Introduction

The mental health and wellbeing of younger people is currently an important item on the national agenda for the UK. The government released a report called ‘Future in Mind’ in March 2015, which set out a ‘vision for children and young people’s mental health’.

Additionally, an extra £1.25bn was made available over five years for the development of mental health services for children and young people. For Hampshire’s five Clinical Commissioning Groups (CCGs), this will mean approximately £2m extra spending per year for the next five years.

This interest from central government has been in the context of an increase in numbers of young people using Child and Adolescent Mental Health Services (CAMHS) in general. Although more young people appear to experiencing problems with their mental health, the most recent information about the mental health situation for young people in the UK is over a decade old. There are also competing opinions about why this increase has occurred.

Hampshire Children’s Trust (which includes Hampshire County Council and the five CCGs) has published A Joint Hampshire Strategy for Emotional Wellbeing and Mental Health (Children and Young People) which includes a vision and priorities for children and young people’s mental health in the county until 2017.

The priorities are:

- Emotional Wellbeing and Mental Health in Hampshire is Everyone’s Business
- Earlier recognition and intervention for mental health problems in children
- Improve information and advice available for children, young people, families and professionals with regard to emotional wellbeing and mental health
- Ensure all children, young people and families have access to timely, evidenced based, high quality specialist mental health support, when it is needed

Healthwatch Hampshire decided that now would be a good time to speak to young people who use the CAMHS service in Hampshire. We wanted to hear about their experiences with CAMHS, to listen to their opinions and to ask what they would like to see in the future. We also spoke with professionals who work regularly with the service in order to hear a broader experience of CAMHS.
The Referal Process and Waiting Times

For the young people and the professionals who expressed their views on the subject, there was a general feeling of powerlessness about the referral process. The young people seemed to have limited involvement with the referral process, depending on GPs, youth workers or others to work through the process with CAMHS. As a result, the young people often had a low level of information about what felt like a distant process - the referral happened to the young person, rather than with them.

Additionally, there was a general feeling of what one professional described as ‘nervousness’ about the referral process. The continued experiences of making referrals that have not been ‘picked up’, or that have been ‘bounced back’ or ‘knocked back’ appears to have created a cynical aspect to the referral process for many professionals, users and parents. Many professionals who spoke to Healthwatch described referring to CAMHS with the expectation that they would need to make multiple attempts at the referral before acceptance. One young person in the video describes her GP needing to ‘increase the level of concern’ before she could meet with CAMHS.

The Waiting Times

Professionals and service users were consistently disappointed by the waiting times for the CAMHS service, which were reported as between 12 and 24 months before a commencement of the service.

Professionals in supportive services, such as youth work, reported that they have often needed to work as an ‘interim service’ for their users during the waiting time for CAMHS, offering a consistent, supportive service for young people with serious mental health needs. The long wait for young people with ‘high level needs’ has led to an increased need for high skill levels for professionals working with young people, including the ability to navigate services.

Young people often appeared to feel lost in the process, dealing with their own mental health needs while what seemed to be a detached, bureaucratic process decided when they would receive the help that they needed. As one young man stated:

‘I just wanted to get it over and done with. I wanted to know what was wrong with me!’
The CAMHS service is generally regarded by professionals working with young people as an invaluable service. The standard of therapeutic input offered is consistently high. The usefulness of this input is, however, affected by the difficulty of access and the long waiting times for the service.

Although many young people will discuss the help that they receive from CAMHS, there are several elements of the service (other than waiting times) that negatively affect this perception. These include: the unrealistic expectations (e.g. transport and time off of work or school) placed on young people and their families; therapists being changed part way through treatment; inappropriate facilities that feel outdated and overly medical or boring; therapy that does not feel appropriate for the service user (e.g. too young or lacking creativity); as well as a lack of communication from CAMHS, particularly in the lead-up to service provision.
The young people and professionals who contributed to this project discussed their hopes and concerns for the future provision of children and young people’s mental health services.

Professionals expressed particular issues around the relationships between CAMHS and other services. In youth work, for example, services have had to develop over the past few years in order to cope with the changing mental health needs of young people. This development has happened in the context of financial pressure on youth services, as well as the pressure on CAMHS. Similarly, schools have increasingly found themselves needing to provide help for young people with mental health needs.

This relationship between the pressure on CAMHS and the change in other services leads to some specific concerns. For example, the increased need in the area has led to some teachers and youth workers needing to over-stretch their training and remit by offering mental health support that is not so much ‘preventative’ as ‘interim’ for young people who need CAMHS services.

Additionally, the increased financial pressure on youth services are likely to lead to further changes and reductions this coming year. Hampshire County Council are running a consultation on their Family Support Service until January 2016, this includes funding for youth services and is part of the £23.3m cuts from Children’s Services planned for the coming year. If CAMHS and young people in Hampshire have become dependent on youth services for mental health support and if these services are not commissioned with this in mind, there are likely to be serious repercussions, including increased pressure on CAMHS and emergency mental health situations for young people.

Of course, a major aspect of the hopes of young people and professionals for CAMHS is for the reduction of waiting times. If waiting times can be reduced, young people are more likely to be offered more timely, useful support with their mental health problems. As a result, pressure is likely to reduce on CAMHS and other services in the long term. Most importantly of all, more young people will be able to enjoy a healthy journey through their adolescence and into adulthood.
Hampshire CAMHS’ Response

In response to the issues raised in the video, Hampshire CAMHS discussed the following:

Acknowledging the complexity of the referral process, Hampshire CAMHS are seeking to simplify the process with a ‘single point of referral’, which will include more collaboration with the voluntary sector.

The service wants to involve their users’ involvement in the referral process using a self-referral app.

Hampshire CAMHS acknowledged that it is not acceptable for young people to be waiting for as long as they currently are. They are using some additional funding to support people on their waiting list more effectively.

The importance of the need to offer a service that meets the needs of the young person, as opposed to imposing expectations on service users was acknowledged by the service. CAMHS has begun using the ACE Project to increase their understanding of how service users want the service to run.

Hampshire CAMHS are aiming for a quality, timely service that works well with voluntary services.
Clinical Commissioning Groups’ Response

Hampshire’s five Clinical Commissioning Groups responded as follows:

“We recognise that some children and young people are waiting unacceptably long periods of time to access the service. We have invested additional funding to reduce the waiting times for the service and we continue to monitor this carefully. We have been working with Sussex Partnership NHS Foundation Trust to improve the links with other agencies and organisations to improve the understanding of mental health. These have included areas such as training for professionals and improved support to schools through initiatives such as ‘Fit Fest’. We have re-tendered the Child and Adolescent Mental Health Service. The new service model will be in place from 1 April 2016. The new service model will have a single point of access and the service is partnering with a voluntary sector organisation to improve access to earlier support services. We believe this approach will help ensure young people access the right support at the right time. In addition, the Clinical Commissioning Groups are developing plans, as a result of the additional Future in Mind funding, and a key element to this will be additional funding to further improve access to earlier intervention services.”

Ros Hartley
Director of Strategy and Partnerships
NHS North East Hampshire and Farnham Clinical Commissioning Group

Dr Olive Fairbairn
Clinical Director for Mental Health/Maternity and Children
NHS North East Hampshire and Farnham Clinical Commissioning Group