

Thursday, 30 November 2023

**CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY
SUB-BOARD**

A meeting of **Children and Young People's Overview and Scrutiny Sub-Board**
will be held on

Thursday, 7 December 2023

commencing at **1.30 pm**

The meeting will be held in The Burdette Room, Riviera International Conference
Centre, Chestnut Avenue, Torquay, TQ2 5LZ

Members of the Board

Councillor Law (Chairwoman)

Councillor Fellows
Councillor Nicolaou

Councillor Twelves (Vice-Chair)
Conservative Vacancy

Co-opted Members of the Board

Laura Colman, Primary Parent Governor Representative

Saskia Hogbin, Roman Catholic Diocesan Representative

Together Torbay will thrive

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copy in another format or language please contact:

Governance Support, Town Hall, Castle Circus, Torquay, TQ1 3DR

Email: governance.support@torbay.gov.uk - www.torbay.gov.uk

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY SUB-BOARD AGENDA

1. Apologies

To receive apologies for absence, including notifications of any changes to the membership of the Board.

2. Declarations of Interest

a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(Please Note: If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

3. Urgent Items

To consider any other items that the Chairwoman decides are urgent.

4. Child and Adolescent Mental Health Services (CAMHS) and Emotional Wellbeing Support Spotlight Review

(Pages 4 - 97)

1. To undertake a spotlight review around the wider provision of mental health, therapeutic and emotional wellbeing services to provide early support and reduce the number of people meeting the threshold for CAMHS for children and young people in Torbay.

2. To receive an update on CAMHS and the action being taken to reduce waiting times and explore options for those young people who do not meet the threshold for formal CAMHS referral or support.

3. To consider what are the transitional arrangements for CAMHS for children from 18 years old onwards.

4. To hear from Children and Family Health Devon on what they were doing to resolve the lack of CAMHS support and access for young people to CAMHS services, to include:
 - How's many Torbay children are currently (a) waiting for assessment? (b) How long have they been waiting?
 - How many children are currently receiving intervention from CAMHS?
 - How many have received medication, but no therapeutic intervention?
 - How many of those referred have an EHCP or are awaiting neurodiversity diagnosis?
 - Whether there could be a specific, accelerated pathway for cared for children or adopted children?
 - What are the current contracting arrangements and how can they be amended to meet the needs of our young people?
 - Issues arising from the recent Joint Targeted Area Inspection (JTAI).
5. To hear case studies from young people.
6. To consider questions and evidence submitted by members of the public.
7. To consider the Healthwatch Torbay Insight Report: Experiences of Children and Young People: Mental Health and Wellbeing.

Submitted Evidence:

- Torbay Local Area Partnership Presentation
- One Devon Presentation
- Summary of Children and Young People Emotional Health and Wellbeing Needs
- Provision for Children and Young People in Torbay
- Public Questions
- Healthwatch Report and Questions Experiences of Children and Young People Mental Health and Wellbeing
- Case Studies

(Note: representatives from Torbay and South Devon Trust, One Devon Integrated Care Board(ICB), Child and Family Health Devon, Public Health, Adults Services, Children's Services, Mental Health in Schools, Health Commissioning, Council Commissioning, Schools and Healthwatch Torbay have been invited to take part in this meeting.)

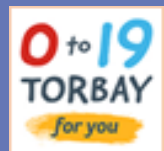
Children and Young People's Overview and Scrutiny Sub- Board Spotlight Review on CAMHS

Torbay Local Area Partnership

7th December 2023

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Agenda Item 4



Torbay Local Area Partnership introduction

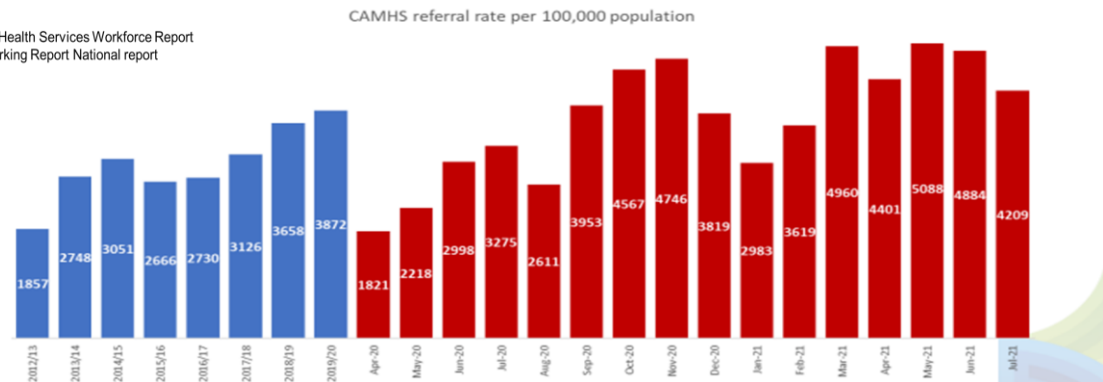
- The 'Local area partnership' refers to those in education, health and care who are responsible for the strategic planning, commissioning, management, delivery and evaluation of arrangements for children and young people with SEND who live in a local area.
- A 'local area' is the geographic footprint of a local authority.
- When evaluating the local area partnership, inspectors focus mainly on how effectively the local authority and integrated care board (ICB) jointly plan, evaluate and develop services for children and young people with SEND. However, they also consider the duties of other area partners, which are set out in the Children and Families Act 2014 and described further in the SEND code of practice.
- Torbay's Local Area Partnership is made up of the following agencies:
 - 0-19 Torbay
 - Child and Family Health Devon
 - Torbay and South Devon NHS Foundation Trust
 - Torbay Council



Children and Young People Mental Health Context

- Children's health care provision is subject to wide range of legislation, national policy drivers and inspection regimes, impacting each children's services sector (Health, Education, Social Care, Voluntary Sector) and on the requirements placed on all partners in the children's systems
- These requirements are set within context of current evolving NHS architecture as detailed in the Health and Care Act 2021
- CYP MH is one of the fastest growing specialties in healthcare with referrals per 100,000 population doubling over the 8-year period from 2012/13 to 2019/20.
- The prevalence of mental disorder in children and young people is increasing: for 7-16 year olds, prevalence has increased from 12% in 2017 to 18% in 2022 and for adolescents aged 17-19 years old, prevalence has increased from 10% in 2017 to 26% in 2022

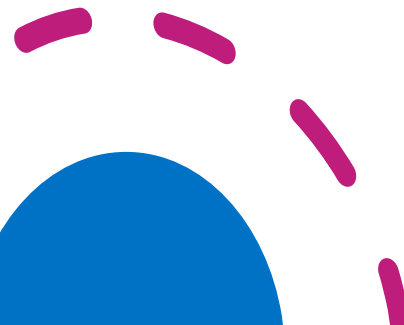
Source: Children and Young People's Mental Health Services Workforce Report for Health Education England; NHS Benchmarking Report National report November 2021



Torbay Local Area Partnership – Children & Family Health Devon (CFHD)





- CFHD was established in April 2019 with services being provided across Devon and Torbay for children and families.
- Child and Adolescent Mental Health (CAMHS) Torbay has joined colleagues in CAMHS South Devon, Eastern Devon and North Devon to form a county-wide Service for the whole of Devon (excluding Plymouth).
- The Torbay CAMHS Service provides assessment and treatment for mental health conditions to children, young people, aged 0-17 years, and their families/carers.
- Support is offered to professionals, such as school staff, GPs and school nurses who are working with children and young people within Torbay.
- The CFHD service is part of a wider, comprehensive agency network which helps to promote the importance of good mental health and ensure that children's mental health is everyone's business.

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Health Provider Services in Torbay – who provides which service?

These are the core health services in Torbay. More detail can be found on the service websites.

<p>0-19 Torbay Universal Services</p>  	<p>Children and Family Health Devon (CFHD) Specialist Community Services at school/home</p>  <p><small>provided by Torbay and South Devon NHS Foundation Trust and Devon Partnership Trust</small></p>	<p>Paediatrics & Child Health Acute and Outpatient at Torbay Hospital</p> 
<p>Public Health Nursing Health Visiting Family Hubs First level Bladder and Bowel advice Sleep Hygiene workshops (5-19yrs) Developmental Review check Language Identification Measure; assessment of low-level speech & language Action for Children; Let's Talk & Play</p>	<p>Community Nursing at home Special Schools Nursing Learning Disabilities Speech & Language Therapy Physiotherapy Occupational Therapy Autism Assessment Service Infant & Early Years' Service CAMHS (including ADHD if mental health support is needed) Mental Health Support Team in Schools Children in Care Safeguarding *CFHD services are changing names; detail on the next page.</p>	<p>0-18 Outpatient Services for; Epilepsy Rheumatology Endocrine Community Paediatrics Neurodiversity Pathways including ADHD with no mental health service needed) General Paediatrics (ward follow up/rapid access) Haematology Diabetes Renal Cardiology Neuromuscular Neurology Respiratory Rapid Access Neonatology Eating Disorder Gastroenterology Chronic Fatigue Child Protection Allergy Children in Care Safeguarding Special Care Baby Unit 0-18 Short Stay Assessment and Inpatient Units</p>
<p>All health organisations include specific specialities around Safeguarding and Children in Care for their services and organisations.</p>		

Children and Family Health Devon

Current and future provision



Existing services	New clinical pathways
Speech and Language Therapy	Speech, Language and Communication
Occupational Therapy	Physical & Sensory
Physiotherapy	
Children's Community Nursing	Children's Community Nursing
Learning Disability	Specialist Learning Disability
Specialist Child Assessment Centre	Early Child Development
Autism Assessment Service	Neurodiversity
Children in Care	Addressing Adverse Childhood Experiences (ACE)
CAMHS	Mood, Emotions, Relationships
Eating Disorders	Eating Disorders
Managing Risk	Urgent Care
Mental Health in Schools Service	Mental Health in Schools Service

In addition to the core services, Cfhd delivers additional services via Service Level Agreements

Torbay Local Area Partnership - CFHD

Torbay Local Area Partnership – Local Authority

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TORBAY COUNCIL

- Torbay is an area with high levels of vulnerability across all three of its towns
- 27% of Torbay residents live in the 20% most deprived areas in England and has the second highest rate of ‘Cared for Children’ in England,
- Children, young people and their families rightly expect high quality services, particularly in times of need.
- Our ambition is for children and their families to benefit from good or better services in which they have ‘a voice’ and become fully involved remains strong and central to all that we do.
- An area of priority for Torbay’s Continuous Improvement Board is ‘effective partnership practice’ - this includes a focus on:
 - *‘Life chances for children will be supported by early intervention, with a particular focus upon their holistic health needs.*
 - *Ensuring improvements are made in mental health and care services for Children and Young People’*
 - *‘In conjunction with partners identify resources and take steps to jointly commission services required to meet the emotional well-being needs of children...’*

Torbay Local Area Partnership – Local Authority

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TORBAY COUNCIL

- As a local area partnership, we have identified areas where we are working together to provide targeted support – these are as follows:
 - Children that are cared for
 - Care experienced children
 - Children with ECHPs
 - Children that are EHE
 - Children with Social, Emotional and Mental Health needs
- We provide partnership support in the following ways:
 - Via our Family Hubs
 - Via our Youth Services
 - Via our Vulnerable Pupils Service
 - Via the Voluntary and Community Sector
 - Collaboration as a partnership to deliver for children with SEND

Local
Authority /
ICB
working
relationship

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- Children's services are a priority area of focus for the Devon Integrated Care Partnership and Board
- This includes all areas of Children's need across health and care
- There is a consistent acknowledgement of the need to focus more broadly on Children's Emotional Well-Being and Mental Health, and not only on those Children who need more specialist Mental Health provision

Torbay is significantly higher than England for:

- % of SEN pupils with social, emotional and mental health needs
- % of pupils who are persistently absent
- % of pupils with permanent exclusions
- Rate of self-harm hospital admissions
- Rate of eating disorder admissions
- Rate of suicides (all age groups)

Feedback from Children, Young People and Families

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- Lack of specialist staff and support
- Not enough support to meet differing needs
- Waiting times
- Capacity for more staff and panels
- Support for transition into adulthood
- Inadequate and lack of mental health support
- Incorrect care provided
- Inaccessible provision
- Long waiting lists
- Inadequate CAMHS support
- Issues with suicide rates
- Organisational failures, lack of transparency and accountability
- CAMHS not correctly commissioned
- Inequality of access across schools
- Lack of post diagnostic autism service
- Difficulty accessing services
- Difficulty in challenging decisions/professionals
- Lack of investment
- Confusion with NHS services
- Separate services for ADHD and Autism

Children and Young People's Emotional Wellbeing and Mental Health Services

November 2023

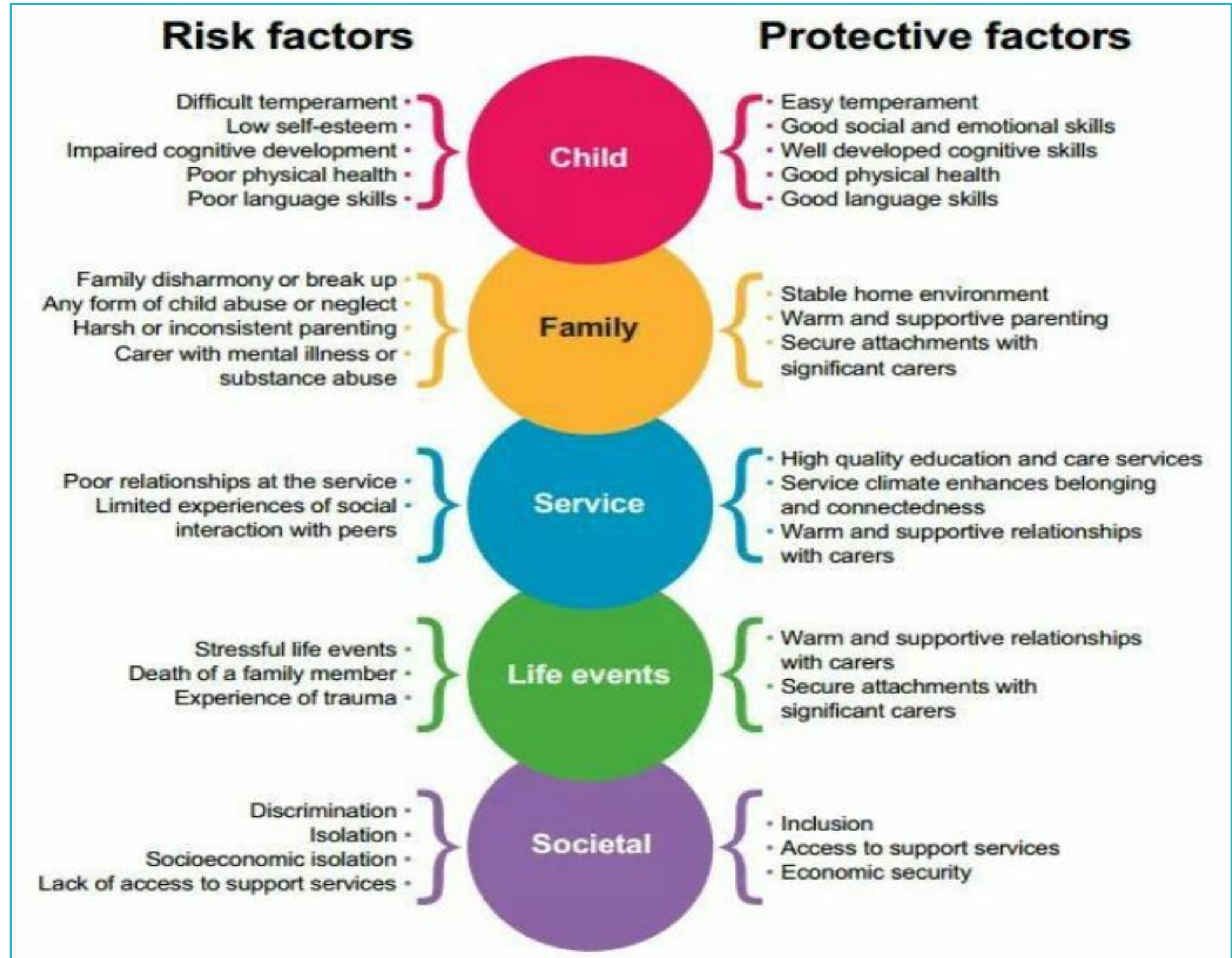
Contents

- Understanding children and young people's mental health: demographics, prevalence, impact of Covid
- Children and Young People's mental health is everyone's business: Thrive Framework, principles
- National and local contexts funding
- Child Family Health Devon (Cfhd) Transformation and service improvement
- Torbay Specialist Community CAMHS
- NHS Long Term Plan Priorities – Children and young people's mental health: improving access, eating disorders, crisis, Mental Health in Schools
- Children and young people with acute mental health needs
- Early intervention in self-harm
- Feedback from young people
- In-reach pilot
- Neurodiversity: You said, we did; ASD and mental health
- Getting it right first time (GIRFT)
- Summary and key messages

Understanding children & young people's mental health

- 82% will experience difficult emotional states in their day to day lives or in response to difficult life events
- Most recover well with support from friends and family
- CYP with less resilience or environmental support may need help to recover, from professionals such as teachers, social workers, counsellors, public health nurses, voluntary sector practitioners
- 18% have diagnosable conditions for whom mental health treatment from a trained specialist would be indicated

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Demographics

Nationally, 18.0% of 7–16-year-olds have a probable mental health problem and a further 10.8% have a possible mental health problem
In the order of 41,000 children and young people in Devon have a probable mental illness, and, a further 25,000 to have a possible mental illness.

NHS Digital report that the **South West had the 2nd highest regional rate of CYP mental health need** nationally.

NHS Devon, has a number of factors which indicate that the probable incidence of mental health problems in children and young people is greater here than in other areas of the South West. Including:

- **Children and young people in NHS Devon tend to have higher levels of Special Educational Needs (SEN) including Social Emotional Mental Health needs (SEMH);**
 - Devon has the highest level of SEN needs in the region
 - **Plymouth, Devon and Torbay have the highest levels of SEMH need in region** and are in the 2nd, 6th and 7th highest levels nationally
- **Children and young people in some areas of NHS Devon are more likely to be known to social care services.**
 - In the South-West, **Torbay** and Plymouth have:
 - **the highest rates of referral to social care services**
 - **the greatest proportion of children in need**
 - **the greatest proportion of ‘Looked After Children’** (Torbay is 6th highest nationally)
- **Children and young people in some parts of NHS Devon are more likely to live in low-income family and deprivation.** The level of disadvantage experienced by CYP across ICS Devon varies significantly. Torbay and Plymouth have:
 - **15% of children are affected by income deprivation^[1] and the IMD is also the highest for these areas in the South-West** (PHE FingerTips).

CYP mental health prevalence

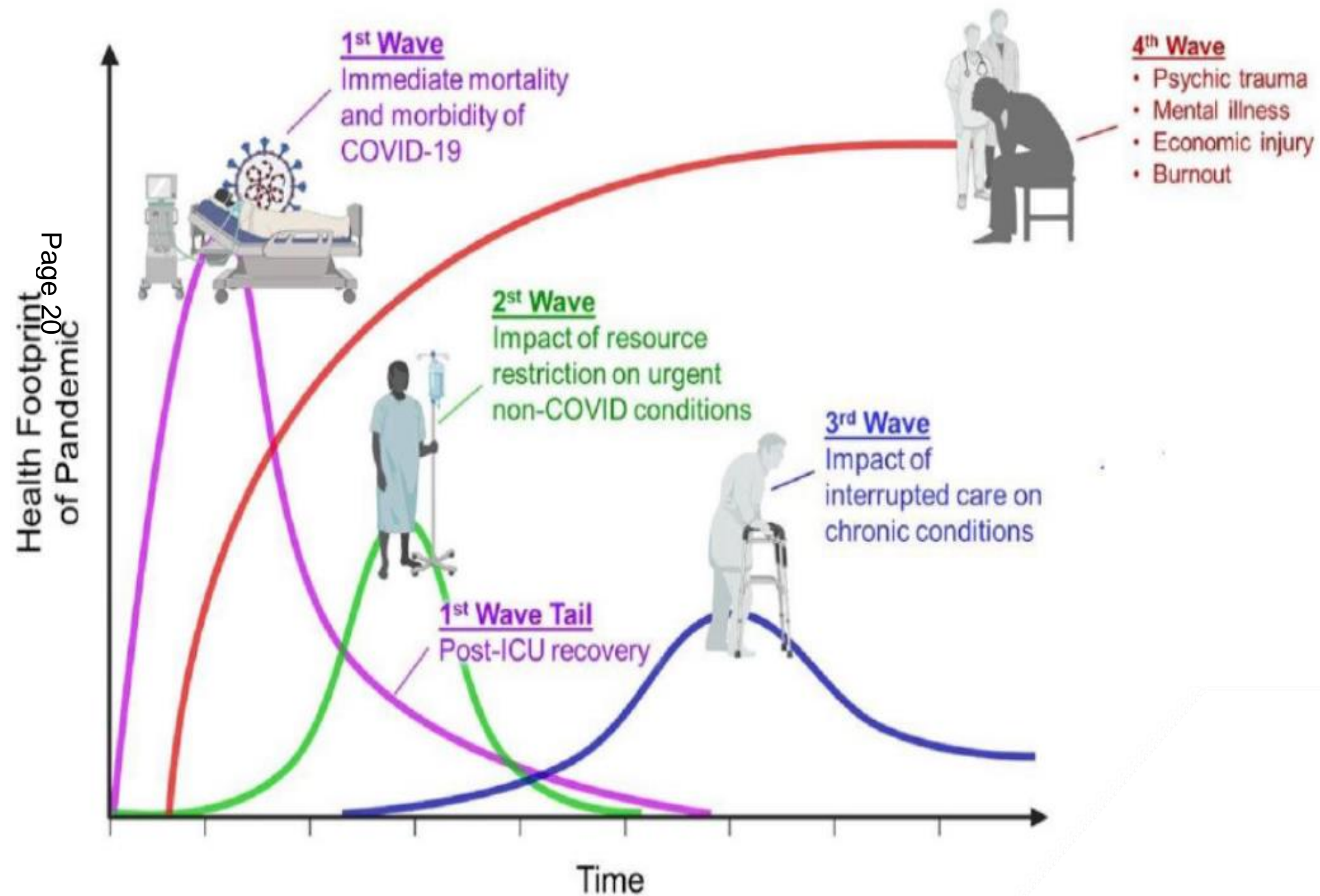
- 50% of mental illness (excluding dementia) is diagnosed by 14 years, 75% is diagnosed by 24 years

Prevalence of any mental disorder in children and young people in England by age and sex, 2022				
	Boys	Girls	All	
7 to 10 year olds	19.7%	10.5%	15.2%	Slight decrease since 2021, boys continue to show a higher prevalence
11 to 16 year olds	18.8%	22%	20.4%	Slight increase since 2021, girls continue to show higher prevalence
17 to 19 year olds	10.2%	33.1%	25.7%	The rise in prevalence in this age is significant (up from 17.4%) in both genders, up from 10.3% in young men and 24.8% in young women since 2021, and more than double the rate in 2017 (10.1%)
20 to 22 year olds	10.2%	28.3%	18.7%	Slight increase since 2021, driven by increase in young women (up from 22.6%)
All 7 to 16 year olds	19.2%	16.7%	18%	Minimal change in this group since 2021, but up from 12.1% in 2017

Source:

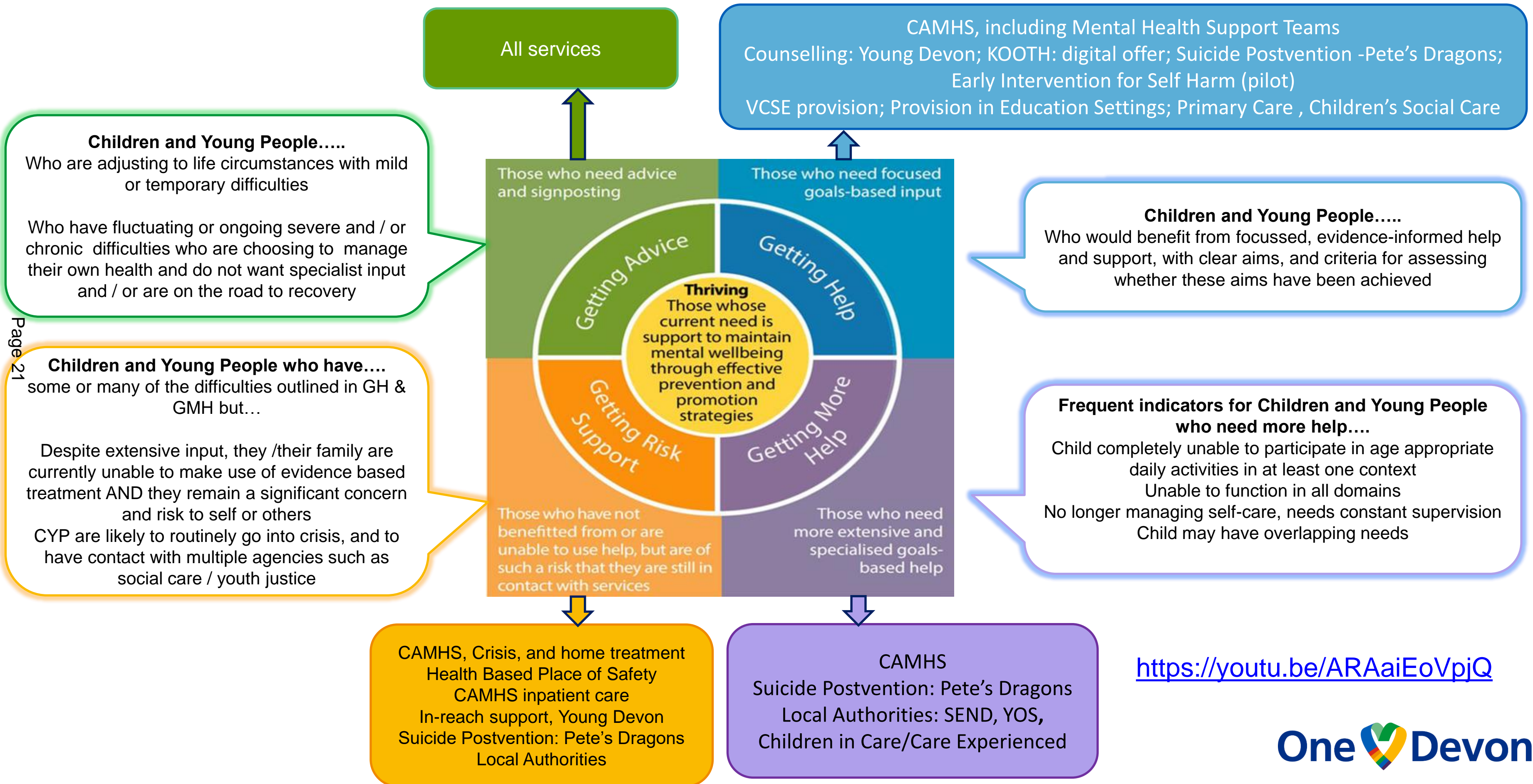
Impact of COVID: What are we expecting?

Experts and Evidence: learning from epidemics and pandemics



- This represents the total health impact of COVID19
- The impact of the pandemic on mental health will extend beyond the direct impact of the pandemic
- Total mental health need will also be influenced by factors like social isolation and, potentially economic depression
- ‘Children will be living in the ‘long shadow’ of the pandemic for the next two decades...’
- The long-term, ‘devastating impact’ the pandemic had on children’s mental and physical health was compounded by policies that had left millions of families struggling to survive even prior to February 2020.’ *Anne Longfield England’s Children’s Commissioners evidence into COVID Inquiry*

CYP Mental health is everyone's business: need and local provision



Principles of THRIVE framework

- Provides set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families. In Devon, the framework is being applied to the Cfhd integrated physical and mental health service.
- The Framework is needs-led. This means that health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways
- The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings:

Needs-Led

Approach based on meeting need, not diagnosis or severity. Explicit about the definition of need (at any one point, what the plan is and everyone's role within that plan). Fundamental to this is a common understanding of the definitions of needs-based groupings across the local system

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Outcomes-informed

Clarity and transparency from outset about children and young people's goals, measurement of progress movement and action plans, with explicit discussions if goals are not achieved. • Discuss the limits and ending of interventions. • Differentiate treatment and risk management. • Consider full range of options including self or community approaches.

Accessibility

Timely advice, help and risk support available

Partnership Working

Effective cross-sector working, with shared responsibility, accountability, and mutual respect based on the five needs-based groupings

Reducing Stigma

Ensuring mental health and wellbeing is everyone's business including all target groups

Proactive Prevention and Promotion

Enabling the whole community in supporting mental health and wellbeing. Proactively working with the most vulnerable groups. Particular emphasis on how to help children, young people and their communities build on their own strengths including safety planning where relevant.

Common Language

Common conceptual framework (five needs-based groupings: Thriving, Getting Advice, Getting Help, Getting More Help, Getting Risk Support) shared across all target groups

Shared Decision Making

Voice of children, young people and families is central. Shared decision-making processes are core to the selection of the needs-based groupings for a given child or young person

THRIVE based provision

- Working across sectors and with the community and voluntary sector needed to ensure full spectrum of skills and support
- Understanding where CYP feel most comfortable getting support is essential;
 - 53% in health services e.g. GP, clinic or hospital
 - 37% education setting
 - 35% online
 - 34% on the phone
 - Older CYP: feel most comfortable accessing support in health settings
 - Younger CYP who are more likely to report feeling comfortable in an education setting

Children and young people's mental health workforce strategy 2019 (pre pandemic)

National Context: funding

- Between 2006/7 and 2012/13 the proportion of NHS spend on CYP MH fell. In 2012/13, NHS expenditure was 6% of the total spend on mental health (*Future In Mind 2015*).
- In 2020, on average, the NHS spends £92 for every child and £225 for every adult. This equates to circa one third of spend. While noting that a higher incidence of ill health among adults drives some of these higher costs, it does not explain such a wide divergence (*State of Children's Mental Health 2020*)
- Across the South West region, in 21/22, 7% of the total NHS mental health spend was spent on CYP MH: £95 per capita (*NHSE Benchmarking 2022*)
- Total public spend on CYPs has fallen by 10% since 2010/11; with spend on prevention and early intervention reduced further as increased proportion spent on acute care (*State of Children's Mental Health 2020*)
- In 2018, 50% of England's entire Children's Services budget was spent on 73,000 Children in Care; leaving remaining 50% for remaining 11.7m CYPs (*State of Children's Mental Health 2020*)
- The return on investment is formulaically higher for 0-25 year olds than adults because the time horizon for reward is longer (*Future in Mind 2015*). Childhood and adolescence is time in which there is a degree of plasticity in the brain which means it is a window in which treatment can be effective, preventing the need for long term use of adult mental health services

Local context

- Short term funding and contractual arrangements impacts upon sustainability of services
- Financial challenged position across system - Health, Education and Local Authorities - need to ensure that collectively decisions and aligned impact are understood
- As observed in other financially challenged systems, 'must dos' become the drivers with limited capacity for prevention and early intervention
- Long Term Plan commitment: Children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending: there is a need to consider how this can be achieved, in the context of the financially challenged environment and increased demand and acuity across the whole of the mental health system and wider system.

CFHD transformation and service improvement

- Changing from a set of individual healthcare specialties across Therapies, Nursing and CAMHS to a model of integrated mental health and physical health; service is currently in mobilisation stage

What will be different?.....

- New service will have integrated , multi-disciplinary, needs-based, with evidence-informed pathways, designed by clinical leaders, as follows:
 - Speech , language and Communication
 - Physical and Sensory
 - Children’s Community Nursing
 - Specialist Learning Disability
 - Eating Disorders
 - Neurodiversity
 - Mood, Emotions and Relationships
 - Addressing Adverse Childhood Experiences (ACE) (including CYP in care)
 - Early Child Development
 - Urgent Care
 - Mental Health in Schools Teams
- Single Point of Access, daily clinical triage and screening appointments, multi-disciplinary assessments – to enable clinical decision making earlier in the pathway
- Patient journey structured according to the Thrive Framework
- Care coordinated across clinical pathways so that children with multiple needs have their care and treatment coordinated by a ‘health team around the child’
- New website developed by multi-award winning designers, with library of self help resources, service information, referral forms, access criteria
- Neurodiversity pathway with therapies and mental health clinicians so that children with mental health conditions alongside their neurodivergence receive their treatment from one team

Specialist Community CAMHS - Torbay

Range of mental health need	Cfhd Provision
Acute mental health needs	Crisis assessment, including Mental Health Act assessment, intervention, support, assertive outreach and home treatment
Moderate to severe / enduring mental health needs	Evidence- based, outcomes informed mental health assessment and treatment
Mild to moderate mental health needs	Mental Health in Schools Teams providing evidence-based group and individual interventions for CYP and parents/carers; consultation to staff; whole school approaches to supporting good emotional health
Vulnerable children including Child in Need, on Child Protection Plans, in care	Collaborative working with Children's Social Care including: Joint assessments Specialist mental health consultations Evidence Based Nurturing Attachments Training Fostering Relationships Programme Reflective Practice Groups Specialist foster carer support groups Case discussion groups Attendance at panels / meetings

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Clinical Workforce

Torbay locality team: 25 wte

County-wide teams. Pro-rata Torbay:

21 wte Mental Health Support Teams

11 wte Eating Disorders

15 wte Urgent Care (extended hours, crisis, home treatment, assertive outreach)

Multi-disciplinary teams, comprising:

Psychiatry

Clinical Psychology

Family & Systemic Psychotherapy

Child & Adolescent Psychotherapy

Mental Health Nursing

Occupational Therapy

Social Work

Mental Health Practitioners

Assistant Psychology

Community Wellbeing Practitioners

Education Mental Health Practitioners

Determining the right service for a child / young person

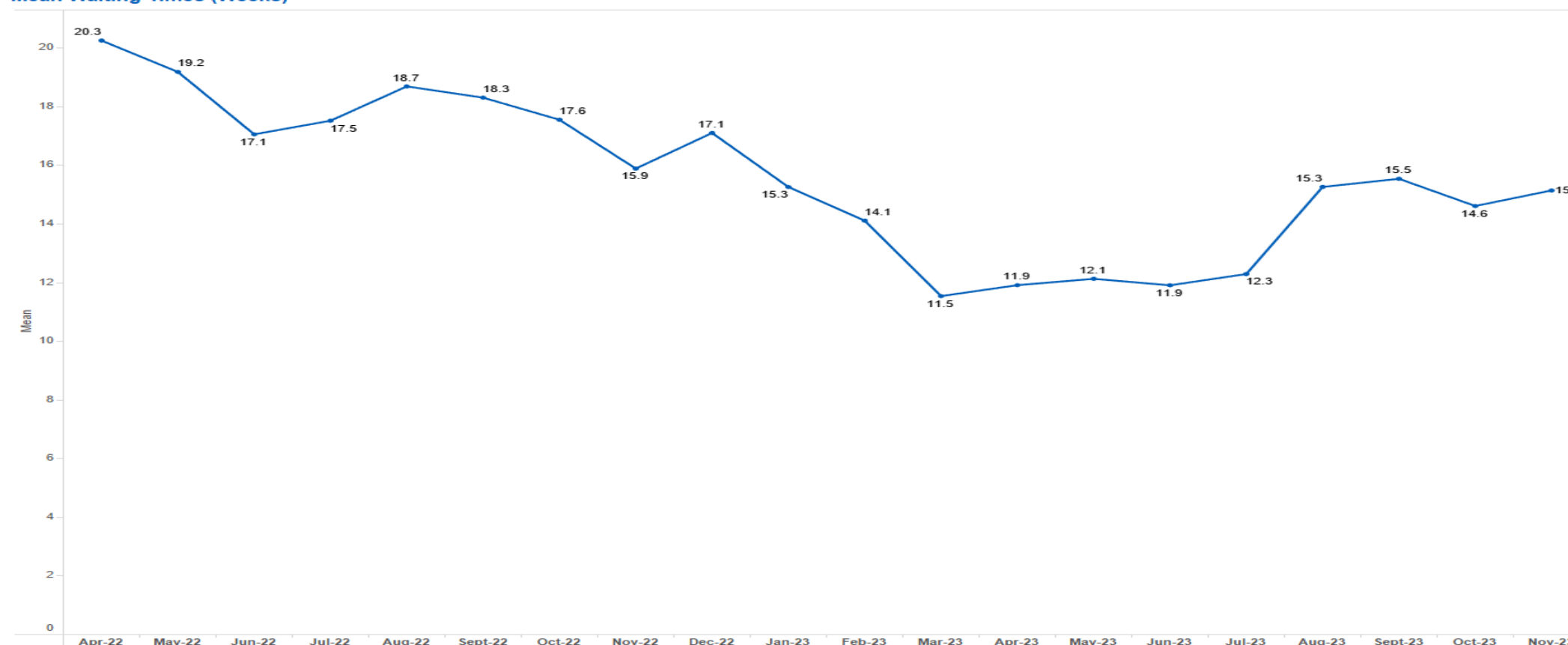
When children / young people are referred to CAMHS, decisions about how best to meet the child's needs are determined by considering the following:

- Mental health symptoms
- The duration of the difficulties
- Complexity and protective factors ; The complexity factors for children / young people in care, is weighted in recognition of their vulnerability
- Impact on functioning.

Torbay CAMHS: data provided by cfhd

- 1,116 children and young people accessed CAMHS in 2022/23
- 2022/23 1,145 referrals were received, 644 of which were accepted for an assessment (54% acceptance rate). Children not requiring specialist mental health treatment, are given evidence based advice and / or signposted to appropriate services
- The trend in waiting times is downward; there has been an increase since August, in line with an increase in referrals. Work is ongoing to reduce waiting times further
- During 2023/24 the average number of children waiting to be seen each month is 89, 55% of whom wait for 18 weeks or over to be seen

Mean Waiting Times (Weeks)



SEND:

- Children and young people with SEND needs are seen in all Cfhd services
- The timeliness and QA of Cfhd contributions to EHCPs is subject to improvement work. Performance is improving: 67% in Oct returned within 6 weeks. New SEND post established

NHS Long Term Plan Priorities

Improving CYP access to mental health provision

Additional funding made available nationally to support the expansion of access to mental health care, in the following areas:

Access to mental health support

- NHS Long Term Plan: to increase number of CYP accessing service
- For 2023/24, nationally set access target for Devon ICB: 15 754 of under 18s receiving at least one contact from an NHS funded service
- As of September 2023, local data indicates that Devon ICB is on track for delivery of national target

Access to Eating Disorder services

- Since the pandemic, eating disorder and disordered eating presentations have increased in numbers, acuity and complexity.
- National waiting standard: 95% of urgent referrals to be in receipt of treatment within 7 days and 4 weeks for routine referrals. Local performance data shows target met for urgent referrals; with routine referrals at 75%

Access in a mental health crisis

- National ambition to ensure CYP have access to support in a mental health crisis
- 24/7 crisis advice line
- Mental health crisis assessments and brief response: 9am – 10pm 7 days a week
- Intensive Home treatment: 9am – 10pm 7 days a week
- Crisis text line in development: for those with Hearing Impairment is available.

Improving CYP access to mental health provision

Mental Health in Schools Service (MHST)

Funding has been made available in waves. Nationally allocated with local decision re location. In Torbay there are 21 staff, covering 20 schools and 15,000 school. Torbay has two MHSTs: First team operational September 2020; Second team: September 2022

Coverage: 77% coverage of eligible CYPs in Torbay

Accepted referrals:

447 ; supported a further 382 digital interventions;
Total referrals across the pathway: 939

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7 secondary schools

12 Primary Schools

Paignton Academy
Brixham College
Torquay Boys Grammar
Mayfield School (Specialist)
The Spires College
St Cuthbert Mayne School
Torquay Academy
South Devon College

Kings Ash Academy
Curledge Street Academy
All Saints Babbacombe C of E Primary School
Shiphay Learning Academy
Torre C of E Academy
Watcombe Primary School
St Marychurch C of E Primary School
Furzeham Primary School
Sherwell Valley Primary School
Wolborough CoE Primary School
Roselands Primary School
Oldway Primary School

1 Specialist School

Number of parent/carer workshops:	22 workshops – 410 parents
Number of education staff workshops/training:	322 workshops – 1066 education staff
Number of consultations:	242- consultations
Number CYP workshops:	270 workshops- 4071 CYP
Number of CYP accessing 1-1 interventions:	939 young people

Improving CYP access to mental health provision

Mental Health in Schools Service (MHST)

Child and young person focused support:

- 1-1 CBT interventions- 9 individual options
- Group interventions
- Decider skills groups
- Understanding and managing low mood workshop
- Exam stress workshop
- Resilience and dealing with change workshop
- Sleep hygiene workshop
- Participation and engagement (Mental Health Ambassador training) + refresher/top-up
- Understanding and managing anxiety workshop
- Transition workshop
- 10 a day workshop
- Assemblies
- Stands at sports days
- Bullying workshop- in development
- Body confidence workshop
- Drop in sessions
- Digital offer of Lumi Nova (primary) SilverCloud (secondary)

The offer

Parents/Carers support:

- Understanding children's mental health
- Supporting transitions
- Understanding and managing anxiety workshop
- Parents evening stand/ transition stand / open evening
- 10 a day workshop
- Supporting your child through exam stress
- 1-1 and group parent-led interventions
- Introducing MHST workshop
- Coffee mornings

Education staff support:

- Staff awareness of mental health workshop
- Introduction to our service
- Time to reflect supervision space
- Consultations
- Spotting burnout and stress reduction workshop
- General Staff Wellbeing and 10 a day workshop
- Promoting a mentally health environment
- Exam stress support workshop

Improving CYP access to mental health provision: MHST

Thank you so much for this term. It is our first full term working with you and I am so happy with how it is going so far. Really positive steps made with young people and families. Thank you for the consultations and the opportunity to ask your opinion on mental health issues. I think it is important that you know how much we value you already.

I have to say you are so caring, professional, thoughtful and amazing at your job. We have been so impressed with the way you go about everything. We feel very blessed that you are helping our son. You are a natural at what you do and I know you have and will continue to have a massive positive effect on the lives of so many young people. Brilliant, well done and thank you.

We are so very grateful to her and feel that her amazing dedication should be recognized. I think our journey with my daughter's mental health would have been very different had we not had X fighting for us and generally being someone, we could rely upon at a very difficult time.

I just wanted to say a massive thank you for everything you have done to help me, it's changed the way I live my life.

Service User feedback

Thank you for all of your help over these past few months, I really appreciate the support you have given, I wouldn't have been able to get as far as we have without your help, it has been a real pleasure to work with you & can't thank you enough 😊

Huge thank you, I received your letter today and I am amazed at how quickly you have got to know X, you are obviously extremely good at your job, CBT intervention is exactly what X needs and as a parent I am extremely grateful.

You've really supported us during a tough time and you've made a huge difference in X's life.

I just wanted to pop you an email to say thank you so much for all of your help and support for our children, families and staff at X this term. We really do appreciate your support, flexibility, caring nature and adaptability when meeting the children's (and our) needs.

It was so nice to have someone who was there for me and understood what I was going through.

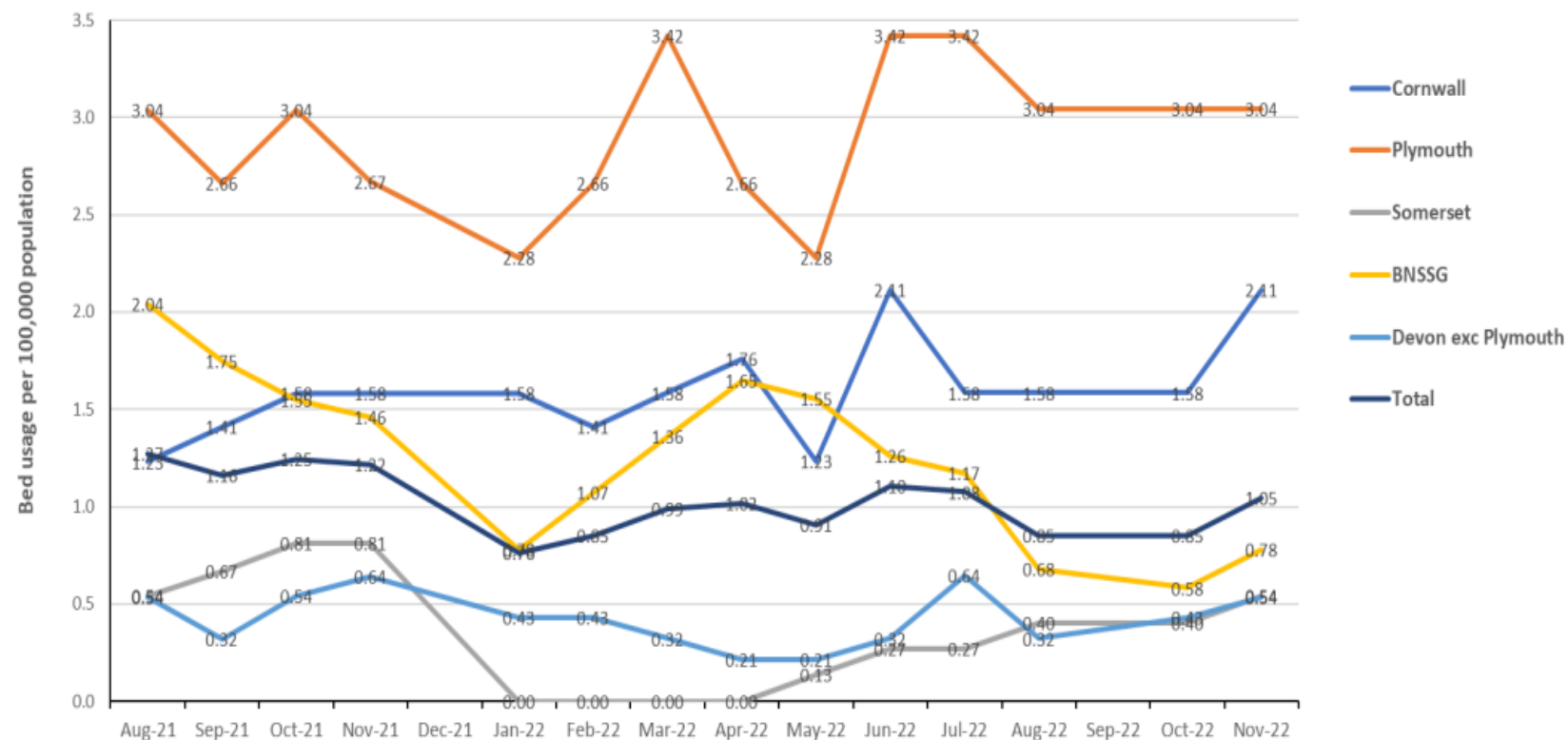
Children/young people with acute mental health needs

This cohort of young people include those who present with self-destructive behaviours, suicidality, and acute mental health conditions e.g. early onset Psychosis, acute Obsessive-Compulsive Disorder or Eating Disorders. For some, these acute mental health conditions can be made more complex by the existence of a neuro-diverse condition

- Range of interventions available - emergency or rapid response assessment, care, crisis support, risk management, home treatment and intensive psychological or pharmacological intervention
- Evidence indicates that young people's outcomes are better when they remain in their communities. Service supports through the crisis, aims to prevent inpatient admission, helps to stabilise young people and provide treatment
- 14.3% of CAMHS inpatients are from the Torbay LA area.
- Devon has a very successful track record of young people's high risk mental health needs being managed close to home:

South West region comparison

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Early Intervention for Self Harm

- Pilot in The Spires: delivered by the Children's Society
- Practitioners work within and as part of school setting
- Evidence indicating that the severity and frequency of self harming behaviours is reducing
- Further evaluation being undertaken with University of Exeter.

Feedback from the young people..

“DBT helped me learn how to control myself a bit more. I never used to have any self-control really. I was a bit all over the place and DBT has helped me find myself a bit and it's helped me learn who I am a bit more. I can't find the words. It's just helped me to learn how to gain control with myself rather than let myself go wild.”

“Recently, I've been having a few fights with my friends, and I would usually just lash out and get really emotional and angry but, instead, this time, I sat down with my friend and we had a proper talk about it. And, yes, I was emotional, because I'll be still a bit angry and I pointed that out. So, I was like, ‘You've really annoyed me, you hurt me, and you've broken my trust’. But before I would've just lashed out. But now I've learned how to rein it in, be calm and still put my point across and still be emotional, but do it in the wiser way.”

“I feel more comfortable now. I feel like I'm in a better place than I was. Even if I do have my ups and downs, but everyone has their ups and downs, no one has every perfect day. No one has only stupidly bad days. There are always going to be at least in-betweens.”

In reach pilot

- Youth workers located in the community
- Work with young people who have presented to District General Hospitals with high levels of emotional distress who also have neurodiverse needs
- 90 CYPs have been supported across Devon ICS footprint in the last 12 months
- Flexible use of personal budgets has supported self-management

The early impact of the In Reach service is positive and transformational for some young people. The service seems to be effectively supporting children and young people, with indications that it is meeting outcomes such as supporting improvements of young peoples' psychological pathways and their social interactions, increases in the activities they take part in and engaging in healthier lifestyles.

University of Marjon: evaluation 2023

Case studies: personal budget feedback.

YP really enjoyed making pancakes. Seeing him smile a few times is great as normally he can be so tired and zoned out that this doesn't happen.

I showed Jayden how to do each step and then he copied me as we made two batches. He ended up making pancakes for both of us, even flipping them. It was clear to see his confidence grow as he went through the process.

He also realised a pancake didn't need to be a perfect circle after he tried to tip the frying pan to spread out the mixture. When I told him, it doesn't matter, he visibly relaxed as it gave him permission to not worry about trying to meet a certain standard.

YP then washed up and I dried. We put the leftover in the fridge so he could make pancakes later. I also asked whether he could do pancakes on his own in the week and replied yes. He said, *'they tasted like a 7 which is pretty meaningful as my KFC is a 10!'*

This opportunity was great for YP and Youth Worker to explore his relationship with food. He does love making and eating food, but it is apparent that the eating bit is not the issue, it's preparing healthy options and working out what to do. We spoke about jacket potatoes so we will continue to use the rest of the budget to try new food ideas.

Current issues

- Continued increase in number of referrals for diagnostic assessments; demand is at an all time high
- High numbers of children waiting across community ASD and Community Paediatrics within the Devon system. At present, the system is not resourced to manage the demand for neurodiversity diagnostic assessments.
- There is a gap in early needs-based support and this drives referrals for diagnosis
- Complexity of needs mean that assessment process is longer: in Torbay 60% are considered complex when compared to rest of Devon 30% complex.

Transformation: what is changing and why?

- **Families tell us they need an integrated assessment pathway, so they don't have to navigate between services**
We're developing an 'Integrated Neurodevelopmental Assessment Pathway Proposed Practice Framework' - written and agreed and presented to the Parent Expert Reference Group
- **Parents say they have to battle to get an assessment:** We're trialling the streamlined Request for Assessment Paperwork – co-produced with service users.
- **Parents tell us they need more support whilst waiting for an assessment:**
 - New 'Navigation Key Worker' roles developed but it is proving challenging to recruit
 - Library of resources (websites and contact details for local, regional and national support for families and autism) ready to be published and promoted.

Neurodiversity cont.

- Torbay SEND Graduated Response toolkit for Neurodiversity developed and launched which provides a useful source of information for people working in schools as well as families.
- First Steps project between TSDFT and Parental Minds offering peer support for those waiting for a Community Paediatrician appointment. A Child Development App has also been developed providing information for families.
- Needs assessment and workforce mapping has been completed for speech, language and communication needs which will be used to inform addressing the gaps in early provision
- Initial discussion between commissioners, providers and parent representatives to look at developing an Autism Parent Programme.
- Autism in Schools project commenced in September 2023 offering secondary school senior leaders Autism Education Trust accredited training modules.
- Expert Reference Group of parents established form across Devon Torbay and Plymouth.

Autism Spectrum Condition and mental health

Current services are organised so that children are seen by one team when they undergo a diagnostic assessment for ASD and another (CAMHS) when they access treatment for a mental health condition. Children with ASD currently receive treatment from CAMHS only when they have a treatable mental health condition. We acknowledge that having separate services is unhelpful to children and their families.

In the new cfhd service model, mental health and therapies professionals will work as one team so that if children have a mental health needs they can receive their interventions from one team. The new pathway will provide:

Diagnostic assessments for:

- Autism
- ADHD with co-morbid complex mental health condition/s
- Tic Disorders and Tourette's with co-morbid complex mental health condition/s

Co-morbid sensory, physiological and speech and language conditions may be assessed as a part of the MDT assessment for the above.

Treatment for:

- Evidence-informed treatment for ADHD following diagnosis e.g. behaviour intervention group and / or pharmacological treatment
- Evidence-informed treatment for severe/ complex mental health condition/s comorbid with neurodiversity, where the C/YP's presentation is such that the intervention needs to be provided by a neurodiversity specialist
- Pharmacological treatment for ADHD, including shared care arrangements with GPs

Getting it Right First Time (GIRFT)

- Getting It Right First Time (GIRFT) is a national programme designed to improve the treatment and care of patients through in-depth, clinically led reviews of services, using benchmarking, and presenting a data-driven evidence base to support change
- GIRFT to explore variations across support understanding of outcomes or 'difference' made by mental health services to CYPs.
- This is across the entire provision of mental health funded services.
- Output anticipated end of March 2024.

Summary

- Prevalence and acuity of CYP mental health is increasing, significantly since the pandemic. Numerous risk factors adversely impacting on children's mental health
- Nationally funding for CYP mental health is 8% of the total mental health spend
- As observed in other financially challenged systems, 'must dos' become the drivers with limited capacity for prevention and early intervention
- Increasing numbers of CYP accessing emotional wellbeing /mental health services
- Examples of innovation and good practise across Torbay

Key Messages

- Children's emotional wellbeing and mental health is everyone's business
- System response is required to maximise resources, responsiveness and effectiveness
- More work to be done to increase efficiency to make optimal use of resources to reduce waiting times, which are too long
- Targeted investment in early intervention (MHST), eating disorders and crisis
- cfhd's new service model will address many current issues facing families in accessing care and treatment, by integrating care for children with multiple and complex needs

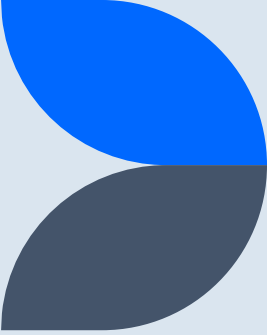
Children and Young People (CYP)

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Summary of emotional health and wellbeing need (EHWB)

Public Health
2023

Agenda Item 4
Appendix 2



Overview

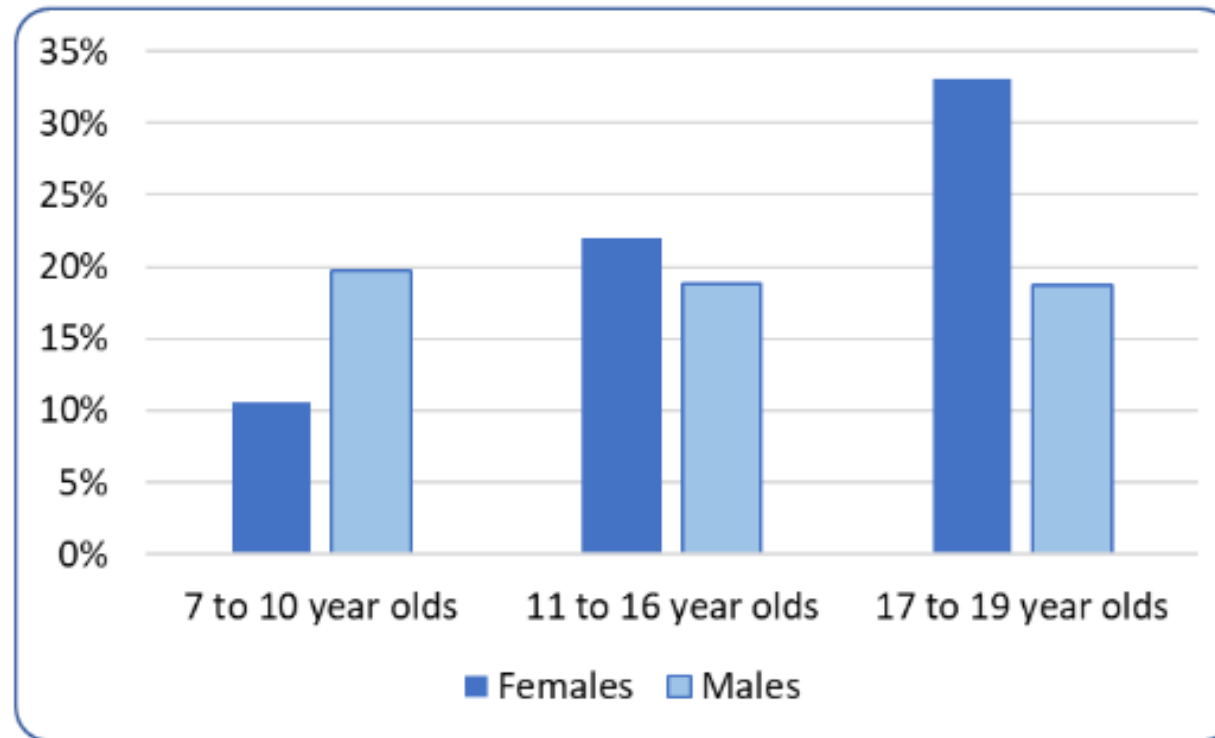
- Mental health problems often develop early in a child's life and half of all mental health disorders are established by the age of 14. Source: NHS Digital [Mental Health of Children and Young People in England](#). Early interventions and access to appropriate services enables children and young people experiencing difficulties to maximise their prospects for a happy, healthy life.
- Policies and strategies have focussed on expanding access to mental health support in education settings and NHS Children and Young People's Mental Health Services (CYPMHS) including 2015 [Future in Mind](#), 2016 [The Five Year Forward View for Mental Health](#), 2018 [Transforming Children and Young People's Mental Health Provision: a Green Paper](#) and the 2019 [NHS Long Term Plan](#). All have recognised the importance and goals for children and young people being able to access provision at the earliest opportunity to support better outcomes.
- The COVID-19 pandemic impacted on children and young people's mental health. In 2017, one in nine children aged five to 16 were identified as having a probable mental health problem. By July 2021, this number rose to one in six. Source: [Young Minds](#)
- Rates of children aged 7-16 years with a probable mental disorder rose from 12.1% in 2017 to 16.7% in 2020 and stayed stable after that at 17.8% in 2021 and 18.0% in 2022.

National data summary

- **Over half of all mental health disorders start before the age of 14 (RCPCH)**
- At least 1 in 6 children have a probable mental health condition. 17% 7-16yrs, 26% 17-24yrs. Rates remain stable from 2020-2022 for young children but have increased for young adults (NHS Digital, MHCYP Survey 2022)
- Boys aged 6-10 years are almost twice as likely to have a probable mental health disorder than girls. The pattern is reversed for young people aged 17-24 years. There is less significant differences by sex for 11-16 year olds (LGA, 2022)
- Nearly 3 in 4 children with a mental health condition also have a physical or developmental condition (LGA, 2022)
- Emotional disorders are on the rise – particularly anxiety and depression (no concrete stats)
- Self-harm is on the rise – particularly in younger children. 6 may have ever self-harmed in a class of 30 15yrs olds (Anna Freud, 2015).
- Risk factors include: poverty, financial crisis, parental separation, family dysfunction parents with mental health problems, LGBTQ+, Looked After Children, Youth Justice (LGA, 2022)
- There is limited specialist support for children under the age of 5 years (LGA, 2022)
- 4% of children accessed mental health services in 2020/21 (Children’s Commissioner, 2022)

National prevalence of CYP with probable mental disorders (2022)

Figure 30: Percentage of children/young people with a probable mental disorder, England, 2022



Source: NHS Digital- [Mental Health of Children and Young People in England 2022](#), using the Strengths and Difficulties Questionnaire

Limitations of local data



With quantitative data (numbers) we can only evidence what we measure well and is accessible (e.g., hospital admissions, EHCP plans)



We do not consistently capture data on the emotional health and wellbeing of local children and young people (e.g., school survey data)



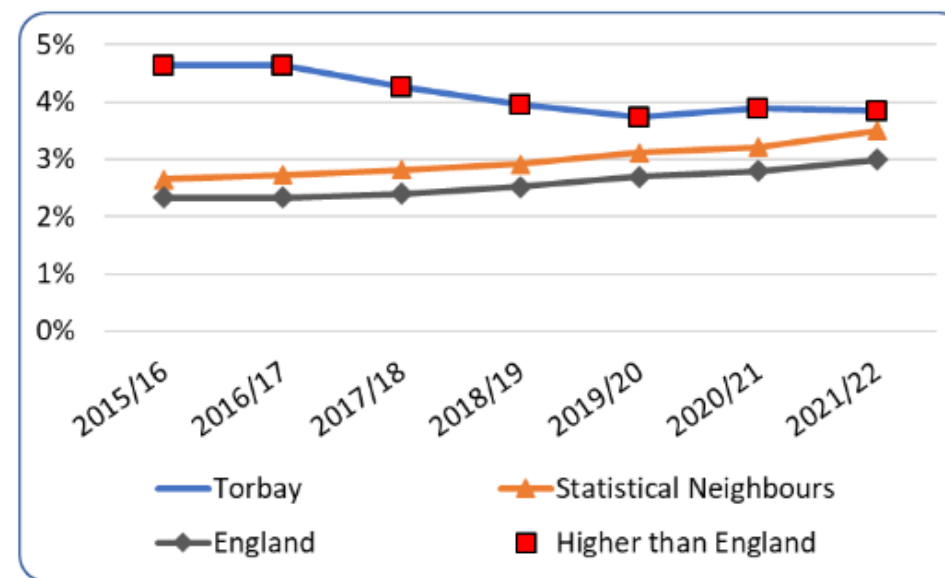
Engagement and personal experience data (qualitative) is rich but cannot accurately represent the experience of all children and young people

Local SEN who have a primary need of social, emotional and mental health

- Torbay is significantly higher than England for children who have a Special Educational Needs (SEN) with a primary need of social, emotional and mental since 2015/16. However, this has decreased and levelled off. Torbay is higher than England for both primary and secondary pupils with these needs.
- Torbay is significantly higher than England in the percentage of both boys and girls with social, emotional and mental health needs in 2020/21 and 2021/22 (the 2 years reported by Office for Health, Inequalities and Disparities - OHID). More than double the number of boys than girls are identified with these needs in Torbay as is the case nationally.

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Figure 29: Percentage of school pupils with SEN of social, emotional and mental health needs

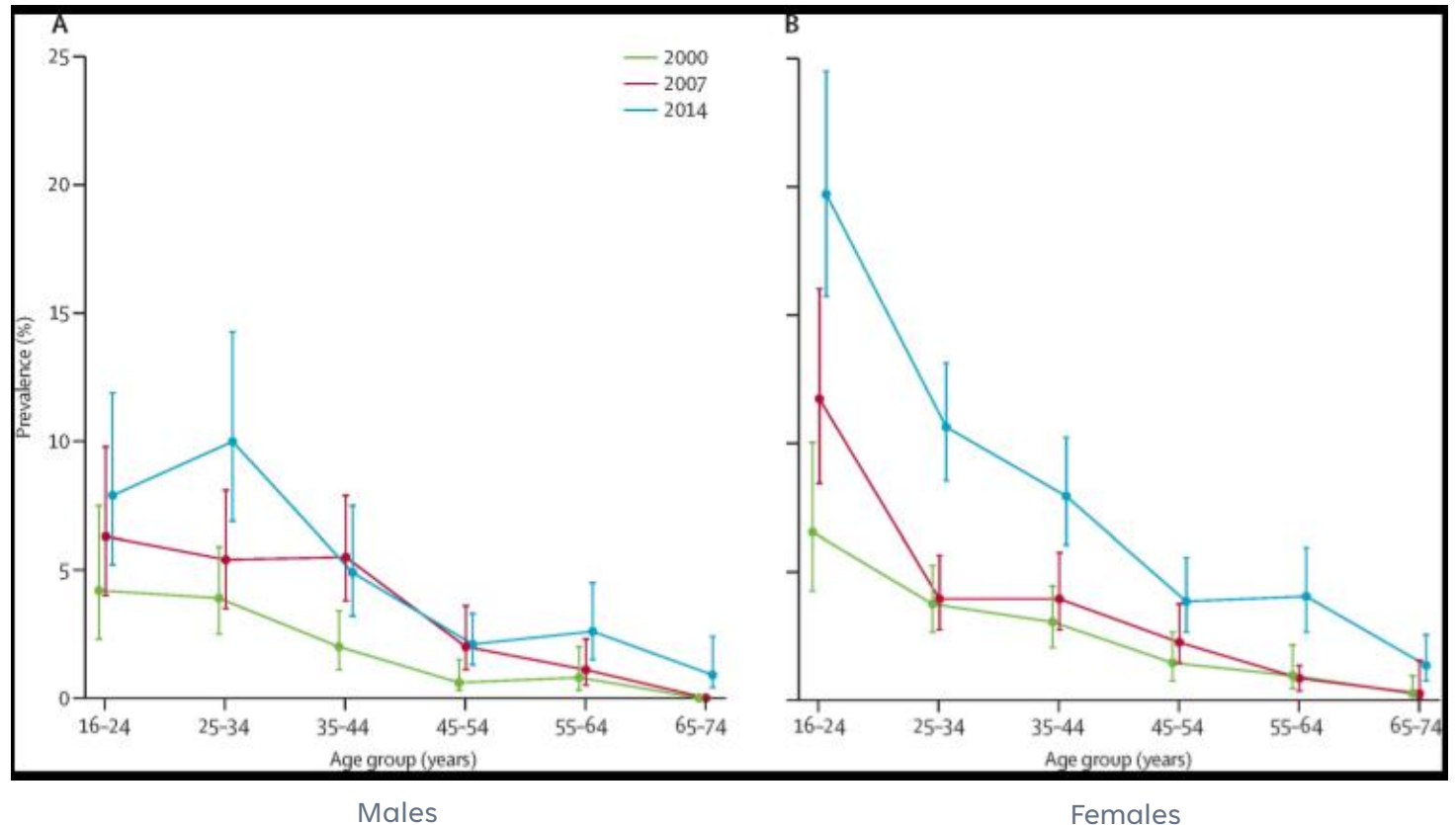


Source: OHID- [Public Health profiles](#)

National trends in self-harm (coping mechanism of EHWB need)

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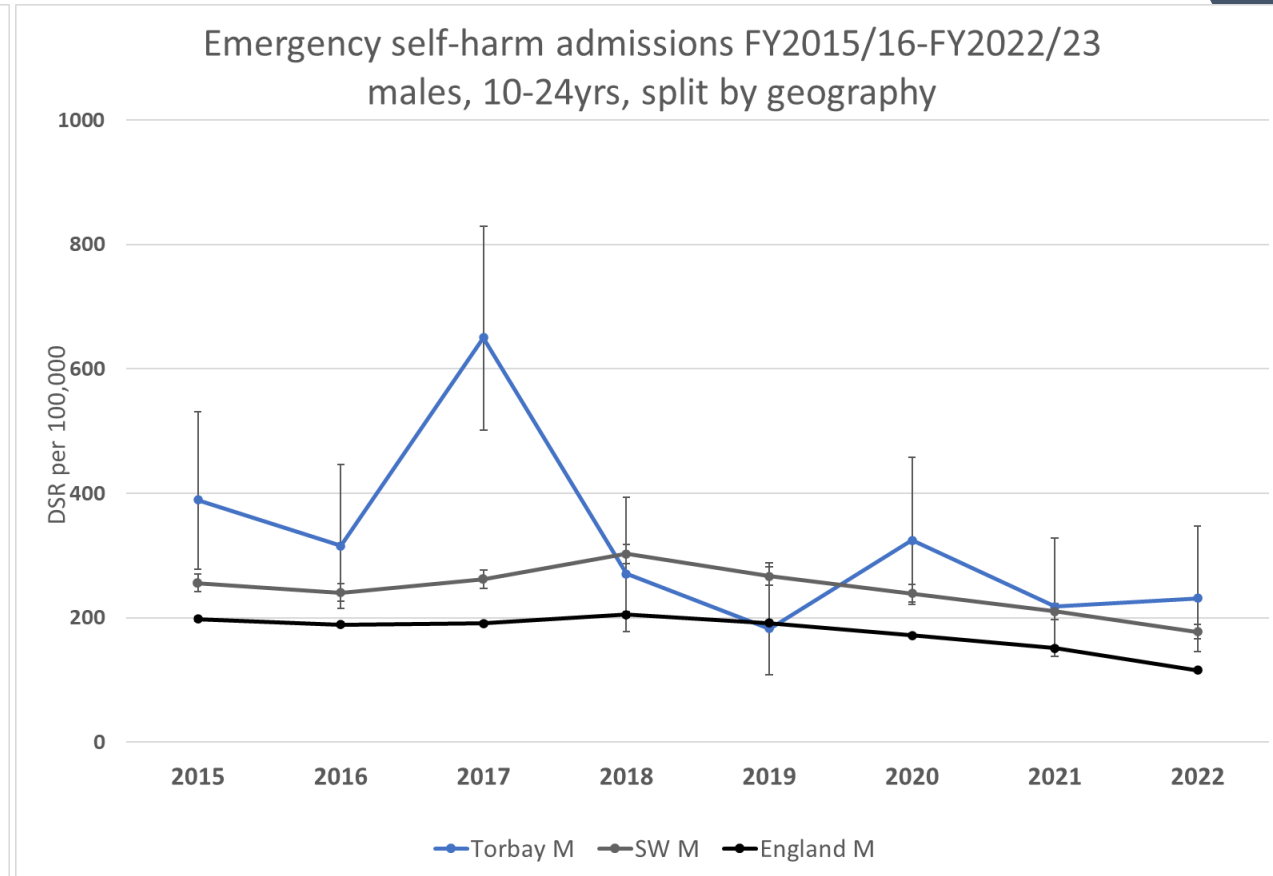
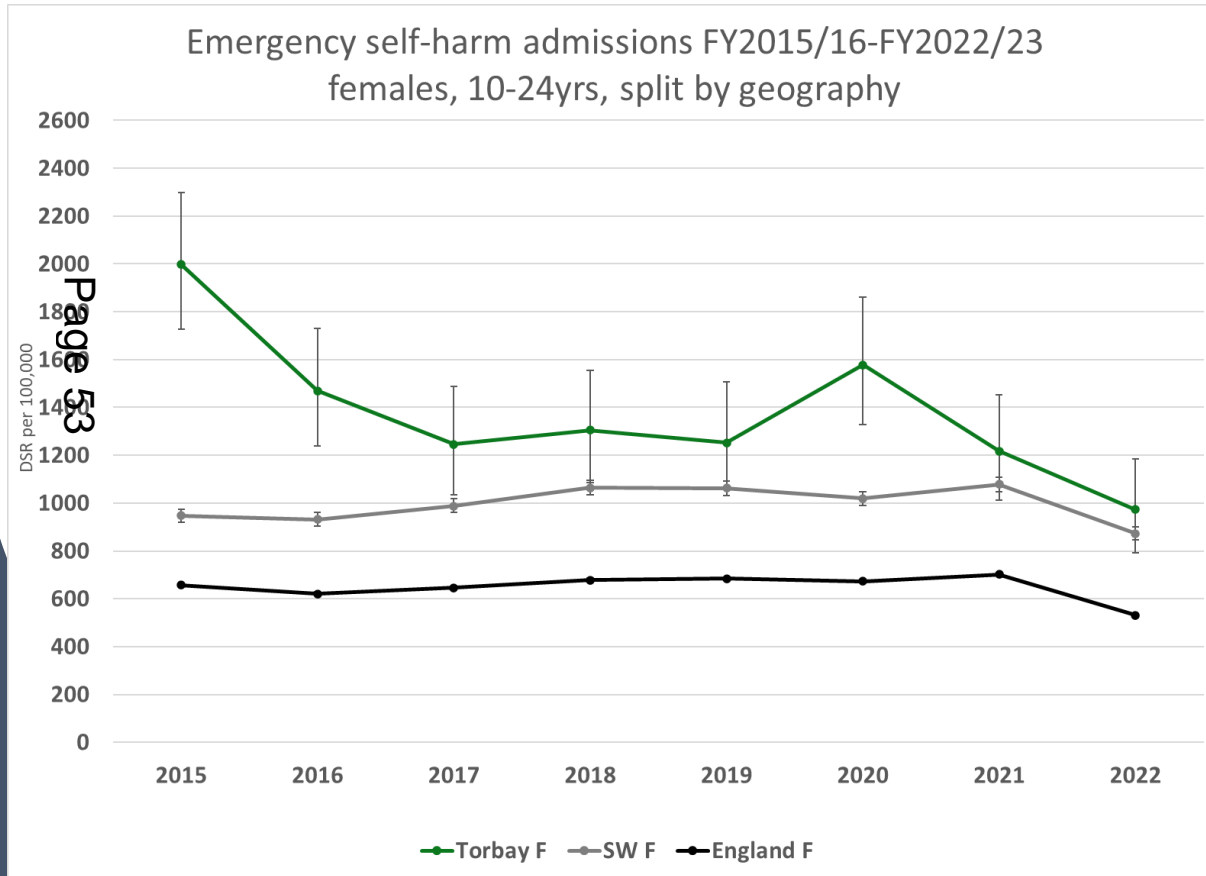
Evidence of a substantial increases in the incidence of self-harm among adolescent girls (aged 10-24yrs) presenting to primary care in the UK from 2020-22 compared with expected incidence (new cases) based on the previous decade. An increase in self-harm incidence overall was driven by girls aged 13-16yrs, with the number of first episodes being 38.4% higher than expected post pandemic.



Local emergency self-harm admissions

- Hospital admissions are our most robust population measure for estimating self-harm need, however they can only be used as a proxy for the prevalence of severe self-harm. Data collection within services or locations where children and young people are (e.g. schools) can be inconsistent, non-existent and/or inaccessible.
- Local estimates suggest that hospital admissions (see following slide) only represent around 5% of the children and young people who are self-harming in Torbay. In a small sample (n=21) of Year 8 young people from a local secondary school, almost 2 in 5 (38%) responded 'yes' to the question "Have you ever hurt yourself on purpose?" in April 2023.
- Hospital admissions for self-harm are more prevalent in younger people. For 10–24-year-olds Torbay has fluctuated over the years but has remained significantly higher than England. There are large differences between females and males, with rates consistently 3 to 4 times higher for females than males across England. In Torbay, the number of admissions for females is almost 4 times higher than males over a five-year period 2017/18 to 2021/22.
- Similar to other age groups, the majority of self-harm admissions are a result of intentional self-poisoning (excluding alcohol) and are generally higher in children and young people from White ethnicity and in those who live in more deprived communities.

Trend in local emergency self-harm admissions by biological sex



Local engagement with people who support CYP who self-harm (parents, carers, teachers, CVSE) – n=9

- Generally, supporters felt young people's wellbeing - and their parents', which is understood as highly determinative of young people's wellbeing - had declined in recent years, exacerbated by the pandemic.
- Those working in schools tended to offer in-house support rather than referring young people elsewhere - not because it was the most appropriate place but because they felt despondent about the appropriateness or availability of support elsewhere. Schools did not speak highly of CAMHS or GP support.
- One participant with expertise supporting young people with special educational needs and disabilities (SEND) noted high rates of self-harm among those they supported.

National trends in eating disorders

- In England, the [Mental Health of Children and Young People \(MHCYP\) Survey series](#) and the [Children and Young People with an Eating Disorder \(CYP ED\) Waiting Times data](#) provide clear evidence that referrals to specialist services for the assessment and treatment of eating disorders increased substantially following pandemic onset in 2020.
- The incidence of eating disorder during the pandemic was 42·4% higher than expected for girls aged 13–16 years, and 32·0% higher than expected for girls aged 17–19 years.
- General practices serving the most affluent areas recorded the largest increase in young women and girls with eating disorders, 52·4% higher than expected in deprivation quintile 5 (least deprived) vs 22·2% in deprivation quintile 1 (most deprived).

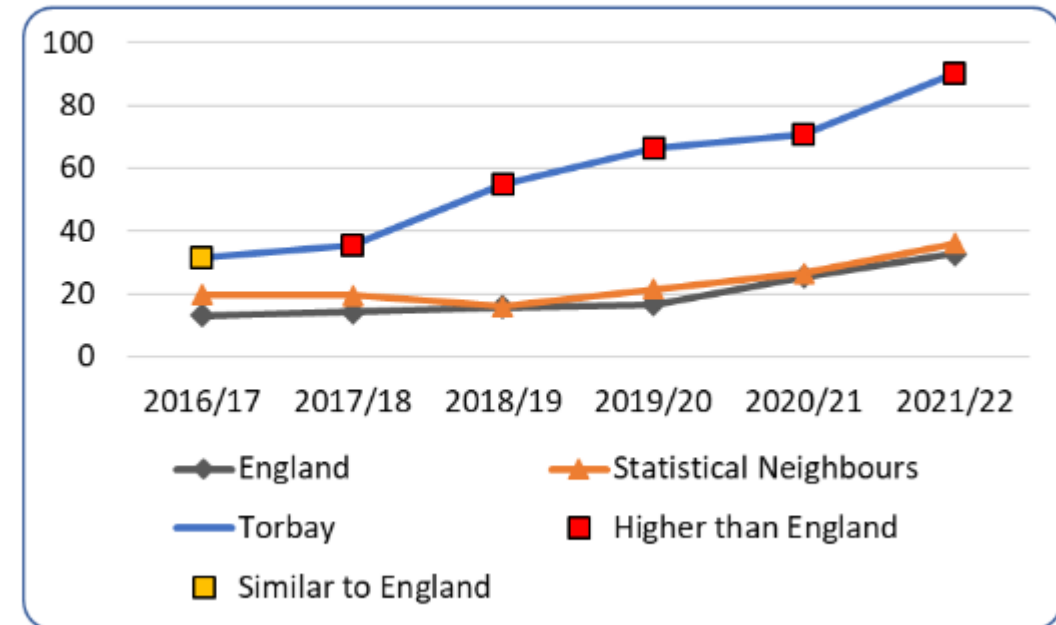
Local eating disorder admissions

- The number of hospital admissions with a primary diagnosis of anorexia, bulimia or other eating disorders amongst under 18s is small but only the most severe cases will be receiving hospital interventions. Torbay has had a consistently significantly higher rate of admissions than England from 2017/18 onwards and it is on an upward trend. In 2021/22 the Torbay rate was 90.3 per 100,000 (England- 32.8).

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- The majority of admissions in England are in females. For the 6 years, 2016/17 to 2021/22 combined, 2 out of every 3 admissions of Torbay residents where the primary diagnosis related to an eating disorder were in females under the age of 18, equating to 82 admissions.

Figure 33: Rate of hospital admissions due to primary diagnosis of an eating disorder, aged under 18, per 100,000



Source: Hospital Episode Statistics, ONS [mid year population estimates](#)

National trend in suicides

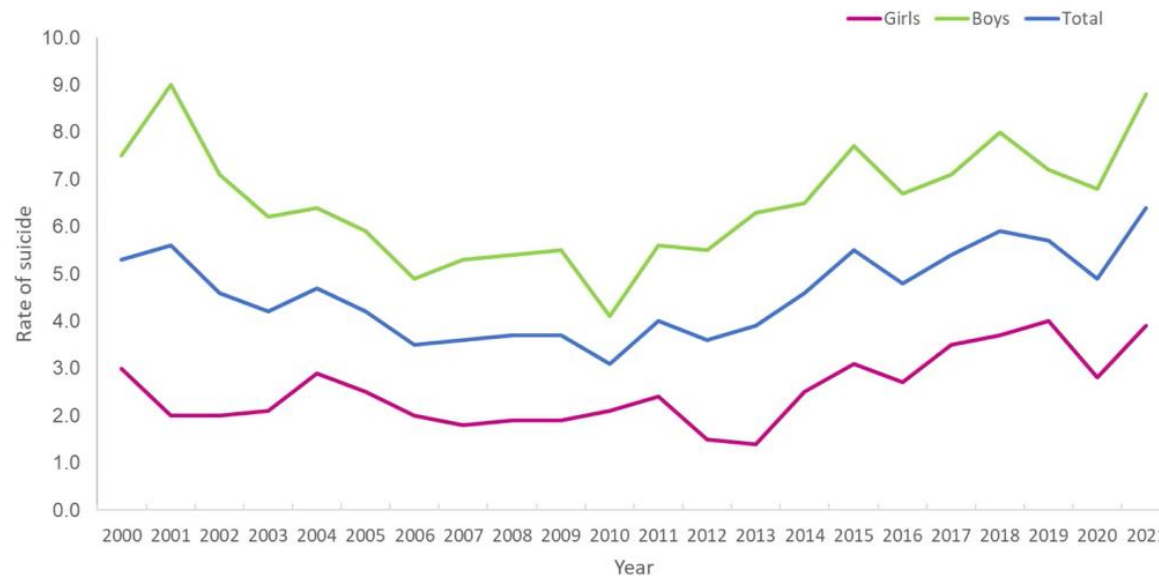
- The biggest concern nationally is the decade long increase in CYP suicide
- **Important to note: CYP are not at higher risk of suicide and numbers are not larger than in older age groups**
- CYP are included as a key priority group in the new cross-party national strategy (2023)

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MANCHESTER 1824 The University of Manchester

Suicide rates in 15-19 year olds

HQIP Healthcare Quality Improvement Partnership



Highest total figure for 20 years

Highest figure for girls for 40 years

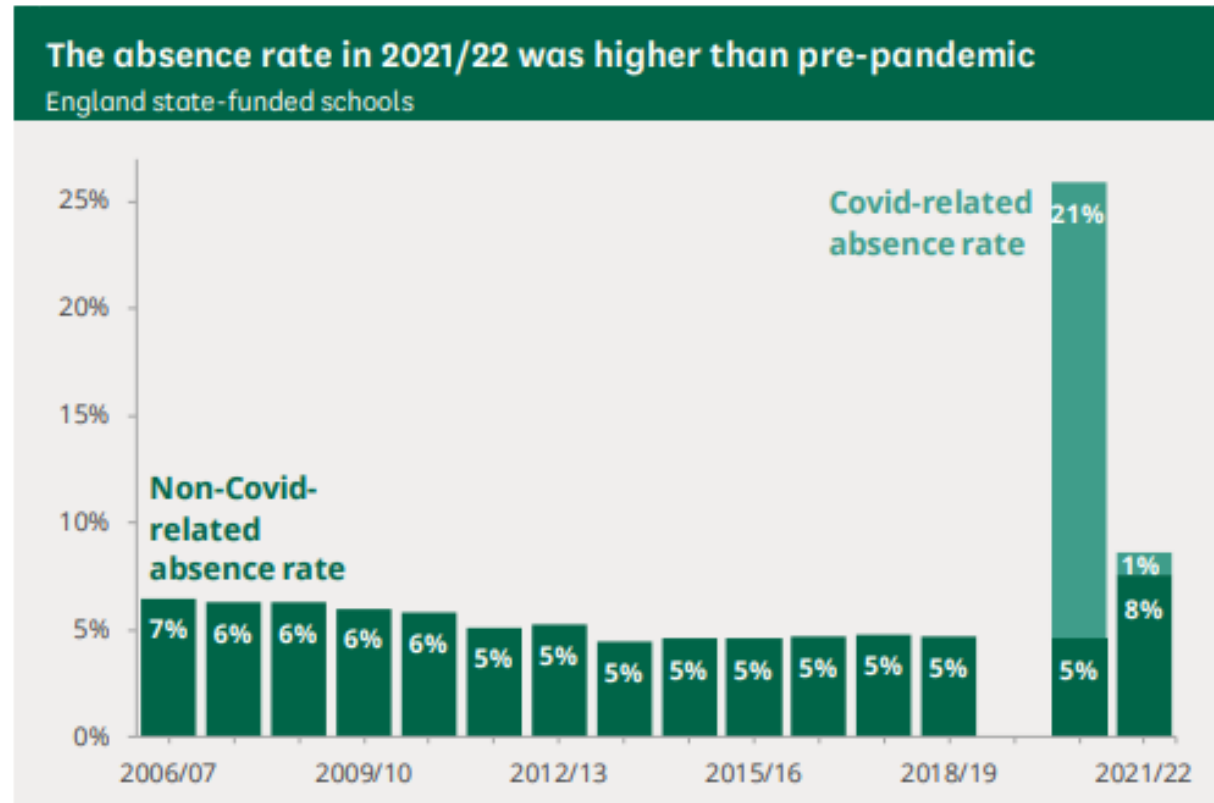
Source: ONS Suicides in England and Wales: 2021 registrations

Louis Appleby

Local suicides

- Torbay suicide rates (across all ages) are significantly higher than England
- Rates have been slowly but steadily decreasing since 2018-20 (fluctuations expected due to small numbers)
- Suicides in CYP make up around 10% of all suicides in Torbay (range 16-24yrs – most 19yrs or above)
- This represents around 2 deaths per year (data period 2015-22)

National trend in school absence

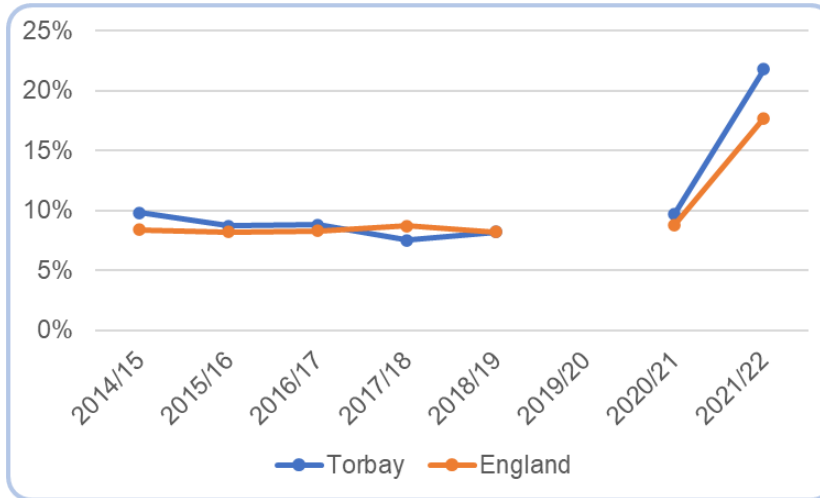


Note: Absence expressed as a proportion of possible school sessions missed (two sessions per school day, morning and afternoon). [Data for 2019/20 was not published.](#) See Box 1 for definition of the Covid-related absence rate.

Source: Department for Education, [Pupil absence in schools in England: 2021/22](#), 16 March 2023

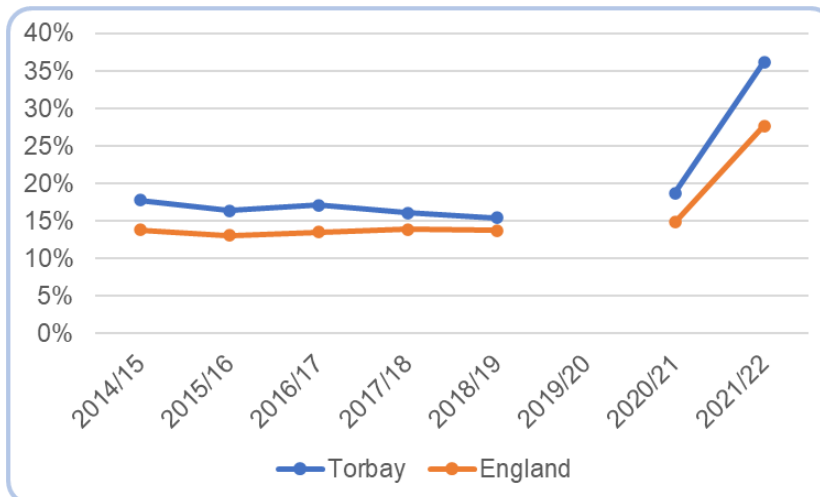
% of persistent absenteeism – primary and secondary (proxy for EHWB need)

Percentage of school enrolments classed as persistent absentees (defined as missing 10% or more of possible sessions).



Primary

Year	Torbay	England
2014/15	9.8%	8.4%
2015/16	8.7%	8.2%
2016/17	8.8%	8.3%
2017/18	7.5%	8.7%
2018/19	8.2%	8.2%
2019/20		
2020/21	9.7%	8.8%
2021/22	21.8%	17.7%



Secondary

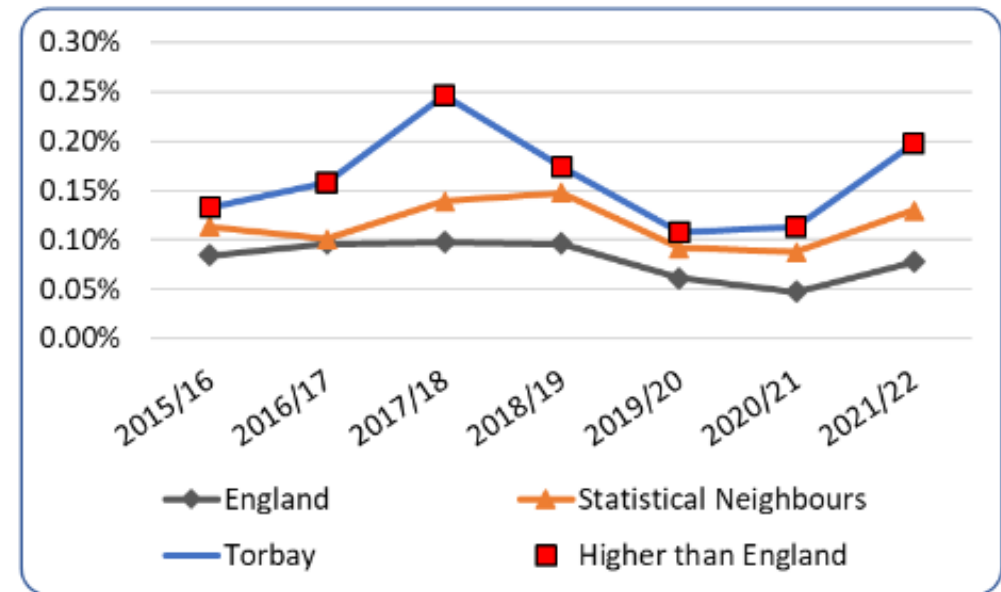
Year	Torbay	England
2014/15	17.8%	13.8%
2015/16	16.4%	13.1%
2016/17	17.1%	13.5%
2017/18	16.1%	13.9%
2018/19	15.4%	13.7%
2019/20		
2020/21	18.7%	14.8%
2021/22	36.2%	27.7%

Permanent exclusion rate (proxy for EHWB need)

- Torbay's permanent exclusion rate from state funded schools has remained significantly higher than England for the seven years shown in figure 49. Torbay has a rate of 0.20% in 2021/22, equating to 40 pupils, compared to the 0.08% England rate.
- Torbay and England have far higher exclusion rates of boys than girls and of children eligible for free school meals compared to those not eligible. However, numbers are small which will have an effect on rates.
- The data only includes permanent exclusions upheld by the governing body or Independent Review Panel and not those which are ongoing. Please note that Covid-19 restrictions will have had an impact on the rates of permanent exclusions in 2019/20 and 2020/21.

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Figure 49: Permanent exclusion rates- Percentage of pupils excluded



Source: Department for Education- [Permanent exclusions and suspensions in England](#)

Local service provision (CFHD)

Child & Family Health Devon (CFHD) are an alliance of local NHS providers for children's health services across Devon. Referral rates to services for Torbay children are still below rates seen in 2019/20 (pre-COVID). Average wait times from receipt of referral to first definitive treatment appointment have risen considerably from June 2019 to June 2022 across most services. Wait times for the Specialist Autism Spectrum Assessment Team have increased significantly from 19.9 weeks in June 2019 to 71.7 weeks in June 2022. Also, there have been significant increases in waiting times since 2019 for services including Speech & Language Therapy, Occupation Therapy, Physical Therapy, and Mental Health & Wellbeing. There have also been significant rises in referrals and average wait times since 2017/18 for Community paediatrics across Torbay and South Devon.

Local service provision (CFHD)

Figure 31: Average wait times in weeks from receipt of referral to first definitive appointment - CFHD Torbay

Service	June 2019	June 2020	June 2021	June 2022
Mental Health & Wellbeing	10.5	12.4	17.6	16.9
Speech and Language Therapy	8.2	13.5	14.7	20.3
Occupational Therapy	0.7	0.7	16.1	14.7
Physiotherapy	7.4	13.3	10.7	13.0
Special Autism Spectrum Assessment Team	19.9	47.3	58.1	71.7
Learning Disability	10.4	8.9	3.4	0.6

Source: [2023 Torbay SEND JSNA](#)

Other provision

Please see additional slide set for children and young people wellbeing provision (needs prior to CAMHS).

Additional links – national context

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey>

<https://www.local.gov.uk/publications/children-and-young-peoples-mental-health-independent-review-policy-success-and>

[Young people's mental health worsened during pandemic - PenARC \(nih.ac.uk\)](#)

Emotional Health and Well-being provisions for Children and Young People in Torbay

TORBAY.GOV.UK



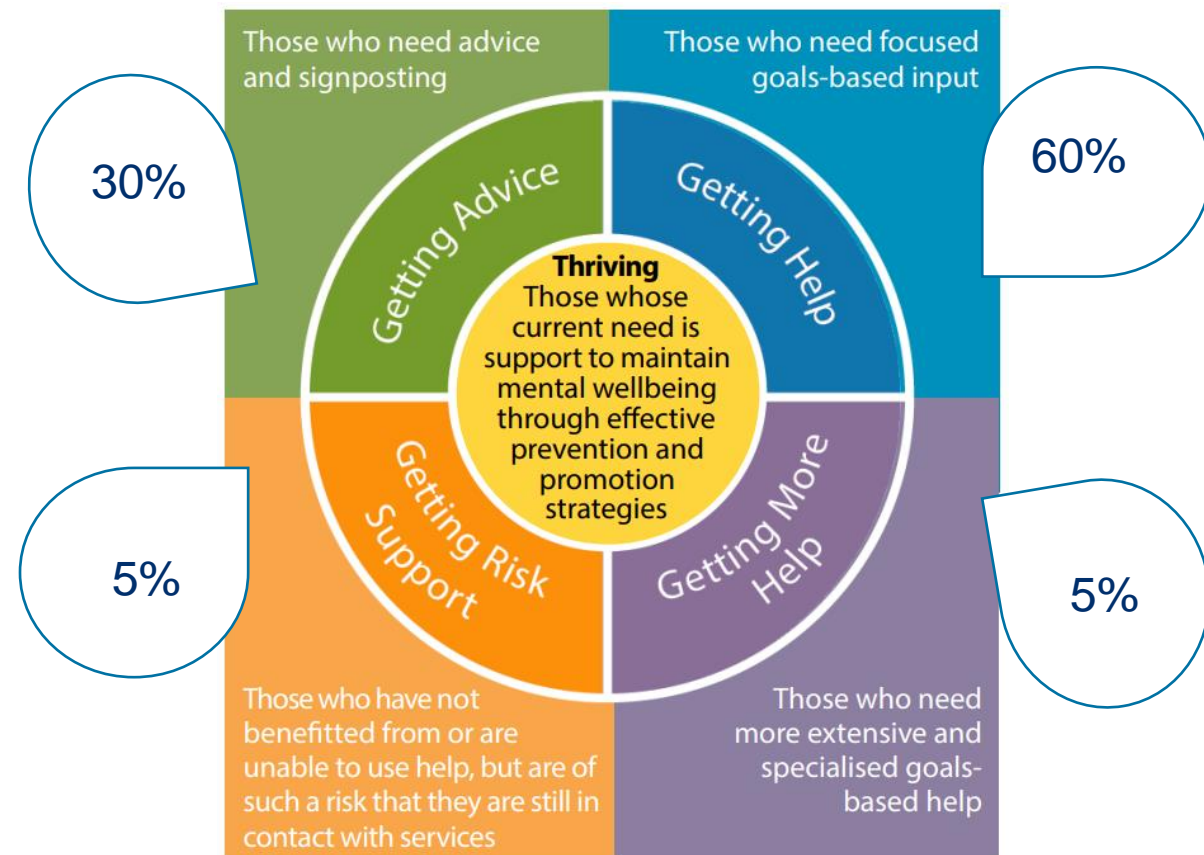
Emotional Health and Well-Being provisions for Children and Young People in Torbay

- THRIVE stats
- Details of provisions
- Overview
- What was learnt

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1 in 6 CYP aged 5-16 yo will experience a mental health challenge (1)



Provisions for Thriving



- Individual School Ethos
- PSHE
- GP
- Dentist
- NCMP
- School nursing team



- Information
- School-based assemblies
- Campaign days/weeks
- Resources



Thriving - Around 80% of children are experiencing the normal ups and downs of life and do not need additional support. They may however benefit from prevention and promotion programmes.

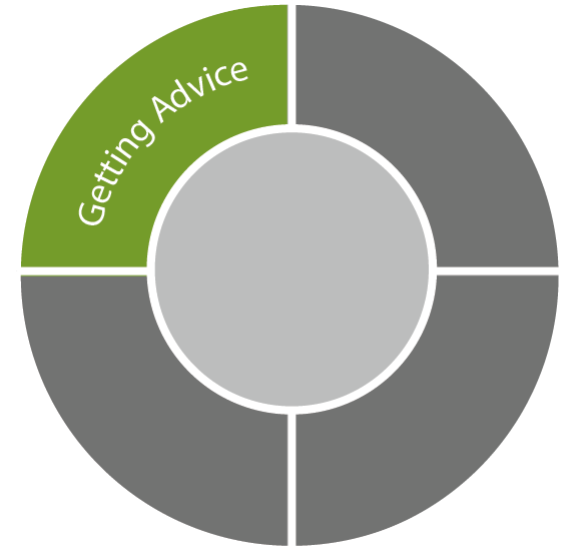
Getting Advice

(30% of children)

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Getting Advice
is - signposting, getting access to self-help materials and one-off appointments to gather advice and strategies

- **One-off sessions**
- **Resources for self-support**
- **Community support**





Provisions for Getting Advice



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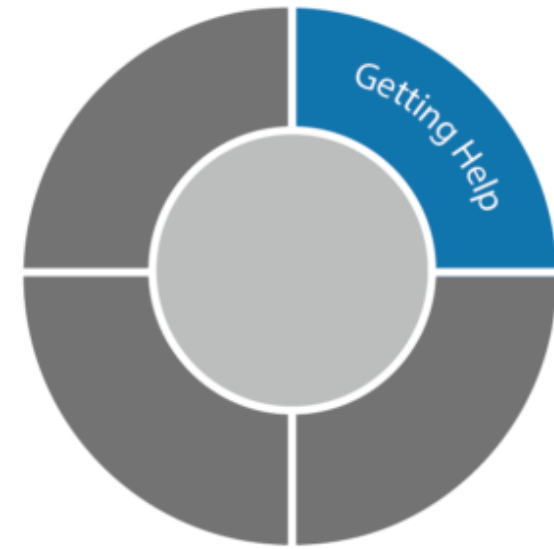


Provisions for Getting Help

(69% of children)

Getting Help is -
requiring access to a
time limited, goal
focused, evidence-
based support with an
appropriately qualified
practitioner.

- Variety of services offering support for specific experiences



Specific Provisions for Getting Help

Getting Help is - requiring access to a time limited, goal focused, evidence-based support with an appropriately qualified practitioner.

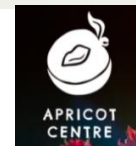
Specialist Type	Service	Provider
Drugs and alcohol Youth homelessness Going missing or returning home (including at risk of) Sexual abuse, exploitation and violence Cared for children (in need of advocate or independent visitor)	CheckPoint	Children's Society
Self-harm	(Pilot programme at Spires College)	Children's Society
Child Sexual Exploitation	Exceed	Barnardo's
Bereavement support	Support	Pete's Dragons
Young Carers	(Tbc)	Torbay Council
EHCP	APS	Sound Communities Apricot Centre YMCA

CheckPoint

The Children's Society



SOUND COMMUNITIES



'Getting Help'

EHWB

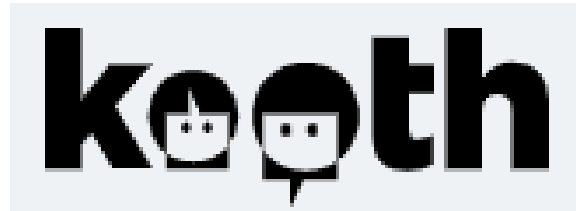
Provisions for

CYP needing

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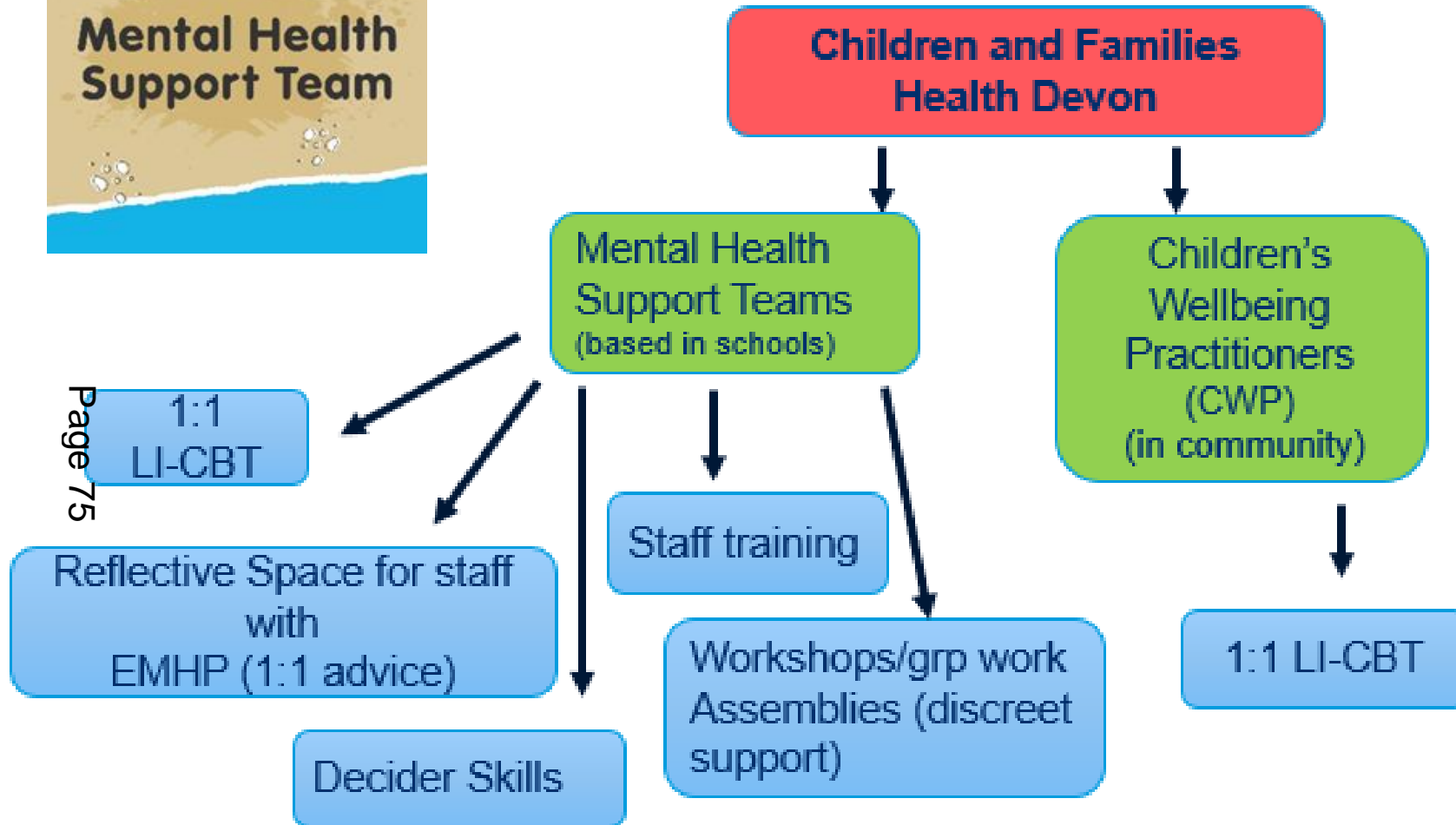
Talking

Therapy





MHST Insight



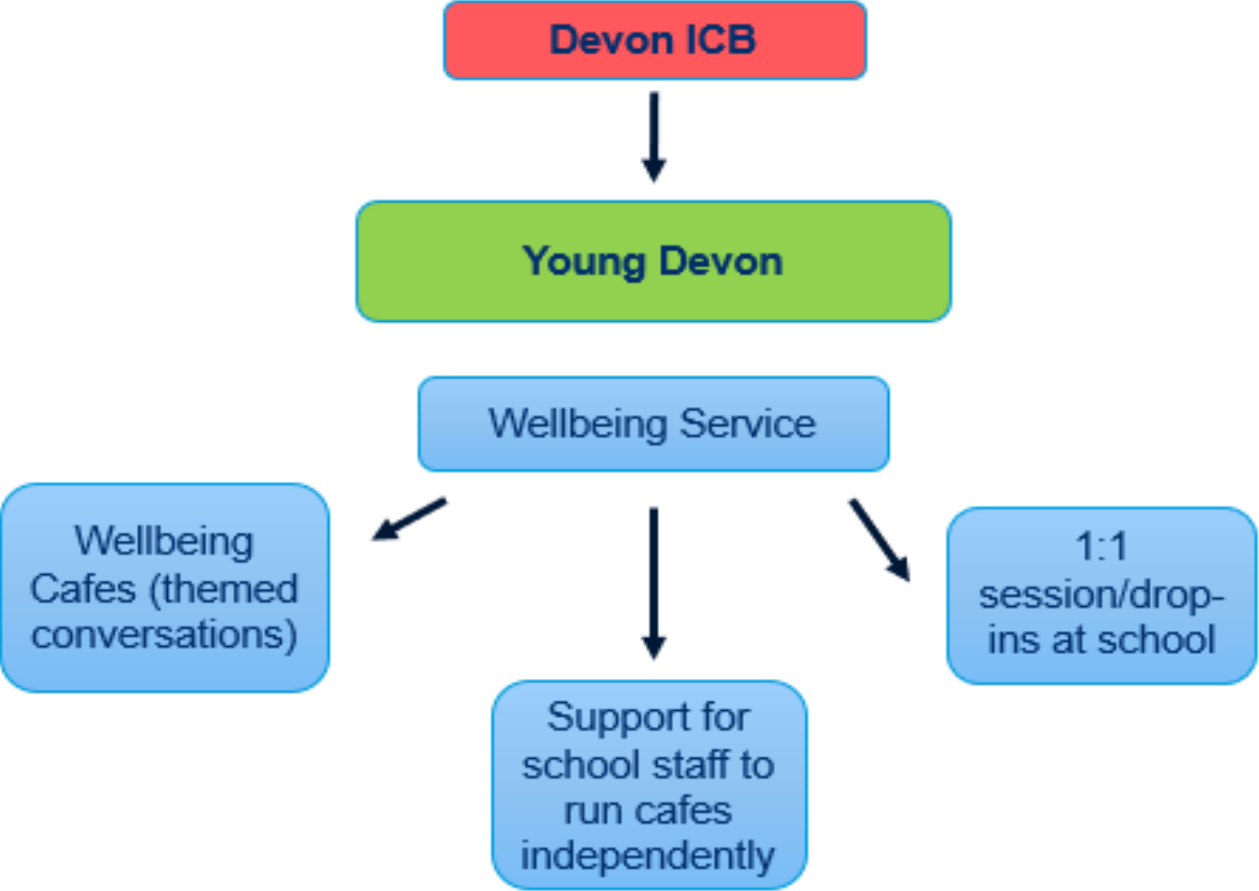
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Overview

- 5-18 yo (24 yo SEND)
- Wait list – target - 4 weeks
- 6-8 intervention sessions
 - 1:1, grp, video, phone call, f2f
- <Moderate support (Li-CBT)
- CWP – 1 location – Annexe
- Several months waiting time
- MHST - based in schools
 - 7/11 Secondary Schools
 - 11/31 Primary
 - 1/4 SEND
- Provisions vary
- Support for CYP, staff, parents



Young Devon Insight



Overview

- 11-25 yo
- Based in schools
 - 3/11 secondary schools
 - FE – South Devon College
- 40 - 60 minute sessions
- Drop-in service
- Wait list – varies from school to school
- <Moderate support – (Li-CBT therapist)
- Funding – March 2024



43% of schools offering 1:1 Li-CBT in Torbay

MHST Torbay 1:

Secondary

Paignton Academy

Brixham College

Torquay Boys Grammar

Primary

Kings Ash Academy

Curledge Street Academy

All Saints Babbacombe CofE Primary School

Roselands Primary School

Oldway Primary School

Shiphay Learning Academy

Torre CofE Academy

Watcombe Primary School

St Marychurch CofE Primary School

Young Devon:

Brixham College

Torquay Academy

South Devon College

St Cuthbert Mayne

MHST Torbay 2:

Secondary

Mayfield School (specialist)

The Spires College

St Cuthbert Mayne School

Torquay Academy

South Devon College

Primary

Furzeham Primary School

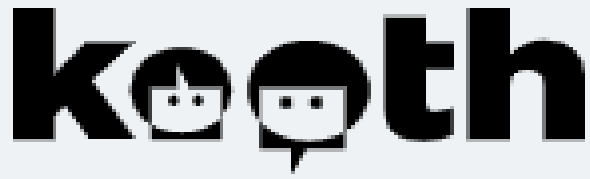
Sherwell Valley Primary School

Homelands Primary School

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Those in *italics* have both provisions



Kooth Insight

Children and Family
Health Devon

Kooth

Discussion
Boards

1:1 message drop-ins
(CBT and therapeutic
service)

Daily Journals

Workshops
(Community and
school)

Webinars

Articles and
Podcasts

1:1 structured,
weekly support
(6 weeks)

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Overview

- 11-24 yo
- Website
- Anonymous
- Chat/message
 - service-user led
- Wait list –
 - 15-60 minutes drop-in
 - <7 weeks - structured 6 week, consistent counsellor
- 1 hour weekly sessions
 - 6 weeks
- <Moderate support - trained CBT therapist
- Available - 12pm-10pm M-F
6pm - 10pm S+S

Across Torbay...



MHST

5-18 (24) yo

Tailored support across schools

43% schools have access

4 week wait - target

Children's Wellbeing Practitioner

Wait list – several months

1x FTE across Devon

One location in Torbay – Annexe

Requires CAMHS referral



Young Devon

11-25 yo

Based in 4 education settings

27% secondary schools have access

Funding – March '24

Wait list depends on theme



Kooth

11-24 yo

Anonymous

Text based (English)

<7 week wait - 6 week structured support

What did we learn?

- An increasing number of CYP are on waiting lists for support indicating an increase in need with some sectors reporting high level EHWP needs that they are required to support
- Variety of specialist services available for CYP in some areas (e.g. CSE, suicide bereavement)
- Broad spectrum of advice available
- Agencies, children and young people and families aren't always aware of services available
- Few talking therapy provisions outside of CAMHS

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Thanks for listening and please add any further information you may have.

Public Questions

Case Study and Question JC

My daughter aged 14 is diagnosed Autistic and Inattentive ADHD, as well as OCD, Body Dysmorphia, severe anxiety and depression.

All assessments have been carried out privately because we were repeatedly refused access to the NHS and CAMHS pathways. After 3 referrals requesting support we have eventually been added to the CAMHS waiting list, however the Practitioner who carried out the CAMHS triage said several times that they cannot help my daughter because she is Autistic.

I am extremely concerned that when or even if she eventually gets assessed and treated by CAMHS, they do not appear to have the appropriate expertise or provisions to support her properly.

- Please can you advise why CAMHS Torbay is failing to provide specialist and appropriate provisions and support for Autistic children and young people, instead they are being refused access to services and discriminated against?
- What is being done to improve specialist provisions specifically for Autistic children and young people, who in addition to their neurodevelopmental challenges, also have varying mental health conditions?
- One size does not fit all and a short course of CBT (which seems to be the only offering, if your lucky enough to get anything at all), is not appropriate or the correct support for everyone, so what is being done to improve provisions and treatment in order to meet the differing needs of individuals?
- Finally what is being done to reduce and improve waiting list times?

I very much look forward to this Review and hope that it will result in the reform and improvements which are desperately needed before any more lives are lost.

Play Torbay

We run a session every week in Brixham for families with children with autism. It is called ASRUS and runs from 6.00 – 7.30pm on Wednesdays. A number of these families may have more than one child with different but similar conditions and the impact of these on their mental health and well-being is significant. There is a very real concern about waiting times for assessments and whether anything could be done differently. Parents say they would be very happy to help in any way they can. Below are some of the questions they are asking:

1. How many EHCP Coordinators are there in Torbay Council receiving RSA (Request for Statutory Assessment) and could there be more coordinators, to prepare for the EHC request for an assessment advisory panel?
2. The panel takes place every fortnight to support the LA Officer with their decision of whether or not to go ahead with the assessment, based on the evidence before them. Could the panel meet more often, in view of the number of requests received?
3. The professional making the request for an assessment of the child will be informed of the Local Authority's decision by letter, no later than 6 weeks after the request has been submitted. There

are a lot of delays and denials for the RSA and Tribunal is often the only way left for parents and carers: the stress, worry and financial burden this causes is extreme - would more specialised staff at Children's Services be able to avoid this?

4. It should take 20 weeks (or slightly longer if the period includes Summer holidays) for an EHCP to be approved. Why is the process taking 2 to 3 years and how can this be reduced?

5. What is being done to widen the pathways of support for post 16/19?

KM

As a parent who's daughter struggled growing up in the Bay and was left with life changing serious mental health issues, I have considerable concerns about the level of mental health support for our young people. Due to lack of mental health support during their teen age years many are falling prey to drug dealers and other unscrupulous persons.

My key areas of concern are listed below and my question is what is being done to address these points?

1. Mental Health support is too limited and reactionary and should be more proactive, working closely with schools and youth clubs to reach troubled teenagers.
2. Schools should be less focussed on academic results / school uniform and more on mental health. Mental health must always have priority.
3. Confidentiality is placed above welfare of the individual and allows drug/sex groomers to manipulate victims into excluding families to gain control of the individual. This leads to drug addiction and homelessness as contact to families is lost.
4. Social workers who have grown up in families rather than in care services will be more empathetic and positive toward parents and understand the importance of maintaining connection with families in times of crisis of the young person
5. Social workers should have mental health first aid training as well as any support workers working with young people

I am myself a mental health first aider and also support my daughter who is seriously ill. In my opinion mental health and well being of the young is one of the most important issues facing our country today.

CH

I have 2 questions I would like to ask as directed via your notice and I would appreciate these questions being honestly answered and backed up by facts or personal opinion from each individual on the board.

Question 1: How many young people in the last 5 years do you believe honestly that the service has let down or not provided the correct care for?

Question 2: what do each of you think what went wrong or could of been done differently?

Question 3 (if above are not answered)

My reasons for the questions are if none of you know either answer to these questions do you honestly believe your the right person for the job?

LC

There appears to be no accessible provision in Torbay. No triage, no open conversation or advice beyond that of a GP who can provide only limited non specialist support and a referral onto a very long waiting list. CAMHS is inaccessible for all but those at the extreme point of breakdown and worse. Children are being failed what actions are to be taken by those in a position at Torbay Council in order for CAMHS (NHS) to meet their needs early and effectively. That failure looks and feels like a form of acceptable abuse of those children being failed by all the professionals looking on and multi agencies involved as well as a moribund local CAMHS 'service' itself.

AH

I have a number of questions on this subject:

GPs say that, in instances of children/young people presenting with symptoms of mental ill-health, the only option open to them is a referral to Camhs. The waiting lists for Camhs are extremely long. This means that children are being left for months and even years without support, diagnosis or treatment. Why can GPs not do more to help?

Camhs say that they are not equipped to work with autistic children. As 70% of autistic people have a co-existing mental health issue, why does autism exclude young people from Camhs support? In addition, Camhs, when pushed to offer support to an autistic young person, can only offer CBT or talking therapies. This type of therapy is known to be inaccessible to and inappropriate for Neurodiverse people - why offer something inappropriate? As a result, young people then withdraw from the inappropriate support offered and are promptly discharged from the service, after years of waiting for help. Are people being offered inappropriate care in order to get them off the waiting list?

Camhs is not fit for purpose in Torbay - horrendously long waiting lists, high staff turnover with no continuity, help that (when finally offered) is inappropriate etc etc. Is this a funding issue, or poor management? What can be done to give the whole system a shake-up?

Young people are left to rot on Camhs waiting lists for months and even years. Periodically, parents are sent a letter explaining that they are still on a waiting list but, if the child's mental health deteriorates, to contact them. When parents try to do this, they are told that, unless the child has attempted suicide and been hospitalised as a result, they can offer no crisis support.

Why can nothing be done to avert the crisis? Why are we encouraging young people to attempt suicide in order to get support?

Where is the mental health support for children excluded from education?

When children have stopped attending school due to mental health crisis, why is nothing in place to support them?

If parents take the child to the GP, they are simply referred to Camhs and the endless waiting list. There are many, many children in Torbay suffering severe mental health crisis, isolated and housebound. Why is this not being picked up and acted upon?

S&T C-E

Thank for this opportunity it's been needed for quite some time.

1)How open and transparent do you intend to be in this process, which questions will you select, how and why or will all questions be posted and answered openly?

2)what do you plan to do to reduce the number of suicides by children and young people in Torbay when they have been failed by the system?

3)How will failing departments/teams be held to account to prevent further deaths of children and young people in Torbay?

Torbay Camhs quote their commissioning guidance for camhs referrals rather than following the NICE guidance.

5) Is this a reflection that camhs in torbay is not commissioned correctly in terms of NICE guidance. Leading to children/YP who present with self harm left extremely vulnerable as not considered a serious suicide risk.

6) Will any Local Government Ombudsman finding decisions and recommendations be adhered to in a swift and timely manner unlike the current complaints process?

H G-P

What do the committee feel is correct about the following and whether they think it's acceptable that an adopted 13-16 year old with extremely complex ptsd who has been admitted to A&E / Paediatric E/D over twenty five times in a two year and a half year period for over doses is still not receiving any mental health treatment and is asked to have a 'baseline' assessment before CAHMS can offer her support - Despite the parent having been told by a mental health staff member to give the child a surgical blade so she can cut herself at 15 years old ; and on top of that is still not being given the promised community psychiatric assessment that was promised over two years ago and has still no treatment plan but had repeatedly attended CAHMS crisis meetings to then be repeatedly told her case has been closed (until next time) which included a time she was in hospital 3x in the week for over dosing and yet her case was still closed and still is. Stated On behalf of a parent and child

Anonymous

How will we address the inequality of access to early mental health support for children and young people?

Some schools have regular and embedded access to the Mental Health at Schools team, which can provide individual work and parent courses. Whilst others schools cannot access this team meaning a gap and difference in provision depending on what school your child attends. This means a child at a school that did not sign up , their mental health is not supported and has to reach a high threshold to receive support from CAMHS.

FB

I understand you are accepting questions for the board to investigate regarding mental health and wellbeing of children in Torbay. As a parent of a daughter with Autism and learning difficulties I have lived experience of the local services. Unfortunately I struggled to access services so in desperation decided to go privately, I do have some questions for the board and look forward to attending the public meeting on the 7th December.

1. Why is it so hard to access mental health services for children in Torbay?
2. Why isn't there a Clinical Commissioned Service supporting Autistic children once they have been diagnosed?
3. Will you have access to PALS complaints linked to CAMHS as part of this review in order to identify service delivery concerns from lived experiences?
4. Why are GP's referrals consistently refused by a range of mental health services including CAMHS and Pediatricians, and in the refusal letters there are no names to the Pediatricians meaning that there is no accountability and making it harder for both GP and Patient/Carer to follow it up or challenge the decision making process?
5. What power or influence does this board have and is this simply a tick box exercise to demonstrate that you have consulted with services users, clearly there needs a huge amount of financial investment in local mental health services for our children, will you be prioritising this much needed investment?

As an observation, using Torbay mental health services for children and young people is exceptionally challenging, its almost impossible to navigate, there is no one stop shop, and there are too many confusing services between Torbay NHS Trust and Devon Partnership NHS Trust and Children and Family Health Devon, what is that it doesn't even state its part of the NHS, is it? Why would you have seperate services diagnosing ADHD from Autism for example when they are often co-existing conditions. Why would any parent want their child to visit so many different organisations and people in a process?

Thank you for your time and I look forward to the "Hope" that one day this will improve.

Please read this below image, I received this from Torbay Councils SEND Childrens Services yesterday. I recently applied for an Educational Health Care Plan and was refused yesterday. My point is, this paragraph is full of jargon, with no accountability and doesn't make sense, its grammatically poor. One sentence, particularly irritating. This needs to change, no excuses, plain

English can be used by statutory services. Its especially important for communicating with parents and carers. I don't think I'm being unreasonable.

Decision:

The Local Authority decision is not to undertake an EHC needs assessment. Recommendations from the multi-agency Education, Health and Care Needs Management Board (EHCNMB) were that further relevant purposeful action and evidence-based support available within the local area's graduated response, including consideration for involvement of external agencies, was required.

Healthwatch Torbay Insight Report

Experiences of Children and Young People: Mental Health and Wellbeing

November 2023

Report purpose: A response by Healthwatch Torbay to a call for questions from Torbay Council’s Children and Young People’s Overview and Scrutiny Board ahead of a spotlight review on mental health & wellbeing services for children and young people.

Report prepared by: Lorna Sinfield, Research and Intelligence Officer, Healthwatch in Devon, Plymouth and Torbay

Report Presented by: Kevin Dixon, Interim Chair, Healthwatch in Devon, Plymouth and Torbay

Date: 28th November 2023

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Introduction

One of the statutory duties of local Healthwatch is to share peoples' experiences of their health and social care services with those who make decisions about how those services are designed, developed and improved.

This report provides a summary of the experiences that Healthwatch Torbay has recorded in relation to mental health and wellbeing services for children and young people in Torbay since 1st January 2023. Feedback has been received via our [online feedback centre](#) on the Healthwatch Torbay website, through our local Healthwatch contact centre and through the [Healthwatch Assist Network](#) in Torbay.

This report will be shared with Commissioners, and Providers of the Children and Families Service in Devon and Torbay and Torbay Council Children and Young People's Scrutiny Committee.

Background

NHS England recently [published statistics](#) that reveal that in 2023 one in five (20%) children and young people aged 8-16 have a 'probable mental disorder'. Among 17-19-year-olds, this proportion is 23% and among 20-25-year-olds it's around 22%. These statistics coming out of the fourth wave of the NHS's Mental Health of Children and Young survey were published on 21st November 2023.

In [Healthwatch England's latest report](#), they have announced that they "support the call by a [coalition of mental health charities](#) for all pupils to have access to in-school mental health support, to ensure they can get timely help" which we would echo and support locally. We also recognise the valuable contribution of the local voluntary and community sector in taking a collaborative approach to supporting the health and wellbeing of children and young people in Torbay.

Whilst Healthwatch Torbay has not carried out any targeted engagement with children and young people since 2019, we have heard from parents, relatives and representatives from the voluntary and community sector, across the area who have raised concerns to us around access to mental

health support for children and young people and waiting times for diagnosis and treatment.

Below is a selection of commentary provided by individuals who have contacted us directly to share their experiences.

Feedback and experiences of children and young people's mental health and wellbeing services

"We are emailing as parents at a loss with what to do. Our 12-year-old son is in desperate need of mental health support, but our desperate pleas have been ignored over and over. His behaviour is becoming increasingly worse, he is on the brink of permanent exclusion from school and we literally do not know what more we can do to support him."

- January 2023.

"Have contacted CAMHS multiple times by phone about my daughter with suicidal thoughts. Initial assessment was in March 2022, was then put on a waiting list for therapy - still waiting on this. Called several times for support/update on waiting list. In July 2022 my daughter made a serious suicide attempt, she was seen the following day by CAMHS crisis team and several times over the following month. Saw CAMHS Psychiatrist in August, Nov and Dec. Still waiting on therapy. Hugely dissatisfied with CAMHS waiting times, was initially told my daughter wasn't a priority as she hadn't made an attempt on her life, then when she did make an attempt (almost successful) she was supposedly made high priority in August. It is January and we are still waiting on support."

- January 2023.

"It became clear after a significant mental health, anxiety and OCD crisis that my teenager needed support. We consulted with the school, who were great, and their Senco and counsellor advised that he showed very many of the traits for Aspergers. We researched this in detail and it rang very true, I took him to the doctors to discuss it and she said it sounded highly likely. Both the GP and the school were happy to support a referral but advised that it would take at least 18 months to be seen in the first instance, and that they couldn't refer him, we had to start the process. I investigated this on the council website, and it was absolutely labyrinthine, and what wasn't clear at all was what help might be available. My son read through the questions and was very put off because he felt they'd 'think he was stupid' and he'd get a label he wasn't happy with, and because of the huge wait and the fact that I couldn't give him any real info about

why it might be worth it, we've given up. We're lucky that the school have been really good and are being extremely good at making reasonable adjustments, and he's had some sessions with the school counsellor, but I'm worried about his forthcoming GCSEs and what we'd do if he suffered another crisis and needed emergency help - I guess we'd go back to the GP but it really doesn't feel as if there's proper support infrastructure there at all. The GP we saw was very friendly, sympathetic and supportive, but basically said that the waiting time was a nightmare and the service was at breaking point."

- January 2023, South Devon

"Trying to get diagnosed for my grandson to find out if he is autistic / ADHD and waiting list is terrible. in the meantime, we go day to day trying to help him, and his behaviours get worse at school."

- April 2023.

"Referred to CAMHS last August for my son for anxiety and ADHD. Referral reviewed in October and rejected. Reason given was he needs an autism assessment first. Waiting list is in excess of 2 yrs. Also, we should see what the school can do which we are already doing. Referral finally accepted due to intervention of school nurse. Initial CAMHS appointment received this July. He was assessed as OCD and qualifying for treatment. Appointment won't be available for 12 to 18 months say CAMHS. They raised our hopes and then dashed them. They made my child sit through a difficult session when there was no help available."

- August 2023.

"After several attempts through the GP we have finally got granddaughter on a waiting list for CAMHS, however as every day passes her state of mind gets worse. Does anyone really care about young people? Are these systems, health treatment, and support systems completely broken now?"

- September 2023

"Our daughter has autism and was showing worrying signs of psychosis. Opportunities were missed to provide our daughter with the correct mental health care. Instead, they were too busy working on the old adage of 'blame the parents.' Our daughter's life has been ruined because of these people. Thanks for nothing CAMHS - oh, and by the way, just because you have passed exams, it doesn't make you wiser! Why don't you LISTEN to the concerns of parents as opposed to being all too intent on blaming them????? Also, in your so called 'training', you would have had seminars on the dangers of making assumptions."

Well, our daughters' predicament (and ours) is all because of your assumptions, prejudice and blaming the parents."

– feedback received October 2023, Torbay.

"My child is now 14, when she was 7, we were refused even an appointment from CAMHS, at that point we were a family in crisis. In the last year my daughter has struggled with so much, self-harming, unable to attend school, depression anxiety and we have always thought she has ADHD and ASD. Our GP put in a referral for a diagnosis with CAMHS, our appointment came, complete waste of time. Dr never read any notes, or the referral. He made the whole appointment more stressful for all of us. Then never gave us a response, until I chased it up 2 months later. Getting poor excuses from the manager about problems with his laptop. We've been forced to go privately now; I just couldn't keep seeing my daughter continue to decline. It's an absolute disgrace and the consistent barrier to basic support is ridiculous. Good luck out there."

– feedback received October 2023, Torbay.

Feedback from the Healthwatch Assist Network

The Healthwatch Assist Network is made up of community groups and organisations who engage with Healthwatch to share intelligence around the issues and concerns that they are made aware of from the people that they are in contact with. As well as raising concerns to us, they also share with Healthwatch suggestions that people make that could make services work better for people.

Through the network we have heard that parents of children and young people with autism and other conditions are concerned about waiting times for assessments and whether anything could be done differently to speed up the process. Many families may have more than one child with similar or other conditions and the impact of these on their mental health and wellbeing is significant. Parents are experiencing real stress and worry over delays for Education Health and Care Plans (EHCPs) with some reporting that the process is taking years rather than months for a child being approved for an EHCP.

We have also been informed by network members that waiting times for support through child and adolescent mental health services (CAMHS) are long, even if a person has self-harmed or is feeling suicidal.

Our observations

We acknowledge that there has been a significant increase in need for children's mental health and wellbeing support locally and nationally and that it is more important than ever for support to be accessible for young people as early as possible and for parents to know where they can go to access the right information and support in a timely way.

Unfortunately, we have only recently heard of the negative experiences whereby people are experiencing delays accessing help and support. We are keen to hear from young people and parents of those who have received support for their mental health and wellbeing at the time when they needed it and how the support that they received met their needs, whether this was through the NHS, or through the voluntary and community sector. We want to be able to share these experiences with the public to highlight what works well so that these services can reach more young people in Torbay.

National Announcements and Reports

- Healthwatch England's new report: [The public's perspective: The state of health and social care](#) November 2023.
- [A Mentally Healthier Nation](#) Centre for Mental Health report
- [Mental Health of Children and Young People in England, 2023](#) – wave 4 follow up to the 2017 survey, NHS England, November 2023.
- [Earlier mental health support announced for thousands nationwide](#) – Department of Health, October 2023.
- Advice and information published by Healthwatch England:
- [What mental health support is available for children and young people?](#) – September 2023.
- Young Minds report: [Deconstructing the System](#) – April 2023.

Previous reports Healthwatch Torbay – experiences of children and young people

[What does it feel like to be a young person living in Torbay?](#) Report published in 2019.

Questions raised by Healthwatch Torbay

1. The government recently announced funding for drop-in early support hubs nationwide to deliver early mental health and wellbeing support for children and young people. What provision is there in Torbay for young people to access early support for their mental health and wellbeing?
2. What collaborative plans are either in place, or in the pipeline, between local NHS service providers, schools, children’s social care services and other related services to increase support for children and young people in Torbay?
3. How can Healthwatch Torbay help to promote key messages to the public around access to emotional wellbeing services for children and young people in Torbay?
4. How can Healthwatch Torbay help to signpost people and share information about early support for young people in Torbay?
5. What systems are in place, or will be put in place, to monitor the impact of any service improvements to children and young people’s mental health and wellbeing services and how will the voices and experiences of young people and their families be embedded in the process for measuring impact?

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Case Study Anonymous - My time with Torbay CAMHS

FH

1) FH: so ***** why are you here?

YP: I think it's because I tried to kill myself.

FH: No that's your default *****! why are you really here?

FH: Home visit, saw YP in bed. Had been there many weeks.

FH: didn't feel hospitalisation under the mental health act was necessary as YP was able to hold a conversation. Suggested an intensive out of area team to come in and to do a rehabilitation plan/intervention, and they would go to a meeting and organise this this afternoon.

We waited and waited. We didn't hear eventually spoke to IF the following week asked is there any news about this intervention/out of area intensive program?

IF looked embarrassed and massively apologised. he thought FH had already informed us that We hadn't met criteria by the out of area team. No other plan (but documentation of HS education states there was an intervention plan?)

No follow-up from camhs only IF visiting as before.

FH spoke to HS from education before she spoke to us. They seem to be a common theme with all professionals working around us except for IF who was brilliant), but even though they were all speaking to each other, they continue to fail. There is even SAR records where education professionals question IF's professional judgement because he stood by his opinion that a AP setting was not a safe environment for his client given his presentation. In the notes, it reads question IF's professional judgement when speaking to the camhs Psychiatrist.

VN

We had dealings with VN on at 2 separate situations

1) At Spires 2019 after being bullied for about 2 years VN promised she would go into Spires and stop the bullies.

This never happened. TCE disclosed to school counsellor plan to hang myself with my spires tie. Mr McDonald (CM) believed me but somewhere VN and Spires staff decided that I was gameplaying so closed me to CAMHS leaving me the responsibility of the new school counsellor. He contacted camhs ASAP after he heard this to tell them. I was not gameplaying that I had a plan and that they needed to reopen my file.

The situation ended with me Getting punched in the side of my head by one of the named bullies on my way, to do my DV bronze expedition, I couldn't cope, it was just all too much, so I locked myself in a school workshop, phoned my mum and dad to say goodbye. My mum phoned the school reception and told them that I had phoned her to say goodbye and that I'd locked myself in the workshop at school and I was going to kill myself and that they needed to find me and keep me safe that she was on her way. They put me in the main reception area for about 20 minutes until my mum could get me. I was crying and I was sat on the sofa and everyone was looking. I couldn't go back there after that, had to change schools to SDH.

I disclosed to staff, I would make a noose and hang myself. SDH Safeguarding informed VN at Camhs she did not alert to the crisis team.

Two days later, my mum contacted camhs to tell them that she had found a noose and a suicide note hidden in my bedroom. camhs and school staff did not alert my mum to my previous disclosure then later in the week school telephoned my mum to say I was threatening to jump off a bridge or hang myself and told her she had to come and collect me because they didn't have the staff to keep me safe. we had been turned down for EHCP assessment about 4 months before. I ended up getting an EHCP about six months later, but by then I was having a complete mental health crisis and had been hospitalised after trying to take my life in Sept 2020.

Camhs DID NOT answer their crisis line x3 that day

1st call unanswered from my mum

2nd call unanswered from the ambulance crew

3rd call unanswered from the A&E department

These calls were made to the emergency telephone number provided to vulnerable families and NHS staff and within their Operational hours. I was admitted overnight because the ambulance crew and two paediatric consultants in A&E felt I was not safe.

There are huge gaps when staff members of camhs left. My psychiatrist FH went off sick and we have nobody for months and months. I had crippling OCD & social anxiety with no practical support whatsoever (over a 2 year wait was placed on the wrong list). Our bathroom floor fell through our kitchen ceiling due to 4x1.5hrs of showering per day. We live in rented accommodation. We eventually BJ for OCD therapy 5 months before i turned 18 (so not enough time to complete the therapy as at 18 they close you to camhs. We got psychiatrist FA and that was only just a month before I turned 18. My mum had to go to the complaints panel and ombudsman to get the promised enabling support put in place.

It was the same with the OCD treatment. There were delays and mistakes from reception primary age right up until I was 18. There have been racial and disability stereotyping and assumptions. i've just left on the waiting list or put on the wrong waiting list or left in my room to fester for years. My mum lost her job when i was 15 because school couldn't keep me safe and she's had to go on UC.

I am not the same and this has caused me and my family permanent damage. Until recently I was housebound and am now slowly recovering with Eotas and the help of Sound Communities, Riviera Tuition and Tale Blazers. I will be 19 in january and have only just had my AMH appointment so my OCD is again really bad.

My SAR records show management Camhs staff members discussed the fact that VN had not passed my disclosure to the crisis team one asked the other what they should do about this and they replied let's wait and see what happens!?!