



**Integrated  
Care System**  
Shropshire, Telford and Wrekin



**Shropshire, Telford  
and Wrekin**

# **Child and Adolescent Mental Health Services: Public Engagement Report of Findings**



**Ambition**



**Compassion**



**Optimism**

**Updated: July 2025**

# Contents

Introduction

Slide 3

Summary of findings

Slide 10

Online survey findings

Slide 12

Challenging Perceptions engagement report summary

Slide 35

Key themes

Slide 32

Conclusion and next steps

Slide 37



# Introduction



# Background and context

- Child and Adolescent Mental Health Services (CAMHS) in Shropshire, Telford and Wrekin (STW) are currently delivered by Midlands Partnership University NHS Foundation Trust (MPFT) and is called BeeU.
- The current contract for CAMHS services has been in place since 2018 and NHS STW are now required to re-procure this service to meet our legal and statutory responsibilities in ensuring the best quality, value for money and outcomes for the local population.
- To coincide with the contract end date, NHS STW were keen to engage with local residents and users of the current BeeU service to inform the refresh and redefine of local children and young people's emotional wellbeing and mental health services before being recommissioned later in the year.
- For the commissioning of services NHS STW is following the Provider Selection Regime (PSR) which came into force on 1 January 2024.



# Public engagement

- NHS Shropshire, Telford and Wrekin undertook public engagement to gather the experiences and views of children and young people, parents and carers who have tried to or used CAMHS locally.
- Feedback from the engagement will shape future services and ensure we meet the diverse needs of the local population.
- This engagement builds on previous feedback (51 previous reports have been identified) and ensures that the voices of children and young people, parents and carers continue to guide how future emotional wellbeing and mental health services for children and young people in Shropshire, Telford, and Wrekin will be planned and delivered in the future.
- The engagement aimed to understand the following three core areas:
  - What is working well with the current CAMHS.
  - Areas for improvement in the service.
  - Hopes and expectations for future services.



# Methodology

The NHS STW communications and engagement team undertook a period of extensive engagement, which ran from 27 January to 7 March 2025, to understand the views and experiences of children and young people, carers and parents.

- An online public survey: A quantitative and qualitative survey was developed with three pathways for specific groups to consistency capture feedback:
  1. Children and young people aged 16 and over.
  2. Trusted adults helping to facilitate children and young people complete the online survey.
  3. Carers/parents.
- Facilitated engagement sessions: To engage as many people as possible we asked professionals (including those working in schools and volunteers) who have established relationships with children and young people (and their families) who have or are using CAMHS to assist in facilitating discussions. Either assisting the child or young person complete the survey directly or be the trusted adult to complete the survey on their behalf.
  - Shropshire Youth Association and Challenging Perceptions (Telford & Wrekin) were also commissioned to help capture the voice of children and young people and/or parents and carers by facilitating survey responses, and conducting face-to-face interviews or focus groups.
- Targeted community outreach: To ensure that we heard the voices from those the harder / high risk groups we conducted community engagement with targeted groups, organisations and community leaders.



# Survey questions

- Which service(s) have you tried to access, or would you like to tell us about today?
  - Tell us more about what was good about these services
  - Tell us more about what you would change to make things better
- What would be good sources of support and information on emotional wellbeing and mental health for children and young people?
  - Tell us more about where support should be available.
- Do you think there are any specific groups of children or young people who are overlooked and don't get the help they need?
- What is important to you when accessing emotional wellbeing and/or mental health services?
- How can children and young people look after their own emotional wellbeing and mental health?
- Who could help provide the support you've described, and where could it be accessed?
- Do you think a child/young person would prefer to talk online or in-person about emotional wellbeing or mental health issues?



# Promotion and distribution

The survey link was distributed via a stakeholder briefing, a press release to local media and social media (Facebook, Instagram, TikTok, X and LinkedIn). A comms toolkit including the press release, newsletter/website copy, and social media copy/assets were also distributed to partner organisations (including VCSE) and stakeholders across the health and social care system, including:

- All NHS organisations with Shropshire, Telford and Wrekin including their relevant groups such as the ICB's People Network, SaTH's Young People's Academy, the Maternity and Neonatal Voice Partnership etc
- Both local authorities' partners including commissioners, CYP, SEND, children in care, education and virtual school, traveller liaison, place leads etc
- Primary care including Community Connectors and Patient participation groups (PPGs)
- Parent and mental health forums
- Elected members: MPs, Councillors, Town and Parish Councils
- Schools and colleges
- VCSE organisations including the VSCA, COG, both Healthwatch organisations, community leaders, under-represented groups and faith groups
- Local media





# Targeted engagement

Targeted engagement was conducted across Shropshire, Telford, and Wrekin to ensure that the voices of children and young people with protected characteristics were heard. Following the mid-point review of the survey, engagement was further refined to focus on specific postcode areas (including SY13 & SY11—covering Oswestry, Whittington, Ellesmere, Whitchurch, and surrounding areas) and diverse groups. These efforts were also informed and aligned with the advice and guidance given from the CAMHS Task & Finish Group:

**A list of organisations\* involved in engaging those with protected characteristics & feedback from the mid-point review is included below:**

## **Disability**

- Derwen College (LDA, Oswestry and the North of the county)
- SEND Conference 27 Feb (SEND & LDA)

## **Gender identity and sexual orientation**

- Ludlow Gaymers (LGBTQ+)
- XYZ - SYA Shrewsbury (LGBTQ+)

## **Race**

- Methodist Youth Group (Whitchurch)
- Bulgarian School Oswestry
- Nova Training (Wellington with a diverse student population)

## **Region/belief**

- Muslim Ladies group
- T&W Interfaith Council
- Chinese Cultural Centre
- Colleagues in T&W Council reached out to diverse community connections

## **Rurality**

- Scouts Shropshire (county-wide organisation, as well as targeting those in Market Drayton),
- Festival Market Drayton have activity groups – these were contacted.
- Catalyst Youth Trust Network of Youth Leaders (North Shropshire)
- PAVO – cross boarder use of services (North Shropshire)

## **Other**

- Shropshire Domestic Abuse (following advice of T&F group)
- Telford After Care Team (substance misuse)
- Smallwoods (MH problems and substance misuse)
- Shropshire Community Trust Child Development Centre (following the advice from the CAMHS T&F group)
- Shropshire Suicide Prevention Group
- The Hive (Shrewsbury and countywide)
- Serco (leisure centres)
- Landau (countywide)

*\*Please note this is not an exhaustive list*



# Summary of findings



# Total number of respondents

We have had a good response to the survey with a total of **461 respondents**.

This is broken down as:

- **Online survey** – 331 respondents including Shropshire Youth Association (SYA) facilitated CYP responses and T&W Council focus groups, which were fed directly into the online survey.
  - **Shropshire Youth Association** – 75 children and young people respondents
  - **T&W Council focus groups:**
    - ❑ 6 care leavers between 17-22 years of age
    - ❑ 6 carers living representing the views of 15 children
- **Challenging Perceptions** – 118 children and young people respondents



# Online Survey Summary



# Online Survey Respondent Breakdown

Total responses: 331

- Young people aged 16+ (26.46%)
- Trusted adults who are responding on behalf on a child or young person (21.85%)
- Parents or carer of children or young people (51.69%)

Post code:

- Telford and Wrekin: 169
- Shropshire: 161 from Shropshire (including 21 from WV postcodes likely inside our border)
- Powys: 1
- Out of area: 1

Demographics:

- **Ethnicity:** 88% White British, 7% preferring not to answer. A small number of responses were received from the Pakistani, Caribbean, and other “White” communities.
- **Sexual Orientation:** 69.5% heterosexual, 15.5% prefer not to say, 7% (22) responses from bisexual people, and fewer than 1% identifying as asexual, gay or lesbian.
- **Gender Identity:** 1.3% (4) told us they were transgender.

Age Group	Number of Responses
0-5	7
6-11	70
12-15	120
16-17	57
18+	70



# Which service(s) have you tried to access, or would you like to tell us about today?

- Across all three pathways (CYP, parent/carer and professional support), **'Help at School' (65%)** was the most frequently accessed method of support accessed, along with **BeeU (52%)**. The specialist forms of support, such as 'Eating Disorders' and 'Crisis Services' received notably fewer responses, along with online forms of support.
- When split by age, notably access to **'Neurodevelopmental Assessments'** is most prevalent between 6 and 15, and is accessed less frequently after this age. Similarly, 'Help at School' focused on the 12-15 age group.
- Of those who told us they had received other support not listed, those included private psychologists, familial support and private therapy services.

Help at school	65%
BeeU Services	52%
Doctor's help	42%
Neurodevelopmental Assessments	32%
Local authority, early help or parenting/family support.	29%
Community support	24%
Kooth	21%
Charities or local groups	19%
Talking therapies	18%
School nurse or health visitor	15%
Helios	15%
Crisis services	13%
Eating disorders	7%
Healthier Together website	3%



# CYP – What was good about this service?

For the following slides, respondents evaluated each service based on a series of positive and negative statements, indicating whether they felt each statement applied. The table to the right highlights the top three statements for each service.

- Three key factors scored highly across it and services, being:
  - I got the help when I needed it
  - I was seen at a time that suited me
  - They cared about me
- Support delivered by community groups and charities was weighted more towards factors related to comfort, or caring support, whilst online channels were recognised as being accessible at the time that the user needed it and suited them.
- Specialist services seem to have the greatest immediately impact on health and wellbeing, with more users recognising that the specific service “*changed their life for the better*”



Service	Ranking of positive factors e.g. #1 is the most commonly cited element that is good about the service		
	#1	#2	#3
Help at school: Support from a school counsellor, teacher, SENCo, social prescriber, visiting therapists, or youth workers.	I got the help when I needed it.	I was seen at a time that suited me.	They cared about me.
Local authority, early help or parenting/family support.	I was seen at a time that suited me.	They cared about me.	I made more progress than I thought possible.
Community support: This could include youth clubs, scouts, drama groups, or sports teams, as well as social prescribing.	They cared about me.	I felt comfortable being myself.	I got the help when I needed it.
Charities or local groups: Help from mental health charities, support groups, or local organisations.	I was seen at a time that suited me.	I got the help when I needed it.	They cared about me.
BeeU Services: Support for my emotional wellbeing and mental health (including the waiting well initiative).	I was seen at a time that suited me.	I got the help when I needed it.	I liked the venue.
Talking therapies: Talking to someone about your feelings (ages 16+).	I got the help when I needed it.	I was seen at a time that suited me.	I made more progress than I thought possible.
Doctor's help: Support from a General Practitioner (GP) or a nurse at your GP surgery (e.g. a mental health nurse practitioner).	I got the help when I needed it.	I was seen at a time that suited me.	I made more progress than I thought possible.
School nurse or health visitor.	I was seen at a time that suited me.	I felt comfortable being myself.	They cared about me.
Kooth: A website where you can talk about feelings and mental health.	I was seen at a time that suited me.	I got the help when I needed it.	I felt comfortable being myself.
Helios: Online help for mental health, autism, or ADHD.	I was seen at a time that suited me.	I got the help when I needed it.	I felt comfortable being myself.
Information and guidance from the Healthier Together website.	I got the help when I needed it.	I was seen at a time that suited me.	It helped change my life for the better.
Neurodevelopmental Assessments: Checks for autism or ADHD.	It helped change my life for the better.	I got the help when I needed it.	I was seen at a time that suited me.
Eating disorders: Support for children and young people dealing with eating problems.	I got the help when I needed it.	I was seen at a time that suited me.	It helped change my life for the better.
Crisis services: Help during a mental health emergency (like at a hospital or special care centre).	I got the help when I needed it.	I was seen at a time that suited me.	They cared about me.



# CYP – What could have been improved?

- Across user's services, the user's negative factor was **'The support didn't help me, I needed something different'**.
- In the majority of cases, this was only replaced by 'I had a long wait to be seen', which is reflective of wait times of individual services. In several of these instances, it is further identified that the negative wait had a negative impact on the service user's family or carer.

Service	#1	#2	#3
Help at school: Support from a school counsellor, teacher, SENCo, social prescriber, visiting therapists, or youth workers.	I couldn't get the help I needed; they didn't understand my needs.	I didn't feel like they cared about me.	The support didn't help me; I needed something different.
Local authority, early help or parenting/family support.	The support didn't help me; I needed something different.	I couldn't get the help I needed; they didn't understand my needs.	The long wait made things worse for me or my family/carer.
Community support: This could include youth clubs, scouts, drama groups, or sports teams, as well as social prescribing.	The support didn't help me; I needed something different.	I couldn't get the help I needed; they didn't understand my needs.	I didn't know what help was on offer.
Charities or local groups: Help from mental health charities, support groups, or local organisations.	The support didn't help me; I needed something different.	I had a long wait to be seen.	The long wait made things worse for me or my family/carer.
BeeU Services: Support for my emotional wellbeing and mental health (including the waiting well initiative).	I had a long wait to be seen.	The long wait made things worse for me or my family/carer.	I couldn't get the help I needed; they didn't understand my needs.
Talking therapies: Talking to someone about your feelings (ages 16+).	I had a long wait to be seen.	I couldn't get the help I needed; they didn't understand my needs.	The long wait made things worse for me or my family/carer.
Doctor's help: Support from a General Practitioner (GP) or a nurse at your GP surgery (e.g. a mental health nurse practitioner).	I had a long wait to be seen.	I couldn't get the help I needed; they didn't understand my needs.	The support didn't help me; I needed something different.
School nurse or health visitor.	The support didn't help me; I needed something different.	I couldn't get the help I needed; they didn't understand my needs.	I had a long wait to be seen.
Kooth: A website where you can talk about feelings and mental health.	The support didn't help me; I needed something different.	I couldn't get the help I needed; they didn't understand my needs.	I had a long wait to be seen.
Helios: Online help for mental health, autism, or ADHD.	The support didn't help me; I needed something different.	I had a long wait to be seen.	I couldn't get the help I needed; they didn't understand my needs.
Neurodevelopmental Assessments: Checks for autism or ADHD.	I had a long wait to be seen.	The long wait made things worse for me or my family/carer.	The support didn't help me; I needed something different.





# Trusted Adult answering on behalf of CYP– What was good about this service?

- Across the responses we received from trusted adults, we received a smaller sample size, and a majority of responses were received from a handful of organisations.
- Positive feedback received largely related to caring delivery of services, and the CYP feeling comfortable being themselves. For BeeU and Talking Therapies, the most important positive factor related to the appointment being at a time that suited the CYP.

Service	#1	#2	#3
Help at school: Support from a school counsellor, teacher, SENCo, social prescriber, visiting therapists, or youth workers.	They cared about me.	I was seen at a time that suited me.	It helped change my life for the better.
Local authority, early help or parenting/family support.	They cared about me.	I felt comfortable being myself.	I was seen at a time that suited me.
Community support: This could include youth clubs, scouts, drama groups, or sports teams, as well as social prescribing.	They cared about me.	I felt comfortable being myself.	I liked the venue.
Charities or local groups: Help from mental health charities, support groups, or local organisations.	I felt comfortable being myself.	They cared about me.	I was seen at a time that suited me.
BeeU Services: Support for my emotional wellbeing and mental health (including the waiting well initiative).	I was seen at a time that suited me.	I made more progress than I thought possible.	I felt comfortable being myself.
Talking therapies: Talking to someone about your feelings (ages 16+).	I was seen at a time that suited me.	It helped change my life for the better.	I made more progress than I thought possible.
Doctor's help: Support from a General Practitioner (GP) or a nurse at your GP surgery (e.g. a mental health nurse practitioner).	They cared about me.	I felt comfortable being myself.	It helped change my life for the better.
Crisis services: Help during a mental health emergency (like at a hospital or special care centre).	I felt comfortable being myself.	I made more progress than I thought possible.	I got the help when I needed it.



# Trusted adult – tell us more about what was good about the service

Most comments are not attributable to specific sources of help and may cover help from multiple sources. Overall comments in this section were brief and limited in number. Where comments can be attributed, they have been identified.

## Primary Care support and help

- Quote: *'Doctors were the only ones who gave recalled helped I have been waiting for a Beeu assessment since October 24'*

## Mental health services

- Kooth – *'Kooth is helpful as the young person can access this online, no anxiety of making an appointment and having to attend, feeling awkward'*

## Common generic comments

- Most comments for this question centred around being listened to and talking/chatting to someone about emotions and feeling cared for.



# Trusted Adult answering on behalf of CYP –

## Q: What could have been improved?

- Of particular note when trusted adults (who largely represented VCSE organisations) answered, they highlighted that conventional professional routes of support, e.g. school and local authority, do not offer the support the CYP needs, and that they needed something different.
- Elsewhere, long wait times were raised across a number of services, and a lack of caring delivery.

Service	#1	#2	#3
Help at school: Support from a school counsellor, teacher, SENCo, social prescriber, visiting therapists, or youth workers.	I couldn't get the help I needed; they didn't understand my needs.	The support didn't help me; I needed something different.	I didn't feel like they cared about me.
Local authority, early help or parenting/family support.	I couldn't get the help I needed; they didn't understand my needs.	The support didn't help me; I needed something different.	I didn't feel like they cared about me.
BeeU Services: Support for my emotional wellbeing and mental health (including the waiting well initiative).	I had a long wait to be seen.	The long wait made things worse for me or my family/carer.	I couldn't get the help I needed; they didn't understand my needs.
Talking therapies: Talking to someone about your feelings (ages 16+).	I couldn't get the help I needed; they didn't understand my needs.	I had a long wait to be seen.	The long wait made things worse for me or my family/carer.
Doctor's help: Support from a General Practitioner (GP) or a nurse at your GP surgery (e.g. a mental health nurse practitioner).	The support didn't help me; I needed something different.	I didn't know what help was on offer.	I had a long wait to be seen.
School nurse or health visitor.	I didn't feel like they cared about me.	I couldn't get the help I needed; they didn't understand my needs.	The support didn't help me; I needed something different.
Helios: Online help for mental health, autism, or ADHD.	I didn't feel like they cared about me.	I couldn't get the help I needed; they didn't understand my needs.	The support didn't help me; I needed something different.
Neurodevelopmental Assessments: Checks for autism or ADHD.	I had a long wait to be seen.	I didn't feel like they cared about me.	The long wait made things worse for me or my family/carer.



# Trusted Adults– tell us more about what could be improved

Many of the comments were based on personal experience and highlighted difficulties rather than stating what changes someone would suggest. The suggestions have therefore been extrapolated where appropriate. Most comments are not attributable to specific sources of help and may cover help from multiple sources. Overall comments in this section were brief and limited in number. Where comments can be attributed, they have been identified.

## 1. Qualities of the mental health services

Shorter waiting times *'Kooth waiting time was too long, but it didn't make me feel worse'* easier access to ADHA assessments

*'Not being able to have ADHD assessment'*

Style of support and help offered – *'More active therapy instead of talking'* *'Not sure, being able to draw whilst talking'*

*'I moved from school support and social prescribing to SYA Time to Talk to help as others did not'*

Given time and good ADHD intervention

*'All of it. They rush things when you're seen. If you don't like the support they offer then you don't get anything else. The ADHD specialist told us ADHD doesn't exist after medicating him for it. Refused an autism screening because he makes eye contact. Waiting until 13 for a diagnosis and support is too late.'*

## 2. School based help

Receiving help whilst at school *'I wish I was seen before my GCSEs', 'More education', 'To get more support for my mental health in school.'*

## 3. Community based support

*'Autism West Midlands and IASS (Information, Advice and Support Service) have been great, others are not really suited to me'*

## 4. Generic comments not attributed to a service

*'If they understand that everyone is different'.* Ongoing support after leaving education *'I have not received any help from anyone - abandoned once I left education', 'More sessions, more resources and activities.', 'More Activities like outside', 'Bit of music', 'More services available', 'Easier to try more services', 'Previously 2 people listening did more talking than me', 'Caring staff who don't make me feel like my life isn't important. I wish they helped me sooner by making time to come with me to access community support offered by charities and community.'* *'more arts and crafts'*



## Parents and Carers – What was good about this service?

- ‘They cared about my child or young person’ is the themselves and themselves and is the number one reason for all services apart from websites, and specialist services.
- This is notably different to the feedback received from the CYP themselves, and highlights a different in priorities between different stakeholders.
- Similarly, it is evident that a suitable and welcoming venue is particularly important to parents and carers, which was highlighted significantly more frequently than by the CYP.

Service	#1	#2	#3
Help at school: Support from a school counsellor, teacher, SENCo, social prescriber, visiting therapists, or youth workers.	They cared about my child or young person.	The venue was suitable and welcoming.	My child or young person could be themselves.
Local authority, early help or parenting/family support.	They cared about my child or young person.	We were seen at a time that suited us.	The venue was suitable and welcoming.
Community support: This could include youth clubs, scouts, drama groups, or sports teams, as well as social prescribing.	They cared about my child or young person.	The venue was suitable and welcoming.	It helped change my child or young person's life for the better.
Charities or local groups: Help from mental health charities, support groups, or local organisations.	They cared about my child or young person.	We were seen at a time that suited us.	The venue was suitable and welcoming.
BeeU Services: Support for my emotional wellbeing and mental health (including the waiting well initiative).	They cared about my child or young person.	The venue was suitable and welcoming.	We were seen at a time that suited us.
Talking therapies: Talking to someone about your feelings (ages 16+).	They cared about my child or young person.	We were seen at a time that suited us.	My child or young person could be themselves.
Doctor's help: Support from a General Practitioner (GP) or a nurse at your GP surgery (e.g. a mental health nurse practitioner).	They cared about my child or young person.	We were seen at a time that suited us.	The venue was suitable and welcoming.
School nurse or health visitor.	They cared about my child or young person.	We were seen at a time that suited us.	The venue was suitable and welcoming.
Kooth: A website where you can talk about feelings and mental health.	We were seen at a time that suited us.	They cared about my child or young person.	My child or young person could be themselves.
Helios: Online help for mental health, autism, or ADHD.	We were seen at a time that suited us.	They cared about my child or young person.	My child or young person could be themselves.
Neurodevelopmental Assessments: Checks for autism or ADHD.	The venue was suitable and welcoming.	They cared about my child or young person.	We were seen at a time that suited us.



# Parents and Carers – tell us more about what was good about the service

Most comments are not linked to specific sources of help and often cover multiple services. There were many negative comments, particularly around long waiting times (1-4 years) and lack of meaningful support (e.g. "*nothing at all*", "*provided with information I already knew*").

## 1. School-Based Support

- Mixed feedback on school support, especially regarding Education, Health, and Care Plans (EHCPs) (mostly negative).
- Some SENCOs received praise for individualised support and communication with teachers. Long school assessment wait times (3-4 terms) were a concern.
- *QUOTE: 'The SENCO teacher is excellent at school. I definitely feel she carers and then she can speak to individual teachers to ensure they adapt their teaching style to her needs. The teachers then understand L's behaviour better. My daughter is currently being assessed for ADHD. It takes a long time to get a school assessment - 3-4 terms.'*
- *QUOTE: 'The school at the time of the mental health crisis were extremely helpful. My child is now at secondary and again is receiving great help from the pastoral staff for the mental health needs.'*

## 2. Primary Care (GPs) Support

- Varied experiences with GP support. Some GPs were highlighted as particularly helpful.
- *QUOTES: 'At this stage, the GP has been the only professional to offer any useful help. School have been obstructive and have given me inaccurate information.'*

## 3. BeeU eating disorders

- *QUOTES: 'particularly helpful' 'BeeU and the crisis team realised my child could not cope within the BeeU offices. They did arrange for appointments at our house so my child was able to go to a safe place if they felt uncomfortable.' 'Medication for ADHD correctly prescribed.'*
- *QUOTE: BEAM & MH School Teams (MHST) – primary schools need more of this.*

## 4. Community-Based Groups

- Strength of community charity-based support, particularly offering choices for support.
- *QUOTE: 'Charity went above and beyond, made us welcome and felt like we fit'*
- *QUOTE: 'Autism West Midlands helped us see what help we needed to seek. Private assessments and support were accessible when we needed them urgently.'*

# Parents and Carers – What could have been improved?

- The range of feedback for this question was notably more diverse than for the previous questions and was very service dependent.
- Long waits are clearly still a challenge across a number of services, however notably there is a lack of information available for parents and carers about community and charity support.
- For the website-based services, parents and carers felt that they didn't help, and that the service didn't understand the needs of their CYP.

Service	#1	#2	#3
Help at school: Support from a school counsellor, teacher, SENCo, social prescriber, visiting therapists, or youth workers.	My child or young person had a long wait to get help.	The long wait made things worse for my child or family	They couldn't get the help they needed; the service didn't understand their needs.
Local authority, early help or parenting/family support.	My child or young person had a long wait to get help.	They couldn't get the help they needed; the service didn't understand their needs.	The long wait made things worse for my child or family
Community support: This could include youth clubs, scouts, drama groups, or sports teams, as well as social prescribing.	I didn't know what help was available for my child or young person.	The support didn't help; they needed something different.	They couldn't get the help they needed; the service didn't understand their needs.
Charities or local groups: Help from mental health charities, support groups, or local organisations.	The support didn't help; they needed something different.	They couldn't get the help they needed; the service didn't understand their needs.	I didn't know what help was available for my child or young person.
BeeU Services: Support for my emotional wellbeing and mental health (including the waiting well initiative).	My child or young person had a long wait to get help.	The long wait made things worse for my child or family	I couldn't get the help I needed; they didn't understand my needs.
Talking therapies: Talking to someone about your feelings (ages 16+).	My child or young person had a long wait to get help.	The long wait made things worse for my child or family	The support didn't help; they needed something different.
Doctor's help: Support from a General Practitioner (GP) or a nurse at your GP surgery (e.g. a mental health nurse practitioner).	They couldn't get the help they needed; the service didn't understand their needs.	The support didn't help; they needed something different.	I didn't know what help was available for my child or young person.
School nurse or health visitor.	The support didn't help; they needed something different.	They couldn't get the help they needed; the service didn't understand their needs.	I didn't know what help was available for my child or young person.
Kooth: A website where you can talk about feelings and mental health.	The support didn't help; they needed something different.	They couldn't get the help they needed; the service didn't understand their needs.	I didn't feel like the service cared about my child or young person.
Helios: Online help for mental health, autism, or ADHD.	The support didn't help; they needed something different.	They couldn't get the help they needed; the service didn't understand their needs.	I didn't feel like the service cared about my child or young person.
Neurodevelopmental Assessments: Checks for autism or ADHD.	My child or young person had a long wait to get help.	The long wait made things worse for my child or family	I didn't know what help was available for my child or young person.



# Parents and Carers – tell us more about what could be improved

Many of the comments were based on personal experience and highlighted difficulties rather than stating what changes someone would suggest. The suggestions have therefore been extrapolated where appropriate.

## 1. Better Communication with Parents & Agencies

- Comments ranged from simple suggested changes like professional's answering emails, appointment notifications, **'being believed'** and **'not having to beg'**, and timely responses.
- Suggestions: Parent liaison officers, school-run support networks, improved signposting by all services, and clearer information on what services are available.
- **QUOTE: 'Better awareness for parents and young people about support available and how parents can support their children in the absence of adequate provisions in the Health Service.'** and **'helping me understand what is the process by outlining the steps and procedures. Clear communication and detail in what is needed for each appointment, what is it for and how to prepare for it. A timeline! not having an idea at all how long you have to wait is a horrendous position to be in.'**

## 2. Qualities of Mental Health Professionals & Support

- Comments relating to the mental health professional – improved staff training for the school including SENCOs, GP and mental health staff, particularly to improve the knowledge of neurodiversity and dyslexia.
- Continuity of staff for long-term sick leave, supportive changeovers from one staff to another and **'not having to retell your story'**.

## 3. Qualities of Mental Health Services

- **Clear diagnostic pathways** which **support** education transitions. Quote: **I would like to see a formal diagnostic pathway locally for children and adults for LD. It is incredibly important for people with hidden disabilities to be correctly understood and identified especially when transitioning into adulthood.**
- **Referral process & waiting times:**
  - Comments about waiting times and the referral process were intrinsically linked.
  - Clear information for referrers: Defined criteria for acceptance to prevent multiple referrals; guidance/education for GPs and schools to improve referral process.
    - Consistent with all other question, the most frequent comments centre on reducing waiting times for acceptance to the service and a reduction in internal pathway onward referral waiting times.
    - Clear identification of the process of referral when a child is home schooled
  - Support while waiting for services: Quote: **That the waiting times are shorter and there is support while waiting.**





# Parents and Carers – tell us more about what could be improved cont/...

- **Specific service feedback:**
  - **BeeU:** More staff, consistency of staff and handovers, be accessible, and clear referral system.
  - **Kooth:** Be more personal and caring.
  - **Mental Health School Teams:** Regular contact with children.
  - **Local Authority:** Better understanding of neurodiverse needs, timely Education, Health, and Care Plan (EHCPs).
  - **SENCO:** Ease of access and supportive (some SENCOs were reported as excellent and others hard to access help).
  - **Talking Therapies:** more accessibility. Quote: *Have accessible talking therapy more readily available. Actual long-term support not just when they are at crisis point. Consistency.*
- **Venue & Accessibility**
  - Local appointments, assessments, and drop ins. A few people suggested using family hubs or community/charity venues.
- **Service Philosophy**
  - Person-centred approach: Working with parent carers.
- **Experts by experience**
  - Involving those with lived experience in service design.
- **Improved neurodiverse pathways**
  - Quote: *ADHD service wasn't very good with follow up on meds and exploring other avenues. When my child didn't engage as they wanted they kept discharging them leaving them floundering. This is poor as people with ADHD tend to struggle with appointments, taking meds and executive functioning and I don't feel this was taken into account.*
- **Improved diversity awareness**
  - Quote: *Cultural and religious needs were not considered in assessment. Staff need to be trained further to respect and acknowledge diversity. Also to be mindful of other people's worldviews. Assessment questions need to consider the risk of retraumatisation.*
- **General comments on service provision**
  - More support and help available
  - Help during crisis periods including mental health support in the Emergency departments.

## 4. School-Based Support

- More social prescribing based within schools.
- Increased staff training including for school leadership.
- Improved communication and support especially around SEN.
- Comments frequently linked with the referral process, communication and support while waiting for help.

## Q: What would be good sources of support and information on emotional wellbeing and mental health for children and young people?

- Responses are heavily weighted towards professional services, focused largely on school and college networks, and mental health professionals. The weighting of mental health professionals over GPs suggests support for the MDT setup within Primary Care, as for many this is where they access support.
- There are differences when this table is broken down by respondent type.
  - When a CYP answers on their own behalf, they are twice as likely to suggest online platforms, compared to their parents/carers or other trusted adults. Equally, they are more likely to recommend friends and family networks.
  - Trusted adult responders lean heavily on local organisations (three times as likely) and community links (twice as likely), whilst are significantly less likely to recommend healthcare professionals (GP half as likely, and MH professional a third as likely)
  - Parents and Carers strongly lean towards recommending professional routes of support and are less likely to identify friends and family networks, and online platforms.

School or college	202
A mental health professional (e.g., counsellor, therapist)	191
GP (doctor or nurse)	129
Friends and family	88
Local organisations (such as Youth Clubs, Scouts, Girl guides, Arts & Drama clubs and sports clubs etc)	83
In my local community	66
Online platforms (e.g., apps, websites)	61
Other (please specify):	19



# Tell us more about where support should be available

## Main Themes:

### 1. Preferred Locations for Support

- **Schools (Top Mentioned Location)**
  - On-site mental health professionals, parent support, weekly triage meetings, and neurodiverse/SEN staff training.
  - **Quote:** "School is the first-place children face difficulties. Support should be available for teachers, parents, and children when needed."
- **Other Locations & Services:**
  - **Local Services:** Drop-in centres, family hubs (e.g., South Shropshire).
  - **Online Support:** Social media, NHS websites, pharmacy websites.
  - **GP Practices:** More mental health support & prescribing power for children.
  - **Community Groups:** AISS support, SEN parent groups, youth workers, places of worship, outdoor spaces.
  - **Local Authority:** Early help and family support hubs.

### 2. Service Expectations & Feedback

- **Desired Service Features:**
  - Dedicated teams, personal advocates, face-to-face & 24/7 support.
  - Holistic, person-centred, free training for parents, non-judgmental support.
- **Named Services:**
  - **BeeU:** Increased age range, counselling, local appointments.
  - **Beam:** More locations needed.
- **Waiting Times:**
  - Shorter waits, earlier intervention, support for parents/carers during waiting periods.
  - **Quotes:**
    - "Long wait times were a major issue, but worse was that once I got seen, nothing was available to help me."
    - "There are long waits, and I feel cut off – you have to fight to get anywhere."



Note: This is a sub-question of Q20 What would be good sources of support and information on emotional wellbeing and mental health for children and young people?

## What is important to you (or your child and/or young person) when accessing emotional wellbeing and/ or mental health services?

- Respondents were presented with six options and asked to rank in order of importance. Across each pathway, there is a strong preference towards the top three factors listed to the right.
- The comments to support this question talk frequently about the importance of building trust with an individual, feeling heard and respected, and support being available at the time it is needed, with minimal barriers.
- Support should be local, and equitable across the county. In a number of instances, there is also reference to an individual's circumstances being considered, for example where school is a source of trauma, this should be a key consideration when deciding on where and when support should be offered.

	Total Score <sup>1</sup>	Overall Rank
Feeling comfortable, listened to, and understood.	1310	1
Quick access to support when needed.	1275	2
Receiving the right help at the right time	1172	3
Being able to contact the service directly.	1028	4
Easy-to-find and clear information about services.	987	5
Services making reasonable adjustments to meet individual needs.	717	6



# Tell us more about what is important to you (or your child and/or young person) when accessing emotional wellbeing and/ or mental health services?

## Main Themes:

### 1. Qualities of Mental Health Professionals & Support

- **Key Attributes:** Skilled, experienced, knowledgeable, caring, trustworthy.
- **Effective Communication:** Use appropriate language in reports, follow through on promises.
- **Impact on Individuals:**
  - Feeling listened to, believed, and not judged.
  - Not dismissed, comfortable, and understood.
  - Receiving person-centred, individualised support without unnecessary barriers.

### 2. Qualities of Services

- **Accessibility & Waiting Times:**
  - Support available when needed, with clear timeframes.
  - Shorter waiting lists and interim support while waiting.
  - Long delays (1–2 years; some cases up to 4–5 years) causing distress to young people and families.
  - Some parents resorted to paying for private assessments.
- **Service Features:**
  - **Crisis & Out-of-Hours Support** available.
  - **Flexible Appointments** to accommodate parents/carers and school schedules.
  - **Early Help & Clear Communication:**
    - Direct contact, **'not fobbed off'**.
    - One central point of contact.
    - Clear, accessible service information - descriptions of pathways, self-help information, setting clear expectations. **Quote: 'Managing difficulties at home makes parents fail - the system is so complicated and wants us to fail.'**
  - **Choice & Personalisation:**
    - CYP select professional and support style
    - Family-based included as an option.
  - **Environment & Location:**
    - Familiar, comfortable settings (outdoor spaces, community-based, non-clinical). **Quote: 'not stuffy clinical'**
    - Easy travel access, locally available support.

**Quote: 'These are all important and difficult to rank, they should all be a priority in commissioning services for young people'**

- ♦ Some respondents felt statutory services were inadequate, with private services being the only effective option.



## How can children and young people look after their own emotional wellbeing and mental health? (Please rank in order of importance).

- Respondents across each pathway are keen to see greater quantity of resources provided in schools and communities, both in format delivered by trusted adults, but also to aid self-help.
- Similar to the previous question, there is an expectation that the delivery of this is the responsibility of professionals working with young children, e.g. teachers and MH practitioners, particularly from CYP and their parents. Notably again, there is a greater expectation from other trusted adults that youth workers and family and friends should play a greater role, whilst young people are more likely to look online to access these materials.

	Total Score <sub>1</sub>	Overall Rank
Teaching everyone about emotional wellbeing and mental health in schools and communities.	1445	1
Providing resources for self-help.	1442	2
Access to support groups with other young people to share and talk.	1437	3
Encouraging healthy habits, like doing exercise or relaxing with mindfulness.	1387	4
More community activities for children and/or families like sport or creative activities.	1223	5
Running more workshops or classes about mental health.	983	6



# Tell us more about how can children and young people look after their own emotional wellbeing and mental health?

The variety of diverse answers reflects the diversity of need. Comments can be themed into two main groups:

## 1. Self help options

### Common Themes:

- **Access to resources:** Self-help materials, courses, and literature to understand thoughts and emotions.
- **Talking about mental health:** Open discussions at home, school, and in everyday life.
- **Social media:** Learning from relevant posts about mental well-being.
- **Healthy routines:** Understanding personal triggers and what impacts mental health.
- **Support networks:** Seeking help from parents, friends, and group activities. **Quote: 'Drop in's and more awareness of what's available', 'I think if there's more available support groups, students may feel more comfortable talking about their problems because they can know other people are going through something similar'**
- **Societal change:** Normalising mental health discussions for broader acceptance.
- **Individualised support:** Some feel structured support (e.g., emotional well-being education) may increase anxiety rather than help.

## 2. Seeking help from emotional wellbeing and mental health services

### Common Themes:

- **Seeking help when needed:** Recognising when self-help isn't enough. **"When you need medication, you need someone to help. When you feel like me you make bad choices like smoking cannabis because you are desperate."**
- **Understanding services:** Clearer criteria for help/referrals and available support.
- **Local support hubs & face-to-face appointments:** Using hubs and direct services.
- **Calls for more mental health professionals:** not everyone can take care of their own mental health **"Make more mental health professionals available" and "Go into primary schools to support younger children."**








### The Role of Schools:

Schools were the most frequently mentioned source to enable children and young people to take care of their own mental health.

#### Comments indicated schools should be:

- less pressured, more nurturing environments.
- have opportunities to **'talk about tough times'**
- have **'neuro affirming practices and education'**
- receive the right funding.

## Who could help provide the support you've described, and where could it be accessed?

Answer Choices	Responses		
Schools and colleges.		78.81%	238
0-19 service (School Nursing Team).		48.68%	147
Healthcare professionals (GPs, nurses, mental health professionals).		69.54%	210
Charities and community organisations.		42.38%	128
Youth workers.		53.97%	163
Online platforms and resources.		34.77%	105
Family and friends.		47.35%	143
Other (please specify): <a href="#">Show</a>		5.96%	18





# Tell us more about who could help provide the support you've described, and where could it be accessed

## Main themes

### 1. Large-scale societal change

- A holistic, society-wide approach is needed, involving the Government, Department for Education, and all services working together.

### 2. Mental health & other services

- The need for high-quality professionals across mental health services, including:
  - Talking therapies
  - Psychiatrists & local mental health teams
  - Face-to-face appointments
  - Specialist organisations (e.g., MIND, Shropshire AISS)
- Building trust in services:
  - **Quote: "They need to trust what you are telling them and what your family is saying, and not dismiss you."**

### 3. Local authority support

- The role of social prescribers, family hubs, social workers, and personal advisors in providing support for families.
- Calls for parent education on children's mental health through schools, in-person classes, or online sessions:
  - **Quote: "Could the council help with educating parents about supporting children's mental health? Either through school, with classes in school, or online through Zoom."**

### 4. Community-Based Support

- Non-specialist organisations that support emotional well-being, including:
  - Youth groups, yoga groups, places of worship
  - SEND parent groups & local charities (e.g., The Hive)
- The role of schools & youth workers in mental health support:
  - **Quote: "Teachers could do more to help. A youth worker comes to my school and helps sometimes."**
- Innovative suggestions to enhance accessibility, such as:
  - A mental health app
  - Online forums for young people to share experiences
  - Text reminders for mental health appointments.

◆ **QUOTE: "Depends on individual needs—no single service can meet everyone's needs."**



# Do you think a child/young person would prefer to talk online or in-person about emotional wellbeing or mental health issues?

- There is a strong preference amongst all three pathways for support to be delivered in-person, with no more than a quarter of respondents from each route telling us that online would be their preference.
- Parents responding on behalf of a child were half as likely to show a preference for online support as other trusted adults or the CYP themselves.
- Respondents who told us that have a disability were more likely to prefer online support (21% vs 13%), particularly those with learning disabilities or sensory impairments.
- The young the CYP is, the most likely they are to show a preference for in-person support. When parents respond on behalf of a child, 68% of those aged 6-11 show a preference for in-person, however by the time they are 18+, this has declined to 38%.



	I am a young person aged 16+.	I am a trusted adult facilitating a child or young person to complete the survey.	I am a parent or carer of a child or young person.	Overall
Online	23%	21%	12%	17%
In-person	54%	60%	57%	57%
No preference	23%	19%	31%	26%

# **Challenging Perceptions Engagement Report Summary**



# Challenging Perceptions Engagement Summary

- Challenging Perceptions are a Telford based organisation who aim to empower young adults to explore and address mental health issues and wellbeing. On our behalf, they shared our survey and materials with local people who have previously accessed the BeeU service. This comprised of 26 engagement sessions, with a total of 118 CYP. A summary of the feedback they shared is below, with the full report available here [\[ADD LINK\]](#).

- **Overall Report Conclusion:**

Accessing BeeU presents major challenges, especially for neurodiverse individuals, due to **long wait times, poor communication, inconsistent care, and overmedication**. While some benefits exist, **improvements in training, staffing, communication, greater consistency, and personalised care** are needed.

**Key concerns include:**

- A gap in support for neurodiverse individuals.
- The lack of focus on long-term coping strategies
- The need for a more accessible, empathetic approach in both community-based services and educational settings.

The report concluded that addressing these issues is essential to creating a more effective, compassionate, and responsive mental health support system.

- When asked to describe local CAMHS services, the feedback was notably negative in sentiment, with respondents using words such as ‘dismissive’, ‘challenging’, ‘underfunded’ and ‘inconsistent’.



# Summary



# Key Headlines

- **What Matters Most to Children & Young People**

When a child or young person needs to access emotional wellbeing and/or mental health services, respondents tell us it is of greatest importance that they are **‘comfortable, listened to and understood’**, able to access support when needed quickly, and receive the right help at the right time. There is a strong preference towards the delivery of in-person interventions, and only 16% of respondents show a preference for online contact.

- **Where People Expect Support & Information**

Respondents show a clear reliance on traditional professional contacts as the expected source of support and information on mental health conditions. **“School and College”, GP practices, and mental health professionals** score notably higher than all other forms of intervention. The comments received to support this frequently reference **‘safe spaces’** and **‘trusted and known individuals’**, also noting the lack of a formalised wait time to access these individuals.

- **Feedback on Services Used**

When asked about services they have accessed previously, across all interventions delivered by an individual the **‘caring’** delivery was most frequently identified as a strength, particularly for those who have engaged with their GP, local charities, and the local authority. BeeU and Crisis Services scored highly on a suitable and welcoming venue. While local authorities preformed well on individual-focused factors and ease of access, notably fewer people felt that the CYP could be themselves or that the venue was suitable/welcoming.



# Key themes and areas for improvement for CAMHS/BeeU

- **Waiting Times and Referral Process:**

- Long waiting lists are a real challenge
- Establish clear, transparent referral criteria to prevent patients from being passed between services without progress.
- Ensure visible and transparent waiting times so patients and families are informed about their position on the list.
- Provide enhanced tertiary support (supported waiting) for those awaiting treatment to prevent deterioration.

- **Access to Services:**

- Ensure equitable access to services across all geographic areas to prevent disparities, with services available rurally where possible, and not centralised on the two large towns.
- Improve awareness of available services for parents, carers, and VCSE.
- Enable direct contact between a newly diagnosed patients and the relevant services for a smoother transition and timely support.
- Establish a clear re-entry pathway for individuals needing support after discharge, ensuring they can easily access services again without unnecessary delays.

- **Range of Support and Treatment:**

- Patients want choice throughout the process, individuality of support, and a sense of control over their own health outcomes.
- Offer a choice between individual and family-based treatments to suit different needs.
- Choice of professional to enhance trust and therapeutic relationships.
- Balance online and face-to-face support, ensuring face-to-face options remain available for those who prefer them.
- Clarify diagnostic and medication pathways for children and young people (CYP), ensuring patients and caregivers fully understand the process.



# Key Themes Cont/...

- **Quality of Therapists and Care:**
  - Prioritise therapist expertise, training, and continuity of care to improve patient experience.
  - Ensure therapists receive specialised neurodiversity training to better support autistic individuals and those with ADHD. Have an understanding neurodiversity in the context of a multiple diagnosis.
  - An enhanced level of support and elevated care must be targeted at transition points in the CYPs life, for example between primary and secondary school, or during the change of a service or therapist.
- **Communication between Schools, Mental Health Services, Primary care and Parents/CYP:**
  - Develop stronger coordination across schools, mental health services, primary care, and parents/CYP for a more integrated approach.
  - Providers should do more to manage expectations on wait times and provide regular updates to keep families informed.
  - Improve basic communication processes, such as responding to emails promptly and ensuring direct contact with key professionals so that patients feel informed and able to manage their conditions whilst waiting for /receiving treatment.
  - Increase mental health presence in schools and primary care settings to provide immediate, accessible support.





**‘You Said,  
We Did’**



# 'You said': What do people want improving?

- Reduce waiting times and improve access (timeliness and ease of understanding and access services)
- Expand the referral options
- One single point of referral to make it easier to navigate
- Offer effective interim support while waiting to receive a service
- Create an online information tool for service users, parents and service providers to benefit from
- Enhance the referral pathway and process through a simplified easier to navigate system
- Establish one shared or linked digital system used by all organisations involved in the care of CYP
- Ensure cross sharing of information across multiple agencies and organisations to ensure services are as safe and effective as possible, and to reduce the risk of individuals having to repeat their story, or risks of missing information
- Improve data reporting, monitoring and performance
- Strengthen communication and involvement with key stakeholders, families and children and young people.
- Invest in or develop a more preventative and early support focused service
- Improve training and development
- Improve MDT working and multi-agency sharing of information through one digital portal, and more links with youth and support services in communities.
- Ensure full integrated teams involved in care planning, delivery, monitoring, discharge and aftercare, including the CYP and their carer/parent.
- Improve communication and education on what support and information is available
- Offer differential delivery models that ensure patient-centred needs-led care
- Improved support and proactive planning for transition into adult services

# 'We did': What's changing?

- Improved comms, awareness and understanding of what services are available locally and how to access them
- Use of an online digital screening, information and support system
- One single point of referral that is easy to understand and navigate for all
- Triage team who actively direct individuals to the most appropriate care setting or service in a timely way, and never just discharged or rejected
- Improved and enhanced offer of support, education and information to families, parents and carers
- One digital system that is accessed and used by all involved in the care of those CYP
- Linked to the above, cross sharing of information across multiple agencies including health, mental health, social care etc.
- Truly integrated multi-agency working at every level from referral, through support, treatment and discharge and beyond, also involving the CYP and their family/parents/carers.
- Age range of service 0-25 to bridge transition into adult services. Proactive pre-planning to commence when CYP are 16/17 that enables supportive effective transition into adult services, and the buffer from 18-25 bridges that transition gap.
- Any discharged or stood down individuals are providing with information on their journey, outcomes, and next steps leaving them with tools and strategies for coping in future.
- Any discharged or stood down individuals to be monitored for 6 months to fast-track reinstating support and interventions should they relapse, to prevent the need for new referrals.
- A service model focused more heavily on early identification of needs, early help & support and prevention with the nationally recommended I-Thrive model at its core.
- A differential delivery model that is agile in its approach and can flex to meet the unique needs of the individual, ensuring true patient-centred care. This can include telephone, virtual online, face to face, social media chat, support groups, targeted outreach to areas prone to inequalities such as remote rural locations, and areas of deprivation, and offering a range of approaches and information in other languages and braille where necessary.
- Ensuring a service provided by a culturally competent workforce, and also competent in delivering trauma-informed care.
- Ensuring ongoing engagement with CYP and their carers, families and parents to inform a cycle of continuous improvement.
- A smooth and cohesive service that can transition and support CYP through assessment and early help & prevention, through low level support and therapeutic interventions, into acute mental health interventions and crisis support where needed, up and down as their needs determine without any handoffs of gaps.
- A focus on a demedicalised model that encourages early help & support and prevention, and minimises the need for acute interventions and admissions.
- Ensuring adequate resource to meet ongoing growth in demand that delivers timely access to the right support.
- Strengthening monitoring metrics and reporting measures to maximise accountability.
- Improved use of pooled system resource by actively involving and working with public health services, social prescribing, voluntary and care sector and community support groups etc.



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and Wrekin**

# Thank you



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and Wrekin**

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