Birmingham and Solihull Improving mental health services for children and young people

Healthwatch Birmingham and Healthwatch Solihull welcome the opportunity to share our views on Birmingham and Solihull Mental Health Provider Collaborative (MHPC). Our key role is to make sure that patients, the public, service users, and carers are at the heart of service improvement in health and social care. In line with our role, we have focused our comments on:

- Patient and Public Involvement and engagement
- How the plans meet the needs of Birmingham and Solihull residents

Healthwatch Birmingham and Healthwatch Solihull note that the opportunity to share views has been available on the new section of Birmingham and Solihull Integrated Care Board (ICB) website since 25th October. However, we note that this was not shared on the ICB's own involvement page for consultations and surveys. We are also concerned that 4 weeks is a short time for people to fully read and respond to the plans outlined.

We welcome that plans were available in several formats, including audio and video introductions. We were pleased to see contact details if people wished to access the plans in another format.

Healthwatch Birmingham and Healthwatch Solihull note that the plans shared are high level plans at a very early stage of implementation and are pending several further sources of information before being refined. We encourage the MHPC to engage further with the public as plans become more detailed. We are pleased to see the ongoing commitment to co production with service users and families but would also note that the wider public can play an important role in scrutiny and governance if allowed to do so.

We recognise that these plans set out the intentions for the future of services across Birmingham and Solihull but feel that setting out the current position of services and the problems being experienced would allow people to better understand where and why improvements are needed. As plans become more detailed, it would be helpful to outline how statistically improvements can be made from the current services, and a clearer implementation timeline.

Plans

In 2021 Healthwatch Birmingham looked at [Access to mental health services for children and young people in Birmingham: what needs to change?](#) We found that among the issues identified were:

- Delayed responses from the mental health crisis support team putting young people at risk
- Difficulties getting suitable support leading some young people and their parents to turn to A&E as their only option
- Long waiting times after referral meaning opportunities for early intervention are missed, with young people's mental health deteriorating before their first assessment
- Lack of care plans resulting in some young people receiving insufficient care and/or inappropriate treatment for their needs
- Inadequate understanding and support for young people with mental health issues and other conditions such as autism

We are pleased to see that many of the issues we raised have been directly addressed in these plans.

In 2022 Healthwatch Solihull looked at Young People & Self Harm What support is available from self-harm services and how does it impact young people and their families? We heard the experiences of 72 people (18 ≤ 25 years, 54 > 25 years old). They told us about long waiting lists when trying to access support. These can be several months long. Also, they did not feel like they were being taken seriously by staff in educational settings when seeking support regarding mental health and self-harm. The initial report also highlighted the importance of exploring what type of support works for different people.

We are pleased to see the principles in the plans about early help and support, different types of support, and more support and contact whilst waiting for NHS care, which address many of the issues raised in our report.

Principles

We will provide more help locally, e.g. in GP practices, schools, family hubs and other settings

Healthwatch Birmingham and Healthwatch Solihull recognise the importance of being able to access appropriate services locally for many people. It is well known that people who live in the most deprived areas are least able to travel to access services. Whilst we are pleased to see the commitment to help locally in the plans, it is hard to see what this would mean for patients. It would be helpful to outline the pathways that patients might go through and how this differs from how services are currently structured in practice.

We note the proposed family hub set up, but it is hard to comment on these plans without knowing more details about where these hubs will be located or even in what sort of buildings. Currently the plans have divergent information about the

implementation of these hubs, with it stating they will be running by March 2025 and then by the end of 2025 in different sections of the plans. We also note confusion about whether they will be locality based, parliamentary constituency based, or electoral ward based (mentioned in diagram 5) in different documents presenting the plans.

People have told us that they are concerned that having the services across both Birmingham and Solihull may mean travelling further in practice, as it is not clear how services will be structured to be more local currently.

> *My biggest worry is that the main issue is there is hardly any support locally and to help before it gets to a bad way for my daughter and after she has had help she's just dropped until she gets bad again. The idea of merging Birmingham and Solihull seems awful because it sounds even less local and less like we will be able to get support in our community. When they merged the GPs in Solihull since then it has been awful to even get an appointment. We don't want mental health to be transformed we just want more services and support in our local area and at an earlier time and this does look like it's doing any of that!!*

> *I worry that with the proposed changes, an already stretched provision will be spread further geographically, to the point of breaking. In my view the service will only be there then for those at crisis point, not the huge mid-level group, who function but do need help.*

We have heard about problems with how the current services work for people who live in the border areas of Birmingham and Solihull, with confusion on referrals to service based on where people live, or which GP practice they access. We are pleased that this will no longer be the case.

More early help and support will be provided to help people who are experiencing difficulties at an early stage and prevent them getting worse

Healthwatch Birmingham and Healthwatch Solihull are very pleased to see this principle, as it has come up in both our investigations into youth mental health and in regular feedback we hear about local services. However, we note that the plans state the need to work within existing budgets. It is therefore hard to see how this can be practically implemented without additional investment into services.

Services will be better connected and integrated with the voluntary sector working more closely with the NHS

We are pleased to see the commitment to working more closely with the voluntary sector. However, at a time of significant budget pressures, especially for services in Birmingham due to the ongoing situation with the local authority, it is unclear if voluntary services will be able to continue their existing provision, let alone develop any services further.

Healthwatch Birmingham and Healthwatch Solihull recognise the good progress that the provider collaborative has already made in working together to develop these

plans. However, we would like to see more details on how these plans work with the police and the youth justice system, as we are aware of existing problems with how these services integrate, particularly around psychiatric assessments.

Services will be made more accessible and inclusive for all our communities including those with learning disabilities, autism, neurodiversity and under-represented communities

Healthwatch Birmingham's recent report on Experiences of the neurodevelopmental assessment and diagnostic pathway for children and young people in Birmingham has highlighted how a failure to provide timely support has led to an increased prevalence to mental ill health in young people affected, and their families.

We found the following issues:

- Length of wait for the referral and professional support.
- Professionals not submitting documents on time and referrals being missed, further delaying the assessment and diagnostic process.
- Restrictive criteria and thresholds.
- Professionals' knowledge of the referral pathway – how, when and who to refer to.
- Focusing on parenting style and child's behaviour rather than the child's symptoms.
- Poor communication and partnership working with families.
- Lack of support for families before and after diagnosis.

People told us they want to see the following improvements:

- Support families, children and young people to 'wait well'.
- Increase training and support for professionals referring children and young people for assessment.
- Improve the assessment and diagnosis process.

We are pleased to see the focus in these plans at addressing these issues as part of the youth mental health service, and the pledge to work with the ongoing improvement strategies in this area.

Problems with the existing services and people with neurodiversity come up frequently the feedback we hear.

> *Attitude towards ASD diagnosis is totally discriminatory and seems staff aren't ASD or ADHD trained*
>
> *Dismal. Despite 3 referrals, Forward Thinking Birmingham refused to see my son. They said he didn't need treatment for anxiety as it "is just his autism". They were openly discriminate. Had to pay for private MH care which is crippling us as a family financially.*

They're meant to be doing an autism/ADHD referral to get me on medication, but they are taking so long. Forward thinking last saw me 4 years ago. None of them communicate with each other and I am just being left to get on with it.

We welcome the pledge to further develop inclusive services for underrepresented communities.

Healthwatch Birmingham's report into Health Inequalities: Somali people's experiences of health and social care services in Birmingham discusses briefly about the stigma of mental illnesses, and the need for education and access to better treatments within the community.

We look forward to seeing these plans develop further as the mental health needs assessment and the in-depth insights are published.

We will make better use of digital and online resources, e.g. more self-help information online, online appointment booking, improved websites, electronic referrals etc.

We are pleased that improved information and access to this is featured as a key principle of these plans. People tell us often about difficulties accessing GP appointments to even begin referral processes, and self-help information has an important role in supporting people during this time. Healthwatch Birmingham's 2024 report on Local people's views on the referral process from general practice to secondary care has highlighted how improvements are needed to referral processes and welcome seeing this as part of these plans.

People have told us about finding telephone self-referrals particularly challenging

They gave me a number which was stressful and triggered my anxiety after having therapy. I had to do a self-referral and contact them via the phone which put me off contacting them as I am not good over the phone.

We note that in the plans it mentions working closely with staff to develop these resources further and would add that this would be suitable area for co-production with patients and families. It is key for resources to be suitable for people with sensory disabilities, language barriers and literacy needs to serve the diverse communities of Birmingham and Solihull.

We will provide more support and contact whilst waiting for NHS care

Healthwatch Birmingham and Healthwatch Solihull are pleased to see this issue being addressed as a key principle. We have heard from people the difficulties getting the support they need whilst they are waiting for care. However, we have also heard from people about gaps in care and support after attending initial assessment appointments and waiting for further specialist interventions. We feel this principle can be strengthened by making clear this principle applies throughout the referral and treatment pathway, including post assessment.

After a short initial appointment, no further help was available for at least 6 months which is useless for anyone with mental health problems

…self referral to FTB took ages and we had to wait and my mum had to chase them lots of times before I got any support.

…they don't offer enough immediate support, everything is waiting lists until it's too late. They don't take your concerns seriously. … they just don't listen

I have been waiting a long time for an appointment to come through after being referred by my GP.

My son attempted to commit suicide in December 2023, fortunately he did not jump and was brought back to a responsible adult by the police. Our doctor referred him […] After chasing the appointment […] several times we were told six weeks for an appointment. Our doctor provided an anti depressant as a stop gap which hasn't really had any effect and he still has suicidal thoughts. He has used Lyndon clinic services before. His appointment was a video phone call, we were hoping he would be prescribed Lamotrigine but the clinic preferred the route of therapy and a waiting time of 8 weeks. We have been waiting for over 5 months since the suicide attempt. The service does not have enough resources this is clear.

Children, young people and carers will be involved in the ongoing review of how well services are working and helping improve them

As stated above, Healthwatch Birmingham and Healthwatch Solihull strongly support ongoing involvement in service improvement by patients, families and the public.

Key principles missing

Healthwatch Birmingham and Healthwatch Solihull would like to see significantly more detail on what care, support and interventions look like as part of the improvement plans. We hear from people who are concerned about over reliance on medication-based treatments who would like to see more varied interventions available.

Lack of support provided to families who are often left dealing with very poorly children. Lack of information regarding medications, the short- & long-term health implications for a patient using prescribed meds especially powerful anti-psychotic drugs.

Nightmare. We have just got through after a year and a half and just been medicated. They are not giving her anything else.

We understand that many areas of care fall under initiatives but feel the plans would benefit by outlining this in more detail so people can understand that these areas are being looked at. It would be helpful to specify the different pathways and treatment options that will be available, and which will have improved access.

Out of area beds has been an ongoing continuous issue for children and young people's mental health care in both Birmingham and Solihull. We understand that this is being addressed as part of the Toucan inpatients transformation programme and feel these plans would be strengthened by giving more details on this.

Any other comments

healthwatch Birmingham

healthwatch Solihull

Healthwatch Birmingham and Healthwatch Solihull are aware of the significant staffing pressures within the existing services, both short term and longer term workforce planning. We have heard from people how this has detrimentally affected their care. We understand how working more collaboratively and with other professionals may partially address this but urge the provider collaborative to clearly outline strategies to address this, especially working within existing budgets.

> *There are no psychiatrists! They keep leaving. My young adult is suffering badly because of lack of appointments. [Service] needs extra funding urgently to find and retain psychiatrists!!!*
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> *Our experience is, there is a high turnover of staff, that don't read the notes, so we have to repeatedly explain and then out son doesn't get the help he needs. It's basically a circle of inaction. Has been for many years.*
>
> *They haven't seen him they just give medication. I call them every 28 days for a medication check-up or if a new psychiatrist has been assigned and nothing. If he has a bad day, what happens next.*

We are pleased to see the pledge towards an all age model in the improvement plans, especially the recognition that transition between services can be a difficult time, and that currently this is a disparity of care in our region. We feel the plans would be strengthened with more examples about how this change will work in practice and what will happen to existing patients within the services. People tell us that transition planning doesn't happy early enough, or with enough involvement from patients and their families. Without further clarity on how the all age mental health approach will work, we are concerned that this could be a worry for existing patients in the services approaching transition.

Healthwatch Birmingham and Healthwatch Solihull welcome the chance to comment on the plans and look forward to seeing how they develop and are refined further through the implementation process.

Yours Sincerely,

Sarah Walmsley

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