms of their mental health, however they did not know how they could begin to look at those feelings and thoughts. Some of the young people felt scared and reported keeping their worries ‘locked away’.

What makes you feel worried, sad or anxious?

CYP talked about what makes them feel worried, sad or anxious. The following summarises that factors identified by both primary and secondary school age children;

- Family life including illness, bereavement, conflict and separation.
- School work (including tests and exams) and feeling under pressure.
- Friendship groups and relationships.
- Feeling alone or isolated.
- Being bullied, threatened or hurt, especially when no action is taken.
- When something bad happens to a loved one, friend or pet.
- Specific fears and unfamiliar / unpleasant environments (heights, loud noises, spiders, clowns, confined spaces)
- Getting in trouble and being shouted at.
- Getting things wrong, losing and failure.
- Uncertainty, change and new, unexpected challenges (e.g. school transitions, doing something uncomfortable with, new activities).
- Unpleasant experiences (e.g. injections).
- Bad dreams.
- Overthinking / thinking about worst case scenarios.
- Health, body changes and puberty.

“How long do worries stay with you? If you keep them bottled up will they stay around forever?”

Some additional factors were raised by secondary school children;

- Sex.
- Personal trauma / abuse.
- Body image e.g., wearing glasses, how you look / clothes you have.
- Being excluded and not being listened to or understood.
- Social media - cyberbullying.
- Feeling intimidated and unsafe – i.e. walking past big groups of CYP.
- Social anxiety, worrying what other people think or say about you or what they might do.
- Concerns about the future (e.g. environment, wars).

“What makes me anxious is when I’m about to get in big trouble by someone and when I have already lots going in my mind. In an area or with someone that seems dangerous”

“Worrying about what people think and being judged”.

Secondary school age children added how these issues can result in a lack of self-esteem, a low sense of confidence, anxiety around what people say or think of them, fear of being ridiculed, ‘*standing out from the crowd*’ and fear of being misunderstood.

What do you do when you feel worried, sad or anxious?

Similar behaviours were apparent in primary and secondary school age children when feeling worried, sad or anxious. It is important to remember that a good proportion of these CYP have accessed / are currently accessing mental health support services, therefore are aware of strategies to support their wellbeing.

Responses included;

- Hugging somebody, a pillow or teddy.
- Going to bed / sleep or having a rest.
- Screaming, punching or crying.
- Taking some time alone (e.g. walking away, hiding or going to bedroom / safe space / quiet area).
- Avoiding situation / activity that is causing worry.
- Talking to a trusted adult such as a parent / carer, other relative, a teacher or a therapist / practitioner.
- Spending time and talking with friends.
- Spending time with pets.
- Spending time outdoors / going for a walk.
- Doing something fun / distraction - gaming, football, boxing, drawing / art, reading, listening to music, apps / mobile.
- Eating.
- Taking a shower or bath.
- Using other positive wellbeing strategies, such as;

- Yoga, meditation and breathing / calming exercises
- Positive self-talk
- Worry monster / fidget toy.
- Journaling / writing down emotions.

‘When I don’t feel good I think of the positive side and put the past away so you can make space for the future’

“Sometimes bottle it up but art helps as it’s an escape the emotions with different colours and it helps me reflect and visualise my thoughts and feelings.”

“When I’m worried I go to an area that is much more calming and rest, when I’m sad I try and do things I find fun.”

The majority felt that they had someone they could talk to if they needed / wanted to – whether this be a friend, parent / carer, sibling, someone in school or a therapist.

“Friends listen to you without trying to solve it. I feel better after telling others because it is not just in my head.”

However, it was recognised that this is not always easy, with some tending to ‘bottle it up’;

“Sometimes I keep it all bottled up inside of me.”

A small proportion had experience of speaking to someone within school such as a teacher, mental health lead, counsellor / therapist or MHST. Many spoke positively about their experiences of this;

“Yes, I spoke to someone in school from the MHST. It was good and I would speak to them again.”

“I talk to the mental health lead about my worries and I would talk to her about them again. She listens to me and has solutions to help.”

A handful of pupils had experience of accessing other services such as CAMHS, The Crisis Team, Mind, Redcar Link, Alliance and Barnardos.

A common theme across the groups was concern about what a CYP should do if they are worried about a friend’s mental health, especially if that friend doesn’t want to talk to anyone. One individual talked at depth about this, referring to the death of a student in a different high school. They felt this should have been acknowledged more openly by their school, with pupils informed about what they should do if they are worried that a friend might do the same thing.

“Can be hard to know what to do if it is your friend with the problem and they don’t want anyone to know.”

What would help you to feel less worried / have better mental health?

Two key themes emerged in terms of supporting CYP to have better mental health;

Greater focus on mental health within schools and staff to be better equipped to deal with CYP and their mental health needs. As part of this CYP talked about;

- Greater awareness in school and the reassurance of knowing that if friends are struggling, they know where to get help from.
- Teachers being more aware and recognising when a child is not 'ok' – particularly during stressful times of the year (e.g. during exams).
- Access to calm and private spaces for pupils to attend when feeling overwhelmed and where they are able to talk in confidence – it was however noted that some CYP prefer not to access these spaces due to the stigma associated with it.
- Promotion of positive wellbeing strategies, including emotion checks and worry monsters / boxes – giving CYP the ability to write a concern they have down (secondary school age children felt doing this on paper was better than having an online link, as there is no permanent record).
- Schools following through on what they say they will do – reference here was made to policies around bullying.

Access to mental health support / services within and outside of school – whilst some feel comfortable accessing and receiving support within school (either from a teacher or external practitioner), others would prefer to do this outside of school as it was perceived to be more confidential. In terms of what CYP want from mental health support services, CYP talked about:

- Services being well promoted and accessible for all CYP.
- Services not over promising – CYP from Stockton talked about how the MHST in their school has '*promised lots*' but '*nothing ever happens*'. This was felt to result in disappointment and distrust.
- Options to access / receive support inside and outside of school, including drop-in services.
- Feeling prepared when accessing support for the first time. As part of this, CYP talked about seeing a picture of therapist before they meet them and photographs / videos of locations that they are unfamiliar with.
- Access to private, safe and comfortable spaces – CYP likened this to reading corners with bean bags, pillows, and fidget toys and dark lighting. CYP want to know that they are not going to be interrupted when speaking to someone in private.
- Simple communications when meetings are being arranged - multiple emails were identified to prevent CYP from attending meetings.
- Feeling listened to and not feeling judged.
- Professional / practitioner consistency to help them to develop a bond and make it easier for them to '*open up*'. This was particularly important as a recurrent theme across the groups was the difficulty and reluctance that CYP have in sharing their feelings.
- Options for group and one-to-one support.
- Options for male / female practitioners.
- Options for face-to-face, online and a lesser extent telephone support.

- For online sessions, some expressed concern about privacy and confidentiality with CYP worried that *'anyone could be listening'*. In these instances, CYP would like to see the *'full room'*. CYP would also like to have the option as to whether they can have their camera on or off.
- Whilst some would be happy communicating over the phone, others considered this to be *'awkward'*.
- Professionals / practitioners with lived experience of mental health and who are down to earth and laid back, as well as access to peer support - *'hearing from others who have been through the same thing as you'*.
- Longer sessions – those CYP who had accessed support felt that having more sessions would have helped them to open up more. Additionally, some commented upon the concerns they have about their support coming to an end.
- More interactive and engaging sessions – it was thought that this would help CYP to share how they feel and open up as opposed to CYP sitting in an office, feeling pressure to make eye contact and talk.
- Greater support for young carers.
- More frequent one-to-one support.
- Shorter waiting lists for specialist services such as CAMHS.

"Yes, I talked to my teacher in the calm room at school. I felt like they didn't understand my perspective because they haven't had the same experiences"

"Sometimes if you bring a mental health problem forward the support unit is seen as the solution, but we would like to access support from people like the MHST to try and solve the problem before it gets bigger."

"To have support in school from outside agencies (such as counsellors) as would prefer to talk to someone new than teachers / Head of Year as would feel this was more confidential."

"We would like to have someone we can talk that isn't someone from school, as you don't always want to talk to school, but that feels like the only option."

"School following through on what they say they will do; e.g. there is a 0 tolerance bullying policy but this is not enforced, or when people submit a student concern online nothing happens."

What are your thoughts about accessing online support services?

A small number of secondary school age children had experience of using online support services such as Kooth and talked about this positively in terms of it being helpful and allowing them to access support at a time that suits them. However, for most, awareness of services such as Kooth was low.

"I use Kooth anonymously and it has helped me lots."

A handful had also benefitted from using fidget apps and apps such as Calm Harm. These young people expressed their preference to use apps as opposed to websites.

Some secondary school age children indicated that they would be happy to use online support services, identifying benefits such as:

- Starting point to start seeking support, a stepping stone to talking to a practitioner face-to-face.
- Good first point of call if a CYP wants to help a friend who is struggling with their mental health and will not talk to anyone else.
- Greater anonymity – making the CYP feel more comfortable and less embarrassed.
- Reduced risk of repercussions (from seeking support).
- Access to resources such as case studies which CYP can relate to.
- Option for CYP to talk to someone or make an appointment.

"I would find it helpful to access support online as they wouldn't be able to see if I was crying or upset."

Some young people from Stockton noted how online support enables CYP to seek support '*behind their parents back*', which the group were unable to decide if this was a good or bad thing.

Others were less inclined to use online support services, their reasoning for this relating to:

- Preference for face-to-face communication so CYP can see who they are talking to and build more trusting relationships. It was noted that explaining yourself via messages can be hard, with messages often being misinterpreted. Additionally, face-to-face communication is thought to allow practitioners to observe the emotions of CYP more closely, enabling them to offer more comfort / support.
- Concerns about feeling '*more judged*'.
- Concerns about trust and reliability, in terms of personal information being passed on and speaking to someone they have no relationship with / do not know the professional background of.
- Preference to receive an immediate response instead of having to wait a certain period of time for a reply.
- Not having / reading emails.

What is the best way to let CYP know about the support that is available to them to help with their mental health?

It was evident that there was a general lack of understanding about the services available to support CYP with their mental health, finding a way to bring this information together, along with tips about how CYP can look after their mental health, was therefore considered key.

“You don't know what is out there until it is shared by someone else”.

“What does the mental health support team do?”

CYP talked about the valuable role that schools can play in raising awareness and supporting CYP. It was felt that mental health should be a priority for all schools and children, with this built in from primary age to reduce stigma.

CYP talked about the various ways that this could be promoted within schools:

- Assemblies – CYP felt this is an effective way to introduce practitioners who are able to support.
- Interactive class workshops / activities (e.g. design a poster) with tailored activities for those with SEND.
- Booklets / flyers / business cards.
- Posters / display boards (designed by CYP).
- Parent letters / emails.
- School website / social media.
- Information / wellbeing tips in planners / learning records and iPad / computer lock screens.
- Wellbeing ambassadors - ‘*who look out for people when they need help*’
- CYP sharing experiences with others - ‘*telling friends about the support you have received and then they know how to get support when they need it*’.
- Suggestion box for ideas.

“Do an assembly to tell everyone what they could do if they had troubles - introduce yourself and say if you need help I can talk to you about it”

“Make it fun - not just a PowerPoint / assembly but workshops and activities”.

Other suggestions to raise awareness amongst CYP included:

- Posters in the local community (GP, dentists, back of toilet doors)
- Social media such as YouTube, Instagram, Snapchat and TikTok – CYP thought this would be an effective way to share practical advice whilst raising awareness of support services available.
- Adverts on TV.
- Text messages.

7 Engagement with parents and carers

7.1 Overview

A survey was made available for parents and carers living in Tees Valley who have children under the age of 18 years. The survey explored what is important to these individuals about CYP mental health services, as well as any experiences that they have had. It was not a requirement that the child/young person in their care had accessed mental health services to take part.

7.2 Summary of findings

Respondent demographics

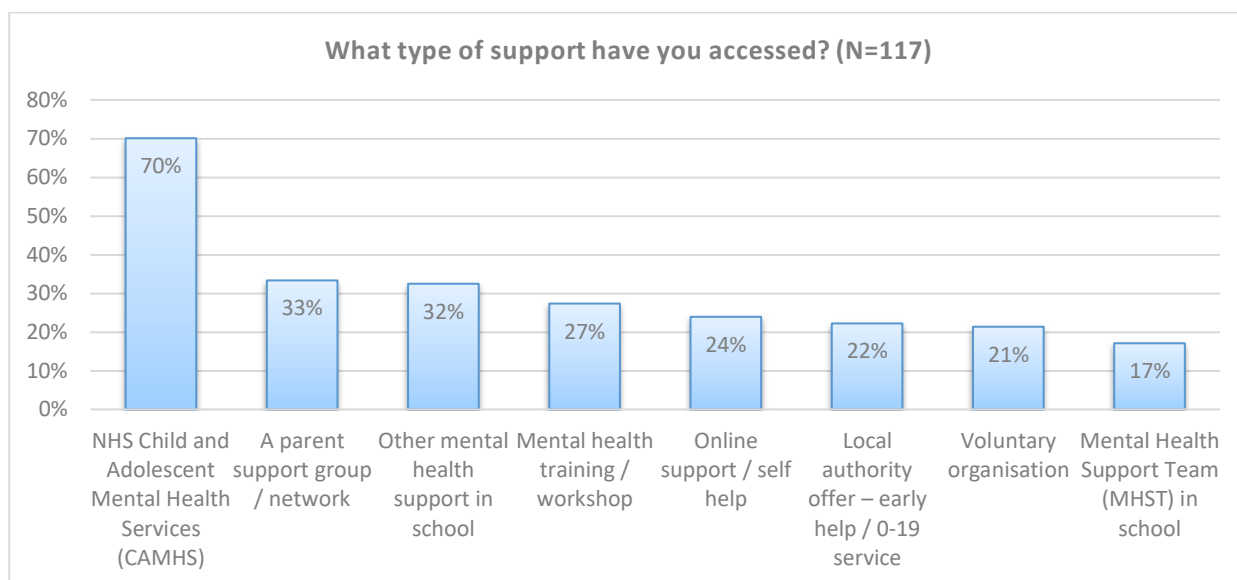
156 parents and carers completed the survey. A full breakdown of the equality and monitoring data collected is available in the [Appendix](#) with a summary provided here.

- The sample included a spread of parents and carers from across Tees Valley – with the majority living in Hartlepool (32%), 20% living in Middlesbrough and 17% in Stockton. 10% were from Darlington and 7% from Redcar & Cleveland. 14% selected 'other' or preferred not to answer the question.
- Almost half (49%) were aged 35-44 years old. A further 26% were 45-54 years old and 18% were 25-34 years old.
- 96% were female and 3% male (1% preferred not to disclose this). 98% said that their gender matched their sex registered at birth and the remaining 2% preferred not to answer this question.
- 91% said they were heterosexual/straight and 60% were currently married.
- 99% were White British, Irish, European, or other (90%) and 1% as Asian / British Asian.
- 36% have a disability, long-term illness or health condition. Around a quarter of these (26%) said this was a long-standing illness or health condition not including cancer. A further 23% have a mental health difficulty.
- 55% are a primary carer of a child / children aged between 2 and 18 years, whilst 17% are a primary carer of a disabled child / children and 9% the primary carer / assistant for a disabled adult (18 years+). Collectively, just 9% said they are the primary carer / assistant for an older person / people (65 years+), of a child or children (under 2 years) or a secondary carer. 8% had no caring responsibilities.

Experience of accessing support

The majority (90%) said they had previously had concerns about the mental health of the child / young person in their care, whilst 10% said they have not. Of these, 86% had gone on to access support for their child / young person.

For those who had accessed support, the majority (70%) said this had been with TEWV CAMHS. This was followed by similar proportions saying they had accessed a parent support group/network (33%) or accessed other mental health support in the child/young person's school (32%). 17% also said they had accessed support via the MHST in school. Around one in five had accessed voluntary organisations or LA Early Help / 0-19 services.



N.B. Percentages do not equate to 100% as respondents could select more than one of these services.

25 respondents indicated they had accessed support outside the listed services. For the majority (8 respondents) this was private support e.g. private counselling / assessment. Seven named specific organisations other than those highlighted above, for which it was unclear if they were privately funded services. Five had gone to their GP for support and four received support in school. Four respondents gave answers that could not be categorised.

What other support have you accessed? (N=25)	No. of respondents
Private support	8
Specific organisations	7
GP	5
School support	4
Other	4

N.B. Due to the coding process, the total comments do not add up to the number who responded to the question.

Respondents we asked to think about their experience of accessing support for their child / young person and rate different aspects of those services.

All aspects were rated by the majority as poor. In particular this related to the waiting times to receive support (54%) and the support received during this time (55%). Just 30% and 17%, respectively, rated these aspects as good, very good or excellent.

Although 26% rated staff understanding as poor, the highest percentage overall said this was good, very good or excellent (46%). A similar proportion also rated the referral process as good, very good or excellent (42%).

Whilst communication with parents / carers and with other services, was rated by the majority as poor or fair (58% for both factors), 39% felt that communication with parents / carers was good, very good or excellent and just 24% communication with other services.

	The referral process	Waiting time to receive support	Support received during waiting period	Quality of support received	Staff understanding	Communication with yourself as a parent / carer	Communication with other services (e.g. school / GP)
	%	%	%	%	%	%	%
Poor	38%	54%	55%	35%	26%	33%	38%
Fair	18%	12%	19%	26%	25%	25%	20%
Good	24%	15%	7%	14%	19%	20%	14%
Very good	7%	9%	5%	11%	15%	10%	4%
Excellent	11%	6%	5%	8%	12%	9%	6%
Not applicable/ not sure	2%	4%	8%	6%	4%	4%	17%

When asked what was good about their experience of accessing mental health support for their child / young person, 15% felt the initial assessment and/or treatment was quick and 13% that their child/young person received support. 12% felt the staff themselves were a positive aspect of their experience. In contrast however, the most said 'nothing' or provided a negative comment (36%). A further 23% explained how their child/young person did not receive any support or that it was received too late.

What was good about your experience of accessing mental health support for your child / young person? (N=104)	%
Nothing / negative comment	36%
No support / was received too late	23%
Initial assessment / treatment was quick	15%
Support for their child/young person	13%
Staff	12%
Other comment / response unable to be categorised, including; <ul style="list-style-type: none"> - Communication (N=9) - Good services (N=7) - Clear referral/easy processes (N=3) - Support education/information available (N=3) - Good signposting (N=2) - Everything (N=2) - Understanding (N=2) - Local (N=1) 	38%

N.B. Percentages add up to more than 100% due to the open question style.

When asked what they thought could have been better about their experience, 36% said that a better process for referrals, or changes to this, were needed. A further 33% wanted greater understanding from staff and to feel as though they were being listened to.

Slightly smaller proportions wanted shorter waiting times (17%), for everything to be changed (14%) and different types of support to be available (11%). Additionally 7% wanted better support for children with ASD and the same proportion better communication and information shared.

What do you think could have been better about your experience of accessing mental health support for your child / young person? (N=108)	%
Better referral process/changes	36%
Feeling listened to/more understanding	33%
Waiting times	17%
Everything	14%
Different types of support available	11%
More support/specialised support for children with ASD	7%
Better communication/information shared	7%
Other comment / response unable to be categorised, including; <ul style="list-style-type: none"> - Parent/child appointments need to be separate (N=5) - No support between referrals and appointments (N=4) - More support and information (N=3) - Nothing (N=2) - Support needed for parents (N=2) 	29%

N.B. Percentages add up to more than 100% due to the open question style.

Barriers to seeking support

The majority (7 respondents) who had opted not to seek support for their child / young person's mental health said this was because they didn't feel their issues were bad enough, whilst six felt the waiting times were too long.

Four were unsure of what support was available and the same number were not sure who to speak to or what to do. Two parents / carers wanted to deal with this themselves, without professional support.

Ten respondents provided another reason as to why they chose not to access support. Of these, three said this was because there was only limited support or the right type of support was not available to them and three more respondents that they had asked for support, but were still waiting to receive it. Two respondents said they felt they didn't need it, whilst the remaining two responses could not be categorised.

Please tell us why you have not sought support for your child / young person's mental health? (N=17)	No. of respondents
I don't feel my child/young person's issues are bad enough	7
Waiting times for services are too long	6
I have only just started to have concerns about my child/young person	5
Not sure about what support is available	4
Not sure about what to do or who to speak to	2
I want to deal with my child/young person's issues without professional support	2
I have been told my child/young person's issues are not bad enough	1
A partner / member of family has advised me not to seek support	1
Other reason	10

N.B. Respondents were able to select more than one response, hence the total number of respondents does not equate to the number who answered the question.

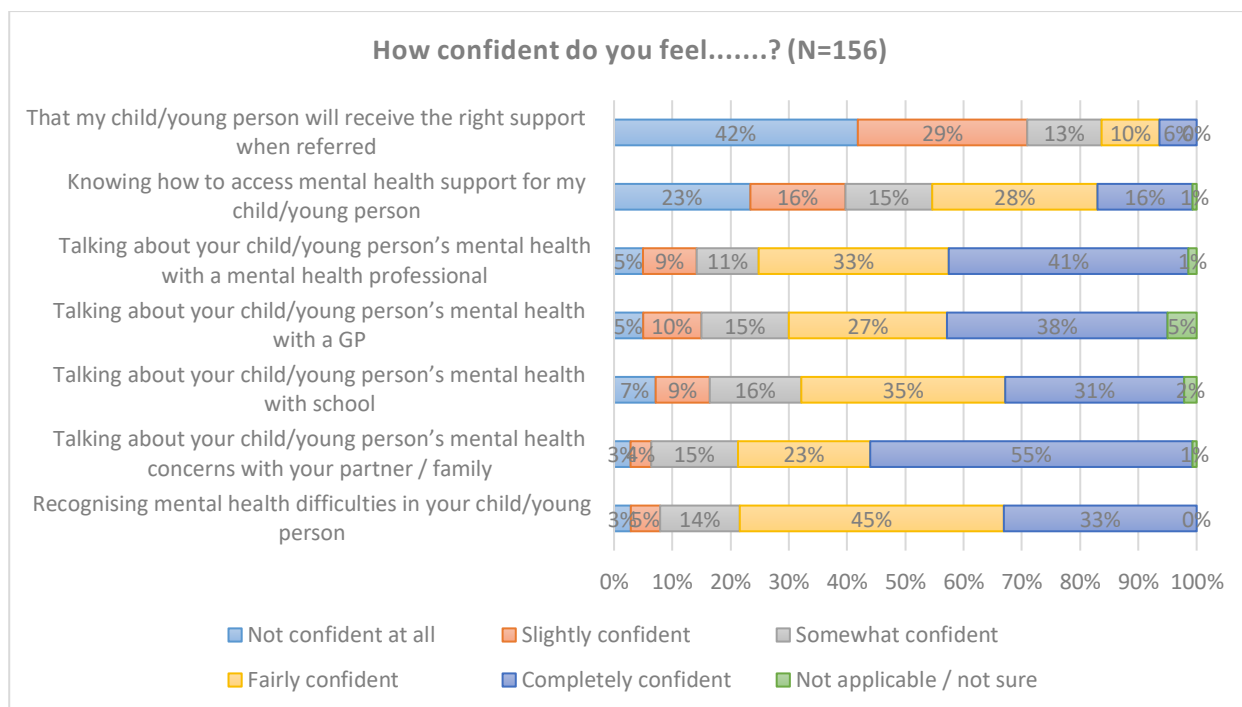
Getting help

Respondents were asked how confident they feel discussing the mental health of their child/young person and accessing support if needed;

- 78% feel completely / fairly confident talking about their child/young person's mental health concerns with their partner / family.
- 78% feel completely / fairly confident recognising mental health difficulties in their child/young person.
- 74% feel completely / fairly confident talking about their child/young person's mental health with a mental health professional.
- 66% feel completely / fairly confident talking about their child/young person's mental health with school.
- 65% feel completely / fairly confident talking about their child/young person's mental health with a GP.

However, in relation to knowing how to access mental health support for their child/young person, although 28% said they felt fairly confident, 23% also said that did not feel

confident at all. Following on from this 42% said they did not feel confident at all that their child/young person would receive the right support when referred.



When asked what they felt was most important about CYP mental health services, the majority (28%) felt that this was getting CYP the right type of support that they required and also that this happened quickly, with short waiting times (28%).

Around a quarter (24%) felt that it was important that both parents and CYP are listened to and supported and a further 15% that staff are supportive and understanding and able to build relationships with the CYP.

What do you feel is most important when thinking about children and young people's mental health services? (N=156)	%
Getting the appropriate type of help they need	28%
Speed of getting help/shorter waiting times	28%
Parents and child are both listened to and supported	24%
Easy/better access to services and information	22%
Supportive and understanding staff/building relationships	15%
Services working together/continuity/consistency	14%
More support for schools	5%
Other	1%

N.B. Respondents were able to select more than one response, hence the total percentages does not equate to 100%.

8 Conclusion

The listening exercise sought to provide a review of the mental health and wellbeing support that is in place for CYP across Tees Valley. A total of 472 stakeholders, staff, CYP and parents / carers were engaged with through a series of one-to-one interviews, group discussions and surveys.

Staff / stakeholders identified aspects of current provision that they feel are working well, these included:

- Quality of service received (when able to access) and effectiveness of interventions.
- Mental health support provided to schools and whole school based approaches.
- The wide variety of support / services available, including online support and delivery by VCS organisations.
- Referral processes and quick access to assessment and signposting to suitable services.
- Integration and partnership working to support CYP and their families more quickly and holistically.

Areas for improvement identified by staff / stakeholders included:

- Improved funding with more sustainable commissioning and contracting and greater provision.
- Shorter waiting times to ensure CYP receive the right support when needed.
- Embedding i-THRIVE as a model and understanding where all services fit within that.
- Greater diversity of provision to address the increasing complexity of need of CYP and gaps in provision.
- Greater consistency and uniformity across Tees Valley ensuring that all CYP and their families have the same equitable opportunities regardless of where they live or the educational setting they attend.
- Greater focus on early help ensuring that mental health support is available in every school, and that education around mental health is built in from an earlier age.
- Improving understanding of the offer available, including awareness of the interventions offered and how they can be accessed.
- Greater collaborative working and multi-agency approaches.
- More appropriate and better quality referrals with improved information for families at the point of referral to help prepare parents / carers and manage expectations.
- Streamlined referral pathways with a more comprehensive assessment / triage process representing all services, to ensure that the journey for the CYP is the most suitable for their needs and prevent them from bouncing around the system.
- Enhanced mental health staff training / development to improve the offer and provide greater alignment with the increasing complexities of CYP.
- Improved training for staff working within educational settings.
- Providing better support for parents / carers.
- More accessible, approachable and engaging support for CYP.

CYP talked about their own experiences of accessing mental health services and what they expect from services. The following summarises the headline findings from this cohort:

- Importance of embedding mental health support within all schools and mental health education from an earlier age.
- Mental health services need to be better promoted and accessible to all – whilst educational establishments play a vital role in building awareness and supporting access, having the ability to access support outside of the school environment was also considered important.
- Short waiting lists for assessment and support and ensuring that CYP are seen by the right service / person for their needs are imperative.
- When accessing support CYP talked about;
 - Support being tailored to their needs with options and flexibility around length of sessions and duration of support, where support is accessed, the format / how support is delivered and the gender of the therapist.
 - Practitioner consistency with CYP not having to retell their story.
 - Feeling safe and knowing that anything they discuss will not be shared.
 - Feeling involved in decisions.
 - Feeling understood and listened to and not feeling embarrassed, judged or dismissed.
 - Feeling confident and encouraged to 'open up' through engaging experiences.
 - Practitioners having an awareness of neurodiversity and LGBTQ+ issues.
- Whilst online support services may be beneficial for some and act as an effective first point of call, there is a reluctance amongst many to use this service.

The following summarises the perspective from parents / carers:

- Waiting times for support and the support received during this time were felt to be inadequate.
- Parents / carers lack confidence that their child / young person will receive the right support when needed and want to see changes to the referral process with shorter waiting times. Getting CYP the right type of support when needed was felt to be the most important factor for CYP mental health services.
- It is important that parents / carers, and their CYP, feel listened to, understood and supported.
- Parents / carers want their child / young person's care to be tailored to their needs. Similarly to feedback from CYP, parents / carers want their child / young person to have more options for different types of therapy, support to be available in different locations (not just in clinical settings) and flexibility in its length / duration.
- A small proportion felt that improvement is needed in the support provided for CYP with neurodiversity.

9 Appendix

9.1 Equality and monitoring information

Children and young people's survey

Where do you live?	Stockton	6	15%
	Hartlepool	5	13%
	Middlesbrough	5	13%
	Redcar & Cleveland	12	30%
	Darlington	6	15%
	Other / prefer not to say	6	15%
How old are you?	11 to 13	8	20%
	14 to 17	23	58%
	18 to 21	3	8%
	22 to 25	2	5%
	Prefer not to say	4	10%
Are you...?	Male	7	18%
	Female	25	63%
	Other	3	8%
	Prefer not to say	5	13%
Does your gender identity match your sex as registered at birth?	Yes	30	75%
	No	4	10%
	Prefer not to say	6	15%
What is your race / ethnicity?	Asian / British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other)	0	0%
	White (British, Irish, European, or other)	36	90%
	Black / British Black (African, Caribbean, or other)	0	0%
	Mixed race (Black & white, Asian & white, or other)	0	0%
	Gypsy or traveller	0	0%
	Other / prefer not to say	4	10%
Do you have a disability, long-term illness or health condition?	Yes	10	25%
	No	21	53%
	Prefer not to say	9	23%
Do you provide care / look after a family member, friend or someone else?	Yes	9	23%
	No	25	63%
	Prefer not to say	6	15%
What do you consider your religion to be?	No religion	26	65%
	Christianity	5	13%

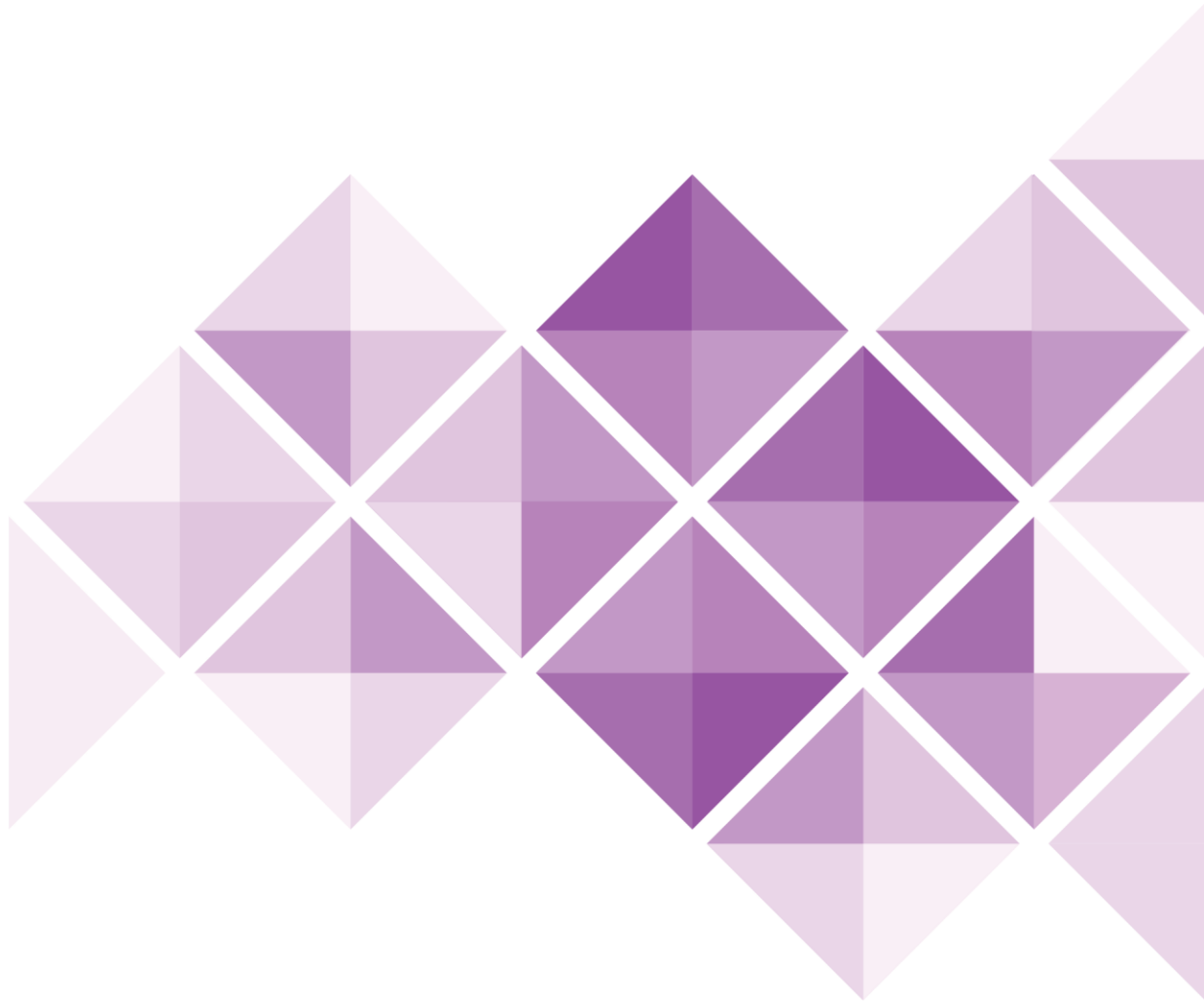
	Buddhist	0	0%
	Hindu	0	0%
	Jewish	0	0%
	Muslim	0	0%
	Sikh	0	0%
	Prefer not to say	9	23%
	Other	0	0%
Are you currently serving in the UK Armed forces / ever served in the UK Armed Forces?			
	Yes	0	0%
	No	37	93%
	Prefer not to say	3	8%
Are you a member of a current or former serviceman or woman's immediate family/household?			
	Yes	3	8%
	No	32	80%
	Prefer not to say	5	13%

Parent and carer survey

Where do you live?	Stockton	22	17%
	Hartlepool	43	32%
	Middlesbrough	27	20%
	Redcar & Cleveland	9	7%
	Darlington	13	10%
	Other / prefer not to say	19	14%
How old are you?	25-34	25	18%
	35-44	69	49%
	45-54	37	26%
	55-64	7	5%
	Prefer not to say	2	1%
Are you...?	Male	3	2%
	Female	135	96%
	Other	0	0%
	Prefer not to say	2	1%
Does your gender identity match your sex as registered at birth?	Yes	137	98%
	No	0	0%
	Prefer not to say	3	2%
Sexual orientation	Heterosexual or straight	124	91%
	Gay man	0	0%
	Gay woman or lesbian	2	1%
	Bisexual	2	1%

	Asexual	0	0%
	Prefer not to say	4	3%
	Other	4	3%
Marital Status	Single (never married or in a civil partnership)	21	15%
	Cohabiting	17	13%
	Married	81	60%
	In a civil partnership	4	3%
	Separated (but still legally married or in a civil partnership)	3	2%
	Divorced or civil partnership dissolved	7	5%
	Widowed or a surviving partner from a civil partnership	1	1%
	Prefer not to say	2	1%
What is your race / ethnicity?	Asian / British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other)	1	1%
	White (British, Irish, European, or other)	134	99%
	Black / British Black (African, Caribbean, or other)	0	0%
	Mixed race (Black & white, Asian & white, or other)	0	0%
	Gypsy or traveller	0	0%
	Other / prefer not to say	1	1%
Do you have a disability, long-term illness or health condition?	Yes	50	36%
	No	86	61%
	Prefer not to say	4	3%
Have you been pregnant in the last year?	No	133	96%
	Yes	4	3%
	Prefer not to say	2	1%
Do you have any caring responsibilities	Primary carer of a child or children (between 2 and 18 years)	101	55%
	Primary carer of a disabled child or children	32	17%
	Primary carer or assistant for a disabled adult (18 years and over)	16	9%
	None	15	8%
	Secondary carer (another person carries out main caring role)	8	4%
	Primary carer or assistant for an older person or people (65 years and over)	5	3%
	Primary carer of a child or children (under 2 years)	4	2%
	Prefer not to say	4	2%
What do you consider your religion to be?	No religion	69	50%
	Christianity	59	43%
	Buddhist	0	0%
	Hindu	0	0%
	Jewish	0	0%
	Muslim	0	0%
	Sikh	0	0%
	Prefer not to say	1	1%

	Other	7	5%
Are you currently serving in the UK Armed forces / ever served in the UK Armed Forces?			
	Yes	0	0%
	No	0	0%
	Prefer not to say	0	0%
Are you a member of a current or former serviceman or woman's immediate family/household?			
	Yes	0	0%
	No	0	0%
	Prefer not to say	1	100%



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