### **Public Questions**

# Case Study and Question JC

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

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

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

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

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

# **Play Torbay**

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

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

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

- 4. It should take 20 weeks (or slightly longer if the period includes Summer holidays) for an EHCP to be approved. Why is the process taking 2 to 3 years and how can this be reduced?
- 5. What is being done to widen the pathways of support for post 16/19?

### KM

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

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

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

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

### CH

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

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

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

Question 3 (if above are not answered)

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

## LC

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

#### AH

I have a number of questions on this subject:

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

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

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

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

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

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

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

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

### S&T C-E

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

- 1)How open and transparent do you intend to be in this process, which questions will you select, how and why or will all questions be posted and answered openly?
- 2)what do you plan to do to reduce the number of suicides by children and young people in Torbay when they have been failed by the system?
- 3)How will failing departments/teams be held to account to prevent further deaths of children and young people in Torbay?

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

- 5) Is this a reflection that camhs in torbay is not commissioned correctly in terms of NICE guidance. Leading to children/YP who present with self harm left extremely vulnerable as not considered a serious suicide risk.
- 6) Will any Local Government Ombudsman finding decisions and recommendations be adhered to in a swift and timely manner unlike the current complaints process?

## H G-P

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

# **Anonymous**

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

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

## FB

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

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

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

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

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

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

# Decision:

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