

# Navigating during a storm: Improving information provision about CAMHS services for young people and parents/carers

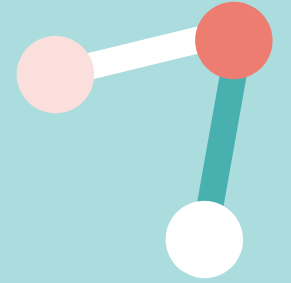


Dr Shuo Zhang  
Dr James Roe  
Dr Pallab Majumder  
Dr Josephine Holland

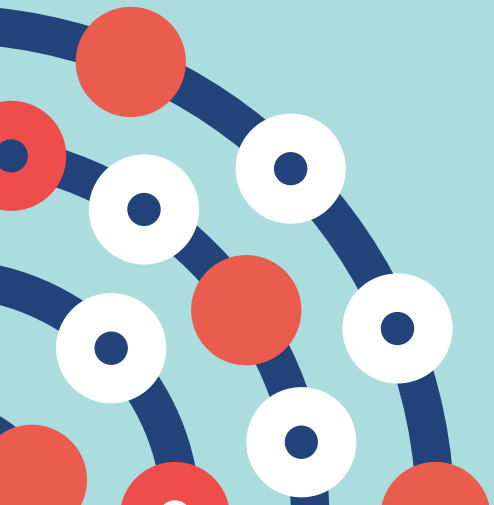
# Conflicts of interest

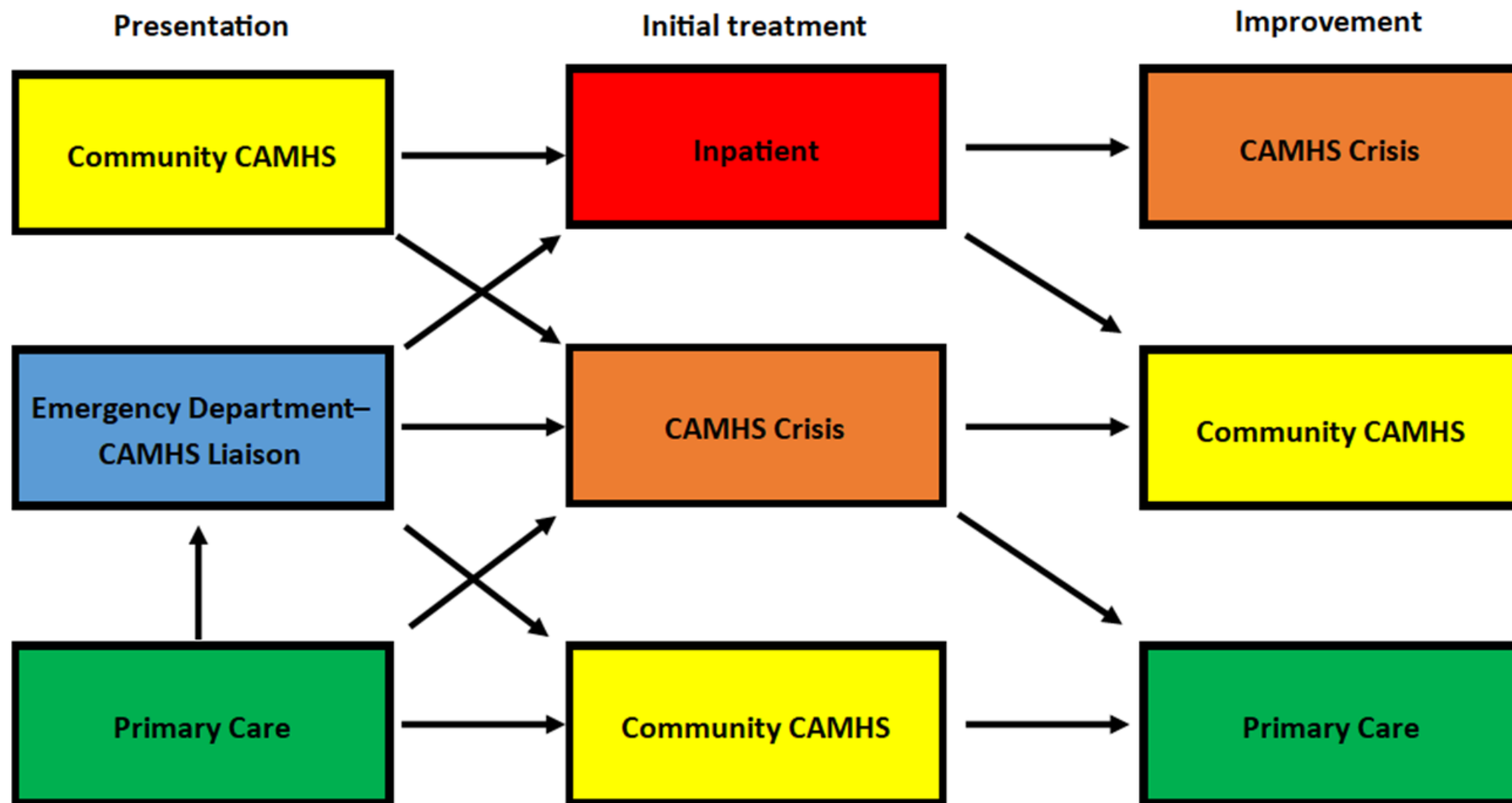
No conflicts of interest





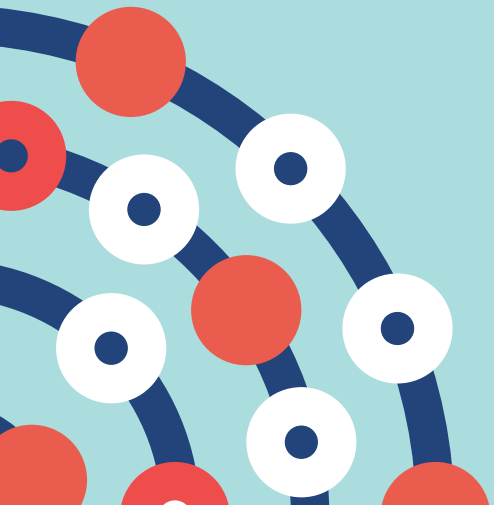
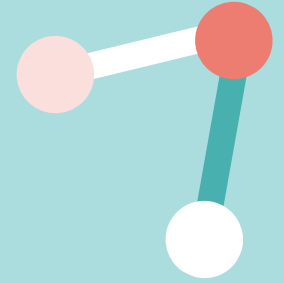
# Why information provision?





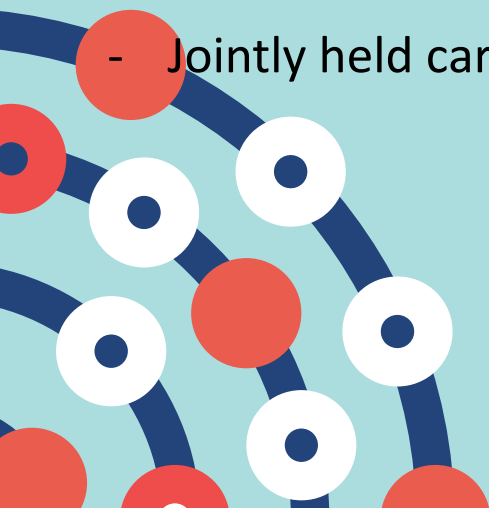
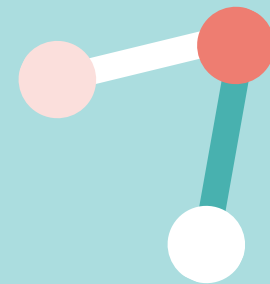
# Why information provision?

- Drowning in a sea of information and disinformation
- Start of a potentially lifelong relationship with services



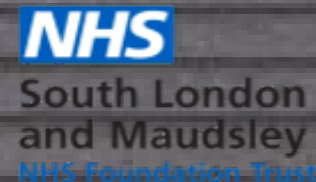
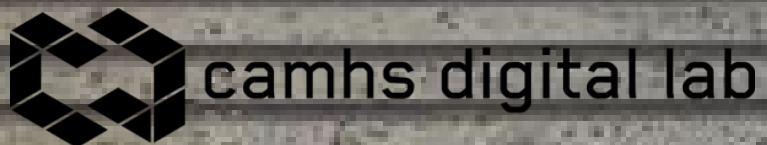
# What will this symposium cover?

- Improving Community CAMHS information provision in South London
- What information do young people and parents want on CAMHS inpatient unit websites?
- Improving transitions from higher intensity teams to lower intensity teams and the reverse journey
- Jointly held care documents in CAMHS- what is the current evidence?



# PLEASE MIND THE GAP: A ROADMAP TO ACCESSIBLE INFORMATION IN SOUTH LONDON

Dr Shuo Zhang



# ROADMAP



Discovering the gap



What we did



Sharing learning and outputs





Day-to- day clinical practice

Assumed: admin and communication  
processes, written information: letter,  
leaflets, website, social media

# RE:Design CAMHS Project, led by Tony Cealy



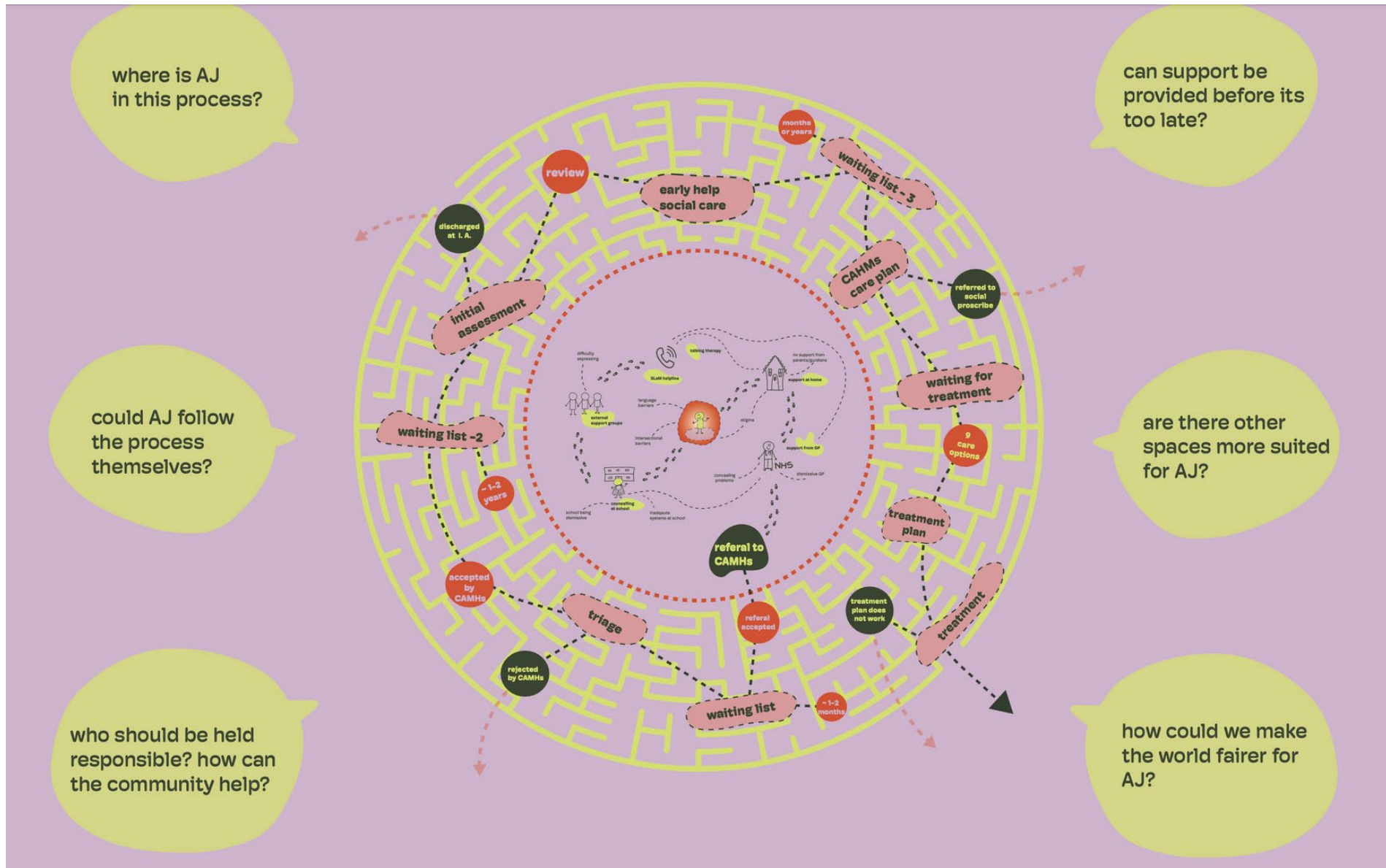
Impact  
on **Urban  
Health**

**Raw**material



**BMC**  
**BLACK  
MEN**  
CONSORTIUM







# South London Listens

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## Families under Pressure

A series of short educational vidoes, formulated by researchers and NHS mental health experts, which are backed by science and proven to work with families.

[Find out more →](#)



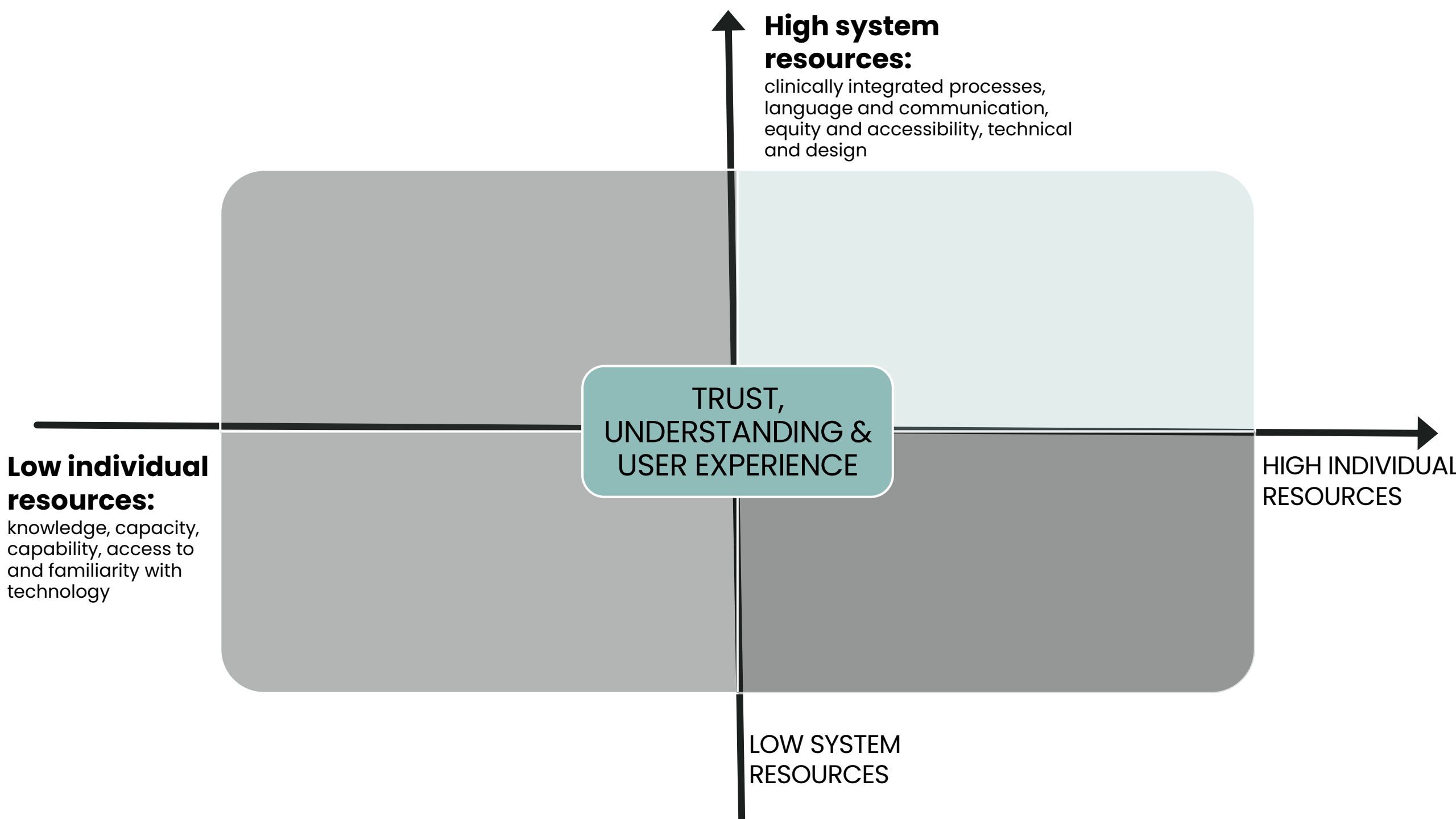
Families  
Under  
**Pressure**

## Feeling Happy, Feeling Safe

This guide has been written to support young people with bullying and relationships so they can feel happy and safe in school, the community and online.

[Find out more →](#)

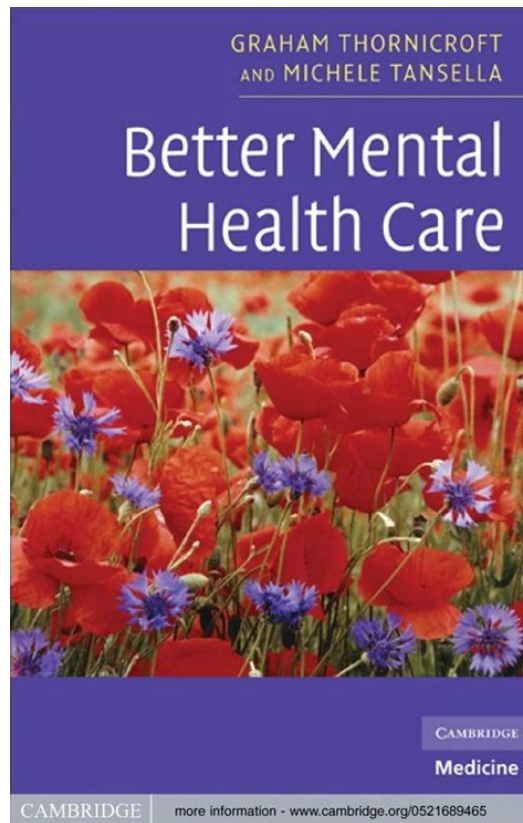






# Accessible Information

2009



2025



# ROADMAP



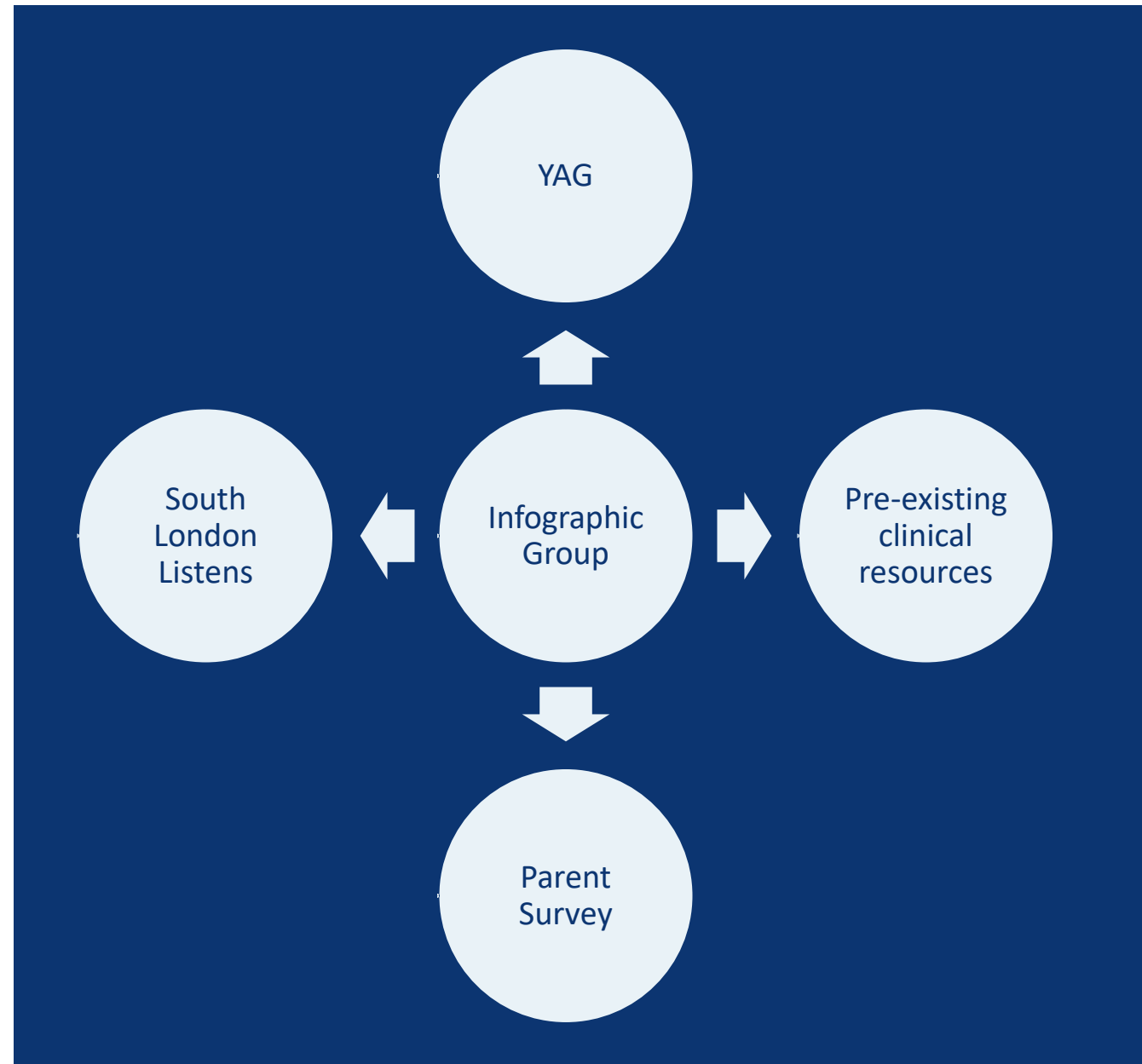
What we did



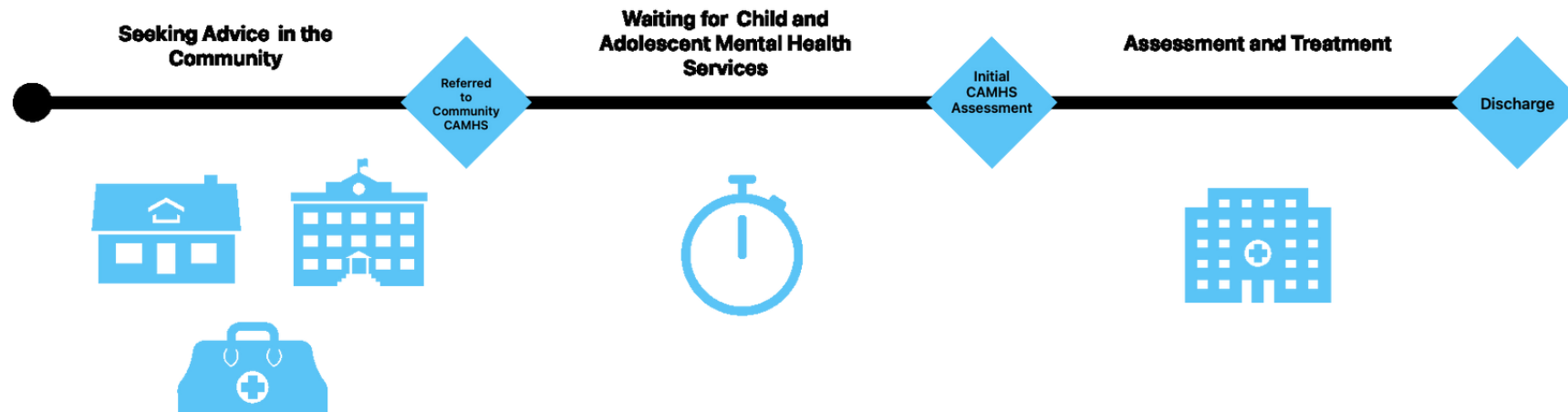
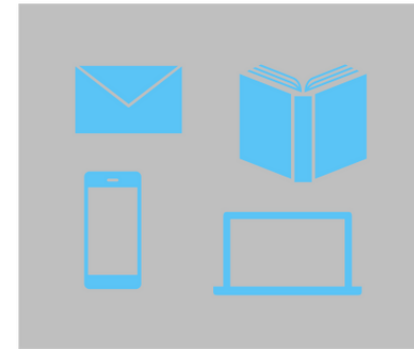
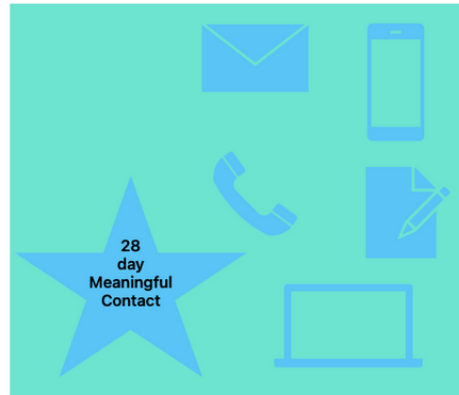
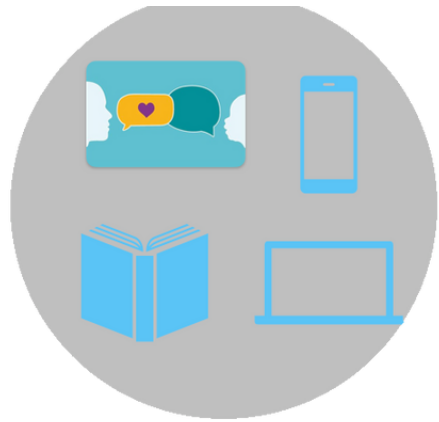
# INFOGRAPHIC DEVELOPMENT

Balancing....

- Representative Consultation vs Capacity and Resources
- CAMHS specific vs for the General Community
- Comprehensive vs Accessible




# ACCESSIBLE INFORMATION ROADMAP



# ROADMAP




Sharing learning and outputs



### Step one: Referral and first care contact


When we receive your child's referral, one of our team clinicians will contact you or your child within 28 days to find out more about your referral. This will usually be via a telephone contact.



### Step two: Support starts here

As part of your first care contact, the team clinician will guide you to a range of resources that you can access and use to help and support you and your family while waiting for your in depth CAMHS Assessment. You and your child will also be able to access CAMHS digital resources\* which will give helpful information and direct you to a range of groups and webinars about your difficulties.


The help and support suggested are based on what clinicians, caregivers and young people have told us they found most useful at the start of their CAMHS journeys. They include trusted local and national community organisations that can offer support alongside CAMHS, and key resources that can help you and your child's mental health and well-being. We will also make sure you know who you can contact in an emergency.



### Step three: In-depth assessment and care planning


A CAMHS Assessment is a more in depth understanding of a young person's mental health needs and may involve gathering information from other professionals and schools, which may take time.

We will work with you and your child to identify the most appropriate support and treatment and develop a personalised care plan which details your child's specific care and support needs.



### Step four: Treatment, review and moving on

CAMHS provides a range of evidence-based treatment. As part of the treatment process your child's progress will be regularly reviewed by the treating clinician and the multi-disciplinary team. An individualised discharge plan will also be developed in collaboration with you, your child and the multi-disciplinary team. The discharge plan will include recommendation about how to stay well in the future.



Start here & clear steps

Time scale to help manage expectations

Supports clinical signposting and psychoeducation

Icons that aid understanding

Obvious landing page for more information

\*You can find out more information about your local CAMHS, as well as CAMHS digital resources on the CAMHS Website: <https://slam.nhs.uk/children-and-young-people>

# Child and Adolescent Mental Health Services (CAMHS)

Children and young people



## Who we are, and what we do

Child and Adolescent Mental Health Services (CAMHS) at South London and Maudsley NHS Foundation Trust are here to help you and your family navigate the difficulties that come up when someone is dealing with mental health and wellbeing issues.

We are an NHS service for children and young people up to the age of 18 years of age, and we provide help and support for people living in the south London boroughs of **Croydon**, **Lambeth**, **Lewisham**, and **Southwark**.

We also have a wide range of specialist teams who are able to help and support people across the UK. You can find out more about **our specialist services**.

If you are concerned about your mental health and wellbeing, or that of a child or young person that you know, please read more to find out about how to find them support.



## Families under Pressure

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Families  
Under  
**Pressure**

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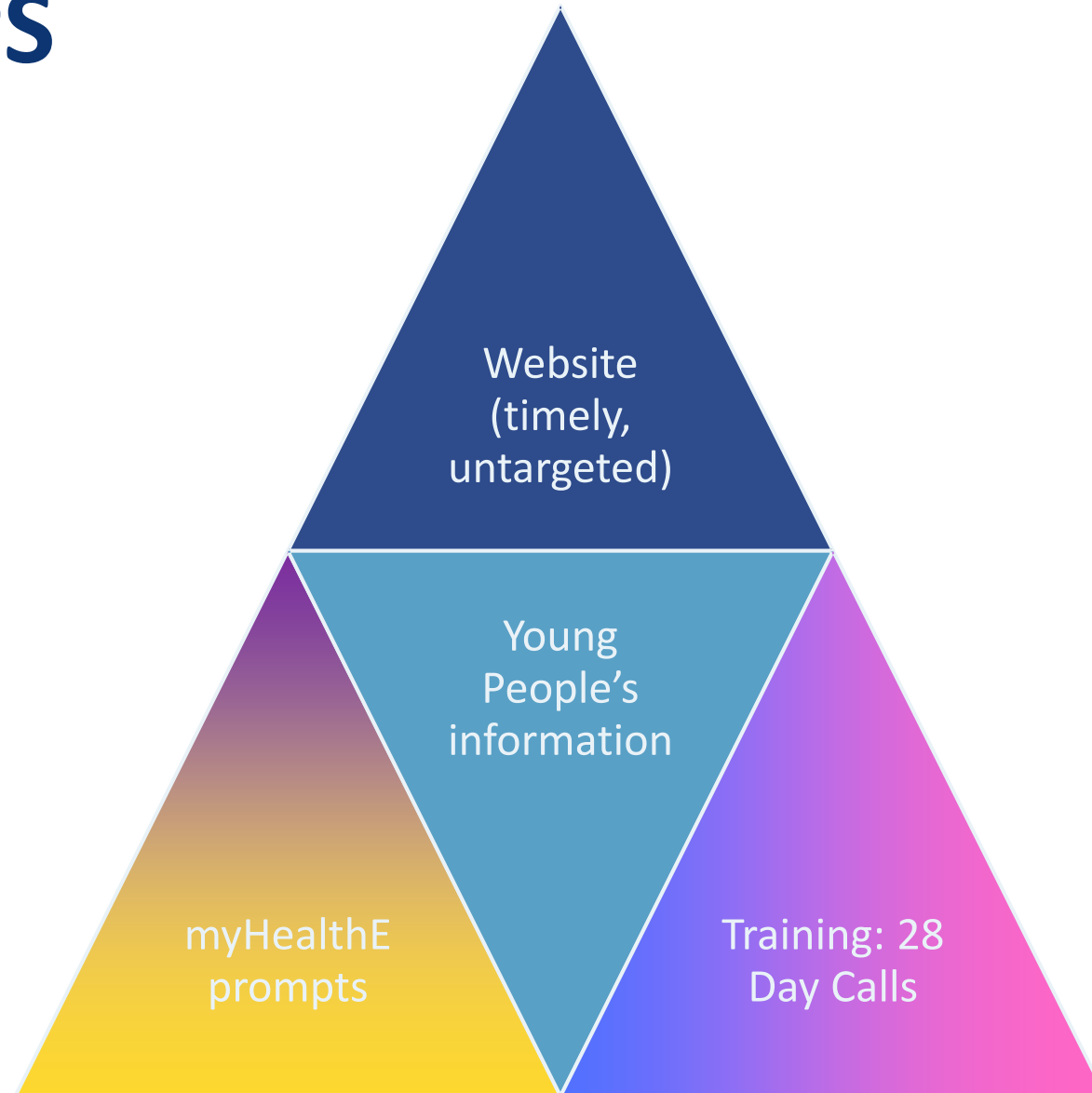
[Find out more →](#)



# LESSONS LEARNT

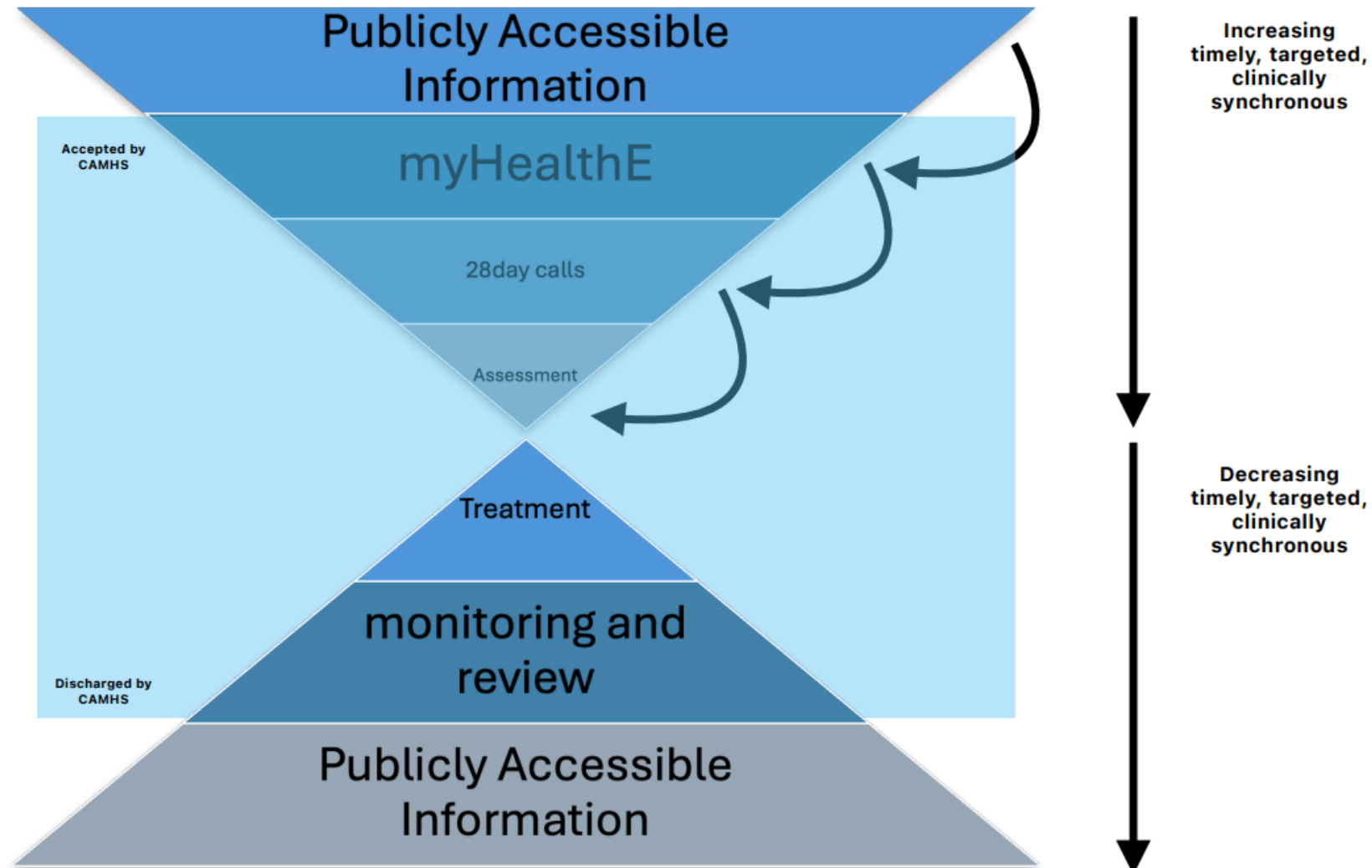
- Integrated information and communication pathway
- Enough information but not overwhelming
  - Right information, right form, right time, to shape experience and understanding
- Work to constraints- A5, Trust Style Guide
- Comms teams have different levels of expertise regarding PPI

# NEXT STEPS



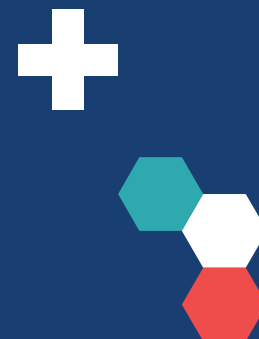


# CAMHS INFORMATION & COMMUNICATION STRATEGY



# THANK YOU

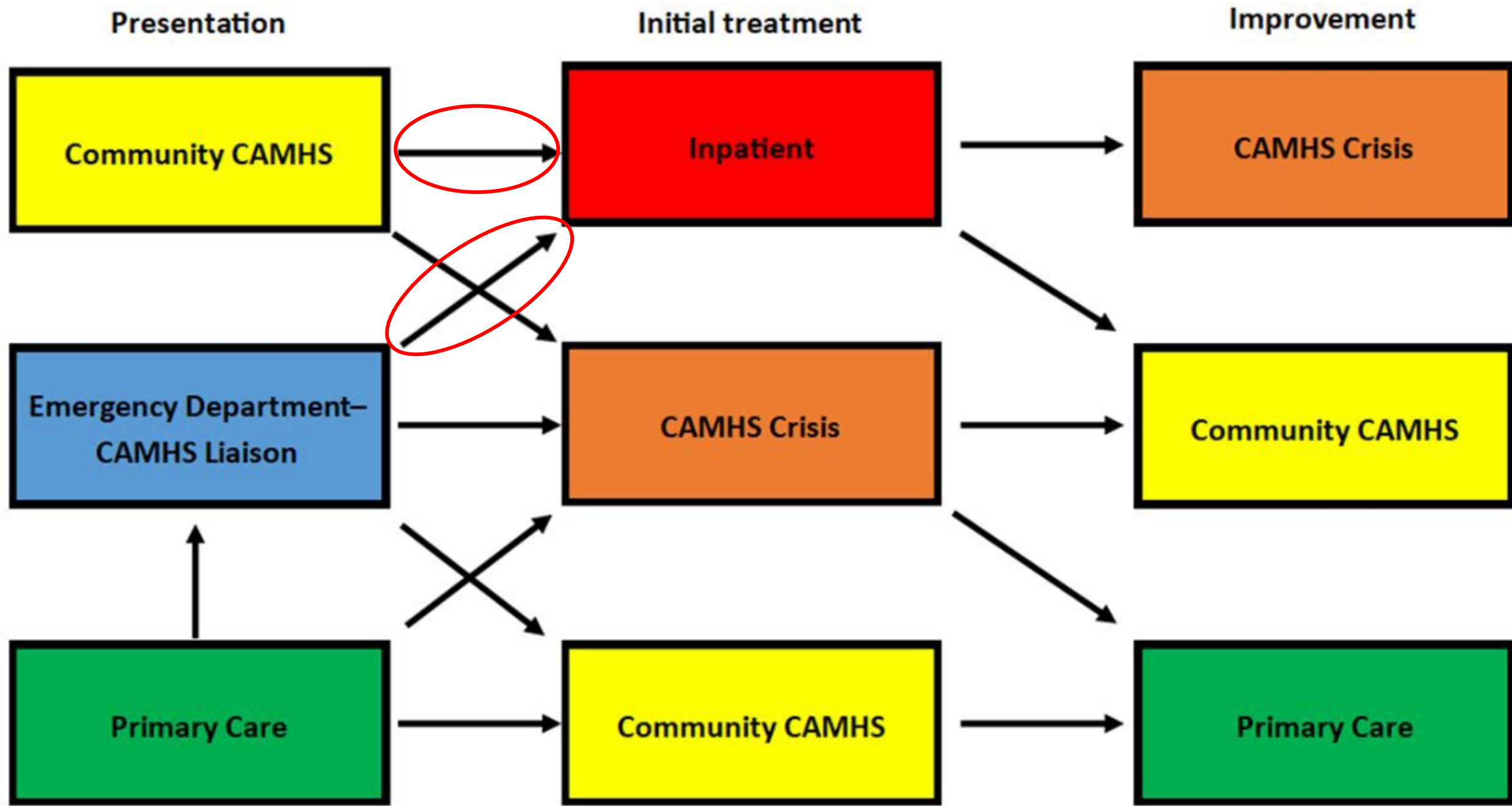
- Rachael Wilkinson- SLaM CAMHS Transformation Manager
- Danielle Perlman- SLL CYP lead
- Nadia Sica- SLaM PPI lead
- Abigail Oyedele- Citizens UK
- SLaM Comms Team
- Re:Design CAMHS project advisory group
- Parents and Young People in South London
- myHealthE team



# Knowing where you are going

Dr James Roe, Dr Josephine Holland and Professor Kapil Sayal





## A scenario...

Your child is experiencing a severe mental health crisis. It has now become impossible to keep them safe at home or with support from community services. They pose a significant risk of harm to themselves and others around them.

A decision is made to make an admission to an adolescent inpatient unit.

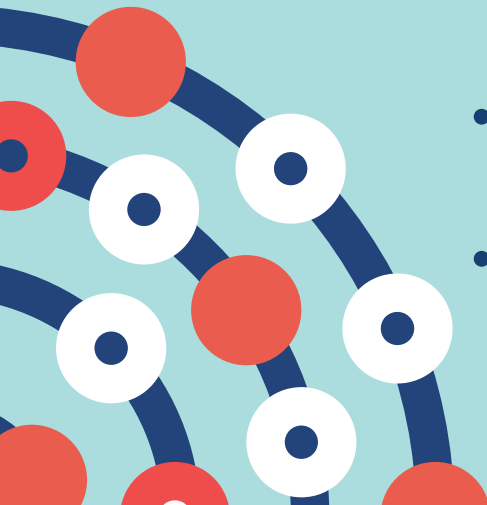
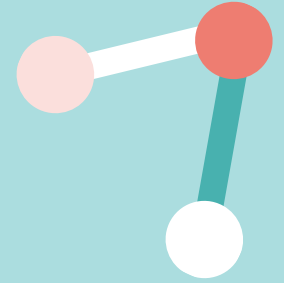
There are no beds available in your local unit.

The nearest bed is over a 100 miles away in a city you have no knowledge of...



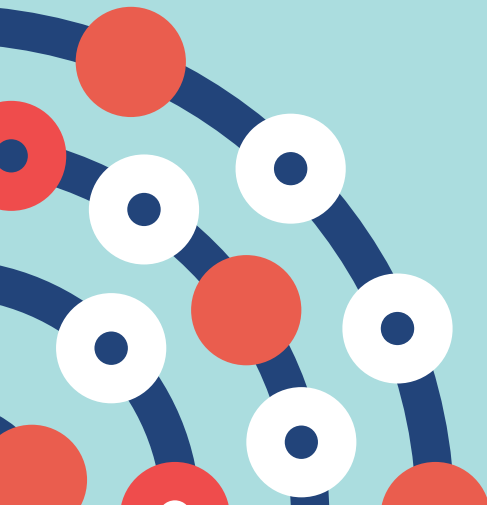
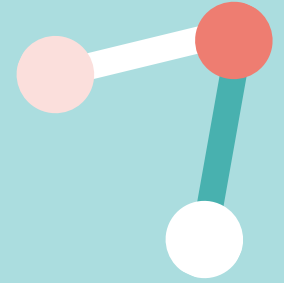
# Questions...

- What is the address of the unit? Where do I park?
- What does your child need to take with them?
- What are they not allowed to take into the unit?
- When can you visit? Who can visit?
- Where are the nearest public transport links?
- What does the inside of the unit look like?



# Aim

- Build on findings from the Far Away from Home study
- Co-production with end-users (young people & parents/carers)
  - What information should be displayed on unit websites?
  - How should it be presented?



# Methods

- Young People (n=5) & parents/carers (n=5) with lived experience
- Expert consultation meetings
  - Review current unit websites
  - What is helpful, what is unhelpful, what is missing
  - Consider content and layout
  - Produce template
  - Record animation explaining template



# Results

## Unit Name

- 1 Provide a short description of unit e.g. "An NHS Inpatient Unit run by XXXXX NHS Trust providing care to young people aged between 13 and 17".
- Background picture(s) of unit (grounds/inside)

## Home > Info for Young People > Info for Parents > Info for Clinicians

- 1 Three perspectives need to be taken into consideration on the landing page – the young person, family/parent/carers and clinicians. It is important to recognise the young person as the service user and to demonstrate their priority in the order amongst the three groups (young people, parents/carers and clinicians).

## Key contact information

- Unit Address
- Links out to relevant resources
- 1 Provide links to #GettingThrough (<https://www.england.nhs.uk/publication/gettingthrough/>) and any other relevant info – i.e. funding support, local contacts
- Information held on the landing/home page should be kept to a minimum. For example, only providing links and some images.

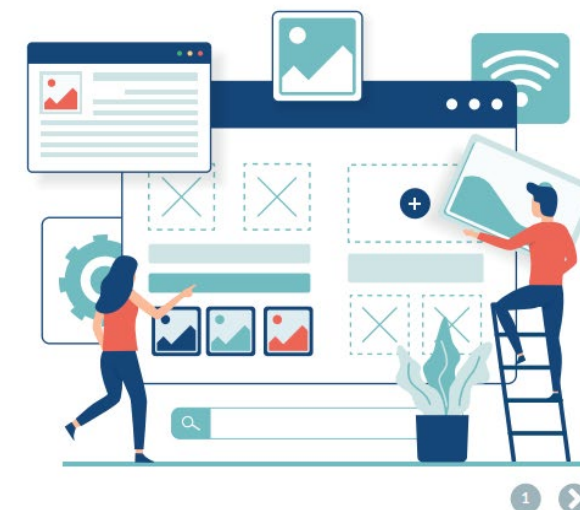
## Image Gallery

- Images of the unit and surroundings are welcomed by young people and parents as these give an impression of what the unit will be like. These need to be accurate, if things at the unit change e.g. doors are changed for safety, new accurate photographs should be taken.
- 1 Note: Balance must be obtained between showing empty spaces (unrealistic) and overcrowded (triggering). If permitted, photographs which show the unit in a more lived-in state e.g. with pictures on the walls, can provide a more welcoming impression.
- 1 This is not an estate agent brochure.
- 1 Family members want to be able to see what it is like to be there e.g. what are the doors like on the showers.
- 1 If available, provide or present input from a previous young person.

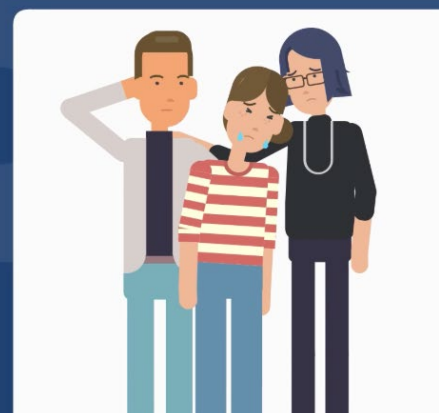
## Standardised Information Provision for CAMHS Inpatient Units

### Background:

The NIHR ARC East Midlands funded "Far Away from Home" study investigated the impact of admissions for young people, parents/carers and services. One key finding was the inconsistent and/or lack of easily accessible online information about inpatient units.

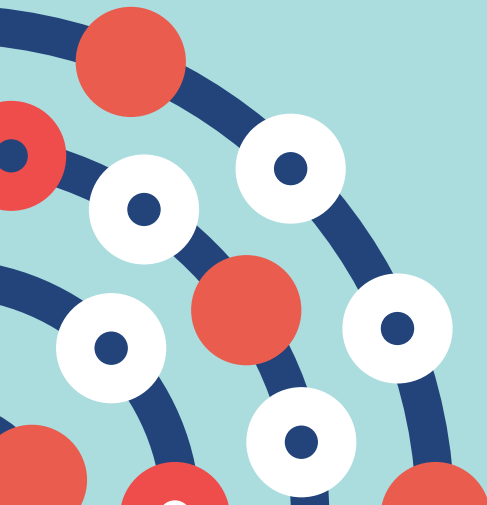
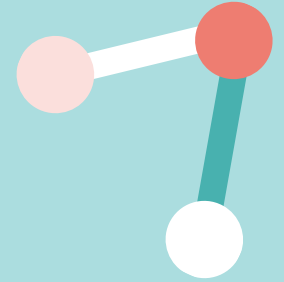


## Inpatient admissions far away from home



# Conclusions

- Unit websites are important
  - Set the tone for an admission
  - Start of a relationship
  - Reassuring vs frightening
- The experts are the users, not the clinicians
- Co-production in service is important



# Save the date!

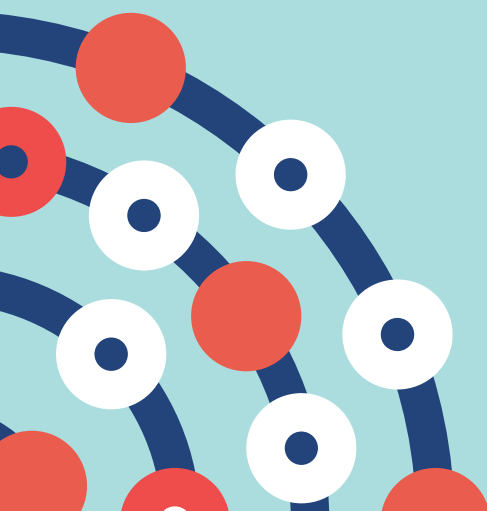
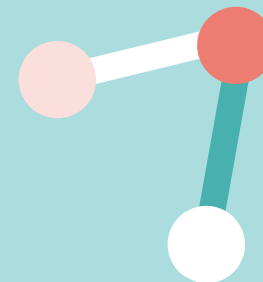
**NIHR** | Applied Research Collaboration  
East Midlands

## WEBINAR

Launching new resources to  
improve experiences of  
CAMHS inpatient care



4 November 2025  
12:00 - 13:00 | Online





@SaferYMH

# SAFER-YCL Study



Dr Josephine Holland

Dr James Roe

Neve Jones

Dr Nisha Balan

Dr Maria Panagioti

Dr Pallab Majumder

Professor Kapil Sayal

Professor Richard Morriss

Dr Natasha Tyler

Dr Nicola Wright



# Study Background

- CAMHS Crisis and Liaison services
  - 24/7 provision
  - Short-term intensive support based service models
  - Variation between countries, regions and organisations
  - Increased demand – strain on services
- Transitions often a stressful process in patients' care journeys
- Risk of being lost from care services
  - Need for efficient patient flow




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# SAFER Patient Flow Care Bundle

- Discharge and transition from inpatient settings to community services
  - patient co-created (written) discharge plan
  - social information capture form
  - standardised checklist
- Adapted for use in adult inpatient mental health settings (SAFER-MH) and adolescent mental health inpatients settings (SAFER-YMH)
  - Focus on key 'pinch' points in patient journey
  - Promotes communication and information sharing
  - Inclusion of patient in discussions around expectations for discharge

MANCHESTER  
The University of Manchester

PATIENT CO-CREATED (WRITTEN) DISCHARGE  
PLAN (FOR CHILDREN AND PARENTS)

**SECTION 1:** Please complete 48 hours after admission or at the earliest appropriate time

Date completed:

**Preparing the patient for discharge**

**Things that might make me feel ready for discharge:**

- My mental health has improved
- I feel confident, in myself, to be discharged
- I have had my physical health care needs reviewed
- When my admission is no longer suitable
- If I am out of my local area, I feel that my needs will be met
- We have discussed things that make me anxious about discharge

**Things that will help me to feel ready for discharge:**  
*[To be discussed and added here]*

**Preparing the parent/guardian for discharge**

**Things that might make my child feel ready for discharge:**

- My child's mental health has improved
- We have the support to manage our child's risk
- My child's physical health care needs have been reviewed
- We have discussed things that make us anxious about discharge
- My financial responsibilities/difficulties that may affect my child's discharge have been discussed
- If we are out of my local area, we feel that our child's needs will be met

**Things that will help me to feel ready for my child's discharge:** *[e.g., Someone to talk to when problems arise; right package of support; therapeutic programme on practical skills; digital meetings with other parents]*  
*[To be discussed and added here]*

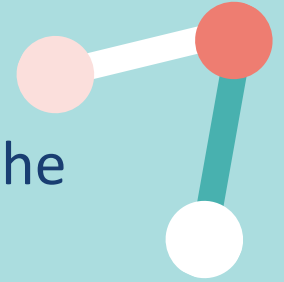
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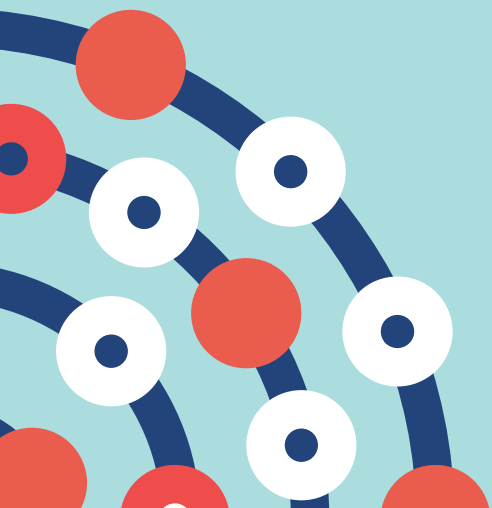
## Aims & Method



- Identify the acceptability and required adaptations/modifications for the use of the SAFER-YMH care bundle in CAMHS Crisis and Liaison Teams
- To produce a co-adapted version of SAFER-YMH care bundle ready for use in CAMHS Crisis and Liaison teams.




- Focus groups with healthcare professionals, young people and parents/carers
  - Two mental health trusts in England
- Underpinned by Normalisation Process Theory (NPT)





# Findings: Adapted Care Bundle

- Crisis and Liaison focus
- Relaxation of fixed timescales
- Optional elements
- Simplicity



## SOCIAL INFORMATION CAPTURE AT FIRST CONTACT

Date completed:

Complete within 24 hours of referral or the earliest appropriate time

**Personal details:**

Name:

DOB:

Sex:

Gender, if different from sex:

**Contact details:**

Phone:

Email:

Ethnicity:

**Estimated discharge date:**

Date:

**Involved with Adult Services? Y/N**

Details:

**Safeguarding status:**

(e.g., what has been put into place to protect the patient)

**Care giving responsibilities:**

**Parent/guardian 1:**

Name:

Phone:

Consent ☐

Email:

Consent ☐

Relationship to patient:

Parental Responsibility: ☐

Address:

**Parent/guardian 2 (if appropriate):**

Name:

Phone:

Consent ☐

Email:

Consent ☐

Relationship to patient:

Parental Responsibility: ☐

Address:

**Care coordinator:**

Name:

Phone:

Email:

**Social worker:**

Name:

Phone:

Email:

**School contact:**

Name:

Phone:

Email:

**Physical healthcare needs:**

(e.g., chronic health conditions, addictions, history/prescriptions)

**Accommodation status:**

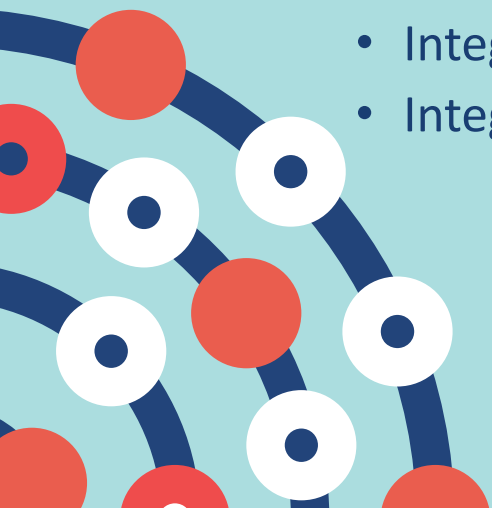
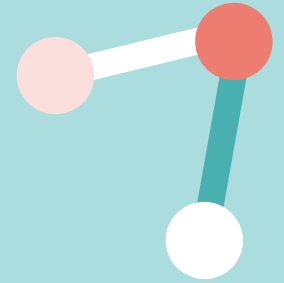
(e.g., do they have permanent accommodation, is it fit for habitation, gender appropriate, safe/secure)

PLEASE TURN OVER >

41

# Findings: Barriers and Enablers

- Barriers
  - Prevention of Duplication: Upgrade or replacement
  - Time and Place
  - Staff Continuity and conflict
  - Raised Expectations
- Enablers
  - Aide-mémoire
  - Integration of other forms
  - Integration into Electronic Patient Record (EPR)



# Conclusions

- Potential to replace existing data gathering processes
- Functionality as a handover or signposting document
- Co-created elements would enhance transition experience of patients and clinicians

## Complexities:

- Selective access – who sees what
- How to avoid duplication
- Complexities around ongoing cocreation/ updating

## Solution:

Digitalisation - integration of the bundle into existing EPR



# **Clinician's and young people's experiences of inpatient and community mental health care pathway for young people in the UK**

**Dr Pallab Majumder**



# Aim



- To explore the experiences of young people, their carers, and the clinicians involved throughout the adolescent psychiatric inpatient care pathway
- with the aim of identifying opportunities for improvement.

# Method



- Clinicians working with young people within the CAMHS services took part in an online survey
- Young people admitted to an adolescent psychiatry unit in England completed an online survey
- Some of the participants also took part in semi-structured qualitative interviews; other joined a focus group
  - One parent also participated in an interview
- Recruitment was coordinated through Trust Involvement team, and participants contacted via clinical teams

# Results

## Survey on young people admitted to the inpatient psychiatry wards

- 41 young people took part in the online survey
- Five young people and one parent completed one to one semi-structured interviews
- Another five young people engaged in a Focus group exploring their experience

## Survey on CAMHS clinicians

- 43 respondents – 15 nurses, 6 doctors, 5 psychologists/psychotherapist, 4 social workers, 13 other colleagues
- 20 working in specialist services, 14 in general services, 4 in Crisis, 5 other services

# Survey of community CAMHS clinicians – Admission process

How closely were you kept up to date with the admission review process?

[More Details](#)

Received no or minimal comm...	0
Received sporadic updates	15
Generally kept up to date	8
Kept well up to date	3
Not applicable	0



If you have been involved in an admission request that was rejected, were you given a clear reason or guidance as to next steps?

[More Details](#)

Received little feedback	3
Some helpful feedback received	6
Generally good feedback and ...	6
Clear and useful feedback and...	4
Not applicable	7





# Survey of community CAMHS clinicians – Admission process

Have you had to take urgent action as a result of a delay in the admission process?

[More Details](#)

● Yes - referral to Crisis Team	1
● Yes - social care intervention	3
● Yes - mental health act assess...	9
● No	12








# Survey of community CAMHS clinicians – Communication around discharge

As a young person approached discharge, was your community team kept up-to-date?

[More Details](#)








Insights

 Little communication	1
 Some communication	12
 Generally good communication	12
 Generally excellent communic...	6
 Unknown or not relevant	12



When a patient was discharged from inpatient services, was a plan around ongoing medication or other management, follow-up appointments made with the community team?

[More Details](#)

 Rarely	1
 Some of the time	7
 Most of the time	14
 All the time	9
 Unknown or not relevant	12



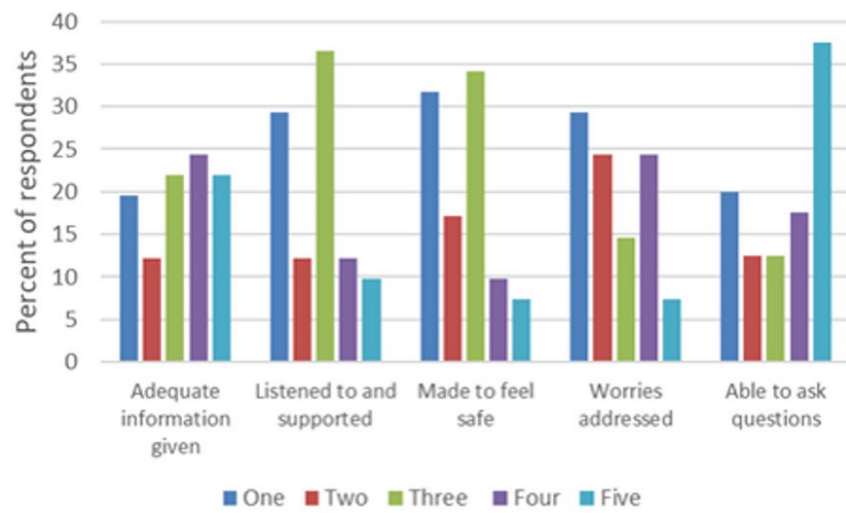


Figure 1. Percent of respondents giving each star rating for each question on experiences of being admitted to hospital (1/5 being the lowest – most negative – rating and 5/5 – most positive – being the highest rating).

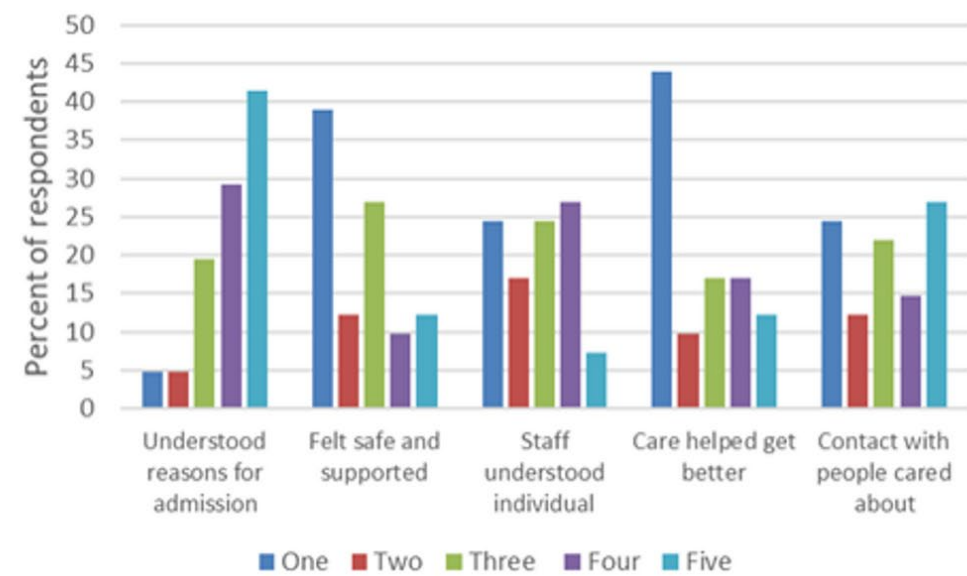


Figure 2. Percent of respondents giving each star rating for each question on experiences of being in hospital.

## Results

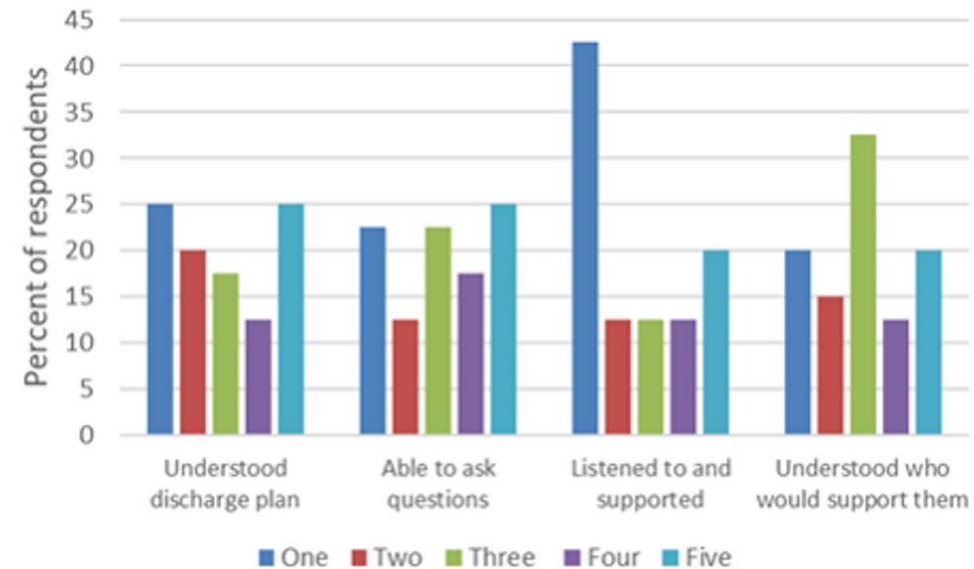


Figure 3. Percent of respondents giving each star rating for each question on experiences of leaving hospital (i.e., transferring back to community care).

# Results

## Experience Prior to Admission

- Most felt able to ask questions (modal 5/5), but many felt poorly listened to and lacked sufficient information or support (modal ratings often 1/5 or 3/5).

## In-Hospital Experience

- Patients understood reasons for admission (modal 5/5), but felt care was unhelpful and lacked safety/support (modal ratings 1/5).
- Mixed responses on contact with loved ones and staff understanding.

## Post-Discharge Experience & Predictors

- Mixed feelings on discharge planning and support (modal ratings 1/5 to 3/5); longer admission delays linked to poorer ratings on information, support, and discharge understanding.
- Home location influenced ability to contact family/friends during admission.

# Qualitative Results from the clinicians' survey

---

Main themes found were:

- Communication
- Issues with the admissions process
- Benefits and drawbacks of technology
- Bed finding processes; **Different perspectives**

## Qualitative Results from young people

Main themes found were:

- Information provision and communication
- Interpersonal experiences of clinical encounters
- Transition back into the community

# Results

- Mixed feelings about information, support, and safety before and during hospital stay - poor experiences with care helping recovery and discharge planning
- Delays in admission linked to worse experiences
- Positive relationships with consistent staff valued; agency staff less so
- Discharge often poorly planned, causing anxiety and lack of support, especially for education.

# Clinical implication ideas from clinician survey results

“Assessment passports” following patients between wards, between inpatient and community services

Keeping the benefits of video conferencing to improve inter-team communication

Holding regular meetings between community and inpatient teams

Creating clearer bed finding and management processes (Bed management team?)



# Clinical implication ideas from young people's results

## Information Provided

Both **what** and **how** information provided prior to admission are important. Only providing the space to ask questions is not enough.

## Staff

Consistency and trust in the **relationships** with staff shape a young person's experience of their admission and stay in hospital.

## Inclusion

Young people felt **frustrated** if they did not feel included in discharge planning.

# Key Takeaway Points



Increasing acuity, complexity, and referrals in child and adolescent inpatient mental health services have strained resources, leading to lengthy and challenging admission processes.



Young people and families often feel uninformed, unprepared, and unsafe before and during inpatient stays, with limited involvement in discharge decisions.



Improvements are needed in information sharing, building consistent/stable and trusting therapeutic relationships, and clinician training in attachment-focused and trauma-informed care.

# Thank you 😊

Thank you to our funders

NIHR

UKRI – Research England

NIHR ARC East Midlands

Special thank you to our experts by experience

# Jointly held CAMHS care documents- what is the current evidence?

Dr Josephine Holland

Dr James Roe

Miss Neve Jones

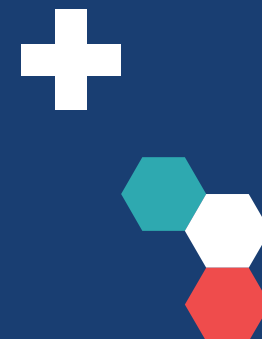
Dr Pallab Majumder

Professor Kapil Sayal

Professor Maria Panagioti

Dr Natasha Tyler

Miss Olive Mason

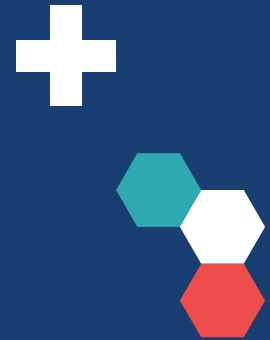


# Background

Leading on from SAFER- YCL

Research in adults- Professor Claire Henderson

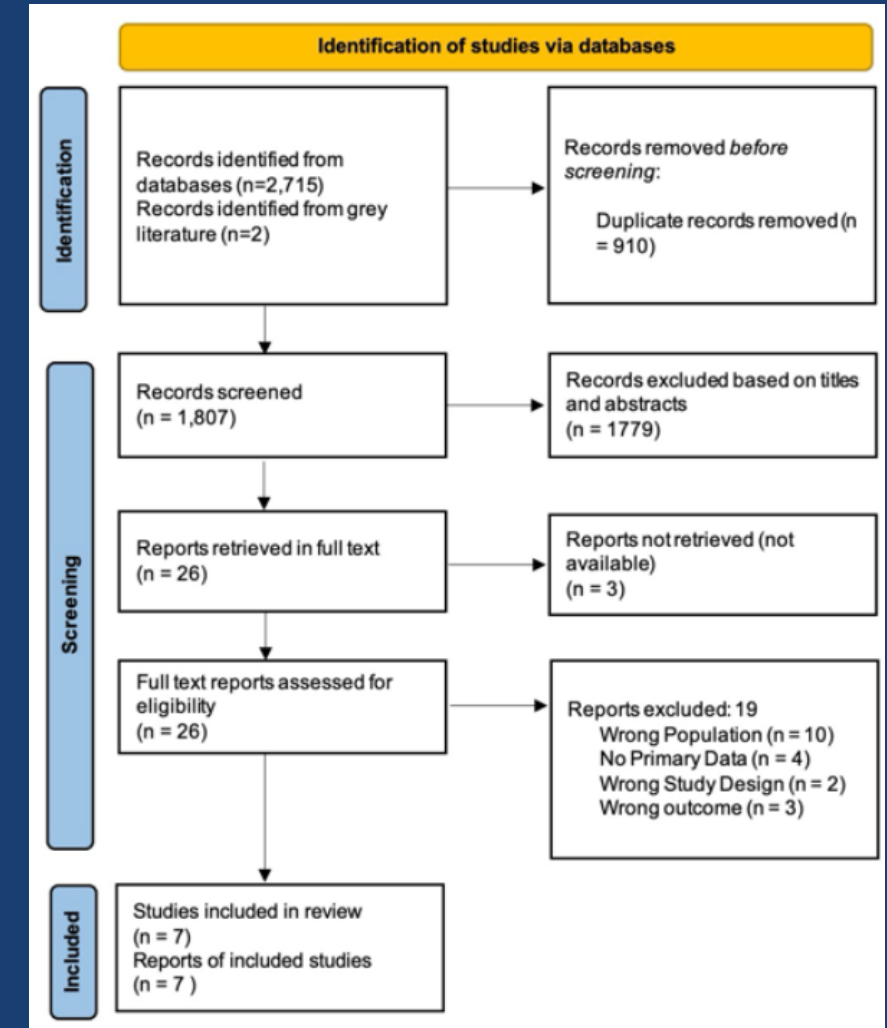
What is the current evidence base in CAMHS?



Any type of jointly held or co-produced documents

Young people (under 18)

Mental Health



# Results

- 7 studies- 2 Netherlands, 2 USA, 3 Norway
- Generally positive patient perceptions of quality and engagement
- Barriers to implementation – complexity of co-creation and information sharing concerns
- Clinical effectiveness- improved engagement and lower service use
- Good acceptability

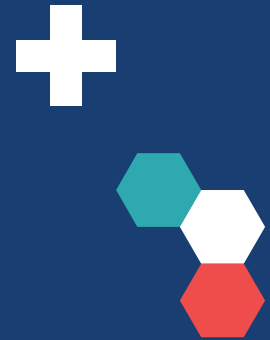




# Conclusions

**Evidence base likely only reflects a subset of use**  
**Potentially complex to implement**  
**Generally welcomed by YP and parents/carers**

**Care planning and documentation is a therapeutic intervention in CAMHS- how can we implement evidence based interventions if we don't create the evidence?**



# Time for questions and discussion

## Potential discussion points:

Experiences of really good information provision?

Experiences of really poor information provision?

How can we effectively share good practice and resources?

Thank you...

