



Waiting for Wellness: Phase 2

Exploring young people's experiences of mental health and accessing mental health services in Lancashire

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Abbreviations

CAMHS	Child and Adolescent Mental Health Services
PDA	Pathological Demand Avoidance
ASC	Autism Spectrum Condition
ADHD	Attention Deficit Hyperactivity Disorder
ELCAS	East Lancashire Child and Adolescent Services
IRS	Initial Response Service
EHCP	Education, Health and Care Plan
LSCFT	Lancashire and South Cumbria Foundation Trust

Executive Summary

This report details the findings of our project exploring young peoples' experiences of mental health and accessing mental health support in Lancashire. This project follows on from our initial project which was published in October 2023 where we explored the experiences of Lancashire residents who had experience of waiting for support from mental health services.

Feedback uncovered a series of barriers to accessing support, which for many, resulted in a decline in their mental health and feeling unsure of where to go for support.

Feedback was gathered from **110** young people, **31** parent/carers and **1** college wellbeing officer. 26% of young people had received a mental health diagnosis and the most reported reason for young people's poor mental health was 'stress'.

A main theme we identified was multiple barriers in accessing support for those who are neurodivergent, particularly those with autism and/or ADHD. The barriers highlighted included:

- A lack of support from CAMHS (Child and Adolescent Mental Health Services) due to staff not being sufficiently trained in neurodiversity.
- Young people being discharged from CAMHS without receiving treatment due to their autism or ADHD.

These barriers resulted in some young people unable to access education and some parent/carers having to pay for private mental health support.

There were disparities identified in available support within educational settings. Although 79% of young people knew what support they could access at school, college and university, some young people were not aware or they had negative experiences of receiving support.

Negative experiences of CAMHS was also identified through feedback from young people and parent/carers particularly around transitioning from child mental health services to adult mental health services. Long waiting lists provided a barrier, along with being discharged without treatment due to not qualifying for treatment.

We asked parents and carers what support they needed for supporting a young person struggling with their mental health. Support groups was the most mentioned form of support needed, so that parent/carers could speak with people going through similar experiences.

There were positive experiences to be celebrated including 46% of young people receiving mental health support either on the same day or within a month. Also, the high proportion (79%) of young people who were aware what support was on offer at school, college and university.

These findings have helped to formulate recommendations for the attention of providers of mental health services in Lancashire including Lancashire and South Cumbria Foundation Trust (LSCFT) to help improve the access and experience of mental health services in Lancashire.

Introduction

About Healthwatch Lancashire

Healthwatch Lancashire is the independent voice for Lancashire residents using local health and social care services.

Healthwatch Lancashire talks to people who use local NHS and social care services to hear about their experiences, identify what's working well and what could be done better so that services can improve.

Healthwatch Lancashire is here to:

- Provide information and signposting to local health and care services so that people get the support they need.
- Listen to views and gather feedback about health and social care services.
- Improve the quality of services by making sure service providers and decision makers listen to the views and use these to make services better.
- Encourage people running services to involve local people in changes to care.

Healthwatch uses people's feedback to better understand the challenges facing the NHS and other care providers and we make sure people's experiences improve health and care for everyone – locally and nationally. Healthwatch was established in April 2013 as part of the implementation of the Health and Social Care Act 2012.

Introduction

In October 2023, Healthwatch Lancashire published their report ['Waiting for Wellness: An investigation into people's experiences and the accessibility of mental health services in Lancashire'](#). This was in response to hearing an increased amount of feedback regarding accessing mental health services and long waiting lists. One of the main findings of this project was that young people were struggling to access the mental health support they needed.

As a result, Healthwatch Lancashire used this intelligence to conduct a second phase of the project to explore in more detail, the experiences of young people when accessing mental health support.

Using a range of different methods, feedback was gathered from young people and parent/carers to understand factors leading to poor mental health, the experiences of receiving mental health support, waiting times and whether young people had been signposted to additional support whilst on a waiting list.

Support required for parent/carers who have a young person struggling with their mental health was also investigated.

Analysis of the feedback gathered has informed recommendations for the attention of the NHS and other relevant stakeholders.

Acknowledgements

Healthwatch Lancashire would like to thank all the people who gifted their time by sharing their views and experiences during our engagement for this project. We understand this is a sensitive topic and appreciate people sharing such personal experiences with us to support our work.

We would like to thank Lancashire and South Cumbria Foundation Trust who have been open and welcoming of our input in both the initial Waiting for Wellness project and phase 2 of our work. Our thanks also go to our volunteers who dedicated their time to support us with the engagement.

Methodology



Engagement ran from 2nd October 2023 to 4th January 2024. Qualitative and quantitative data was captured through case studies and two online surveys. Feedback was received from 142 people (110 young people, 31 parent/carers and 1 college wellbeing officer). 20 people shared their experiences in detail through a case study which have been compiled into a separate case study report which can be found on our website.

One online survey captured the views and experiences of young people (aged under 25), including contributing factors to poor mental health, what support they had accessed, how long they had to wait for support, what support they could access through school/college/university and any barriers they had faced when accessing support for their mental health.

A second survey captured the views and experiences of parent/carers with a similar focus on services accessed, waiting times and barriers experienced. Parent/carers were also asked what support they needed whilst supporting their young person struggling with their mental health.

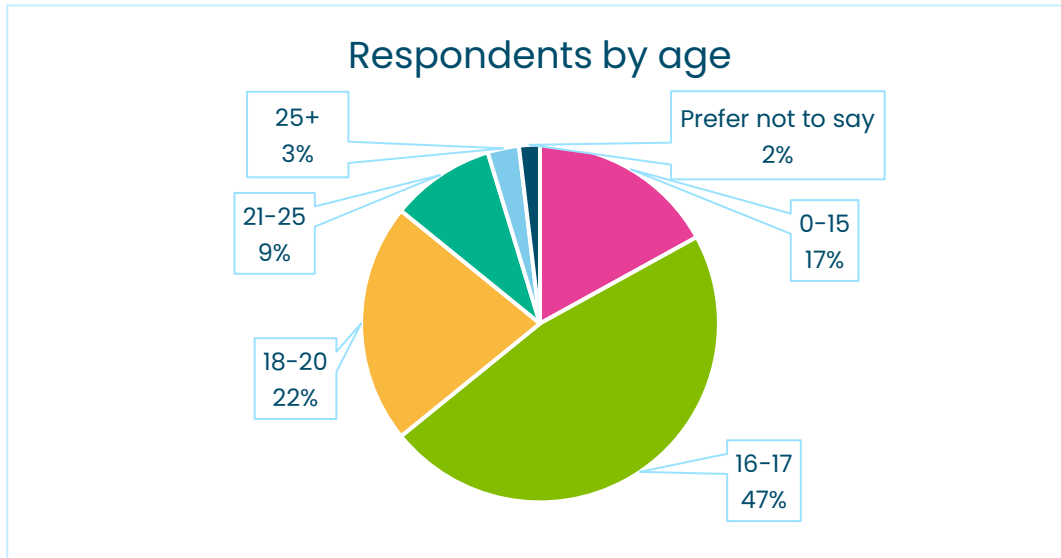
To ensure a wide range of demographics and communities were included in the research, engagement was targeted through community groups such as youth zones, youth hubs, colleges and focus groups. The online survey was also shared with relevant organisations that support or work with young people and advertised on Healthwatch Lancashire's website, social media platforms and e-newsletter.

During engagement, Healthwatch Lancashire staff and volunteers completed the survey with respondents and inputted this onto the online platform. Staff also had signposting information to mental health support on hand to provide to anyone who requested it.

Please note: Some quotes and case studies refer to the term 'CAMHS' (Child and Adolescent Mental Health Services). However, this service in Lancashire is officially known as Child and Young People's Psychological Services (CYPPS). In this report, when respondents use the term CAMHS, this is the same as the CYPPS service.

Demographics

Young People



Gender

60 female

36 male

3 non-binary

4 prefer to self-describe

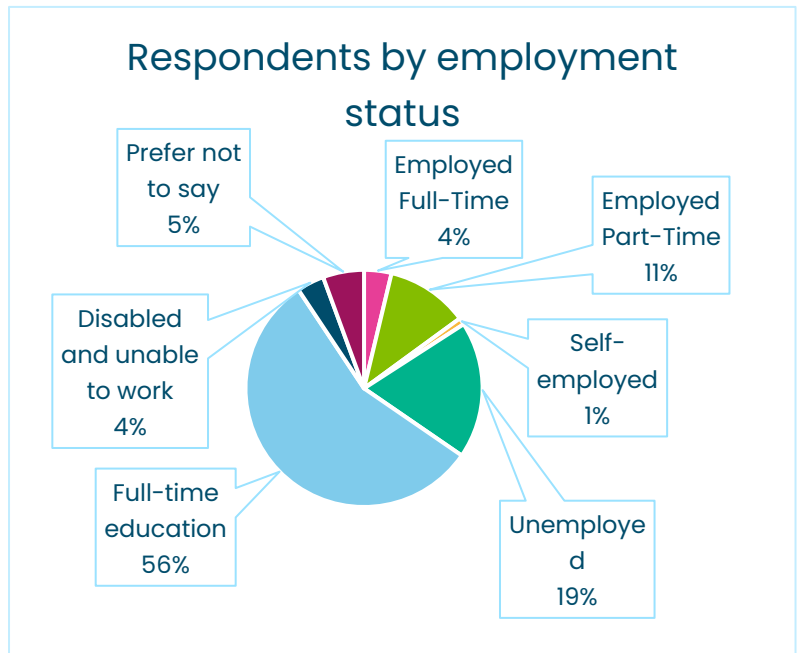
4 prefer not to say



85% of respondents' gender identity was the same as the gender on their original birth certificate.

Ethnicity	Number of respondents
White	
British	72
Irish	2
Other	7
Asian or Asian British	
Indian	4
Pakistani	14
Bangladeshi	2
Other	2
Black or Black British	
African	2
Mixed/Multiple	
White and Asian	2

Post Code area	Number of respondents
PR (Preston)	45
BB (Blackburn)	22
LA (Lancaster)	18
WN (Wigan)	3
FY (Blackpool/Fylde)	3
Other (outside of Lancashire)	3



26% of young people were part of the LGBTQI+ community. Of these, 59% shared that their mental health had got worse in the past month. 41% had received a diagnosis for their mental health.



21% of young people were neurodivergent. Of these, 55% shared that their mental health had got worse in the past month. 41% had received a diagnosis for their mental health.



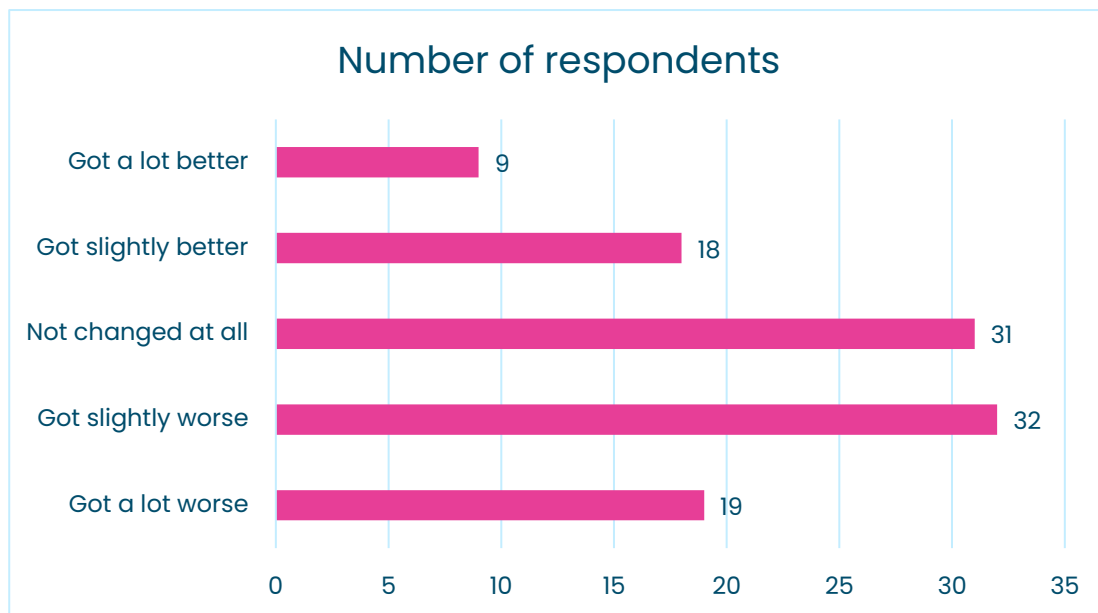
19% of young people had a disability. Of these, 55% shared that their mental health had got worse in the past month. 45% had received a diagnosis for their mental health.



18% of respondents had a long-term condition. Of these, 74% shared that their mental health had got worse in the past month. 47% had received a diagnosis for their mental health.

Findings

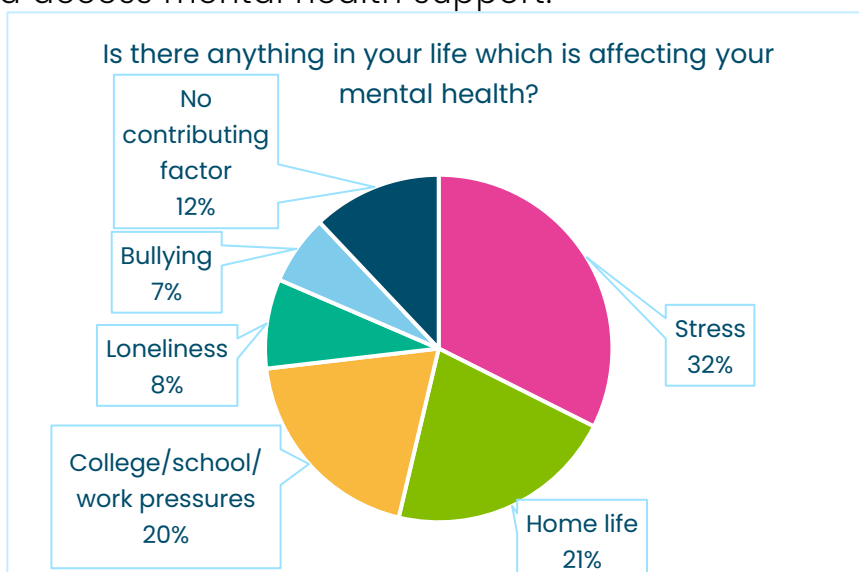
Young people were asked about their mental health in the past month and whether they feel comfortable talking about their mental health and seeking support if required. The below table displays how the mental health of 109 young people had changed in the past month:



26% of young people shared that they had received a diagnosis for their mental health. Of those who shared their diagnosis, the most common was depression (13) followed by anxiety (10). Despite autism not being a mental health problem, 5 respondents answered autism to this question. Personality disorders were also mentioned (2), as well as anorexia nervosa (1), ADHD (1) and schizophrenia (1).

64% of young people felt confident in discussing their mental health and seeking support if required and 71% of young people shared that they had someone who they could talk to about their mental health. Similarly, 65% of parent carers knew where their young person could access mental health support.

The leading factor contributing to poor mental health in young people was **stress**, which was reported by 35 young people.



Support accessed

Both young people and parent/carers were asked if they (or their young person) had received support for their mental health. 90% of young people shared that they had received support, which ranged from support from family and friends, to receiving private counselling.



Other responses included inpatient ward in hospital (11), private counselling (7), support from charity (7), church/religious community (6), crisis team (1), casher team (1).

81% of parent/carers shared that their young person had accessed mental health support in the past 12 months. Parent/carers were asked if they had experienced any barriers when accessing mental health support for their young person. Of the 24 people who answered this question, 19 (79%) said yes.

Of those who had accessed mental health support, 79% received NHS support, 28% received private support and 24% received support from the community or charity.

Themes

Through analysis of feedback from both young people and parent carers, key themes have emerged:

1. Negative experiences of CAMHS
2. Lack of support for those who are neurodivergent
3. Disparities of support in educational settings
4. Support needed for parent/carers
5. Areas to celebrate.

"I have now lost count of the number of times that I have slipped through the system".

Negative experiences of CAMHS

Negative experiences of CAMHS were received from parent/carers and young people. These experiences included poor transition from child mental health services to adult mental health services, long waiting lists with no signposting information given in the meantime, being discharged from CAMHS as staff did not feel they need support and lack of support for those with an eating disorder.

"Please help! My child's lucky because I'm able to fight the system to get his needs met but sadly many young people aren't so lucky. Those of us who can do our best to guide others, but it shouldn't be this way."

Transition from child services to adult services

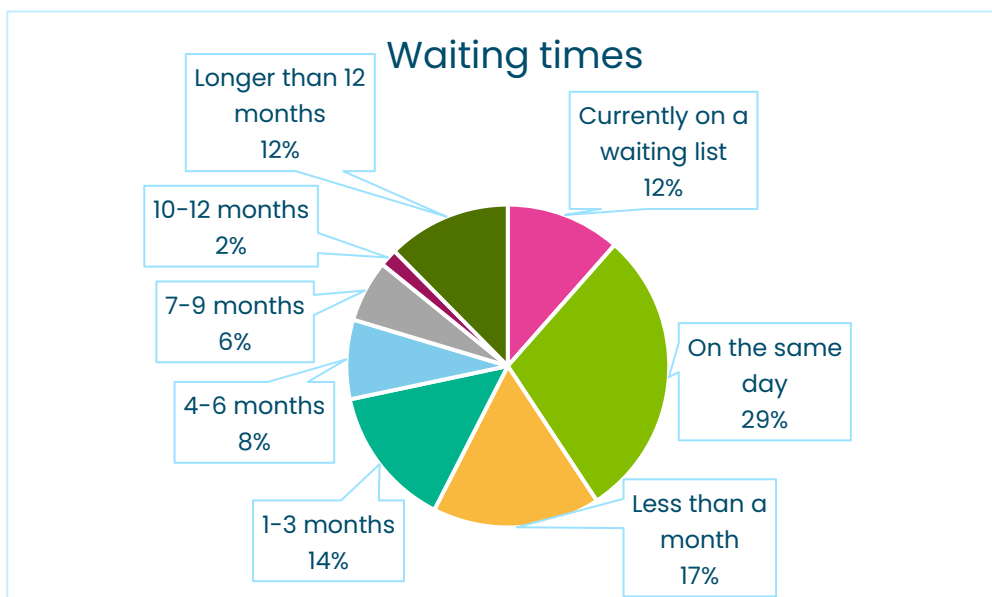
Four young people and five parent/carers shared their experiences of receiving a poor transition from child mental health services to adult mental health services. The main reasons for this were due to poor communication, receiving no handover sessions and/or being discharged without support.

"When I was being transferred from CAMHS to adult services, I had no support for 9 weeks because people weren't communicating. When I did receive support, the person I was working with went off sick 5 weeks in and I had to wait a few more weeks until they found me someone else."

"He was discharged from CAMHS because of his age at 17 and then just left. Neglected"

Long waiting lists

Both young people and parent/carers were asked about waiting times for mental health support. The below chart shows the waiting times for mental health support:



72% of respondents received mental health support in three months or less. However, 12% of respondents were on a waiting list for more than 12 months.

“Appallingly long wait times with services.”

In addition, young people were asked if they had been signposted to any additional support whilst on a waiting list, of the 76 who answered, 70% were not signposted to additional support.

“I ended up being sectioned while waiting for support”

Discharged without treatment

In addition to the feedback received about being discharged without treatment due to having autism and/or ADHD, feedback was received from 2 young people and 1 parent/carers about being referred to CAMHS, waiting for their first appointment and then being discharged as they did not qualify for treatment or intervention. This left young people and parent/carers feeling frustrated and unsure on next steps.

Young person story



“When I was 13, I got referred to children’s mental health support through ELCAS [East Lancashire Child and Adolescent Services] and they were very nasty to me and wouldn’t listen to me. They said I was lying about everything, and no one would listen to me. I was told if I had received a diagnosis then support would have been helpful but now, I have turned 18 I have no support and I’ve been dropped.

I was referred to IRS [Initial Response Service], but they haven’t been helpful at all and don’t believe I need help. I went to my doctor, and they put me on medication and rereferred me to IRS, but they have said they’ve already seen me, and they can’t help me. All they say to me is they can’t help, and I have to go back through my GP.

I then had to get the police and ambulance out to my house as I was a danger to myself, and they did a referral to IRS. I had an emergency phone call from the IRS, and they have said I have to go through my GP and they can’t take a referral from the police. I felt I was shut down all the time, and because I wasn’t ‘bad enough’ they discharged me. Even though I was in crisis no one would support me.”



“We were told her difficulties weren’t great enough to be going through CAMHS. The GP advised us to self-refer to ACE, a local Mental health charity working with children aged 11- 19, which we did but knew there was a long waiting list of 6 months plus... We had a second CAMHS referral but the GP declined as CAMHS said we had all the relevant information about local services and she was on the ADHD waitlist, so she didn’t need CAMHS input”

“My son sees a private counsellor after being discharged from the mental health clinic at Ormskirk Hospital because he ‘wouldn’t talk to a complete stranger’ he was told to ‘come back when he’s ready to talk’”

“CAMHS weren’t able to support my son as he was not deemed complex enough”

Feedback was also received from one young person about trying to get support for an eating disorder but not receiving the support they needed. Support was focussed on improving their physical health by gaining weight, but no support was received for their mental health.

Young person story: eating disorder



“I was sent to an eating disorder clinic within the NHS...the mental help I received was minimal, they mainly focused on increasing my weight until they could discharge me, instead of helping me deal with the weight gain. Eventually, it led to the police coming to my home because I was suicidal, as the mental help I received from the clinic was so bad it actually left me feeling worse.

CAMHS would only treat me when I got to a healthy weight, which didn't make sense to me because gaining weight was the whole reason I needed help. I became very suicidal and was on the CAMHS waiting list for about a year and a half before my parents decided that the situation was getting critical, so we went to my GP who referred me to Minds Matter, who have a bit of a shorter waiting list. That took about 6 months for me to get a call. it would have been good to have the help tailored to what I said I needed rather than what the people at the clinic were saying.

I always said I needed help with the eating disorder, but they insisted I should be treated for anxiety first”



Lack of support for those who are neurodivergent

The main theme which emerged from young people and parent/carers was the lack of support for those that are neurodivergent, particularly those with autism, and struggling with their mental health. Feedback regarding lack of support was received by 13 respondents, with 11 of these being parent/carers.

This lack of support surrounded CAMHS staff not having sufficient training and understanding of neurodiversity and as a result, could not appropriately support neurodivergent young people. 6 parent/carers shared their experiences of being discharged without treatment due to this reason. This lack of appropriate support meant that some young people could no longer attend school and/or parent carers are paying for private treatment.

35% of

parent/carers mentioned a lack of support for those who are neurodivergent

Lack of support from CAMHS

Parent/carers frequently mentioned a lack of understanding from CAMHS staff about autism which led to young people not receiving the support they need. Feedback was received from three parent/carers that staff did not have an understanding of Pathological Demand Avoidance (PDA) autism which negatively affected the support they received or meant that they did not receive support at all.

"CAMHS are not qualified or trained, they lack understanding and knowledge of Autism and pathological demand avoidance and unable to provide my child the support he needs"



"There is not mental health support for autistic children in Lancashire. CAMHS have stated they are not autism trained. Lancashire has no services at all to support autistic children with mental health difficulties and trauma"

"We tried to access CAMHS support for him as he was 12 years old at the time but as we had queried autism the mental health teams wouldn't help him. They said it wasn't depression and he did have autism. There was a massive imbalance between the two services. CAMHS said they couldn't help him due to him not having a diagnosis and they wouldn't be able to cater for his needs. We ended up paying privately to get a diagnosis of autism and we finally got that diagnosis, but it felt very late in the day. The support since has been limited and the doctor still wants to treat him for depression. CAMHS have said that they can help but as he is now under autism services this may be quite difficult."

Discharged without treatment:

Six parent carers shared their experiences of their young person being referred to CAMHS but then later being discharged without treatment due to their neurodiversity. These respondents shared that staff told them that they did not have the relevant training to support someone with autism and/or ADHD along with mental health issues.

"Clinicians do not understand autism/PDA and its intersection with mental health. [Young person] was discharged due to an autism diagnosis and referred to an autism service that does not offer therapeutic intervention. It is as if it is just accepted as severe mental distress is part of the course in autism – it is not".

"CAMHS kept discharging her due to having autism. They said they weren't trained enough to support her appropriately."

Parent story

"My son is now 10 years old in year 6 and was diagnosed with ADHD when he was in year 4. We were aware that our son was having issues in school... school thought it would be a good idea to refer him to CAHMS for some added support. We were given an appointment quite fast, within a matter of weeks...within 15 minutes he was diagnosed with ADHD and we were to decide there and then if we wanted him on medication.

We as a family weren't expecting such a diagnosis, never mind making such a decision about medication all within 15 minutes, we declined the medication as we needed time as a family to decide what's best and what's next. There was very little information given about ADHD or the medication, we were also told if you decided you want medication you will need to be referred back in from the GP and as we have chosen not to medicate there would no further support from CAHMS.

As a family this was devastating, we had no idea what to do or who to speak to. Thankfully school provided as much support as possible. After a while and as a family doing our own research, we chose to get the medication needed for our son. We have had issues getting him the right medication, if we call CAHMS for any help we will be given a phone appointment, I feel this is absolutely outrageous as we are talking about a 10-year-olds mental health.

Most recently (November 2023) my son's mental health has taken a huge dip, he has been having suicidal thoughts, we have tried again to help from CAHMS but with very little coming back from them. We first called on a Friday to raise that our son is struggling and we were told, 'not much they can do on a Friday and we need to call back Monday'.

It's disgusting how they can leave a 10-year-old in such a state and basically offered zero help.

Unable to attend school or college

Eight out of eleven (73%) parent/carers shared that their young person is neurodivergent and is no longer in school due to their mental health and not receiving appropriate support. Five parent/carers shared that their young person is educated via 'Education Otherwise Than At School' (EOTAS).

"Currently on EOTAS provision due to school trauma."

"My daughter is now 13 and would be in Year 8. She has been out of school for over 18 months, and out of formal education for 2 years."

"They have been out of school for 14 months. An appeal is currently going through to get an appropriate special school that meets their needs"

Two parent/carers shared that their young person receives MindJam sessions which provides mentorship and guidance to young people to support their emotional needs and special educational needs¹.

"[He has] private sessions of MindJam which have now been funded by his EOTAS package (after a long fight)"

"I began paying for weekly MindJam sessions, an online mentoring service specialising in supporting the mental health and engagement of neurodivergent children and young people, to support my daughter in November 2022. She looks forward to it, and it is one of the only things I don't have a big push-back from her about doing. It is an expensive service and we paid this for nine months (until the local authority took over the payment due to her EHCP at the end of June 2023, after a tribunal order)."

Parents paying for private care



Eight parent/carers shared that they accessed private support for their mental health, 5 of these had a young person who was neurodivergent. Further, 6 young people shared that they had accessed private counselling and 50% of these were neurodivergent. This indicates that there is a high proportion of neurodivergent young people who are having to access private mental health support, as they are not receiving adequate support from the NHS.

"It is almost impossible to get mental health support for free or low cost in the form of therapy or counselling to deal with trauma or mental health disorders. I don't know of anyone who gets appropriate support for their mental health without paying."

"We had to pay for a private clinical psychology assessment and ADHD assessment as CAMHS refused to offer or provide either assessment. CAMHS continue to not provide psychological support for my child even now he has a complex post-traumatic stress disorder."

Disparities of support in educational settings

Findings suggest that there are disparities with mental health support in schools and colleges. Whilst some young people had a clear understanding of what support was on offer in schools and colleges, some were unaware of the support available and others had accessed support but did not find it helpful.



79% of young people did know what support was on offer and this included counselling, support from the pastoral team, wellbeing tutors, wellbeing drop-ins and the 'WOW' service (which provides a 24/7 counselling helpline and self-help materials). 36% of young people had accessed support from education/work. A further 11 (13%) young people did not know what support they could receive. Four young people shared that there was no support on offer.

¹ <https://mindjam.org.uk/>

In addition, parent/carers were asked if they knew what mental health support their young person could access at school/college/university and 45% said they did not know. A further 16% said this was not applicable as their child was out of school.

"I struggled with self-harm in the past and my school knew about it and did nothing"

"Thanks to school I got the help I needed even if I didn't talk about my problems."

Support needed for parent/carers

Parent/carers were asked what support they needed for supporting a young person struggling with their mental health. Twenty-nine parent/carers answered this question.

"As a parent it's scary, it's tough and most of the time your running on empty. Looking for support you honestly don't know where to look. You spend so much time supporting your child other family members and siblings that finding support for yourself becomes that job you never get round too."

The most common form of support needed was support groups so parent/carers could speak with others who are going through a similar situation, *"hearing other peoples experiences would help me"*. Other suggestions can be seen in the table below.

Support	Number of respondents
Support group	5
Autism/neurodivergence training for CAMHS staff	4
Signposting to further support services for young person	3
Counselling for parent/carer	3
Coping mechanisms/information on how best to support their young person	3
Validation from mental health professionals	2
More contact with mental health professionals	2
Not having to 'fight the system'	2



In addition, one parent carer said 'respite care'. A further two parent/carers did not need any additional support.

Areas to celebrate

Despite clear areas for improvement, there have been positive experiences received which should be celebrated.

One area to acknowledge is that 46% of young people received mental health support either on the same day or within a month.

Another area to celebrate is the high proportion (79%) of young people who were aware of what mental health support they could access at school/college/university. This shows that educational settings are promoting their mental health support offer.

One parent/carer praised the ACE service:

“ACE were a huge support to me, writing a letter to confirm my daughter was unable to attend school, attending meetings with the Local Authority, Educational Psychologist and school, signposting me to any services or websites she thought could be helpful.”



Conclusion

The aim of this project was to explore the experiences of young people accessing mental health support in Lancashire, as well as the experiences of parent/carers. Findings indicated that there are numerous barriers faced by young people when accessing mental health support, particularly those that are neurodivergent.

The majority of parent/carers of young people with autism and/or ADHD shared that CAMHS staff have been unable to support young people appropriately, or at all, due to a lack of neurodiversity training and understanding. This lack of support led to some young people not attending school and some parents paying for private treatment.

There were disparities of support in educational settings and negative experiences of CAMHS were received. These negative experiences surrounded the transition from child mental health services to adult mental health services, long waiting lists and being discharged without treatment due to not qualifying.

Parent/carers identified a need for more support with support groups being the most common form of support needed.

Positive experiences were also shared which should be acknowledged and applied consistently within and across services in Lancashire.

These findings have highlighted that neurodiverse young people appear to be struggling to access appropriate mental health support and that improvements need to be made to ensure that they receive quick, high quality mental health support. There are also improvements which can be made to the CAMHS service to ensure that young people receive a smooth transition to adult services when required, as well as receiving signposting information whilst on a waiting list or if they are discharged without treatment.

Recommendations

Below displays Healthwatch Lancashire's recommendations based off the findings of this project, along with provider responses from Lancashire and South Cumbria Integrated Care Board, Lancashire and South Cumbria NHS Foundation Trust Child and Young People's Psychological Services and Lancashire County Council.

Response from Lancashire and South Cumbria Integrated Care Board

"Lancashire and South Cumbria ICB values the work that Healthwatch does, and is grateful for the input of the public in contributing to this report. The views, experiences and insights of people and communities are absolutely at the forefront of our work as an ICB and across the health and care system in Lancashire and South Cumbria. We were pleased to receive this report and note the findings and the recommendations of this report. We will work with our partners, including LSCFT and Lancashire County Council to help ensure that where possible, these are implemented".

Theme	Recommendation	Responsibility	Provider response
Neurodiversity	Review CAMHS staff compliancy rate of Oliver McGowan training and provide a progress update on the work being done with the ICB to roll out face-to-face Oliver McGowan training, as reported in Waiting for Wellness phase 1.	Lancashire and South Cumbria NHS Foundation Trust, Child and Young People's Psychological Services	<p>On review of the Children and Young People Workforce within LSCFT we are currently at 81.65% compliant with Oliver McGowan Virtual training of 327 staff, 267 being fully compliant, 60 not compliant at this moment (11/03/2024). As part of our ongoing development, training is of the highest priority and our workforce are tasked with completing all outstanding training including the Oliver McGowan training.</p> <p>Regarding the face to face training this is still in discussion with integrated care systems.</p>
	Review staff training to ensure appropriate neurodivergent training including Pathological Demand Avoidance and meet any training gaps identified.	Lancashire and South Cumbria NHS Foundation Trust, Child and Young People's Psychological Services	<p>Within Lancashire and South Cumbria NHS Foundation Trust we are delivering the Oliver McGowan training in order to achieve the "Core Capabilities Framework for Supporting Autistic People" and the "Core Capabilities Framework for Supporting People with a Learning Disability". Thus enabling us to progressively enhance the experience and support to those Children, Young People and families we encounter to improve experience and clinical outcomes and enhance experiences noted in the report.</p> <p>Regarding the Pathological Demand Avoidance, this term is not referenced in either the International Classification of Disease (World health organisation) or The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association). Likewise there is no</p>

			guidance from The National Institute for Health and Care Excellence at this moment. There is no clear diagnostic pathway for this condition and no clear management guidance to coincide therefore there is no training available at this moment.
	Review the last six months of patient discharges to highlight areas for learning, including whether patients have been discharged at the appropriate time and if they were referred to the suitable service.	Lancashire and South Cumbria NHS Foundation Trust, Child and Young People's Psychological Services	Due to high numbers, it is expected that the clinical audit team will review this action and request an audit programme to be agreed in Q1, clinical led by the CAMHS Consultant Nurse
	Work with NSPCC to produce a campaign highlighting awareness and providing support for young people who are neurodivergent and their mental health.	Healthwatch Lancashire	Work has commenced with NSPCC, Lancashire Mind, Lancashire and South Cumbria NHS Foundation Trust, Child and Young People's Psychological Services and ADHD North West on a campaign to raise awareness of supporting children and young people with neurodiversity and mental health concerns. The campaign will also raise awareness of support avenues for professionals and parent/carers supporting children and young people who are neurodivergent with mental health concerns.

<p>Waiting times</p>	<p>Review waiting lists and frequency of contact for those who are waiting to receive information on their referral.</p>	<p>Lancashire and South Cumbria NHS Foundation Trust, Child and Young People's Psychological Services</p>	<p>Waiting list reviews happen on a regular basis within LSCFT. We are developing a template letter that is sent to Children, Young People and their families when a referral is received to explain, what the service is, what to expect, when/who to contact if presentation worsens and some examples of what this can look like. Support information in the interim and useful contacts in the interim including carer support contacts.</p> <p>In addition, those who have already been assessed and are awaiting allocation for intervention are to be contacted every 6 weeks as a form of check in as per Standard Operating Procedure, to ensure no worsening in presentation and if so to clarify in what domain and ascertain risk and take appropriate action. This is monitored on a monthly basis and a template check in call based on best practice has been established and awaiting approval for implementation in the next 2 weeks.</p>
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Signposting	Review current advertisement of LSCFT Initial Response Service booklet to ensure information is accessible and visible to young people. Implement increased advertisement on social media and in educational settings.	<p>Lancashire and South Cumbria NHS Foundation Trust</p> <p>Lancashire and South Cumbria Integrated Care Board</p> <p>Healthwatch Lancashire</p>	<p>Lancashire and South Cumbria NHS Foundation Trust: The Initial Response Service (IRS), accessible through our mental health support lines, is now available across the Trust. We are currently undertaking a review of additional ways of accessing our services through our Wellbeing and Texting service and as part of this review will be engaging with our service user and carer groups including Youth Voices to review the most appropriate communication methods for our populations.</p> <p>Lancashire and South Cumbria Integrated Care Board: The ICB communication and engagement team will support the increased promotion of and work in partnership with LSCFT in their promotion of the initial response service and information which is produced, such as the booklet. It is important that information is accessible and visible to young people, and via our partners in education, through social media and on our website.</p>
	Increase awareness and signposting to the Healthier Lancashire and South Cumbria website and the Healthy Young Minds website.	<p>Lancashire and South Cumbria Integrated Care Board</p> <p>Lancashire and South Cumbria Foundation NHS Trust</p> <p>Healthwatch Lancashire</p>	<p>Lancashire and South Cumbria Integrated Care Board: The ICB communication and engagement team will support the increased promotion of the LSCFT initial response service booklet and make sure it is accessible and visible to young people, and via our partners in education, through social media and on our website. We will work in partnership with LSCFT and partners across the system to increase awareness and signposting in the best way possible.</p>

<p>Awareness raising</p>	<p>Work with LSCFT Youth Voices to co-produce a document on what to expect, your rights and questions to ask when transitioning from child to adult mental health services.</p>	<p>Healthwatch Lancashire Lancashire and South Cumbria NHS Foundation Trust</p>	<p>Lancashire and South Cumbria NHS Foundation Trust: We will liaise with the Youth Voices leadership team and request that a document is co-produced in relation to the transition from Children and Young People’s Mental Health services into adult service.</p> <p>We acknowledge that this can be a stressful and worrying time during this transition and within LSCFT we have developed a standard operating procedure to support this transition that could be used as an aid tool in the development of this document.</p>
<p>Eating disorders</p>	<p>Review policy and approach to the treatment of both physical and mental health for patients with eating disorders, including the communication with patients around different treatment options.</p>	<p>Lancashire and South Cumbria NHS Foundation Trust, Child and Young People’s Psychological Services.</p>	<p>Historically some patients who were referred to the eating disorder service were supported to restore their weight prior to accessing psychological intervention. We recognise that the physical and mental health of patients accessing our service are of equal importance. The eating disorder service has undergone a period of improvement and clinical transformation over the past 12 months. Following a redesign of clinical pathways, all patients who are assessed and accepted to the service are offered support around their physical health and offered psychological intervention following assessment. We discuss with patients the most appropriate treatment options to ensure their involvement in their care.</p>

<p>Support in education</p>	<p>Ensure there is a consistent approach across educational settings for mental health support</p>	<p>Lancashire County Council</p>	<p>The County Council will continue to work with the schools and settings, the ICB and providers to promote effective support that meets the emotional health and wellbeing of children and young people. We commission and promote services to schools and settings, such as the Lancashire Emotional Health in Schools and Colleges Service, Kooth digital platform and Child Action North West Emotional Wellbeing early help service and will encourage providers to work closely with schools and settings, and Mental Health Support Teams where these are in place, to ensure that children and young people are able to access support appropriate to their needs.</p>
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	<p>Liaise with the Lancashire SEND Information, Advice and Support Service (SENDIAS) to understand their experiences of supporting young people out of education.</p> <p>SENDIAS to provide comment on this report, and using their knowledge base and insights, provide any further comments for improvements required.</p>	<p>Healthwatch Lancashire</p> <p>Lancashire SENDIAS</p>	<p>Healthwatch Lancashire will continue to work alongside SENDIAS to highlight the findings of this report.</p>
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healthwatch

Lancashire

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