healthwatch Warrington

Healthwatch Warrington Young People's Mental Health Report 2020

Introduction

Healthwatch Warrington act as the voice of the public in the delivery of health and social care services. We collect feedback from the public about their experiences of using health and social care services and share that information with service providers and commissioners to look for ways in which services can be improved. One of the ways that we collect feedback is by carrying out focused projects that look at a particular service or condition. On this occasion we chose to look at the support available for children and young people around mental health and well-being.

This was chosen because in Warrington the THRIVE model for young people's mental health and well-being support was introduced in 2016 and we wanted to review how young people had experienced the access to services.

What we did

Healthwatch Warrington designed an online questionnaire to gather the views and experiences of young people around their mental health, including local services they may have accessed. The aim was to review the access to mental health services for young people in Warrington. Healthwatch produced a short survey designed to quickly capture the thoughts and experiences of young people. Warrington Voluntary Action (WVA) were commissioned to reach out to young people on a wider scale through their youth engagement scheme WAYV (Warrington Youth Voice). The WAYV project has ten established engagement groups positioned across Warrington, with representation from a range of different backgrounds. It was agreed that the WAYV project coordinator would visit as many of these groups as possible in the short time frame, collecting responses for the survey, arranging focus groups, and one-to- one interviews to gain a detailed picture of youth mental health in Warrington.

Who took part?

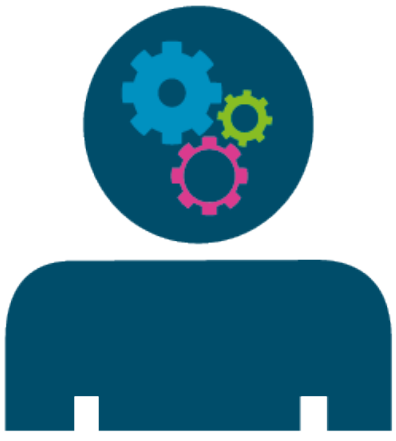
The project was carried out in a number of different ways.

An online survey was used that was designed to be used with children and young people across the population of Warrington to understand what knowledge they had of the help available for them to access and what their expectations are of that support.

Healthwatch Warrington also collected **three** case studies from the families of young people who had accessed mental health services for children and young people.

In addition to the engagement carried out by Healthwatch Warrington, Warrington Voluntary Action were commissioned to undertake additional engagement with young people. They used the survey questions as discussion points with four groups of young people totalling **47**. In addition to this they carried out **three interviews** with young people who felt more comfortable in that environment than in a group setting.

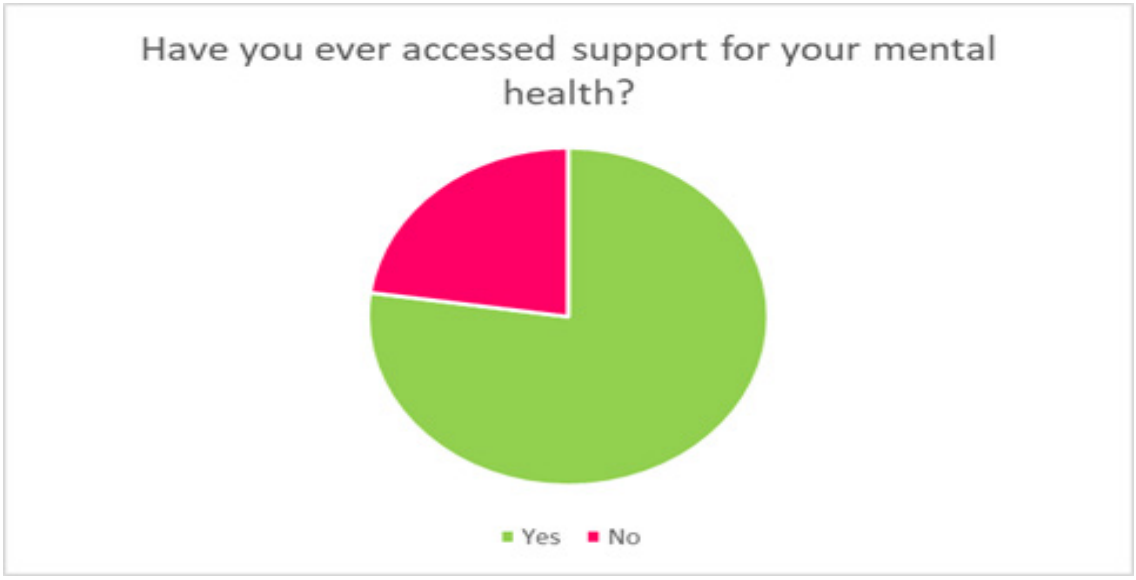
The findings from the groups carried out by Warrington Voluntary Action and the online survey carried out by Healthwatch Warrington have been combined. A total of **69** young people gave responses to the questions.



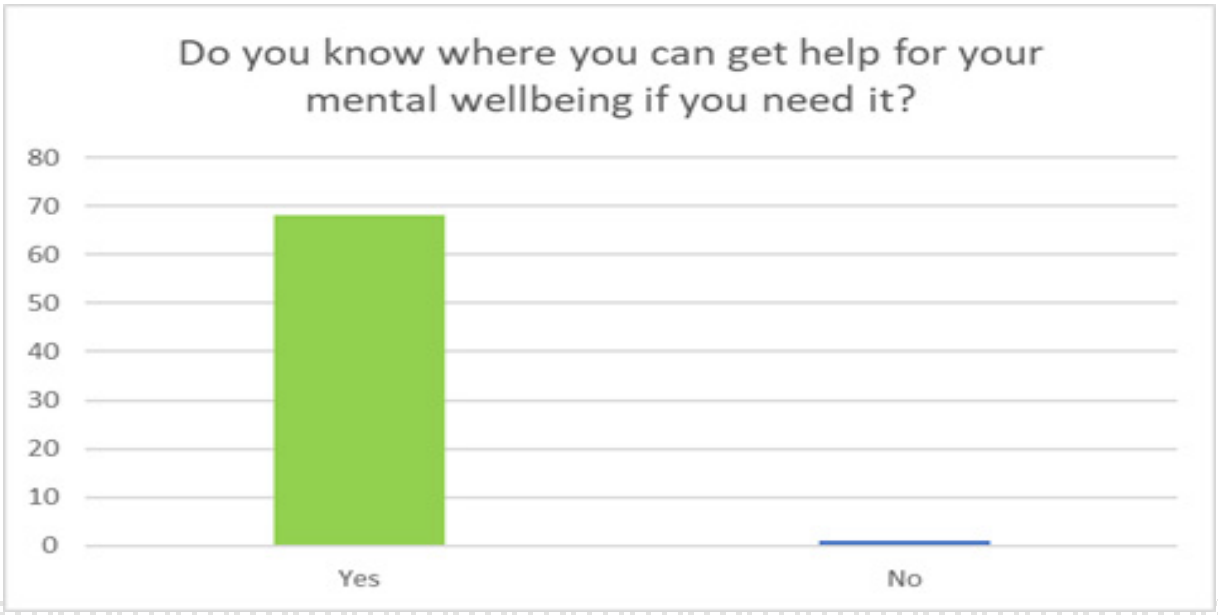
Key findings

Survey findings

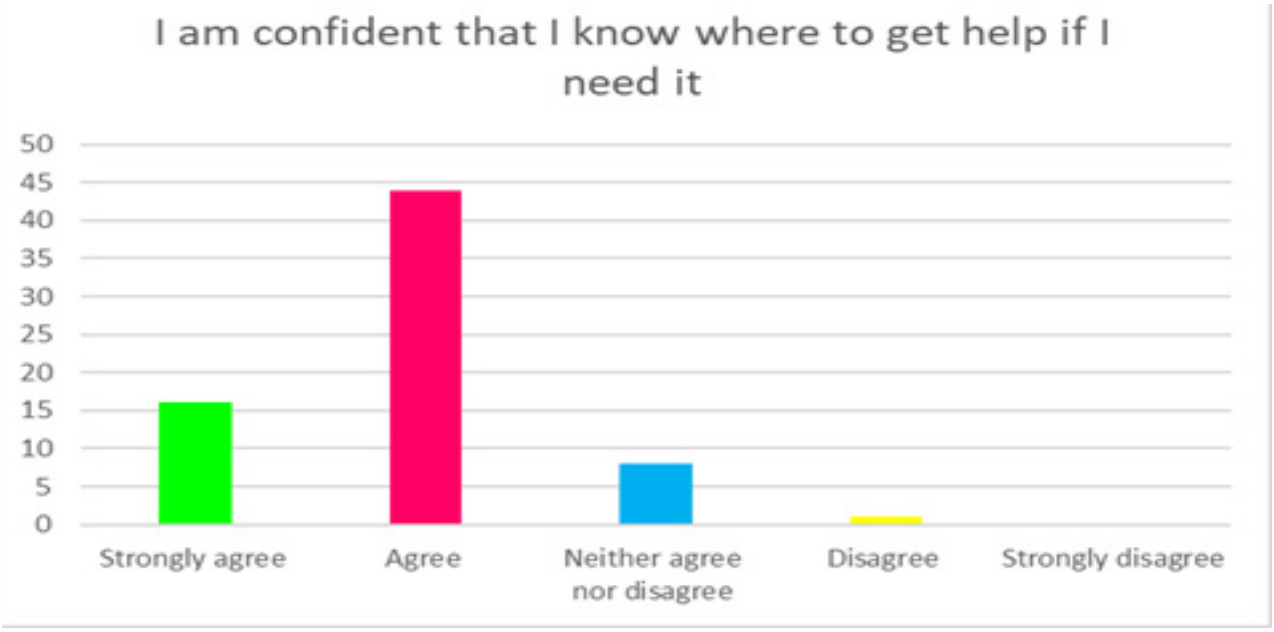
The first question that young people responded to was whether they had ever accessed support for their mental health. There were more young people who had accessed support (51) than had not (15). However, it is recognised that the nature of the groups that were engaged with by Warrington Voluntary Action means that there were a large proportion of vulnerable children with complex issues that took part in giving feedback.



68 of the respondents said that they knew where they could help from for their mental well-being if they needed it. Only one respondent said that they did not know where to get help from.

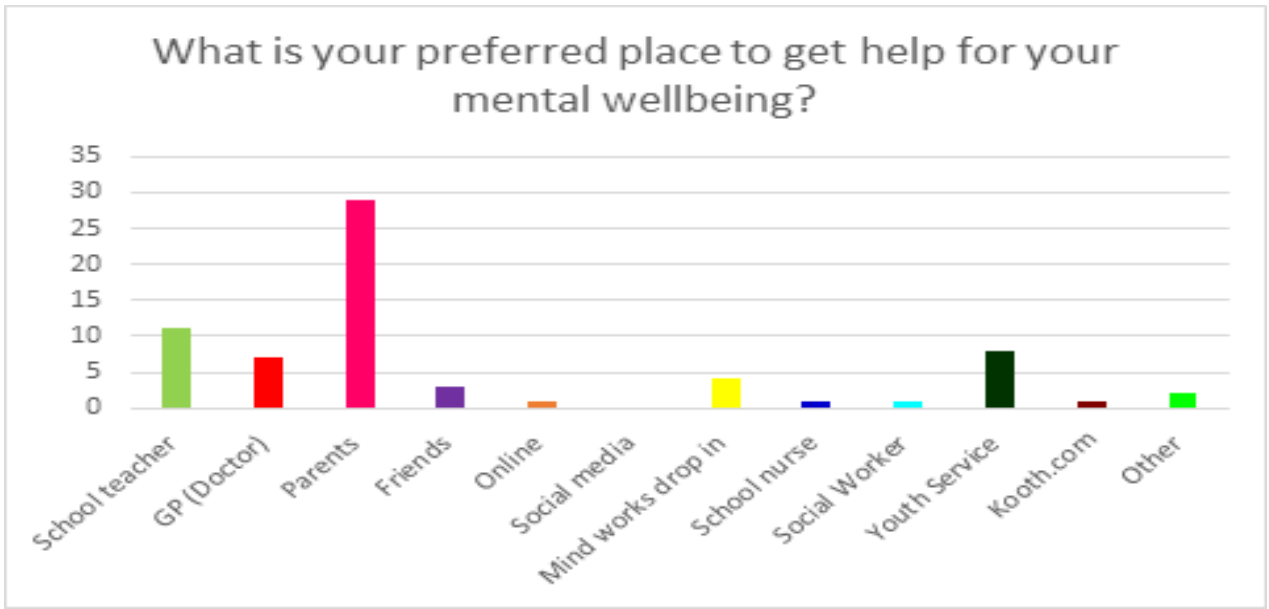


Young people were also asked if they were confident that they knew where to get help if they needed it. Although only one young person said they did not know where to get help if they needed it, there were a small number of young people (8) who gave neutral answers to whether they felt confident, suggesting that they may not have been as sure where to get help as they initially said. However, 60 of the young people asked said that they were confident that they knew where to get help if they needed it.

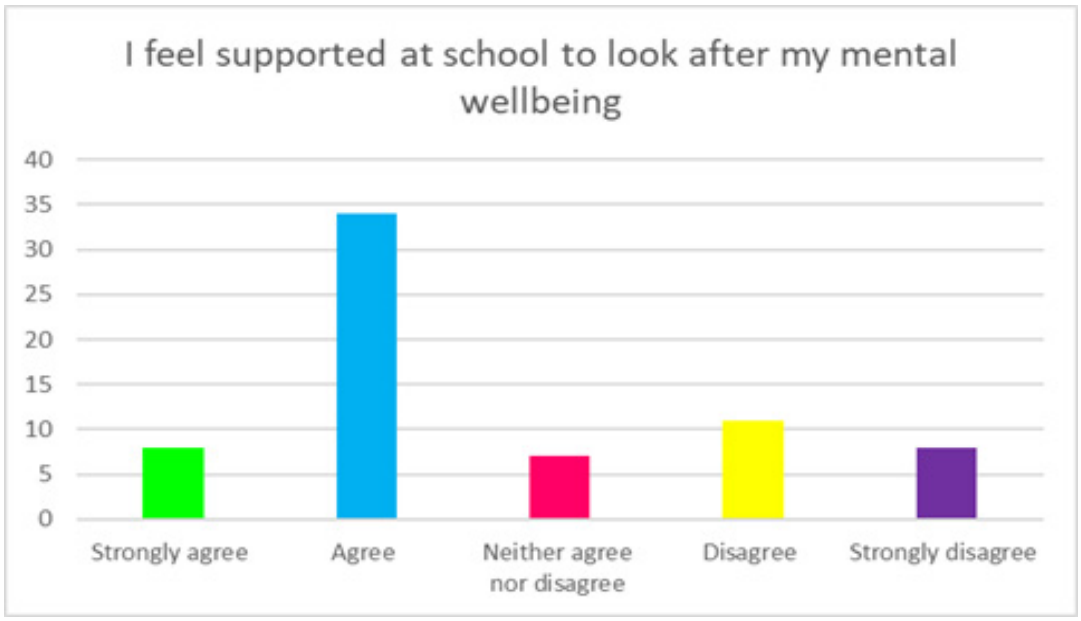


When asked what their preferred place was to get help for their mental well-being the highest number of respondents said that they preferred to get help from their parents. The second highest number said that they preferred to speak to a school teacher and the third highest said they preferred to speak to the youth service. None of the young people taking part said that they would ask for help through social media and a very small number said that they would use online help; a school nurse or social worker.

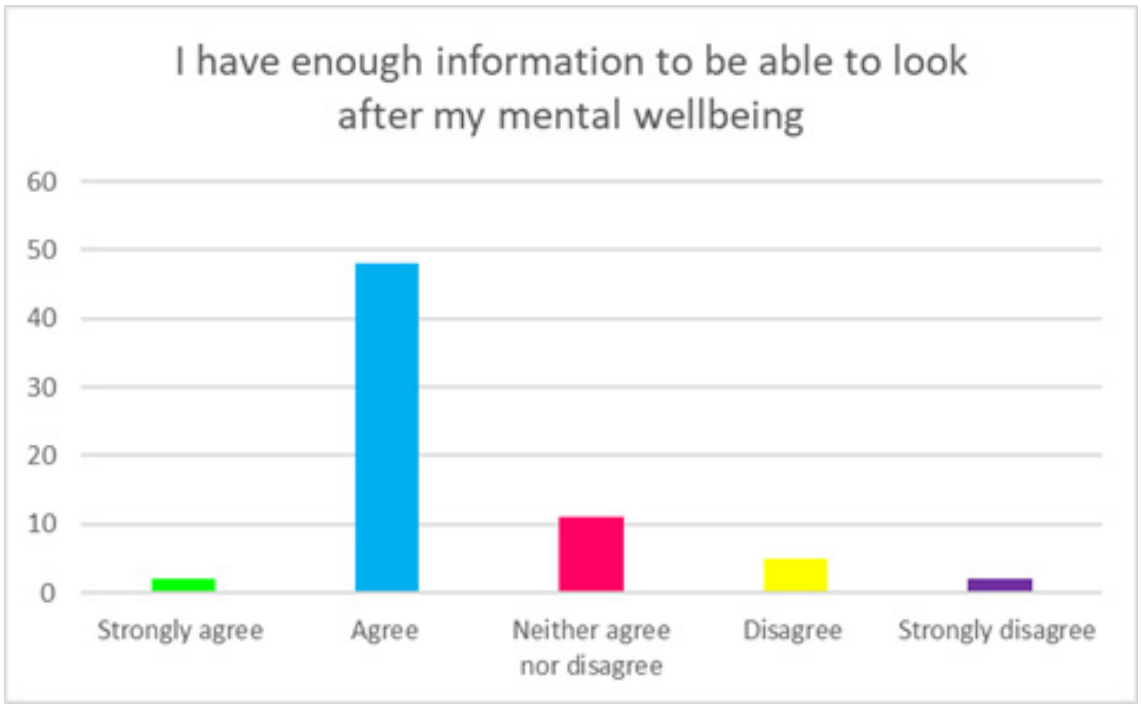
Those that spoke to Warrington Voluntary Action said that feeling that their preferred place to get help knew them the best was important. Feeling like they could be themselves and be listened to without judgement was also very important to the young people speaking to Warrington Voluntary Action.



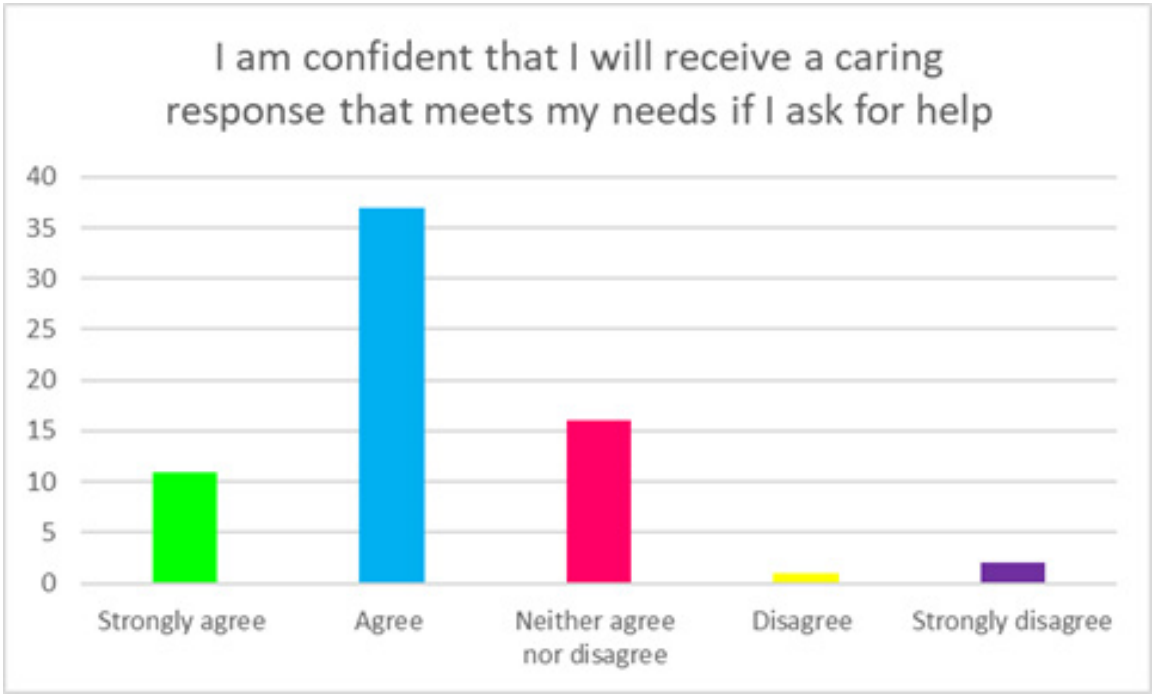
A key emphasis of the THRIVE model for mental well-being support is that low level support is accessible through schools, therefore young people were asked if they feel supported to look after their mental health at school. 42 respondents either strongly agreed or agreed that they feel supported at school to look after their mental well-being; whilst 19 either disagreed or strongly disagreed



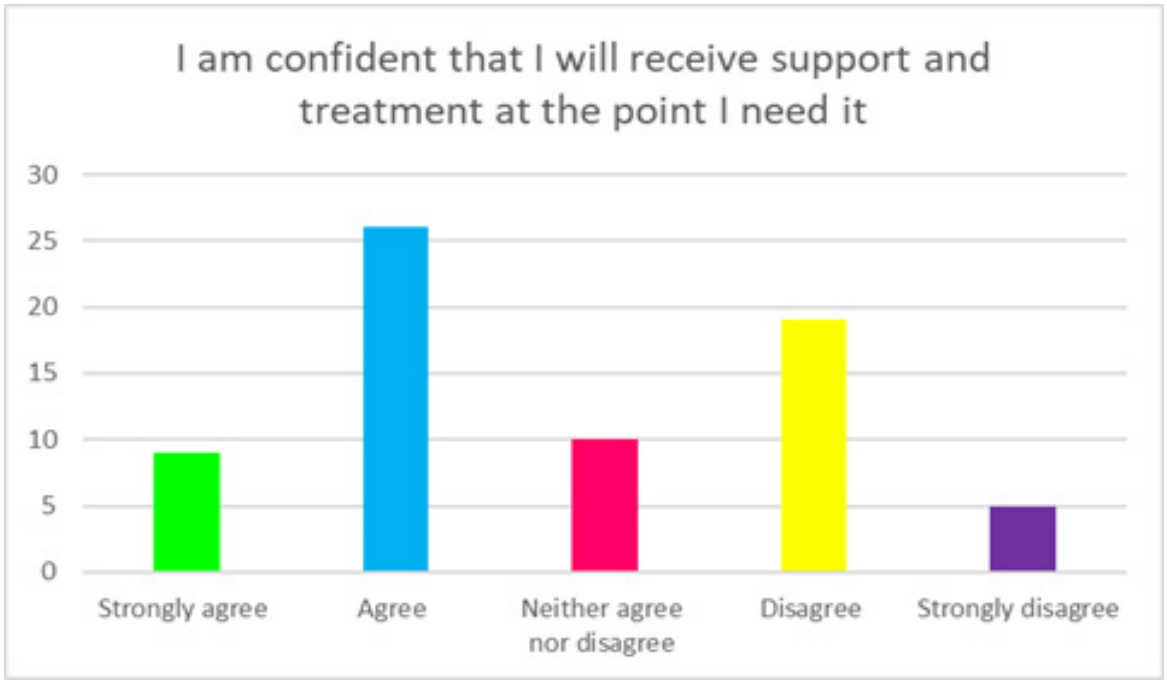
When asked if they had enough information to look after their mental well-being, 50 respondents either strongly agreed or agreed that they did have enough information. 7 respondents said that they either disagreed or strongly disagreed that they had enough information.

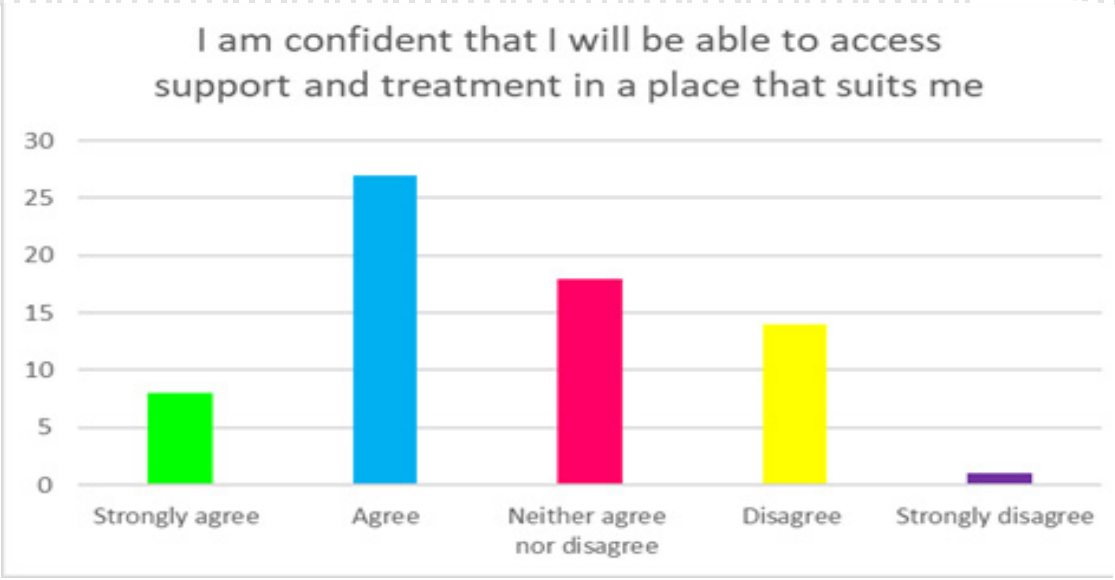


48 respondents either strongly agreed or agreed that they would receive a caring response that met their needs if they asked for help. 3 respondents either disagreed or strongly disagreed.



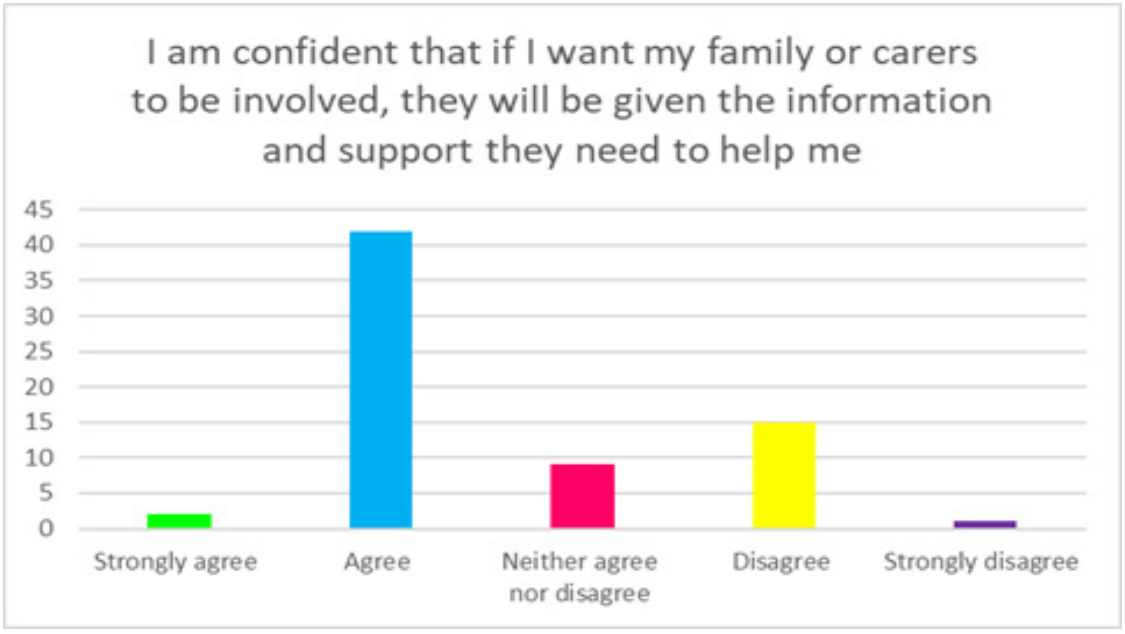
35 respondents said that they were confident that they will receive support and treatment at the point that they need it. 24 respondents disagreed or strongly disagreed that they would receive support and treatment at the point that they need it.



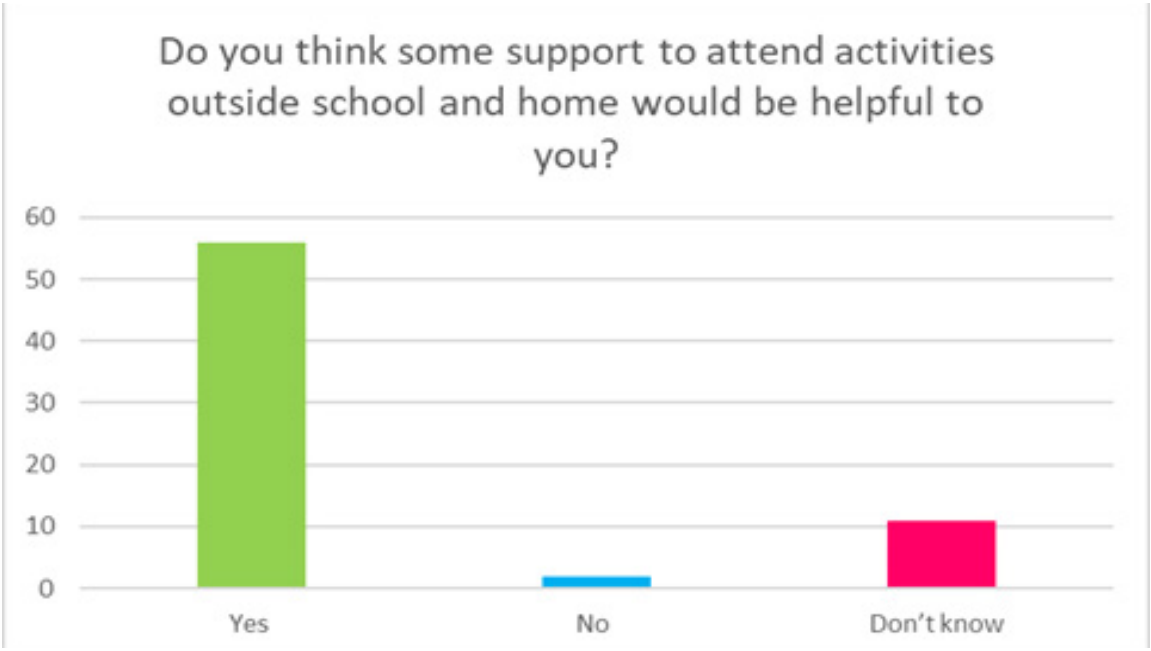


35 respondents said that they were confident that they will receive support and treatment at the point that they need it. 24 respondents disagreed or strongly disagreed that they would receive support and treatment at the point that they need it.

Respondents were asked if they were confident of the service that they would receive if they accessed support, including who would see them, where and when they would be seen and the care that they would get. 38 respondents either strongly agreed or agreed that they were confident whilst 22 respondents either disagreed or strongly disagreed.



44 respondents strongly agreed or agreed that they were confident that their family or carers would be given the information and support that they need to help them, if they chose to have them involved. 16 either disagreed or strongly disagreed.



Finally, the participating young people were asked if support to attend activities outside school and home would be helpful to them. Most of the respondents said that it would be helpful. However, as 47 of the respondents were participants in after school groups this result can be considered as skewed.

Interviews & Case Studies

Whilst the survey was designed to be completed by young people whether they had accessed mental well-being support services or not, the interviews and case studies were focused on young people who had accessed services for support with their mental health. The interviews that were carried out by Warrington Voluntary Action were with young people who had experienced using the CAMHS service. However, these were talking about their experiences over a period of two to three years rather than specifically since the THRIVE model had been rolled out in Warrington.

The case studies that were collected by Healthwatch Warrington were collected through Telephone interviews with parents and young people. The case studies were from parents or carers of young people who had accessed services telling of their experiences, with one also having some feedback from the young person themselves. Again, these were stories from over a period of years rather than since the introduction of the THRIVE model in Warrington. Some case studies are current young people's stories commenting on existing services. Please note that all of the case studies are written by the young person/family member/Carer in their own words.

Case Study 1

Male*, 17, WA4 *Male will be referred as will be referred to as V throughout to preserve anonymity. V's mental health struggles started in 2017, when he was 14.

My 17 year old son was referred to CAMHS by Social Services in July last year after he had been self harming. V has had lots of assessments, but they say every time that he is presenting well and is not mentally ill enough to be admitted. I feel that is they saw him when V has an episode they may think differently. Over the last 2 years V has tried to kill himself on 17 occasions that I know of and has been self-harming for 3 years that I am aware of. He has ADHD and is on medication for that he also suffers from epilepsy which he takes medication for.

When V reaches crisis point, he is uncontrollable he has kicked all the doors in my house through and ripped the wood from the staircase. V has not hurt me it is himself that he hurts when he is in the rage. V can't control himself and has said that he feels like he is outside looking at himself but can't stop. It is very distressing for him as he feels that he has no control over himself or his emotions.

I have been told by the CAMHS service to call the out of hours which I have done on may occasions they are hard to get through to on the phone and then when you do they say that they can't come out and to call the police.

V has been collected by the police on so many occasions as I am worried that he will hurt himself I cannot keep V in and when he runs off, I cannot physically catch him.

V has begged the CAMHS service and me many times to have him sectioned as he feels that this is the only way that he will receive the help that he so desperately needs.

The last time that V went to A&E he was there and then put on the paediatric ward and waited 10 hours and CAMHS still did not arrive, so V left the ward and walked home himself. The nurse called me distressed as she was worried for his safety as he was in mental distress. She said that she could not keep V there and that they would have to call the police to tell them that he had absconded, and they would get V at least that way he would be safe. Unfortunately, while he was in the cell V tried to hang himself with his jumper.

After this CAMHS got involved and arranged for a psychiatrist to assess him. V refused to go and I do realize that maybe if he attended this may have changed things but I could not physically make him go.

They said that V could go to a unit in Chester but every time I ask about this there is another excuse why he can't go. They say that I am not communicating with him in the correct way and that I am a trigger for V. The social workers then asked extended members of my family if they would take him in. They all have young children and as much as they love V they are worried the impact that one of his episodes would have on their young children.

I would love V to get the help that he is so desperately in need of waiting in hospitals for between 10 and 17 hours for a member of the CAMHS team to come and see him is simply not good enough. I just want him to get a diagnosis and medication. We as a family are at breaking point and I fear for V's safety.

Case Study 2

Female*, 9, WA4 *Female will be referred as will be referred to as Y throughout to preserve anonymity. Y's struggles started in 2018.

My granddaughter was struggling with hyperactivity extreme attachment behaviours she was not accepted into CAHMS she wasn't "bad enough" Or the CDC.

She couldn't cope as a little person.

We went to a private consultant who assessed Y and diagnosed ADHD Attachment and Autistic traits. We went for 18 months she was put on medication it was a relief that Y was understood, and someone actually listened and helped.

I felt that Y really needed an all-round support that included school health CDC and unfortunately CAHMS as there is no alternative for her not just the medical side to progress be safe happy and do the best she could with support.

This took another year to access entailing going back and to GP, in and out of School.

Y has been hearing voices and sounds for the past 9 months, we had to go to a CAHMS drop in at Orford hub the worker said it's more than likely anxiety if it gets worse go back, but he would refer to an emotional support worker who would be in touch. We have up to today heard nothing as she is on an around the world trip!

The voices got worse so took Y to GP who gave me the number for CAHMS saying that we can refer our children in now it's a new system. Contacted the number was told no the doctor is wrong it's not set up yet go to the drop in again.

Went to drop in Orford youth hub had shutters down the CAHMS worker told me to go to the Alders, Y saw a worker who all I can say interrogated Y made her feel awkward I had to intervene ask the worker to slow down give Y a chance to speak and think about what she was asking her.

Y was told she needed a sensory diet and she would refer for this and speak to School, this was 3 weeks ago nothing yet.....

I was also told I shouldn't have gone private as it's on a kin with paying for a diagnosis and services won't recognise the diagnosis Y would have to go through all the tests again. I wasn't allowing Y to go through all that again requested they liars with the private consultant who is top of her field and writes, researches and advices services herself.
I would say from a parent and grandparent and attending groups where I meet other parents I have absolutely nothing positive to feedback, they are failing children and will carry on until there is an overhaul of the service. There is a negative culture running through it, they do not work with you. It's far worse now than it was when I first had dealings with it and it was bad then. This above is a snapshot but not all of it."

Case study 3

Male*, 16, WA4 *Male will be referred as will be referred to as W throughout to preserve anonymity. W's mental health struggles started in 2017, when he was 13.

'13 years' experience of a chaotic unreliable unprofessional often inexperienced staff.

No clear referral procedure

Has to get to crisis point for any intervention to be triggered even then you are met with staff who don't sing from the same hymn sheet, inexperience, no real support and often lack or no understanding of the needs.

W left for two years with no help or support who was housebound, self-harming, suffering extreme anxiety when asked if a home visit could be done as W couldn't leave the house it was stated they didn't do that as they had limited time W would have to come to an appointment, had to contact PALS for help. An appointment was subsequently sent out for an appointment at St. Helens!? This carried on for 6 months until a psychiatrist came out took W off the medication he was prescribed for the previous 5 years told I shouldn't have allowed W to have the medication for this long as it wasn't licensed and if she was his mother she would have done things differently! But his medication melatonin was prescribed by a psychiatrist at CAHMS. She didn't acknowledge W and, on the way, out said he needed to get out and get a job.

No contact from that point as W was deemed as not engaging but this was due to his mental state?

If W hadn't had the parents and family he had then I would dread to think what would have happened to him. W is still housebound with no support only his family.

Case study 4

Female, 17*. WA4. Registered at the Stockton Heath Medical Centre. *The young female will be referred to as 'X' throughout the case study to preserve anonymity.

X's engagement with local mental health services began when she was 13 or 14, and she started having panic attacks. She was unaware of what was happening to her or why, but she knew she should tell her mother. X's mother called their family surgery (Stockton Heath Medical Centre), where the receptionist promised a GP would return her call. The GP who called back advised X's mother to look online for advice. The advice they found online through a Google search suggested making an appointment with a GP, which they

found confusing and frustrating, as that had been their first action.

X commented that going online to find advice and guidance is problematic when you don't know what's wrong or what you are looking for. This resulted in confusion and anxiety for X and her parents.

X decided to wait for 6 months to see if her panic attacks subsided. Unfortunately, her attacks and anxiety worsened. She decided to make an appointment with the GP and waited 3 weeks for her appointment. This time, the GP was very helpful, and referred X to the St Joseph's Family centre to receive Cognitive Behavioural Therapy (CBT). X commented that she now uses the surgery's online system if she needs to make an appointment to ensure she sees the same GP each time, and this is working for her.

After being on a 20 week waiting list, X began attending sessions at St Joseph's. The CBT was initially a six session course, but was then extended to nine at the expense of X's family. X commented that she did not find the sessions helpful, particularly as the sessions were months apart, and her symptoms got worse.

X was referred to CAMHS in May 2017, now 15 years of age, for an initial assessment. Following the assessment, X and her parents heard nothing from the service for 3 months. This prompted X's parents to contact the service themselves to enquire about progress. X comments that during the phone call, it was almost as if they had forgotten about her assessment.

1 weeks later, X was offered an appointment with a Counsellor who was an Autism specialist, which X felt was inappropriate for her case. What followed was 6 months of appointments where X recalls being asked the same questions over and over, and CBT which she already said wasn't working. She underwent assessments for psychosis, as X had started hearing voices. The counsellor suggested group therapy, which X says showed a blatant misunderstanding of her issues, as being in a group situation is really difficult for her.

X stated that during this time, she had a detailed plan to end her life, and the date would be the day before an appointment with the counsellor. The only thing that prevented this from happening was X had a good day volunteering, and felt more positive. X attended her appointment the next day, and had already stated to the counsellor that the session needed to run on time, as her father was coming out of work to take her. The counsellor was 20 minutes late, and didn't apologise.

X decided to tell the counsellor about the plan to end her life, and what stopped her. X then states that the counsellor laughed and said "you wouldn't have gone through with it." X said the comment made her so angry and upset she started shaking; it had taken a lot for her to admit what she had planned to do out loud. The counsellor barely looked up from her notes, and this made X feel she didn't care. X attended one more session after this, where the counsellor made no mention of what X had confided in the last session. She was discharged in December 2017 and was told "we can't do anything else for you".

During this time, X had been proactive and sought help from the school counsellor, and also had a mentor linked with her church, who really helped her. She felt that she had someone to talk to, but she states that the service that was meant to help (CAMHS) was "no help whatsoever".

X had two further appointments, one in 2019 and one in 2019, with her GP due to her situation becoming worse. In 2018, the GP diagnosed her with depression, and referred her back to CAMHS. X states that this was particularly stressful, as her reports from previous sessions were out of date and seemed to misrepresent what had happened, as they didn't match the conversations she remembered having with professionals at the time. This was particularly stressful as they were being shared with her GP, and were at odds with what they had discussed.

X was under the impression that on this occasion she was being assessed by CAMHS for depression, however it turned out to be psychosis, which she had already been through.

In 2018, now aged 16, X was told to self-refer to the IAPT programme due to her age. X chose not to do this at this time, as she felt so let down by the CAMHS service, and she didn't want to go through a similar experience again.

In 2019, it was suggested again that X self-refer to IAPT, which she did in February. In March, X was advised to engage with online CBT sessions, however X feels this would be a waste of time, as CBT has not worked for her in the past. X was also advised to engage with the online workbook. X states the main problem with doing therapy online is that you have to be self-motivated, and due to her illness there are days where she can't even make a phone call, let alone open a laptop and start working.

The Tuesday before Good Friday this year, X had an appointment with her GP, who identified that her depression had become worse, and he would prescribe her with antidepressants. X remembers feeling relieved, as "something was finally going to happen". The GP called X two days later, saying CAMHS had told him not to prescribe antidepressants until she had tried the IAPT services first. X feels extremely frustrated, as she has tried CBT twice before and it hasn't worked. She feels she is not being listened to.

X currently relies on one tutor at college who is very supportive if she feels the need to speak to someone. She would much rather speak to a tutor or a trusted adult about her mental health, as her experience with professionals has shown them to be dismissive, uncaring, and they often misunderstand. She says it is a "waste of time" speaking to a professional.

X would like the following changes to be made to CAMHS:

•Counsellors and professionals just need to be nice people who really listen, and care about what you have to say. Counsellors X has dealt with have been dismissive and rude.

•X would like to be treated like a person, not a problem

•Waiting lists are understandable, but regular 'check-in' phone calls every few weeks would be enough to show an individual they haven't been forgotten about.

•X would like to stress that her current GP is very helpful, and the online system allows her to make sure she sees him for each subsequent appointment.

Case study 5

Case study: Female*, 18. WA1 Female will be referred to as 'Y' throughout the case study to preserve anonymity.

Y was referred to CAMHS just over 12 months ago through her support workers.

Y was meant to attend a course of 6 sessions, but this was quickly reduced to 3, and Y doesn't remember receiving an explanation as to why her sessions were reduced. Y's lasting memory of the sessions was that they were all cut short, and she was not listened to. The counsellor told Y that her anger issues were related to grief following the death of a family member. However, Y disagreed and said that couldn't be the case as she had no real relationship with that family member, and didn't feel sad or angry about that.

Y had expected the counselling sessions to give her practical tools to manage her emotions, such as coping mechanisms, but she did not gain anything useful from the sessions. She feels that the counsellor didn't listen to her and was dismissive.

Y commented that a few of her acquaintances have experienced similar interactions with counsellors, and she doesn't understand why someone would go into that profession if they (purportedly) didn't care about the young person in front of them.

Y has since been referred to the IAPT service, but she feels nervous as she doesn't have any friends or family she trusts enough to go with her, and she doesn't want to go through it by herself. She feels let down by CAMHS, and doesn't want to go through anything like that again. The main thing that Y wants to avoid is the feeling of being judged negatively by professionals.

Y has decided not to engage with professional support at this stage. She has started running to support her physical and mental health, and is trying to work out her own coping mechanisms.

Y has tried counselling via Kooth, but said it wasn't great for her, as you're only allowed one session per week which lasts an hour, and it's a different person each time, so time is wasted explaining the same issues to different people.

Y's parting comment was this:

"I feel like counsellors are like teachers at school. Sometimes, you get a really good teacher who is great and you learn loads because they are really passionate. Then you have rubbish teachers who don't care and no one is getting anything out of it. That's the same with counsellors, some good and some bad. You have to have a passion for the job, and if you don't, then you won't help anyone. It's 50/50, so you take a risk going to see a counsellor!"

Case Study 6

Case study: Female*, 16, WA4 *Female will be referred to as Z throughout to preserve anonymity. Z's mental health struggles started in 2017, when she was 14.

Z remembers experiencing episodes of depression; she wasn't depressed all of the time, but she would experience very low lows, and she had suicidal thoughts constantly. Z remembers the thoughts being almost comforting, such as "It's OK, because you could just kill yourself and this will all stop", something which she knows now is not healthy. Z spoke to her parents about how she was feeling, but remembers that the conversations would turn into arguments and end in tears, as they thought Z was 'just being a teenager'.

At this stage, Z remembers having very negative attitudes to life, such as 'you go to school, you work, then you die.' She didn't perceive there was anything of value in between.

After a while, Z's attitude to life became more positive, but the suicidal thoughts became stronger. Z knew she didn't want to die, so she told her parents what she was going through. This time, they responded by making an appointment with the GP, who referred Z to CAMHS. Z had 1 session with a counsellor, and they (Z and her parents) have not heard from the service since.

Z remembers her counsellor was a woman, and she was very dismissive. Z felt that the counsellor's aim during the session was to 'prove' that Z wasn't depressed, and there was nothing really wrong with her. Z remembers the counsellor as being 'harsh and judgemental', which prevented Z from being completely honest and telling the whole truth when she really needed to.

During this session, Z told the counsellor about her inertia and inability to do simple tasks such as homework. She discussed how this would start a vicious circle of anxiety; as chores would pile up, which would cause stress, which would prevent a single task being started, and so on. Z recalls the counsellor saying "wouldn't it be easier to just do your homework in the first place." This is a comment that has stayed with Z, as it still makes her angry. She remembers feeling stupid and guilty, emotions which she says she was feeling about herself anyway, and the counsellor's comments made it worse. She felt like it was all her fault, and she also felt shame.

Z told the counsellor that she had frequent suicidal thoughts. The counsellor said she would speak to Z's father about hiding razors etc. but Z isn't aware that the counsellor ever followed this up.

The counsellor concluded that Z 'probably wasn't depressed' and 'just had emotional management problems'.

Z and her family have not heard from CAMHS since. Z says that her parents are very supportive of her, and have become more helpful and understanding. Z stated that if she ever needed support with her mental health in the future, she would probably pursue private counselling.

Interview & Case Study Findings

When conducting our phone interviews with parents of CAMHS patients we received these quotes:

"Her mother felt that her daughter's mental health assessments were 'the wrong way round' She had the whole process of being tested for a full year for autism and it turned out that she didn't have it. Then when the family questioned it she was given and ADOS test (a 45 minute assessment) and then she was diagnosed. When she did eventually receive help it was only after she took an overdose and ended up in hospital."

"My first point of call was my father and then CAMHS when I first started to access the services I felt really let down. I felt like no matter how much I screamed there seemed to be no help. I think that there is not enough funding for young peoples mental health services. I felt that help came far too late, if the services had tackled the issue early on I feel like maybe there wouldn't have been so many suicide attempts and me being sectioned. It was when I was at this stage that all the help came flooding in. CAMHS put me in touch with a group that plans activities and days out I think that it is a really good service."

"I think that the CAMHS services are great but as I am very shy it would be good if they could provide a service that comes to the home where I feel more comfortable. I am too shy to access public transport and do not feel confident enough to be out on my own a service that could take us out and help with social anxiety would be great."

"The initial services is helpful but now that I have not been diagnosed with a mental illness there was no signposting to other services that I could access help from."

The interviews and case studies have been analysed to draw out themes from the feedback.

There were four main themes from the feedback collected in the interviews and case studies.

GP support

Participants told about how they had sometimes approached their GP in the first instance of needing support around their mental health. For those that had seen their GP to start with it was not always clear what would happen next. One interviewee told how their parent had contacted the GP to be advised that they should 'look online for advice' and when they did that the online advice was to book a GP appointment; leaving them confused and frustrated as that had been what they had done in the first place. When they made an appointment there was a wait of three weeks to then be seen. However, on this occasion the GP had been very helpful and made the necessary referral for them to access further support.

Another participant told how they had contacted their GP about their child's mental health and had been informed that they could self-refer to the CAMHS service. This information proved to be inaccurate and it was not possible to them to take this route.

Accessing services

Accessing suitable services was also identified as a key theme by participants with examples given of asking for help and not being able to get the right help at the right time. One participant told of how their child had a history of self-harm and suicide attempts. Whilst their child had been referred to CAMHS they felt that the support being provided was not meeting their needs. They told of how there had been incidents where their child had become agitated and the out of hours team had advised that they could not help and to call the police.

Another young person participant said that they felt that 'no matter how much I screamed there seemed to be no help' and that they 'felt let down' and that 'help came far too late'.

Assessment

It was not always clear to participants what they were being assessed for when they were assessed by services. One told how they thought that they were being assessed for depression when they were being assessed for psychosis, suggesting that they had not been involved or kept informed of what was happening to them.

The parent of one service user told how their child had multiple assessments but that this had not had the outcome that they wanted as their child did not present as being in crisis. They went on to suggest that of they saw their child at other times the assessment and outcome would be significantly different.

Getting young people to attend assessments was also raised with one parent telling how their child had not attended a psychiatric assessment because as a parent they had been physically unable to make them attend and this meant that there was no follow up and no service intervention. Having services that would carry out home visits for assessments and services was suggested by the parent of one child and one of the young people who spoke to us because of the mental health issues that they experienced caused anxiety around leaving the house and this limited their access to services.

Counselling

There was negative feedback from young people who had accessed counselling about their experiences.

It is recognised that the number of people who took part in the interviews is small and cannot be considered representative but the feedback they gave was similar in nature and this could suggest an area that requires more investigation.

There was feedback that the young people did not feel that they had been listened to when they saw their counsellor and they used the term 'dismissive'. One told how they had considered taking their own like and when they shared this with their counsellor the response had been to laugh and say 'you wouldn't have gone through with it anyway'.

Another participant said that they felt the counsellor they saw aimed to 'prove' they were not depressed. A comment made by the counsellor to the participant had made them feel 'stupid and guilty' and had stayed with them making them feel worse.

For one participant, their expectations of what the counselling would provide had not been met as they had expected to be provided with 'practical tools' to manage their emotional health and this had not been forthcoming.

It is suggested from the feedback that young people were unsure what to expect from the counselling and therefore, their expectations were not being met leading to negative experiences from counselling and a feeling that their counsellor was dismissive of their mental health issues.

Conclusions

The number of young people and their families that took part in this project was small and as such the findings should be taken as a snapshot of the views and experiences of those individuals rather than as generalised findings about support for young people's mental well-being.

However, the feedback from the surveys suggests that young people feel that they do know where to go to get support to look after their mental well-being and that being able to go to trusted adults such as their parents or professionals within education settings is important to them.

Expectations amongst young people about how to access services and the way that services will support and interact with them are high with survey respondents generally agreeing with the 'I' statements. However, some of the stories that were shared suggest that those expectations are not always met and that young people can face barriers in being able to access services when they are needed and be involved in their own care and treatment should that become necessary.

Recommendations

1.Warrington CCG to meet with the service providers to discuss the findings in our report and report to Healthwatch Warrington with their specific recommendations.

2.The number of young people who took part in this project was small and cannot be seen as being representative of the wider population of young people in Warrington. Therefore, it is recommended that further engagement with young people is undertaken to develop a better understanding of their knowledge of the support available and their experiences of using those services.

3.The Young people who took part in the project were more likely to say that they would speak to their parents in the first instance of feeling like they needed support, rather than using other options. Therefore, it is recommended that consideration is given to how parents can be provided with more information and signposting to help them to support their children.

4.Understanding from GPs around support that is available and referral processes was seen as sometimes being lacking and therefore, it is recommended that more information is provided as to what is expected of GPs and what patients can expect if they approach their GP around mental well-being support.

5.Young people had high expectations of how services would interact with them and how they would be involved in their support and if any treatment.

Response from North West Boroughs

“Warrington Secondary care mental health services welcome the findings from Warrington Healthwatch with regards the experiences of young people who access our clinical services. We fully appreciate that support and engagement at all levels for individuals who receive care, is enhanced with independent feedback. It helps us, as a health provider, to improve our clinical offer, from access through to treatment. Together we can work towards a better provision for young people and their families that the people of warrington can be proud of.”

Mike Kenny, Assistant Director, NWBH

With Thanks

To all the young people, parents and carers for sharing their valuable experiences to enable us to create our report.

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