Pathways to CAMHS: borough profiles

September 2024

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Bolton

Professionals

> *"… CAMHS has become an emergency service. I hear stories of parents reaching for help, desperate to support their children. Accessing a service for a diagnosis, (also in my view something that needs addressing). Should the child be given a diagnosis, what is the after care? If a child is not given a diagnosis, then what is the after care?"*

> *"[I] pull my hair out. I have made a professional decision, and no amount of justification seems to fit the referral criteria"*

> *"[Young people] need our help now and we are failing them"*

Parents and Carers

> "Feel like you have to fight all the time to get anything done, telling the same complex story again and again."

We heard from **13** respondents representing **17** children.

93% told us finding support was difficult overall

66% either accessed or considered accessing private care

> *"I spoke to the SENCO at school and they didn't know how to make a referral to CAMHS - they said that the GP needed to do it, the GP then told me school needed to do it."*

69%

said waiting times were a barrier

38%

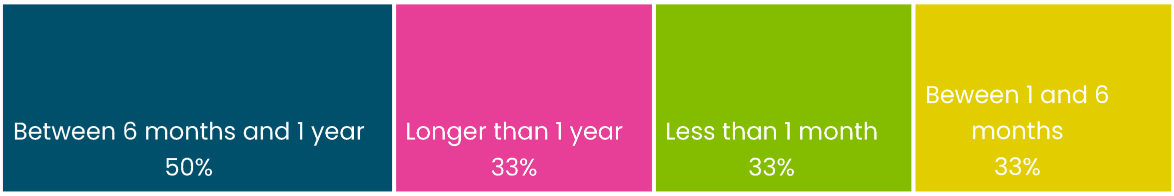
cited communication concerns

31%

mentioned childcare concerns

When asked about wait times for both initial assessments and interventions, patients had mostly waited less than a year although still a period of months:

Between referral and inital assessment



Between initial assessment and intervention

40%

received interim support. None of whom felt satisfied or very satisfied with it

75%

told us they were not kept up to date with the progress of their referral

> *“My son's mental health has declined so badly he can't attend school and is often suicidal this could have been prevented if intervention started sooner.”*

Bolton case study

Claire’s child, S, is 10 years old and has Dyspraxia. Claire noticed other symptoms including stammering; being rule-driven; seeking routine; and smell, noise and light sensitivity and anxiety.

She initially raised concerns with teachers in Reception and was told they would monitor them but has received no support despite asking each year since. S became reluctant to go to school and now in Year 5 refuses to attend. Claire approached the school for support, such as an end of day debrief or reflection and time-out, but due to lack of resource this has been unsuccessful.

The family consulted their GP but as per the local pathway were redirected to the school. Claire says, “I couldn’t understand why a medical doctor couldn’t help my child with a medical condition.”

While in school, S had extreme anger outbursts which became increasingly violent. The family believe this was due to anxiety and the stress of masking. Recently, S has started having severe panic attacks which have resulted in visits to A&E. Despite the terrifying ordeal of S’s first panic attack, Claire felt there was a positive outcome: “the doctor restored my faith in what I had known all along and that I wasn’t making things up.”

S’s father has had to leave work to provide care, which has had financial and mental repercussions. No support around being at home has been provided by the school, however, a “brilliant” SEND Inclusion Officer does visit.

Claire told us “… after [S]’s initial assessment for CAMHS, we got a call saying a panel of doctors – whom had never met my [child] - had [discharged them] [because their] school had not sent the correct paperwork for an ADHD diagnosis. I put in a formal complaint about this as I felt it unfair people who had never met my [child] could make a decision like that.”

S has been referred to CAMHS four times in six years and, although now being seen for anxiety, the family have not seen an improvement in their mental health and are still waiting on an autism assessment.

Claire says “Whenever I raised concerns with the school or our GP, I do not feel I was listened to nor were any clear pathways or processes explained to me. I was never told of the waiting times. My[child] still does not have a clear diagnosis despite me raising concerns for six years.

“I have questioned myself as a parent, had sleepless nights, thinking I did something wrong. I did not understand the process and I wanted to give up so many times – Parent blame is huge!”

Bolton focus groups

Below we have collated comments and quotes taken from the Bolton focus group. These have been included elsewhere in the report and are combined here to illustrate the range of topics that were raised.

Difficulties understanding how to access the pathway to CAMHS

- *"You don't hear anything, you don't know who you're speaking to, you don't know what the assessment stages are, you don't know what support is available"*

Feeling uninvolved in decisions made about their child

- *"Not at all."*

Quantity of support

- In Bolton one parent simply commented on the benefit of receiving some support would be better than none.

Lack of adjustments and inappropriate interventions

- HW Bolton heard from a family who were given inappropriate suggestions such as encouraging a child who refused to leave the house to go to a drop-in session.

Waiting times

- *"Mixed messages about wait times. Told we'd hear back next month then you hear nothing so you call them and they so oh no, now it will be the month after"*

Bury

Professionals

"We are fortunate enough to have health professionals seconded to our team and this (currently) includes a CAMHS worker. If a child enters our service, the CAMHS offers consultations to discuss the child if appropriate and will actually deliver direct 1-2-1 support. Having this level of support available in our team enables the child to get some form of intervention sooner than the current referral processes allow for."

"To be honest, if a child plucks up the courage to walk in, I [think] telling them they will subsequently wait 6wks to be seen isn't good enough."

"Communication between professionals is a concern. The referral pathways are onerous and often [repetitive]. Medical professionals often identify concerns from parents and recommend [schools] then do referral, thus creating a workload issue for school who then get asked for the same information a second time when the child is eventually seen by a practitioner."

Parents and Carers

"The service in Bury is very poor, unclear what children they are willing to see. We were advised unless they were suicidal or had an eating disorder, the service would not accept the referral."

We heard from **40** respondents representing **51** children.

82% told us finding support was difficult overall

91% either accessed or considered accessing private care

"Took 3 referrals, a formal PALS complaint and my child to cut her wrist before [being] seen. Over 5 years and an incredible amount if chasing."

They highlighted these main barriers to accessing support:

78%

said waiting times were a barrier

33%

were unsure who to contact

22%

were worried about communication between staff

When asked about wait times for both initial assessments and interventions, patients had mostly waited less than a year although still a period of months:

Between referral and initial assessment

Between initial assessment and intervention

40%

received interim support. None of whom felt satisfied or very satisfied with it

75%

told us they were not kept up to date with the progress of their referral

> *"I got told my child was attention seeking when they were self harming. I got told his autism was to blame. My parenting got questioned even though other professionals were backing me up. 5 referrals and no help just criticism"*

Bury case study

A referral was made in 2022 by the child's GP, as recommended by school. The pathway and referral process were not explained to the parent, nor waiting times: "No explanation as to what would happen next." There was no face-to-face assessment from the GP and their report was sent to CAHMS with inaccuracies.

There was no face-to-face with CAHMS after the referral, however the parent did receive a call arranging support in the form of 'Worry Wizards' group sessions. The 6-month interactive group and online sessions were well received by both parent and child. "I found these really useful kid friendly relaxation content was useful and group session made my [child] more inclined to try things … Worry wizard course was a family support. Some of the activities really made a difference. Did them together as a family … These sessions really supported my [child] with intrusive thoughts." Staff member Amy is still in touch with the family.

Although the referral was made to CAHMS and school held a meeting to discuss ADHD, the family have still not heard back and feel 'confused': "Unsure what has happened with the CAHMS referral … it's just fizzled out as he seems to be doing better in school. We are still unsure as to what was causing my [child's] anxieties." The parent commended the support they received from the school.

The parent offered some recommendations as follows:

- Talk to the child initially after the referral, possibly in school. The report was based on GP and school meetings, but there were some inaccuracies in this.
- It would be helpful to have something like this in schools, making group sessions more easily available and without a referral and waiting period.
- Have mental health professionals in schools, especially since the pandemic. They could offer sessions like the Worry Wizards 6-week course.
- "Worry wizards sent us some really useful books and … resources."
- More communication and explanation from CAMHS: "We couldn't work out how serious it all was at the time, maybe they could have assisted us to understand what was going on better at the time. We still are unaware of what was causing my sons anxieties … Earlier chat with [the parent] in the beginning would have been helpful."

Bury focus groups

Below we have collated comments and quotes taken from the Bury focus group. These have been included elsewhere in the report and are combined here to illustrate the range of topics that were raised.

Referral process

- Within the Bury focus group parents made suggestions including the call for the referral process to be streamlined by “*removing unnecessary bureaucratic steps*” to make the experience easier for parents
- *“I think understanding the pathway and what it looks like as some form of a timeline visual would be helpful for parents.”*

Improving communication

- *“I have no idea of what communication takes place. SENCO meetings with school, CAMHS do not attend, not sure if CAMHS get copy. They have not explained.”*

Manchester

Professionals

"Signposting may not be taken up no matter how strongly we advise it. There are all sorts of barriers: language, suspicion of services, lack of confidence on part of the parent or patient."

"We have taken steps to meet with the services to explain what our service offers and why we feel the needs of the families and young people are not being met. We often find we have to refer families to private organisations and specialists for support, diagnosis, treatment and therapy as they do not get it from the statutory services."

"The criteria is becoming extremely restrictive, to the point that it is effectively a crisis service. I am aware of young people intentionally making their situation worse just so that CAMHS takes them seriously."

Parents and Carers

"Referral made when child self-harmed in September - not heard back. Referral made 3 weeks ago when child took overdose and went to hospital - not heard back. Been offered no support on either occasion."

We heard from **15** respondents representing **16** children.

81% told us finding support was difficult overall

80% either accessed or considered accessing private care

"We are still waiting to be seen for autism assessment and have not heard from clinic for months, if at all. Been waiting for two years, and meanwhile our son transitioned to secondary school"

They highlighted these main barriers to accessing support:

94%

said waiting times were a barrier

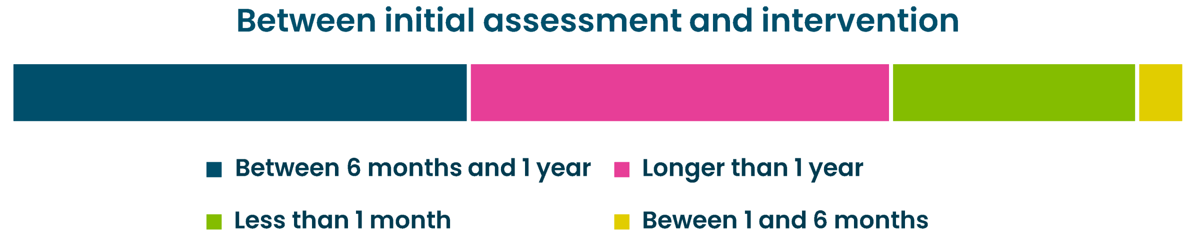
38%

were unsure who to contact

13%

were impeded by the time of appointments and parent availability, and a further 13% by a lack of reasonable adjustments

When asked about wait times for both initial assessments and interventions, patients had mostly waited less than a year although still a period of months:



38%

received interim support and gave mixed feedback on this

86%

told us they were not kept up to date with the progress of their referral

> *"It took 7 months from the referral from the GP for someone from CAMHS to ring me. After a conversation, no assessment of my child, she decided no support was needed and closed the case"*

Manchester case study

D’s anxiety became concerning to the family in their first years at secondary school. Given long wait times for a Dyslexia assessment, the family sought a private diagnosis and were reassured that managing this would result in a reduction in D's symptoms.

Around a year later, the Covid lockdown started, and D continued to struggle. They became extremely withdrawn and began secretly self-harming until ultimately confiding in their parents who immediately contacted the GP. They encouraged D to show their parents the extent of the self-harm and made an urgent CAMHS referral, and rang the following day to check in. However, it was six weeks before an initial assessment with CAMHS took place in the form of a phone call to discuss self-harm management strategies but not on-going support.

Once schools reopened, D struggled to attend Year 11 due to regular panic attacks. Their GP made an additional CAMHS referral leading to telephone counselling through Safezone. This worked well and allowed for discussion of the child's interests with the option to contact them any time when self-harm urges were felt. Around this time, D was also encouraged to take part in a trial of a form of group CBT, but found it was not effective. Their parents saw they would return from sessions feeling worse than before and eventually D stopped attending.

D's mental health deteriorated again on starting college and a further CAMHS referral for online group CBT was made. There was a long wait for this with no interim support, but when the programme began, D knew another child present and could not continue. Their parents spoke to CAMHS to express that D was struggling to eat and sleep, and another assessment was booked in. This professional immediately identified that D potentially had Inattentive ADHD.

A recent formal diagnosis and specialist care have improved D’s mental health; they are sleeping and eating better, and able to focus. The last five years have been extremely difficult for the family, and they question why this condition went unidentified for so long. D is described as bright and academic but due to these ongoing health concerns and lack of support, had to drop an A level subject which has had a long-term impact on their self-esteem.

Manchester focus groups

Below we have collated comments and quotes taken from the Manchester focus group. These have been included elsewhere in the report and are combined here to illustrate the range of topics that were raised.

More control over the treatment options and pathways

- *"As soon as I said my daughter was adopted, she said that postadoption support would be best to provide support and said she would close the referral. It felt like such a snap-decision. No speaking with a colleague or manager.*
- *"Just that's it. No one spoke with or saw my daughter as we were not offered any type of assessment. I didn't feel able to challenge the decision, in fact, I think I was in shock. My daughter continues to struggle with her mental health (she is in Year 10 now and self-harms regularly)"*

Support while waiting

- One parent from Manchester commented on how "fortunate" they were to have accessed some support during their 9 month wait for intervention following and initial assessment. They said:

  "While we were waiting for contact after the initial referral, my daughter was receiving CBT-style intervention from the school social worker and art therapy via the adoption support fund."

Oldham

Professionals

“Very complicated, lack of understand around thresholds, main problem is the wait to see someone”

“People triaging referrals need to read the referral. For example, I referred a young person and specifically stated that there was no Mental Health Link Worker in the school. The response I received was to refer to the Mental Health Link Worker in school and the referral was closed.”

“Referral criteria is not static, often it seems worth signposting to multiple agencies as it gives the young person choice and empowers them to access what feels best for them”

Parents and Carers

“GP was very empathic, patient and kind- especially as my daughter was distressed and would not speak. He talked through options and signposted for further support and information. He spoke to her through me and asked permission to do that.

We heard from **13** respondents representing **16** children.

44% told us finding support was difficult overall, and another 44% said it was easy.

70% either accessed or considered accessing private care

As a family we were at a point of desperation for our child… [private care] provided the family and my child some coping strategies, whilst we wait for an appointment with the MH services.

They highlighted these main barriers to accessing support:

50%

said waiting times were a barrier

31%

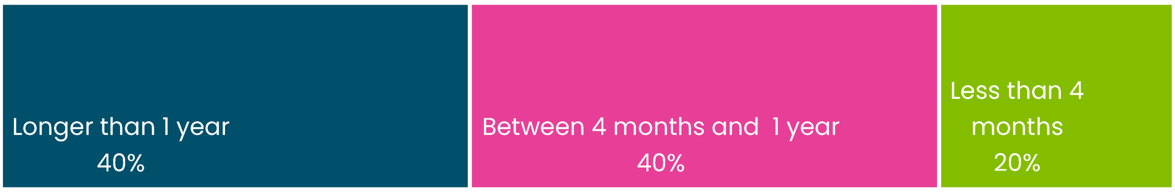
were unsure who to contact

19%

were impeded by the time of appointments and parent availability

When asked about wait times for both initial assessments and interventions, patients had mostly waited less than a year although still a period of months:

Between referral and initial assessment



Between initial assessment and intervention

30%

received interim support and gave mixed feedback.

56%

told us they were not kept up to date with the progress of their referral

> *"Having to rely on schools to input into the referral can cause massive delays. Especially when the school in question has poorly trained SEND staff."*

Oldham case study

"I first became concerned when A was three, she picked the walls and ate the plaster, soil, and sand etc. When mentioned to the Health Visitor, she was referred to a Paediatrician and diagnosed with Pica eating disorder. She struggled through primary school with unusual behaviour and there was no funding to offer extra support.

At age 11 when starting senior school, A started realising she was different to her friends, struggled to fit in, shut herself in her bedroom and started to self-harm.

After meeting with the school (had no funding but offered extra support), GP visits and seeing a Paediatrician, I was advised to contact POINT (local charity that supports families with children's special needs). They were brilliant, offering practical help getting A assessed and diagnosing ADHD. This answered lots of questions and allowed access to funding for 1:1 support at school and other services.

A is now fourteen and has a sensory processing disorder, struggling with normal life. She is distancing herself from her friends. Her thought process is different to others, she sometimes makes up stories to avoid confrontations, which has catastrophic outcomes due to not understanding the implications. When these are explained, she is sorry.

A first got referred to CAMHS and had a traumatic wait for a month to be seen. I had to ensure she didn't have access to sharp implements; however, she broke a mirror to harm herself.

After the CAMHS assessment she was referred to MIND who offered drop-in sessions until they could set up counselling. After 3 sessions, A felt she was ok and didn't complete the course. This is now a [vicious] circle. She self-harms, talks of suicide, referred to CAMHS, then MIND, and due to the wait and no continuity of care or a main contact, only gets part way through counselling. CAMHS and MIND are brilliant, but the continuity and accessibility issues are too great.

Because of this, she cannot be referred for further support. A really needs consistency, doesn't cope well with change. Recently, after an outburst at school and threatening suicide, we had to ask them not to contact CAMHS due to these concerns.

A has to meet someone new and build trust every time. Whilst I have family to help, I also require support. A goes to the gym, has a scoring addition calculator which resets if she self-harms and is on medication."

Oldham focus groups

Below we have collated comments and quotes taken from the Oldham focus group. These have been included elsewhere in the report and are combined here to illustrate the range of topics that were raised.

Difficulties understanding how to access the pathway to CAMHS

- The focus group held in Oldham found that out of five participants, four were said to have understood the initial process.

Parents managing their child's care

- In discussing the behavioural difficulties their child had been having at school, one parent in the Oldham focus group told us of the benefit they had found accessing a self-help course, which had helped them to manage their child's behaviour and recognise triggers at home. They felt there could also be potential benefits to primary school teachers if they were to do the same. This, they feel, may prevent the child from repeatedly being sent home from school. Given the current situation, the parent says:

  "I feel I am being failed by the services and a good job I am now on top of things"

- An example of parents educating themselves on their child's condition in order to better support and care for their child came from the Oldham focus group; a parent attended a 6 week course on ADHD to help identify their child's triggers and manage their behaviour. With this case, it is not clear how the parent accessed the course.

Support while waiting

- A positive example from the Oldham focus group, shows where a professional did take action to progress a child's access to care/support:

  "Private Nursery school asked the Health Visitor to attend a joint meeting with my daughter and I, which was enlightening and helpful, yet worrying"

Feeling uninvolved in decisions made about their child

- *"We didn't feel like we were involved in decisions as they decided what support was needed – which during the interim was none*
- "No involvement"
- "Regarding the school I am not involved in really any decisions"
- "Didn't feel involved or included"
- "Once he was diagnosed with ADHD myself and my child were involved with the decisions around his medication but on the managing emotions and emotional regulation work, they decided not to put him in the group though I said he would be fine in that setting."
- "On reflection I think I was involved in most of the decisions"

Support for parents and issues with their wellbeing

- *"For me personally as a parent I would like a drop-in support session or someone I could telephone when struggling, for advice/reassurance"*
- In HW Oldham's focus group a parent spoke of their difficulty to cope whilst waiting for their child to be assessed which was compounded by them being a single parent with other children.
- Parents' own mental health was impacted as a result of their experience supporting their child to access the Pathway to CAMHS. One parent said:

  "I ended up on antidepressants to help me cope" (Oldham focus group)

Finances and family stability

- *"I can't be reliable to hold down a job"*

Lack of adjustments and inappropriate interventions

- A parent in the Oldham focus group mentioned an instance where it was identified that due to the child's needs, a one-to-one type of intervention would be more appropriate than the group sessions initially offered. They said:

  "…they would be in contact and start that soon and this never ended up happening, again, I chased it up on several occasions over the course of 2.5 years."

Assessment

- *"At least see or speak to us before you decide we don't need help"*

Waiting times

- *"I had to chase up his ADHD assessment for over a year with no updates unless I constantly left messages and in that time he was expelled from mainstream school for behaviours related to ADHD"*
- *"It would be helpful if after the person is placed on the waiting list, there is a system to initiate contact regularly with the patient/family and keep them updated, at one point we wondered if we have been removed from the list"*

Rochdale

Professionals

“We don’t really accept refusal or defeat we work together with all the people [around] the child or young person to ensure [they] they can receive the support they need and things put in place”

“My experience is often that children are excluded from school by the time they get their CAHMS appointment.”

“More investment in early intervention and prevention rather than focusing on crisis escalation. If we do not invest in early intervention we will see huge increases in demand and crisis. In Rochdale we have invested in this for many years (7) and it is now beginning to show that it works. We have lower Tier 4 admissions and lower levels of presentation for self-harm. Also lower levels of NWAS callouts. This is because we support children early, in the right place and at the right time in their emotional health journey.”

Parents and Carers

“… my 7 year old was threatened to end her life … rang SPOA [team] to ask to be seen by CAMHS the man laughed and said 7 year olds aren’t really suicidal they just want attention. 3 weeks later my 7 year old had a failed attempt at killing herself.”

We heard from **62** respondents representing **80** children.

81% told us finding support was difficult overall

76% either accessed or considered accessing private care

“Masking makes things very difficult to actually get any kind of help due to school saying “they are fine here” it’s like your voice, as a parent to your own child, matters less than that of a senco who has barely anything to do with your child.”

They highlighted these main barriers to accessing support:

84% said waiting times were a barrier	**34%** were unsure who to contact	**21%** were impeded by the time of appointments and parent availability

When asked about wait times for both initial assessments and interventions, patients had mostly waited less than a year although still a period of months:

Between referral and initial assessment

Between initial assessment and intervention

38% received interim support and gave mixed feedback.	**91%** told us they were not kept fully up to date with the progress of their referral

> *"How are you supposed to understand and help your child if nobody is 1) listening to you 2) fobbing you off 3) not offering even the smallest advice or even a help line phone number "While you wait"? Early intervention is essential - why are waiting lists so long ... ?*

Rochdale case study

Louise's child H is six and has sensory processing disorder and ARFID. Concerns were raised in 2018 when both parents and childminder noticed issues with eating, sleeping, constipation, weaning, and delays in developmental milestones. This was raised with the Health Visitor, but the family felt ignored and were not offered support.

On starting primary school, teachers raised concerns and organised support around gross and fine motor skills. As the year progressed, gaps in H's learning become apparent and attendance was low due to their low immune system. The school issued an attendance warning letter which made their parents feel the school were ignoring H's health and developmental struggles.

Since 2019, the family have experienced issues including living in a separate local authority area to H's GP and primary school, lack of funding for services, and H being either too young or too old to access support. Louise says, "We have fought to be able to get on the pathway to CAMHS and hit nothing but barriers."

"I have been diligent in noting down anything I feel relevant in my [child's] behaviour, and this has also been of great use when putting my case forward to professionals."

Louise has educated herself and looked online for help, information, advice, and local groups. "There needs to be a point of access for parents and families in situations like ours where we do not know where to turn. … services do not seem to have a joined-up approach, nor liaise with each other. It is frustrating having to repeat my [child's] story over and over – and it did bring up trauma in myself as seeing my child struggle and fighting [their] corner has left me burnt out.

"Our journey has been stressful, traumatic and frustrating as we have had to take a multimodal approach, we would never want anyone else to experience what we have been through."

Louise has lost faith in services and felt her parenting has been scrutinised. Both parents have lost numerous working days, saying "This has had a huge impact on our [family's] mental health and financial status."

H’s parents were involved in decisions concerning their child but felt failed when people haven’t listened or followed through. They also felt that when asking questions, they were made to feel uncomfortable or were largely ignored.

Despite a long wait they’ve had positive support from the Occupational Therapist Team, and after changing GPs told us “Upon our initial booking in and first visit [the GP] went through our whole history and listened, responded and reassured us he was going to help. He also put actions in place, and we feel finally getting somewhere.”

Rochdale focus groups

Below are comments and quotes taken from the Rochdale focus group. These have been included elsewhere in the report and are combined here to illustrate the range of topics that were raised.

More control over the treatment options and pathways

- *“Professionals have tried telling me what is best for my child – I know what is best and they need to understand I know my child and their needs.”*
- *“Constant battle*

Feeling uninvolved in decisions made about their child

- *“One point I’d like to make is these decisions are being made for and around our children, yet why are they not more involved in the process? The professionals don’t really communicate directly to them!”*

Lack of information

- A Rochdale parent made this comment showing positive support but also how parents are often left to find information themselves:

  “The team [at Home Start] *have been most helpful but not easy information to find and no one has ever said to us ‘do you know about Home Start in Rochdale?’”*

Improving communication

- *"I feel I am forever going round and round with services, it is a never ending frustration. The disconnection is ridiculous…*

Lack of adjustments and inappropriate interventions

- *"Son was referred here* [Holiday Activities and Food programme provision via #Thrive/Your Trust] *but absolutely not the right provision for his needs."*

Waiting times

- *"Whilst on waiting list for CAMHS assessment my son had suicidal thoughts and tried to commit suicide"*

Support while waiting

- *"It has not been easy to navigate local help and support in the 'while you are waiting' period. I was told that we can't access anything else if waiting for the CAMHS assessment and further referral, but what do we do in the many, many long weeks that takes? What do we do and say to the services whose waiting lists we have been on for months who then say 'you are almost at the top of the list' and we have to say – sorry we are waiting for CAMHS and can't do anything else – it is so frustrating and a system that is broken…"*

Finances and family stability

- *"Education always requesting that child/young person attend school. This is NOT possible at times. There needs to be something in place that highlights on an attendance register the reason why your child is not in school."*

Private care

- Rochdale found that all parent/carers in their focus group *at some point paid for support which varied from an art class to a counsellor.* We also heard:
- *"Paid for a Private Counsellor due to long waiting lists, helped but couldn't fund for a long period of time"*

- *"Was advised for son to access this – nothing offered locally so sourced and funded as a family. On initial assessment the CBT counsellor stated not a suitable therapy due to sons autism – his presentation was typical autism burnout. I was thankful that they were honest and didn't just see him for the sake of getting paid."*

Salford

Professionals

"Any child that does not fit neatly into their boxes is rejected leaving other services to pick up the pieces."

"We have experienced unsuccessful referrals when a child has additional needs around learning and cognition. School and home feel that social communication and interaction is the primary need yet once low cognition has been disclosed, referrals seem to be closed down."

"The current Pathway into CAMHS is very confusing for me as a practitioner, so I question how accessible and understandable it is for a lot of parents and young people."

Parents and Carers

"CAMHS spoke at length over a phone call and refused to accept a referral into services, stating it was a school issue … [school] would [not] support any sick notes leaving said child with innumerable unlawful unauthorised absences"

We heard from **77** respondents representing **87** children.

79% told us finding support was difficult overall	**82%** either accessed or considered accessing private care

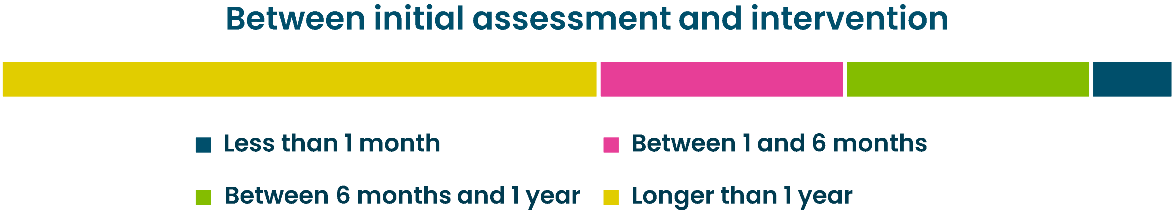
"Didn't go ahead [with private care] as we were advised it may not be recognised by the NHS and only CAMHS could diagnose"

They highlighted these main barriers to accessing support:

83%	**41%**	**10%**
said waiting times were a barrier	were unsure who to contact	were affected by a lack of reasonable adjustments

When asked about wait times for both initial assessments and interventions, patients had mostly waited less than a year although still a period of months:


Between referral and initial assessment


Between initial assessment and intervention

16%	**93%**
received interim support and gave mixed feedback	told us they were not kept fully up to date with the progress of their referral

> “Extremely poor we shouldn’t have to pay private for assessment when we can’t afford but would go into debt this service isn’t fit for service needs changing asap to help the young people of today 2.5 year wait isn’t acceptable.”

Salford case study

This young person (now 15) was diagnosed with autism when they were 11, but Mum first raised concerns with the Health Visitor when they were a baby. These concerns were dismissed but aged 4, they saw a child psychiatrist who agreed there were autistic traits, but not enough for assessment.

Parent: “No awareness to the fact that autism is not just about people’s ability to learn…because [they] were at the same learning level, nobody was aware of the fact that actually [my child] had significant needs that just weren’t being met”

During primary school, the young person masked well but the parent continued to ask for support due to the child having 6-hour meltdowns at home.

Parent: “I remember a teacher saying to me “are we talking about the same child?” because [young person] is rules driven so they were a model student at school.”

In year 5, Salford Council ACE team came in to do observations, and in year 6 the parent went to the GP with a list of evidence and got a referral to CAMHS. The young person had also started with signs of Tourette’s at the age of 7/8 which developed over time.

Parent: “There’s still more stigma associated with Tourette’s than other mental health conditions. There’s no support for anybody…and it’s a really debilitating disease.”

They had an ADOS assessment in year 6 and accessed support at school in year 7, but the big trigger was going back to school after lockdown in year 8.

Almost 12, the young person got a diagnosis of autism but wasn’t offered any support or signposting. The parent, however, was signposted to a post-diagnosis group. The diagnosis was a positive step for the young person:

Parent: “So for [my child] it was quite an affirming diagnosis…because it explained to [them] why [their] world felt different to other people.”

The young person was also having mental health issues which led to suicidal thoughts and self-harming. A self-referral to CAMHS was initially rejected as the impression was that the anxiety was caused by the autism. The parent challenged this, citing that their child had always been autistic but hadn't always been suicidal. With support from the GP and school an additional referral was accepted.

The young person also started to experience gender dysphoria, therefore CAMHS did a referral to [the Gender Identity Development Service] in 2020, but no other support was offered. After 3 years they are still on the waiting list which is particularly challenging due to puberty. Fortunately, the family found the youth service and an LGBTQ+ group which has been helpful.

By February 2021, the young person's separation anxiety was so bad that the parent couldn't leave the house to empty the bin. Adaptive CBT (Cognitive Behavioural Therapy) was promised, but after what they were told would be a 6 week wait, support was finally in place after 6 months and a lot of chasing up.

During the wait, there was no signposting, but the family was told to go to A&E if the young person had suicidal thoughts. This was unrealistic due to the young person having severe separation anxiety.

The CBT was helpful, and the clinician was very good. They also started with a psychiatrist at this point, who prescribed medication. The parent says:

"The medication was the turning point…had we not had that medication I'm not sure we would have been alive today. Things were that bad."

However, appointments with the psychiatrist were unhelpful, and they continually used the wrong pronouns.

The young person struggled to cope with mainstream school and accessed nurture-based education for the whole of year 9 which was transformative.

After having different psychiatrists over 2/3 years, they have had regular appointments with the same psychiatrist at Pendleton Gateway which have been helpful; leading to referrals to the eating disorder team and other services. This psychiatrist will now be seeing the young person every four months they listen and explain what's happening.

Salford focus groups

Below we have collated comments and quotes taken from the Salford focus group. These have been included elsewhere in the report and are combined here to illustrate the range of topics that were raised.

Lack of information

- *"You are told you will hear from us, but you are not told what the process is."*

Support for parents and issues with their wellbeing

- *"I was fed up with everybody I spoke to, and they just didn't believe me"*
- *"Parents feel gaslit or blamed for reaching out for help."*

Parents managing their child's care

- *"If we hadn't been there as parents to support him, he wouldn't be where he is today."*
- *"Had to fight pretty hard against the school and CAMHS to get finally referred, to get in."*
- *"I'm currently fighting to get back in, fighting - Why do we have to fight?"*

Support while waiting

- With reference to the lack of interim support for their child, one Salford focus group parent said:

  "She had these outbursts. And again, I just didn't know what to do with these outbursts. You don't know what to do. You don't know if you're causing more harm, I don't know, by saying the wrong thing. I just don't know. "

- *"We're on the waiting list - been on the waiting list since October 22 and the problem is you don't get any support from anywhere."*

Support for parents and issues with their wellbeing

Within the Salford focus group, it was found that families need to be offered support - they say that they feel like there's no support for the parents. HW Salford found parents were feeling isolated coping with outbursts, and not sure if they were doing the right thing. They heard:

- *"It's hard to put into words because it's like a time that I just want to forget"*
- *"It's just this whole nightmare – but where the hell do I go? I need some support with this. My child has pretty high levels of suicide ideation, she's basically refusing to go to school, and all we're told is well she has to go to school otherwise you'll go to jail."*
- *"It's been this nightmare, absolutely fighting. You become hyper-vigilant, looking after this life, well 2 lives coz you've got to look after yourself too so that you can look after them."*

Waiting times

- Another family first tried to access support for their child when they were in year 5, and he will be nearly in year 9 by the time he gets seen – [the family] say:

  "It's too long to be dealing with [the child's] outbursts alone all this time"

Finances and family stability & waiting times

- The HW Salford focus group heard of a parent who had given up their job to look after their child and another waiting 2 years for their child to access support, whose employer had discussed the possibility of them losing their job due to absence looking after their child.
- One parent in the HW Salford focus group knew about some support sessions but couldn't get time off work.

Lack of adjustments and inappropriate interventions

- HW Salford heard from more than one family who was provided with no interim support whilst waiting for interventions but were advised to go to A&E if the child had suicidal thoughts. This was inappropriate in these cases due to high levels of anxiety.

Quality of care

- *"We are just a name and a number in the system – they don't care."*

Stockport

Professionals

"It is very difficult to then try to support the family and find a service or agency, that will be able to provide support … many parents feel the system is against them, and their options … are limited or down to a very long waiting list."

"It feels like there are gaps that are never filled and, when CAMHS deem that they won't or can't see a young person, there is no one else to pick them up."

"A panel approach to the child would be beneficial to prevent occasions when no support agency is 'picking up' children. We entirely appreciate that CAMHs are incredibly overstretched, it feels as a school that, as the ones at the coalface, are firefighting."

Parents and Carers

"camhs spoke down to me and accused me of just wanting the benefits and just wanting to label my son"

We heard from **59** respondents representing **76** children.

72% told us finding support was difficult overall

87% either accessed or considered accessing private care

"I was advised by private provider that school would not put in place any interventions recommended by private providers so had no choice but to wait!"

They highlighted these main barriers to accessing support:

84%
said waiting times were a barrier

43%
were unsure who to contact

24%
were worried about communication between staff

> *“Because [my] child couldn't make it to his first appointment due to anxiety of going somewhere new they said they would attend a TAC meeting at school, they didn't turn up and I haven't heard from them since”*

When asked about wait times for both initial assessments and interventions, patients had mostly waited less than a year although still a period of months:

Between referral and initial assessment

Between initial assessment and intervention

36% received interim support with which the majority were dissatisfied	**96%** told us they were not kept fully up to date with the progress of their referral

> *“My child was so distressed by what appears to be ASD burnout (not diagnosed) he was threatening to kill himself rather than attend school. MASH trialled my self referral and advised I was doing a good job so they didn't need to support!”*

Stockport case study

Background: A 9-year-old child, L, experienced severe trauma and neglect early in life, exacerbated by the COVID-19 pandemic, which limited available support. Initially, L's behavioural issues were handled inadequately, leading to isolation and distress for the family. School reintegration was difficult; they struggled in Year 1, attacked a teacher and children, and spent most of their time in a tent in a busy corridor instead of learning. The school referred them to CAMHS for an autism Diagnostic Observation Schedule (ADOS) assessment, highlighting their severe autistic tendencies and the impact of their traumatic past.

Initial Support Seeking: The participant, L’s adoptive parent, first sought support through self-referral, advised by a doctor. A crisis intervention course helped manage L's behaviour temporarily but did not address their underlying issues. The participant joined an autism support group and attended training courses, yet meaningful support was lacking. The area the child was originally adopted from provided some aid when the adoption risked breaking down, and assigning a social worker, but ongoing support remained inconsistent and inadequate.

CAMHS and Referral Process: The journey with CAMHS was fraught with delays and inadequate responses. Despite persistent follow-ups, including numerous phone calls and a lengthy wait for an initial assessment, progress was slow. The ADOS assessment, three years, and three months after the initial application, was mishandled. During the assessment, L faced a distressing fire alarm incident, and the evaluators failed to recognise their anxiety, reflecting their lack of experience with complex cases. This situation ended up causing mistrust between L and their mum.

Impact and Experience: The prolonged process severely impacted the family. The lack of clear, timely communication and support exacerbated their struggles. Despite being on a pathway for autism, potential ADHD traits required a separate referral, further delaying necessary interventions. CAMHS’s inefficiency led to significant emotional distress for L and their family, leaving the participant feeling overwhelmed and unsupported.

Interim Support and Effectiveness: Training courses provided through the pathway were insufficient. The family faced a severe lack of trauma-specific support, crucial given L's history of abuse. Nottingham's temporary intervention prevented an adoption breakdown, but Stockport's overall response was deemed a failure, leaving the participant feeling neglected and desperate for adequate help.

Positive Aspects: There were no aspects of the process that went particularly well. The family experienced continuous frustration, feeling unseen and unheard.

Challenges: The primary challenges included the system's inability to provide timely and effective support, inadequate communication, and a lack of trauma-informed care. The participant highlighted the cruel and despicable treatment of L, who remained "invisible" despite being in a loving adoptive family. The emotional toll on the family was profound, risking their stability and well-being.

Stockport focus groups

Below we have collated comments and quotes taken from the Stockport focus group. These have been included elsewhere in the report and are combined here to illustrate the range of topics that were raised.

Difficulties understanding how to access the pathway to CAMHS

- Parents in the Stockport focus group expressed confusion over who could initiate referrals (e.g., whether schools or GPs could refer directly to specialist services), what the steps were, and what criteria needed to be met.
- Parents are said to have faced challenges in understanding how to navigate support systems, with some having no understanding at all.
- Concerningly, HW Stockport also found parents were worried about inequality in the system. Some families seemed to get faster or better services based on how they navigated the system or due to geographical differences.

- parents felt professionals didn't sufficiently explain process to them in an accessible way and heard reports of families feeling abandoned in navigating the complex referral and diagnosis process.

Improving communication

- In the Stockport focus group parents *reported that health professionals sometimes lacked empathy and did not take the time to understand the child's individual needs or the family's concerns* and *feeling dismissed by health and care professionals when they attempted to voice concerns or offer input into the treatment process. This dismissal could be particularly disheartening when parents felt that they had important insights into their child's condition that were being overlooked.*
- The group suggested the use of technology such as patient portals, apps, or SMS updates [to] provide families with easier access to information and direct lines of communication.
- Many parents felt that having a dedicated point of contact within the health services—such as a case manager or care coordinator—would improve communication. This person could answer questions, relay information, and help navigate the system.

Parents managing their child's care

- It was identified that parents sometimes found that they needed to advocate strongly for referrals from GPs or paediatricians, as not all were quick to refer to specialised services and that there was a need from some to fight assertively for necessary support.
- the Stockport focus group found that due to the lack of clear guidance from professionals, many parents resorted to educating themselves through their research, contacting advocacy groups, or relying on advice from other parents in similar situations and parents reported looking online, in books and in other publications both to find information about their child's condition and/or information on how to navigate the process. This led to calls for educational programmes that help parents understand

mental health conditions, treatments, and navigation of the health system to empower them to better support their children during the waiting period.
- Often parents had to fight for the services their children needed.
- *"We have been very involved in the decisions made and have instigated all of them."*

Feeling uninvolved in decisions made about their child

- Parents felt excluded from decision-making, often having to contend with decisions imposed on them.
- HW Stockport found many parents expressed frustration over not being sufficiently included in decisions about their child's care. They often felt that decisions were made by professionals without adequate consultation or consideration of the family's insights and preferences.

Lack of information

- The system's complexity and the variability in procedures between different areas or services added to the confusion. Parents often encounter inconsistent information when dealing with different professionals or when moving between services.
- *"there is so much to navigate and in the absence of securing an accurate diagnosis you are a little overwhelmed by it all. There is no offer of support or direction in the initial stages, and this would be helpful to support behaviour management etc."*

More control over the treatment options and pathways

- There was a strong desire among parents for more control over the treatment options and pathways chosen for their children. Parents wanted to ensure that the decisions made were in the best interests of their children, reflecting both medical needs and the family's unique circumstances.

Lack of adjustments and inappropriate interventions

- In Stockport, they do note however that written or online resources did not replace the need for direct, professional intervention and that although

support groups and workshops were useful, they were not widely available to all.
- *"The first appointment was with myself and my child – I don't feel this was fair, they shouldn't have to sit there and listen to you talk about them. They have selective mutism which means they don't speak it doesn't mean they can't hear!"*

Support for parents and issues with their wellbeing & information availability

- The HW Stockport focus group found that information shared by other parents who had gone through similar experiences proved invaluable. These interactions often occurred in informal settings or through parent support groups. The shared experiences provided practical insights and tips that were not always covered by formal channels. They also noted that support and guidance in other forms was found to be useful such as advocacy organisations, pamphlets, websites, or book recommendations and occasionally written materials such as reports and guidelines from healthcare or education providers.
- It was also highlighted that parents require *both emotional and practical support* in order for them to support their child effectively.
- HW Stockport mentioned that parents who have been battling the system for some time have a form of PTSD (Post Traumatic Stress Disorder) and professionals working in this field need to be more aware of how to identify this and help support parents.
  "You're trying to look after yourself so you can look after them and then there's nothing, and your own GP is like, well, it's not your health, so we can't really do anything for you. Then when your health does suffer, they say well you just need to be less stressed."

Finances and family stability

- HW Stockport were told by a parent:

  "You cannot manage your CYP or family life during this time"

- HW Stockport also found that where parents were initially offered parenting courses this could be frustrating as it implied issues were parental rather than child-based.
- HW Stockport found through their focus group that the stress of managing the child's needs without adequate support puts a strain on family relationships. Some parents noted that the situation had led to marital strain and increased familial tensions.
- *"My son's school attendance has significantly dropped over the last 6 months, and we have received minimal support."*

Quality of care & referral process

- From the HW Stockport focus group we heard there were mixed messages from GPs and schools, with poor inter-communication. Also, outdated and inaccessible information was shared and one parent reported that they had sent an email as instructed to do so but as this was the wrong place it resulted in a delay for their child accessing care.

Referral process

- Participants called for improvements which would ensure they would only need to tell their story once and all who needed access to it would be able to do so as and when needed. Similarly, several parents suggested that case managers or care coordinators could actively oversee and facilitate the referral process.
- *"to contact CAMHS - we now have to go through the Parent Carer Forum. They are an obstruction and I don't want to tell a 3rd party details of our lives. The PCF are not independent and they always choose to support the NHS or the Local Authority over parents and children. We are in a mess and nobody to support us. We are constantly signposted to the Local Offer - which is the PCF, so nothing is accessible to us"*

Waiting times

- HW Stockport found through their focus group that the lack of timely and effective communication delayed the start or adjustment of treatment plans, potentially worsening the child's condition. Parents expressed concerns that these delays and the associated lack of coordination among care providers could lead to suboptimal care outcomes. Also, wait times for assessments such as those for autism could be excessively long (up to 5 years), significantly affected the quality of life and support for families.

Support while waiting

- Stockport found interim support was often characterised by minimal communication from health services. Parents expressed frustration over not having regular updates about their status in the system or what to expect next, which compounded their feelings of uncertainty and neglect.

  "They won't refer you to another service whilst you are waiting"

Private care

- HW Stockport told us parents ended up going privately as they were fed up fighting the system.

  "The school Senco advised that we should consider private assessment and shared details of some services that other parents had used and recommended. We have also secured a private ADHD, Dyslexia and Neurodevelopmental review over the past 3-4years."

- *"Due to the significant delays, we have had to pay for private assessments to ensure our son gets the support he needs – this is mainly so that the professionals around him can understand his presentation better by adding a label"*

Tameside

Professionals

"It feels like you have to send applications everywhere in order to get support for your young people … and then hope for the best."

"Children do not get seen for mental health worries, I have known children having suicidal thoughts and extreme self harm and they get told they don't make the threshold."

"[There needs to be] *clearer referral/pathway processes, shorter timescales for assessments, more cohesive working between professionals/agencies"*

Parents and Carers

> *"Begged for 2 years for help. Failed by every single service. Now we are simply surviving and trying to keep our boy safe. No one is [coming] to help. No one actually cares."*

We heard from **85** respondents representing **100** children.

83% told us finding support was difficult overall

77% either accessed or considered accessing private care

> *"Staff member called my son by another name had to correct her. Then I was sent a copy and paste report with another child's info in it."*

They highlighted these main barriers to accessing support:

88%

said waiting times were a barrier

34%

were unsure who to contact

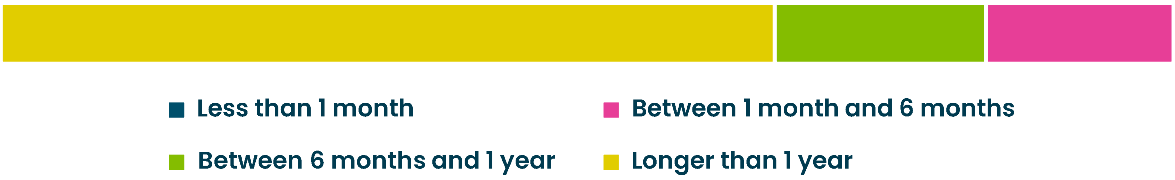
20%

were impeded by the time of appointments and parent availability

When asked about wait times for both initial assessments and interventions, patients had mostly waited less than a year although still a period of months:

Between referral and initial assessment

Between initial assessment and intervention



22%

received interim support and gave mixed feedback.

100%

told us they were not kept fully up to date with the progress of their referral

> *"… My child is SUICIDAL and we have been told it could be up to 18 months before we get any treatment at all."*

Tameside case study

"When B was in year 4, her primary school teacher flagged up that she could be neurodivergent due to the difficulties she was presenting. My husband and I are also neurodivergent, and we recognised the symptoms too. B was diagnosed with autism and an EHC plan was implemented.

Initially we visited the GP for her anxiety and depression. On the first 3 visits her issues were dismissed, doctors didn't think B had any 'problems'. On the 4th visit a junior doctor took time to listen and referred B to CAMHS. CAMHS said that she had to be 13 for support and gave a leaflet to work on anxiety. The GP also provided information for a private therapist, but we found out they don't work with children.

B's symptoms started to get worse over time and she experienced frequent panic attacks, was missing school and started self-harming in year 7. She then told school she was going to commit suicide and gave the SENCO a suicide plan. It was then that her issues were finally being taken seriously and she was taken out of school and referred to CAMHS by the SENCO on an urgent pathway in May. The SENCO explained the process to us. We waited 6 months and were seen in November. During this time there was no support for B, and during crisis episodes we called the crisis helpline. Although the staff were brilliant on the phone, they weren't actually able to do anything other than advise to go to A&E. B was crying most days and couldn't sleep. We tried to get sleep medication but were told this isn't given to children under 16.

CAMHS conducted several zoom sessions, mostly assessments, and zoom was unsuitable for B. She was also assessed for CBT, but she was deemed to need 'lower' therapy. We have not had a face-to-face session since November, when we chased for updates, we were told the therapist is off long term.

It has felt like an exhausting battle for the last 3 years and we still haven't got the support for B, no therapy or medication. There seems to be a lack of urgency and if B had gotten earlier intervention her symptoms would not have got worse.

According to statistics there is an 80% chance parents of neuro-divergent children are often neurodivergent themselves, and we also need extra support in this process."

Tameside focus groups

Below we have collated comments and quotes taken from the Tameside focus group. These have been included elsewhere in the report and are combined here to illustrate the range of topics that were raised.

Difficulties understanding how to access the pathway to CAMHS

- *"Didn't understand anything. No help or where to get support"*

Feeling uninvolved in decisions made about their child

- *"I was blocked from being involved. I had to do everything."*

Improving communication

- Untrue or inaccurate statements being written in reports.
- *"Loads of teams they are not joined up. They don't know who is doing what when."*
- *"Seen by loads of different professionals who just saw him separately. Nothing was joined up."*

Finances and family stability

- Experiences heard of children not attending school resulting in fines, and even leading to prosecution against the parent; absences are said to be a direct result of their child's condition, which was not being recognised.

Lack of information

- *"There is a complete lack of 'what happens next' or 'what happens if"*
- *"[I looked on the] internet – No advice really offered by anyone else."*
- *"constant 'googling'"*

Trafford

Professionals

"We tend to just have to try and meet the needs ourselves. The number of children refused and their extreme level of need is just appalling."

"I think that communication needs to be improved between CAMHS practitioners and the families they support. I appreciate that the case load for practitioners within the service is incredibly high and therefore, should they struggle to communicate with the families, reaching out to services around the child that can help bridge this communication is key."

"… we have lost children in the school and others have had severe problems while waiting for some support."

Parents and Carers

"The second time … I asked for a referral to CAMHS … the[doctor's] response was I can't medicate him if that's what you're after"

We heard from **32** respondents representing **36** children.

77% told us finding support was difficult overall	**68%** either accessed or considered accessing private care

"Because my child's teachers bent over backwards to try to support him, and he is in a particularly good class with helpful peers, we were just able to keep him going until some further support came through at last.

They highlighted these main barriers to accessing support:

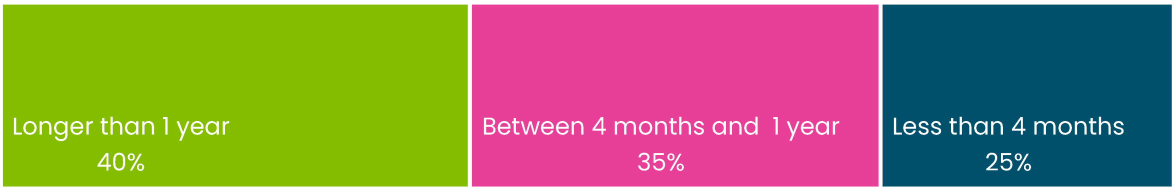
92%
said waiting times were a barrier

53%
were unsure who to contact

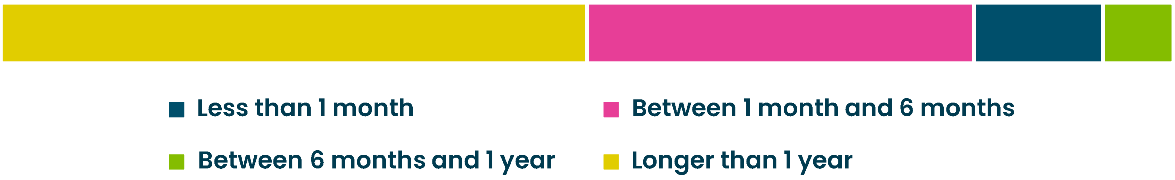
31%
cited childcare commitments as a barrier

When asked about wait times for both initial assessments and interventions, patients had mostly waited less than a year although still a period of months:

Between referral and initial assessment



Between initial assessment and intervention



28%
received interim support and gave mixed feedback.

92%
told us they were not kept fully up to date with the progress of their referral

> *"I've waited almost a year and received a phone call from CAMHS on 30th December. I didn't make it to the phone on time so I called back and listened to a message that said CAMHS would call back. I received a letter a week or so later to say they tried to contact me and now I have been discharged. I am back on the waiting list."*

Trafford case study

Tracey is a single adoptive parent to 12-year-old L, adopted at age two. L had behavioural issues early on including self-harm, for which a CAMHS referral was made when they were 4.

An initial assessment suggested that L's difficulties were adoption related and stemmed from early years trauma, therefore Tracey sought support via social workers and adoption services focussing on Tracey's parenting. Despite this, L's behavioural issues continued for years resulting in disruptive behaviour at school, being forced to change school multiple times, and more self-harm and aggression with no known triggers.

In May 2023, Tracey took L to the GP after a period of self-harming and particularly aggressive behaviour towards others. Tracey reports that the GP was brilliant and made an immediate referral to CAMHS.

The following day Tracey received a telephone triage assessment from CAMHS and a further follow up call. It became clear that no real support was on offer, and the current problems were put down to other factors (i.e. primary school ending/starting secondary school, hormonal changes, recent work done with L and the adoption support around first family/life story).

CAMHS were communicative and knowledgeable and did acknowledge the situation, however, it was clear that it was solely down to Tracey to live with things and make improvements where possible.

During the summer before secondary school L's behaviour improved, but recently they have been self-harming again.

Tracey says: "there is a lot of information out there but I have had to find it all myself … I feel like the driving force behind identifying what may/may not be the issue and finding out about what's available. There seems to be nobody taking a holistic view of my [child's] mental health.

"There is an army of people involved but none of it is joined up. Social workers workloads seem far too high and they act more as facilitators rather than leading on any intervention or support that needs to happen. Therefore, I have to make things happen but I don't know if I am making the right things happen, if there are other things out there which may be the best for my [child] and ultimately, I am afraid that some support L accesses is ineffective or at worst, entirely counterproductive."

This experience has made Tracey feel isolated, ill-equipped, and disempowered. It has led to confusion about her relationship with her child and the lack of support has affected her work, and social and mental wellbeing.

Trafford focus groups

Below we have collated comments and quotes taken from the Trafford focus group. These have been included elsewhere in the report and are combined here to illustrate the range of topics that were raised.

Parents managing their child's care

- *"I am now satisfied with the involvement in making decisions about my child as the teacher was able to listen and respect* [my input]"
- …parents mentioned speaking to friends, looking at leaflets and speaking to reception staff (it is unclear at what kind of service).

Improving communication

- *"There is an army of people involved but none of it is joined up"*

Waiting times

- *"My concern is my daughter has lost her golden treatment time with professional therapist to learn how to tackle with her learning and social weakness."*

Finances and family stability

- …the experience the parent had, *led to confusion about* [their] *relationship with* [their child]

Wigan and Leigh

Professionals

> *"Sometimes referrals to multiple* [services] *is needed but I try to avoid this so services don't become overwhelmed. It is important that the right service is chosen first."*

> *"All taking time. CAMHS referral is very repetitive … May as well just not do"*

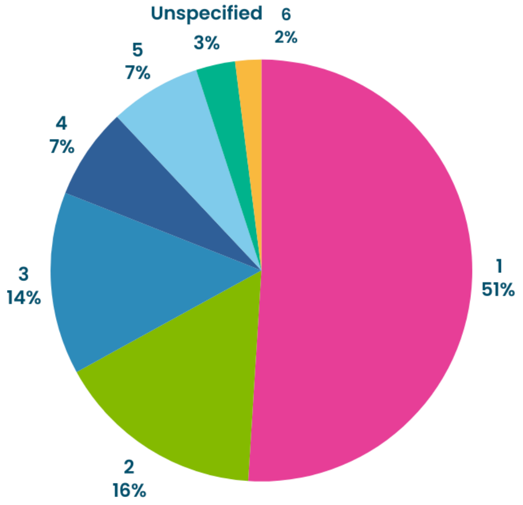
> *"I will signpost to interim services online whilst they wait* [for CAMHS] *and offer pastoral support in school"*

As previously noted, Healthwatch Wigan and Leigh are conducting their own research on this topic, they conducted similar surveys to the one we created as part of this project.[1] The data gathered via this survey is outlined below:

Parents and Carers

We heard from **259** respondents.

How many children/young people have you tried to access support for in the past two years?



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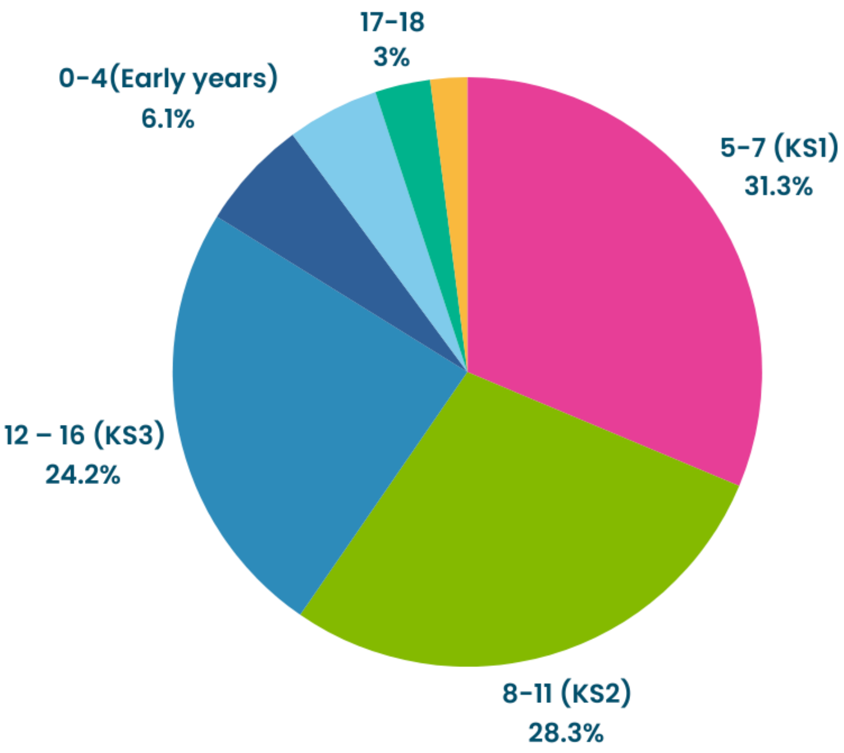
[1] There was no focus group or case study data collected for this area.

Although many parents had more than one child for whom they had accessed/tried to access the pathway, they could each tell us about one experience.

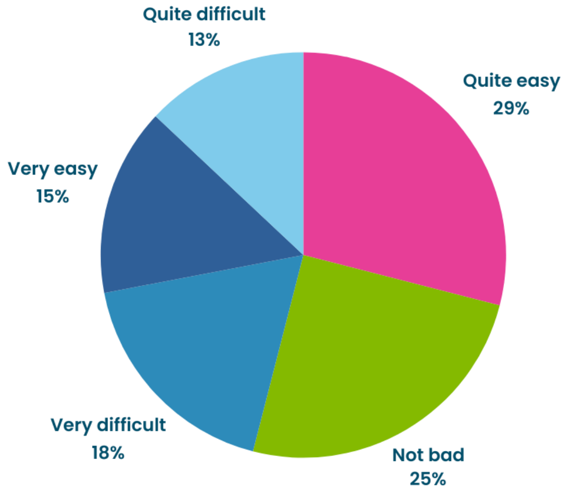
How old was the child/young person when you first tried to access support?



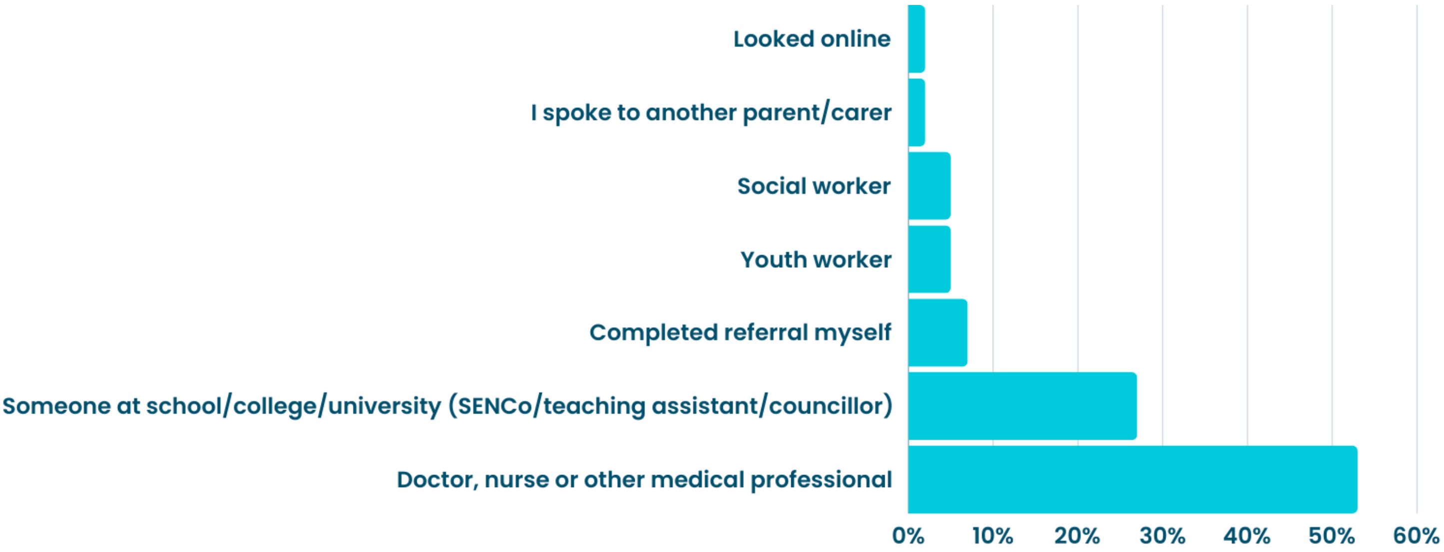
Respondents highlighted three main barriers to accessing support:

59%	**30%**	**27%**
said waiting times were a barrier	cited unsure who to contact	mentioned times of appointments

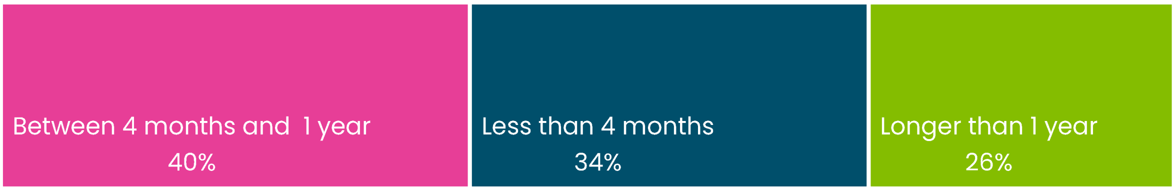
Finding out how to get support for my child/young person's mental health was:



Who did you first speak to for support?

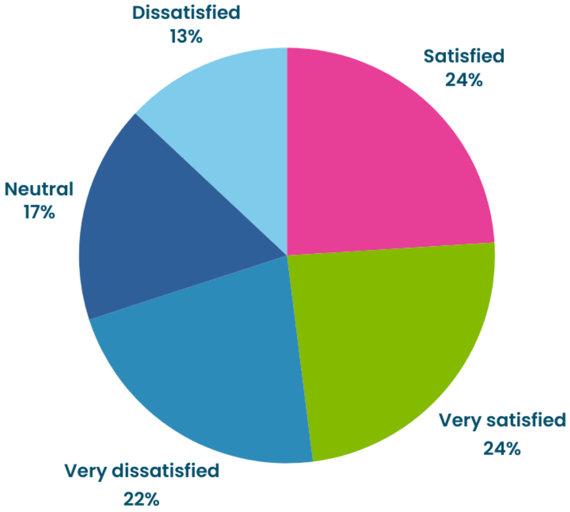


Between referral and initial assessment



Between initial assessment and intervention

How satisfied were you with the information provided throughout about the available options for support?



61% received interim support with most feeling satisfied or very satisfied with it	**45%** told us they were kept up to date with the progress of their referral and a further 47% partially up to date