

# Salford Adolescent Minds (S.A.M)

A project looking into young people's mental health services in Salford.



**'Let's make grown ups treat children's mental health and well-being just like theirs!'**

Healthwatch Salford ran a competition for a young person to design the front cover of the report. The winning entry was designed by Llewelyn Ferguson aged 9, and Deryn Ferguson aged 5, with their quote "Let's make grown-ups treat children's mental health and well-being just like theirs!"

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# About us

Healthwatch Salford is your health and social care champion. Whether you've had a good or bad experience, we can use your feedback to improve services for everyone and we have the power to make NHS leaders and other care providers listen to what you have to say. We're completely independent and impartial and anything you say is confidential. We also offer information and advice to help you to get the support you need.

**This content mentions self-harm, depression, and suicide attempts. Please read with care. You can find details of where to find help in the Appendix.**

## Foreword by Chief Officer, Sam Cook

The mental well-being of the young people of Salford is so very important as is ensuring the services they receive meet their needs. This report amplifies the voice of young people, a position we felt very privileged to be in. Whilst it was only a small number, the collective message is clear – 'we must prioritise mental health support for the young people of Salford'.

I want to take the opportunity to thank everyone who worked with us on this report. As is to be expected, it doesn't make for easy reading at times, but the reality of young people and their experiences must be highlighted. I also want to acknowledge the Healthwatch Salford team that have worked on this report too.

# Introduction to the project

The World Health Organisation (WHO) states that “mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well.”

Young people’s mental health services are aimed at under 18’s who feel that they are struggling with their mental health. According to the Mental Health Foundation, one in six children nationally will be affected by mental ill health and nationally 75% of them aren’t getting the help they need.

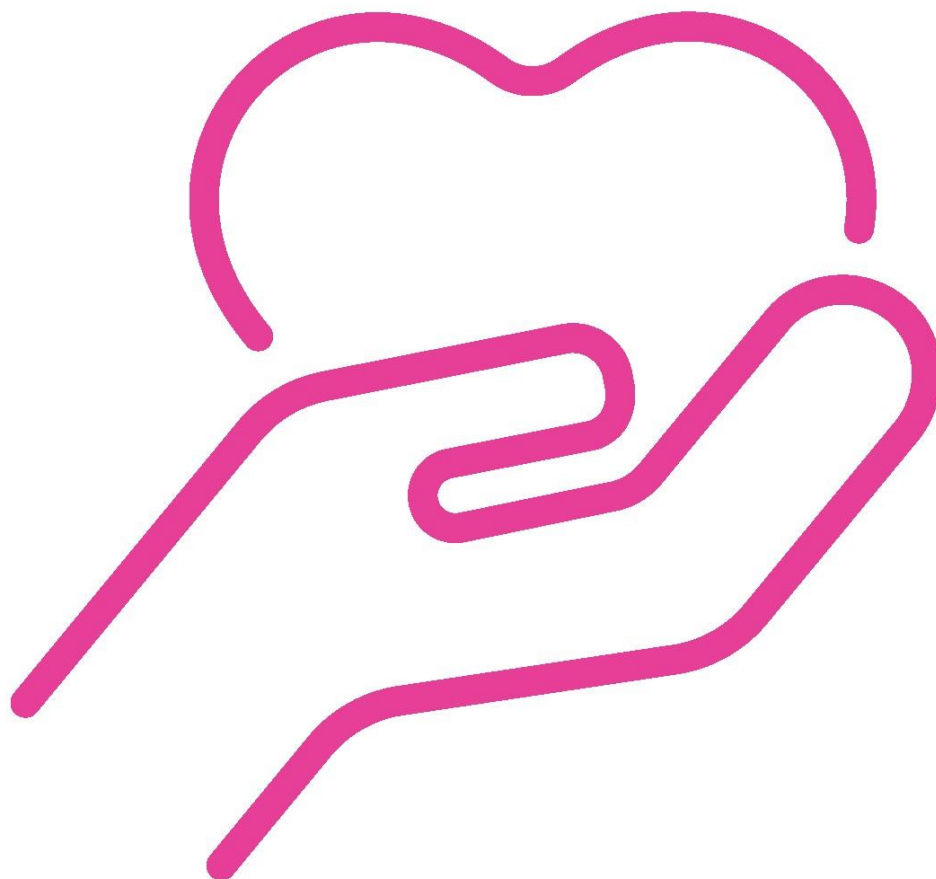
CAMHS (Child and Adolescent Mental Health Services) is a specialist mental health service that supports children and young people who have mental ill health which is having a significant impact on their daily functioning. They offer assessment, diagnosis, and treatment, and in Salford this service is provided by Manchester Foundation Trust.

As well as core mental health services for children, CAMHS provides the following services in Salford:

- CAMHS Learning & Disability and Autism – including being part of the Neurodevelopment Pathway triage team.
- Community Eating Disorder Service
- Single Point of Advice (SPOA)– duty and assessment team
- Thrive in Education – CAMHS i-Reach
- PAIRS – Parent and Infant Relationship service
- Emerge 16-17 service
- Starlac – Targeted CAMHS for Cared for Children
- Route 29 – Targeted clinical psychologist
- Youth Justice Service

The Healthwatch Salford priorities survey from January 2022 yielded a significant amount of feedback about Salford CAMHS and Salford’s neurodevelopment pathway (12 mentions from 81 completed surveys). It was therefore decided that this would be developed into a future project.

A scoping exercise took place over February – June 2023, in order to gather up-to-date research on the current situation. We met with commissioners of young people’s mental health services, the neurodevelopment pathway lead and two carers groups (Salford Parent Carer Forum and Carers Together Salford) so we could understand changes that were occurring within the service and gather up-to-date experiences. Since the service is still undergoing many changes, the decision was made to focus on capturing a snapshot of families’ experiences at this point in time. We decided to talk to young people, their parent carers and also the staff working within young people’s mental health services.

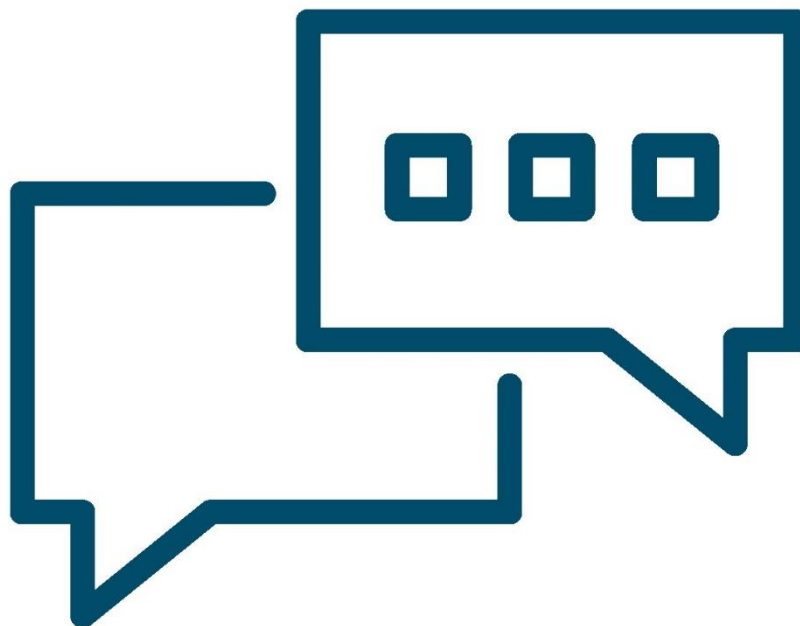


# Executive Summary

## Brief methodology

We have used ethnographic research to carry out 9 interviews with the 3 different groups. (3 young people who are accessing mental health services, 3 parent carers who have a young person who has accessed mental health services, 3 staff representatives who work within young people's mental health services).

This is a qualitative project which will gather a small number of experiences to produce recommendations which can feed into local strategy, but it does not claim that the experiences are representative of any particular group.







## Summary of key recommendations (detailed later in the report)

- Ensure clear communication on the criteria to access the various young people's mental health services.
- Improve signposting both before and immediately after a referral.
- Increase promotion of existing peer support groups/buddy systems and explore the need for further groups.
- Increase training for staff in hospital wards to support CYP who are/might be neurodivergent.
- Implement immediate support and counselling provisions for any parent whose CYP has attempted suicide.
- Conduct further analysis on neurodivergence amongst girls in school.
- Implement some kind of traffic light system for referrals into CAMHS (if it isn't used already).
- Consider the development of four key projects when the CAMHS participation group is relaunched.
- Conduct further analysis of the cases where families were signposted from CAMHS to other support and ended up back at CAMHS.



# Methodology

By using ethnographic research, this project will allow a deep dive into parent carer and young people's experiences of the current service, allowing their voices to be heard. It will also give staff the opportunity to express what it is like to work within the service at this time, leading to a better mutual understanding.

During the planning phase, we spoke to young people about what to call the project, and together came up with the name S.A.M. project– Salford Adolescent Minds. We worked together to design flyers to promote the project to families and staff to encourage them to participate. As an incentive to families, and in appreciation of their time, we offered them a £50 high street voucher.

The flyers were circulated widely in order to recruit a wide variety of participants, including via: Healthwatch Salford Social Media; the Salford Parent Carer Forum; Carers Together Salford; CAMHS; Kooth; Places for People and Zuntold. The recruitment phase lasted for a short period as the project required a maximum of 9 participants.

The project working group, comprising of Healthwatch Salford staff and volunteers, helped with the scoping exercise, drawing up questions to ask in the interviews, reading through transcripts to summarize and capture themes, checking the report and helping to draw out the key recommendations.

Eight interviews took place, of which six were face-to-face, and 2 were online. The interviews lasted 40–80 minutes, and followed a set list of questions, whilst also allowing interviewees to explore the issues that were important to them. One interview was a joint interview with both the young person and the parent carer present.

Unlike the other interviews, we haven't included themes for the interviews with staff as they were all experiencing similar pressures.

As with any project that Healthwatch Salford carries out, the demographic data of interviewees was captured, however this has not been included in the report in order to protect the anonymity of the interviewees. Ensuring the diversity of the experiences we captured was an essential part of the project.



## Young person 1



*"I liked my counsellor coz they were queer and non-binary and I'm genderfluid and queer, so it felt like they understood certain stuff." (At 42<sup>nd</sup> Street)*



This young person finished college in the summer of 2023, is estranged from their parents and now lives in supported accommodation. They first realised that they needed help from mental health services during the pandemic when they were 15 and their mood was quite low, but when they returned to school and requested a counsellor, the school didn't have one.

When they started college they again requested a counsellor and also spoke to their GP about their mental health. The GP referred them to Emerge to try and get a diagnosis which unfortunately wasn't successful since the relationship with their parents had broken down by this point, and the parents refused to cooperate with the service. (Emerge requires parents to be involved for clients who are under 18 in order to provide a family background etc.)

***"Emerge was more clinical than I expected, and it was quite grey and uncomfortable."***

The counsellor at college helped refer the young person to 42<sup>nd</sup> Street where they attended 18 sessions over approx. 18 weeks.

***"42nd Street was quite comfortable, but it wasn't like a therapist on the couch thing, but it was a small room with comfy chairs and stuff like that. 42nd Street was more like they listened more. They would normally ask at the start of the session – what do you want to use the session for today? So, it was up to you to decide. Sometimes it would feel good coz I would normally come in with something on my mind."***

The sessions finished with 42<sup>nd</sup> Street because they were busy revising for exams, but they still feel that they need more support so are self-referring back into the service.

Before they finished:

***“We spent the last session making notes for me to keep of coping mechanisms and stuff to wrap it up. I found the coping mechanisms that I got given quite handy and sometimes I pull it out and used it today and I think it gave me a lot of perspective and stuff for talking.”***

The young person is now pursuing getting a diagnosis for autism and ADHD via the GP and the GP has given them forms to complete. They have heard that the waiting lists are long but haven't been given any specific information on this.

The young person moved out of the family home as soon as they had finished their A-levels and they stayed with a friend whilst a case worker put them on a waiting list for supported accommodation. Unfortunately, since living at the accommodation, incidents have occurred that further highlight the young person's vulnerability.



The young person values having peers to talk to:

***“Just like meeting people who happen to be mentally ill. Sometimes we talk about it when we open up. It's nice to know that we have that in common...I ask if I can vent sometimes, and they ask me – it's that kind of thing.”***

## **Themes**

- **Lack of access to mental health services in school.**
- **The impact of the pandemic on mental health.**
- **The impact that the environment and the setting can have on the potential success of the treatment.**
- **The importance of having a consistent counsellor who is on the same wavelength and whom the CYP can trust.**
- **The value of letting the client lead the focus of the session.**
- **The need for a service that can flex to meet the needs of the client, eg not demanding parental input when the family unit has broken down.**
- **The value of having peer support.**
- **Providing extra support for CYP who are homeless/estranged from their family.**

## Young person 2

 *"I just thought they were like going to fix whatever was going on...but then I think everything got worse with all the other circumstances and then it got to the point where it's too beyond fixing."* 

This young person has experienced mental health issues since they were in nursery. Social Services first became involved when their parent's relationship became strained. At a young age they had begun to self-harm, which is still ongoing, and are receiving flexible counselling.

They attended a different school for one year and found it to be a very pressured academic environment where they experienced bullying, classism and racism. In high school their mental health needs worsened and it was in year 7 that they filled out forms for CAMHS but never heard anything back, despite chasing the counsellor.

They continued to receive counselling throughout high school, but didn't find this helpful as the counsellor didn't touch on what their relationship was like with their parents, and felt that it just focussing on getting them to revise more.

In the middle of GCSEs, relationships with their parents became further strained, and they attempted to take their own life.

As a result of this, interventions were put into place to support them followed by a monitoring call every 4 months to check if more therapy was needed. At a subsequent monitoring call, it was flagged up that more therapy sessions were needed, some of which had to be missed owing to illness, with no facility to rearrange them.

As a young adult they were referred to Living Well, but found that they didn't meet the referral criteria. They applied for alternative accommodation but found they didn't meet this criteria either.

When asked what he feels like he got from services so far, he is silent. So, when prompted with “Do you think you got anything from them?”, he responded:

***“Not really, no. I've, but I feel like I've wasted their time 'cause I've had all these sessions, but they've not done anything.”***

On a positive note, he is applying to University. He has reflected on his experience, and has clear ideas about how services could improve:

***“I think if there was more funding to put into getting more therapists, then that means that each therapist should have less patients to work with, so that they have more effort to put in, certainly probably care more about the patients... and ...they've got more time...for developing methods they've already got.”***

## **Themes**

- **Mental health problems can be deeply rooted in family issues from early childhood and the importance of receiving timely support.**
- **The difficult process of transitioning from CAMHS to adult services when you are having to navigate the system independently.**
- **The stigma within some cultures of admitting to a mental health problem.**
- **Lack of support in school – CYP coping with bullying, classism, racism, exam pressures and an unempathetic counsellor who wasn't reading what was going on with the family.**
- **The impact on a CYP's self-worth when therapies aren't successful.**
- **The lack of flexibility in some processes – e.g. early intervention appointments, application processes, neurodiverse forms.**
- **The lack of someone having a holistic picture of this CYP – strained family relationship and ultimate breakdown of that relationship, school pressures, history of self-harming from year 6 to the present day.**
- **The impact of rumours regarding waiting lists, leading to CYP being reluctant to start the process.**

## Young person 3 and parent carer – joint interview



*“We took, we ripped away everything that our kids had ever known for 7 years of their life, to suddenly doing something completely*

*different and then being expected to be thrown back in at the deep end.”*



This young person is aged 15 and lives with a family unit comprising of mum, an older brother who is 3 years older than the young person and struggles with undiagnosed anxiety, and the dad who has been unable to work for the past 3 years due to his own mental health issues and undiagnosed autism.

This young person was diagnosed with autism when they were nearly 12 but the mum had first raised concerns with her health visitor when the young person was just a baby and kept rocking. The concerns were dismissed for a while, and eventually, they saw a child psychiatrist at the age of 4 who agreed that there were autistic traits, but not enough for assessment.

***Parent: “No awareness to the fact that autism is not just about people’s ability to learn...because you were at the same learning level, nobody was aware of the fact that actually you had significant needs that just weren’t being met and it was blowing out at home, wasn’t it?”***

During primary school the young person was a good masker, but the parent continued to ask for support for the family and pointed out that the child was having 6-hour meltdowns at home.

***Parent: “I remember a teacher saying to me “are we talking about the same child?” because (young person 3) is rules driven so they were a model student at school.”***



At the end of year 5 the ACE team from the council came in to do observations, and by the start of year 6 the parent went to the GP with a list of evidence and got a referral to CAMHS. Tourette's had also kicked in at this point. The young person had started with ticks at the age of 7 or 8, but they have escalated over time.

About Tourette's, they say:

*Parent: "There's still more stigma associated with Tourette's than other mental health conditions. There's no support for anybody...and it's a really debilitating disease."*

*Young person: "I think it should be drilled into more that Tourette's is a condition that brings chronic pain, and I don't think people realise it, and fatigue as well...my brain was catastrophic. I couldn't control my own body."*

They then had an ADOS assessment in Feb 2019 in year 6 and accessed a bit of support through the hive at school in year 7, but the big trigger was going back to school after lockdown in year 8.

In November 2019 when the young person was nearly 12 they got a diagnosis of autism, but the young person wasn't offered any support or signposting for themselves, although the parent did get some paperwork and was signposted to a post-diagnosis group. Despite this, the diagnosis was a positive step for the young person:

***Parent: "So for you it was quite an affirming diagnosis wasn't it, because it then explained to you why your world felt different to people."***

The young person was also having mental health issues and by November 2020 was in crisis and having suicidal thoughts and self-harming. When they completed a self-referral to CAMHS they initially got a call back to say they couldn't accept it and that the anxiety was caused by the autism. The parent did not accept this, citing that their child had always been autistic but hadn't always been suicidal. The GP and school stepped in and supported another referral which was accepted.

The young person was also exploring their identity and felt that their gender was different than that at birth, and CAMHS did a referral to GIDS in 2020, but no other support

was offered. After 3 years they are still on the waiting list for the gender clinic service, and apparently the average wait is 5 years which they are finding challenging whilst going through puberty. Fortunately, the family have managed to find out about the youth service and an LGBTQ+ group which has been really helpful.

By the start of February 2021, the young person's separation anxiety was so bad that the parent couldn't even leave the house to empty the bin. They had been promised some adaptive CBT (Cognitive Brain Therapy), but the mental health nurse left and they were discharged in the April but told they would still be getting CBT. Three months later CAMHS called to say they should be waiting 6 weeks, but it took 6 months and a lot of chasing up before it started.



In those 6 months there was no signposting, but the family was told to go to A&E if the young person had suicidal thoughts. However, that was not a realistic option for the family as the young person had such bad separation anxiety.

The CBT lasted 3 months and was very helpful and the clinician was very good.

At first when they got their mental health diagnosis of anxiety and depressive disorder, it was a positive step.

***Young person: "It confirmed to me that what I was feeling was true and I wasn't just like mad."***

The psychiatrist they started with at this point prescribed medication which was very important.

 *"The medication was the turning point. (young person 3) needed that medication and had we not had that medication I'm not sure we would have been alive today. Things were that bad."* 

However, they didn't find the appointments with the psychiatrist helpful, and the psychiatrist continually used the wrong pronouns.

The young person struggled to cope with mainstream school and accessed nurture-based education for the whole of year 9 in 2021/22 which was transformative.

***Young person: "We owe, you know, we owe everything to them. They got me and took me in and then brought me back to being a human rather than, just say, sitting in the house."***

After having a few different psychiatrists, since October 2022 they have had regular monthly appointments with the same psychiatrist at Pendleton Gateway, and these have been really helpful, leading to referrals to the eating disorder team and other services. This psychiatrist is good at listening and explaining what's happening, and moving forward will now be seeing the young person every four months.

### **Themes:**

- **The impact of the pandemic.**
- **The impact of emotional barriers to school attendance.**
- **The impact on the parent – their career, their ability to support the wider family unit.**
- **The impact of long-term struggles to access support, making a CYP question the legitimacy of their struggles.**
- **The timing of gender identity struggles vis-a-vis puberty and the impact of long waiting lists for specialist support.**
- **The impact of the wrong language and the wrong pronouns being used for CYP.**



This young person started experiencing mental health issues in 2020 aged 13.

The family unit consists of 2 parents, the young person who is now aged 16, and their 13-year-old brother, and 13-year-old stepsister.

The mental health issues coincided with going back to school after the pandemic. The young person felt isolated and had low mood, depression and anxiety and the parent repeatedly asked both school and the GP for help but felt like she was batted about between the two.

During the summer of 2021 the parent hadn't made any progress with the GP or school, but then realised they could make a self-referral to 42<sup>nd</sup> Street themselves. Whilst on the waiting list, they continued to try and get mental health support and used the Link through school.

In December 2021 the parent received a phone call completely out of the blue from a police officer who told the parent that the young person had gone to a motorway bridge and attempted to end their life, and to meet them at A&E.

***“My only bug bear at this point was that the mental health practitioner that came down worked with adults not children, so they didn't really know the processes.”***

The parent ascertained that the young person had actually taken an overdose as well. After having the bloods checked etc, they were then discharged with an emergency 10-day statutory referral to CAMHS.

***“School were sort of like, well can you keep her off until you've been seen by CAMHS. Then you are 10 days in no man's land...not knowing is she gonna do this again? What safeguarding do I need to put in place at this point?”***

They were offered an Early Help Assessment which they refused, and then the young person started accessing CAMHS, who couldn't really offer any support. The parent mentioned to CAMHS that she had spotted some signs of neurodivergence over the past 2 years that had been swept under the carpet, so at this point the Neurodevelopment assessment process was started.

During this time 42<sup>nd</sup> Street also got in touch and started offering therapies, but they also didn't think that they were the right service. However the family feel that 42<sup>nd</sup> Street have

been really good as they have continued seeing the young person longer than the allotted time, given them a voice and only stepped back a couple of weeks ago.

In the summer of 2022, the young person was on a reduced timetable at school but was still exhibiting emotional barriers to school attendance and the parent repeatedly chased a meeting with the complex needs case manager.

By December 2022 they had been accessing CAMHS once every 2 months but by January/February 2023 things were heightened again, and when they contacted CAMHS they were told they had been discharged.

*"I feel like as a parent it's been left for me to do everything. You know – the GP – back to school – back to CAMHS – constantly back into 42<sup>nd</sup> Street, 42<sup>nd</sup> Street saying well, it's a bit out of our remit here, but we will support you – which you know, at least they didn't bat us away."*

It became apparent that the young person had been self-harming over a period of time and they have also twice phoned the parent to say they were feeling suicidal.

MDT meetings in December and February resulted in no further support being provided in school despite an autism diagnosis received in December, just 12 months after the referral. At this point the family made the difficult decision to remove the young person from school.

***"By this point I'd just had enough. And I just said she's not coming back to school. School is the stressor. School is the thing that's making her depression or anxiety and emotional well-being plummet... CAMHS weren't forthcoming with any decent counselling and therapies. Local Authority wasn't supporting those mental health needs in school or to my mind, sorting out an alternative provision so she was no longer in a situation that was making it worse...and she was a lot happier than she'd been in a long time."***

The transition to college in September 2023 has been challenging, and it took a few weeks for the family to be able to arrange the support that the young person needed. At this point the GP prescribed Sertraline which has helped.

***“The GP said we wouldn’t normally prescribe to somebody under 18 without having input from CAMHS he said. But I can see you’ve been back and forth to CAMHS and 42<sup>nd</sup> Street...thought that spoke volumes for even the GP to say we wouldn’t normally do this, we’d normally be relying on CAMHS to be doing that background work.”***

The family have found the school/college helpful with gender identity, and using their preferred name, but haven’t accessed any support through CAMHS with this.

There has been an obvious impact on the family from everything that has happened, including the stepdad having to work from home for a long period of time in order to take the young person to and from school/college every day, and taking them back and forth to appointments. The young person has a younger brother who is also autistic, but their condition manifests itself in a different way (while this young person needs quiet when anxious, their younger brother verbally strims), so this can cause a strain on their relationship. And the relationship with the stepsister is equally strained as they hardly talk.

Despite all this the family have not been offered any specific support to help in their situation since the Early Help offer, and the parent has now reached the point where they have requested counselling.

***“The biggest cause of divorce after losing a child is supporting a child with additional needs...Parent carers, you need to look after them in order that they can look after the child.”***


## **Themes**

- **The impact of the pandemic.**
- **The impact on a parent of battling between services – GP – school – CAMHS – 42<sup>nd</sup> Street, and feeling as though you’re falling between the gap.**
- **The impact of a suicide attempt within a family, and the weight of the responsibility on the parent to keep that CYP safe.**
- **The impact of mental health issues on education, resulting in lower exam results, and a more difficult transition to college as there is no support package in place.**
- **The impact on a parent of managing multiple SEN within a family, the impact on the family dynamic, and the impact on the parent’s career.**

- **The positive role provided by 42<sup>nd</sup> Street who have kept offering support to this CYP.**
- **The impact of extreme anxiety on CYP – they are not able to even ask the teacher for a pen.**

### Parent carer 3

**6** *“[School SENCO staff member] sat there and she went: “I’ll send you the neurodiversity forms,” she said, “for you to fill in”, she went. “They’ll get thrown out though,” she went, “because there’s nowt wrong with her.”*



This young person aged 12, lives with her mum who has a physical disability, her dad, and her younger brother who has autism. She also has an older brother who has autism who lives separately.

She started being very interested in gymnastics at the age of 5 and enjoyed it for several years, competing at a high level. By the time she was 10, it became apparent that she wasn’t enjoying training practices as one of the coaches shouted a lot and bullied the children. An incident took place whilst she was at practice, which resulted in an injury to her elbow, and this has had a big impact on her gymnastic ability and her overall confidence.

In September 2022 at the age of 11 she started high school and didn’t cope well with the shouting in the classroom situation and started having panic attacks and struggled to sleep. They requested support and wanted to try and get access to the i-Reach programme.

***“School said you need to go to your doctor and ask your doctor to refer you to the i-Reach programme. So, I went to my doctor...and he said no - school. So, I was in a battle with them.”***



So the family requested Early Help, who had already been involved with the family. They were very helpful and in June 2022 put the young person onto an 8 week i-Reach programme to help with her anxiety and moods. The support has continued well beyond 8 weeks as the young person had built up a good relationship with the therapist who she trusted, to the extent that she shared that she had been self-harming for a while – punching her legs and her head, and banging her head against the wall.

The parent feels that the young person is now also showing traits of being autistic, and being dyslexic, and the young person herself has said that she feels she has ADHD.

***“I’m looking at her and I’m thinking there’s so much more than I’ve seen before because she’s had this mask, and it’s like she’s trying to hold onto this mask, and it’s just slipping. And it’s slipping rapidly, you know.”***

The parent called a TAC meeting with school to discuss neurodiversity with the young person present, but staff were dismissive about the likelihood of neurodivergence, which annoyed the parent. The parent is now in the process of completing the forms but has been told that there’s a 2-year waiting list to be seen. They have contacted their GP in order to go through the “Right to Choose”, but the GP has told them that’s not possible.

The young person has had panic attacks about going into school and school are now coming up with a plan to support her to attend.

She continues to attend gymnastics, albeit at a greatly reduced timetable. She has made good progress through the i-Reach programme and will now tell the parent when she feels that she wants to hurt herself. These episodes are getting less frequent, with only 2 instances occurring in the past 3 months. And i-Reach will soon pass on the responsibility to the school, but will maintain overall management of the support, and the family feel happy with this.

## **Themes**

- **The importance of continuity of staff for some CYP – it takes a long time to develop trust and if they don’t trust the therapist/professional then they won’t engage and will leave the service.**
- **The impact of a professional being dismissive regarding the likelihood of a neurodivergence diagnosis.**

- **The impact of CYP researching mental health and neurodiversity on the internet and self-diagnosing.**
- **The impact of teenage girls being able to mask neurodivergent traits in an educational setting.**
- **The i-Reach service has been excellent, but the process of getting there was difficult. The parent was batted between the GP and school, and this caused delays.**



## Staff member 1



*“It doesn’t feel right as a practitioner to have somebody waiting that long. Yeah, it’s hard.”*



The first person we spoke to has worked for 42<sup>nd</sup> Street for over 4 years. They have definitely noticed an increase in workload over the past 6 months, and a drive to make the organisation as efficient as possible. New practices include a new case management tool, which analyses how long a client has been DNA (Do not attend). The aim is to see more CYP over any given period, but also to offer more support and signposting through the various services.

**“Our duty team will do kind of additional work with young people who are at risk or might need some additional support before they hit the top of the waiting list. And because we’ve had so much more referrals, there’s just so much more of these young people.”**

This staff member feels that the pandemic has definitely had an impact on referral rates.

*“When lockdowns were lifted and people back in schools it just seemed at that point, we started to see a massive increase of referrals...almost like that process of that kind of collective trauma, that was like when you stand still that’s when it starts to hit. And I think that happened to a lot of new people. I think going back to school was a big thing, really difficult.”*

They also point out that other services were limited during the pandemic, which further increased the need coming out of the pandemic. Furthermore, they feel that there was a cultural shift and mental health was more talked about during and after the pandemic.

One-to-one support normally consists of 12 – 20 sessions, and there is also brief intervention support which consists of 6 sessions. The meetings might take place at 42<sup>nd</sup> Street offices in Manchester but are more likely to be in a local community venue or GP surgery. The variety of venues which are used means that 42<sup>nd</sup> Street doesn't have the same control over the setting, and the décor etc and these factors could influence how the CYP feels about the service.

Due to the fact that some people are referred into 42<sup>nd</sup> Street, they can find that the client doesn't actually want the support they can offer, and sometimes it can be difficult to ascertain whether this is the reason for a DNA rather than the complexity of the client's life.

42<sup>nd</sup> Street also run many peer support groups from the Manchester base, such as identity-based groups like a black men's group, a care leavers group and an LGBTQ plus group and young CYP or families can self-refer into these. In an ideal world the staff member would like to offer more creative therapy interventions, and also be able to have a base in Salford and Trafford, so that the service was more easily accessible. One-to-one clients are offered some flexibility if they want to work with a practitioner from a particular background, e.g. the LGBTQ plus lead, but such requests may further impact on their waiting time.

In terms of the staff member's own well-being, they acknowledge that it has been affected by their work sometimes, but they have regular supervision, and also clinical supervision.

***“I think it's just, as a professional, I feel like we have a duty to kind of manage that. And I think that's important. So, I do make sure that that I'm doing all my stuff that I need to do that helps me outside of work to manage my mental health.”***

Generally, the staff member feels that senior management welcomes feedback and that the organisation can react to changing situations, with the aim of increasing efficiency. For example, due to the long waiting list, which is currently 18 months long, the referral process is changing, and referrals will not be accepted from other health professionals for 1-1 work, and may only be accepted for self-referrals, until April 2024.

Despite this, the staff member feels that they are treated with respect by the clients.

***“I think we generally probably see the best of young people 'cause we're not in a role of authority to them...Generally speaking the young people are just lovely and they want to access support and they might get frustrated with things within the service but they always seem very polite and understanding about it. More than their parents actually.”***

## Staff member 2



*“Can you imagine being on a ward where you’re sensory sensitive and don’t like change, and then you’re taken to A&E, and you have to stay there longer than you know...it’s really difficult...we try to support as best we can.”*



This staff member works as a Consultant Clinical Psychologist at CAMHS and has done so for many years based at Pendleton and is now part of the Senior Leadership Team (SLT).

***“I’m a proper CAMHS champion because I think at CAMHS we deal with a lot of different things, like GPs... Whatever the mental health difficulty that comes in, we have specialist CAMHS. We have CAMHS for looked after children, we have CAMHS for children with eating disorders. At the moment we’ve just developed a new parent and infant relationship service. They are all very specific...get down on your knees, meet lots of families, work out what on earth is going on and develop a formulation is really difficult, but really rewarding.”***

Most clients are referred to CAMHS by their GP, but also some through A&E, other agencies, social workers, and some people self-refer.

The criteria for accessing CAMHS has changed since COVID because the demand has massively increased by approx. 45%, so the thresholds are now higher. And if CYP don’t meet the criteria they are signposted to other services such as 42<sup>nd</sup> Street, Kooth online, the mental health in school service or other agencies. Regular meetings with these different agencies ensure that referrals are going to the right place at the right time, and that the organisation is following the THRIVE model.

An example of the change in thresholds is that the majority of CYP who were presenting with self-harm 10 years ago would have been seen by CAMHS. But those numbers have

now quadrupled and there are now other agencies who are trained to offer support to these CYP, e.g. school nurses.

***“So, we’re not able to see everybody. And I don’t think we need to see everybody because there are all the services...One of the criticisms from families and young people might say, “Well I was referred to CAMHS and they sent me away and I went to this service and this service. But I’m back in CAMHS 2 years later with something more serious, or you know, more concerning, or more challenging, more risky.” So often people use that for a reason – “We should have had CAMHS then.” But I feel it is more complex than that and when we do say to families that if we can’t meet their needs at any point in time, we always suggest an alternative.”***

There is an all-age mental health liaison team at A&E who have specialists who are trained to work with under-18s, do an assessment and decide whether that young person can go home or needs to go to hospital. Sadly, Salford Royal doesn’t have any paediatric beds so staying in hospital would entail a transfer to Manchester, Oldham or Bolton.

If the CYP is safe to go home, they will get a referral to CAMHS and also through to the i-Reach service and mental health in school service.

Longer bed waiting times in hospital, mean that more time is spent supporting CYP who have come into hospital, sometimes for mental health, and sometimes for social care reasons which are preventing them from going home.

***“So, we spend lots of our time going travelling to the wards to keep checking on their mental health, advising staff how to manage them, how to keep them safe, how to de-escalate, how to use coping strategies etc. So, we do a lot more of that than I would say we ever had before.”***

The numbers of CYP who present with diagnosed or undiagnosed neurodiversity is now approx. 60% of the caseload at CAMHS. When these CYP are in hospital there sadly isn’t specialist provision for their needs. They gave an example of a recent situation:

***“A young person who is awaiting a social care bed because the relationship with the family has broken down and was kind of expressing suicidal ideas, but there isn’t a treatable mental health condition, but there is a diagnosis of ASC...But sometimes the system is blocked. And it’s not always to do with finances...but it’s also to do with level of experience, and trained staff. You know, people can find the money***

***when they need to find the money for somebody. But if there isn't a home for this girl who needs a very safe space, or she will run off...At the moment it's not a mental health need but we will attend the meetings every day to support the system to make sure it doesn't become a mental health need."***

The pandemic has definitely had an impact on awareness and the number of CYP wanting a diagnosis of mental health or neurodiversity.

***"I think it was changing before in terms of neurodiversity and mental health...how referrals and stuff were slowly growing. But it's skyrocketed during that time because of all the challenges that young people had to face, and then going back into what's supposed to be back to normality. Young people massively struggled with that because of everything they missed out on over those 2 years."***

The neurodiversity pathway is a separate assessment arm of CAMHS but may still require an actual assessment from CAMHS if, for example, it's regarding someone of high school age, or a particularly complex case.

***"Because we've got so many people trying to get to us, we're trying to find the people in there who absolutely need ongoing regular therapy or might need to be in hospital...We've got good systems to work that out, but I used to worry that you can't see the wood for the trees, because everybody wants some kind of mental health support. But we need to find out the ones who do need intensive therapeutic specialist interventions."***

Families who have been on the waiting list for up to 2 years may then be told that their child may not have autism, and the clinician might suggest parenting support classes. This isn't always well received by families.

***"A lot of families are desperate aren't they for an answer? And then if they're not getting that answer and it's bouncing back to them, whether it's in terms of family therapy or parenting courses, and they want someone else to kind of solve a problem, and that's a massive part of your work...I try to use my own experience, put yourself in their shoes, try to give them the best experience of your service that we can."***

The staffing numbers have gone down since the pandemic meaning that various therapies had to be drastically reduced, e.g. CBT (Cognitive Behavioural Therapy). New



staff are now being recruited but there are still currently vacancies and that impacts on capacity.

Also, prior to the pandemic, there was an active participation group which sat on interview panels for recruiting CAMHS staff, and worked closely with the Lowry Theatre, getting involved in decorating the meeting rooms at CAMHS in order to make them more user-friendly. It is hoped that this face-to-face work will be starting up again in the near future, as well as increasing links with parent carers.

CAMHS took part in a Bee counted inspection last year (Part of the Greater Manchester Youth agreement) and one finding was that they need to increase marketing and social media presence in order to increase clarity on what CAMHS can offer and to whom. The THRIVE directory is also available to help signpost and raise awareness of pathways for different issues.

If awareness of the service can increase, then it is hoped that the number of referrals will decrease, as people will realise they don't meet the criteria and there are other services available to support emotional well-being – universal services in Thrive language. Until recently, the duty practitioner would be screening 15-20 referrals every day, many of whom don't meet the criteria, and phoning them regarding the outcome, and offering signposting.

***“If they just get that in a letter, they sometimes feel really unhappy with that. But we said those seven hours we could have seen another 3 children face-to-face. So, we’ve had to back off from our phone calls and we are having to send some via letter.”***

In terms of client attitude, it's generally positive but as part of their leadership role this staff member deals with complaints.

*“Some of it is often about the waiting times, and there’s nothing we can do about that and that’s really frustrating, but I think sometimes clients take that out on clinicians. When we get positives about clinicians it’s lovely when we get those families who are really grateful for the input we’ve done...But I also, as the parent of teenagers, would probably do a lot of the things that the parents that I work with do...because I think they need to fight...because if they’re not fighting for their young person, then who is?”*

There are good systems in place for staff to monitor their own well-being.

***“But I’d be lying if I said I don’t go home and think about these young people and want to be able to do more or solve problems...and it’s interesting, the cases that get to you, that you lie awake at night thinking about, and sometimes it’s not the cases you think it will be.”***

And there is a balance needed for staff to support a client but not create that dependency, particularly as a CYP gets closer to 18 and transitioning to adult services.

***“I feel responsible for the staff team, so when they’re upset, I have to try and solve it. Same with young people - I’m a rescuer. And sometimes as a therapist, you can’t be the rescuer, which is tough.”***

**6** *“I would love people outside of here to know how hard we work because I think people don’t know. People see us saying “No”, or it’s “We’re not gonna offer you this”. When we offer a lot, to a lot of people... I find that really hard when that wider narrative is that we don’t care because I’ve never met a workforce who care more.”*



### Staff member 3



*“Sometimes in the NHS they want to put a big poster up at the front window and say, “Do not shout at us”. And yeah, we should get that. But I think we have to understand why is someone shouting at you? Because they’ve, you know, come with all these expectations, I’m going to get help finally, and then you’re telling me I’ve got to wait another 20 minutes or the doctors not available, so yeah, people are assertive in asking for their needs to be met.”*



The final staff member we spoke to works as a CAMHS Service Manager responsible for the Emerge 16-17 service, and again has worked in CAMHS for many years.

The service is keen to encourage CYP to participate in how the service is run, including having CYP and families involved in training staff either by testimonial/video/co delivery and sharing their experiences at monthly meetings. There are also young people’s councils within the community and one within the hospital, called a youth zone. Commissioners are also required to include the voice of CYP and families in shaping up new services. There are participation champions on each team, and 2 new participation workers are being recruited who will be young people with lived experience and they will be supported to increase participation and link up with EDI and diversity champions – including marginalised young people in everything the service does.

The staff member agrees that the pandemic has had a massive impact on mental health, and that there has been an increase in neurodiversity.

***“It just feels like there is so much more demand for the assessment to see if young people have Neuro Diversity (ADHD / ASC). We are also seeing much more young people who are neuro-diverse needing mental health support per se. ”***

There is currently only one person qualified to carry out ADOS (Autism Diagnostic Observation Schedule) so there is a long waiting list for that service.

Another issue is that there is a difficulty in getting medication for CYP with ADHD who are post-18 as GPs are reluctant to prescribe.

***“We have got a real crisis with the ADHD post-18. So that then leads us to a dilemma – should we, could we perhaps do the diagnosis, but maybe we won’t commence medications because...there isn’t anywhere to transition them on to in Salford. Doctors are saying no, I’m not sure, I’m don’t feel happy not commencing medication if we have diagnosed, but that would mean in a service commissioned for 16 and 17 years old, we are treating more and more over 18s and that will impact on the wait for services for the 16-year-olds coming in/ am trying to liaise with commissioners and the lead clinical GP about how we’re going to manage that because it’s not fair on young people.”***

The service is always changing to make it more effective, and recently introduced “4 weeks to help” which means that everyone who comes into the service will have an assessment and access to some kind of helpful mental health support within 4 weeks.

The services are committed to being accessible to young people who may be marginalised.

*“I am very passionate about young people so I get upset when I can’t do good transitions, when young people are stuck on wards inappropriately, when I feel that decisions are not the right decisions, where we’re fighting between services. And I feel like we as services need to step forward instead of stepping back, and I know we all feel overwhelmed, but yeah, I get emotional... about young people’s journey and looking after them, so that’s my heart, that’s what really stresses my heart, my head.”*

There is a balance required when working with a client:

***“Participation is not something we do at the end...it should be about partnership working – What’s brought you here today? What help do you need? Am I the person***

***or is it someone else?...We've got some skills that we've been taught and were good at them but were not the expert on you. You're the expert on you...And sometimes that can be challenging for families because they want you to be the expert, and they want the old-fashioned doctor to tell me what's wrong and give me something."***



And as regards the client's attitude to staff:

***"On the whole people are grateful. I think, perhaps because of the internet, people are more knowledgeable, ...I've looked up these signs and symptoms – this is what I think I've got. Can you prescribe me something?" So that can be hard for practitioners as we still need to do our assessment, which might be a different view."***

Ultimately though the staff are empathetic of how families feel.

In terms of what is working well the staff member talks about the various early interventions that are now in place, including under 5 services, and Thrive offer, and also offering a good initial assessment, offering good therapies when you get there, a really robust risk package, and having really well-trained staff.

Finally, the staff member would like to say:

 ***"I want to do a good job for those young people...that is genuinely why I come to work. That's what it is for me – it's a vocation.". You wouldn't do this job if you didn't care, would you?... I do believe that we do offer a really good service, and I would say can you bear with us? We are really sorry, but the demand is so high. We're not forgetting you when you're with us. We do review our waiting list, and they are long. But I think you will get a good service when you get in."*** 

# Key recommendations

We appreciate that accessing additional funding is not always possible, which places more emphasis on procedural improvements.

- Ensure clear communication on the criteria to access the various young people's mental health services, what the pathway looks like, and the likely waiting times. Information must be easily accessible, and increased use of social media and texting could facilitate this. The current rumours about waiting lists are deterring people who need services from accessing them.
- Improve signposting both before and immediately after a referral, and carry out analysis of the role of the THRIVE directory – is it widely available in schools and other settings, and do people find it user-friendly?
- Increase promotion of existing peer support groups/buddy systems and explore the need for further groups. Both CYP and parents report that these are extremely beneficial – they highly value having someone else to talk to who is in a similar position and can empathise.
- Improve training for staff on hospital wards to support CYP who are/might be neurodivergent, in order to alleviate the pressures and travelling time to different hospital settings for CAMHS staff.
- Implement immediate support and counselling provision for any parent whose CYP has attempted suicide. Unpaid carers need to be given the support mechanisms to care for themselves and their family safely.
- Conduct further analysis on neurodivergence amongst girls in school, and review SEL provision (social and emotional learning). Two of our families spoke of teenage girls being able to mask neurodivergent traits in school and concerns not being taken seriously.
- Implement some kind of traffic light system for referrals into CAMHS (if it isn't used already as part of the triaging process). The system should take account of, for example:

- people who have been referred in (who may sometimes be more reluctant to engage with the process and less needy),
  - those CYP who are estranged from their families/have little family support (who may require a quicker intervention, maybe can't provide the expected family history, and may have more DNAs than usual -one young person turned up at the wrong location for our interview but we adapted the process.)
  - those CYP whose family have other members with SEN (and may find accompanying CYP to appointments difficult).
- Consider the development of four key projects when the CAMHS participation group is relaunched, and they are working more closely with parent carer groups, around the following themes: 1) When a family has been on the waiting list for 2 years and they are then told their CYP is not neurodivergent, what is the best way to relay that message, and what support would that family need moving forward after a 2 year gap? 2) A day in the life of my family – Awake all night settling the CYP to sleep, mediating arguments with siblings who have SEN, then late for school and appointments etc – what does my family need to gain the most benefit from the service when we eventually attend the appointment? 3) A role play situation exploring how families would feel when they hear “Oh we’re all a little bit autistic”, “there’s nowt wrong with her”, or “It’s a bit out of our remit”, and recording how these conversations could have been better worded for use in staff training 4) Further work to be done looking at settings and how user-friendly they are, as although this was looked at previously, there have had to be some changes since the pandemic and some CYP say that the setting is having a negative impact on their experience.
  - Conduct further analysis in cases where families were signposted from CAMHS to other support and ended up back at CAMHS – what are the reasons for this, and how can the decision-making around this be improved?

***We requested a response from commissioners and delayed the publication of this report to be able to include this, but a response has not been provided.***

# Glossary

**42<sup>nd</sup> Street** – a charity offering support and advice for young people’s emotional health and well-being and are based in Manchester, but also cover Salford and Trafford.

**Adverse Childhood Events (ACE)** – Things that happen in childhood which could have a negative impact on emotional health and wellbeing e.g. parents divorcing, poverty, abuse, domestic violence.

**ADOS** – Autism diagnostic observation schedule.

**ADHD** – Attention Deficit hyperactivity disorder.

**ASC** – Autism spectrum condition.

**CAMHS** – Child and Adolescent Mental Health Services.

**CBT** – Cognitive Behavioural therapy.

**CYP** – Children and young people.

**DBT** – Dialectical Behavioural therapy.

**DNA** – Do not attend.

**EDI** – Equality Diversity Inclusion.

**Emerge** – Emerge is the targeted CAMHS service aimed at 16-17-year-olds and might take place at schools/college settings, in the community or in some rare cases home visits. The offer is an initial assessment process and then a working in partnership with the young person a plan is put in place for ongoing care at Emerge or signposting on to the appropriate support services.

The Therapeutic offer in Emerge can be a range of talking therapies like IPT, CBT, DBT (Dialectical Behavioural Therapy) or EMDR (Eye Movement, Desensitisation and Reprocessing). The standard number of sessions offered varies depending on the intervention model and the young person’s choice.

**GIDS** – Gender Identity Development Service.

**GM** – Greater Manchester.

**IAPT** – Improving Access to Psychological Therapies. This is a term used to describe talking therapies.

**LAC** – Looked-after Children.

**LGBTQ plus** – Lesbian, Gay, Bisexual, Trans, Queer plus.

**LINK** – Link between young people’s mental health services and schools/colleges.

**MDT** – Multi-disciplinary team.

**SEN** – Special Educational Needs.

**SENCO** – Special Educational Needs Coordinator.

**SLT** – Senior Leadership Team.

**TAC** – Team around the child.



# Signposting and further information

**Childline:** A free 24-hour confidential helpline for children and young people.  
Helpline: 0800 1111 <https://www.childline.org.uk/>

**42nd Street:** Provides support for young people aged 11-25 experiencing difficulties with their mental health and wellbeing.  
Contact: 0161 228 1888 <https://www.42ndstreet.org.uk/>  
Email: [theteam@42ndstreet.org.uk](mailto:theteam@42ndstreet.org.uk)

**42nd Street – Online Counselling:** A free and friendly service for young people in Salford aged 16-25. <https://onlinesupport.42ndstreet.org.uk/>

**The Mix:** Online emotional health and wellbeing support for under 25s.  
Helpline: 0808 808 4994 <https://www.themix.org.uk/>

**CAMHS Single Point of Contact:** Provides information, advice and consultation prior to making a referral to CAMHS.  
Contact: 0161 518 5400

**Salford Youth Service:** The service is delivered across Salford in youth centres, schools and community spaces for 11-25 year olds.  
Contact: 0161 778 0700

**Emerge:** A stand-alone CAMHS service which focuses on the specific needs of 16 - 17 year olds with moderate to severe mental health problems.  
Contact: 0161 226 7457

**No Panic:** Advice and information for people suffering from panic attacks, phobias, OCD, related anxiety disorders.  
Youth Helpline: 0330 606 1174 <https://nopanic.org.uk/>

**Young Minds:** Supports the emotional wellbeing and mental health of children and young people. <https://www.youngminds.org.uk/>

**SIASS:** Offers information, advice and support to children, young people (up to age 25) and parents about special educational needs and disability, including matters relating to health and social care.  
Contact: 0161 778 0349 / 0343  
Email: [siass@salford.gov.uk](mailto:siass@salford.gov.uk)

**Portage Service:** Home visitors support children and families at home, working in partnership with parents/carers to develop play-based activities that support all areas of development.  
Contact: 0161 778 0384  
Email: [SLW@salford.gov.uk](mailto:SLW@salford.gov.uk)

**Kidscape:** Young people, parents and professionals with practical strategies to prevent bullying. <https://www.kidscape.org.uk/>

**Start in Salford:** The creative activities provided Start can help people overcome emotional difficulties and learn new skills.

Contact: 0161 351 6000 <https://www.startinspiringminds.org.uk/>

**Manchester and Salford Eating Disorder (MSEDS):** Provides community support to children and young people up to the age of 18 with a suspected or diagnosed eating disorder including early intervention.

Contact: 0161 701 0447

Email: [MSEDS@cmft.nhs.uk](mailto:MSEDS@cmft.nhs.uk)

**Kooth:** Free online counselling and emotional wellbeing support for young people aged 11- 18 years and offers a variety of resources, including live chat function that allows young people to contact a qualified counsellor, crisis information and self help resources. <https://www.kooth.com/>

**Spectrum Gaming:** Spectrum Gaming is an autistic-led UK based charity that supports autistic young people. <https://www.spectrumgaming.net/>

**Salford Thrive Directory:** The directory will help you access useful information about different types of resources and services that are available to support children and young people's social, emotional health and well-being and to provide guidance when making a referral into

services. <https://www.partnersinsalford.org/salford-0-25-advisory-board/salford-thrive-ehwb/emotional-health-service-directory/>

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# healthwatch

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