NHS
North East and North Cumbria

Children and Young People's Mental Health and Wellbeing in Sunderland: Involvement report

Involvement Team

October 2024

Better health and wellbeing for all...

Contents

Executive summary

The North East North Cumbria (NENC) Integrated Care board (ICB) along with Together for Children Sunderland recognise the children and young people mental health and wellbeing service specification is in need of review as it no longer reflects current need or service models. Involvement took place over September and October 2024 to support understanding of the views of children and young people, parents and carers, and stakeholders and staff. The outcome of the involvement activity will help to inform a new specification with an aim of ensuring young people get the right support, in the right place, at the right time.

A total of 249 people were engaged over the involvement period. This included:
- 74 responses to the children and young people survey
- 80 responses to the parent and carer survey
- 84 responses to the stakeholder survey
- 11 people involved via the stakeholder event

The **children and young people survey** received 74 responses. Results indicated the following:
- Young people are experiencing worries about a range of topics. The most often selected response was 'friendship problems, bullying or peer group pressures' (67.12% of respondents), followed by 'my body or health' and 'the negative thoughts I have about myself' (64.38% each). 'my worries about the future' also featured high (61.64%). There was a notable proportion of respondents also indicating that they had worries or stresses in relation to 'my family or homelife' (38.36), 'social media' (36.99%) and 'money worries' (30.14%).
- Respondents were most likely to speak to a parent or carer (44.93%), closely followed by a worrying proportion who state that they don't talk to anyone (42.03%). A high proportion said they would speak to a friend (40.58%). People were much less likely to speak to anyone at school (13.04%) or a health professional (10.14%). Only two people indicated that they don't feel sad, stressed or worried.
- These messages were reinforced when people were asked what they would do if they needed help with their mental health. The most often mentioned theme was that people would speak to family and friends (20). This was followed by people saying they would do nothing or deal with it themselves (13) and seek medical help (10).
- 53.42% of respondents answered 'yes' that they had had help with their mental health, 34.25% answered 'no' and 12.33% were not sure or didn't want to say.
- 70.59% (29 of 34) respondents indicated that they had received help from a mental health service in the community.
- Just under 30% rated the help they received as very poor or poor, with around 43% rating the help good or very good. For those who had stated they received help from community based services, around 42% of respondents rated the help very poor or poor and 33% rated the help was good or very good. (Note, percentages are based on low numbers.)
- Respondents were asked what they liked and what could have been better about the support that they received. Overall, there were: 4 positive comments about CYPS and 8 negative; 1 positive comment about CAHMS and 3 negative; 4 positive comments about counselling, psychology or psychiatry and 2 negative; 1 positive comment about CTT/IAPT and one negative; and there were 12 general positive comments (plus one who said they liked nothing about the support) and 16 negative comments (plus two that stated nothing could have been better).
- When asked what was important in relation to how and when mental health services are available, all options listed were important for young people. Overall importance was

highest in relation to not having to wait long for help (98.28%), followed by being involved in decision making (96.67%), receiving support in a place that is near (91.53%), having a choice of seeing someone face-to-face or online (86.66%) and receiving support in a place that is familiar (76.66%).

- Respondents were asked what was important in relation to the person delivering mental health services. Again, all variables were considered important. Overall importance was highest for knowing they would be seen by the right person for their needs (100%), followed by knowing the discussions would be confidential (98.27%), seeing the same person so they don't have to repeat their story (96.56%), to not feel embarrassed or judged (96.55%), being able to speak in their home language (82.75%) and the person understanding their culture or beliefs (75.86%).
- When asked what else was important about mental health services for children and young people. The most popular themes related to greater understanding or awareness (7) and for professionals to listen or not make assumptions (6).
- 44.82% of respondents said they were likely or very likely to use an online support service. 27.58% were unlikely or very unlikely to use such a service. The most common theme from those who were likely to use the service was that they had used it before, or they had positive feedback about online services (7). The most common response from those unlikely to use an online service was that they prefer other options or face to face contact (8).
- Around 93% of respondents expect an online support service to be free; 79% expect advice from a health professional; 67% expect to learn how they can improve their mental health; 64% to get text or email support; 62% for the service to be anonymous and the least popular expectation was to join discussions with other young people who have similar problems at 38% (although these percentages are also based on low numbers).

The **parent and carer survey** received 80 responses. Findings indicated:
- Most people who responded to the survey had one child (73.75%), followed by 2 (21.25%), 3 (2.5%) and 4 (2.5%). The ages of the children demonstrate a good representation for the under eleven (40 children), followed by 11-13 (30) and 14-17 (28) age groups. There were fewer people with children over the age of 18.
- 90% of respondents answered yes when asked if they had ever had concerns about their child's mental health and 7.5% answered no.
- Around 79% of respondents had accessed support for one or more of their children. Around 21% had not accessed support, with seven of these (8.75%) stating they had wanted support but had been unable to get it.
- The most common response when asked where they had accessed support was Children and Young People Services (CYPS) (65.45%), followed by Child and Adolescent Mental Health Services (CAHMS) (54.55%). However, there was a spread across a range of other services.
- Most respondents thought that communication with them as a parent or carer was poor (40%) or fair (40%). Those who answered good, very good or excellent totalled 20% across all variables. Communication with other services came out slightly worse with 43.64% indicating this was poor and 34.55% fair. Those who answered good, very good or excellent totalled 10.91% across all three options. It should be noted that numbers are low for this question and so percentages can be influenced by a small number of respondents.
- Significant amounts of respondents rate the support they received poor across all measures. Waiting time and support given whilst waiting was rated most poor (89.09% poor for both measures). 61.82% of respondents rated the referral process poor and this was followed by the quality of the support received (47.27%) and staff understanding

(34.55%). Again, numbers of respondents are low, and percentages must be treated with caution.

- When asked what was good about the experience of accessing mental health support for their child, the most common theme was related to staff or general comments about care (21). Following that, 15 people said there was nothing or little good about the experience, 7 people used language such as 'eventually' or 'after waiting' or gave some indication that it had taken work to get to the right person/service.
- When asked what could be improved about the experience of accessing mental health support for their child, the most common theme referenced issues with waiting (40). Of those 40 comments, 24 included general remarks in relation to waiting times or lack of early intervention, 7 referenced long waits for two separate services (i.e. CAHMS and CYPS), 5 the need for support or communication whilst waiting and 4 contained references to waits in relation to neurodevelopmental needs. The next most common theme was for the parents and children to be listened to (6) and comments relating to issues over the amount or length of contact available, or that discharge was too early (6)
- When asked what might stop people getting support 72% referenced waiting times, followed by parents feeling they were not sure what to do or who to speak to, not sure what support is available or having been told their child's issues are not bad enough (19% each). 13% of respondents also said that they wanted support, but their child didn't. When asked for more information on barriers, 9 comments gave more detail on waiting. Five people made reference to not being believed or professionals thinking the issues were due to other issues and four people commented on being refused help or referral, which could potentially link as a theme.
- Respondents expressed good levels of confidence in relation to talking about their child's mental health. When looking at fairly and completely confident combined, the highest levels were in relation to talking with family and talking with mental health professionals (79.41% each). There was slightly lower confidence in speaking with GPs (72.06%) and schools (69.12%).
- Despite the good levels of confidence in relation to speaking about a child's mental health outlined above, and high levels of confidence that they could spot the signs of poor mental health (85.29% fairly or completely confident), this begins to drop when asked whether people are confident in terms of knowing how to access mental health support for their child (52.94% fairly or completely confident and 16.18% not confident at all). Confidence drops even further when respondents were asked in relation to the child getting the right support (10.29% fairly confident and 55.88% not confident at all).

Eighty four responses were received to the **staff and stakeholder survey**. Responses indicate the following:

- Overall, current provision was rated 4.2 out of 10 (weighted average). 53% of respondents scored below 5, 18% scored 5 and 29% above five. This indicates stakeholders and staff do not have full confidence the provision at present.
- Comments indicated that there were positives about the service (13) and staff (9). However, this was couched with concern over waiting or resource. It was also noted that there are some positives in school, particularly in relation to Healthy Heads (5) and in relation to CAHMS, including the way their staff give advice or are integrated into other services (5).
- A key concern was waiting times or speed of access to services (33). There were also suggestions that signposting, advice or support whilst waiting could be improved (11). This included comments about the gap between receiving service at CAHMS and CYPS. Nine people made comments in relation to the level of services or provision, specialist services or resource level and allocation. Eight people made comments in relation to

staffing levels (including appropriately qualified staff) and seven indicated that more school based work would be helpful.

- Around 68% of respondents felt that there were gaps in skills and / or knowledge in the current workforce. The most mentioned topic in relation to what might need improving in this area was neurodivergence/autism/ADHD (7). This included more information on the links with mental health or how to work with people, including those on the pathway but may not yet have a diagnosis. Four people made suggestions relating to information on different offers or support available so that better signposting can be provided. Four people thought that all staff working with children and young people should receive training to make them more confident on the topic of mental health. This included a suggestion that people in different settings should be able to deliver low level interventions. Four people also mentioned childhood trauma as a topic that would be useful for more training. Although all of the other themes had two responses or less, there are a range of further helpful suggestions.
- The main thing people would have like to see in an ideal world was less waiting or more timely support (33). Following that, a desire for more integration into schools (10) and more integrated services or support systems more generally (9). A range of other comments were also received and are outlined below.

The **stakeholder event** gave more detail on some of the issues that were raised in surveys or added more technical detail. In summary, discussions included:
- Recognition that there are some areas of work that need strengthening, such as the trauma offer and improved consistency for the bereavement offer.
- Issues with exclusions due to not meeting service criteria or not being in a stable environment.
- An inconsistent offer in schools, or opportunities to improve communications/links with community CAHMS. Also, a suggestion to provide a toolkit to schools so they can better support young people.
- A recognition that there is growing school based anxiety and the need to recognise SEND when designing services.
- A need for clear self-harm interventions.
- Opportunities to upskill parents e.g. avoiding crises, dealing with self-harm, awareness of the universal offer and recognising developmental changes that do not need intervention or diagnoses.
- Recognition of opportunities to improve the early years offer to avoid residential care and suggestions to involve schools, strengthen alignment with Under 5s neuro and paediatrics.
- Opportunity to improve the integration of early years and family hubs.
- Consideration of spaces for delivery (e.g. family hubs, home visits for people not engaging)
- Consideration of counselling including being evidence based, working with schools, gender identity issues and referral routes.
- Recognition that there can be decline when people are not seen and suggestions for improvement.
- Possible improvements to the training offer.
- There was recognition of where there are strong partnerships or working relationships but also specific suggestions for improvements.
- In addition to areas highlighted above, suggestions for a future service included a transparent offer and universal information sessions; a flexible approach; a system that is easy to navigate and seamless; earlier intervention; a holistic approach; dealing with the issue of removing young people from the service if they miss three appointments and improved links between trauma and mental health.

Introduction

The North East North Cumbria (NENC) Integrated Care board (ICB) is responsible for children and young people's mental health and wellbeing support. It is recognised that children and young people's mental health is high on the public agenda. In 2023 about 1 in 5 children and young people aged 8-25 years had a probable mental health disorder, a rise from one in eight in 2017 and one in six in 2021 (NHS England Digital, 2023).

The 2024/25 priorities and operational planning guidance highlights continuation of investment in expanding access mental health services to meet the needs of more children and young people, including further roll-out of the Mental Health Support Teams. Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it.

The Population Report for Sunderland shows that Sunderland is a city of around 274,000 people and almost 60,000 of those are aged 0-14. The population is not particularly ethnically diverse, with 95% of the population white British. The Children and Young People Joint Strategic Needs Assessment for Sunderland shows that Sunderland has high levels of deprivation with 26% of children living in areas that fall into Index of Multiple Deprivation Deciles 1 and 2. It is widely understood that deprivation is one of the wider determinants of health that can influence a person's mental and physical health.

Children and young people services in Sunderland are structured in line with the Thrive model. THRIVE considers the mental health and wellbeing needs of children and young people through five different needs-based groupings:
1) Getting Advice: advice and signposting to information/ support
2) Getting Help: focused, goals-based input (e.g., social anxiety, low-mood, social phobias)
3) Getting More Help: more extensive and specialised help (e.g., eating disorders, psychosis)
4) Getting Risk Support: previous help has not resolved difficulties (e.g., children not in education)
5) Thriving: prevention and promotion strategies to maintain own mental wellbeing.

The Getting Help offer is currently provided by NHS-funded services and the voluntary sector. The main Getting Help offer in Sunderland is provided by Sunderland and South Tyneside NHS Foundation Trust (STSFT) and Sunderland Counselling Service who together make up the Sunderland Community Children and Young People Mental Health Service (SCCYPMHS), formerly Community CAMHS. There are other commissioned pockets of support provided by VCSE providers, Sunderland Mind and Washington Mind offering counselling and peer support groups. Also provided by STSFT is the Healthy Heads Mental Health Support Team which works in 46 schools in Sunderland. The SCCYPMHS offer is available to children and young people aged up to 18 years with mild to moderate mental health needs. Between April 2023 and March 2024, 2,550 children and young people were referred to the service. On 31st March 2024, there were 919 children and young people waiting for treatment.

Historically, the SCCYPMHS service has included a neurodevelopmental assessment element whereby young people were screened prior to referral onto Cumbria,

Northumberland, Tyne and Wear (CNTW) NHS Foundation Trust's CYPS Neurodevelopmental Pathway. From 1st September, the whole of the neurodevelopmental pathway, including any initial screening, will sit with CNTW. This will free up capacity within SCCYPMHS for children with mental health needs.

In addition, the continued expansion of the Healthy Heads service will introduce a prevention and early intervention service into more schools in the city. Current plans are to increase coverage from around 40% of schools currently to over 75% of schools by Autumn 2025.

Gaps have also been identified around bereavement support, behaviour and trauma.

There is a need to review the service specification as it no longer reflects current need or service models. It was important that we understood the views of the following prior to forming the service specification:
- Children and young people
- Parents and carers
- Stakeholders and staff

NENC ICB, supported by Together for Children, undertook the involvement work, resulting in a total of 249 people being engaged. This included:
- 74 responses to the children and young people survey
- 80 responses to the parent and carer survey
- 84 responses to the stakeholder survey
- 11 people involved via the stakeholder event

The involvement sought to understand experiences mental health and wellbeing services. Objectives of the involvement included exploring which access points for mental health support are most utilised, evaluating the effectiveness of the support and gaining an understanding of how key stakeholders would like services to be delivered in future. The outcome of the involvement activity will help to inform a new specification with an aim of ensuring young people get the right support, in the right place, at the right time.

Methodology

Involvement took place September to October 2024. This included a stakeholder event for staff in Together for Children Sunderland, Sunderland City Council (Public Health) and the Integrated Care Board on 9th September 2024.

The involvement also included three surveys that were open between 3.9.24 and 13.10.24. The surveys were aimed at children and young people, parents and carers, and stakeholders. Healthwatch were important partners in the promotion of the surveys. The surveys were promoted via the mechanisms outlined below:
- ICB webpage
- ICB, Healthwatch and Together for Children social media channels. Part way through the survey window, some social media promotions via Tik Toc and SnapChat were arranged with an external media promotion company.
- Briefing to partners to promote the surveys.
- Surveys dissemination via ICB, Together for Children and Healthwatch contacts. Some of the messaging was sent to general contact lists, whilst there was targeted promotion to key organisations. Avenues for promotion included:

- o Young commissioners
- o Youthwatch
- o Sunderland and South Tyneside Involvement Partnership (which includes over 100 public and voluntary sector partners)
- o Area Voluntary and Community Sector Networks
- o Voluntary and Community Sector infrastructure organisations
- o Healthwatch newsletters and contact lists (approximately 1,000)
- o Schools
- o Sunderland College
- o The hospice
- o Washington Mind
- o Sunderland Mind
- o Sunderland Parent Carer Forum
- o Carers Centre
- o NHS teams
- o Together for Children participation teams
- o Public Health, Sunderland City Council
- o Mental Health Providers
- o Youth Services
- o Via the Kooth platform
- o Daisy Chain
- o A range of organisations working with specific groups of young people who may have an interest in the topic or be more likely to experience health inequalities.
- o Via Healthwatch attendance at world mental health day events.

Analysis

All surveys included both closed and open ended questions. Where closed questions are presented, percentages are used. However, it should be noted that between 74 and 84 people responded to each survey. People do not necessarily see or respond to each question. Therefore, in some cases percentages are based on small numbers and one or two participants can account for a large percentage of the total. Therefore, percentages do need to be treated with some caution. Because of the low numbers, demographic analysis of responses has not been undertaken as it is unlikely to be meaningful.

In respect of the open ended questions, responses have been read and themed as far as possible. Often responses contain more than one theme. However, it should be noted that there are a diverse range of different points being made, especially in relation to the stakeholder survey. Therefore, it has been difficult to group responses into themes in some instances. A summary of the responses have been presented where this is the case. Illustrative quotes are also provided to give more of an indication of the detail around the themes. These are provided exactly as written. There is a rich depth of information contained within the full responses, including suggestions for improvement. This difficult to present in summary form and so commissioners are recommended to read the open end response detail as part of their considerations prior to forming service specifications, and not rely entirely on the summaries provided below.

Findings: Children and Young People Survey

74 responses were received to the children and young people's survey. The findings are outlined below:

Q1: What makes you sad, stressed or worried? (Base 73)

Respondents were given a list of options, and they could select as many as they wished. 73 people responded, giving 321 responses. This indicates that young people are experiencing worries about a range of topics. The most often selected option was 'friendship problems, bullying or peer group pressures' (67.12% of respondents), followed by 'my body or health' and 'the negative thoughts I have about myself' (64.38% each). 'my worries about the future' also featured high (61.64%). There was a notable proportion of respondents also indicating that they had worries or stresses in relation to 'my family or homelife' (38.36), 'social media' (36.99%) and 'money worries' (30.14%).
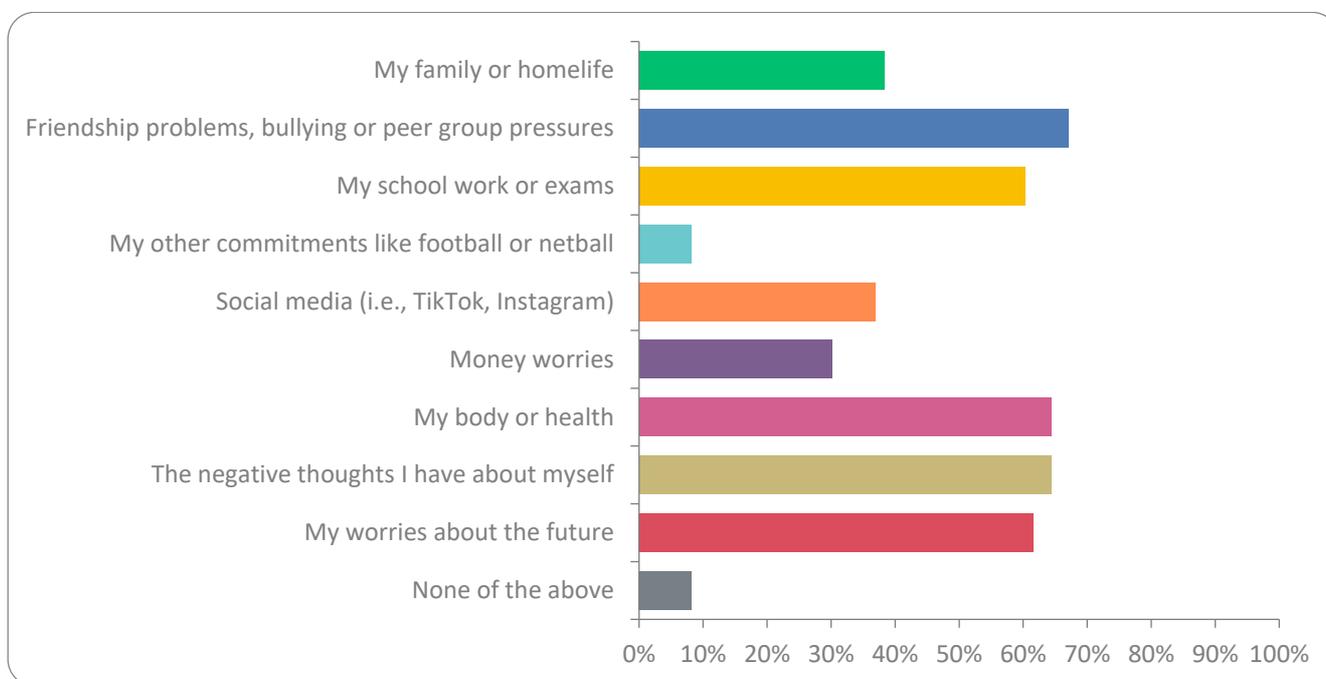
Answer Choices	Percent	No.
Friendship problems, bullying or peer group pressures	67.12%	49
My body or health	64.38%	47
The negative thoughts I have about myself	64.38%	47
My worries about the future	61.64%	45
My school work or exams	60.27%	44
My family or homelife	38.36%	28
Social media (i.e., TikTok, Instagram)	36.99%	27
Money worries	30.14%	22
My other commitments like football or netball	8.22%	6
None of the above	8.22%	6
Total		321

Respondents were also offered space to write in if there was anything else that made them sad, worried or stressed. The following responses were received (all represented exactly as written):

Being alive
Online bullying slandering my image
Gender Dysphoria
I have anxiety after losing my dad. He passed away 6 years ago when i was only 6 years old.
School/german
Loosing a loved one
Myself… I'm king of a roudy one
that pretty much covers it.
My job
Nothing
My job
Gender/Sexuality
The fact that I don't have a purpose and I'm just living until I die
Crowds,loud noises and school assembly's
Struggles in finding work, when I have work the struggles within work as a young autistic person. The fact I struggle with mania and when I am in a manic episode I don't know how to get myself out of it.
Past trauma and issues as well as my mental health in general.
There's a huge pressure to try and fit in in today's world. I tend to hide my true feelings and always put on a front in social situations / when I'm out in public in order to avoid being judged / seen .
The fact my needs were nit met until I was 15 and now my life moving forward will take longer through professionals failing me.
N/A

School as they tell mum they have support for me but I don't feel supported. They don't care when I'm upset and I'm told to be positive

Luckily for me, I live a life where I don't allow myself to feel sad, stressed or worried, this is due to my belief and how i approach life. I tend to keep myself busy at all times, I look after myself and put myself first in everything I do.   This takes years of build up to accept.

Q2: Who do you talk to when you feel sad, stressed or worried? (Base 69)

Respondents were most likely to speak to a parent or carer (44.93%), closely followed by a worrying proportion who state that they don't talk to anyone (42.03). A high proportion said they would speak to a friend (40.58%). People were much less likely to speak to anyone at school (13.04%) or a health professional (10.14%). Only two people indicated that they don't feel sad, stressed or worried.
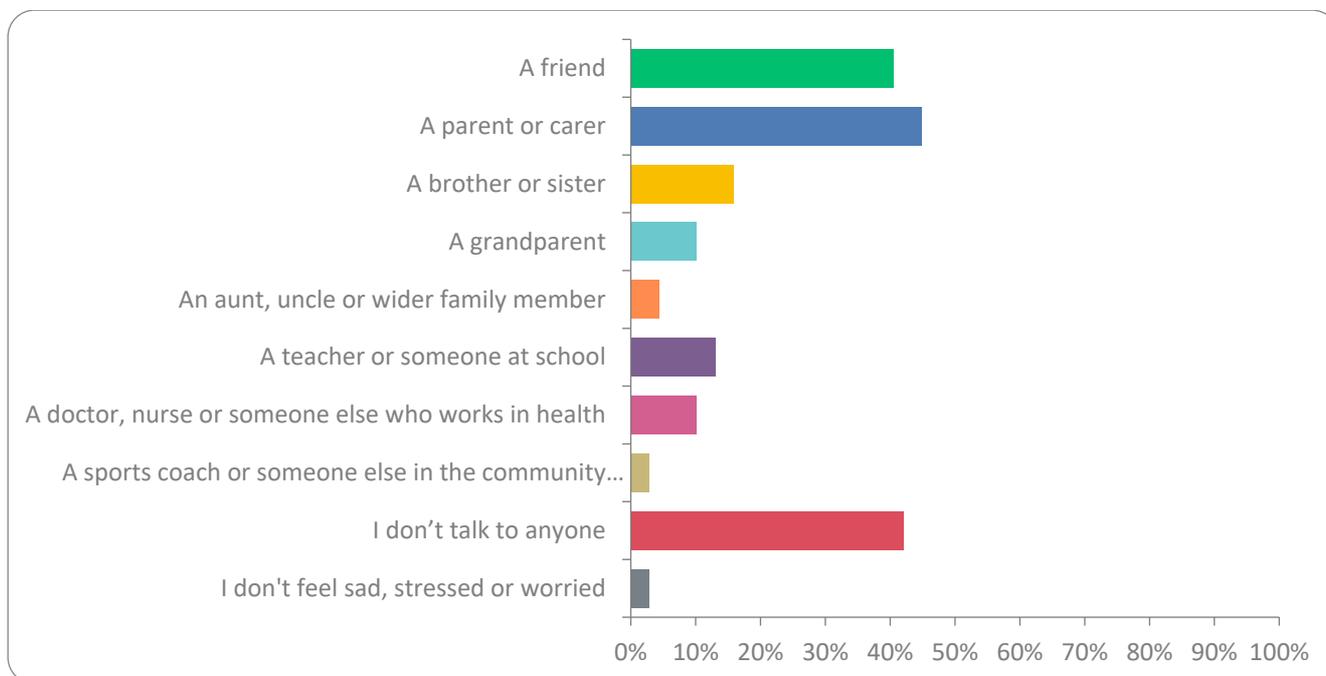
Answer choice	Percentage	No.
A parent or carer	44.93%	31
I don't talk to anyone	42.03%	29
A friend	40.58%	28
A brother or sister	15.94%	11
A teacher or someone at school	13.04%	9
A grandparent	10.14%	7
A doctor, nurse or someone else who works in health	10.14%	7
An aunt, uncle or wider family member	4.35%	3
A sports coach or someone else in the community (e.g. church or youth group)	2.90%	2
I don't feel sad, stressed or worried	2.90%	2
Total		129

Respondents were given the opportunity to write in any other people they would talk to if they were worried, sad or stressed. Fifteen responses were written and one has been removed as it was a name. The following responses were received (reflected exactly as written):

Kooth
Kooth
Cousin.
my boyfriend sometimes
My partner, people on online peer support platforms
No need
Councillor
My boyfriend
Support worker lgbt+ sunderland
As I've been on the waiting list for therapy for 2 years I have had to go private which is expensive and I often have to cancel as I can't afford it.
My partner
Usually I keep things to myself until I'm at breaking point
I tell teachers but they don't care
I have great company around me which is another reason I believe on why i can stay content with my life. I have amazing people who I can speak to everyday.

Q3. If you needed help with your mental health, what would you do?

Sixty three respondents wrote in an open-ended response to this question. These were summarised into themes. Some responses had more than one theme. The most often mentioned theme was that people would speak to family and friends (20). This was followed by people saying they would do nothing or deal with it themselves (13) and seek medical help (10). All themes are summarised in the table below and illustrative quotes are also provided:

Theme	No.
Speak to family, friends or partner	20
Nothing or deal with it myself	13
Seek medical help (including GP, crisis team or counselling help)	10
General comments regarding reaching out, asking for help or talking	8
Help via text, Kooth, online or helpline	7
Reference to how it was difficult or scary to ask for help	6
Cry	4
Negative comment regarding NHS or mental health services	4
Engage in activities (references to films, books, walking, motivational speeches)	3
Speak to a trusted adult (reference to teacher, coach, youth worker, support worker)	3
Not sure	2
Reference to death	2
Pray	2
Community or VCS support	1

Illustrative quotes (represented exactly as written):

"Don't like speaking to people other than mam so would talk to her"

"Talk to family and friends"

"Nothing , Its Scary To Tell People."

"Nothing anymore, mental health services are shocking. Crisis team are shocking. Better off alone or dead than talking"

"Contact my current therapist, or speak to my partner. I have contacted the crisis team in the past however I found it unhelpful."

"Go to gp"

"Message a helpline. Talk to GP or mental health services if gets worse"

"sometimes i try to manage it if not i use kooth as i hate bothering my friends and my teacher"

"Reach out but I'm kinda scared"

Q4: Have you ever had help with your mental health? (Base 73)

53.42% of respondents answered 'yes' that they had had help with their mental health, 34.25% answered 'no' and 12.33% were not sure or didn't want to say.
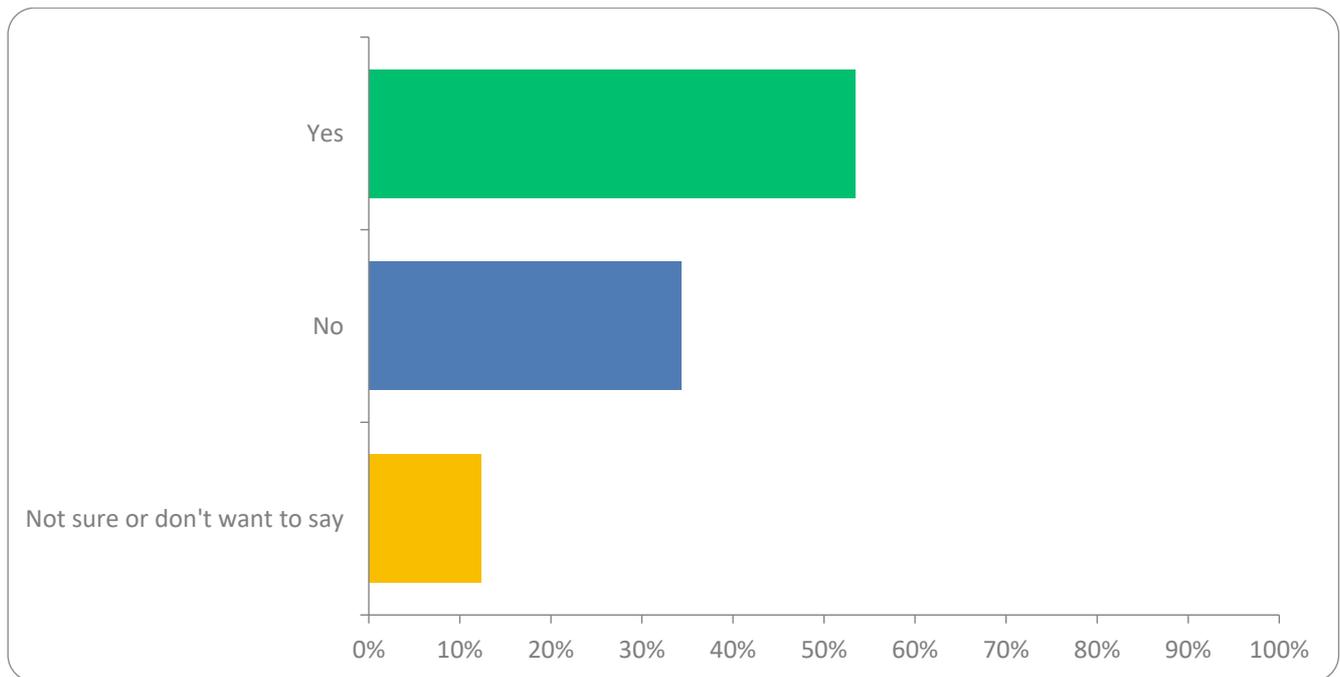
Q5: Where did you get help? (Base 34)

70.59% (29) respondents indicated that they had received help from a mental health service in the community.

Answer choices	Percent	No.
A mental health service in the community	70.59%	24
School or college	8.82%	3
GP (doctor)	8.82%	3
Hospital	5.88%	2
Online (e.g. Kooth)	2.94%	1
Not sure / can't remember	2.94%	1
Total		34

Respondents were offered space to write in any other support they had received. The other responses are below (exactly as written):

Sunderland mind for counselling when i lost my dad.
Police
Also GP, and hospital
I've had mental health help via my GP, school, college, and CAMHS and CYPS.

Over the years Ive received help from school and college counsellors, my gp and online services like Kooth
Good vibes coinsellor

Q6: How would you rate the support you received? (Base 37)

The support received averaged 3.2 stars, with one star being very poor and five stars being very good. Just under 30% rated the help very poor or poor, with around 43% rating the help good or very good. This was also filtered to just those who had stated they received help from community based services, given this was the largest response category. The average reduced to 2.8 stars, with around 42% of respondents stating the help was very poor or poor and 33% stating the help was good or very good. It should be noted that numbers are small and so percentages should be treated with caution.

	Star rating						
	1 Very poor	2 Poor	3 Neutral	4 Good	5 Very good	Total	Weighted Average
All respondents	13.51% 5	16.22% 6	27.03% 10	24.32% 9	18.92% 7	37	3.2
Respondents who received a mental health service in the community	16.67% 4	25% 6	25% 6	25% 6	8.33% 2	24	2.8

Q7 What did you like about the support you received?
Q8. What do you think could have been better about your experience?

29 responses were received in response to each of questions 7 and 8 asking what people liked about the support they received and what they thought could be better. Some of these responses made comments on more than one theme or about more than one service and so in some cases have been split for presentation purposes. They have not been summarised in any other way and are presented as written. A small number of comments to question 7 were negative comments and therefore have been organised with the 'what could have been better' responses. The feedback to both questions have been presented together so that we can see positives and negatives about particular services mentioned. Where comments could not be associated with a service, mentioned multiple services but were too few to split and group or were about a service that had too few comments to group, these have been presented under 'general'. In summary, there were: four positive comments about CYPS and 8 negative; 1 positive comment about CAHMS and 3 negative; 4 positive comments about counselling, psychology or psychiatry and 2 negative; 1 positive comment about CTT/IAPT and one negative; and there were 12 general positive comments (plus one who said they liked nothing about the support) and 16 negative comments (plus two that stated nothing could have been better).

What did you like about the support?	What could have been better?
CYPS	
Cyps has some really helpful workers and options available for help	CYPS
My CYPS worker was very understanding	Sometimes information isn't communicated well or time between appointments isn't really thoughts about for cyps.
Nurses really cared for me, and did the best that they could to support me (in CYPS' eating disorder service)	CYPS having a shorter wait time.
My medication prescribed via CYPS was helpful to a degree.	Not call autistic people attention seekers or tell them it's their fault (CYPS)
	When first referred, I felt as if nurses were not completely sure what to do / what the plan was to get me better (in CYPS' eating disorder service)
	CYPS- Actually help people, actually support someone. Not just sit through an appointment with no suggestions of support
	There was a lack of any treatments outside of CBT or just giving medication - I'm now older and aware that CBT is not the correct therapy for my issues. Staff at CYPS were constantly changed as well, which made it hard to open up or feel comfortable.
	Absolutely nothing I now have trauma from receiving the "support" (CYPS)
CAHMS	
CAHMS: I liked the workers and felt like there was a lot of kind supportive people	CAHMS: long waiting lists and felt like I was too young to get much help from therapy
	Maybe take me to camhs and get a therapist
	CAHMS - locked me in the room alone scared social workers have let me down etc
Counselling/Psychology/Psychiatry	
The counsellors at Sunderland Mind were great listeners and taught me some coping strategies that I still use now	Often had negative experiences with Psychiatric Liaison at QE . Felt dismissed and not believed, talked over, little understanding of autism.
I managed to find a therapist through a counselling directory online and they helped as they were specifically trained to help with my issues.	The waiting list was very tough for me at Sunderland Psychological Wellbeing service , I was at an extremely low point and had to wait almost 2 years to be seen by a professional. And also the limit on the amount of sessions I found very tough at times.
My counsellor was fantastic in college and it lead to me doing counselling degree at university to help others.	
I have struggled with my mental health since the age of 11 upwards and am now 23. I	

What did you like about the support?	What could have been better?
have received a few options of support over the years but the ones that stand out the most is the Sunderland Psychological wellbeing service. I had a psychologist age 11 who changed my life and the way i thought about things and also another professional at the age of 22 who also changed my life. I am so grateful for both people. Along with support from a counsellor at Washington Mind who went above and beyond to help me with difficult times.	
CTT/IAPT	
Sunderland west CTT and IAPT were quick to try different treatments and approaches when things weren't working out.	Lack of empathy and understanding during assessment with Sunderland west CTT. Comments were made denying that I couldn't be suicidal or depressed because I exercised and studied.
Crisis Team	
	Also the crisis team is awful for support they don't offer many helpful tips and most the staff just seem so unbothered by everything
	Sunderland crisis team were bad at communicating things and often said they'd do one thing and not follow through. Some staff just seemed to list off check list of questions which lacked compassion and understanding.
	They didn't really go deep into it I got a social worker but then the crisis team dropped me since they think I do counselling even though I barely go
General/too few to group	
More options and more support	Could be better
They help with my anxiety and how to deal with losing my dad. I still attend the the Youth space session where they help me anytime i need it.	nothing.
listened to me how i felt and learned me how to cope with it.	nothing
nothing	Across multiple services (despite being over 21) my parents have been told too much when I didnt want them to be . In situations that did not warrant breaking confidentiality and making it clear I didn't want them to be told anything. Felt i was treat like a childz
They were kind	The waiting list is very long and when you finally get seen to, you only get 6 sessions. I can't think of a single mental health problem that can be solved in 6 weeks.
helped me get a diagnosis	Help abit more

What did you like about the support?	What could have been better?
Frequent appointments	just better support in general
I liked that I had someone to support me when I was struggling in school and someone to convince my school to actually listen to me and put things in place to help	little to no support after that [getting diagnosis]
The woman who helped me was nice and tried her best to help but she didnt end up impacting me very much.	Nothing really, I just wish I had counciling as well because I would benifit from it more
The nurse was lovely and helpful. Listened to my struggles and was great at communicating things with me.	I dont think there could have been much better, it's just hard to recieve good help when you yourself feel hopeless.
the people were nice and easy to talk to	Glad them came to me when they did but I'd of rather got the medication out of me first. I had a breakdown in the hospital when I was on a lot of pain medication for a broken leg, they spoke to me about it and got all the information there and then but I wish they'd waited for me to sleep it off to discuss it more.
They listened	Nothing really, found it all very supportive
EIP support has been quick, thorough and personalised. Kooth have been great at supporting me whilst waiting for services.	I think face to face counselling should be offered rather than online or over the phone support as I find it hard opening up this way. Also I think the waiting times for services need to be improved somehow. (gp, counsellors)
I like it when services initiate conversations about mental health instead of me having to reach out to them. (counsellors / gp)	Longer time
	Not waiting so long to get help
	Understand it wasn't just my autism making me sad
	They didn't understand say it's my autism
	Primary care mental health team- no clear way to contact worker, 2 months of chasing up before I was allocated another

Q9: When thinking about mental health services for children and young people, how important are the following in relation to how and where mental health services are available? (Base 60)

All options listed were important for young people, with overall importance (very important and important) being highest in relation to not having to wait long for help (98.28%), followed by being involved in decision making (96.67%), receiving support in a place that is near (91.53%), having a choice of seeing someone face-to-face or online (86.66%) and receiving support in a place that is familiar (76.66%).
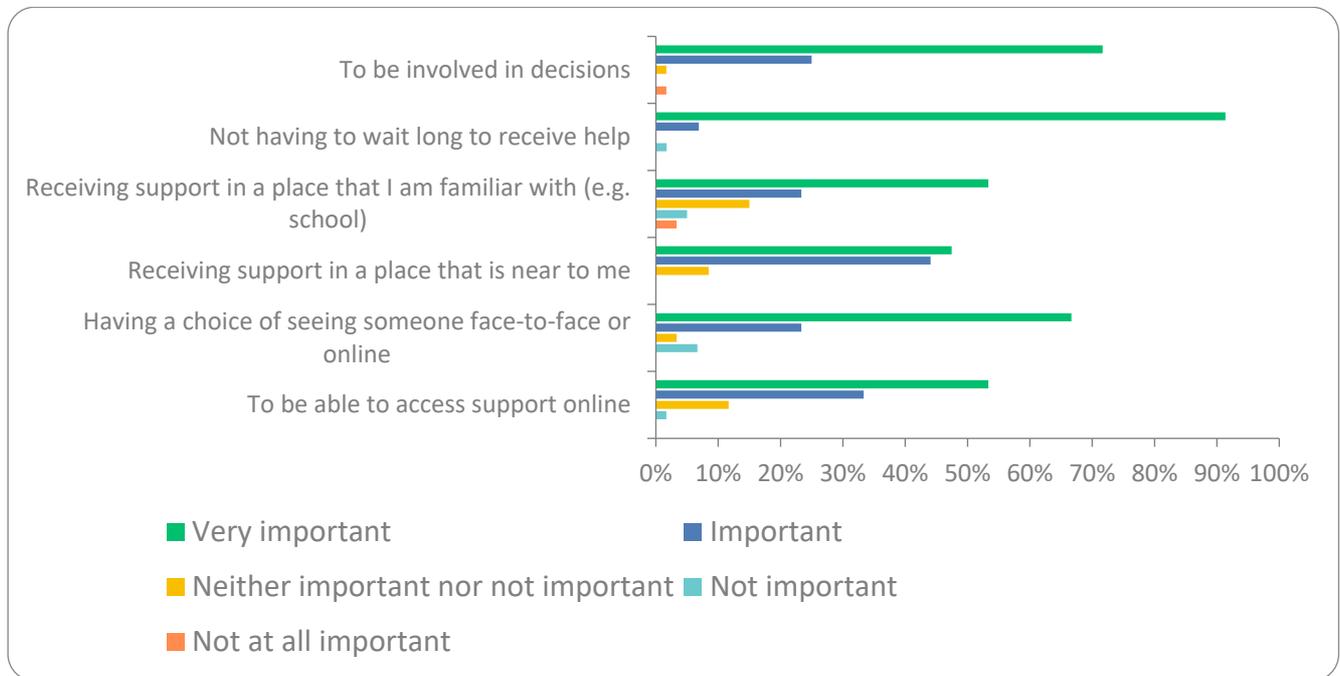
	Very important	Important	Neither	Not important	Not at all important	Total
To be involved in decisions	71.67% 43	25.00% 15	1.67% 1	0.00% 0	1.67% 1	60
Not having to wait long to receive help	91.38% 53	6.90% 4	0.00% 0	1.72% 1	0.00% 0	58
Receiving support in a place that I am familiar with (e.g. school)	53.33% 32	23.33% 14	15.00% 9	5.00% 3	3.33% 2	60
Receiving support in a place that is near to me	47.46% 28	44.07% 26	8.47% 5	0.00% 0	0.00% 0	59
Having a choice of seeing someone face-to-face or online	66.67% 40	23.33% 14	3.33% 2	6.67% 4	0.00% 0	60
To be able to access support online	53.33% 32	33.33% 20	11.67% 7	1.67% 1	0.00% 0	60

Q10: When thinking about mental health services for children and young people, how important are the following in relation to the person delivering mental health services?
(Base 59)

Again, all areas of the person delivering the mental health service were considered important. Overall importance (very important and important) was highest for knowing they would be seen by the right person for their needs (100%), followed by knowing the discussions would be confidential (98.27%), seeing the same person so they don't have to repeat their story (96.56%), to not feel embarrassed or judged (96.55%), being able to speak in their home language (82.75%) and the person understanding their culture or beliefs (75.86%).
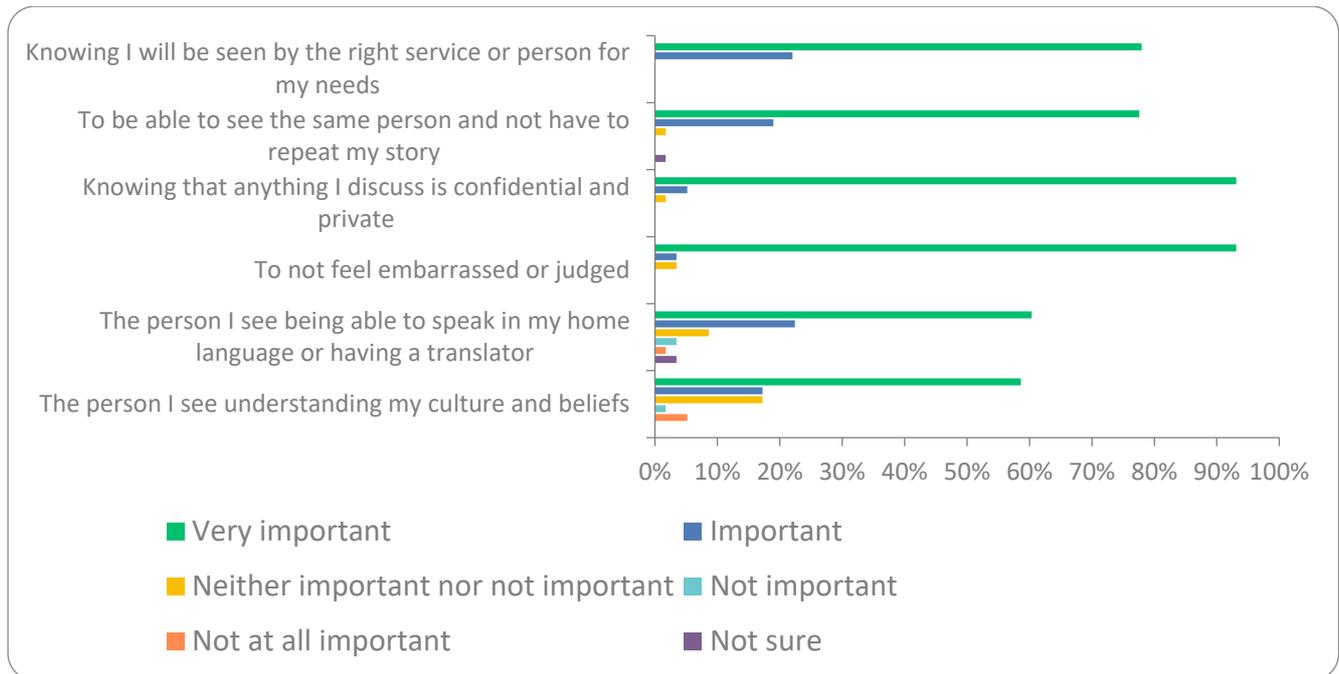
	Very important	Important	Neither	Not important	Not at all important	Not sure	Total
Knowing I will be seen by the right service or person for my needs	77.97% 46	22.03% 13	0.00% 0	0.00% 0	0.00% 0	0.00% 0	59
To be able to see the same person and not have to repeat my story	77.59% 45	18.97% 11	1.72% 1	0.00% 0	0.00% 0	1.72% 1	58
Knowing that anything I discuss is confidential and private	93.10% 54	5.17% 3	1.72% 1	0.00% 0	0.00% 0	0.00% 0	58

	Very important	Important	Neither	Not important	Not at all important	Not sure	Total
To not feel embarrassed or judged	93.10% 54	3.45% 2	3.45% 2	0.00% 0	0.00% 0	0.00% 0	58
The person I see being able to speak in my home language or having a translator	60.34% 35	22.41% 13	8.62% 5	3.45% 2	1.72% 1	3.45% 2	58
The person I see understanding my culture and beliefs	58.62% 34	17.24% 10	17.24% 10	1.72% 1	5.17% 3	0.00% 0	58

Q11. What else is important when thinking about mental health services for children and young people?

31 people gave some feedback to this question. The responses have been summarised, but many did not group into themes. Some responses contained more than one theme. The most popular themes related to greater understanding or awareness (7 responses, more detail below) and for professionals to listen or not make assumptions (6). The summaries are outlined below:

Theme	No.
More understanding/awareness: LGBT 3, Childhood trauma 2, Autism 1, General 1,	7
Listen/don't assume (including 1 listen to parents/carers)	6
Feeling comfortable/safe/trust (including one gender that you're comfortable with)	3
Being able to get help when needed (including frequency and timing)	3
Less bias/stigma	2
Personalised approach, involving the person	2
Being taken seriously	1
Being able to speak freely	1
Genuine advice	1
Being consistent	1
Not giving up	1
Don't over promise	1
Had a good experience	1
Caring	1
Don't push discharge	1

Illustrative quotes are provided below:

"Trying to understand their views in what they are feeling rather than assume"

"Understanding that just because we are younger doesn't mean we don't understand what's going on, offer relevant support for age groups some advice given is for much younger people and is so unhelpful"

"know about gender and sexuality and that they are not always the cause of mental health problems"

"The option to contact your professional on days you are struggling (other than your appointment) while you are under their care."

"Having an option to keep it confidential from parents, less of a bias around mental health, more understanding around trauma and childhood trauma. Less stigma around childhood sexual trauma. More learning around lgbt youth."

"Considering the individual and their feelings in every step of the treatment plan, and also making sure that they are included and understand the treatment plan"

Q12: If you were worried about your mental health, how likely would you be to use an online support service for young people? (Base 58)

Of those who answered the question 44.82% said they were likely or very likely to use an online support service. 27.58% unlikely or very unlikely to use said such a service.
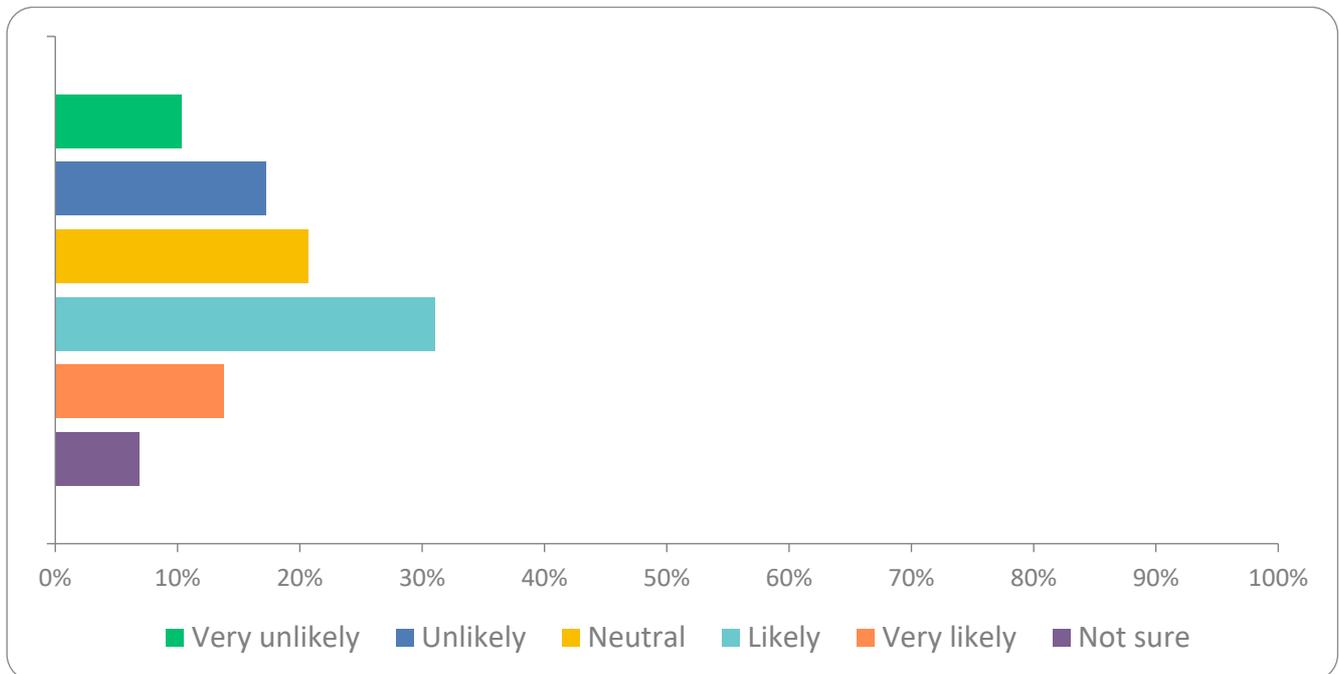
Very unlikely	Unlikely	Neutral	Likely	Very likely	Not sure	Total
10.34%	17.24%	20.69%	31.03%	13.79%	6.90%	58
6	10	12	18	8	4	

Q13. **Why did you give this answer?**

39 people gave further detail on their response to question 12. Some mentioning more than one theme. The responses have been themed and summarised below, split into responses from people who said they would be likely to use online services and those who were unlikely or neutral. The most common theme from those who were likely to use the service was that they had used it before or gave positive feedback about online services (7). The most common response from those unlikely to use an online service was that they prefer other options or prefer face to face contact (8).

Likely	No.
Used before or positive feedback about online services	7
online easier than talking	4
Preferable to contact someone not known	2
Easy/easy access	2
More comfortable	1
Lots available	1

Unlikely / Neutral	No.
Prefer other options/face to face	8
Difficult to ask for help/don't want to talk	3
Hard to open up to someone not known	2
Struggle to access/get online	2
Can't focus on screens	1
Being hacked	1
Can't find anything to help	1
Poor experience previously	1
Too much commitment	1
Got good coping techniques	1
Take a while to get a response	1
Sometimes feel can't/option isn't there	1
Want to know it is legitimate	1

Illustrative quotes are provided below:

"I think kooth is a great place to go"

"I have used several online support systems in the past"

"I prefer face to face contact"

"There are other alternatives I would prefer (i.e. seeing my GP)"

Q14. What would you expect from an online mental health support service? (Base 58)

Around 93% of respondents expect an online support service to be free; 79% expect advice from a health professional; 67% expect to learn how they can improve their mental health; 64% to get text or email support; 62% for the service to be anonymous and the least popular expectation was to join discussions with other young people who have similar problems at 38% (although this also had a low response rate).
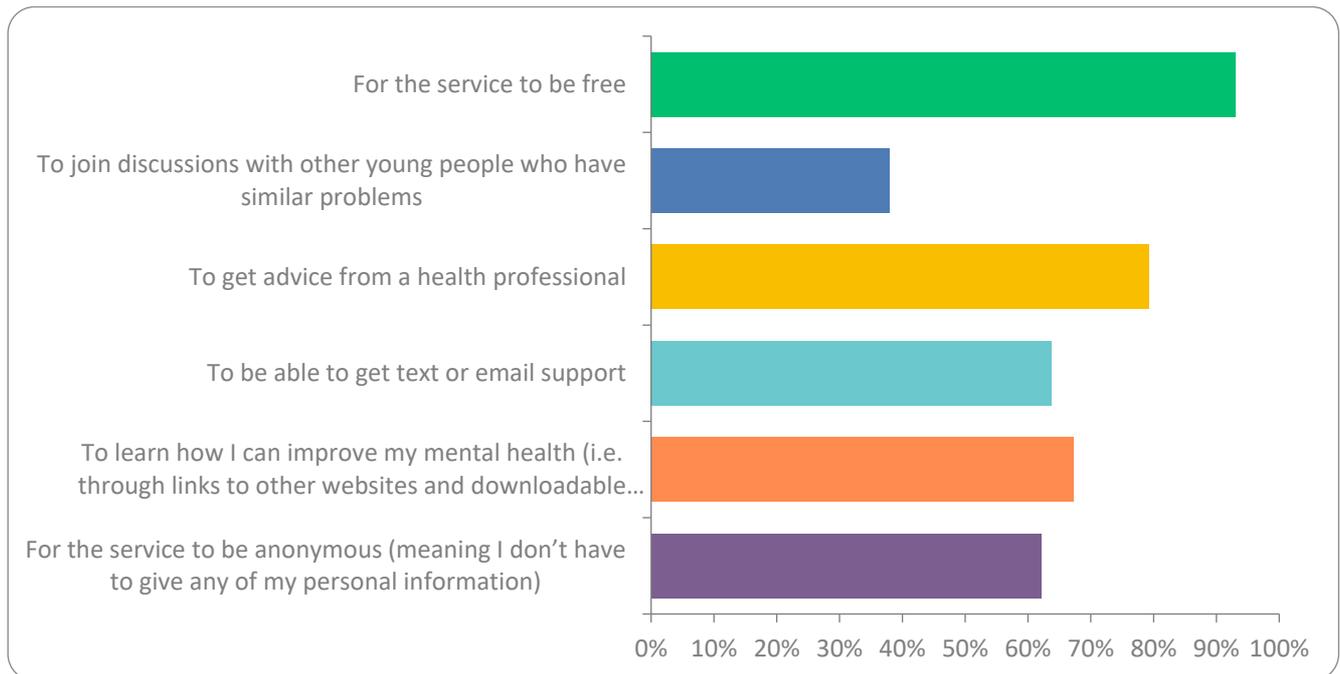
Answer choices	Percent	No.
For the service to be free	93.10%	54
To join discussions with other young people who have similar problems	37.93%	22
To get advice from a health professional	79.31%	46
To be able to get text or email support	63.79%	37
To learn how I can improve my mental health (i.e. through links to other websites and downloadable resources)	67.24%	39
For the service to be anonymous (meaning I don't have to give any of my personal information)	62.07%	36
Total		234

Q15. Is there anything else you would expect from an online mental health support service?

Fifteen responses were received, seven stated no or not applicable. The remaining responses are provided below (exactly as written).

To be straightforward and easy to use. no pussyfooting about with information. Just want honesty.
comfortability
be more caring and not act like they want you to just go away
Support not only for young people, but for their parents as well (e.g. forum groups for young people)
I would really hope the wait isn't long
I'd expect information on different mental illnesses or things that are sensitive to a young person.
More fully trained professionals to get actual help rather than loose sympathy.

Q16. Is there anything else that would help make mental health services for children and young people better?

Twenty responses were received. Three of these were no or don't know and have been removed. The remaining comments are presented below:

Less waiting times
Being more accessible with shorter waiting lists because mental health is just as serious as physical health
Being given more support if you are having to wait to be seen by services.
Shorter waiting times. Not being sent round in circles between services so having them more joined up. Believing people and not dismissing them when they open up about suicide or abuse. More services offering therapy.
take concerns seriously
consistency
More therapists specifically trained on autism (not a 20 minute online video, actual training)
understand that problem exists before a diagnosis is made and to not have to wait until then to be taken seriously
Advertise heavily on social media!!!!!
Making them more accessible and well known.
GPs to be more understanding and less dismissive. Tried to go to GP about low mood and depression and got dismissed and denied medication.
Proper training for the professionals. And keeping professionals on so they can keep supporting the same people. Actual checks on professionals to ensure they can support people affectively
Sufficient moderation and safety, a lot of mental health forums online are unsafe or full of misinformation.
having enough staff so there are people to talk to at all times.
Short waiting times
The waiting lists to be shorter and being able to text your professional outside your appointment times when struggling.

Demographics

The response rate for the survey did not allow for meaningful analysis of questions by different characteristics. However, the responses to the demographic questions have been presented below to give transparency of coverage. If views of specific groups were needed, further involvement would be recommended to ensure views were fully represented.

How old are you?		
Answer	%	No.
11-13	25.00%	14
14-17	35.71%	20
18-21	25.00%	14
22-25	14.29%	8
Prefer not to say	0.00%	0
Total		56
Which of the following best describes you?		
Answer	Percent	No.
Male	25.49%	13
Female	70.59%	36
Non-binary	0.00%	0
Prefer to self describe	0.00%	0
Prefer not to say	3.92%	2
Total		51
Is the gender you identify with the same as your sex registered at birth?		
Answer	Percent	No.
Yes	75.00%	42
No	14.29%	8
Prefer not to say	10.71%	6
Total		56
Do you have any physical or mental health conditions, impairments, or learning differences that impact on your ability to carry out day-to-day activities? (Note: respondents could select more than one answer)		
Answer	Percent	No.
Yes	32.14%	18
No	64.29%	36

Prefer not to say	3.57%	2
Total		56

What is your religion or belief?

Answer	Percentage	No.
No religion or belief	59.26%	32
Christian	24.07%	13
Buddhist	0.00%	0
Hindu	0.00%	0
Jewish	0.00%	0
Muslim	3.70%	2
Sikh	0.00%	0
Prefer not to say	5.56%	3
Other religion	7.41%	4
Total		54

What is your ethnic group?

Answer	Percent	No.
Asian or Asian British - Bangladeshi	3.57%	2
Asian or Asian British - Chinese	0.00%	0
Asian or Asian British - Indian	1.79%	1
Asian or Asian British - Pakistani	0.00%	0
Asian or Asian British - other	0.00%	0
Black or black British - African	7.14%	4
Black or black British - Caribbean	0.00%	0
Black or black British - other	0.00%	0
Black, black British, Caribbean or African	1.79%	1
Mixed or multiple ethnic groups	0.00%	0
Mixed or multiple ethnic groups - white and black African	0.00%	0
Mixed or multiple ethnic groups - white and black Caribbean	0.00%	0

Mixed or multiple ethnic groups - white and Asian	1.79%	1
Mixed or multiple ethnic groups - other	0.00%	0
White - English, Welsh, Scottish, Northern Irish or British	78.57%	44
White - Irish	0.00%	0
White - Gypsy or Irish Traveller	0.00%	0
White - Roma	0.00%	0
White - other	3.57%	2
Other ethnic group - Arab	0.00%	0
Other ethnic group - any other	1.79%	1
Total		56

Which of the following terms best describes your sexual orientation?

Answer	Percent	No.
Heterosexual or straight	44.64%	25
Gay or lesbian	14.29%	8
Bi or bisexual	17.86%	10
Prefer to self-describe	8.93%	5
Prefer not to say	14.29%	8
Total		56

Findings: Parent and Carer Survey

80 people responded to the parent and carer survey and findings are outlined below.

Q1. How old is the child or children in your care? (Base 80)

Most people who responded to the survey listed one child (73.75%), followed by 2 (21.25%), 3 (2.5%) and 4 (2.5%). People were encouraged to complete additional surveys if they had more than one child's experiences to reflect. The ages of the children demonstrate a good representation for the under eleven (40 children), followed by 11-13 (30) and 14-17 (28) age groups. There were fewer people with children over the age of 18.

Age	No.
Under 11	40
11-13	30
14-17	28
18-21	8
22-25	3

Q2: Have you ever had any concerns about your child(ren)'s mental health? (Base 80)

90% of respondents stated yes to this question, with 7.5% answering no.
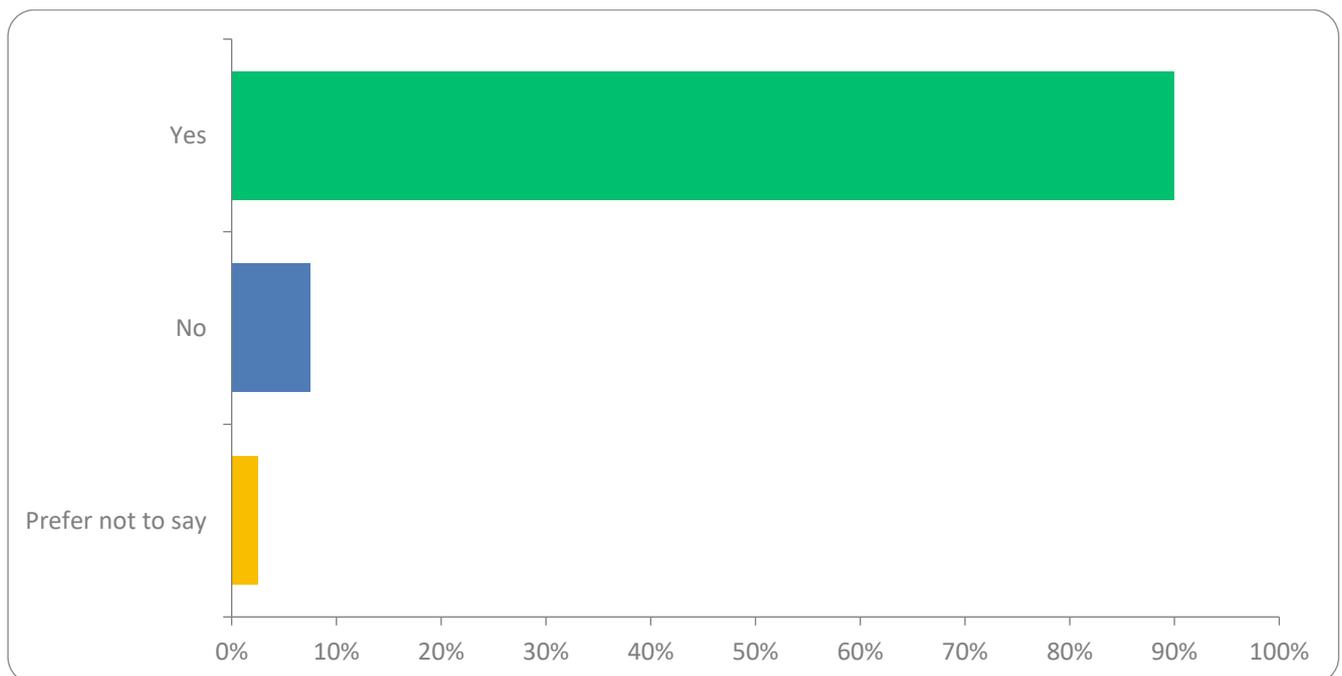
Q3: Have you ever accessed any support for your child(ren)'s mental health? (Base 80)

Around 79% of respondents had accessed support for one or more of their children. Around 21% had not accessed support, with seven of these (8.75%) stating they had wanted support but had been unable to get it.
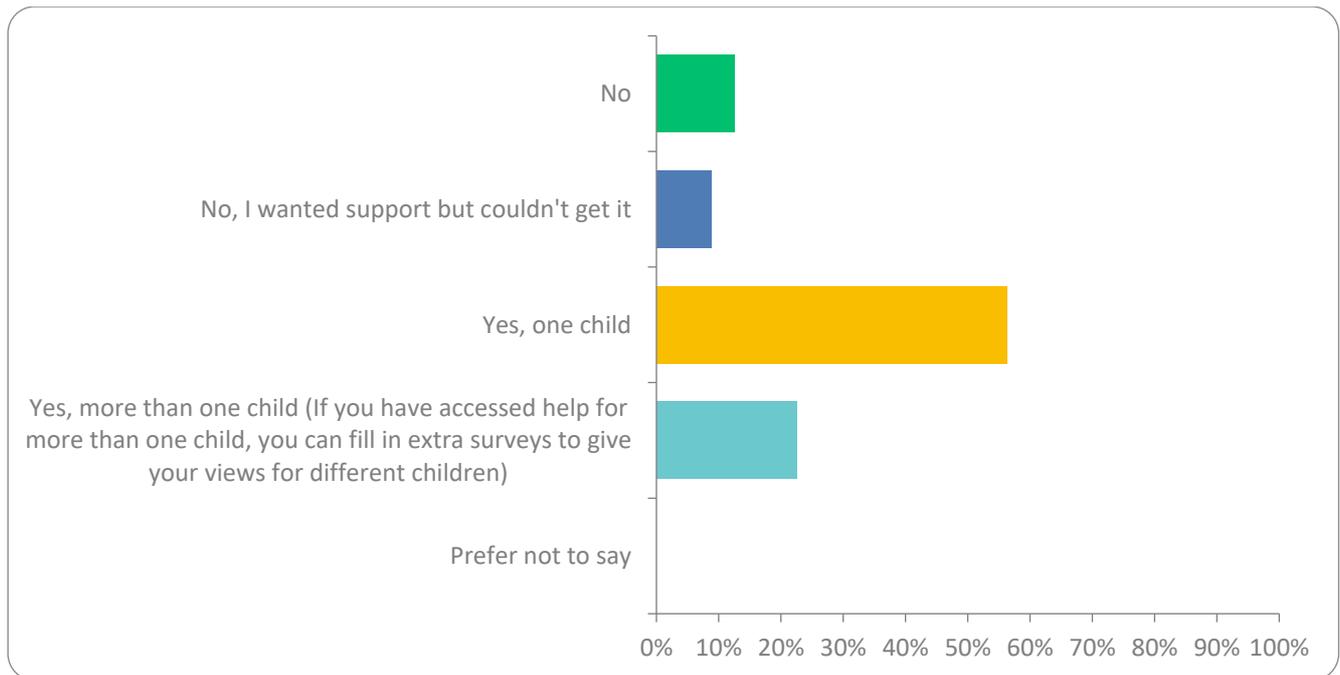
Answer choices	Percentage	No.
No	12.50%	10
No, I wanted support but couldn't get it	8.75%	7
Yes, one child	56.25%	45
Yes, more than one child	22.50%	18
Prefer not to say	0.00%	0
Total		80

Q4: What type of support have you accessed? (Base Respondents 55)

Respondents were able to choose as many options as they wished in response to this question. Children and Young People Services (CYPS) was the most popular response (65.45%), followed by Child and Adolescent Mental Health Services (CAHMS) (54.55%). However, there was a spread across a range of other services.
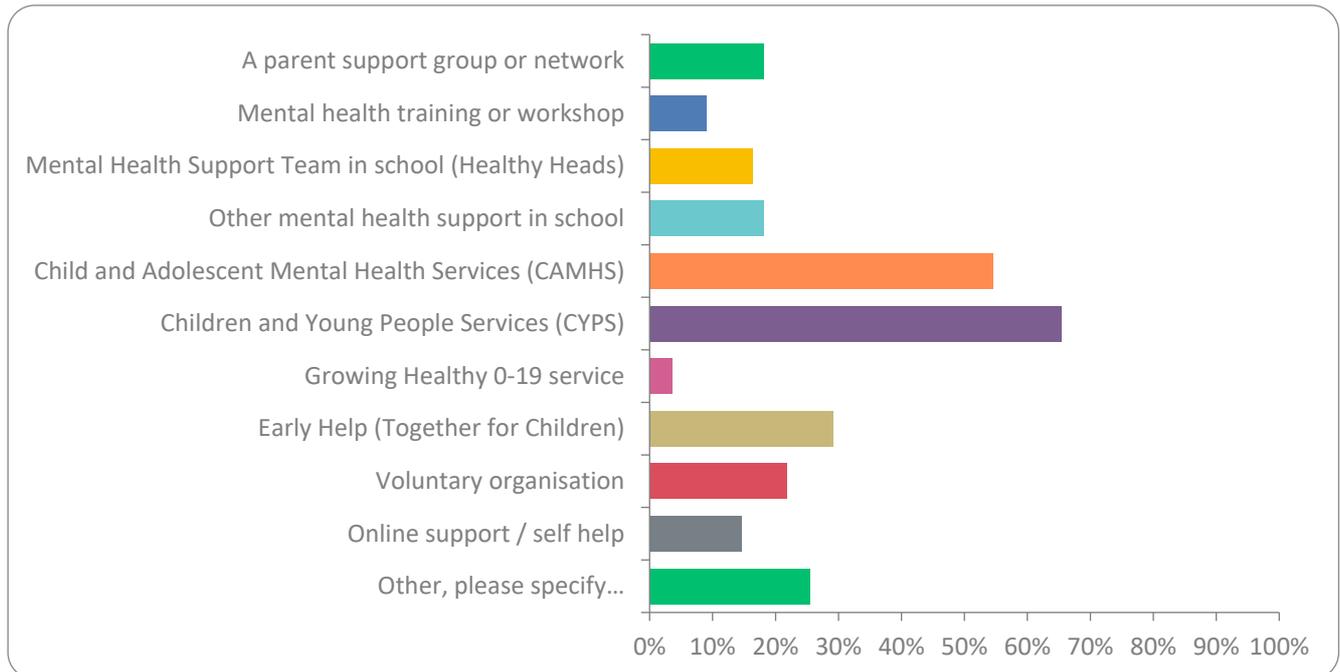
Answer choices	Percentage	No.
Children and Young People Services (CYPS)	65.45%	36
Child and Adolescent Mental Health Services (CAMHS)	54.55%	30
Early Help (Together for Children)	29.09%	16
Voluntary organisation	21.82%	12
A parent support group or network	18.18%	10
Other mental health support in school	18.18%	10
Mental Health Support Team in school (Healthy Heads)	16.36%	9
Online support / self help	14.55%	8
Mental health training or workshop	9.09%	5
Growing Healthy 0-19 service	3.64%	2
Other, please specify…	25.45%	14
Total		152

Respondents were given the opportunity to tell us what other services they have used. The responses are outlined below (exactly as written):

Sought support from social workers, they treat him as an object, not a human being
Private
Rejected by CYPS due to autism diagnosis and had to source counselling through a charity
been on Cyps waiting list for 2 years.
Grace House therapy
Houghton-le-spring day unit
Creative Minds Counselling Privately Paid
PBS Tfc team
Child services
Nhs A&E. Resulting in a stay in a specialist hospital
Good Vibes Project
Counselling by Creative Minds
Now moved onto adult services due to age
Daisy Chain

Q5. Thinking about your experience of accessing support for your child, how would you rate the following in relation to communication? (Base 55)

Most respondents thought that communication with them as a parent or carer was poor (40%) or fair (40%). Those who answered good, very good or excellent totalled 20% across all three options. Communication with other services came out slightly worse with 43.64% indicating this was poor and 34.55% fair. Those who answered good, very good or excellent totalled 10.91% across all three options. It should be noted that numbers are low and so percentages can be influenced by a small number of respondents.
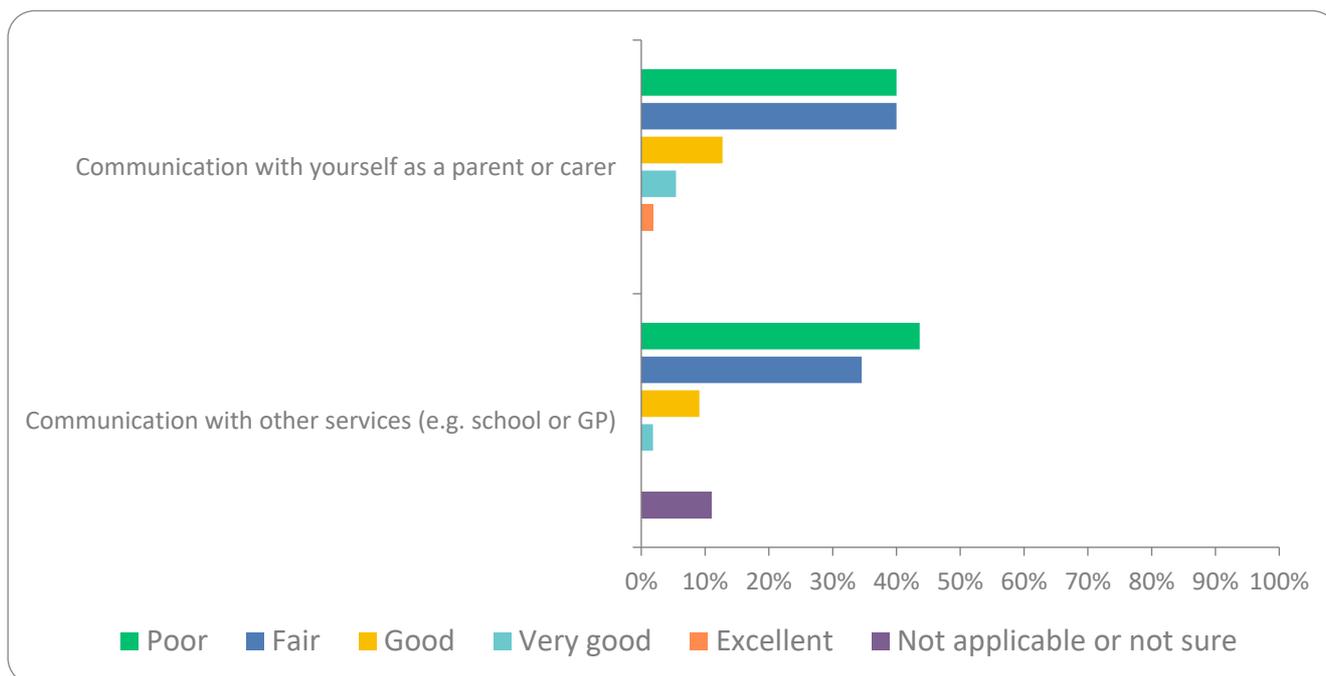
	Poor	Fair	Good	Very good	Excellent	N/A or not sure	Total
Communication with yourself as a parent or carer	40.00% 22	40.00% 22	12.73% 7	5.45% 3	1.82% 1	0.00% 0	55
Communication with other services (e.g. school or GP)	43.64% 24	34.55% 19	9.09% 5	1.82% 1	0.00% 0	10.91% 6	55

Q6. Thinking about your experience of accessing support for your child, how would you rate the following in relation to support? (Base 55)

Significant proportions of respondents rate the support they received poor across all measures. Waiting time and support given whilst waiting was rated most poor (89.09% poor for both measures). 61.82% of respondents rated the referral process poor and this was followed by the quality of the support received (47.27%) and staff understanding (34.55%). Again, numbers of respondents are low, and percentages must be treated with caution.

	Poor	Fair	Good	Very good	Excellent	Total
The referral process	61.82% 34	27.27% 15	5.45% 3	5.45% 3	0.00% 0	55
Waiting time to get support	89.09% 49	7.27% 4	1.82% 1	0.00% 0	1.82% 1	55
Support given during waiting period	89.09% 49	5.45% 3	1.82% 1	3.64% 2	0.00% 0	55
Quality of support received	47.27% 26	29.09% 16	16.36% 9	3.64% 2	3.64% 2	55
Staff understanding	34.55% 19	36.36% 20	16.36% 9	7.27% 4	5.45% 3	55
Not applicable or not sure	50.00% 1	50.00% 1	0.00% 0	0.00% 0	0.00% 0	2

Q7. **What was good about your experience of accessing mental health support for your child?**

45 responses were received to this question, some with more than one theme. The most common theme was related to staff or general comments about care (21). Following that, 15 people said there was nothing or little good about the experience, some followed up with explanations. Seven people used language such as 'eventually' or 'after waiting' or gave some indication that it had taken work to get to the right person/service.

Comment theme	No.
Staff or general comments about care	21
Nothing or little (often coupled with further explanation)	15
Language indicating a long wait or difficulty getting to the right service	7
Negative regarding support in school or for school	3
Positive regarding support in school e.g. healthy heads	2
Mental health deterioration or suicide attempts referenced (including two stating it took a suicide attempt to get help)	4
Positive regarding charity support	1
Still waiting	1
Being able to update CYPS whilst waiting	1
Negative regarding staff	1
Art therapy	1
CYPS	1
Coping mechanisms	1

Illustrative quotes are provided below:

> "We were lucky enough to get a nice and understanding Together for Children worker."

> "Camhs worker understood my child and he worked well with them."

"Once the correct person was identified to work with my child then support was better and my child engaged, previous worker wasn't helpful and attitude was appalling"

"Patience with my child"

"Counsellor really got to know my child well. Quickly formed a relationship with them and communicated well with me To work together to support my child."

"We had an initial assessment with someone who appeared to 'get it' "

"They understand my daughters needs and helped her open up about her issues and taught her coping mechanisms"

"Nothing was good about accessing support for my child. I have been bounced between services for 6 years. When CYPS eventually accepted him, input was minimal. His caseworker tried to discharge him when he was self harming, informing me there was nothing they can help with as his anxiety was related to school. She eventually agreed to refer him for CBT and to psychiatry. Waited over a year for CBT and no psychiatric referral was made. Unfortunately during CBT my son attempted to end his life. It wasnt until this point that services took his mental health seriously. He had support from AOT since primary school. Even when his mental health was deteriorating past year, his AOT worker did not recognise he was in burn out and didnt recognise the serverity of his mental health.   His CYPS caseworker has changed and he now has excellent support from her. Unfortunately this feels too late as he has since tried to end his life a further two times...Had he received the correct help earlier, his mental health may not have declined so much."

"Nothing. He took an overdose and they're still not supportive"

"Nothing good it was horrendous"

"NA I feel because they are children it's not taken seriously "

"Can't say anything has been good my son has underlying adhd and autism I've asked my health visitor 3 times to put referrals in each time she has said its done come to find out nothing has been done we've been left to deal with his problems on our own with no authority help"

"Only that it eventually happened a long time waiting to get the right support in place. Eventually got some support from art therapy sessions, but unfortunately still seem to fall through cracks for help with day to day school anxiety"

Q8. What could have been better about your experience of accessing mental health support for your child?

51 comments were received in response to this question. Some of these contained more than one theme. The themes have been summarised below. Most of the comments (40) referenced issues with waiting. Of those 40 comments, 24 included general comments in relation to waiting times or lack of early intervention, 7 referenced long waits for two separate services (i.e. CAHMS and CYPS), 5 the need for support or communication whilst waiting and 4 contained references to waits in relation to neurodevelopmental needs. The next most

common theme was for the parents and children to be listened to (6) and comments relating to issues over the amount or length of contact available, or that discharge was too early (6)

Theme	No.
Overall comments relating to waiting (including the bulleted points below)	40
• Waiting times /lack of early intervention	24
• Reference to waiting for more than one service/inability to be on two lists - generally reference to waiting for CAHMS and CYPS	7
• Support or communication whilst waiting	5
• Reference to waiting in relation to neurodevelopmental	4
Listening to the parents and young people	6
Not enough contact / not long-term enough / discharged too early	6
Everything/lots/no support	4
Better integration/communication between services including education	4
Referral process/more referrals	3
Poor treatment / treatment not effective	5
No support after diagnosis	3
Access to mental health professionals / appropriately qualified people	2
Not taken seriously enough / cared about	2
Better communication or support for children with learning disabilities	2
Understanding of conditions	2
More work with/in schools	2
Not one size fits all	2
People with ideas of how to support	1
Staff attitude	1
Empathy/support	1
Staff following up on actions	1

Illustrative quotes are provided below:

"Lots unfortunately! CAHMS worker left suddenly and we were left for weeks with no communication and long wait for reallocation. Then over year wait for referral onto CYPS. Worker then was off sick for 3 months. Were left with no support for months until her return. That was followed with lots of cancelled and rescheduled appointments. Care coordinator has now left the service and again we are awaiting reallocation. Thankfully we now have a consultant we can speak with when needed"

"Shorter waiting times Effective support whilst waiting Caseworker to return calls (this is based on original caseworker, not new as she is great) Schools, CYPS, AOT, physical health services to work together to piece together the jigsaw to establish what treatment is required…If they communicated with each other, the severity of his mental health may have been identified before he tried to end his life"

"Couldn't stay with CAMHS when my child got a diagnosis despite needing further support, now waiting 18 months for CYPS and trying to source counselling through charities and school in the meantime. Compulsory online CBT module with CAMHS was unhelpful."

"Staff not following through with actions Ridiculous waiting times for children needing support Children can't be under one service if on the waiting list for another so they

can't access support when they really need it. Waiting times for neurodevelopmental assessments"

"More support why on waiting list as still no further forward"

"LISTENING to what parents see at home. Accepting videos, vice notes. Ensuring that inexperienced staff have sufficient knowledge with masking to ensure correct diagnoses and prevent decline in family situation. Eg siblings mental health, parents relationships etc"

"More follow ups instead of 6/8 sessions then discharge"

Q9: Please tell us what might stop you getting support for your child's mental health?
(Base 61)

The most common barrier to accessing mental health support was waiting times for services (72.13%), this was followed by parents feeling they were not sure what to do or who to speak to, not sure what support is available or having been told their child's issues are not bad enough (19% each). 13% of respondents also said that they wanted support, but their child didn't.
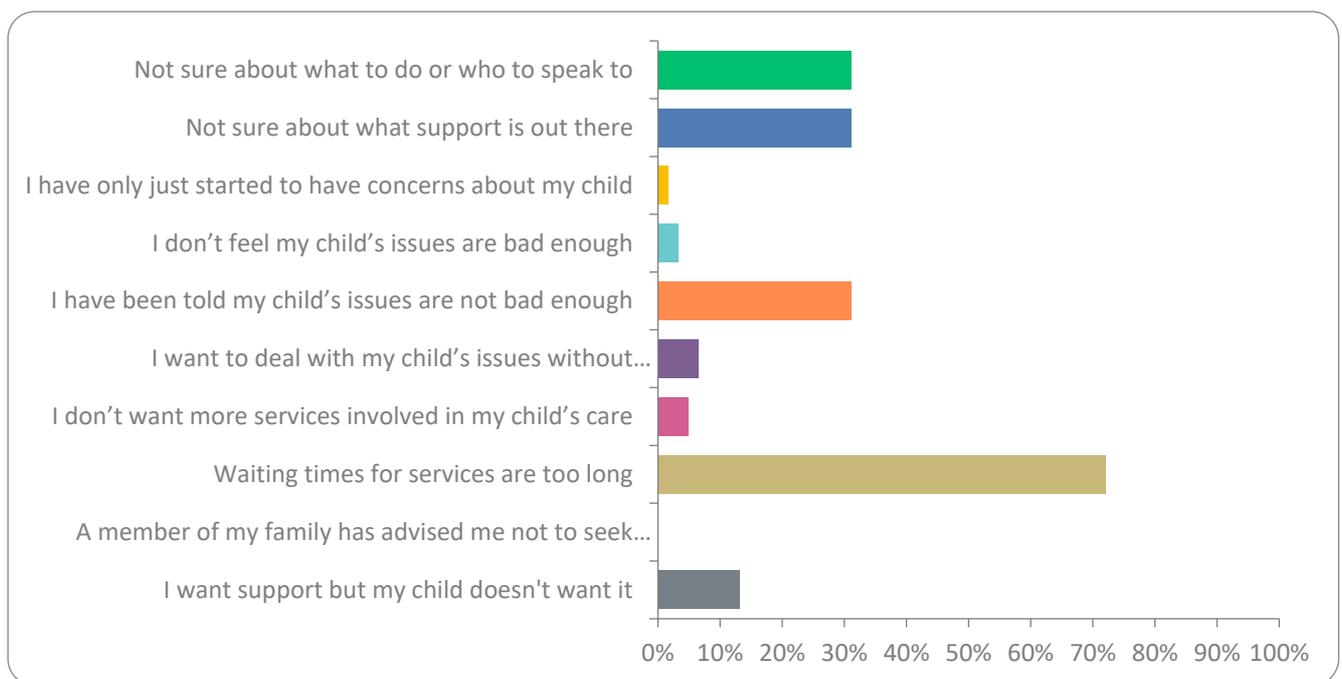
Answer choices	Percentage	No.
Waiting times for services are too long	72.13%	44
Not sure about what to do or who to speak to	31.15%	19
Not sure about what support is out there	31.15%	19
I have been told my child's issues are not bad enough	31.15%	19
I want support but my child doesn't want it	13.11%	8
I want to deal with my child's issues without professional support	6.56%	4
I don't want more services involved in my child's care	4.92%	3
I don't feel my child's issues are bad enough	3.28%	2
I have only just started to have concerns about my child	1.64%	1
A member of my family has advised me not to seek support	0.00%	0
Total		119

Q.10 If there are any other things that might stop you getting support for your child's mental health, or if you would like to give more details, please tell us…

35 people responded to this question. 9 of the comments took the opportunity to say more in relation to waiting times. The other comments were difficult to group because of the diversity of points being made. However, five people made reference to not being believed or professionals thinking the issues were due to other issues and four people commented on being refused help or referral, which could potentially link as a theme.

Theme	No.
Waiting or referral takes too long (including 1 comment to increase staff to reduce waiting)	9
Not being believed (including 1 comment stating disability blamed, 2 referring to masking, 1 referring to hormones being blamed)	5
Referral or help refused	4
More understanding in schools/referrals dependent on schools	2
Judged/blamed for child's issues	2
Finding the right service/person	2
Sign posted to services who can't provide support/aren't aware of recommendations	2
Repetitive each visit or in short time (1 due to staff changes)	2
Staff are not informed	1
Would never seek support	1
social workers blindly following process	1
Access to courses outside of working hours	1
Told child too complex	1
No support whilst waiting	1
Previous bad experience	1
Process too stressful	1
Professionals not listening/acting	1

Child refuses to engage	1
lack of support when patient has LD	1
No ongoing support	1
Little contact with child	1
Not needed at the moment	1
Lack of services	1
GPs not always understanding	1
Lack of understanding of kinship care	1

Illustrative quotes are provided below:

"Just the wait. Child started process end of year 2. Child has just entered year 6!"

"The system is failing our children the waiting times are ridiculous !"

"They blame the disability and say it isn't mental health"

"I have begged for support from my GP, cyps, niall quinn centre, camhs and my child's paediatrician. I have been refused on numerous occasions. I want help for different problems but no one will accept a referral.   I've been to grace house and they can't help. Early help can't help. No one is accepting responsibility to help. The NHS is flawed"

Q11: How confident do you feel with the following areas of talking about your child's mental health? (Base 68)
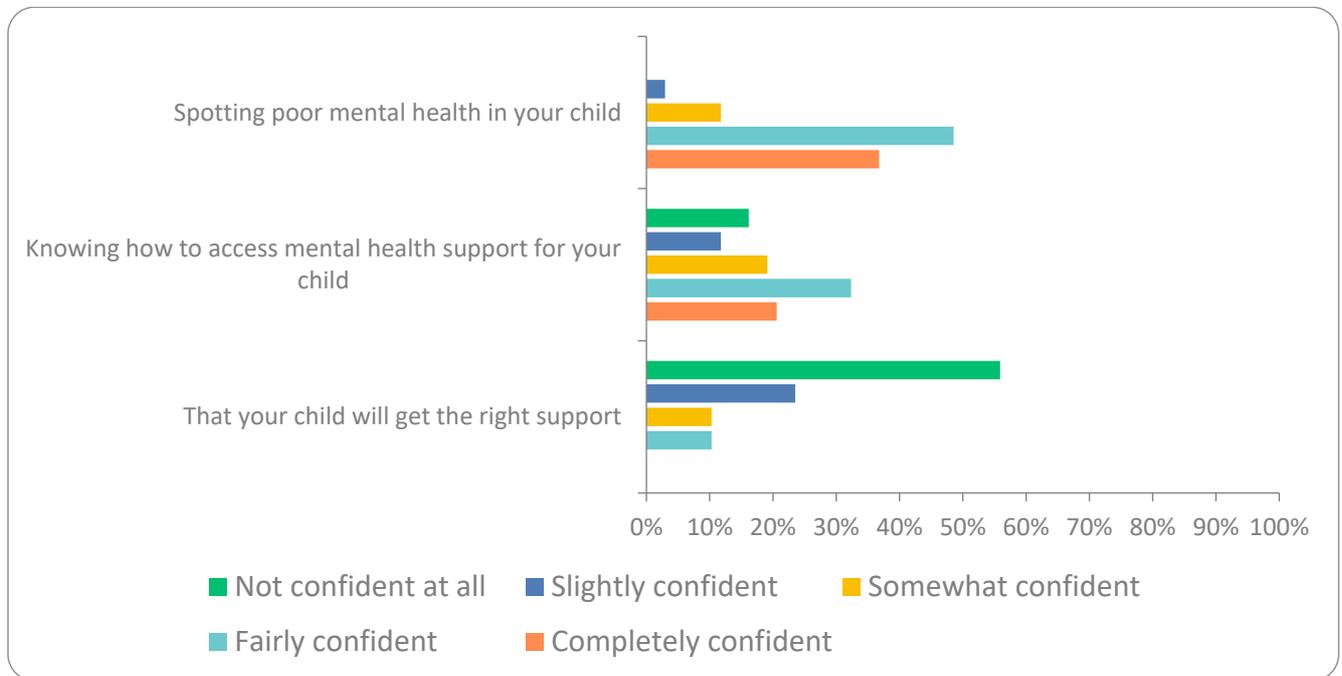
Respondents expressed good levels of confidence in relation to talking about their child's mental health. The highest levels of fairly and completely confident combined were in relation to talking with family and talking with mental health professionals (79.41% each). There was slightly lower confidence in speaking with GPs (72.06%) and schools (69.12%).
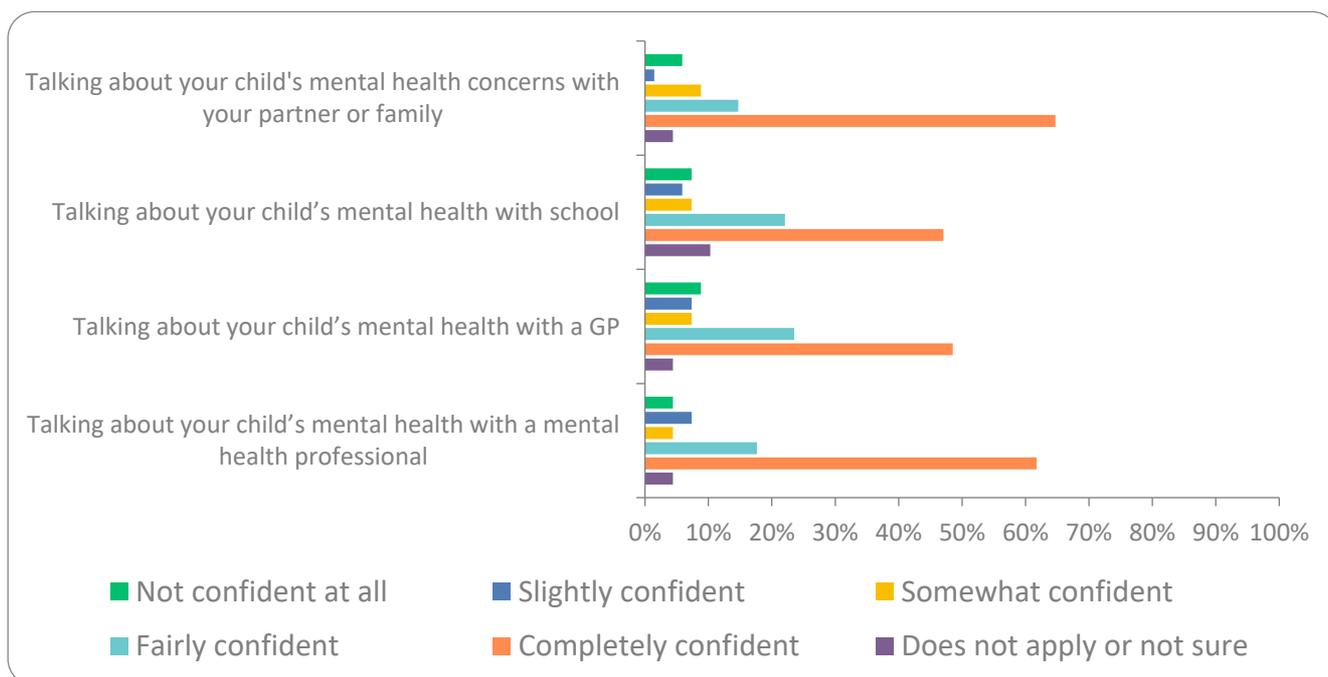
	Not confident at all	Slightly confident	Somewhat confident	Fairly confident	Completely confident	Does not apply or not sure	Total
Talking about your child's mental health concerns with your partner or family	5.88% 4	1.47% 1	8.82% 6	14.71% 10	64.71% 44	4.41% 3	68
Talking about your child's mental health with school	7.35% 5	5.88% 4	7.35% 5	22.06% 15	47.06% 32	10.29% 7	68
Talking about your child's mental health with a GP	8.82% 6	7.35% 5	7.35% 5	23.53% 16	48.53% 33	4.41% 3	68
Talking about your child's mental health with a mental health professional	4.41% 3	7.35% 5	4.41% 3	17.65% 12	61.76% 42	4.41% 3	68

Q12: How confident do you feel with the following...? (Base 68)

Despite the good levels of confidence in relation to speaking about a child's mental health outlined above, and high levels of confidence that they could spot the signs of poor mental health (85.29% fairly or completely confident), this begins to drop when asked whether people are confident in terms of knowing how to access mental health support for their child (52.94% fairly or completely confident and 16.18% not confident at all). Confidence drops even further when respondents were asked in relation to the child getting the right support (10.29% fairly confident and 55.88% not confident at all).

	Not confident at all	Slightly confident	Somewhat confident	Fairly confident	Completely confident	Total
Spotting poor mental health in your child	0.00% 0	2.94% 2	11.76% 8	48.53% 33	36.76% 25	68
Knowing how to access mental health support for your child	16.18% 11	11.76% 8	19.12% 13	32.35% 22	20.59% 14	68
That your child will get the right support	55.88% 38	23.53% 16	10.29% 7	10.29% 7	0.00% 0	68

Demographics

The number of survey responses was not high enough to undertake analysis by different characteristic in a meaningful way. However, the demographics of respondents has been presented below to give an overview of who has responded to the survey.

How old are you?		
Answer	Percent	No.
16-24	0.00%	0
25-34	16.92%	11
35-44	30.77%	20

45-54	35.38%	23
55-64	13.85%	9
65-74	3.08%	2
75-84	0.00%	0
85+	0.00%	0
Prefer not to say	0.00%	0
Total		65

Which of the following best describes you?

Answer	Percent	No.
Male	4.55%	3
Female	90.91%	60
Non-binary	0.00%	0
Prefer to self describe	0.00%	0
Prefer not to say	4.55%	3
Total		66

Is the gender you identify with the same as your sex registered at birth?

Answer	Percent	No.
Yes	95.45%	63
No	0.00%	0
Prefer not to say	4.55%	3
Total		66

Do you have any physical or mental health conditions, impairments, or learning differences that impact on your ability to carry out day-to-day activities? (Note: respondents could select more than one answer)

Answer	Percent	No.
Long term health condition	25.00%	16
Physical impairment or mobility issues	9.38%	6
Sensory impairment, such as blind or visual loss and Deaf or hearing loss	3.12%	2
Mental health condition	25.00%	16
Learning disability	3.12%	2
Neurodivergence	18.75%	12
Other	1.56%	1

No condition or impairment	43.75%	28
Prefer not to say	9.38%	6
Total		89

Do you have any caring responsibilities? This is help or support to someone who has a long-term physical or mental health condition or illness, or problem related to old age. (Please tick all that apply)

Answer choices	Percent	No.
No	30.77%	20
Yes, 9 hours a week or less	9.23%	6
Yes, 10 to 19 hours a week	1.54%	1
Yes, 20 to 34 hours a week	3.08%	2
Yes, 35 to 49 hours a week	10.77%	7
Yes, 50 or more hours a week	35.38%	23
Prefer not to say	9.23%	6
Total		65

Which of the following terms best describes your sexual orientation?

Answer choices	Responses	
Heterosexual or straight	90.91%	60
Gay or lesbian	0.00%	0
Bi or bisexual	3.03%	2
Prefer to self-describe	0.00%	0
Prefer not to say	6.06%	4
Total		66

What is your religion or belief?

Answer	Percent	No.
No religion or belief	47.62%	30
Christian	44.44%	28
Buddhist	0.00%	0
Hindu	0.00%	0
Jewish	0.00%	0
Muslim	0.00%	0
Sikh	0.00%	0
Prefer not to say	4.76%	3
Other religion	3.17%	2

Total		63

What is your ethnic group?

Answer	Percent	No.
Asian or Asian British - Bangladeshi	0.00%	0
Asian or Asian British - Chinese	0.00%	0
Asian or Asian British - Indian	0.00%	0
Asian or Asian British - Pakistani	0.00%	0
Asian or Asian British - other	0.00%	0
Black or black British - African	0.00%	0
Black or black British - Caribbean	0.00%	0
Black or black British - other	0.00%	0
Black, black British, Caribbean or African	1.61%	1
Mixed or multiple ethnic groups	0.00%	0
Mixed or multiple ethnic groups - white and black African	0.00%	0
Mixed or multiple ethnic groups - white and black Caribbean	0.00%	0
Mixed or multiple ethnic groups - white and Asian	0.00%	0
Mixed or multiple ethnic groups - other	0.00%	0
White - English, Welsh, Scottish, Northern Irish or British	90.32%	56
White - Irish	3.23%	2
White - Gypsy or Irish Traveller	0.00%	0
White - Roma	0.00%	0
White - other	4.84%	3
Other ethnic group - Arab	0.00%	0
Other ethnic group - any other	0.00%	0
Total		62

Do you or have you previously serviced in the UK armed forces?		
Answer choice	Percent	No.
Yes, I serve in the regular armed forces	1.52%	1
Yes, I serve in the reserve Armed Forces?	1.52%	1
No	93.94%	62
Prefer not to say	3.03%	2
TOTAL		66
Postcode		
DH4		12
DH5		4
NE37		1
NE38		4
NE34		1
SR1		1
SR2		9
SR3		11
SR4		4
SR5		7
SR6		6
SR7		1
SR8		1
NE44		1
Total		63

Findings: Stakeholder Survey

In total, there were 84 responses to the stakeholder survey.

Q1: In which sector do you work? (Base 84)

Around half of respondents were employees of the local authority. Around one fifth were NHS and a further fifth 'other'. Around 7% were VCSE.
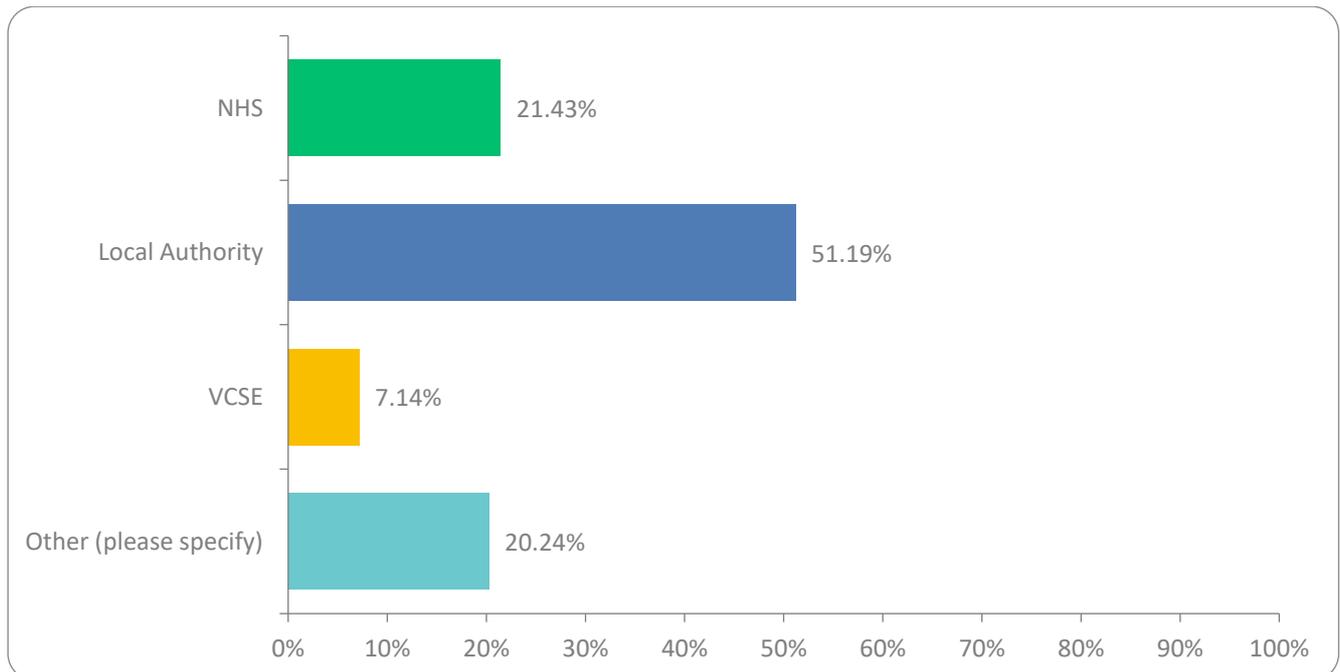
Of those who answered 'other' 17 people went on to explain further. Responses were as follows:

Theme	No.
Education / higher education	7
Charity	4
Police (including youth justice services)	3
Parent	1
Self employed	1
PLC	1

Q2. Please give the name of the organisation that you work for…
78 people responded to the question. Around 45% of these worked for Together for Children.

Theme	No.
TFC	35
An education trust or academy	8
A primary school	5
South Tyneside and Sunderland NHS FT	4
Northumbria Police (including youth justice service)	4

Cumbria, Northumberland and Tyne and Wear NHS FT	4
CAHMS	4
Humankind	2
Harrogate and District NHS FT	1
National Deaf CAHMS	1
SENDIASS	1
Sunderland University	1
Relax kids	1
Rape crisis	1
Kooth	1
Change Grow Live	1
Sunderland GP Alliance	1
Keep Active	1
Totally PLC	1
More than grandparents	1

Q3. What role or involvement do you have within children's and young people's mental health services?

Respondents had a range of involvement in relation to children and young people's mental health. All responses have been presented below (exactly as written) as some describe the role and some the level of involvement.

Work alongside
We are part of the ITHRIVE - getting advice and getting help
Deaf Service Consultant
Daily involvement as the Designated Safeguarding Lead & Student Support
Provide information advice and guidance
Headteacher - supporting staff with their concerns and referrals.
SENDCO
Sendco
In the main CYPS referrals and YP involvement with CYPS services for diagnosis , treatment and investigation for mental health issues
Head teacher
Headteacher -supporting all children in schoool with their mental health and well-being
Head teacher and referrer
We work closely with the Healthy Heads team.
CBT Therapist
Communication, working together
Supporting carers
Work with children who need this support
HLTA working with pupils with Autism attending mainstream schools
Refer into the service
Lead for mental heath
Social Worker
NURSERY NURSE

Director of People - support staff wellbeing to enable best settings for education and support of pupils
Children's Ward Manager (Nurse)
Very limited involvement, occasionally students transitioning to University but on the whole most will be with adult MH services by then.
I work with young LGBT+ people who struggle with their mental health. Most of the children I work with have been through CAHMS for counselling, suffer with gender dysphoria and mental health issues such as anxiety and depression. I support by providing resources, 1 to 1 support appointments and provide peer group support.
limited
Mental Health Lead/DDSL
Autism outreach team - specialist teacher Regularly meet children and young people with Autism and mental health concerns.
I work with children and young people who have a diagnosis of Autism and who often experience mental health.
Emotional wellbeing coach
Manager
Daily involvement with young people who are experiencing mental health issues
Work directly with young people and families to promote healthy and positive mental health. Signpost into relevant services to support this if the need is there.
Independent Sexual Violence Advisor with specialisms in supporting LGBTQ+ survivors and survivors with neurodiversity. I provide emotional and practical support to CYP which involves working alongside CYP MHS.
EDT Social Worker
Direct assessment and intervention
Nurse working directly with families and young people
Social worker
In my role I work with children and young people who access the mental health services and I make referrals into services.
LGBT+ Support Worker - Sunderland
We provide digital / online Mental Health and Wellbeing support
Strategic Service Manager
Early Help Assistant Team Manager
direct work with children, young people and families in CYPS
Early Help
Seconded to Sunderland youth offending service
I am part of CYPS and work directly with children, young people and the adults who care for them
YDAP worker
CAMHS practitioner
Community Outreach Worker, Youth Drug and Alcohol Project.
Early intervention mental health support
speech and language therapist working within social care with teenagers considered to be on the 'edge of care'. Most of the young people I work with have mental health difficulties and many are involved with CAMHS/CYPS either for mental health support or for neurodevelopmental assessment. I have made referrals into both services and also been involved in care teams where CYPS/CAMHS workers have been involved.
MSET Coordinator re children at risk of harm and risk outside the home, often exploitation, harmful sexual behaviour, child on child abuse, serious youth violence and radicalisation.

CAMHS practitioner
I work directly with children and young people and conduct appointments using Cognitive Behaviour Therapy (CBT)
I am a Residential child carer worker in a children's home, I am also a health co-ordinator to our young people.
Early Help worker - involved with children's and adults mental health issues, referrals into MIND, CYPs CAMHS Healthy Heads
I am a SENCo and Assistant Headteacher. I oversee all outside agencies and services supporting our pupils including all mental health services
I work as a Young Adults Recovery Coordinator supporting their drug and alcohol use.
oversee potential referrals into services
Social Prescriber Link worker supporting children and young people to access mental health services
Supporting children and young people on a 1-1 basis as well as supporting their families and signposting to other support services
Family Hub worker
School Support
I WORK WITH YP AT THE YJS IN SUNDERLAND
Children and young person officer
I manage YDAP young persons drug and alcohol team, we have young people working with us that are also open to children's and young peoples mental health services. Lots of liaison required. We refer directly to services also.
I am an Early Help worker who makes referrals for children and young people to access mental health services.
Early Help Worker
Psychiatric Liaison Service in Sunderland Royal Hospital
Commissioning
support worker
Work in partnership - either refer to, provide rooms/space for MH services to use. Share info
Early Help Worker - supporting young people and their families
Youth provision
Urgent care minor illness, minor injuries
Supporting Kinship children who have suffered trauma and many of whom are also neurodivergent

Q4: On a scale of 1 to 10, how effective do you feel current provision is? (Base 55)

Overall, current provision was had a weighted average rating of 4.2 out of 10. When broken down, 53% of respondents scored below 5, 18% scored 5 and 29% above five. This indicates stakeholders and staff do not have confidence the provision at present.

	1	2	3	4	5	6	7	8	9	10	TOTAL	WEIGHTED AVERAGE
⭐	16.36% 9	5.45% 3	20.00% 11	10.91% 6	18.18% 10	18.18% 10	5.45% 3	0.00% 0	0.00% 0	5.45% 3	55	4.24

Q5. What works well and why?

47 comments were received, some mentioning more than one theme. Not all comments could be grouped into themes but are summarised below, where this is the case. Comments indicated that there were positives about the service (13) and staff (9). However, this was couched with concern over waiting or resources. Some of the comments that were not themed as a concern over waiting did also use language indicating that respondents thought it was a good service, once people could get the service. It was also noted that there are some positives in school, particularly in relation to Healthy Heads (5) and also positive comments regarding CAHMS including the way their staff give advice or are integrated into other services (5).

Theme	No.
The service is good quality/helpful/gives coping techniques/121 sessions/engaging/specialist/evidence based	13
Staff (including good, consistent, communications with schools/families, access to spoc)	9
Concerns over waiting or high demand (including increased risk, barrier to seeking help)	6
School (mental health support within or healthy heads)	5
CAHMS (including referrals and advice to non-mental health specialists, staff integrated into other services)	5
Nothing/not much/not sure	4
CYPS (involvement prior to EHC plan, dedicated worker to support complex cases)	3
Good inter-agency or inter-team relationships/collaboration	3
0-19 referral/service	2
lack of resources (including staff or training)	2
Referrals between CAHMS and CYPS	2
Engagement	2
Social care (mental health support within)	1
Early help (mental health support within)	1
Getting help meetings / process	1
Cultural accordance model supporting inclusivity for Deaf children/parents	1
Range of interventions	1
Early years (including supervision from CAHMS)	1
There are gaps for the most vulnerable	1
Services don't always understand what young people are going through (specifically LGBT)	1
There is more awareness of where people can get help	1

There is a wider range of services	1
Cared for pathway has success with intervention and collaboration	1
Reduced waiting lists	1
Training	1
Issues with children not accepted	1
There is a lack of communication	1
Family support	1

Illustrative quotes are provided below (presented exactly as written):

"Those children that are actively receiving support get a good quality service Good inter-agency relationships between health and social care."

"we are part of the pilot project linked to Healthy Heads, this service works well."

"Unfortunately, not much is working well, due to demand and high waiting lists."

"The staff members are fantastic at working with the young people however the waiting time is that long by the time they are seen, the initial issue has transferred into something else and there is more risk to the young person."

"We have a dedicated CAHMS worker in our service which is great they can advise non mental health specialists, see and assess young people and give support to families. They also provide good liaison with CYPS."

Q6. What do you think could work better and why?

54 comments were received in response to this question, some with more than one theme. The overriding concern was in relation to waiting times or speed of access to services (33). There were also suggestions that signposting, advice or support whilst waiting could be improved (11). This included comments about the gap between receiving service at CAHMS and CYPS. Nine people made comments in relation to the level of services or provision, specialist services or resource level and allocation. Eight people made comments in relation to staffing levels (including appropriately qualified staff) and seven indicated that more school based work would be helpful.

Theme	No.
Waiting times and access or quicker support and referral	33
Signposting, advice or support whilst waiting (including in the gap between CAMHS and CYPS and communication about wait times)	11
More services/specialist services/provision (including community)/resource/resource allocation	9
More staff, more qualified staff, more to deal with low level, issues with staff sickness, staff to pre-read files	8
More school based work (including mental health awareness, coping strategies, staff awareness, advice, mental health work within)	7
Better information sharing/partnership working (including identifying gaps and duplication)	6
Services tailored to need of the child (including flexible or longer intervention if needed)	6

More thorough, holistic, flexible assessment (e.g. that accounts for trauma separate to neurodiversity or can deal with low level mental health whilst waiting for diagnosis)	4
Accepting CYPS referrals / getting people on the right pathway	3
More support post diagnosis (including reference to autism, ADHD, neuro)	3
More awareness of young people's needs, including autism/LGBT	3
Additional locations for CYPS or better rooms	2
Improved communication with Deaf children/parents and awareness (including how to work with BSL interpreters)	1
Only accepting referrals from schools puts pressure on them	1
Services are split close to the Durham border	1
More family support (e.g. re: anxiety)	1
Consistent workers/communication	1
More support for younger children's mental health	1
No support for significant mental health crisis unless on CYP system	1
Change language to encourage engagement (rather than closing the case)	1
Appropriate facilities	1
Appropriate training (e.g. specialist nurses)	1
More early intervention	1
Crisis team response dismissive	1
Embed speech and language specialists	1
Access more complex for children in care	1
Parenting support	1

Illustrative quotes are provided below (presented exactly as written):

"Currently waiting lists to access higher tier services such as CYPS and CAMHS; no support when a child is having significant mental health crisis unless they are already known to the CYPS team. In a recent phone call for support with a child who was extremely volatile and showing disturbing mental health behaviours we were told nothing could be done, no advice could be given as she was not on the system. This was despite the child and family having already been working with the Healthy Heads team - the call operator on the CYPS crisis line said she had never heard of Healthy Heads and despite giving her id number, dob and other information it was clear her system could not pick up information from the Healthy Heads system - despite both being based in Sunderland!"

"Reducing waiting times for intervention will mean that Children and Young People receive input when it is needed and before any escalation is experienced/required."

"Giving parents more advice during the waiting period"

"Shorter waiting lists for mental health services."

"Waiting times/waiting list - Sign posting - The gap between being transferred from CAMHS to CYPS - the waiting time with no additional support/intervention for the young person"

"Waiting lists are long for CYPS and CAMHS. Many of the children I work with have been on waiting lists for long times. Organisations could also communicate better with each other about how to support young people."

"Increase in service provision is desperately needed to ensure the mental health needs of children are being met when they need it - the service is tailored to the needs of the child not generic i.e. 6 weeks if they need 10 for example"

"More accessible service's/ greater volume - specialist"

"More staff needed More services needed at a lower level"

"Waiting lists, more staff, longer intervention times for some young people"

Q7: Do you think there are any gaps in skills and/or knowledge in the current workforce for children and young people? (Base 56)

67.86% of respondents felt that there were gaps in skills and / or knowledge in the current workforce.
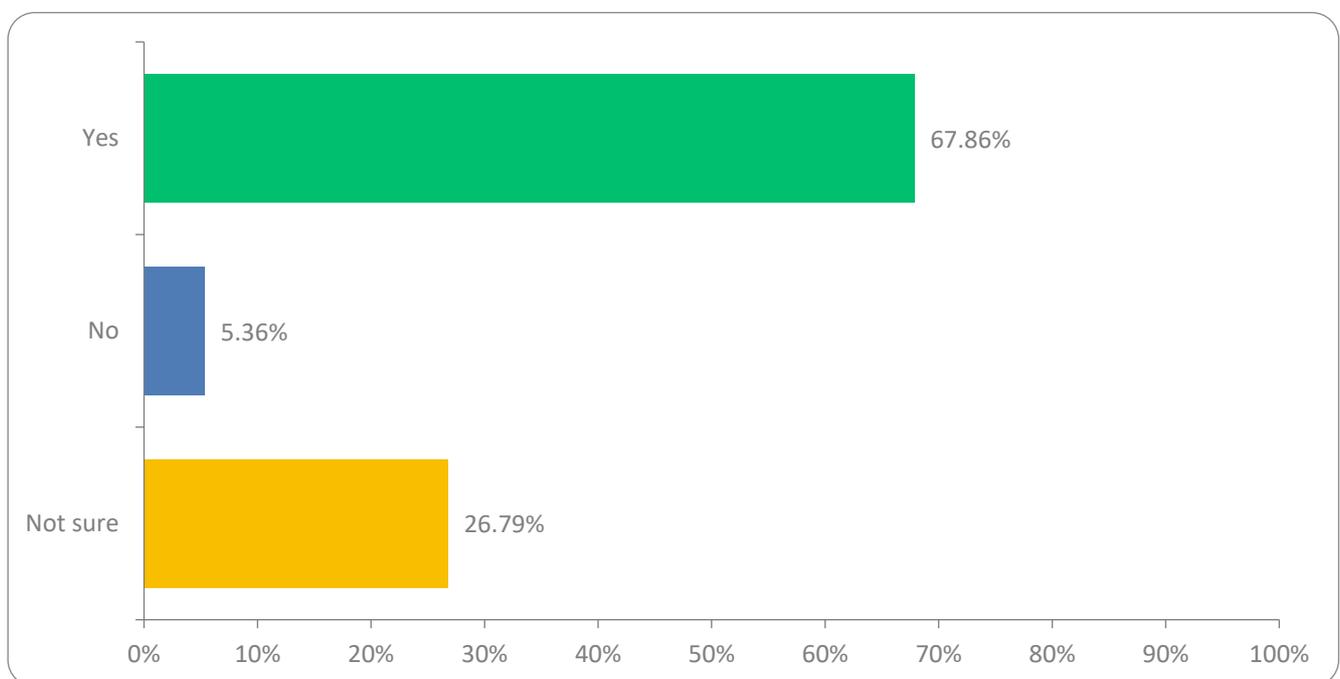
Q8. Please give details of the gaps and any training you think is needed.

35 comments were received. These included a range of points that could not be easily themed in all instances. A summary of responses has been provided below. Where possible this has been grouped into themes. The most often mentioned topic was neurodivergence/autism/ADHD (7). This included more information on the links with mental health or how to work with people, including those on the pathway but may not yet have a diagnosis. Four people made suggestions relating to information on different offers or support available so that better signposting can be provided. Four people thought that all staff working with children and young people should receive training to make them more confident on the topic of mental health. This included a suggestion that people in different settings should be able to deliver low level interventions. Four people also mentioned childhood trauma as a topic that would be useful for more training. Although all of the other themes had two responses or less, there are a range of further helpful suggestions.

Theme	No.
More understanding of or information on common neurodivergence, autism, ADHD and links with mental health or how to work with people (including those on the pathway)	7
What offer/support is available (including suggestion of regular updates) and who provides it to support signposting.	4
Improving confidence of all staff working with children and young people (including delivering low level interventions)	4
Childhood trauma, including masking, ability for the young person to work with certain individuals and more awareness for all people working with children and young people	4
Recognising behavioural indicators of trauma/mental health (e.g. violent outbursts in school)	2
Not just training that is the issue - waiting still an issue	2
Recognition of individual needs/resources for individual needs	2
LGBT awareness including impact on young people's mental health, gender clinic waiting times and referral	2
Attachment trauma	2
More psychological therapists, psychologists and psychiatrists	2
Children and young people mental health specialist training	2
Accredited appropriate level online resources	2
Dealing with worry, stress or anxiety	1
Decider intervention - universal offer	1
How to work with interpreters/engage with Deaf people	1
Assess accessibility of NHS environments	1
For referrers to complete CYPS form (difficult for parents to complete the parents form)	1
Grief support for younger children	1
No provision for children in the midst of a mental health crisis	1
They don't understand all mental health	1
Rape/sexual assault counselling	1
RHSE work	1
Seminars (not online)	1
Cultural awareness	1
Correct 'script' for serious mental health cases	1
Child resilience	1
ARFID specialism	1
Local insight on trends and possible early interventions	1
Kinship care, children's experiences, legalities regarding contact	1
Self-harm	1

Q9. In an ideal world, what would children and young people's mental health and wellbeing services look like?

49 responses were received. Again, there were a wide variety of responses and so many were not themed but are summarised below. The main thing people would have liked to see was less waiting or more timely support (33). Following that, a desire for more integration into

schools (10) and more integrated services or support systems more generally (9). A range of other comments were also received and are outlined below.

Theme	No.
Shorter/no waiting time or more timely support (including quick access to diagnosis and support or when people are in most need)	33
More integration in schools (including SEND, schools with high need, first contact for school, visiting mental health worker)	10
More integrated services or support systems, including co-location of services, multi-disciplinary teams, hub, integration in youth centres, community etc)	9
Easy to access, navigate or refer (including access to the diagnostic process)	7
Support, intervention or communications whilst waiting or being assessed (including communications about waiting times)	5
Well-resourced / lots of capacity	5
Focus on prevention and early intervention	4
Better communication, including more seamless or more verbal	3
More face to face or 121	3
More / quicker access to specialists	3
Young people specific places for treatments	3
Easy contact or booking	2
Seamless transition to adulthood	2
Support for all involved with the young person (including family specific)	2
Staff consistency long term, or retention	2
Confident/experienced staff	2
Trauma informed care	2
Recognising the importance of family and context on young person	2
Understanding of Deaf people and access to mental health experienced interpreters	1
Physically accessible or inclusive environment	1
Removal of 'boxes' or 'thresholds' to stop pass between a range of professionals	1
If a neurodevelopmental disorder has been discussed with professionals, for the referral to be accepted	1
Listening/responsive	1
UK wide facilities for short and long term patients	1
Directory of support	1
Clear information on what happens from the point of contact and through sessions for parents	1
Library of resources to give to parents (e.g. neurodivergence, eating disorder, trauma, anger management, self-esteem)	1
Group therapies	1
Training for parents/people working with young people to recognise and refer	1
Lower caseloads to allow more intensive support	1
More focus on helping individuals/less focus on numbers	1
Wellbeing service accounting for covid impacts	1
Shame sensitive care	1
High quality assessments	1
Full range of interventions	1

Illustrative quotes are provided below (presented exactly as written):

"- Quick waiting lists   - Intervention/check in support whilst young people are on waiting lists - Children not having to fit in "certain boxes" and "thresholds" to access mental health support - to avoid being passed to a range of professionals"

Less waiting times so that when children are at point of need at referral they are seen at the right time   fewer numbers of children on caseloads so that clinicians can provide more intense intervention at the right time"

"short waiting time, quick assessments to determine diagnosis's or not. quick assess to mental health support."

"Some based in school particularly SEND provisions so that the majority of the caseload pupils are part of that cohort, or in nearby schools. Working with pupils fac to face in these environmen ts and observing behaviour over time will provide professionals with better insights into their actions, triggers and anxieties which all impact their mental health and wellbeing and being able to identify pupils who need some sort of fast-track system onto possible treatments, interventions and therapies which the school are also involved in to better support those pupils in school and impact suspension and exclusion across the board and also keep all safe."

"Dedicated worker in schools fulltime to support school provision and intervention, and to act as liaison with higher tier agencies when required for referrals."

"robust wellbeing service which was resourced to take into account the impact of covid on development and take a proactive stance in making up some of what was lost, not developed (social and emotional skills/ opportunities)   Early intervention in a timely way when there are more concerns- in schools and community hubs (as is being tried).   Quicker access to specialist mental health provision where it is then needed. Services which are child/ young person centred and feel accessible to them, keeping the importance of family in mind. Good links to adult mental health services, both with parents/ carers needs in mind and smooth post 18 transitions. Ideally a 'lifespan' approach- less of a leap post 18 to different provisions."

"a service that can be accessed for ALL young people who need support with referrals accepted and triaged within a short space of time. no waiting lists and accepting referrals from all agencies, parents, carers and professionals as well as direct from the young people themselves"

Q10. Do you have any further comments about children and young people's mental health and wellbeing services?

29 people responded to this question. The most common theme was 'no' to having further comments (7) followed by comments relating to staffing, resource, capacity and investment (6). There were also comments recognising good staff (6) but also comment about the system failing (4).

Theme	No.
No	7
Understaffed/underfunded/over capacity/more investment needed	6
Recognition that staff work hard, are doing their best, trying, or that there are good professionals	6
System at breaking point/failing/not enough	4
Waiting lists need to be reduced	3
Professionals attached to schools / cohorts of schools / full time in schools (to support communications, earlier diagnosis and intervention)	2
Concerned about being hospitalised in the wrong environment	2
Need change	2
Positive regarding services	1
Children missing out on diagnoses and then help in secondary school (not accepted by CYPS)	1
Parents struggle with application	1
Covid impacts are ongoing	1
Children discharged because parents don't take them to appointments	1
Children's mental health/trauma being attributed to neurodiversity	1
Schools are having to triage / carry out work	1
Better communication with all stakeholders	1
Better services	1
Prevention or early intervention needed	1
Concerned about hospitalisation being in the right environment	1
Ensure changes are considered with front line and service users for right transformation	1
Listen more and work with child and family	1
Fully trained / qualified	1
More general training needed	1

Illustrative quotes are provided below (presented exactly as written):

"This is a system that is very severely over capacity and not able to meet the demands of those who are most in need in a timely manner.   Waiting lists need to be reduced and this will only happen through more investment allocated towards staffing"

"I know services/funding is stretched and you are doing the best you can. However, mental health is increasing and we need to offer support as soon as possible for the child/young person before any risks increase and not only does the child/young person feel let down it ends up costing more in the long term."

"I believe these service are crucially important in protecting and promoting the health and wellbeing of our children and young people, and so are worth investing in. But I

also believe that "more of the same" will not achieve the desired outcomes, we need to do something different"

"I think people who work in these services are trying very hard to meet a huge need and we want to develop and change to make services better for children, young people and families. I think services can work well but are currently swamped and changes need to be carefully considered with front line workers and people accessing services to ensure they dont become another beurocratic barrier rather than the transformations people are hoping for."

"the system is at breaking point. schools are increasingly having to triage and carry out work internally."

Findings: Stakeholder Event

A Children and Young People Getting Help Services - Stakeholder Session was held on 9th September. 10 people attended on the day with one further giving feedback separately. Of the eleven staff contributing, nine were Together for Children staff, one Public Health and one 0-19 Harrogate and District Foundation Trust. Notes from the session are as follows:

1. Do we have the right 'Getting Help Services'? What's working well? What's not working so well? Are there any gaps/training requirements?

Trauma offer needs strengthening. Need more tenacity – MH services need to keep trying to work with families and build relationships and ask questions, rather than closing the case if they don't attend the appointment. Can parents read, are they still living there, etc.? Trauma-informed – doesn't necessarily need a mental health worker but advice and training to recognise needs. Can we have something similar to understanding myself for children to understand the effect of the trauma they have experienced and alternative strategies to self-harm and risk-taking?

Bereavement offer is sporadic, not equal who gets it. Too many exclusions. Too many YP that CCAMHS can't work with. Creates a black hole of children who are excluded from accessing CAMHS but whose needs are not high enough for CYPS.

Problem with children who are not in a stable environment – can't work with them. Often there's nothing that can be done to make the environment stable. Need to be able to give the child some coping mechanisms.

Inconsistent offer in schools – possibly could plug gap with Community CAMHS workers in other schools if needed. Good use of resource to have MHST-type offer in all schools. Conversation in school prior to intervention is really useful. Learning from the pilot in terms of pushing back to schools to have them do things

School-based anxiety is a problem. Growing numbers. Could be due to SEND needs or perceived SEND needs. Need to remember about this cohort when designing services.

Self-harm – need clear interventions for this. Schools need to be able to recognise and respond to self-harming in YP.

Also need to upskill parents to understand and support their children to avoid crises. Parenting around specific needs e.g. self-harming.

Also need a universal offer around parenting – just things like sleep, eating, screen time, exercise. All parenting offers complementing each other, almost like a pathway?

Strongly felt we need an early years offer to prevent young children being considered for residential care. What do we need in the EY offer? [ICB name redacted] has already asked for breakdown of where the referrals are coming from. Schools not aware and not seeing any involvement at the various EY panels. No alignment with U5s neuro. Do we want a MH worker aligned to Paeds? Yes, if there's trauma or attachment issues. Might reduce referrals to neuro.

Disconnect between Paeds and MH services.

Developmental norms – people need to understand what is typical behaviour – not necessarily a problem. This is the case in Eys and teenagers.

Behavioural Insights team will be doing some work around developmental delay – PH funded.

Interface between CAMHS and SLT

[name redacted] is happy with interface into Fam Hubs. EY – how do we feed into EY service in CCAMHS. Social Babies needs expanding in Fam Hubs. EY Specialists could be based in Family Hubs

Delivery – where the service is delivered. Secondary students don't want to attend appointments in primary schools.

Should offer home visits where families are not attending – could even pair up with schools to do joint visit. Family Hubs is another alternative venue

Gender and identity issues. Support for young people and parents.

Counselling – schools are supposed to have access to MH support that they commission.

There are issues around counselling as it's not evidence-based. Young people accessing YOS value counselling – need to be careful how we define bereavement – loss rather than bereavement.

Could our commissioned counselling offer be for those not attending education? Could the service work with schools to develop a QA process

How do schools decide whether to refer into their counsellor or to CCAMHS? Not sure

Sleep is an issue – but should be resolved when sleep service is live.

A lot of children are declined without being seen – could be resolved by removal of special circumstances and transfer of neuro into CYPS.

Remove Friends training from CCAMHS.

2. Partnership working and training

Training offer needs to be fit for purpose. No limits on number of delegates. Remove requirement to do iCAMHs before other training or allow iCAMHs to be delivered to whole teams rather than 3 delegates per organisation.

Need consultation for staff and parents/foster carers. Needs to be no exclusions.

Happy with interface into family hubs. [Name redacted] meets with specialist teachers to discuss schools and has links to CAMHS via MH Charter Mark.

[Name redacted] has strengthened relationships with CAMHS due to GHT conversations and offshoot conversations about things like Understanding Myself.

Need a bit of a toolkit for schools so they can support young people.

Other specialist SEND Teams – do we need CAMHS worker in AOT? She's doing a lot of the advice with schools. Portage home visits – no links. Need to explore early years a bit more.

Including Ready Steady Go in [name redacted] teams

Open drop in by EY's worker for HVs at Moorside. Link into Family Hubs work – perinatal. Links with 5-19 service less strong.

Resilience Nurses – [names redacted] to have a conversation about the resilience nurses and how they link with wider MH services.

3. In an ideal world, what would children and young people's mental health and wellbeing services look like?

Accessible without exclusions.
Transparency around what the offer is.
Flexibility to meet children's needs – not one size fits all.
Easy to navigate – for parents and referrers.
Seamless where children need to access both services
Are we talking about these children early enough? – Do we need a panel/forum for early intervention?
Often pursuing an EHCP when it's not needed due to lack of options.
Do we need better information for schools about the support out there? – check the star from [name redacted]. This might be a quick win
More holistic approach – could school be offered some training when they accept a child onto the waiting list?
Comms about what's normal and parenting
Need uniform messages
Resurrect the CAMHS Partnership in some form
Universal info sessions

YOS consultation approach works well
[Name redacted] has termly catch up with specialist teachers in CAMHS

3 missed appointments and removed from service needs to be reconsidered – need to build up a rapport with children and their family – could 'engagement workers/ mentor' be considered

Need more training/info around the difference between trauma and MH

Trauma programme similar to Understanding Myself to allow a child to identify why they might feel the way they do

What info goes back to schools whilst the child is in therapy and then the outcomes to allow the school to also support the child

Gro Brain Teenager?

Conclusion

The children and young people survey indicates that children experience worries about a range of topics. The information provided on what causes concern could help inform any future work focusing on prevention and early intervention. It may also help direct what information is needed in relation to the suggestions stakeholders made about providing transparency of offer.

Almost 45% of children and young people would be likely to speak to a parent if they felt it was needed, but it is worrying to note that 42% wouldn't speak to anyone. This finding may need consideration in terms of what can build confidence or make seeking help easier. This is likely to be particularly important for those children who do not have a strong and trusted relationship with a parent or carer as they could potentially have greater need and be more vulnerable when worried or stressed. 41% of respondents said that they would speak to a friend. This may be helpful for low level worries and concerns but may be less helpful for those who need more support. Existing plans to roll out Healthy Heads, referenced in the introduction may be helpful in this area. Stakeholders also made the suggestion of improved awareness for a range of people working with children and young people. This could potentially contribute to making it easier for young people to seek help or speak to someone other than a parent.

A significant proportion of young people who had sought help for their mental health rated the help poor or very poor (although respondent numbers to these questions are low). This highlights a concern and unsurprisingly appears to be reflective of whether people felt they had received some helpful support. It is also worth acknowledging that those who completed the survey may have been motivated to do so due to poor experiences. However, the issues raised are mirrored in other areas of the involvement feedback and so are worth considering as areas for improvement.

The options presented to young people to determine what is important about a service indicated that the key factors are already understood. Young people felt all of the options were important, with not having to wait long being most important. The issue of waiting also came through strongly in the other two surveys.

45% of respondents said that they would be likely to access online services and of those who provided a reason, this was generally due a previous good experience. Of those who did not want to access online provision, it was due to a preference for face to face or other contact. This suggests that a range of options remains important. It may also be helpful to highlight positive outcomes of engaging online.

Most of the parents or carers (90%) had experienced mental health concerns about their children. This is not surprising given they have been motivated to complete the survey. 79% of parents or carers completing the survey had accessed mental health support for their child. The findings indicate that there is room for improvement regarding communication with both parents and other services with 40% and 44% respectively rating this as poor.

There were significant amounts of parents and carers rating the support received poor across all measures, aligning with the views of children and young people. Waiting time, and support given whilst waiting was rated most poor (89.09% poor for both measures). 61.82% of respondents rated the referral process poor and this was followed by the quality of the support received (47.27%) and staff understanding (34.55%). As with the children and young people survey, numbers of respondents are low to these questions and percentages must be treated with caution. Also, people are likely to be motivated to complete due to poorer experiences. That said, there are some consistent messages across the feedback that are worthy of consideration.

Waiting times also came out as the highest barrier to getting support. This included issues with waiting for CAHMS, and then waiting again for CYPS whilst having no ongoing support. This also comes through the stakeholder feedback. There were a few comments indicating parents' frustration at not being listened to or being refused help. This included people feeling that their child's issues were being attributed to things other than mental health and so the mental health aspect not being addressed. Although these were small in number, they appear to align with some comments from stakeholders about waiting, lack of support whilst waiting, referrals being refused and so on. Waiting times are already acknowledged to be an issue and recent changes to the assessment process outlined in the introduction may help to tackle this concern. However, this highlights the importance of a continued focus in this area.

Parents said the issues that would stop them getting help were not knowing about the support available, not knowing who to speak to, or being told issues aren't bad enough (just under one fifth of respondents for each of these variables). This aligns with some of the improvement suggestions from stakeholders in relation to transparency of offer and more information and awareness raising to support early help and intervention.

There was a desire from some parents and carers for more listening and more flexibility in relation to needs e.g. longer periods to work with children and young people if needed. There were some similar comments received from stakeholders, including recognition of the difficulties if someone doesn't meet service criteria or doesn't initially engage. This could be an area to focus some improvement actions.

Parents are confident in spotting issues with mental health and speaking to their children about it, which is great news. However, their confidence in knowing what to do next is lower and drops further in relation to whether their child will get the right support. Almost 80% of this cohort already had experience of seeking help for their child so it may be even more difficult to know how to seek help for those in a more general population or who have not previously sought help. This links with the point above about improving awareness of the offer. It is likely that improvements to waiting lists and improved experience could change confidence measures in relation to getting the right support. In addition, the stakeholder suggestions in relation to upskilling parents so that they can help their children to avoid crises, deal with self-harm, be more aware of the universal offer and understand developmental changes that don't need diagnosis or intervention could also support in improving confidence.

Although there were good levels of confidence in speaking to different people and professionals about their child's mental health, schools came out slightly lower at around 70% confidence. The roll out of Healthy Heads highlighted in the introduction could potentially improve this, coupled with some of the stakeholder suggestions about improving information for schools, providing schools with toolkits and integrated working with schools. It will be important that as more work rolls out in schools, it is considered how to improve awareness with parents and ensure they know the right routes for speaking with schools on this issue if needed.

The stakeholder survey confirmed some of the same issues as outlined above in the other two surveys. For example, a lack of confidence in provision and concerns over waiting times. There were some positive comments about the integration of CAHMS into other services and Healthy Heads in schools.

Some of the suggestions offered for improvements could potentially tackle some key concerns highlighted in all three surveys. For example, suggestions to provide support whilst waiting, to improve resource or staffing and to improve integration of mental health support into other services and partnerships with other services (with a specific mention of schools). In addition. Both stakeholders and parents commented on improving skills around neurodivergence and supporting mental health.

It is worth noting that some issues may not have come through strongly in each individual involvement activity but were mentioned in more than one place. For example, the stakeholder event mentioned that the trauma offer needs strengthening whilst there were some comments in surveys about recognising trauma and improving knowledge of trauma. It was also noted within the stakeholder event that there can be an issue with exclusions, inability or inconsistent offers. The stakeholder and parent and carer survey also received comments about the difficulties when young people don't meet certain criteria and therefore are left without support. There was also mention in more than one place of gender identity issues, appropriate places for delivering services, recognition of decline in mental health whilst someone is not being seen, the need for flexibility in provision according to need (e.g. more sessions), seamless provision, earlier intervention and issues with removing people from lists if they miss appointments.