



Children's Mental Health Services Listening Event Responses

Parents Forum for Bradford and Airedale would like to say a massive thank you to all of our parents that attended the Children's Mental Health Listening Event on 25th November 2021. A number of questions were submitted in advance of the event alongside questions that were asked on the day and I am pleased to be able to share with you the responses from the professionals that were kind enough to attend and listen.

Q. How can I chase up where child is with CAMHS? My lad was referred by YOT and had 1 appointment last year. I don't know what that was for, assume assessment but heard nothing since. In year 10 it's a panic if he will be seen before he leaves school

A. Call the duty number 01274 723241. Someone will look onto the system and advise

Q. Could more info/training be available to teaching staff in schools to help children with emotionally based school avoidance (EBSA) and neurodiversity?

A. Whilst there is no ask of CAMHS to support schools with this by our CCGs, schools can access training for their individual training days and they choose what to prioritise for this. They can also request this from their Education Psychology support. In addition, school staff may be invited to attend individual meetings around children in order to understand how a diagnosis might affect a young person in school and how to accommodate their needs. EHCPs and IEPs are produced in collaboration with school staff to meet a child's needs in school.

Q. How is access to and ongoing support from the services going to be improved? Daughter attended CAMHS the worker went off sick twice, course never completed, mental health of my child has been dreadful but no help or support and still waiting. What is happening with these services?

A. When a keyworker or therapist is off sick short term, any sessions planned for that day/or week will be cancelled by the reception team, duty or admin. If this causes significant distress or there is immediate concern about a young person's mental health, parents or the young person can contact duty directly for support, can call First Response, Night Owls or go to A and E out of hours. The keyworker or therapist will contact the family to arrange the next sessions when they return to work.

When a keyworker or therapist is taking planned sick leave (e.g. scheduled operation), the worker will either complete the work and discharge prior to the planned leave, put the

intervention on hold until they return to work (and put a contingency plan in place, should they not return as expected) or handover the young person's care/therapy to another worker.

When a keyworker is off sick longer term (once this is known) sessions will be cancelled by the reception team, duty or admin initially. Families will be contacted and notified that the worker is currently off sick with no return date. The worker's team will audit their cases and look for risk and to prioritise reallocation where possible. For those rated 'RED' and 'AMBER', these will be allocated another keyworker as soon as possible and welfare checks and risk assessments will be updated. Any psychological therapy taking place will continue. For those rated 'GREEN' another keyworker will only be allocated, should the client become 'AMBER' or 'RED'. The 'GREEN' cases where a therapist is involved will continue to be offer therapy until this is completed and will then be discharged from CAMHS. The 'GREEN' cases where there is no therapy taking place will be signposted to other appropriate services.

When a therapist is off sick long term, the keyworker will ensure that welfare checks, risk assessments and care plan continue to be up to date. If it is appropriate to transfer therapy to another therapist, this will be offered. If this is not appropriate, the keyworker will offer psychological skills work following the therapy model that was being offered, with support of clinical supervision and team case formulation.

Q. Mental health and wellbeing has a massive impact on a daily basis on SEND children and yet society and educators and many professionals set it aside because very often they have a diagnosis and hence it's ok for our children to display anxiety and other behaviours and not look at the root cause. I believe this ad hoc understanding needs to be eradicated to fully understand the needs of the individual. How do you think we can start looking at our children as individuals and have tailored support for them so it's not just classed as a behaviour because they are autistic and no further action or support offered? How can we improve everyone's understanding?

A. In CAMHS, all children are recognised as individuals with individual needs. However, diagnoses can provide a context to broaden an understanding of a young person's difficulties. When CAMHS professionals provide assessment reports for families and educators, these are individualised and bespoke recommendations are made. Case formulation and developing an understanding of the emotional difficulties that underpin behavioural challenges is at the heart of our work in CAMHS and we have a role in supporting other professionals to understand this perspective. Educational psychology teams are also able to directly support schools in relation to the mental health needs of students, as are the Mental Health Support Teams.

Q. What is being done to improve the time taken to see a child in crisis and access in general? It took 18 months from us being in crisis to see a CAMHS worker. The ADHD referral was misplaced so had to be referred again meaning a likely 3.5 year wait for ADHD assessment following a 4.5 year wait for ASD diagnosis. It's exhausting fighting the machine that is Bradford's mental health and neurodiverse support services

A. During the listening event we talked about different types of 'crisis'. In CAMHS we refer to a Mental Health Crisis which is when a young person is at significant risk of harming themselves due to their mental health and possible suicidal ideation. Under these circumstances, services are available and accessible 24 hours/7 days a week. CAMHS provide a 9-5, Mon-Fri service and will assess mental state, risk and develop a safety plan in collaboration with a young person and their family within two working days of a crisis.

In terms of other referrals, if an administrative mistake within the service is responsible for a referral 'being missed' the client would be added to any waiting list at the time of the original referral and should not be unfairly delayed due to service error. The current wait for a full, comprehensive neurodevelopmental assessment in CAMHS is approximately 2 years. We recognise that this is not ideal and we are working hard to address the waits and remodel services with the CCG so that young people can undergo assessment when it is needed.

Q. Please can you describe exactly how you are supposed to be referred to CAMHS?

A. Referrals to CAMHS can be made through a number of different primary care professionals including school nurses and GPs. Referrals can also be made through social workers and paediatricians. The Bradford CAMHS website contains a link to the referral form.

Q. What is going to be done regarding the ridiculously long waiting lists for assessments especially when a child's mental health is impacting the crucial GCSE examination stage of their life and the assessment could be the difference between a pass and a fail?

A. All waiting times within CAMHS are a focus for service development currently. Recruitment of additional staff, streamlining services and appropriate triage and signposting to other services is a priority. However, the increase in referrals has had an impact on the service as a whole and on waiting times. Young people at the greatest risk of harm are prioritised

Q. CAMHS were first involved with my kinship children 8 years ago and could see they needed help then. The referral got lost and they were never seen.

My youngest kinship child has been referred back into CAMHS recently and diagnosed with separation anxiety. I don't think it is separation anxiety and it is to do with complex neuro trauma and FASD. My eldest kinship child is suffering with trauma, but there's just no acknowledgment of this. What should I do if I don't think the diagnosis is correct and how do we go about getting some support for this? We need help!

A. In the first instance, any difference of opinion between a family and clinician should be discussed with the keyworker. The keyworker will seek to work with a family to collaborate on a shared understanding of a young person's difficulties and on their care plan. If you are dissatisfied after raising concerns about a diagnosis, you can ask to speak with a manager or seek support through the PAL service

Q. What classes a family as being in crisis? I hear that help is offered when you're in crisis but every day feels like a crisis to me. The verbal abuse, meltdowns, smashing things yet services do not deem us to be in crisis. I would just like to know what the criteria is for being classed as in crisis so we can get help

A. A mental health crisis is described above – when a young person is at risk of significant harm or death due to a deterioration in their mental health. Other services and agencies will have different criteria for a 'crisis'. E.g. in Children's Social Care, this might be about risk of abuse from others or family breakdown

Q. My son has been really struggling with attendance at school for the last year, however, there were signs before lockdown. He has currently been out of school for 9 weeks due to anxiety and low mood. He is under CAMHS and awaiting CBT (12 month wait) and an Autism assessment (3 year wait). School have not applied for an EHCP as he is "fine" in school and academically achieving. We have had an educational mental health practitioner involved and early help are now involved. Our situation is just getting increasingly more difficult and unfortunately I can do everything I should be doing at home but then I send my child back into an environment he finds traumatic so we end up back in this situation. What should school be doing to ensure my child's needs are being met whilst at school rather than just assuming he's "fine"? What other support is there?

A. School staff are best placed to address school-based difficulties and should do this in collaboration with students and their families. In addition, schools have access to Educational Psychology support and several schools have a Mental Health Support Team contact mhst@bdct.nhs.uk

Q. I have a child with an individual learning plan, he also has social difficulties and he has mental health issues as he feels abandoned by his dad. I also have a 7 year old who's affected by his older brother's difficulties at times and he also has mental health difficulties too, his dad upset him when he last went which was well over a year ago. What support should I expect to receive for my children, is there sibling support and how do we get this support?

A. If a young person meets the access criteria for CAMHS then the whole family will be supported in order to reach the best outcomes for the family as a whole. However, if the young person does not meet the criteria and their needs can better be met by another services, the referral to CAMHS will be redirected elsewhere