CHILDREN ADOLESCENT MENTAL HEALTH SERVICE REPORT

August 2014

Contents

What is Healthwatch Kent?

Healthwatch Kent was established in April 2013 as the new independent consumer champion created to gather and represent the views of our community. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account.

What we do?

Healthwatch Kent took over the role of Kent Local Involvement Network (LINk) and also represents the views of people who use services, carers and the public to the people who commission plan and provide services. Healthwatch provides a signposting service for people who are unsure where to go for help. Healthwatch can also report concerns about the quality of health care to Healthwatch England, and the Care Quality Commission take action.

Our Mission Statement

Our mission is to raise the public's voice to improve the quality of local health and social care services in Kent. We listen to you about your experiences of health and social care services and take your voice to the people who commission health and social care services in Kent.

Our FREE Information and Signposting service can help you navigate Kent's complicated health and social care system to ensure you can find and access the services that are available for you. Call us on 0808 801 0102 or email info@healthwatchkent.co.uk

Our Values

- Volunteer led (5 staff, 60 volunteers)
- Information and Intelligence based
- Support and Guidance
- Two way communications
- Partnerships and relationships – achieve more in partnership than alone
- Honest, accountable and transparent

Background

Healthwatch Kent has heard concerns from members of the public, voluntary organisations and health professionals from all over Kent about the Children Adolescent Mental Health Service (CAMHS).

At Healthwatch Kent we heard these concerns and wanted to investigate further to identify some of the issues and make recommendations for the future. We also wanted to clarify that some of the plans around improvements to the service we being made and if they were being experienced by the patients and their families.

Healthwatch Kent commissioned Activmob to undertake a 'shallow dive' engagement project to better understand the concerns that have been raised. The issues raised related to diagnosis, access, engagement, waiting times, quality of service amongst others.

Kent is currently undertaking a review of the delivery of CAMHS services. Healthwatch Kent are seeking to add value to this review by ensuring the public voice is fully heard and by understanding the reality of the service by speaking to people who are accessing it.

The services are being reviewed due to experiences from Kent residents that the service is not performing well and the fact that data has not been released from CAHMS.

It is important to note, that this report reflects only what patients and their families told us. There are many aspects of the CAMHS service that are not mentioned in this report such as provision within schools.

Our Objectives

The objectives of the review were :

- To talk to patients, their families and carers, as well as staff and stakeholders, to understand the reality faced by people using the CAMHS service

- To assist and add value to the current review of the service that is already underway by ensuring the public voice is fully heard. We do not want to reinvent the wheel

Our Approach

We undertook a combination of desk research and talking to people.

There are already many reports relating to the performance of the CAMHS service which we have reviewed.

We've also spoken to families, patients and professionals either face to face or over the phone using our Topic Guide (appendix 3) to develop an up-to-date picture of the current issues and concerns around the service in Kent

Key stakeholders were identified primarily from within local carer groups and the community using the Healthwatch website and newsletter to make people aware of the study and to invite people to participate.

In depth face-to-face conversations were had with 15 individuals, 2 carers groups and a further 15 -20 people were involved either over the phone or via email. The Topic Guide was used to stimulate and guide the conversations. As the study progressed, further families and their children made contact in order to share their experiences. Interviews were carried out throughout May and June.

The aim of the engagement was to ensure families and others who would not normally be spoken to be included to capture their experiences. Insights were also gathered in relation to routes of access into the service (GP's, schools) and their effectiveness.

Context:

To enable the reader to fully understand the issues as presented in this report it is necessary to provide information related to the history of CAHMS in addition to the legislative framework within which it is set. Significant information related to this section is listed in the appendices for further and more in depth reading.

What is CAMHS?

Children and Adolescent Mental Health Services (CAMHS) provide a range of services for children and young people 0-18.

The services are commissioned and provided at four levels:

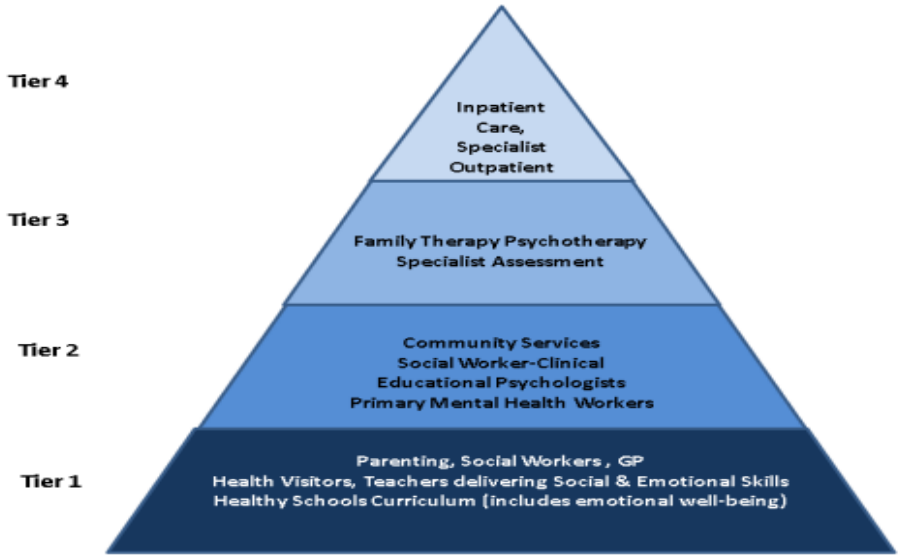
Tier 1 – support delivered through non specialist primary care workers such as GPs, health visitors, school nurses, teachers etc. This level could include an issue often picked up at school. For example when a child has low self esteem and the school will look to see how to boost their confidence.

These services are provided by Healthy Young Minds and is commissioned by Kent County Council.

Tier 2 – targeted support delivered through Sussex Partnership Foundation Trust (SPFT). West Kent Clinical Commissioning Group co-ordinates the commissioning of this service on behalf of all the CCGs in Kent & Medway.

Tier 3 – specialist support delivered through Sussex Partnership Foundation Trust (SPFT). West Kent Clinical Commissioning Group co-ordinates the commissioning of this service on behalf of all the CCGs in Kent & Medway.

Tier 4 – specialised mental health services commissioned by NHS England. The current provider is South London & Maudsley NHS Foundation Trust (SLaM). They provide both day and inpatient services plus some highly specialised outpatient services to treat severe and complex mental health issues in children and young people.



A brief timeline of CAMHS policy in England can be found in appendix 1 of this document.

***Legislation*;**

There are several pieces of legislation that have a direct impact on the rights and responsibilities of children, young people, their parents/carers and service providers involved with the CAMHS service, most notably;

Parental Responsibility is defined by the Children Act 1989 as being all the rights, duties, powers and responsibility that a parent of a child has in relation to the child and his or her property. It includes rights and duties with regard to education, choice of religion, administration of a child's property, choice of residence and choice of medical care. It is important to

note that all the provisions of the Children Act 1989 are subject to the guiding principle of the child's best interests.

The Mental Capacity Act 2005 gives protection to anyone over the age of 16 who may lack capacity to make a specific decision. Up to the age of 16, the Children Act 1989 applies, giving the right to make decisions to those with parental responsibilities.

There is no lower age range for The Mental Health Act 1983 (amended 2007), which provides for detention in acute hospital for the treatment and care of a 'mental disorder of the mind or brain'. The MHA also provides for detention by the police (section 136) under specific circumstances*

The Human Rights Act says that all children and young people under the age of 18 have certain rights. The Convention is separated into 54 "articles", or sections. The rights in the treaty include the right to education, the right to play, the right to health and the right to respect for privacy and family life.

The Children Act 1989 (amended 2004 'Every Child Matters') brought into being the Common Assessment Framework (CAF) a tool to help practitioners working with children, young people and families to assess children and young people's additional needs for earlier, and more effective services, and develop a common understanding of those needs and how to work together to meet them.

CAMHS in Kent

There has been much in the local and national media attention about the CAMHS service and it is beyond doubt that there is recognition that there are national issues with the CAMHS service including high demand, limited capacity and a complicated service.

The provision of Tire 2 and Tier 3 have been the subject of particular scrutiny in Kent, with concerns focussed on the length of wait for assessment and treatment. In March Sussex Partnership Foundation Trust (SPFT) published a report detailing the progress made since taking on the contract.[1] Length of waiting lists have been a long-standing criticism of Kent CAMHS, with reports of 18-month-long waits for assessments. Average waiting times - as well as numbers waiting for assessment - have come down, year on year (Dec 2012 - Dec 2013), in Dartford and Gravesham, Maidstone, Tunbridge Wells, Medway, and Swale. It has increased in Ashford, Canterbury, Dover, Shepway and Thanet.[2] The contract standard is 4-6 weeks wait from referral to assessment, and 8-10 weeks from referral to treatment.

[1] SPST CAMHS Update, March 2014: date accessed: 14th June 2014
[2] *Ibid*, page 4.

When SPFT took over the Tier 2 & 3 provision in Sept 2012, they inherited long waiting lists from the previous contract holders, with the majority of problems faced in West Kent. This has led to considerable delays for assessment and treatment. Addressing the waiting list problems has largely been tackled by restructuring the team structure which in turn has led to high levels of staff vacancies which compounded the problem of waiting times. Dartford and Gravesham has clearly presented a particularly difficult case and SPFT have employed temporary staff through agencies. Overall, SPFT report that they have made 'good progress' in their overall recruitment drive.

In March The 'open caseload' was said to stand at 10,077, with many young people 'inherited by the service' being continuing to be reviewed annually.[3] It was clear that the number of young people waiting for assessment was far greater than anticipated through the tender process.[4] The challenges facing SPFT and Kent CAMHS this year were presented by Jo Scott (SPFT Programme Director for Kent CAMHS) and put to the Health Overview and Scrutiny Committee (HOSC) in April 2014:[5] She outlined the following areas:

Introducing a Common Assessment Framework (CAF) across the county - whilst this is intended to make access to higher tier services (tier 2 upwards) easier, some families are said to feel as though they are being 'pushed back on' by more paperwork.

Out of hours and inpatient admissions - SPFT have put in place an out of hours service, which they state accounts for 10% of service activity. Jo Scott stated that they hugely underestimated the number of out of hours emergencies - having predicted 120 in a year and exceeding that number after four months. There is a national issue around the lack of beds for inpatient admissions. NHS England are reviewing the situation.

Review of team structure and service organisation - this undertaking has led to high levels of vacancies in certain key positions, 'which compounded the problems clearing waiting lists'. There has also been an introduction of computerised systems where, in parts of Kent, only manual records had previously existed. Although some vacancies do still exist, the number has been reduced.

Section 136 of the Mental Health Act - a strategic partnership group has been set up between Kent Police and mental health service providers, but there is concern amongst local MPs, parents and the media that children are being left to wait in A&E. At the time of Jo's report there was no 'place of safety' in Kent for Section 316 detainees with children needing to be transported to the designated place of safety at Bethlem Hospital in London.[6] **This is now in place** in Dartford through an agreement between SPFT and Kent & Medway Social Partnership Trust.

[3] *Ibid,* page 6.
[4] West Kent Clinical Commissioning Group - CAMHS Update, 11th April 2014.
[5] http://connect.kent.public-i.tv/site/player/text.php?a=130293&m=flash - date accessed: 14th June 2014.
[6] SPST CAMHS Update, March 2014.

Criticism of the SPFT record in Kent was put to HOSC in the same meeting. Tunbridge Wells MP, Greg Clark, was sceptical of significant improvements to waiting times, but was also critical of the communications systems in place for CAMHS in Kent, with contact numbers missing from websites. Staff shortages and poor levels of treatment were also highlighted, with an over-reliance on just one psychiatric nurse (and unqualified counsellors working in her absence) offered as one example.

There was also a frustration that children were being allowed to reach crisis point, thus requiring higher-tier services. There is concern that not enough is being done to support schools and parents in the recognition of lower-tier mental health problems. HOSC requested to see reports every other month on progress.

In addition, Children's and Adolescents' Mental Health Services (CAMHS) are currently the focus of a national inquiry led by the House of Commons Health Select Committee. See Appendix 2 for further detail.

We met with the commissioners of the CAMHS service, West Kent Clinical Commissioning Group, in July 2014 to discuss our initial findings. At that point they had served a Performance Notice on SPFT. This requires the Trust to produce a recovery plan and deliver rapid improvements particularly around waiting time. They anticipated the contract to meeting waiting time targets by August 2014.

In addition West Kent CCG have agreed with Kent County Council and the Kent Health & Well Being Board to jointly review commissioning arrangements for CAMHS. The aim is to integrate the commissioning of all four Tiers to prevent the current gaps in provision. A summit was arranged for July 2014 to discuss the strategic review. Unfortunately Healthwatch Kent were not invited.

At the same time (July 2014), NHS England published a report on the provision of Tier 4 CAMHS services. At a national level, they have pledged the following:

- To commission up to 50 additional beds across the country (we understand that a 8 additional beds have been secured in Cygnet in Sevenoaks but these are not guaranteed for Kent based patients).
- To recruit up to 20 new case managers across the country
- To improve the way people move in and out of Tier 4 care with consistent criteria for admission and discharge.

What People Told Us

The key themes from our conversations with patients and their families were:

Waiting times/access

Most parents/carers were very critical of the delay in access to services and the impact this has on the mental health of the young person involved.

"*What starts out as a tier 1 or 2 is a tier 4 by the time you are seen*".

The experiences of GP support and understanding is not consistent, some GPs have an interest and some knowledge around mental health and where this is the case, referrals are seen to be made sooner and progress more quickly, in other cases GP's assumption that an eating disorder may be a lifestyle choice or that the symptoms may be because the young person is '*growing up or being a teenager'* indicates that GP education and understanding regarding mental health is inconsistent.

The assumption that a referral automatically generates an appointment also causes a sense of frustration and anxiety as parents/carers report that a referral may be followed by a phone call rather than an appointment six weeks later and attempts to chase can result in the response that '*we have children with a greater need*'.

There is a sense that entering the service requires a level of skill and understanding of the system and how this should be done, as an example, understanding the 'code' or 'label' which generates a higher place on the waiting list is important as this code or label determines when your child may be seen '*putting OCD first, and anorexia second will put you lower down on the list'*. Some parents report that they have to be referred several times and '*it's a fight to see anyone'*, particularly if the young person has multiple needs.

Specialists are seen as important in understanding the condition; however the understanding is that there are not enough hours of specialism available as many work part time. Some parents reported that they felt that they were offered alternatives such as parenting classes as a delaying tactic. Some parents felt that there is a significant gap given that Asperger's conditions are not supported via CAMHS.

Diagnosis

Once in the system, parents/carers find the process of diagnosis confusing and in some cases unhelpful. There is little if any support pre diagnosis, particularly once the young person is on a waiting list. Parents/carers and their children are left to manage symptoms and behaviours themselves

which can often mean deterioration in mental health, the only option for some is a visit to A&E or to call the police.

Until very recently Kent did not have a designated 'place of safety' for young people detained by the police under section 136 of the Mental Health Act. Young people would be taken to the designated place of safety at the Bethlem Hospital in London. **This has recently been put in place**.

Long waiting lists of up to 18 months for a specialist may result in the initial diagnosis being overturned with the prospect of another long wait for an alternative specialist. In addition there is an understanding that young people must '*fit in with the diagnostic tool'* and be considered serious enough to warrant help, a checklist for diagnosis can mean that you are not seen ' *my daughter was not seen as severe because she was still having periods'*.

Pathway and journey

From beginning to end, all the parents/carers we spoke to relayed a series of confusing, frustrating and complex experiences regarding the journey through CAHMS, one stating; '*this is a secret world designed to stop people accessing it'*.

Most parent/carers found navigating the system difficult and confusing. There is very little information regarding who delivers what part of the service. Most online information is out of date or missing, there is no clarity as to who the delivery partners are; where they are based and who works for them or what the pathway through the service may look like for those who use it.

Most found it difficult to build relationships with service providers and workers; a high turnover of staff was cited as one of the most frustrating elements as young people are encouraged to open up and talk about themselves, but when they do this, by the next visit the person has left '*my daughter says she doesn't want to talk with anyone else because as soon as she gets to know someone and trust them, they move on.*'

The lack of a holistic approach to the young person and the insights that can be provided by parents/carers being dismissed was seen as a major issue in relation to the service. Some parents/carers felt that '*you get nothing from the hospital, but they want to know everything about you'* was an attitude reflected through the system. Perceptions are that it is secretive service, designed to be confusing and 'all powerful', effectively it is '*CAHMS or nothing'*.

Experiences

Parents/carers reported that experiences may differ depending on the age of the child. In general those children who entered the system prior to

school age had a better experience than those entering later. Those transitioning from primary to secondary school and from young person to adult services also seemed to have service issues, parents reported that there was a lack of willingness to take responsibility through the transition and it was someone else's problem, parents questioning '*is there a gap- are children being missed*?'

There is no clear understanding regarding a county wide offer, parents are left to question '*what a standard offer looks like*?' as there is no information available to indicate this. There is a perception that it is a '*lottery of where you live and if you have a good school, GP, Service'*.

Parents report a lack of engagement with CAHMS and in one case the CAHMS worker not attending a care meeting at which every other person was present.

On entering hospital the system appears to become even more 'secretive' with little or no information being provided to parents, in some cases parents are not allowed to visit and one parent reported that ' *when you have your child home for a break, you have to keep a book or detail of what they have done, you get nothing from the hospital'*; another '*they won't tell you anything when they are in hospital, or let you see where they sleep…..what they might be doing with their day. We had never had a night apart until that day'*. Parents also report that the Mental Health Act is confusing and feel it has been used as a weapon in some cases.

There is a sense that professionals need to better balance professionalism with compassion; they need to learn how to communicate with young people on their level. They are perceived as arrogant and unwilling to involve parents/carers in the diagnosis and care of the young person, they '*don't recognise the fact that they are your children and you know them'*.

Parents and carers are '*made to feel that they are in the wrong and have caused the issue, they never work with you to understand how you can help, what you can do…..I'm with my daughter most of the time, surely that makes sense?*'

As a parent/carer there is a perception that you have to fight every step of the way to get what is needed, there is very little support available to parents/carers and there seems to be no mechanism for the patients voice to be heard, leading to the belief that there is a lack of accountability of the service providers and a lack of voice for the service users.

Family support/Involvement

Parents and carers recognise the importance of family and social networks to the child or young person in relation to treatment and recovery; they wish to know how they can best use these resources and what they can do

to help their child recover and prevent further isolation. There are very few resources available to them to enable them to confidently do this. Support groups are very few, leading to parents establishing their own in many cases, which is often a huge relief for others as they find '*comfort in other parents*'. However, support groups are in some cases being attended by private clinicians who are recruiting patients into the private sector, creating a divide between those who can afford to pay privately and those who cannot. Training in mental health is non-existent or only available to those who have the knowledge and resources to find it and pay themselves.

The hospital environment is also difficult to navigate and understand and creates a 'false' family environment. Parents/carers respect the fact that children and young people should be consulted around their treatment and care, however often these conversations are happening without the parents present, allowing the child/young person to have the responsibility but parents have to pick up the pieces when things go wrong. The hospital environment seems secretive and the mechanisms used such as the Mental Health Act are confusing and can be used as a 'weapon'.

Another concern relates to where the child or young person can go when they are very unwell, Kent does not have a secure unit for children and young people who are a serious risk to themselves or others.

Key Conclusions – the future

What we want/Gaps

The people we spoke to were very clear what they wanted to see. They are;

- A single point of contact, with someone who knows their child/young person and their history and with whom they can build trust.
- A clear universal offer that is proportionate to need, well documented, described and explained with a clear pathway, which is transparent on time frames and mechanisms to challenge.
- A patient/family voice, that can inform services, help identify gaps and improve the quality of services, which will also help to inform support and training for parents/carers and professionals.
- To be inclusive and compassionate- service and staff, which is open and honest, has a common sense approach, is based on a best practice holistic model and provides a clear pathway to diagnosis and care, with professionals who are committed, attend meetings and involve parents and carers fully in the process.
- There needs to be a specialist secure in patient service based in Kent (Tier 4)

Since the concerns were raised in the Health Overview & Scrutiny Committee, it is clear that commissioners and providers have worked at pace to improve the service, in particular waiting times for assessment and treatment.
This progress is to be commended and it is the intention of Healthwatch Kent to support ongoing input from patients, carers and young people to consolidate these improvements and to build on them.

Our Recommendations

Short to medium term (remainder of current contracts):

- The commissioners and the providers for all four tiers should confirm with Healthwatch Kent how they will respond to the needs highlighted by patients and families for:
    - A single point of access and appropriate, simple referral system
    - A clear service offer and pathway, described in a user friendly way and made easily accessible to anyone requiring services
    - A mechanism for patients, families and young people to continue to inform service delivery and development
    - Increase understanding in staff at all levels of the mental health needs of young people and the need for a compassionate and holistic way of working
    - The provision of a specialist secure accommodation in Kent
- Commissioners and Providers for Tier 2 and 3 should confirm how they will continue to be transparent regarding the work on waiting times. Waiting times should also continue to be closely monitored with other partners such as HOSC
- NHS England should confirm how they will respond to the need for consistent awareness from GPs about mental health issues in children and adolescents to ensure a more consistent service amongst GPs and quicker referrals
- Healthwatch Kent acknowledge that much of the feedback we received was about Tier 2 and 3. Discussions would be welcomed about the role Healthwatch Kent can play in working with commissioners and providers to look in more detail at other elements of the CAMHS service.

Longer Term

- Commissioners should confirm with Healthwatch Kent how they will involve patients, the public and Healthwatch Kent in the redesign of the entire CAMHS service

Our Next Steps

- Healthwatch Kent will continue to monitor and review the experience of patients and their families.

- Healthwatch Kent will consider the option of undertaking a follow up review to check on progress.

- Healthwatch Kent will share the findings of this report with the mental health community and the wider Kent public.

- The report will be shared as part of our role on the Kent Health & Well Being Boards, the seven local Health & Well Being Boards and the Health Overview & Scrutiny Committee

- Healthwatch Kent and service users to be involved in any discussions and plans around improvements to the service.

Acknowledgements

Healthwatch Kent would like to thank:
The individuals and their families who took the time to share their experiences and helped find further families to participate in our research

And professionals for their assistance, expertise and insight

Appendix 1- A brief timeline of CAMHS policy in England;

In 1995, two key documents, A Handbook on Child and Adolescent Mental Health and Together We Stand, paved the way for the development of CAMHS within a four-tiered framework for planning, commissioning and delivery. 1998 saw the start of the 24 CAMHS Innovation Projects (learning from those was published in 2002). The Crime and Disorder Act led to the establishment of youth offending teams with the core aim of preventing offending. 1999 saw the advent of Sure Start local programmes and the National Healthy Schools Programme. In 2000 the NHS Plan Implementation Programme included a requirement that health and local authorities work together to produce a local CAMHS strategy.

In 2003, Every Child Matters set out the core framework for reform of children's services, including Children's Trust arrangements and the five outcomes (being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic wellbeing) with the 2004 Children Act giving statutory force to these. The Behaviour and Attendance Strategy and the advent of Behaviour and Education Support Teams encouraged schools to adopt whole-school approaches and integrated work on mental health and wellbeing.

In 2004 the National Service Framework for Children, Young People and Maternity Services (NSF) set out a 10-year strategy with 11 specific standards with the mental health and psychological wellbeing of children and young people being standard 9

In 2008, the first Children's Plan was published; the first Targeted Mental Health in Schools (TaMHS) pathfinders were established and the Child Health Promotion Programme was published. In November of the same year the CAMHS Review (an independent review which made a number of recommendations for action at national, regional and local levels) was published.

2009 saw the publication of New Horizons, which set out a vision for improving the mental health of the whole population across the age range.

2010 saw the publication by the National Advisory Council for Children's Mental Health and Psychological Wellbeing (established as part of the recommendations of the CAMHS Review) of its One Year On report.

In April 2010 the age-appropriate environment duty under S131A of the Mental Health Act (1983) took effect placing new responsibilities on NHS Trust Boards providing in-patient adult mental health services.

The Government published a mental health strategy in February 2011 - No Health Without Mental Health: a Cross-Government Outcomes Strategy for People of All Ages (see appendix)

The Government gave a commitment to expand the People's Improving Access to Psychological Therapies IAPT programme to children and young people in their Talking therapies: a four-year plan of action. This expansion was formally launched in October 2011 with Government committing £32 million to children and young people's IAPTs.

The Government consulted on the proposed suicide prevention strategy. This strategy builds on previous strategies and they suggest 6 areas for action with action 2 being; Tailor approaches to improve mental health in specific groups – this includes children and young people.

The Me and My Schools project was commissioned as the national evaluation of the Targeted Mental Health in Schools (TaMHS) project. The aim of the project was to look at how schools can help children and young people with mental health problems. The final evaluation report was published in November 2011 (see appendix).

In 2012 the Secretary of State for Health launched the development of a Children and Young People's Health Outcomes Strategy by establishing a forum, which was tasked with:

Identifying health outcomes that matter most for children and young people
Consider how well these are supported by the NHS and Public Health Outcomes Frameworks, and make recommendations
Set out the contributions that each part of the new health system needs to make in order that these health outcomes are achieved

The Children and Young People's Health Outcomes Forum reported back to government in 2012, and produced an overarching report, and a sub-group report on mental health (see appendix).

No Health Without Mental Health: Implementation Framework This Implementation framework was developed jointly by the Department of Health, the NHS Confederation's Mental Health Network, Mind, Rethink Mental Illness, Turning Point and The Centre for Mental Health. The aim of the document is to assist local organizations with the implementation of the Mental Health Strategy.

In 2013 the Government have responded to the Children and Young People's Health Outcomes Forum report and will:

Launch a pledge, which will commit Government to do everything they can to improve the health of children and young people.
Set up a Children and Young People's Health Outcomes Board, which will be led by the Chief Medical Officer (CMO)
Set-up a new Children and Young People's Health Outcomes Forum to provide both ongoing expertise in child health and offer constructive challenge to the next phase of this work.

Appendix 2 - The National Picture –House of Commons - Health Select Committee

Children's and Adolescents' Mental Health Services (CAMHS) are currently the focus of an inquiry led by the House of Commons Health Select Committee. The investigation will centre on the following themes:

The current state of CAMHS, including service provision across all four tiers; access and availability; funding and commissioning; and quality;
Trends in children's and adolescent mental health, including the impact of bullying and of digital culture;
Data and information on children's and adolescent mental health and CAMHS;
Preventative action and public mental health, including multiagency working;
Concerns relating to specific areas of CAMHS provision, including perinatal and infant mental health; urgent and out-of-hours care; the use of Section 136 detention for under-18s; suicide prevention strategies; and the transition to adult mental health services.[7]

At the time of writing, early evidence to the Committee has asserted that CAMHS is 'a service under siege', facing 'significant reductions in resources' at a time of 'rising demand'.[8]

A tough economic climate is believed to have exacerbated pre-existing problems, with children from poorer backgrounds more likely to require such services, and research from mental health charities, such as Young Minds, suggesting widespread inequality and spending cuts to early intervention services.[9]

With regards to early intervention, also highlighted is a basic lack of understanding of children's mental health among doctors and within schools – as well as a funding cuts to third sector partnerships - forcing an upward pressure upon higher-tier services. As a consequence, thresholds for accepted referrals are pushed higher, leaving families to face long waits and a battle to access services.

[7] http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2010/cmh-2014/ - date accessed: 8th June 2014
[8] House of Commons Health Select Committee, Oral Evidence Session 01/04/2014
[9] http://www.youngminds.org.uk/about/our_campaigns/cuts_to_camhs_services - date accessed: 8th June 2014

Appendix 3 – Topic Guide

TOPIC GUIDE- CAHMS

Introduction check list

- Introduce ActivMob and Healthwatch Kent
- Briefing sheet (to cover, rationale, objectives, who is being involved and why, outcomes)
- Clarify reasoning and use of the project and this conversation- anon
- How will the discussion be structured- Based around the theme 'the carer voice'
- Consent form

TOPIC and PROMPTS	NOTES
About you/your group (to set the scene and get to know them) *Areas covered/live in.* *How long have you met/often? Do you go to any groups?* *Service user/carer/other?* *How long have you been (caring for someone) accessing the CAHMS services ? Where? Types/Tiers? For?*	
Understanding your journey so far: Accessing CAHMS Thinking about the first time/ or the last time you needed to access the CAHMS service: What was the process/journey like? *What happened?* *How long did it take?* *Where did you go first?* *Was it easy/hard? Where were some of the hurdles/barriers?* *Was it good/bad experience-How did you feel during this process?* *What was the outcome?* *Did it meet your needs?* *What role did GP's/schools etc play in this?*	
Now thinking about some of the issues and examples you have raised, we would like to understand further your experiences around: Diagnosis *How easy/hard has it been to get a diagnosis?* *How important is this?* *Dual diagnosis- what impact does this have?* *What are the barriers?* Family support and Involvement	

How involved are you in the care? *Does involvement/input vary depending on treatment/area/diagnosis?* *How involved would you want to be?* *How does it make you feel?* *Why is it important?* *What training/support is available for you? Does it include the whole family?* *What else would you want?* *Issues/barriers/positive experiences?* The care pathway Understand more in-depth experiences of the service: Do you feel that you always understand what is happening? Are things clear enough or could it be clearer? Like what and how?	
General Discussion *On other topics that may have come up:* *Understand the issue, why, what happened, what would they want to happen etc* *Thinking about the remit of the project- is there anything else you would like to add?*	