



Children and Adolescent Mental Health Services in Reading

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Introduction

Child and adolescent mental health disorders are surprisingly common. They affect 10-20% of children and young people - with the most recent UK figure indicating that 10% of 5-16 year olds had a diagnosed mental health disorder (Office for National Statistics [ONS]). Common mental health disorders and difficulties encountered during childhood and the teenage years include: ADHD (attention deficit hyperactivity disorder); simple phobias to social anxiety, generalised anxiety disorder and PTSD (post-traumatic stress disorder); autism and Asperger syndrome (the Autism Spectrum Disorders, or ASD); behavioral problems; bullying; depression; and eating disorders.

Children and Adolescent Mental Health Services (CAMHS) are commissioned by Berkshire Healthcare NHS Foundation Trust to deliver this service Reading. CAMHS aims to promote good mental health, and to assess and treat mental health problems in children and young people up to the age of 18 years. As part of Healthwatch Reading's investigation of mental health services in Reading, several issues were brought to the attention of Healthwatch Reading regarding CAHMS.

There are four tiers to CAMHS provision:

Tier 1: practitioners working in universal services who are not mental health specialists provide Child and adolescent mental health services at Tier 1. This includes:

- GPs
- Health visitors
- School nurses
- Teachers
- Social workers, and
- Youth justice workers and voluntary agencies.

Tier 1 practitioners are able to offer general advice and treatment for less severe problems. They contribute towards mental health promotion, identify problems early in the child or young person's development and refer to more specialist services.

Tier 2: Mental health practitioners at Tier 2 level tend to be CAMH specialists working in teams in community and primary care settings (although many will also work as part of Tier 3 services). They can include, for example:

- Mental health professionals employed to deliver primary mental health work, and
- psychologists and counsellors working in GP practices, pediatric clinics, schools and youth services.

Tier 2 practitioners offer consultation to families and other practitioners. They identify severe or complex needs requiring more specialist intervention, assessment (which may lead to treatment at a different tier), and training to practitioners at Tier 1 level.

Tier 3: Tier 3 services are usually multidisciplinary teams or services working in a community mental health setting or a child and adolescent psychiatry outpatient service, providing a service for children and young people with more severe, complex and persistent disorders. Team members are likely to include:

- child and adolescent psychiatrists
- Social workers
- Clinical psychologists
- Community psychiatric nurses
- Child psychotherapists
- Occupational therapists, and
- Art, music and drama therapists.

Tier 4: Tier 4 encompasses essential tertiary level services such as intensive community treatment services, day units and inpatient units. These are generally services for the small number of children and young people who are deemed to be at greatest risk (of rapidly declining mental health or serious self harm) and/or who require a period of intensive input for the purposes of assessment and/or treatment. Team members will come from the same professional groups as listed for Tier 3. A consultant child and adolescent psychiatrist or clinical psychologist is likely to have the clinical responsibility for overseeing the assessment, treatment and care for each Tier 4 patient.

Background

Healthwatch Reading first received feedback about CAMHS when it carried out its Community Survey in 2010 and it therefore formed part of the work plan, to explore in further detail.

In Reading, key Tier 2 services are commissioned and provided by the local authority and include 4 Primary Mental Health Workers (PMHWs) in the Children's Action Teams (CATs). Reading's CATs are 4 locality based teams of professionals that provide both a range of services to meet a variety of family needs, including improving school attendance, providing youth work, support for children with behavior and learning difficulties, support to families in housing, parenting and relationship issues. PMHWs, who received clinical supervision from Tier 3 CAMHS, work mainly with school-aged children, taking referrals from Reading Schools, GPs, health, education and social care colleagues. PMHWs typically work with emerging issues first presenting at a universal service such as the child's school or a family talking to their local GP. The types of presentation can vary between school refusal, anti-social or aggressive behavior and self-harming thoughts, feelings or actual harm.

Berkshire Healthcare Foundation Trust (BHFT) is commissioned to provide Tier 3 CAMHS and in-patient and day-programme services at Berkshire Adolescent Unit

(BAU). Some in-patient beds are provided at tier 4 by external providers in both the NHS and private sector.

In 2009 BHFT CAMHS was recommissioned following concerns about the quality and timeliness of service provision. A new service specification and performance-monitoring framework was agreed jointly by monitoring the 6 Berkshire local authorities, and the 2 Primary Care Trusts and this has resulted in some improvement to services. (Meeting the Emotional Health and Wellbeing needs of Children and Young People in Reading - Report for Reading EOSC August 2012)

Project Aims

This project has the following aims:

1. Understand local peoples experiences of the CAMHS in Reading
2. Develop recommendations for services improvement based on users experiences

Methodology and Findings

This investigation of services took many formats. These included:

1. An information request to all GP Surgeries and CAMHS
2. Focus Groups
3. Invitations for feedback through outreach
4. Meetings with support organisations
5. Outreach with parents whose children use the service

After collecting feedback from families an informal meeting with the CAMHS manager was arranged. The feedback from families covered a range of issues including:

- Waiting times
- Staff attitudes and behavior shown to parents
- Lack of help in a crisis
- Discharge from the service if medication is refused as either a first treatment or only treatment
- NICE guidelines not being followed regarding medication and health checks for children
- Lack of therapies and parental training
- No consideration for the family as a whole and a lack of understanding regarding issues that the family faces
- Poor communication from staff due to long waits for letters, part time staff not returning calls
- Lack of signposting to support in the community

- Use of jargon with no explanation, one Mother was told she didn't need to know as her G.P. would understand
- Delays in communication due to staff hours? So urgent letters and so on are not being sent due to staff not being available
- Long waits (two weeks) to speak to child's consultant
- Parents reported that they were given no guidance regarding dietary issues
- Not being informed about their right to a second opinion
- Parents are unaware of Social Communications (SoCom) Team

Further feedback from families included:

One Parent reported she was dreading the appointment with her Son due to the way she has been dealt with on the telephone, she feels that CAMHS will make her son feel even worse about himself.

Five families also expressed concerns about privacy and dignity in the actual CAMHS building, because the walls are very thin, small rooms and doors are not always closed. This issue also arose around the reception area when checking in for appointments and giving personal information.

Two parents reported that when their child took the Autistic Diagnostic Observation Assessment (ADOS) test, signs were missed due to the child's behavioral issues related to ADHD but clinicians refused to repeat tests or to pay credence to the parents knowledge of their own child and his/her behaviours.

Families have also mentioned the lack of parking, especially for parents who are traveling with a child with special needs.

The building has also been called dirty, dingy and in need of updating.

However some parents, though unhappy with the service were very happy with individual members of staff and how they had been dealt with. On the whole people found reception staff friendly and helpful.

One Mother reported that when her children were noisy and found it difficult to settle, the Doctor took them outside for their appointment. They felt this was an innovative way to support their child through the appointment.

Once the feedback had been collated we used this to focus on the areas that needed investigating. We therefore broke it down into four key work areas:

1. Health checks for children who take medication to manage ADHD when discharged to the care of their GP
2. Crisis care and support offered
3. Attitudes of staff and the experience for families
4. Training for families and therapeutic support

1. Health checks for children who take medication to manage ADHD when discharged to the care of their GP

Families who were involved in this piece of work raised issues about the lack of health checks and the fact that NICE guidelines state that this check for height, weight and blood pressure were important when monitoring the ongoing health of a child who is medicated.

CAMHS have stated that children under their care receive these checks and while this has not been the experience of some parents it is felt that by reminding parents to ask for this service that it would not be an issue for the staff to ensure that this happens during clinic visits. The wider issue seems to be that some Reading GP surgeries are not offering and in some cases refusing to carry out these checks.

One particular surgery told a parent that they were not paid to do the checks and another surgery that is not signed to the PCT to carry out these checks refused, as they did not have a small blood pressure cuff.

2. Crisis care and support offered

Families have reported issues regarding crisis care and support offered. Parents were on the whole unaware of the Next Generation Urgent Care service and those who were aware had not found it appropriate for their needs as it is for the use of professionals such as their G.P. who was not available out of normal hours and the out of hours service advised that they wait until the child could be seen by their usual Doctor.

When parents have called CAMHS directly they have had to wait to talk to a member of staff for varied amounts of time, ranging from 1 day to nearly two weeks. Families have reported that they have had to rely on family and friends to offer support and in one case respite to recover from an incident at home that they felt had escalated due to a lack of professional support. CAMHS have informed Healthwatch Reading that there are professionals who will support quickly during a crisis but this does not seem to be the service that parents have received.

CAMHS also advised us that A&E offer support and a safe place but again families were unaware of this. Healthwatch Reading will pass this information along to families that we are working with.

3. Attitudes of staff and the experience for families.

This has been the most prominent issue raised by families during this work. While many parents had very good experiences with members of both clinical and clerical staff, many had experienced rudeness from staff. This included being called "A smothering person" another was told that she was responsible for her child's condition and behaviour.

Several families reported that the jargon used by clinical staff was overwhelming and made them feel excluded. One Mother was told that “she didn’t need to understand as her G.P. would” and another was told that explaining jargon and acronyms would just waste time during their appointment.

Parents have reported that they feel ignored as the person who knows their child best and that their concerns can be ignored as just “fussing”.

The lack of privacy both at reception and in treatment rooms was also raised, with one Father reporting that at the end of one appointment he knew more about the diagnosis of the child in the next room than he did about his own child.

Families spoke to Healthwatch Reading about the lack of signposting to other support organisations from CAMHS. They understood that it was not CAMHS role to support siblings or Grandparents but felt that adequate signposting to such support in the Voluntary and Community sector would have been valuable.

One Parent reported that this was the first contact with anything to do with Mental Health and that they felt that staff need to remember this when dealing with families.

Another Parent said that they felt judged and that their recent divorce was the cause of their child’s condition.

4. Training for families and therapeutic support

Parents reported that they had not been offered training or parenting skills support, especially those who have a child with a diagnosis of ADHD. In the information sent to Healthwatch Reading on 28th September 2012 it was explained that there was a gap in this service whilst the new ADHD care pathways were in consultation.

CAMHS were able to signpost Healthwatch Reading to several community organisations that provide training and support however the experience of families would suggest that staff need to improve their signposting skills and ensure that families are given options.

Reading Borough Council also offers a large range of parenting skills and training and can be contacted through Reading Parenting Team 0118 937 2396.

When the information about new Pathways for ADHD were explained to families they understood that training and therapies could not be offered at this time but felt that they had not been given any alternative and did not know where to turn to find further information.

Information Requests

Information Request 1

Reading LINK (Reading LINK became Healthwatch Reading on 1st April 2013) sent a formal information request via the Clinical Commissioning groups to GPs Surgeries. This information request regarded the health checks that NICE guidelines recommend for children who take stimulant medication to manage A.D.H.D.

Reading LINK is reviewing the services offered to children who have been under the care of CAMHS. One issue that has been raised by families and carers is the lack of health checks for children who take regular medication for A.D.H.D. The information that we would like to gather is:

- 1. Are children who take medication for ADHD given growth and weight checks?*
- 2. If yes then how often are these carried out?*
- 3. If you do not offer this service could you tell us why?*
- 4. How many children do you have registered at your surgeries who take regular medication for A.D.H.D?*

Response received:

A breakdown of GP surgeries signed up to carry out yearly health checks and the number of health checks actually carried out

Surgery	Signed up	Children registered over the last 12 months May 2012	Health checks carried out- May 2012
Tilehurst Surgery Partnership	Yes	179	30
London Street	Yes	31	8
Chatham Street Surgery	Yes	69	3
Milman Road Health Centre	Yes	148	37
Emmer Green Surgery	Yes	74	6
Melrose Surgery	Yes	12	3
Parkside Family Practice	Yes	130	23
Longbarn Lane Surgery	No	101	13
Priory Avenue Surgery	Yes	93	11
Wargrave Surgery	Yes	18	5
Westwood Road Surgery	Yes	87	7
Western Elms Surgery	No	52	3

Surgery	Signed up	Children registered over the last 12 months May 2012	Health checks carried out- May 2012
Whitley Villa Practice	Yes	80	9
London Rd Surgery	Yes	4	0
Theale Medical Centre	Yes	109	0
Grovelands Medical Centre	Yes	205	39
Pembroke Surgery	Yes	45	16
Milman Road Health Centre	No	114	17
Chapel Row Surgery	Yes	123	31
University Health Centre	Yes	11	2
Kennet Surgery	Yes	33	0
Wilderness Road Surgery	Yes	3	0
South Reading Surgery	Yes	120	32
Russell Street	Yes	101	8
Tilehurst Village Surgery	Yes	145	4
Melrose Surgery	Yes	80	5
Shinfield Medical Practice	yes	18	1
Total		2185	313

The figures show many children in Reading are not receiving their health checks. This seems to evidence that parents may be unaware of the need for health checks in which case better information must be given by the prescribing professional and general practitioners and that those who deal with the medical care of these children must be made fully aware of the implications of missing health checks.

Information Request 2

To Rita Morrison Manager of Reading CAMHS,

Please accept this letter as a formal information request from Reading LINK.

Several members of the community who have raised concerns regarding Reading CAMHS have approached us. The information requested is as follows:

1. For Children with a diagnosis of A.D.H.D. is three pronged treatment available i.e. medication family or individual therapy and parental support and training? If

therapy and training are not available please inform as why not. What is the waiting time to engage with therapy and how many parents training events are you able to provide a year?

2. What options are given to parents of children with A.D.H.D. if medication is refused as a first response?

3. What time limits do you have as goals from referral to actually seeing the family?

4. How are families made aware of the Next Generation care crisis/urgent support contact details?

5. Are families made aware of the complaints procedure if they feel they have been treated badly by a member of staff?

6. What rights do families have if they wish to enter the S.O.C.O.M service and how are parents informed about this?

7. What is your procedure regarding health checks, including weight and height for children who take medications to manage A.D.H.D.

Response to Request from Rita Morrison: Locality Manager CAMHS Reading and West Berkshire

Further to our recent meeting and your subsequent information request please find below the Reading CAMHS response which I hope will enable you to address any questions and concerns you may have.

- 1. For Children with a diagnosis of A.D.H.D. is three pronged treatment available i.e. medication family or individual therapy and parental support and training? If therapy and training are not available please inform as why not. What is the waiting time to engage with therapy and how many parents training events are you able to provide a year?*

Yes - medication, family and/or individual therapy as well as parental support are all available. CAMHS offers a rolling ADHD programme - approx 3-4 per annum. This is principally aimed at up-skilling parents and provides education including suggestions around strategies/interventions which they can use. In addition to CAMHS, parenting courses are also available in the community and CAMHS would signpost to these where appropriate. Further, as part of 'comprehensive CAMHS' specialist CAMHS work with other professionals from other agencies e.g. family support workers from the Children Action Teams (CATs). The current wait for 'specialist family therapy' is around 3 months. However, in the interim joint consultation will happen and children and families are supported until 'specialist family therapy is available.

2. *What options are given to parents of children with A.D.H.D. if medication is refused as a first response?*

As above, family and/or individual therapy and/or parenting support is provided. In addition, there is liaison with schools regarding behavioural strategies to help manage a child's behaviour in school. CAMHS would also contribute to School Action and School Action Plus plans and would make recommendations for Special Educational Needs assessment if appropriate.

It is recognised that there is a high degree of co-morbidity and therefore CAMHS also assess for sensory difficulties, Developmental Coordination Disorder and Autism and would refer to the appropriate clinics if required e.g. Occupational Therapy and specialist SoCom clinics for ASD diagnosis.

3. *What time limits do you have as goals from referral to actually seeing the family?*

CAMHS endeavour to see all new referrals within 12 weeks. Depending on clinical need this can be sooner (e.g. within hours for mental health emergencies). Looked after children are prioritised to be seen within 2 weeks.

4. *How are families made aware of the Next Generation care crisis/urgent support contact details?*

Crisis and urgent care depends on the severity and impact of behaviours. All service users have a risk assessment and risk management plan tailored to meet their individual needs.

Different agencies can be contacted depending on the child, young person or family's situation, level of risk/impairment and/or whether crises occur within or outside of core working hours. E.g. in the case of medical emergencies then it is more appropriate for A&E to be accessed, for psychiatric emergencies CPE can be contacted within core working hours and A&E outside of normal working hours. The contact detail for the Urgent Care team and Out of Hours services are given to families.

CAMHS operates 'urgent mental health' care rota system (i.e. where the service user is seen within 24hrs as clinically indicated). During working hours this can be accessed via CPE. Outside working hours this is covered by the A&E Mental Health Liaison Team.

5. *Are families made aware of the complaints procedure if they feel they have been treated badly by a member of staff?*

Yes. The Trust complaints procedure 'Learning from Experience' is available in the reception area (see attached). Families can also contact the Patient Advice Liaison Service (PALS) on 0118 960 5027 and PALS leaflets are also available in the reception area.

Where there is dissatisfaction or the likelihood of a complaint families are given the name and contact details of the CAMHS Locality Manager so that attempts can be made to address concerns locally in the first instance. This does not negate the rights of families to formally make a complaint.

6. What rights do families have if they wish to enter the S.O.C.O.M service and how are parents informed about this?

SoCom is not a separate service from CAMHS. It can be accessed via Common Point of Entry (CPE), similar to other new referrals from professionals and it provides diagnosis from age 9yrs and interventions for severe and enduring mental health problems in the same way as any child. The only 'specialist service' offered by SoCom is the complex diagnostic assessment clinic which is open to referral from any professional. (See attached)

7. What is your procedure regarding health checks, including weight and height for children who take medications to manage A.D.H.D.

CAMHS follow NICE guidelines, i.e. physical examination and especially cardiac screen prior to commencing medication, followed by baseline weight and height. Thereafter monthly checks, extended to three and six monthly checks and in some cases annual reviews.

As we discussed previously, CAMHS is part of the Trust's 'Next Generation Care' Transformation of Services. In this regard CAMHS is currently working with colleagues from other partner agencies to consider how a number of care pathways can be implemented to ensure equity of service provision across Berkshire.

Information Request 3 to Rita Morrison: Locality Manager CAMHS Reading and West Berkshire

1. Crisis care. Could you please inform me what crisis care there is for parents whose children are under the care of CAMHS. This does not include the pathways for professionals. If you could also clarify where parents or children might be signposted during a crisis, either mental health or behavioral and also any counseling or therapies provided as well as any inpatient services.

2. Training for parents who have to deal with behavioral issues such as ADHD or ASD. The availability of training events provided by CAMHS. Waiting times to attend these events and how often they are provided. Also if CAMHS is unable to provide such support, where are parents signposted?

Response to Information Request

As we previously discussed the Trust now operates an 8am - 8pm Common Point of Entry (CPE), with the CAMHS CPE operating within the core hours of 9am - 5pm.

CAMHS CPE is not a crisis per se. It is:

- Open to professionals only who can i) make referrals including urgent referrals ii) seek advice/consultation
- Not open to CAMHS service users/families, however, CPE staff will converse with families after a referral is made to ensure the right service is provided in the most timely way.

Recommendations

Based on the information from users feedback and the information requests Healthwatch Reading make the following recommendations:

1. Better promotion of health checks for children through BHFT
2. CAMHS to stress the importance of the health checks during discharge, both to the family and to the GP
3. Clearer information about health check at GP surgery's
4. Better information about the complaints process regarding health checks. If parents/carers are unhappy with the service from their GP they should firstly complain to:
 - The practice manager. If no resolution is reached.
 - PALS. www.pals.nhs.uk Again if no resolution is met then the next resort is.
 - The General Medical Council - www.gmc-uk.org/concerns/making_a_complaint/faqs.asp
5. Commissioners to monitor the figures of children registered with a diagnosis of ADHD equate with the numbers of health checks being invoiced for from surgeries.
6. Healthwatch Reading recommends that signposting to crisis care services and other support services needs to be improved for families and services are explained so that families access the appropriate service to meet their needs.
7. Additional leaflets promoting support services should be visible at the CAMHS building.
8. Information about the SoCom Team to be made widely available.
9. Staff must be aware of the lack of privacy in the CAMHS building and therefore conduct conversations in a more private space.

10. CAMHS should also ensure that all crisis calls are given resolution within an appropriate time frame. Families agreed that within 36 hour timeframe given would be a reasonable.

11. CAMHS to outline their complaints procedure and grounds for complaints clearly to families and they are made aware of the SEAP service.

12. Parents and patients must be made aware about realistic waiting times and availability of training events and signposted externally if the need is urgent or the wait is to long.

Response from Berkshire Healthcare Foundation Trust to the recommendations made

1. Better promotion of health checks for children through BHFT.

Berkshire Healthcare NHS Foundation Trust (BHFT) Child and Adolescent Mental Health service (CAMHS) takes this feedback extremely seriously and has reviewed its" medication monitoring process. It is anticipated that the introduction of a system on RiO that highlights when a physical health check is required| will support BHFT clinicians in undertaking timely reviews.

The GPS across the west of Berkshire have an agreed Local Enhanced Service for the monitoring of Methylphenidate (ADHD medication) where regular physical health checks should be undertaken as per NICE guidelines. Whilst the Trust is unable to respond on behalf of the GP"s it will be raised as a shared concern with Dr Stephen Madgwick, GP lead commissioner for children"s health services (West).

2. CAMHS to stress the importance of the health checks during discharge, both to the family and to the GP.

This will be raised as a shared concern with Dr Stephen Madgwick, GP lead commissioner, for children's health services (West) and re iterated in discharge letters sent from CAMHS.

3. Clearer information about health check at GP surgeries.

Clearer information will be given with regard to health checks at GP surgeries following the conversation mentioned in question 2 response.

5. Commissioners to monitor the figures of children registered with a diagnosis of ADHD equate with the numbers of health checks being invoiced for from surgeries.

This recommendation is not applicable to Berkshire Healthcare NHS Foundation Trust.

6. Healthwatch Reading recommends that signposting to crisis care services and other support services needs to be improved for families and services are explained so that families access the appropriate service to meet their needs.

CAMHs will routinely refer children and their families for additional support or intervention to the appropriate local authority's children's services, this will be undertaken in discussion with the child and his/her family. CAMHs Urgent Care service provide an urgent response for children and young people, 5 days a week, that present at A&E who require mental health assessment. Where known CAMHs will refer the family to a third sector agency that may best be able to meet the needs of that family.

7. Additional leaflets promoting support services should be visible at the CAMHs building.

This is an on-going process in the service; we aim to update leaflets as regularly as possible (ADHD, ASD and information leaflets attached) and provide information for families and potential referrers on our website. In October 2013 a young people and families event was held in Reading where feedback was requested about how and what information children and families would most like to receive. This will be put on the refreshed CAMHs website by the end of 2013.

8. Information about the SoCom Team to be made widely available.

From November 2012, the SoCom team was abolished and the new Autism and Social Communication Assessment Team (ASCAT) was established in CAMHs. In April 2013, the team joined with the services offered at RBH to provide assessments through an integrated pathway. A single team comprising of clinical psychologists, paediatricians, speech and language practitioners and other CAMHs practitioners now hold evidence based diagnostic assessments for autism spectrum disorders, with a single point of referral. The new pathway was launched through an event in May 2013, and referrers including GPs and local authority were sent new ASCAT team clinic leaflets and information about the referral process. Children under 5 with social communication difficulties remain in the domain of speech and language therapy colleagues.

9. Staff must be aware of the lack of privacy in the CAMHs building and therefore conduct conversations in a more private space.

It is most unfortunate that some families have experienced a lack of privacy in the building. This is the first time that the service has received the feedback about the experienced lack of privacy in rooms in the building; as a result the service manager will be working with our Estates colleagues to check the audibility in the building and seek to find ways to ensure that confidentiality is upheld within and throughout the rooms in the building.

10. CAMHs should also ensure that all crisis calls are given resolution within an appropriate time frame. Families agreed that within 36 hour timeframe given would be reasonable.

It is regrettable that families feel they have a poor experience of CAMHS crisis care and the support offered to them. Unfortunately the Trust is unaware of the timeframes in which the report was compiled, however the information would suggest it was collated prior to the full implementation of the CAMHS Next Generation care program in November 2012.

The service now has a dedicated CAMHS Urgent Care Service that responds the same day or within 24 hours to attend children and young people presenting with an immediate mental health matter that has or may lead to self-harm or harm towards others. This team is supported 'in hours' by an on-call consultant psychiatrist for advice, support and where necessary application of the Mental Health Act.

Where a child is known to the local CAMHS community specialist team, the team will respond directly to the call to work to address the issue and find a solution with the family.

11. CAMHS to outline their complaints procedure and grounds for complaints clearly to families and they are made aware of the SEAP service.

A review of how CAMHS share this information with families will be held over the next 3 months; to help ensure that all children and families know how to make a comment or complaint about the service. We are currently working with our PALS colleagues to refresh and update the information available in reception areas throughout the service.

12. Parents and patients must be made aware about realistic waiting times and availability of training events and signposted externally if the need is urgent or the wait is too long.

BHFT CAMHS is currently working with the Clinical Commissioning Groups to move towards all children referred into the service with a presentation of ADHD or ASD commencing either an assessment or intervention within 12 weeks, by April 2014. At the moment families are contacted regularly to update them about appointment times and to check availability to attend at short notice if appointments become available. In addition:

Attitudes of staff and the experience for families

This is perhaps the most saddening and challenging part of the feedback received. Firstly, the Trust sincerely apologises on behalf of the CAMH service to families who have reported this experience. The service feels itself to be inclusive and child and family focussed, it is therefore highly regrettable that this is not how it has been perceived and experienced by some of the families.

The report has been shared with the Reading team for consideration and reflection.

The Trust is committed to responding to feedback both positive and negative regarding how services are delivered and received by Children and Young People and their Families. To ensure that we have a staff group able to deliver the best care and experience as possible the Trust will be ensuring that all its staff have a

full appraisal and development plan and undertake training as required to ensure that the staff attitudes are focussed on delivering the right care every time. Throughout 2013-14 the service is using Routine Outcome Measures (ROMs) that children, young people and families can feedback in real time (through use of 'tablet' technology), his/her experience of the session; both the approach and the usefulness of the therapeutic intervention. This will lead to greater, immediate feedback to the clinician and her/his superior to ensure families receive the care and respect from clinicians.

Helen Mackenzie

Director of Nursing and Governance

Follow up meetings and future work.

Berkshire Health Care foundation Trust requested a meeting to discuss the report and findings so Healthwatch Reading met with the lead commissioner for children;s services and the Berkshire wide commissioner for mental health and learning disabilities.

They were very receptive to feedback from families and were very aware that there are issues with CAMHS. They are very keen to meet with families who contributed to the report as well as organisations in the voluntary sector who support these families, they feel that it is important to collect families feedback as well as to answer questions that families might have.

Healthwatch Reading has agreed to organise an event for families, organisations and BHFT and will be working with Reading Family Forum to hold an event before April 1st 2014.

A meeting was also requested by the Commissioning Support Unit. It was again acknowledged that there was a need for better communication and feedback from families and service users with regards to Reading CAMHS.

A number of surveys are being held to look at how resources may best be used, for example can resources for tier 4 in patient services and capacity be downsized if resources and improvements are made to tier 3 services with a preventative view. Work is being carried out to look at standards and consistency of services at a local and national level and looking at discharge issues with a view to reductions in re admissions and suicide risks. These findings will be fed into a national benchmarking survey by the end of the working year.

There is ongoing work looking at Berkshire Adolescent unit to see what people want from this service and asking whether it is appropriate for service users, again looking at whether funding should go to more tier 4 services or in a more preventative working model, tier 3 services.

The increase in level of referrals to higher tier services was discussed and whether this is due to better recognition or is it a lack of tier 1 or 2 services.

Mental Health services are being looked at for both children and adults with a view to improving liaison between teams and services.

NICE guidelines now also state that children who use stimulant based medication for ADHD should receive health checks every 3 months. Healthwatch Reading will continue to monitor this with the community members who are affected.

Glossary of abbreviations and acronyms

ADHD - Attention deficit hyperactivity disorder

CAMHS - Children and adolescents mental health service

ASD - Autistic spectrum disorder

SEAP - Support Empower Advocate and Promote, Advocacy service for NHS Service complaints

SoCom - The Social Communication Team

Next Generation Care - A single point of entry for Health care professionals to make referrals for mental health services

Urgent care/crisis - A mental health situation which presents an immediate danger to yourself or those around you