West Yorkshire & Harrogate

Health and Care Partnership

Mental health engagement
and consultation mapping

November 2017

Contents

Section 1: Introduction to the report

Purpose of the report

The purpose of this report is to present the findings from mental health engagement and consultation activity which has taken place during April 2014 to September 2017, across West Yorkshire and Harrogate Health and Care Partnership. The report captures intelligence collected from engagement and consultation activities and will support commissioners to:

- Provide information on work which has already taken place or is underway to avoid duplication
- Highlight any gaps in activity across West Yorkshire and Harrogate by each of the service areas
- Understand some of the emerging views gathered from local people across West Yorkshire and Harrogate
- Ensure that any future plans have a baseline of engagement intelligence to support the work

In addition, the report can be a working document which is added to as projects progress. The intelligence collected will ensure we meet our legal requirements and ensure we:

- Consider the views of patients and the public as part of service redesign; and
- Ensure the feedback is considered in the development of any future options to change the way a current service is provided or delivered
- Highlight patient and public priorities and ensure these priorities are in line with current thinking and ensure commissioners can consider all public views

Background

The leadership and staff of health and care organisations in West Yorkshire and Harrogate, in their role as part of Health and Wellbeing Boards, have existing plans to deliver ambitious improvements to health and social care services for people in Bradford, Airedale, Wharfedale, Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

These plans, alongside our West Yorkshire and Harrogate priorities, make up our West Yorkshire and Harrogate Health and Care Partnership draft plan. This work, managed in partnership, allows us to work together on good practice and shared solutions.

We will work together locally and at a regional level, to make sure that mental health conditions are treated the same as physical health issues. Local mental health services will be integrated with physical health and care services. This will ensure we care and treat the ‘whole’ person tailoring care to the person’s need; supporting people with long-term conditions to cope with anxiety or depression, and ensuring people only go to hospital when absolutely necessary.

We are developing services across the region to reduce difference in the quality of care people receive in order to improve their wellbeing and make services more effective and efficient for the future.

This includes working to introduce coordinated management of mental health in-patient beds across the area with the aim of reducing people being placed outside the region and eliminating this where better for the person. We know that people receiving care near their home and support network much improves their health and wellbeing. Our aim is that hospital stays will only take place where appropriate, and where needed only for a minimum length of stay.

Good progress has already been made on the development of services to improve the experience and care for people in crisis. For example 'Safer Spaces' have been developed so that adults and children and young people in crisis have a safe alternative to go instead of emergency departments, police cells or being admitted to hospital an in-patient unit. The plan is to roll these out to other parts of the region. We are also working to ensure that there is a service that places mental health nurses in police control centres, in place across the region assisting the police with people in crisis. This will include reducing by 50% the use of police powers around Section 136 of the Mental Health Act.

Alongside this a region wide multi-agency suicide prevention strategy is also being developed with awareness and understanding at the heart of this work. We will look at international best practices that have reduced the number of suicides by 50%.

Professionals in this area of expertise have also identified further services where working together at a West Yorkshire and Harrogate level would be beneficial. This includes attention deficit hyperactivity disorder (ADHD), autism, eating disorders and perinatal services (from when pregnancy begins to the first year after the baby is born). We will be working with our staff and people who use our services to develop and take forward our draft plans. This will impact on all parts of the system, including a 40% reduction in unnecessary A&E attendance.

To support this work the West Yorkshire and Harrogate Health and Care Partnership Mental Health work stream have requested that a mapping document be produced focusing on the following 4 areas:

* Acute mental health care
* Autistic Spectrum Condition (ASC) and Attention Deficit Hyperactivity Disorder (ADHD) services (all age)
* Child and Adolescent Mental Health services
* Eating disorders

West Yorkshire and Harrogate mental health engagement and consultation activity at a glance

In order to deliver theses four areas in West Yorkshire and Harrogate it is essential that partnership networks work together to understand the view of local populations.

Where there are gaps in this information we can progress to have further conversations based on what we already know. This means that any future service provision uses what we already have, prevents duplication of existing conversations and ultimately has the public at the centre of everything we do. In addition, work done regionally should not confuse the public who may have given their views at a local level. The communications supporting any further engagement and consultation activity needs to be managed with this mapping in mind.

The table below sets out the conversations already hosted across West Yorkshire and Harrogate, the topics of those conversations and where further plans may benefit from local intelligence. For the purpose of the mapping we wanted to know;

- Any engagement completed over the last three years which would provide intelligence.
- Any formal consultation which has ensured a service is in the process of being changed based on the engagement activity.

Each of the four areas are then looked at in more depth drawing on the information from each local area, and where appropriate identifying any specific themes that have emerged for protected groups. This is based on what we already know but may not be exhaustive.

West Yorkshire and Harrogate mental health engagement and consultation activity at a glance

(E= Engagement, C = Consultation, PE = Patient Experience)

	Acute mental health care	ASC / ADHD services *	Child and Adolescent Mental Health services	Eating disorders*	**Key areas covered**
Airedale, Wharfedale and Craven	E	E	E	E PE	Children and Young people's experiences of services for ASC; Future in Mind; Health and wellbeing of children and young people with long-term conditions; Buddy system; Transforming mental health services; IAPTs; Mental Health and Wellbeing strategy; Yorkshire Centre for Eating Disorders service reviews
Bradford City	E	E	E	E PE	
Bradford District	E	E	E	E PE	
Calderdale	E PE	E PE	E	E PE	Transformation of children and young people's services; Calderdale Autism Project; Review of services for children and young people with autism; Adults with autism service user review; Adults with ADHD and Autism review of transition services; Adult mental health services; Transforming Care Partnership; Rehab and Recovery Unit; Older People's services; Adult Acute and Community Mental Health; Recovery and Support service; Customer service reports; Yorkshire Centre for Eating Disorders service reviews; Adults' experiences of Autism services
Greater Huddersfield	E PE	E PE	E	E PE	Future in Mind; Review of services for children and young people with autism; Development of Healthy Child Programme; Adults with autism service user review; Adults with ADHD and Autism review of transition services; Section 136; Experiences of young people with SEND; Emerging communities; Police Liaison Nurses; Transforming Care Partnership; Rehab and Recovery Unit; Older People's services; Adult Acute and Community Mental Health; Customer service reports; Yorkshire Centre for Eating Disorders service reviews; Adults' experiences of Autism services
Harrogate and Rural District	E	E	E	E PE	Autism Strategy; Transformation Plan for children and young people; Mental Health strategy; Yorkshire Centre for Eating Disorders service reviews

	Acute mental health care	ASC / ADHD services *	Child and Adolescent Mental Health services	Eating disorders*	**Key areas covered**
Leeds North	E	E	E	E PE	Future in Mind; MindMate Single Point of Access; IAPTs; Leeds Care Record; Autism Strategy; CAMHS; Crisis care; Mental Health Framework; Leeds Children and Young People's Eating Disorders; Yorkshire Centre for Eating Disorders service reviews
Leeds South and East	E	E	E	E PE	
Leeds West	E	E	E	E PE	
North Kirklees	E PE	E PE	E	E PE	Future in Mind; Review of services for children and young people with autism; Development of Healthy Child Programme; Adults with autism service user review; Adults with ADHD and Autism review of transition services; Section 136; Experiences of young people with SEND; Emerging communities; Police Liaison Nurses; Transforming Care Partnership; Rehab and Recovery Unit; Older People's services; Adult Acute and Community Mental Health; Customer service reports; Yorkshire Centre for Eating Disorders service reviews; Adults' experiences of Autism services
Wakefield	E PE	E PE	E	E PE	Adults with autism service user review; Adults with ADHD and Autism review of transition services; patient experience of mental health services; CAMHS survey; Vulnerable children and young people; Transforming Care Partnership; Rehab and Recovery Unit; Older People's services; Adult Acute and Community Mental Health; Customer service reports; Yorkshire Centre for Eating Disorders service reviews

* ASC / ADHD – all evidence submitted just related to ASC
* Eating disorders – all evidence submitted for eating disorders was in relation to services provided in Leeds. However, as some of those services are provided to people across West Yorkshire and Harrogate all the areas have been ticked.

Our responsibilities, including legal requirements

Engaging people is not just about fulfilling a statutory duty or ticking boxes, it is about understanding and valuing the benefits of listening to patients and the public in the commissioning process.

By involving local people we want to give them a say in how services are planned, commissioned, delivered and reviewed. We recognise it is important who we involve through engagement activity. Individuals and groups play different roles and there needs to be engagement opportunities for both.

A West Yorkshire and Harrogate Communications and Engagement Strategy underpins the principles by which the engagement and consultation will operate, and highlights the commitment to good practice in delivery. Engaging people who use health and social care services, and other stakeholders in planning services is vital to ensure services meet the needs of local communities. It is also a legal requirement that patients and the public are not only consulted about any proposed changes to services, but have been actively involved in developing the proposals.

Legal requirements

There are a number of requirements that must be met when discussions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients. Such requirements include the Health and Social Care Act 2012 and the NHS Constitution.

Health and Social Care Act 2012, sets out the Government's long-term plans for the future of the NHS. It is built on the key principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the NHS will:

- put patients at the heart of everything it does, ‘no decision about me, without me’
- focus on improving those things that really matter to patients
- empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

It makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution - and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements, where the implementation of the proposals would have an impact on the

manner in which the services are delivered to the individuals or the range of health services available to them, and
- in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The duties to involve and consult were reinforced by the NHS Constitution which stated: 'You have the right to be involved directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services'.

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles;

- The organisation must be aware of their duty.
- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

An Equality Impact Assessment (EQIA) will need to be undertaken on any proposals for changes to services that are developed through the programme, in order to understand any potential impact on protected groups and ensure equality of opportunity. Engagement must span all protected groups and other groups, and care should be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary.

Secretary of State's key tests

Any service change proposals are expected to comply with the Department of Health's four tests for service change. These are:

1) Strong public and patient engagement;

2) Consistency with current and prospective need for patient choice;
3) A clear clinical evidence base; and
4) Support from proposals from clinical commissioners

For significant service changes, NHS England operates an assurance process whereby they provide support and guidance to commissioners so that they can demonstrate compliance with the four tests and other best practice checks. The assurance process concludes with an assurance checkpoint at which time NHS England provides a recommendation regarding whether the tests have been met.

Section 2: Findings from engagement April 2014 – September 2017

Engagement process and use of existing data

A review has taken place of mental health engagement and consultation activity held and collected between April 2014 and September 2017, across West Yorkshire and Harrogate that related to the following areas:

- Acute mental health care
- Autistic Spectrum Condition (ASC) and Attention Deficit Hyperactivity Disorder (ADHD) services (all age)
- Child and Adolescent Mental Health services
- Eating disorders
- Specific themes raised by protected groups

The mapping consisted of **105 documents**, including final reports and survey results. Some were produced by the CCGs, others came from Healthwatch, providers, voluntary and community sector and Local Authorities. See Appendix A for a full list of the documents reviewed.

The documents were sourced via requests to the West Yorkshire and Harrogate Health and Care Partnership Mental Health work stream leads, engagement leads across CCGs and providers, and a review of documents held on websites of all key organisations.

Each document was summarised, and the key themes and details were written up in to an evidence summary. The majority of the work that was sent had already been thematically analysed, and in those cases, the themes were copied and summarised.

After summarising all of the documents, the key themes from those documents were reviewed and a list of the key themes for each of the mental health work streams was created. Consideration was given to how many pieces of work that theme had been mentioned in, how many people had taken part in the engagement activity that mentioned the theme, and how much discussion there had been around that theme by the people who had been involved in that engagement.

Main themes and findings

The mains themes and findings for each of the following areas are:

a. Acute mental health care

Acute mental health care services provide assessment and treatment for adults aged 18+ with acute, or a ‘crisis’ episode during their mental illness. This may mean a person needs care as an inpatient in hospital for a period of time or intensive support through a home treatment team in the community.

There was limited engagement or consultation on specific service areas within acute mental health care, the evidence reviewed tended to relate to the development of mental health strategies.

The main themes raised across all the documents reviewed in relation to acute mental health care were:

Awareness of mental health

- It was felt that due to a lack of understanding of mental health issues and the services available this has resulted in some patients not being able to access the most appropriate care.
- People spoke about the importance of early education about health and wellbeing, working in close partnership with schools, colleges and employers, housing and primary care.
- They highlighted the need for primary care providers not to allow diagnosis of mental illness to overshadow other conditions, and also to understand the impact of long term physical conditions on a person’s mental health.

Alternatives to inpatient/hospital care

- People want to feel supported right from the start, so if they have to wait for specific treatment they need to know how long they will have to wait, and they need access to support while they are waiting.
- Want more outreach services, based where people already access services. These should be accessible evening and weekends. Mental health problems can often be worse at night-time and weekends. Having a ‘safe’ place for service users to meet with a member of staff for 1:1 assessments.
- Improved in-reach services that promote early supported discharge, and better outreach / preventative work using creative approaches, such as Creative Minds and Recovery Colleges.
- Some people want to use technology to empower themselves, but don't want us to assume that this will suit everyone. The level at which people are comfortable with technology should form part of the assessment.
- To be provided with help at home to stay safe.

Crisis intervention

- Many causes of crisis are non-medical, including issues around housing, benefits and a range of social issues. It was felt that these crises can only be resolved and prevented by addressing non-medical causes in a joined-up way.
- There is a need to provide ongoing support for people, and to do more to help people to stay well. There was a feeling that people should be able to access more services earlier to help prevent a crisis occurring.
- People felt that crisis services were difficult to access and were only interested in those that were 'severe'. They felt that staff needed to recognise that even though someone may not meet the official guidelines for crisis intervention, they still need a rapid response, which will likely prevent an actual crisis from developing.
- People felt that crisis care was not of a high enough standard, they cited a lack of 136 suites and not always being treated by the most appropriate service.
- Some felt that A&E was not the place to be treated during a crisis, unless life-saving treatment was needed. There is a need for an alternative resource for people to be seen in a safe, friendly and compassionate centre especially for people in a crisis.
- It was also recognised that there is a need for services to cater for those with dual-diagnosis. There were instances where people had felt that nurses in A&E had treated them unfavourably because of their alcohol problems, and as a result did not receive the mental health treatment they needed.
- People reported difficulties in being able to access the most appropriate transport, at times this has seen patients in crisis being transported in police cars rather than by ambulance.
- Particular concerns were raised about the disparity between the ease of access to physical and mental health treatment in a crisis.

Inpatient / hospital care

- People want services to be close to home and feel that out of area placements should be limited. There should be purpose built bed bases for services users with long term complex mental health needs who would not be able to live on their own within their own homes or in the community.
- Discharge from detention and/or PICU (psychiatric intensive care unit) should be made easier and quicker.
- It should be easier to make quick re-referrals when necessary.

Involvement in decisions

- In their interaction with mental health professionals, some service users and carers felt they had faced a greater level of stigma and assumption about their mental health.
- People want to be listened to and seen quickly by the same person
- People want to be talked to as an adult, with honest conversations that focus on their potential, not their illness.
- They want to be fully informed of the treatment options available to them, the possible side effects of their medication, and be supported in making decisions about their care.

- They want to feel that they are in charge of their care plan, not the service, and that their whole life is taken into account when creating the plan.

Co-ordination of care

- There is a need to improve co-ordination of care between agencies, so patients receive the best care in a seamless way.
- There is a need to have more co-ordinated, flexible and responsive services to support people once they are discharged. GP's are sometimes not informed when their most vulnerable patients have been discharged from hospital, leaving those patients without the support and follow - up they need.

b. Autistic Spectrum Condition (ASC) and Attention Deficit Hyperactivity Disorder (ADHD) services (all age)

Autism is a spectrum condition. All autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions, meaning people need different levels of support.

Attention deficit hyperactivity disorder (ADHD) is a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness.

All areas have developed an Autism Strategy for their area using feedback from patients, their families, and healthcare professionals, and undertaken engagement to understand experience of autism services. There was no evidence that engagement around ADHD had taken place, and as such the following themes relate just to ASC. The main themes raised across all the documents reviewed in relation to ASC were:

Awareness of condition

- Schools, GP's, job centres, universities and the police need to have a better understanding of the needs of children, young people and adults with autism. There is a need for knowledgeable teachers, staff and employers within all settings so that they understand how it can affect people, and the reasonable accommodations that should be made to help them
- There was significant variation in the level of knowledge and understanding of ASC in schools and nurseries. Some schools and nurseries have been supportive and understanding but many others have left parents feeling dismissed, ignored and unsure of the next step to take in getting a diagnosis or support.
- Some adults with autism, parents and carers felt that doctors did not listen to them when they said they or their child was experiencing problems and felt dismissed by GPs when trying to get a referral for diagnosis. And that some GPs did not appear to have a clear understanding of how the referral process works.

Waiting for a diagnosis

- Long, sometimes extended, waiting times for an assessment appointment or specific services are a frustration for adults with autism, families and carers. In some cases an assessment appointment took years, rather than the few months recommended by NICE quality standards for autism, to be given.
- The long waiting times that people experience sometimes can lead to difficulties with their studies and employment, as universities and businesses are unlikely to make reasonable adjustments without a clinical diagnosis. This can result in people failing courses, losing jobs, and getting into debt. It can also impact on their health and wellbeing if they are left to struggle with the effects of ASC without any support.
- A lack of a single point of contact for patients, families and carers from the outset was seen as the biggest difficulty. This resulted in inconsistent services, breakdown in communications between the service and patients, families and carers and between

the service and other providers in the intended pathway, and ultimately delays in service provision from initial assessment through to the transition of diagnosed children / adults through the ASC service pathway.

- A lack of clear pathways in general was noted as were disparities, i.e. where experience was dependent on who is assessing the adult or child with suspected ASC.
- Parents and carers reflected on a 'pillar-to-post' experience where they were referred to and from different contact points, e.g. GPs, schools, CAMHS or VCS groups.
- Some parents self-diagnose their children, leading to missed opportunities for access to services or missed diagnosed comorbidity condition.
- Some people find the whole process of seeking a referral via the NHS too daunting or are put off by the long waiting lists before having an assessment. In some of these cases they can pay for a private clinical assessment which is a much quicker process.

Diagnosis

- When people did get an appointment, the environment in waiting rooms for health and care services could be stressful. More work needs to be done to make waiting rooms autism friendly.
- People reported some level of satisfaction that the overall service is good once people suspected of having autism are finally seen for an assessment. Examples of good practice occurred when assessments were delivered across multi-disciplinary teams and in conjunction with school services.
- In some cases, assessment did not necessarily result in a diagnosis. This left people in an uncertain situation – no diagnosis, but person demonstrating symptoms and families / carers having to follow this up again.
- There needs to be better identification and assessment for girls with autism and support needs to reflect the gender differences.

Support pre and post diagnosis

- There is often a lack of support for those waiting for assessment or diagnosis but also post diagnosis. There is a need for professionals to ensure that children, young people, adults and their families have the necessary information about local services to access the support they require.
- Whilst some support does exist, in some areas this is often for a narrow age group or is geared towards people with learning disabilities or mental health conditions, which excludes people with ASC alone.
- Education and health need to work better together post diagnosis to ensure that information is shared and influences future support. Support within education is inconsistent and on occasions has been withdrawn.

Support for parent / carers

- Parents and carers require good information pre and post diagnosis about services and resources available. They would like a single point of support during crisis and would benefit from additional training to learn strategies in relation to behaviour management.

- Support for parents and carers should continue throughout the child or person with autism's life, to ensure they retain good emotional and mental health and plan for the future
- Better information, guidance and support is needed for parents, carers and individuals with autism for children moving from primary to secondary school; for those leaving school for FE/HE/employment; and how to help young people prepare for the transition to adult services.
- Parents want schools and other professionals to acknowledge parents' expertise in relation to their child's needs.

Adults with autism

In addition to the themes raised above, specific themes were raised for adults, these were:

- Communication with adults needing referral and diagnosis wasn't always suited to their needs. And difficulties in transition from children's services to adult services.
- People want an improved diagnostic pathway with shorter waiting times and the option of out of area diagnosis.
- In some areas it was reported that there is a lack of post diagnostic clinical support and appropriate mental health care for adults with ASC. People want better post diagnostic support to help with managing the effects of ASC including communication issues, hypersensitivity, difficulties with social situations, and day to day problems with planning and organising.
- Support groups were acknowledged to be helpful for some adults with ASC, but they are few in number and not accessible for everyone. Want a wider range of managed ASC friendly support and social groups in accessible venues to suit the needs and interests of more people.
- A lack of support for carers of adults with ASC, with the majority not having had a Carers Assessment to ascertain their needs. Want more support for and awareness of the needs of people caring for adults with ASC.
- Adults with ASC sometimes struggle to negotiate many of the services and procedures that are part of everyday life, and without access to ASC trained support and social workers they can end up with difficulties managing their finances, housing, and relationships, as well as struggling with basic day to day issues like eating, sleeping and cleaning. Want assistance from ASC trained social workers, mental health workers, PAs, support workers and advocates, to provide consistent support to help people live normal lives.
- People were worried about employment prospects for people with ASC, because of a lack of understanding amongst employers. And adults with autism don't always feel that they have access to facilities and activities in their local community, or opportunities to learn new skills and qualifications.
- Want housing services which are able to support people with autism. And to be able to access welfare benefits advice and be provided with advice and information for those who are not in receipt of social care support.

- Want criminal justice services which are able to communicate well with people with autism.
- It was suggested that Clinical Commissioning Group Boards, in general practice, at the council and other providers of health and care services have learning disability and autism champions.

c. Child and Adolescent Mental Health services (CAMHS)

CAMHS is used as a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing.

A significant amount of engagement / consultation has taken place across West Yorkshire and Harrogate in response to the recommendations in the NHS England report published in March 2015, *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*. Following the development of the local plans, further engagement has taken place to support the implementation and monitoring of those plans.

The main themes raised across all the documents reviewed in relation to CAMHS were:

Accessing services

- Young people, parents and professionals rated highly the quality of services offered by CAMHS for those children and young people that 'got through the door' but felt that some of the most vulnerable children and young people were 'slipping through the net'.
- Parents often feel that the whole system is difficult to navigate, and there is a lack of communication in relation to the "right" entry point. Therefore when they are trying to get help for their child they spend a lot of time ringing different agencies (a feeling of having to fight their way into services and tell their story over and over again before professionals will believe that their child is ill) and are told different things. When parents do eventually find the correct referral mechanism for example, their G.P or school, referrals are made but access to support takes too long and communication back to referrals and parents is poor. Therefore a strong message from parents was the need for a single point of access and a system without tiers.
- A recurring theme was that they felt something could have been done earlier and if it had been they would have been in a better place much sooner.
- Suggested that the referral criteria for provision of the CAMHS service for young people needs to be clarified for General Practice, consultants, schools etc to avoid inappropriate referrals and help create an understanding of the services provided. There was concern amongst some professionals about the threshold for referral to CAMHS being too high, and that only referrals for children and young people with the most serious issues were being accepted.
- Parents and young people said that having different ways to self-refer was important. Being able to complete an online form and make a phone call were the most popular options for young people and parents respectively. Drop-in was also popular amongst young people, with the idea of support available to make a self-referral.
- Many children and young people felt that they wait too long for the right support, particularly within specialist CAMHS. They mention the lack of support and communication from services during their wait, and the detrimental impact of the wait on their mental health and family relationships.
- Where there are long waiting times for particular services, young people and their families should be offered support. The self-help needs of children and young people

on the waiting list need to be considered separately from those of the parents/carers of these young people as they appear to want different things with most children and young people wanting self-help groups/materials and most parents/carers wanting supportive telephone calls or a helpline
- Provide better and more accessible information about existing NHS and non-NHS services that can help support young people with emotional difficulties and their families.

Assessments

- Assessments need to be more in depth and done in partnership with a worker/ individual that knows the young person.
- Young people feel services should not support their physical health conditions without taking into account their emotional and mental health needs and similarly not deal with their emotional and mental health needs without taking into account their physical long term health condition.
- Young people want to know what they can expect from a service and be able to make choices about the kind of therapist they see. Be offered a range of treatment options, not just medication or counselling, they'd like to try other therapies including music, art, drama and equine therapy.
- Young people want to share in decision making and be kept informed. They want systems where they are not left guessing what is happening and what professionals are thinking e.g. feedback from workers, visible care plans and true participation.
- Both the setting and the staff are important to ensure that young people feel comfortable enough to talk about their feelings. This should be taken into account when planning services.
- If a child or young person is deemed not appropriate for support by the CAMHS team, there is little if anything else to offer in its place.

Support in schools

- There is increasing feedback from young people feeling under pressure to succeed academically. Teachers raised concerns and recognise the immense pressure put on students from school plus the pressure students put on themselves which leads to anxiety, not sleeping or eating and emotional breakdowns in school and some pupils are being monitored by teachers to make sure they don't 'crumble'
- Young people age 10/11 are wanting someone to talk to at school about their problems or advise in the build up towards transition to increase their confidence and lower anxiety for when they go to 'big school'
- Many young people expressed concerns about the lack of support available in their school. Schools do not typically have enough of the right people to help, and that they should be more understanding and do more to promote mental health.
- Suggested that need to have named members of staff who are approachable and who respond quickly to student concerns; ensure all students know what support is available in school, especially those new to the school or in Year 7; make sure that time is given to deal with emotional wellbeing issues promptly and in a non-judgemental way; focus on resilience, prevention and early intervention.

- The development of peer mentoring and support groups in school is seen as valuable by some children and young people, particularly where the support is provided by young people who have themselves encountered and been helped to manage their own emotional or mental health difficulties. However, they did add that it could be unhelpful too when people advised the wrong things.
- The two forms of support provided by schools that children and young people find the most helpful – lessons about mental health run by an outside organisation and on-line counselling for pupils – are rarely provided. Online counselling is popular as it alleviates concerns about confidentiality.
- Similarly, forms of support considered to be helpful by parents namely information on the school intranet, evening sessions for parents looking after their child's mental health, lessons about mental health for pupils, and signposting to access support, are not provided by schools very often.

Ongoing support

- Services should be easy to access both in terms of physical location and in terms of process. Many young people feel that a drop-in offers this accessible and timely support. Drop-ins should be in youth cafes, colleges, local community and youth centres.
- Children and young people suggest they need better education about mental health, such as feelings, emotions and reactions to environments and events so that they have a better awareness of how their mental health might be affected as they grow up. Encouraging open dialogue about mental health will help children and young people to feel more confident in approaching an adult or peers about their problem.
- A common theme that emerged from young people is that if a person can manage a difficult experience without adult intervention, it is better for them. Helping children and young people to develop coping strategies in advance of any difficult situations was a clear suggestion from young people. Providing young people with the knowledge of what support is on offer and where to seek it.
- Using SMS texting for appointments, when young people have to ring and opt in to make appointment this can sometimes be difficult when they have anxiety issues.
- Support should be more flexible, offered outside school's teaching time, in a variety of ways and should not interrupt their education
- One size does not fit all, use a range of approaches: outreach, group work, peer support, one to one, creative, active, talking therapy, drop in – co-design these approaches with the children and young people.

Crisis

Have other routes young people can take to get into the crisis care service. Crisis Care is not accessible for some young people as ringing and talking to someone on the phone is inaccessible. Need an email and text service so young people find it easier to approach them.

Transition

- The transition to adult services was an issue for some young people. They highlighted a need for an improved transition process as people move from young people's to adult mental health services. It was suggested that the age when young people transition to adult services should be increased to 21 or even 25, and should be based on what is appropriate for the young person.
- It needs to be recognised that transition sometimes takes longer for 'specific' young people, for example those who are Deaf, from African communities, or looked after children who find it even more difficult without support to navigate services. The system needs to be responsive to the individual's transition to adulthood. As young people hit different stages of adulthood and become independent their resilience varies and changes over time.
- Accessing CAMHS at 17yrs old can be difficult as young people feel they are 'fobbed off' until they are 18 to go to adult services, this impacts on their mental health (having to wait and things get worse).

Patient confidentiality

Young person's right for confidentiality as oppose to parents right for their information. Be very clear on the age a young person can keep their information private from their parent. It should not be down to the worker's personal judgment but clearly defined and described in very clear policies that leave no doubt to the young person, professional or parent what we mean by confidentiality and how it will be followed.

Support for parents / carers

- Parents told us they need some support in their own right when managing their children's conditions or behaviours. This is important because parents feel their own health and social circumstances can suffer due to their caring role, and ultimately impacts on them and the wider health and social care system. Parents have suggested that programmes such as mindfulness training would be helpful, as well as taking whole family approaches to care including care planning for the whole family.
- Parents told us that given the right support that they want to be part of the solution for helping their children. Therefore if a CAMHS system gave them more support and training in how to manage certain behaviours and difficulties that they could manage certain aspects of their children's behaviour without need one to one support from services.

d. Eating disorders

Eating disorders are characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviour. Eating disorders include a range of conditions that can affect someone physically, psychologically and socially.

The evidence submitted was from the Yorkshire Centre for Eating Disorders, and the Leeds Children and Young People's Eating Disorder Service. The main themes raised were:

Inpatient experience

- Most people stated that their experience of the inpatient stay had been positive. It appeared that service users found the experience challenging but they were pleased that they had completed the programme.
- All people using the service stated that their dignity, privacy, independence, confidentiality and human rights were respected during their stay.
- The boundaries of the programme provided a safe environment for most people and helped them to explore factors (behaviours, emotions and thoughts) that had triggered and maintained their eating disorders.
- The positive aspects of their experience were support from staff and peers, attending groups, one to one sessions, regular meals, information on the effects of eating disorders, multidisciplinary team meetings and nutritional rehabilitation.
- The less positive experiences were: lack of consistency in particular at meal times (in particular around portion size), lack of staff at times and the peer group when they discussed weight and diet. Some felt isolated because of being the only person on a specific programme e.g. symptom interruption or being the only male on the unit.
- Most people found one to one sessions and group programmes helpful.
- Service users found the team members who explained topics, listened and provided rationale for boundaries were most supportive because it facilitated engagement.
- People that had previously been an inpatient felt that their subsequent experiences of inpatient services were better because the programmes were individualised.
- There were some comments around food, as some felt that there was a lack of variety, not getting what they ordered, and the food being lukewarm.
- Suggestion to increase the range of therapies available, such as art, music, and drama
- To establish a buddy system to help people settle in. And have ex patients come to talk to patients in risk reduction.
- Would like regular involvement with community teams during their stay, including 1.1 whilst on the ward.

Children and young people

- Mostly happy with the staff that they saw, they felt they were listened to and treated well. And that the clinicians they saw were knowledgeable, supportive and person centered.

- Being referred into the service can sometimes be difficult as there appears to be a lack of awareness amongst some GPs and schools. Once they had been referred they felt that it was quick and that there was flexibility to be re-referred when necessary.
- In preparation for their first appointment children and young people want to know who they will be seeing, what to expect at the appointment and to be provided with leaflets / information on the service.
- Texts, e-mails, letters and phone calls were the method that most people said they would like to be offered appointments, with texts being the most mentioned method.
- They wanted to be given options about when they were seen, most felt that after school was the best time for them to be seen, and many worried about missing out on their education.
- They would prefer appointments at home or at existing CAMHS bases. It is important that the rooms have a homely feel (including cushions and pictures), are light and bright (including air conditioning), and have suitable child friendly facilities (including toys).
- They felt that appointments for therapy were offered regularly, that there was continuity in the service, they liked that they were offered therapy over a long period of time and they found being offered family based treatment (FBT) through COS (CAMHS outreach service) the most useful. Although handover between COS and community service was sometimes inadequate. And there was at times a lack of joined up working between community eating disorder service, COS and inpatient teams.
- There was also sometimes a lack of support at weekends when this can be the most fraught time.

Support for families / carers

- It was highlighted that there is a need for ongoing support for families / carers. This could be provided through a monthly support group where they could receive practical advice, share their experiences, and ask questions. They would prefer it if this was clinician led. In addition to the support group they would like to be able to access support through a range of options, such as online, drop-in sessions, newsletter, telephone, and social media.
- For those families / carers whose family member had been admitted as an inpatient, they wanted to be provided with more information prior to their admission, so they knew what to expect. And once they had been admitted to be kept up to date on their progress, and to be given the opportunity to discuss treatment options available.
- When a family member is on home leave or discharged from hospital, families / carers would like to be offered help and support.

e. Specific themes raised by protected groups

Some of the engagement and consultation that has taken place has been analysed to establish if there are any variations in the views expressed by people from protected groups. The key themes raised by protected groups were:

Ethnic groups

- Cultural beliefs about mental health, particularly Romany Gypsy and Traveller Communities /African communities/other Black and Minority Ethnic communities (BAME), can mean that some people will not access mental health services.
- There is a need to raise awareness of mental health problems and available support across all communities. This should include greater visibility of services in the community.
- Use a variety of media to publicise services including community radio networks.
- Some people reported a lack of cultural sensitivity where workers were not from the same background as children and young people, leading to social/cultural misunderstandings and disengagement.
- Recruit staff who are more representative of the local population and communities and recognise and value the extra strengths they bring to services.
- Increase access to independent interpreters and provide more services in people's first language.

Religion

- Due to the stigma around mental health, it was recommended to have a 'community hub' which could sign post either to GPs or to Mental Health Trust or to an Imam or faith/spiritual Healer.
- Access to support and advice from fully skilled and trained multi faith pastoral care team was acknowledged as an area that was currently underutilised.

Disability

Long term conditions

- Support for mental health should be built in to the patient pathways for long-term conditions, so that it is routinely offered to people rather than leaving patients and carers to seek out support for themselves.
- When addressing the mental health needs of patients with long-term conditions, professionals should take a holistic approach and recognise the benefit of social activity and peer support alongside talking therapies and medication.

Learning disabilities

- When communications are poor, people with learning disabilities feel they are not listened to and not understood – their views are not taken into account and changes in care are being made 'to them'.
- There needs to be raised awareness at all levels of learning disability and autism.
- Advocacy availability for all vulnerable people needs improving.

Carers

- A great many people highlighted that carers are an under-valued resource.
- People feel it takes far too long for carers to be formally recognised, and that there is insufficient support for them (including occasional respite).
- Carers themselves wanted better links with GPs, pointing out that they are often better placed to communicate with, and on behalf of, their loved ones.
- Carers said that they would like their details on the care record of the person that they care for, so they can be contacted in case of emergency. They said that they often attend appointments with the person that they care for, be it for their physical or mental health.
- Carers should have a role in assessing the safety and quality of services offered to their loved ones.
- A first admission for carers can be very difficult and extra time should be allowed to acknowledge this. Carers have also asked for extra support when people are discharged as they can feel isolated and alone.
- Carers acknowledge the importance of Community Psychiatric Nurses (CPNs), but feel that they do not know the person they care for as well as family members and friends, who can spot tell-tale signs, yet it is CPNs who have all the authority to access additional support. Carers feel that their vital role is being ignored, especially as they are often the people left to deal with the aftermath of any significant difficulties.

LGBT

- LGBT young people reported that they need to talk to someone, some are told ‘it’s a phase’ this affects their mental health and confidence. Some young people are experiencing poor mental health as a result of living a secret (not told parents so live in fear of them / peers finding out).
- Transgender young people are desperate to talk or get information about where to go for advice.
- Support groups specifically for young LGBT people provide a safe environment to be themselves that isn’t school, college or related extracurricular activities but with other people in similar situations. Enables young people to understand more about what it means to be LGBT; assists in the ‘coming out’ process, not just in telling friends/family members, but coming to terms with being LGBT themselves; builds confidence in being themselves again after traumatic events; and learn more about the LGBT community, information you aren’t taught at school.

Appendix A – Documents reviewed

1. Associate Development Solutions (November 2016) *Future in Mind Leeds: Health Needs Assessment*

2. Attain (August 2016) *Kirklees Healthy Child Programme Stakeholder Engagement Summary*

3. Barnardo's 'Youth on Health Network' (March 2017) *C&YP Response to CCG update on 'Help Today's Youth to Help Tomorrows Bradford' Paper for Overview and Scrutiny Committee*

4. Barnardo's and Healthwatch Bradford and District (January 2016) *Children & young people with long term conditions: what support is available for mental health & wellbeing?*

5. Bradford District Care NHS Foundation Trust (March 2017) *How the idea for a Buddy system as part of an integrated CYPMH service came about*

6. Bradford District Care NHS Foundation Trust (2017) *Helping Bradford young people to thrive: What you should remember when designing services*

7. Bradford District Care NHS Foundation Trust (October 2015) *Comments campervan*

8. Bradford Districts Youth Voice Network (August 2016) *Lead Mental Health Stakeholders hold an Audience with 'Youth on Health' at Bradford's District 'Youth Voice' Event: Transforming Mental Health Services*

9. Brainbox Research (March 2015) *Joined up Leeds*

10. Calderdale Council (October 2016) *Transformation Plan for Children and Young People's Emotional Health and Wellbeing – Calderdale 2015 – 2020: Year 2 Refresh*

11. Calderdale Council and the National Autistic Society (2015) *The Calderdale Autism Project*

12. Calderdale, Kirklees, Wakefield and Barnsley (CKWB) (June 2016) *Transforming Care Partnership Plan*

13. eMBED Health Consortium (March 2017) *Patient Experience Report Mental Health: NHS Wakefield CCG, What are people telling us?*

14. Enriched Consulting Ltd & School for Social Entrepreneurs (April 2016) *Evaluation Report Recovery & Support Service: April 2014 – March 2016*

15. Healthy Minds (October 2015) *Parenting and Mental Health Conference 2015*

16. Healthy Minds (January 2015) *Results from public consultation October – December 2014*

17. Healthwatch (2017) *Children and young people with autism: findings from the Healthwatch network.*

18. Healthwatch Bradford and District (January 2017) *Autistic Spectrum Conditions: What We've Heard So Far*.

19. Healthwatch Bradford and District (April 2016) *Support for the mental health and wellbeing for people with long-term conditions*

20. Healthwatch Bradford and District (May 2016) *Airedale General Hospital Accident and Emergency Department. The experience of patients and carers*

21. Healthwatch Bradford and District (May 2016) *Accident & Emergency at Bradford Royal Infirmary*

22. Healthwatch Bradford and District (December 2014) *Report on Healthwatch Bradford and District visit to Accident & Emergency at Bradford Royal Infirmary*

23. Healthwatch Calderdale (October 2017) *Adults' experiences of Autism Services in Calderdale and Kirklees*

24. Healthwatch Calderdale (October 2017) *Intelligence regarding Adult Mental Health Services in Calderdale*

25. Healthwatch Calderdale (May 2017) *Services for Adults with Autism Spectrum Conditions in Calderdale: Final report for Calderdale CCG*

26. Healthwatch Kirklees (May 2017) *Emerging Communities: Health Issues and Inequalities.*

27. Healthwatch Kirklees (October 2014) *When life is already tough……The experiences of patients with multiple and complex needs as they interact with NHS and Social Care Services in Kirklees.*

28. Healthwatch Kirklees (July 2014) *Understanding patients' views of Section 136 of the Mental Health Act 1983 in Kirklees*

29. Healthwatch Leeds (July 2017) *MindMate Single Point of Access – young people's and parents' views about present experience and future options*

30. Healthwatch Leeds (March 2017) *Future in Mind Leeds – an insight into the views and experiences of young people, parents and professionals*

31. Healthwatch Leeds (May 2014) *People's Experience in Accident and Emergency (A&E) departments: Insight from Leeds General Infirmary (LGI) and St James University Hospital (SJUH) in Leeds*

32. Healthwatch Leeds (2014) *School Nurse Report Young People's views on a new High School Drop-in Service in Leeds*

33. Healthwatch North Yorkshire (June 2017) *Transforming mental health services in Hambleton and Richmondshire. An information gathering report.*

34. Healthwatch Wakefield (June 2017) *CAMHS survey for children and young people and their parents and carers*

35. Healthwatch Wakefield (July 2016) *Voice of Children and Young People Report*

36. Healthwatch Wakefield (July 2016) *Vulnerable Children and Young People Report*

37. Healthwatch Wakefield (July 2016) *Future in Mind Case Studies*

38. Healthwatch Wakefield (May 2016) *Child and Adolescent Mental Health Service Beech House, Margaret Street, Wakefield*

39. Healthwatch Wakefield (January 2016) *What are people in Wakefield district saying about how we support their health and wellbeing? Public Voice Report to the Health and Wellbeing Board*

40. Healthwatch Wakefield (May 2015) *Learning disabilities and autism event: What's good, not so good, and how can we make things better?*

41. IYCE Team (June 2016) *My Journey: The day-to-day experiences of young people with SEND*

42. Jane Held Consulting Ltd (September 2016) *A child's journey - CAMHS and Emotional Wellbeing Services in Kirklees*

43. Kirklees Partnerships (2015) *Police Liaison Nurses 'The Impact' Kirklees - Update Report*

44. Kirklees Council (October 2016) *Kirklees Future in Mind Transformation Plan. Children and Young Peoples Mental Health and Wellbeing 2015-2020*

45. Kirklees Council (January 2016) *CAMHS Transformation Plan Survey – Results Analysis Report*

46. Kirklees Council (2016) *A Joint Commissioning Strategy Accommodation for People Who Experience Mental Health Problems in Kirklees 2016 – 2018*

47. Kirklees Council (October 2015) *Kirklees Future in Mind Transformation Plan. Children and Young Peoples Mental Health and Wellbeing. Refresh and progress update 2016*

48. Kirklees Council (August 2015) *Kirklees Joint Autism Commissioning Strategy 2015-2018*

49. Leeds City Council (2017) *Leeds Adult Autism Strategy 2017-2022*

50. Leeds City Council (2016) *Future in Mind Leeds: A strategy to improve the social, emotional, mental health and wellbeing of children and young people aged 0–25 years.*

51. Leeds City Council (2015) *Leeds Local Transformation Plan for Children and Young People's Mental Health and Wellbeing*

52. Leeds Community Healthcare NHS Trust (September 2017) *Leeds Children and Young People's Eating Disorders Service: Focus Group Report*

53. Leeds Community Healthcare NHS Trust (May 2017) *Mental Health Awareness Week: Impact of public engagement*

54. Leeds Community Healthcare NHS Trust (April 2017) *Dance, Diet and Eating Disorders: Impact of public engagement*

55. Leeds Community Healthcare NHS Trust (March 2017) *Eating Disorders Awareness Week: Impact of public engagement*

56. Leeds Community Healthcare NHS Trust (December 2016) *Leeds Children and Young People's Eating Disorders Service: Parent/Carer Support Group Focus Group Report*

57. Leeds Community Healthcare NHS Trust (October 2016) *Leeds Children and Young People's Eating Disorders Service: Service Development Questionnaire*

58. Leeds Community Healthcare NHS Trust (August 2015) *IAPT (Improving access to psychological therapies)*

59. Leeds Involving People (January 2015) *Leeds Care Record – Mental Health Findings November – December 2014*

60. NHS Barnsley, Calderdale, Greater Huddersfield and Wakefield CCGs (June 2016) *'My Health Day' Report of findings on the engagement of the Transforming Care Partnership Plan for learning disability services*

61. NHS Bradford City CCG (May 2015) *The uptake of IAPT services in Bradford City Experiences and perceptions of patients, carers and the public*

62. NHS Bradford City, Bradford Districts, and Airedale, Wharfedale and Craven CCGs City of Bradford MDC (October 2016) *Mental wellbeing in Bradford district and Craven: a strategy 2016-2021*

63. NHS Bradford City, Bradford Districts, and Airedale, Wharfedale and Craven CCGs (July 2016) *Working towards a mental health and wellbeing strategy*

64. NHS Bradford City, Bradford Districts, and Airedale, Wharfedale and Craven CCGs (July 2016) *Bradford District and Craven Transformational Plan Summary: for children and young people, parents and carers*

65. NHS Bradford City, Bradford Districts, and Airedale, Wharfedale and Craven CCGs (2015) *Future in mind. Promoting, protecting and improving our children's and young people's mental health and wellbeing in Bradford, Airedale, Wharfedale and Craven*

66. NHS Bradford City, Bradford Districts, and Airedale, Wharfedale and Craven CCGs (October 2014) *Engagement on the Urgent and Emergency Care Strategy Feedback on stakeholder engagement*

67. NHS Hambleton, Richmondshire and Whitby CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG, NHS Vale of York CCG (October 2016) *Transformation Plan for Children and Young People's Emotional And Mental Health*

68. NHS Leeds North CCG (April 2015) *Urgent Care in Leeds. What is the user experience? Report of a survey conducted by NHS Leeds North Clinical Commissioning Group on behalf of the city wide Urgent Care Transformation Programme (Inspiring Change) and other NHS Clinical Commissioning Groups in Leeds*

69. NHS Leeds North CCG (2014) *Leeds Mental Health Partnership Board's Mental Health Framework (2014–2017)*

70. NHS Leeds South and East CCG (June 2016) *Transforming Care Plan*

71. NHS Leeds South and East CCG (2016) *Emotional Mental Health for Children and Young People*

72. NHS Leeds South and East CCG (2016) *Leeds CAMHS Local Transformation Plan – Quarter 4: Final report of assurance of implementation (2015-16)*

73. NHS Wakefield CCG (October 2016) *Future in Mind - Wakefield Transformation Plan Refresh 2016/17*

74. North Yorkshire County Council (2015) *North Yorkshire's Mental Health Strategy 2015-2020: Hope, Control and Choice*

75. North Yorkshire County Council (October 2015) *Autism strategy*

76. Our Voice (May 2014) *Children's Emotional Health and Wellbeing*

77. Patient Opinion (June 2015) *Patient experiences of urgent and emergency care in Yorkshire and The Humber: An analysis of stories from Patient Opinion*

78. QA Research (November 2016) *Early Help Consultation (part two) for Kirklees Council*

79. QA Research (August 2016) *Early Help Engagement for Kirklees Council*

80. Rabaani Matriach Support (2017) *Khandani Sakoon Project (Family Peace)*

81. South West Yorkshire Partnership NHS Foundation Trust (September 2017) *Enfield Down Rehab and Recovery Unit: Service User, Family, Carer and Staff Engagement Interim Summary Report*

82. South West Yorkshire Partnership NHS Foundation Trust (July 2017) *Customer Services Report Quarter 1 2017/18*

83. South West Yorkshire Partnership NHS Foundation Trust (June 2017) *Service for Adults with Autism Service User satisfaction questionnaire: Diagnostic Pathway 17/18SE10*

84. South West Yorkshire Partnership NHS Foundation Trust (May 2017) *Older Peoples Services Spring Transformation Events 2017: finding out what matters*

85. South West Yorkshire Partnership NHS Foundation Trust (May 2017) *Customer services – Annual Report 2016/17*

86. South West Yorkshire Partnership NHS Foundation Trust (April 2017) *Service for Adults with ADHD & Autism: ADHD Transition Survey 2016/17*

87. South West Yorkshire Partnership NHS Foundation Trust (May 2017) *Adult Acute and Community Mental Health Services Transformation. Summary of Engagement Activity*

88. South West Yorkshire Partnership NHS Foundation Trust (March 2017) *Horizons Project 2016*

89. South West Yorkshire Partnership NHS Foundation Trust (November 2016) *Equality, diversity and inclusion Summary report*

90. South West Yorkshire Partnership NHS Foundation Trust (November 2016) *A report on Reach out with Faith seminar*

91. South West Yorkshire Partnership NHS Foundation Trust (May 2016) *Customer services – Annual Report 2015/16*

92. South West Yorkshire Partnership NHS Foundation Trust (April 2016) *Emerging themes from the Carers' and Service User Focus Groups in Adult MH services in Kirklees*

93. South West Yorkshire Partnership NHS Foundation Trust, *Establishing a South Asian Women's Only Support (Sahaara) group for women experiencing long term/serious mental health conditions in North Kirklees*

94. South West Yorkshire Partnership NHS Foundation Trust, *Provision of a multi-faith room at the Dales Unit*

95. South West Yorkshire Partnership NHS Foundation Trust (2014) *What Matters. Listening to and acting on service user feedback* (Quarter 1 – 2013/14)

96. South West Yorkshire Partnership NHS Foundation Trust (Autumn 2013) *Autumn transformation engagement events - feedback*

97. South West Yorkshire Partnership NHS Foundation Trust (Summer 2013) *Feedback from the transformation events*

98. Together we can (October 2014) *What is crisis care in Leeds really like for us?*

99. Yorkshire and Humber Commissioning Support (February 2015) *NHS Wakefield CCG: Mental Health Public Engagement Report*

100. Yorkshire and Humber Commissioning Support (November 2014) *A review of services for children and young people with Autistic Spectrum Conditions across Calderdale, Greater Huddersfield and North Kirklees Engagement report*

101. Yorkshire Centre for Eating Disorders (April 2015) *Service Review April 2014- March 2015*

102. Yorkshire Centre for Eating Disorders (July 2014) *Annual Report 2013/2014*

103. Yorkshire Centre for Eating Disorders (July 2013) *Annual Report 2012/2013*

104. YoungMinds (December 2014) *Report on Children, Young People and Family Engagement for The Children and Young People's Mental Health and Wellbeing Taskforce*

105. YoungMinds and Youth Watch (2015) *Children and Young People's Mental Health Services in Leeds*

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