



 **Children and
Adolescent Mental
Health Services**

*Produced by Parents and
Healthwatch Rotherham*

May 2014



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Foreword

Healthwatch Rotherham presents this report in partnership with a group of local parents. In common with all projects undertaken by this service the Board has to first authorise it. The authorisation relies on a standard evaluation model based both on quantitative and qualitative evidence. Furthermore, in most cases, the issue must be seen to have a link to one of the 6 priorities that direct the work of Rotherham's Health and Well Being Board.

It has to be noted that the views of the public do go back a period of 2 years but are remarkably consistent throughout the period under consideration.

I would personally like to thank the parents and carers who were forthcoming with their views.

A special word of appreciation has to be said to the group of parents and carers who gave up their time in helping with preparation, mode of consultation and the consultation process itself.

This has been very much a partnership effort with parents and carers which I believe makes this is a very powerful document.

I look forward to seeing the impact of this report on service delivery.

Naveen Judah

Healthwatch Rotherham Chair

I joined the focus group because things have got to change. RDaSH CAMHS is not working for our young people and their families. My son has had several breakdowns and has talked of suicide each time, I asked CAMHS for help. Their help was to say it was a parenting issue; this is definitely not the case. As a qualified counsellor I find it appalling that our young people with mental health issues are left for their families to sort out, without the help or support of professionals. My hopes for the future are that CAMHS becomes a service which is inclusive, holistic, and family centred, honest and open. I would like to see much better practice and the therapies/actions promised, carried out.

I hope the work we have carried out is not in vain and will bring about much needed change.

Sian Powell

Parent and focus group lead



Executive summary

Summary

Healthwatch Rotherham represents and makes known the views of local people on health and social care services. From November 2013 to February 2014 Healthwatch received 14 comments from parents and children. The majority of the comments expressed concern and dissatisfaction in the services they and their children had or were receiving from Rotherham and Doncaster South Humber Partnership Trust (RDaSH) Children and Adolescent Mental Health Service (CAMHS).

Nationally health and social care provision is being evaluated in light of the 'Francis report'. Sir Robert Francis QC chaired the public inquiry into the Mid Staffordshire NHS Foundation Trust published in February 2013. The report identified numerous warning signs which cumulatively, or in some cases singly, could and should have alerted the system to the problems developing at the Trust.

Nationally CAMHS is being reviewed. In 2007, as part of the Children's Plan, the Government announced an independent review of child and adolescent mental health services (CAMHS).

The three key changes proposed by the independent review of CAMHS were:

- Everybody (from specialist mental health professionals to the wider children's workforce and parents and carers) needs to recognise the contribution they make to supporting children's emotional wellbeing and mental health;
- Local areas have to understand the needs of all of their children and young people and engage effectively with children, young people and their families in developing approaches to meet those needs; and
- The whole of the children's workforce needs to be appropriately trained and, along with the wider community, well informed

In Rotherham, stakeholders have come together to produce and deliver the Rotherham Emotional Wellbeing & Mental Health Strategy for children and young people. This strategy will inform service planning and commissioning for the next 5 years.

On the 19th February 2014 the Healthwatch Rotherham Board was presented with local evidence plus national guidance which is currently being reviewed by commissioners and providers.

The Healthwatch Rotherham Board agreed there was sufficient evidence to warrant further investigation into the culture of CAMHS.

The aims of this investigation are to:

- Seek views on how local people believe the culture of CAMHS is affecting service delivery
- Obtain views and ideas as to how things could be done better
- To share the views of local people with the provider and commissioners of CAMHS
- Ensure local people in Rotherham know about this activity

To enable Healthwatch to achieve the above aims, three methodologies were used.

- A purpose designed survey
- A public two day event gathering views on themed topics
- A review of the Healthwatch Rotherham Database

The three methodologies were purposely designed to collect the views of the citizens of Rotherham and were triangulated to draw overall themes and ideas. This report has been produced to affect change within Rotherham's CAMHS.

The findings from the three methodologies were derived from thematic analysis using frequency of comment/ideas as an indicator of priority.

Results

In almost all of the statements made and within the free text from the survey it can be concluded that there is a high level of dissatisfaction with the service provided by CAMHS, with two exceptions, Statement 8, "facilities here are comfortable", this relates to the surroundings in which people find themselves whilst visiting CAHMS, and for which a large majority of people gave a positive response. Statement 9 "it is quite easy to get to the place where the appointments are" again, this drew a positive response. However, in all other statements, which relate to interpersonal contact and quality of contact the majority of people were unable to agree with the sentiments expressed in those statements and it is in these areas that issues exist.

The people who attended the two public events did not feel part of CAMHS processes, including care planning, crisis planning and discharge. They did not feel listened to or valued, their strengths and knowledge of the child are not acknowledged. They do feel blamed for the problems they and their child are experiencing, judged and alienated throughout their contact with CAMHS. The attendees believe they have a lot they can offer to CAMHS as a whole service and as part of their child's care. They require clarity on how the service is delivered and what they can expect. They have difficulties in accessing support, with long waiting times and appointments being cancelled at short notice. They told us that complaints were difficult to make and not acknowledged, although staff advise people to make them.

The comments collected on the Healthwatch Rotherham Database since July 2013 indicates that people are unclear about what CAMHS provides. There are problems with long waiting times for initial and follow up appointments and difficulties in access to the service. People believe there is a lack of communication between CAMHS and

other services, with failures to pass on information about what CAMHS is or is not doing to support a child and the family's needs. The people using CAMHS do not feel listened to or involved in the CAMHS processes. Complaints are not acknowledged or dealt with in a timely manner. CAMHS is providing support to children to effect change but this is not consistent.

Findings

The findings of this report are drawn from the three methodologies applied to investigate the current culture of RDaSH CAMHS. The main themes of comment were.

- Child and Family centred approach
- Communication
- Appointments
- Long term support
- Contact with staff
- Complaints

In each of these themes a high level of dissatisfaction was expressed. All three methodologies highlighted that

- Parents/carers do not feel listened to
- Parents/carers feel blamed for the problems they and their child are experiencing
- Parents/carers do not feel included or able to participate
- There is no clarity on what people can expect from CAMHS and what services they provide
- People find it difficult to make a complaint
- Complaints are not handled consistently or in a timely manner.
- Waiting times to be seen are too long leaving families feeling unsupported
- When Children are discharged from services this does not always include families and they are unaware they have been discharged
- There is no crisis planning leaving families feeling unsupported and not sure what to do.

Ideas and practical solutions

The results of each of the methodologies highlight the frustration of not being included or listened to. This indicates that they feel they have something to offer the service but their skills that are not being utilised. The people who attended the public events have provided some suggestions to how CAMHS could be improved.

Child and Family Centred approach

- Staff training to enable them to adapt how their services are delivered, increasing individual care/treatment plans and flexible working.
- To work with the whole family throughout the CAMHS processes, acknowledging their strengths and needs.

Communication

- The attendees would like to see improvements in communication suggesting that care/action planning is agreed by all and that actions are completed.

Appointments

- The attendees suggested that there be a standard time frame to be seen within. They suggest if a GP refers when there is a crisis then to be seen within a week.
- They also suggest that appointments to be booked with the family.

Long term support

- A CAMHS board which has parent/carer members
- Not to discharge without crisis planning
- Not to discharge without parents/carers being involved
- To allow self referral to CAMHS within 12 months of discharge
- Long term support groups both child friendly and for parents

Contact with staff

- To work with the parents/carers acknowledging their strengths
- Use terms and words are easy to understand
- For staff to explain who they are and what qualifications/skills they have

Complaints

- Make it clear how to complain
- For all staff to record, log all types of complaint, verbally and by letter

The suggestions which have been made, try to address governance and practical issues within CAMHS. They have not addressed all areas of dissatisfaction. The suggestions made indicate that the families desire collaborative governance within the service and to be empowered to work with CAMHS to resolve their individual child and family problems.

June 2014

Our Response to the Rotherham Healthwatch report regarding Children & Young People's Mental Health Services

We are extremely sorry about the experiences the parents and carers that assisted with report have received from RDASH CAMHS. As an organisation and a CAMHS service we take your recommendations seriously and wish to work in partnership with you to improve the service we offer to ensure families, children and young people have a positive experience of our service in the future.

We are currently in the process of delivering a quality improvement plan within the service and will strengthen the plan to reflect the concerns and recommendations highlighted to ensure that parents, children and young people and carers in the future receive a more welcoming and positive experience of CAMHS.

The work that Rotherham Healthwatch have carried out will help us shape the required improvements and we would like to assure the parents and families that their feedback is extremely valuable. We share the hopes and aspirations of the contributors of the report and aim to make the suggested improvements to ensure the service in the future is inclusive, holistic, and family-centred.

We are pleased with the positive feedback regarding our facilities at Kimberworth Place. However the findings within the report are disappointing, especially as they are the collective views of parents and carers who contributed to the report. This feedback is of serious concern to the organisation as it deters from our Trust values and does not reflect the competencies we expect of our staff and the services we deliver.

Improvements Underway

Work is already underway to improve services. Examples of the work we have completed over the last 6 months include the following:

- All CAMHS staff members have received refresher training in a child and family centred approach. Work continues to make sure that this improves the experience of all families, children and young people. This will be monitored through personal service user feedback after each clinical session and the use of 'experience of services' feedback questionnaires that we have made widely available in the reception area of Kimberworth Place. The actions we take to address the feedback received from feedback will be on display in the

waiting area to ensure families, children and young people can see that their views are important and have been acted upon.

- To improve communication, we have recently completed an audit of letters, including discharge letters and have identified this as an area of improvement in terms of the information contained in them.
- To improve access, in agreement with our commissioners, the CAMHS service is working towards a 3 week wait from referral to assessment unless an urgent appointment is required, when the child or young person will be seen on the same day.
- The service has recently introduced Self-referral for young people 14-18 years. The service is accessed via Youth Start and young people have access to a CAMHS clinician.
- Once discharged, children who require further support or the need to re-access the service can contact the duty team to discuss concerns, additional support and re-referral back into CAMHS. This is a new and ongoing piece of work and we would wish to work with families to establish how this may address the concerns regarding self-referral back to CAMHS within 12 months of discharge.
- We treat each complaint as an opportunity to learn, we are undertaking a detailed piece of work to ensure all complaints are treated in a timely, sensitive and constructive way.

In addition, we have also been working with our partners in Rotherham to develop the Emotional Well Being & Mental Health Strategy for Children & Young People. The Strategy has been produced to support the Local Authority, commissioners and service providers to improve the emotional health and wellbeing of children and young people and our involvement in this will help us to focus the improvements we are undertaking on the areas that will have most impact for children, young people and their families.

We recognise that the work we have underway will need to continue to deliver the improvements needed. We will consider the findings, ideas and practical solutions in this report and further develop our actions to include these. We would welcome the opportunity to work with Rotherham Healthwatch, the families and young people who have contributed to this report and partner agencies to improve our services.

Christine Bain
Chief Executive
Rotherham Doncaster & South Humber NHS FT





The Current Context and our research findings

Background

Healthwatch Rotherham represents and makes known the views of local people on health and social care services. For Healthwatch to carry out its role, it undertakes engagement activities within the Rotherham Borough. Views, opinions and experiences of local people are trend analysed, these trends are then fed into the Healthwatch Rotherham Board. The Board then directs the service using a decision support tool. The support tool takes into account the local evidence and strategic relevance, to ensure that further investigations into issues are a local priority for the people and for those who influence change.

Local Evidence

From November 2013 to February 2014 Healthwatch received 14 comments from parents and children. The majority of the comments expressed concern and dissatisfaction in the services they and their children had/were receiving from Rotherham and Doncaster South Humber Partnership Trust (RDaSH) Children and Adolescent Mental Health Service (CAMHS). On analysis of the data captured from the public engagement and NHS Complaints Advocacy Service, Healthwatch identified that there were numerous issues within RDaSH CAMHS that might need addressing. In February Healthwatch was approached by two parents who wished to make separate formal complaints about CAMHS but agreed that in partnership with Healthwatch Rotherham they would bring together the local community and use a collective voice to raise their issues and affect change.

Strategic relevance

Nationally health and social care provision is being considered in light of the 'Francis report'. Sir Robert Francis QC chaired the public inquiry into the Mid Staffordshire NHS Foundation Trust published in February 2013. The report identified numerous warning signs which cumulatively, or in some cases singly, could and should have alerted the system to the problems developing at the Trust.

<http://www.midstaffpublicinquiry.com/sites/default/files/report/Executive%20summary.pdf>

The focus of the Francis report is on provision to patients, although not highlighted, the provision of services to Children in the community including Children and Adolescents Mental Health Services (CAMHS) are affected by the findings and recommendations of this report.

In 2007, as part of the Children's Plan, the Government announced an independent review of child and adolescent mental health services (CAMHS). The review was led by Jo Davidson, Director of Children and Young People's Services in Gloucestershire. Its final report was published in November 2008 and made 20 recommendations in relation to services that promote emotional wellbeing and mental health.

The three key changes proposed by the independent review of CAMHS were:

- Everybody (from specialist mental health professionals to the wider children's workforce and parents and carers) needs to recognise the contribution they make to supporting children's emotional wellbeing and mental health;
- Local areas have to understand the needs of all of their children and young people and engage effectively with children, young people and their families in developing approaches to meet those needs; and
- The whole of the children's workforce needs to be appropriately trained and, along with the wider community, well informed.

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_110930.pdf

In Rotherham, stakeholders have come together to produce and deliver the Rotherham Emotional Wellbeing & Mental Health Strategy for children and young people. This strategy will inform service planning and commissioning for the next 5 years, the stakeholders being

- Rotherham Metropolitan Borough Council
- Rotherham Clinical Commissioning Group
- Representatives from the Voluntary sector
- The Rotherham NHS Foundation Trust
- Rotherham Doncaster and South Yorkshire NHS Foundation Trust (RDaSH)
- Healthwatch Rotherham

The focus of the strategy is on all services provided to children and young people commissioned to deliver a level of support to children in relation to emotional wellbeing and mental health. The Rotherham Clinical Commissioning Group has commissioned an independent organisation: Attain, to undertake a review of RDaSH services in Rotherham, including CAMHS. The aims of the review are to inform planning and commissioning of future services in Rotherham.

Decision making

On the 19th February 2014 the Healthwatch Rotherham Board was presented with local evidence plus national guidance which is currently being reviewed by commissioners and providers.

The Healthwatch Rotherham Board agreed there was sufficient evidence to warrant further investigation into the culture of CAMHS. The duplication of work being carried out by Attain was raised as a concern, however the Board was assured that the methodologies applied to this investigation, would bring a deeper understanding from the parents perspective.

It was agreed that Healthwatch Rotherham would work with local families to capture the views of local people regarding the culture of CAMHS, concentrating on their experiences over the last 2 years.

Methodology

The aims of this investigation are to:

- Seek views on how local people believe the culture of CAMHS is affecting service delivery
- Obtain views and ideas as to how things could be done better
- To share the views of local people with the provider and commissioners of CAMHS
- Ensure local people in Rotherham know about this activity

To enable Healthwatch to achieve the above aims, three methodologies were used.

- A purpose designed survey
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The three methodologies were purposely designed to collect the views of the citizens of Rotherham and were triangulated to draw overall themes and ideas. This report has been produced to affect change within Rotherham's CAMHS.

The findings from the three methodologies were derived from thematic analysis using frequency of comment/ideas as an indicator of priority.

Survey

The results from the survey have been analysed. The survey opened on the 1st April 2014 closed on the 1st May 2014.

Participants were asked to indicate if they; strongly agree, agree, not sure, disagree or strongly disagree, with predetermined statements. The statements were formulated by the reference group, made up of six parents of children who had/have contact with CAMHS. Each of the members described their family's journey. From these six experiences themes and 'I' statements were formed for the survey.

The statements used, refer to the following areas







- Child and Family centred approach
- Communication,
- Appointments
- Long term support,
- Contact with staff,

At the end of the survey people were asked to complete 'free text' spaces to give qualitative data. The free text section asked people to tell us any further comments they would like to make.

Public events

The parent reference group designed and planned two public events. The events were held at Springwell Gardens on the Monday 7th April and the Saturday 12th April 2014. Open invitations to the event, were advertised publicly for families and children to attend who had experiences and had views of the RDaSH CAMHS over the last two years. Participants were invited via the survey sent out to people on the Healthwatch Rotherham database, social media and website. Healthwatch also contacted people who have used the NHS Advocacy service.

Attendees to the events were supported by one of the reference group members to enable them to raise their views based on the themes below.

-  Child and Family centred approach
-  Communication
-  Appointments
-  Long term support
-  Contact with staff
-  Complaints

The Healthwatch Database

The Healthwatch Rotherham database holds a list of over 1,000 members who wish to have their views and opinions heard and/or want to be informed of changes in health and social care in Rotherham. We also hold comments which citizens of Rotherham have made in relation to services by which they have been affected.

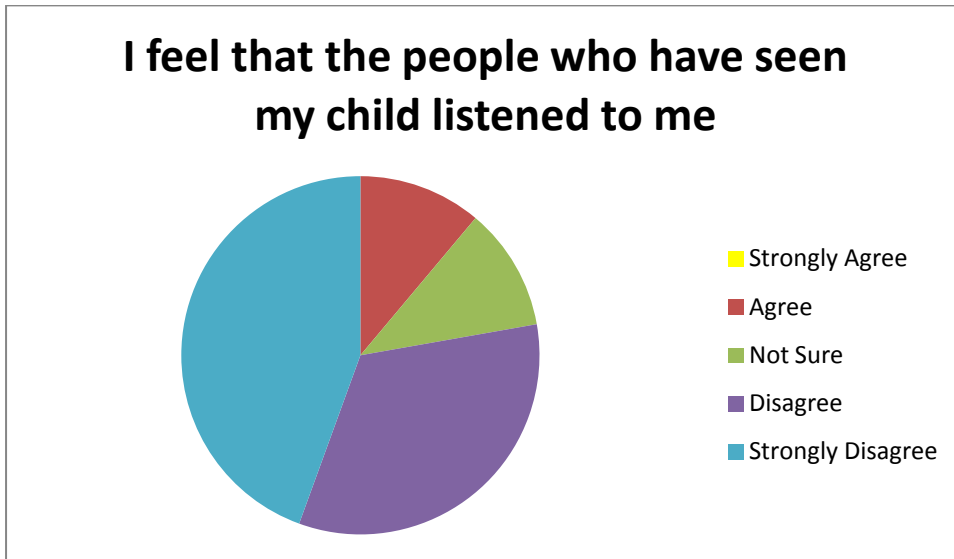
The comments collected by Healthwatch Rotherham staff and volunteers have been collected since July 2013. The comments are from conversations with the public at events and members of the public visiting the Healthwatch office in the town centre. These comments are from none lead conversations.

In addition to the comments collected from the public, the database collects information from national surveys, patient opinion, and the local media. All comments collected are in relation to Rotherham services.

Survey

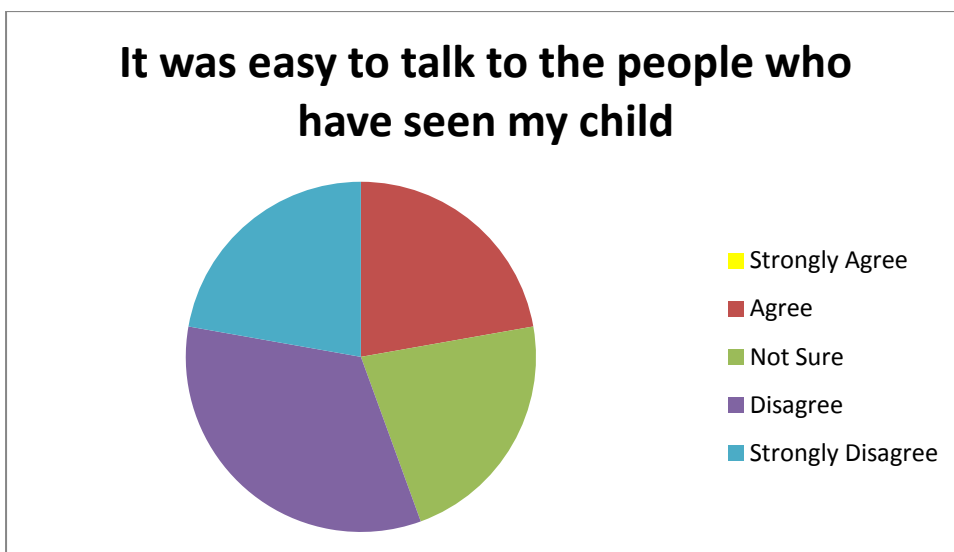
In total 12 people completed the CAMHS Survey between the 1st April 2014 and 1st May 2014.

Statement 1:



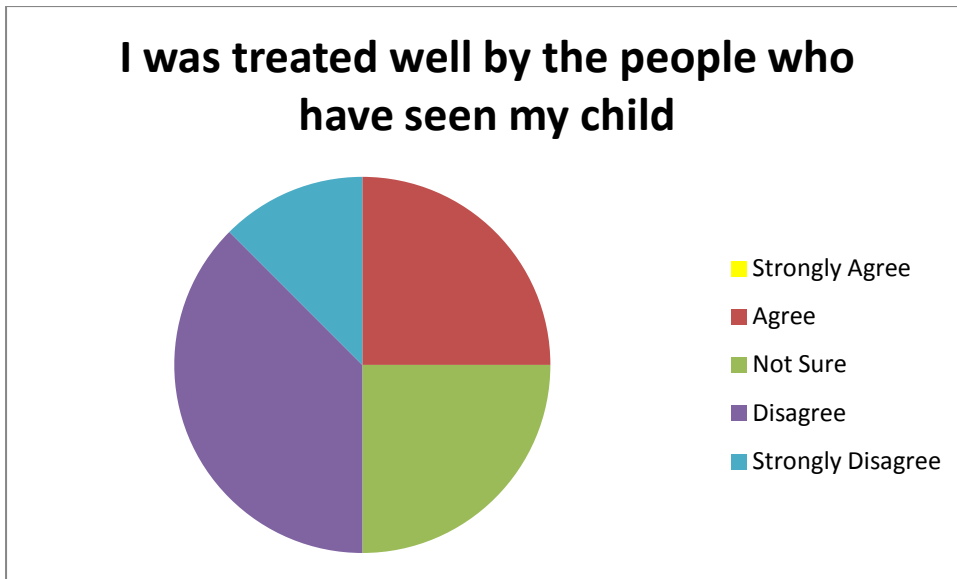
The result show that the majority of people disagreed or strongly disagreed with this statement.

Statement 2:



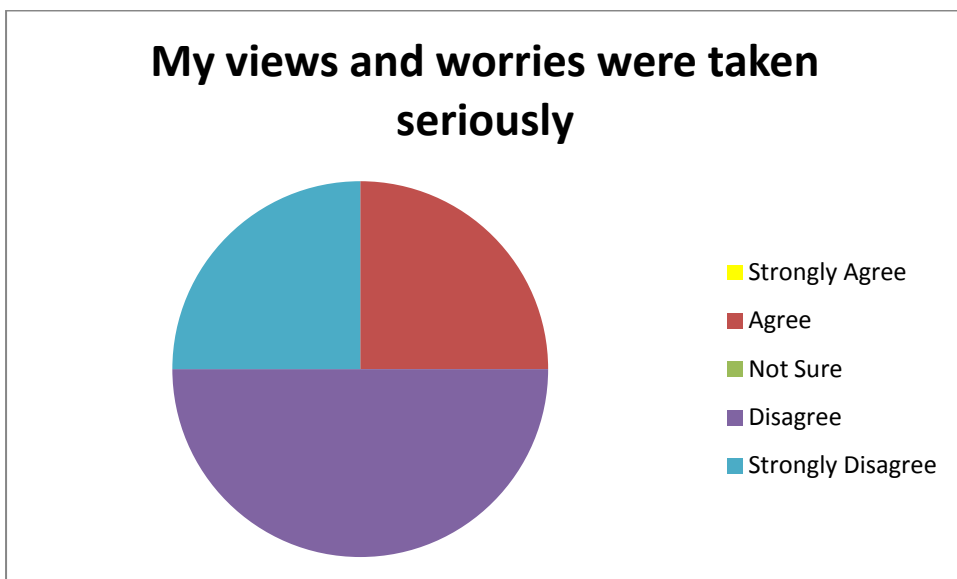
The results show that the majority of people either disagreed or strongly disagreed with the statement.

Statement 3:



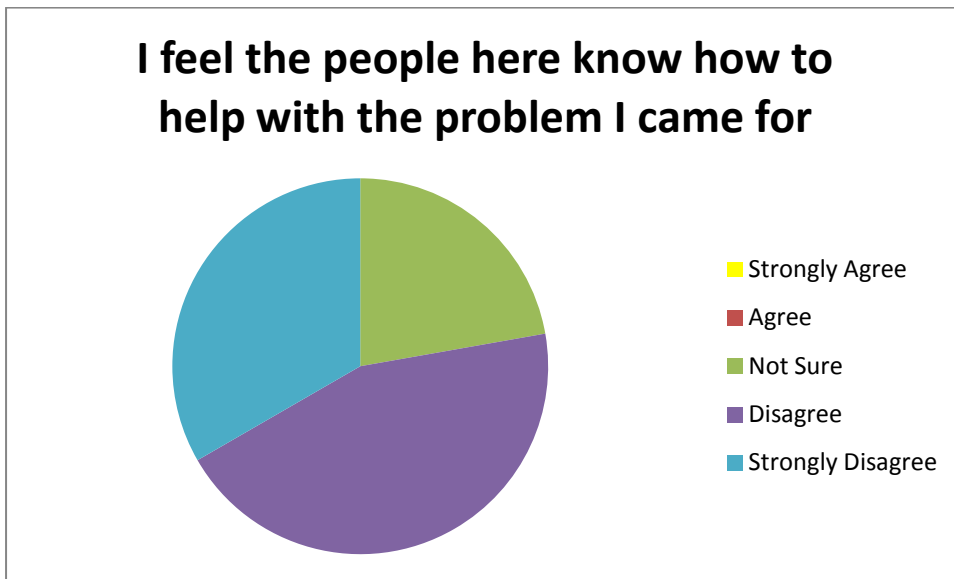
The results show that half of all people commenting on this statement either disagreed or strongly disagreed. A quarter of the people agreed, the rest were not sure.

Statement 4:



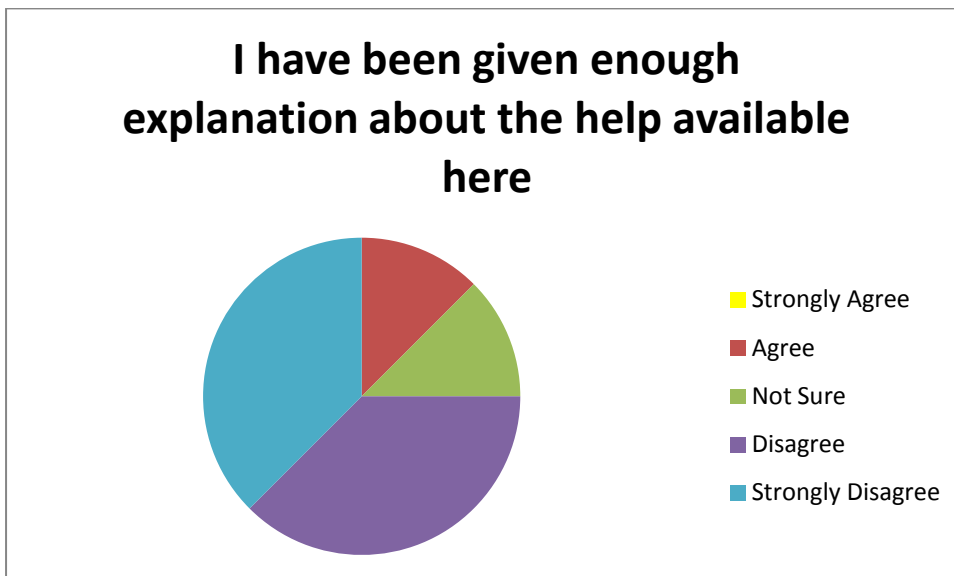
The results show that half of the people disagreed, a quarter strongly disagreed the other quarter agreed that their views and worries were taken seriously.

Statement 5:



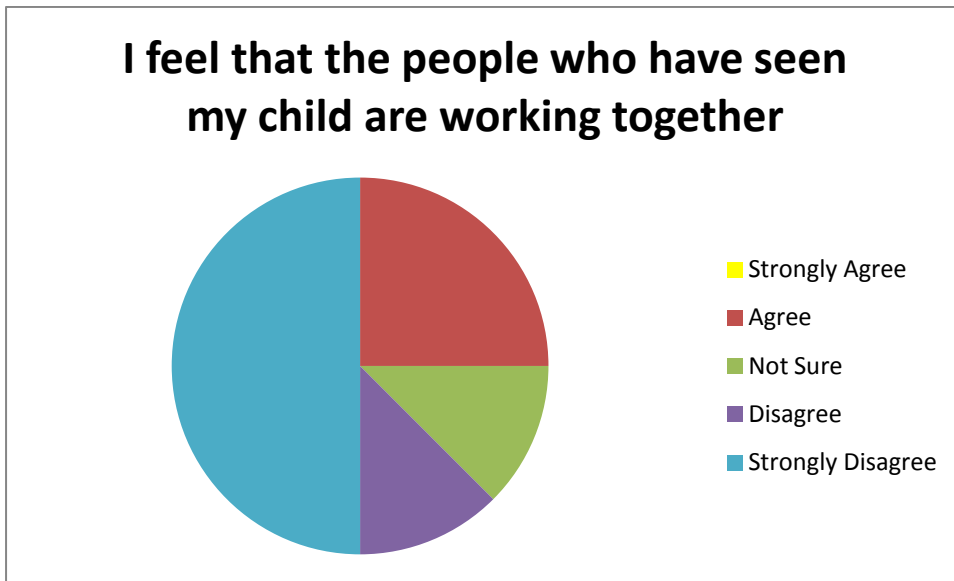
The results here show that the majority of the people disagreed with this statement

Statement 6:



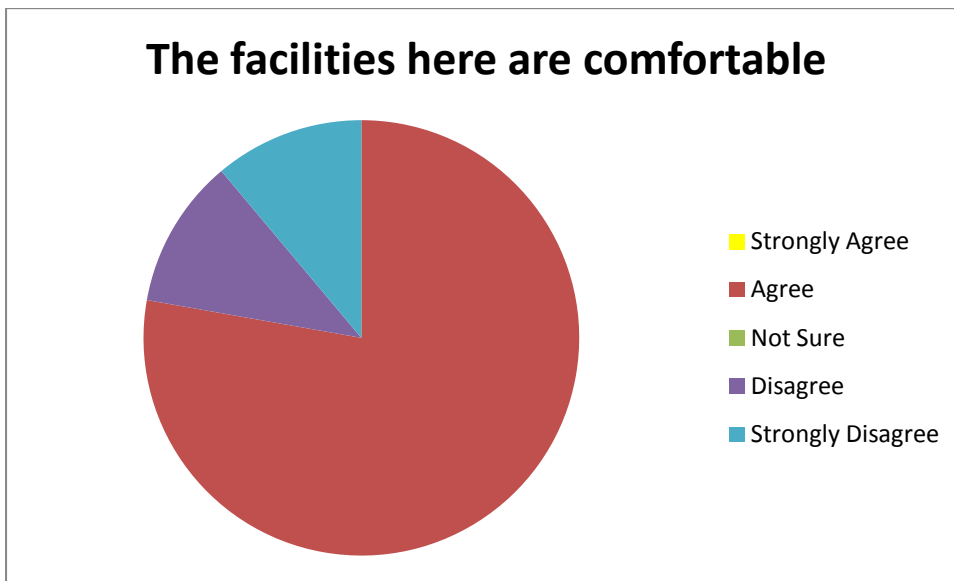
The results here show that three quarters of the people either disagreed or disagreed strongly with this statement.

Statement 7:



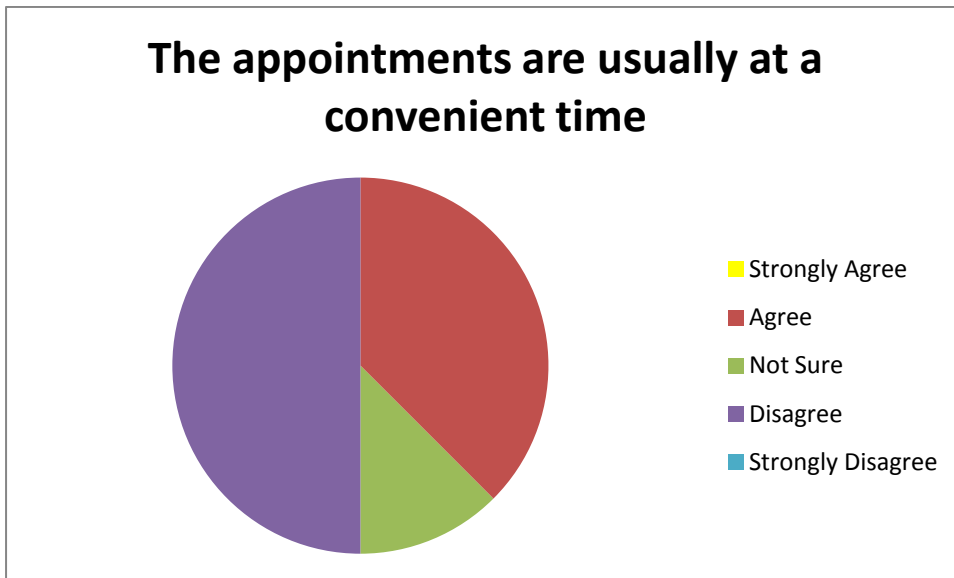
This statement shows that half the people commenting on this statement strongly disagreed, however a quarter were in agreement.

Statement 8:



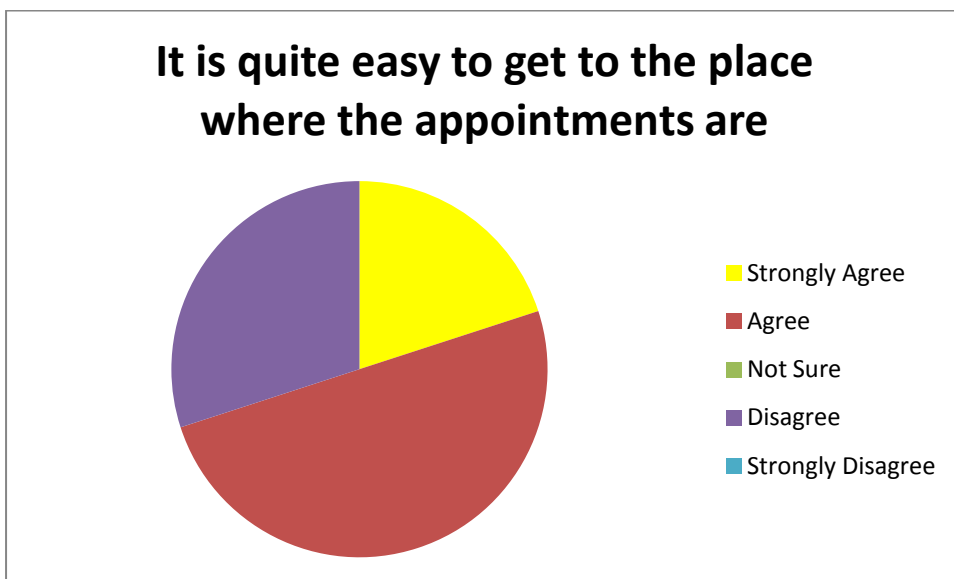
This shows that a majority of people commenting on this statement were in agreement

Statement 9:



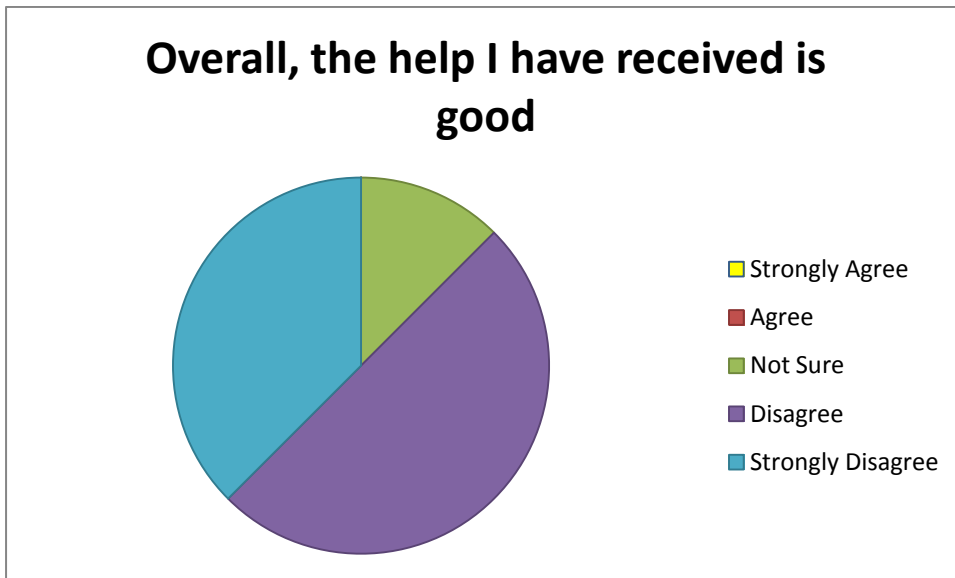
In this statement, half of the people commenting, disagreed, although over a quarter were in agreement

Statement 10:



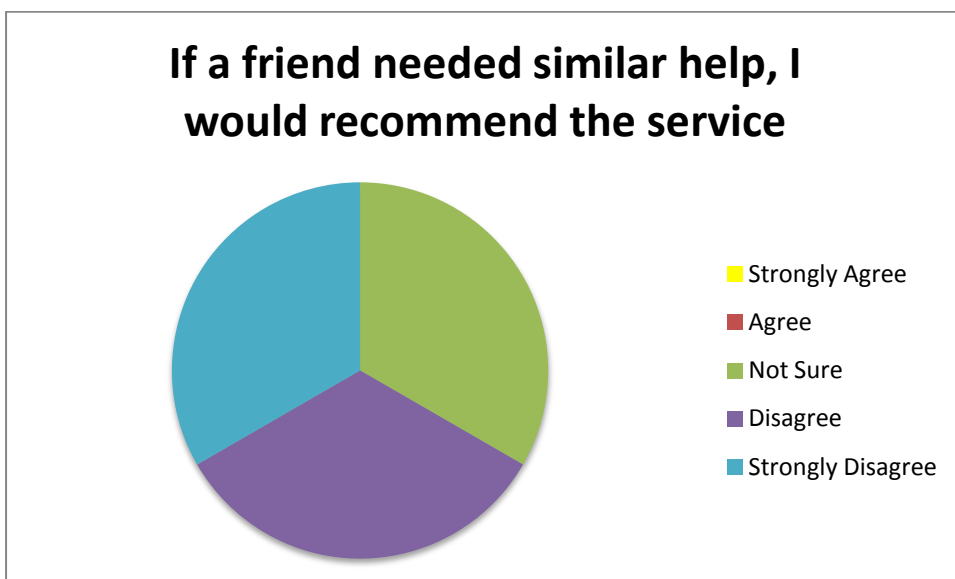
This statement shows there is an equal split in the numbers agreeing and disagreeing

Statement 11:



A majority of people disagreed with this statement

Statement 12



The majority of people disagree with this statement, over a third were not sure.

Summary of the free text

The participants of the survey were asked 'any other comments you would like to make'. 7 people added free text comments. The data collected indicates that people do not feel listened to or understood by CAMHS. They find the services are difficult to access. Time delays in seeing families and lack of crisis planning leave families feeling unsupported. Discharge from services is inadequately planned leaving people unsure what is happening.

'My daughter self-harms and I need to know how to handle it, I don't feel I know enough about what to do.'

Summary

In almost all of the scenarios presented above and the free text it can be concluded that there is a high level of dissatisfaction with the service provided by CAMHS, with two exceptions, Statement 8, "facilities here are comfortable", this relates to the surroundings in which people find themselves whilst visiting CAHMS, and for which a large majority of people gave a positive response. Statement 9 "it is quite easy to get to the place where the appointments are" again, this drew a positive response. However, in all other statements, which relate to interpersonal contact and quality of contact the majority of people were unable to agree with the sentiments expressed in those statements and it is in these areas that issues exist.

Public Events

The public events were held at Springwell Gardens in Rotherham over two days. 15 parents/carers and 2 CAMHS service users attended providing 134 comments. The attendees were asked to comment on 6 topics.

- Child and Family centred approach
- Communication
- Appointments
- Long term support
- Contact with staff
- Complaints

Each attendee was asked to state their issues, suggestions and positive experiences based on these topics. The comments received have been summarised.

Child and Family Centred Approach

Issues

The attendees do not feel they or their child is central to the service's approach.

'The strategies/therapy used/offered did not take into account my daughter's communication difficulties....CAMHS refused to adapt the therapy or change it'

They feel they are not listened to, judged and felt blamed for the problems they and their child were/are experiencing.

'feel criticised as a single parent. Being told by CAMHS 'he has no male role model that could be the problem'...'

The attendees do not feel central to the care planning or able to contribute in the CAMHS process.

'...everything is to suit CAMHS, child and family have to 'fit in', with their way'

The attendees do not feel their whole needs as a family or other stresses are considered or acknowledged.

'I am a carer for my father....'CAMHS don't consider the impact of the child's behaviour on the rest of the family members'

Positives

There were no positive comments on this topic.

Suggestions

- Staff training to enable them to adapt how their services are delivered, increasing individual care/treatment plans and flexible working.
- To work with the whole family throughout the CAMHS processes, acknowledging their strengths and needs.

Communication

Issues

Attendees felt CAMHS fails to communicate with, the child, the family, other services, and between CAMHS workers.

The most common noted frustration is the back dating of letters, parents receiving letters dated months before they receive them in the post. This leads to confusion and being the last to know.

A large number of the comments people made suggested that the families do not believe that agreed actions are carried out in a timely manner, leaving the families to chase up workers and pull together care plans.

'they rely on parents to coordinate everything' 'parents have to chase up. They don't contact you, all one sided'

Attendees told us they do not know what to do in an emergency and they are not informed of discharge from the service. The families told us they were not involved in the discharge planning.

'Discharges, what do I do in an emergency? This is not communicated to parents'

The attendees also commented what they view as poor communication between staff in CAMHS and other agencies. The families feel they have to repeat information at appointments because it was not recorded the first time. This leads to wasted appointments and frustration from the child and family.

Suggestions

- The attendees would like to see an improvement in communication suggesting that care/action planning is agreed by all and that actions are completed.

Appointments

Issues

The attendees told us of the long wait for appointments for both routine and emergencies. Attendees feel they have to chase up the service to ensure they get an appointment.

'I waited a year between appointments'... 'long wait for appointment letters'

They told us of the constant changing of appointments at short notice.

'Changed last minute without notification'

The access to appointments was raised as an issue, appointments running late and problems getting the child to the appointment.

'If a child is school refusal they find it near impossible to access appointments. You miss 3 then you have to be re referred'

Positives

There was no positives recorded for this topic

Suggestions

- The attendees suggested that there be a standard time frame to be seen within. They suggest if a GP refers when there is a crisis then to be seen within a week.
- They also suggest that appointments to be booked with the family.

Long term Support

Issues

The most common issues the attendees told us was the lack of discharge planning, crisis planning and clarity of what action was going to be taken.

'No long term support planning, no signposting, and discharge without any meeting with family'... 'police became involved due to child's behaviour. I then called CAMHS who told me my child had been discharged. I had not been told anything. Nothing given to me in writing. No warning.'

Overwhelmingly the attendees told us they had been discharged at some point in there contact with CAMHS and had not been told.

Positives

There were no positive comments on this topic

Suggestions

- A CAMHS Board which has parent/carer members
- Not to discharge without crisis planning
- Not to discharge without parents/carers being involved
- To allow self referral to CAMHS within 12 months of discharge
- Long term support groups both child friendly and for parents

Contact with staff

Issues

The attendees told us that they feel judged, not listened to and blamed for the problems they and their children are experiencing.

‘staff question motives for wanting a diagnosis for child’.. ‘.... belittle us’.. ‘staff don’t listen, always blaming issues on parenting’.. ‘staff can be patronising,

The attendees told us they don’t feel confident in the staff knowledge and experience in working with them and their children.

‘too many case workers involved not qualified to deal with’... ‘little understanding...’.. ‘staff not knowledgeable about issues...’

The attendees expressed they do not feel valued or part of the processes. They feel they are excluded from being able to be part of the processes.

‘...if we know something won’t work with our children, we are being negative’... ‘parents disabilities are not taken into account...’

Positive

- Staff encourage parents to complain
- The manager is proactive in contacting parents

Suggestions

- To work with the parents/carers acknowledging their strengths
- Use terms and words are easy to understand
- For staff to explain who they are and what qualifications/skills they have

Complaints

Issues

The attendees told us they were not clear how to make a complaint. They feel that the service does not make it easy to make a complaint.

‘passed from pillar to post’

When parents have tried to make a complaint the service has not acknowledged this.

‘made complaints but these have never been acknowledged’

Positives

There were not positive comments on this topic

Suggestions

- Make it clear how to complain
- For all staff to record, log all types of complaint, verbally and by letter

Summary

The attendees do not feel part of CAMHS processes, including care planning, crisis planning and discharge. They do not feel listened to or valued, their strengths and knowledge of the child are not acknowledged. They do feel blamed for the problems they and their child are experiencing, judged and alienated throughout their contact with CAMHS. The attendees believe they have a lot they can offer to CAMHS as a whole service and as part of their child's care. They require clarity on how the service is delivered and what they can expect. They have difficulties in accessing support, with long waiting times and appointments being cancelled at short notice. They told us that complaints were difficult to make and not acknowledged, although staff advise people to make them.

Database

Since July 2013 to April 2014, Healthwatch Rotherham has received a number of comments regarding the Child and Adolescent Mental Health Services (CAMHS) in Rotherham. Those comments are listed within this report. 20 Unique comments were received during this period.

The comments received are from family members of the service users. Comments received come via telephone calls received, people visiting the Healthwatch Rotherham Shop or from outreach engagement events.

The comments received are grouped together around some main themes

- Appointments
- Long term support,
- Contact with staff,
- Complaints

Appointments

“Been trying to get referred from CAMHS to adult mental health since October 2013. Now been the the reason her daughter has to go to doctors for referral and not CAMHS. Believe she should have been told this last year not this week.

Been chasing around for medication while in this transition process from child to adult mental health services.

If it had not been for help from Rotherham college, she fears daughter might have self harmed herself again.”

“A guest using mental health services has been waiting over a year for a secondary assessment.”

Long term Support

“I am very frustrated and disappointed with the lack of provision for my son who has been diagnosed with autism by CAHMS but there is no treatment and no where to go. The consultant has refused to refer my my son outside of the area where further treatment support is available. I have spoken with my GP who agrees that my son should be referred. I don't know where to go or what to do”

“3 years ago my daughter was referred to CAHMS by the GP assessment for autism recently my daughter started to self harm and I went back to CAMHS saying "please you need to do something"

My daughter was reassessed 3 x 45 sessions where no background

information i.e her Dad has aspergers syndrome, was requested and CAHMS discharged my daughter.

“Son has recently been the subject of an assessment by Rotherham CAMHS Being kept out of the decision making process by the various services involved and she was distinctly unhappy that both CAMHS and her Social Worker had, according to her, paid little attention to her views about xxx behaviour in the home.”

“Getting help after diagnosis for child .Got diagnosed but had to go on internet to get more information, was given diagnosis over the phone "attachment and bonding" because CAMHS would not see her because of behaviour. Was told to go to school to get a further referral - but child is doing well at school”

Unhappy with the service offered over the past three years a feels that the service is not fit for purpose and that there is no consistency”

Contact with Staff

“Some camhs staff give impression they don’t seem interested”

Complaints

“There are many parents of children with autism and other mental health problems on the Facebook who she knows who do not have good things to say about CAMHS. They all feel there is a lack of help once diagnosis is given. There is no help and people fear making complaints in case they require CAMHS to help and there is no other place to go.”

“Over the last 13 months I have rang on numerous occasions to complain to no avail but I didn't keep a record of these days. Most recently though after the mother of all breakdowns I telephoned on 10th to yet again complain at the ridiculous amount of time we have been in system and the fact that the mental health issues were being overlooked. I spoke to the duty manager, who said he would ring back with an appointment, but never bothered. On 11th I put the complaint in writing and actually delivered it myself to camhs so I know it got there. On 19th had to visit my own gp with X as still no response from camhs. The gp said would ring camhs to tell them that there were mental health issues which also needed addressing and tell camhs to ring me. I did receive a phone call from one of the workers that day just to say there was nothing he could do right then but would ring in the morning. On morning of 20th received another call from xxx to say that as I felt the mental health issues needed addressing would offer an appointment however will not be offering one until 1st xx and it

would be within 3 weeks appointment. I questioned him on the fact that the duty manager the previous week had said she would ring with an appointment to be told no record of that. I asked him if I could speak to a duty manager to be told no one on site he was acting as a duty manager but wasn't one? I said that the service was unacceptable and asked to speak with whoever the complaint I sent in last week should have gone to. He said there was no record of any complaint, there was no one in to deal with complaints and he could not advise me on who should be dealing with it anyway. He then told me to ring the switchboard, which I did to find out he was stood in the same room as them and was then advised that xxxx was on site who apparently deals with complaints and that she would ring me back. Again she hasn't bothered to ring me. Its completely unacceptable treatment."

Positive

Young person talked about the loss of his dad to alcoholism and that he felt that services had let his dad down as they kept telling him to control his drinking and only have one, he said that his dad was never able to just have one. The young person is receiving help to stop smoking which he said has increased since he lost his dad. He also has good support from CAHMS and feels that he is becoming more able to deal with his issues.

Summary

The comments collected since July 2013 indicates that people are unclear about what CAMHS provides. There are problems with long waiting times for initial and follow up appointments and difficulties in access to the service. People believe there is a lack of communication between CAMHS and other services, with failures to pass on information about what CAMHS is or is not doing to support a child and the family's needs. The people using CAMHS do not feel listened to or involved in the CAMHS processes. Complaints are not acknowledged or dealt with in a timely manner. CAMHS is providing support to children to effect change but this is not consistent.



Findings

The findings of this report are drawn from the three methodologies applied to investigate the current culture of RDaSH CAMHS. The main themes of comment were.

- Child and Family centred approach
- Communication,
- Appointments
- Long term support,
- Contact with staff,
- Complaints

In each of these themes a high level of dissatisfaction was expressed. All three methodologies highlighted that

- Parents/carers do not feel listened to
- Parents/cares feel blamed for the problems they and their child are experiencing
- Parents/carers do not feel included or able to participate
- There is no clarity on what people can expect from CAMHS and what services they provide
- People find it difficult to make a complaint
- Complaints are not handled consistently or in a timely manner.
- Waiting times to be seen are too long leaving families feeling unsupported
- Discharge from services does not always include families and they are unaware they have been discharged
- There is no crisis planning leaving families feeling unsupported and not sure what to do.

Ideas and practical solutions

The results of each of the methodologies highlight the frustration of not being included or listened to. This indicates that they feel they have something to offer the service but their skills are not being utilised. The people who attended the public events have provided some suggestions to how CAMHS could be improved.

Child and Family Centred approach

- Staff training to enable them to adapt how their services are delivered, increasing individual care/treatment plans and flexible working.
- To work with the whole family throughout the CAMHS processes, acknowledging their strengths and needs.

Communication

- The attendees would like to see an improvement in communication suggesting that care/action planning is agreed by all and that actions are completed.

Appointments

- The attendees suggested that there be a standard time frame to be seen within. They suggest if a GP refers when there is a crisis then to be seen within a week.
- They also suggest that appointments to be booked with the family.

Long term support

- A CAMHS Board which has parent/carer members
- Not to discharge without crisis planning
- Not to discharge without parents/carers being involved
- To allow self referral to CAMHS within 12 months of discharge
- Long term support groups both child friendly and for parents

Contact with staff

- To work with the parents/carers acknowledging their strengths
- Use terms and words are easy to understand
- For staff to explain who they are and what qualifications/skills they have

Complaints

- Make it clear how to complain
- For all staff to record, log all types of complaint, verbally and by letter

The suggestions which have been made, try to address governance and practical issues within CAMHS. They have not addressed all areas of dissatisfaction. The suggestions made indicate that the families desire collaborative governance within the service and to be empowered to work with CAMHS to resolve their individual child and family problems.

June 2014

Our Response to the Rotherham Healthwatch report regarding Children & Young People's Mental Health Services

We are extremely sorry about the experiences the parents and carers that assisted with report have received from RDASH CAMHS. As an organisation and a CAMHS service we take your recommendations seriously and wish to work in partnership with you to improve the service we offer to ensure families, children and young people have a positive experience of our service in the future.

We are currently in the process of delivering a quality improvement plan within the service and will strengthen the plan to reflect the concerns and recommendations highlighted to ensure that parents, children and young people and carers in the future receive a more welcoming and positive experience of CAMHS.

The work that Rotherham Healthwatch have carried out will help us shape the required improvements and we would like to assure the parents and families that their feedback is extremely valuable. We share the hopes and aspirations of the contributors of the report and aim to make the suggested improvements to ensure the service in the future is inclusive, holistic, and family-centred.

We are pleased with the positive feedback regarding our facilities at Kimberworth Place. However the findings within the report are disappointing, especially as they are the collective views of parents and carers who contributed to the report. This feedback is of serious concern to the organisation as it deters from our Trust values and does not reflect the competencies we expect of our staff and the services we deliver.

Improvements Underway

Work is already underway to improve services. Examples of the work we have completed over the last 6 months include the following:

- All CAMHS staff members have received refresher training in a child and family centred approach. Work continues to make sure that this improves the experience of all families, children and young people. This will be monitored through personal service user feedback after each clinical session and the use of 'experience of services' feedback questionnaires that we have made widely available in the reception area of Kimberworth Place. The actions we take to address the feedback received from feedback will be on display in the

waiting area to ensure families, children and young people can see that their views are important and have been acted upon.

- To improve communication, we have recently completed an audit of letters, including discharge letters and have identified this as an area of improvement in terms of the information contained in them.
- To improve access, in agreement with our commissioners, the CAMHS service is working towards a 3 week wait from referral to assessment unless an urgent appointment is required, when the child or young person will be seen on the same day.
- The service has recently introduced Self-referral for young people 14-18 years. The service is accessed via Youth Start and young people have access to a CAMHS clinician.
- Once discharged, children who require further support or the need to re-access the service can contact the duty team to discuss concerns, additional support and re-referral back into CAMHS. This is a new and ongoing piece of work and we would wish to work with families to establish how this may address the concerns regarding self-referral back to CAMHS within 12 months of discharge.
- We treat each complaint as an opportunity to learn, we are undertaking a detailed piece of work to ensure all complaints are treated in a timely, sensitive and constructive way.

In addition, we have also been working with our partners in Rotherham to develop the Emotional Well Being & Mental Health Strategy for Children & Young People. The Strategy has been produced to support the Local Authority, commissioners and service providers to improve the emotional health and wellbeing of children and young people and our involvement in this will help us to focus the improvements we are undertaking on the areas that will have most impact for children, young people and their families.

We recognise that the work we have underway will need to continue to deliver the improvements needed. We will consider the findings, ideas and practical solutions in this report and further develop our actions to include these. We would welcome the opportunity to work with Rotherham Healthwatch, the families and young people who have contributed to this report and partner agencies to improve our services.

Christine Bain
Chief Executive
Rotherham Doncaster & South Humber NHS FT