

Rethinking how we support  
the parents and carers of young  
people with mental health  
problems: policy and practice  
issues and emerging solutions

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## Main messages

- The Covid-19 pandemic has accelerated existing trends of rising levels of mental health difficulties among some groups of young people.
- Parents and carers have a key role in supporting young people through both crisis and recovery. However, they are often in distress themselves, feel isolated, and struggle to be heard by the mental health system. There is generally a lack of support for parents and carers in the current child and adolescent mental health system.
- Although they are still rare, our research identified several parent support services demonstrating promising practice. We present a set of case studies of various ways of providing this kind of support.
- Improving support to parents and carers could help address young people’s mental health problems earlier, improve young people’s outcomes and relieve pressure on child and adolescent mental health services (CAMHS).
- This will require developing the partnership elements of CAMHS, improving the information provided on CAMHS websites, supporting the development of voluntary sector parent support services and giving parents and carers a more consistent voice in improving provision.
- Service developments could combine the accessibility, flexibility and responsiveness of voluntary sector services with the mental health expertise of CAMHS professionals and include a focus on reducing health inequalities so that services reach those most in need.

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## Purpose of this briefing

The Association for Young People's Health (AYPH) has an ongoing programme of work on the challenges facing parents, other carers and young people in navigating child and adolescent mental health services (CAMHS). We've undertaken a series of projects on the topic including scoping the literature, undertaking an online survey of parents, attending groups and hearing directly from parents who were struggling to access support, and talking to young people. We have also held several events including a report launch at the House of Lords and a multi-disciplinary stakeholder event. Most recently we completed a scoping of parent support groups and resources in England and we developed [Help For Parents](#), a website directing parents and carers to sources of support, advice and information. We are currently involved in an evaluation of the Rollercoaster parent support services in Northumbria. Our previous work can be found on [AYPH's website](#).

In this briefing we bring together our findings to date and highlight emerging policy and practice issues, and suggest some solutions. To inform this, a number of additional discussions were held with stakeholders, including NHS England, parent support groups, and commissioners of CAMHS and adult Improving Access to Psychological Therapies services. We also identified examples of good practice both locally and nationally that illustrate what can be done. As a result we identify potential next steps for developing the field of parent support in the mental health sector. We hope that it will stimulate debate in the sector, help parents feel more supported, and lead to improvements in local CAMHS offers to parents and carers.

## Setting out the issues

Concerns about the mental health problems of young people have been at the forefront of the UK policy agenda for several years now.<sup>1</sup> The issue is receiving increasing attention as we start to think about recovery from the impacts of the Covid-19 pandemic.<sup>2</sup> It has long seemed to us that parents and other carers need to be part of the conversation and the solution, and that this has to be achieved in a way that works for young people. Some of the background issues include:

- **Levels of mental ill-health are rising amongst young people:** Half of all adult psychiatric disorders start by age 14<sup>3</sup> and 75% by age 25,<sup>4</sup> but a substantial treatment gap still exists. Only a quarter of those referred to specialist services will be seen, and there are sometimes long wait times for those who are taken on.<sup>5,6</sup> On average, young people with mental health difficulties go ten years between first becoming unwell and getting any help.<sup>7</sup> Repeated surveys during the Covid-19 pandemic have shown high levels of anxiety and loneliness among young people. Overall, an NHS Digital prevalence survey showed a rise in probable mental health disorders among 11-16 year olds from 12.6% in 2017 to 17.6% in 2020. Among 17 to 22 year-olds the rates of problems were 27.2% for young women and 13.3% for young men in 2020.<sup>8</sup>
- **More young people and parents/carers will require support in future years:** Forecasts project that 1.5 million children and young people aged 5-19 will require new or additional mental health support as a direct consequence of the pandemic.<sup>9</sup> Research has also reported rises in parental mental health problems.<sup>10</sup> Meanwhile, lockdowns have severely impacted on the availability of mental health services and have made emerging issues harder to identify. Nearly a third of young people who were accessing mental health support prior to the crisis have reported no longer being able to access support, but still need it.<sup>11</sup>
- **Service improvements will need to include a focus on reducing health inequalities:** Social and economic disadvantage play a key role in the development of mental health problems among young people.<sup>12,13</sup> Often, those experiencing the greatest disadvantages are also less likely to have access to effective and culturally appropriate support for their mental health, and their experiences and outcomes are often poorer. There is evidence that these existing inequalities have been exacerbated by the pandemic.<sup>14</sup> It is essential, therefore, that support for young people and their parents reaches beyond the minority who manage to jump through the hoops necessary to access statutory CAMHS.
- **NHS policy is moving in the right direction:** Considerable progress has been made in recent years to increase public awareness of mental health problems and to raise children and young people's mental health needs up the policy agenda, including in the 2019 NHS Long Term Plan.<sup>15</sup> There is high-level policy support for improving the engagement of parents and carers in developing mental health provision for young people demonstrated by, for example, NHS England's establishment of a Parents' Council as part of the work of the Children and Young People's Mental Health, Learning Disability and Autism Inpatient Services Taskforce. There has also been substantial recent progress in recognising the role of peer support workers in mental health services.<sup>16</sup>
- **There is emerging consensus on the benefits of supporting parents and carers:** There is increasing evidence that providing better support for parents and carers may complement CAMHS' service delivery, maximise the chances of good outcomes for young people and ease the pressure on CAMHS.<sup>17,18</sup> Although there is a paucity of evidence relating to the effectiveness of parent support groups for the parents and carers of young people with mental health problems in the UK context, there is some evidence that peer support groups may reduce anxiety and distress

in parents with children with chronic illness;<sup>19</sup> and can be helpful in developing a sense of control and agency, engendering a sense of belonging to a community, and promoting self-change.<sup>20</sup>

- **Things are not changing fast enough for many young people and their families:** Often what is happening is 'bottom up' development with community advocates and people with lived experience beginning to develop local support services themselves. CAMHS are chronically underfunded services that require sustained, ring fenced funding in order to deliver the changes to the services that families would like to see. However there are also some emerging examples of good practice led both by parents and by CAMHS, and we present case studies of some of these at the end of this paper.

## Parents' experiences and support needs

Our [previous work](#) in this area has included an online survey of over 300 parents, focus groups with parents and young people, meetings with stakeholders and scoping of good practice examples. This has led us to a series of conclusions about the role that parents and carers play in supporting young people's mental health, how difficult they can find this, and what their support needs might be.

### 1. Parents have a key role when young people have mental health problems

Our engagement work has identified that parents and carers view their roles in different ways, but many perform a combination of functions, including providing emotional and practical support, identifying mental health problems, keeping young people physically safe, advocating for the best services and filling gaps in provision, providing a liaison role and helping adherence to treatment plans.

Our participation work with young people has found that young people value many of these parental

functions and recognise that parents do not get enough support.<sup>21</sup> However, they do not always want their parents to be directly involved with CAMHS, potentially creating some tension. Managing the fine line here – respecting young people's rights and also helping their parents to support them – is a critical challenge in identifying ways to improve current practice.

### 2. Parents and carers typically carry a substantial emotional and practical burden

Many parents and carers of young people with mental health difficulties are in significant distress themselves.<sup>22</sup> Research with parents of young people who self-harmed or were suicidal showed that 86% of parents met the criteria for minor psychological distress as measured on the General Health Questionnaire-12.<sup>23</sup> They worry about aggravating the situation through their own anxiety, and often find the day to day management of the situation difficult. They talk about difficulties sleeping, hypervigilance, relationship difficulties, challenges managing school attendance, and the stresses of coping with financial challenges of missing work or paying for additional services.

### 3. Parents' difficulties can be exacerbated by an unresponsive mental health system

Parents have frequently told us about their difficulties feeling heard by the mental health system. Nearly half of parents (49%) responding to our online survey in 2018 said no one believed them that there was a problem, and a third said "no one helped" when problems were first identified. They often draw on a range of contacts in their efforts to get help, including primary care, school staff, local voluntary sector projects, family and friends, youth workers and family support teams, other parents, and online helplines.

**“ We made our daughter's condition MUCH worse by doing the wrong thing, and no one told us. ”**

Parent in AYPH survey

**“ It must be incredibly hard for a young person who’s in crisis themselves to then look at the one person they trust, who is sitting on the floor sobbing their heart out thinking I have no idea what to do, and nobody’s helping me. That must be quite traumatic for a young person. ”**

Parent in AYPH survey

When parents do get into the system, waiting times for CAMHS are a perennial issue. Consequences included significant use of Accident and Emergency in crises. Many parents resort reluctantly to the use of private counsellors, psychologists or other kinds of therapists. Even when young people receive services, their parents often feel left alone to cope, without the information they need to provide the right kind of support at home.

#### 4. Parents’ support needs are clear

Parents’ support needs are three fold. First, they need help in navigating the system and in being an advocate for their young person. They want clear and easy-to-find information about what services are available in their area (including early intervention), how to access them, and where to get help while waiting. Second, they need help with day to day coping. This includes both help in managing their

**“ ...if they were to empower my mum...then I would feel more empowered too. Because I know that my mum’s on it. I know she knows what she is doing. And I know that we’re not alone because she doesn’t feel alone. ”**

Young person, AYPH study 2016

own anxiety and also advice on practical strategies to manage their young person’s behaviour and reliable crisis support. Third, they would like more feedback and information about how they can support treatment regimes. In terms of how best to get this support, parents first port of call is often the website of the local CAMHS service, or their GP. Preferences for particular methods of accessing support differ, with some parents and carers being more likely to access face to face support and others preferring the greater anonymity offered by remote and digital delivery methods. Parents and carers emphasise the importance of having a range of flexible access routes to meet all needs.

Anecdotal evidence from parent support groups suggests there has been a significant increase in demand for their services related to the pandemic.<sup>24</sup> Parents and carers have experienced new barriers to accessing CAMHS and other support for themselves and their young people, whilst new financial pressures have increased stress levels in some families. It also appears that the switch to remote delivery methods may have increased access to parent support groups for some parents and carers.

## Challenges in the development of more parent support

Although more local parent support would clearly fill an important need, the work does not come without challenges. Here we’ve outlined some of the main issues that have been raised with us over the course of our work in this area:

### ■ **Improving understanding of parents’ roles:**

Parents and carers feel that CAMHS often acknowledges the importance of involving parents, but does not readily understand how parents could help, rather viewing them as complicating their work with young people. Involving parents and carers can indeed be tricky for CAMHS professionals to manage. As young people told us, parents can be “good at fighting your corner”,

but can also create “massive drama”.<sup>25</sup> Either of these scenarios may seem like extra work to CAMHS. In addition, parents’ role is in ongoing management and recovery, rather than in ‘cure’, whereas CAMHS is more oriented to a medical model where the focus remains on administering medication or short-term psychological therapy to ‘fix’ young people when problems have already become acute or chronic.

“ *There has to be a way of communicating something which is helpful, which may not be infringing your child's rights or whatever. I think that's a real issue.* ”

Parent in AYPH survey

- **Managing confidentiality:** In addition, CAMHS professionals work to ethical frameworks which balance young people’s autonomy and right to confidentiality, where they have competence or capacity, with parents’ ability to exercise their parental responsibilities in caring for their children when there are medical problems. Whilst some young people are happy for professionals to talk to their parents, others may not want parents to know what is going on in their therapy. Case law in England and Wales has established that parents and carers do not have an automatic right to healthcare information concerning their children.<sup>26</sup> Professional guidance<sup>27</sup> affirms the importance of keeping parents appropriately informed, particularly where there are issues of risk, and it should usually be possible for professionals to share things like management strategies with parents. Nevertheless, it may be that these ethical tensions can contribute to a sense that it is easier to keep parents at arm’s length.
- **Pressures on CAMHS:** Rising demands on services, workforce limitations, and a framework focused on assessment and time limited specific interventions makes it difficult for CAMHS to respond to demands for expansion of remit and flexibility of response. With demand for acute mental health services high and budgets tight, preventative approaches can find themselves accorded lower priority when it comes to the allocation of resources. While CAMHS commissioners have the theoretical discretion to fund parent support services out of their core budgets, developing support for parents may seem like yet another thing to add to a very long list. Another factor is that many CAMHS clinicians are not trained in providing support to parents and may not have time to be able to contribute their mental health expertise to community-based parent support services. Providing support (rather than therapy or a time limited intervention) does not fit easily into the existing CAMHS service model.
- **Limits to local funding:** Indeed, there is a legitimate argument that it cannot be the NHS’s sole responsibility to resource every service that addresses the wider social issues impacting on young people’s mental health. Local authorities, who have responsibility for many public health functions as well as the wider needs of their communities, clearly have a key role to play here. However, huge cuts to local authority budgets have depleted resources for preventative work. More work is needed on modelling possible funding streams, and ways of making a persuasive argument for investment.
- **Lack of evidence base:** The few parent support groups that have managed to attract some CAMHS or Clinical Commissioning Group funding have had to work very hard to demonstrate their value to the system. The absence of high quality research and evaluation data to back their arguments has sometimes been used as a justification by commissioners for their lack of funding support. This has been overcome in at least once instance through years of building strong working relationships with CAMHS professionals – with

those professionals eventually recognising that the work of the parent support group had become integral to achieving good outcomes for young people and had visibly reduced pressure on their own workloads.

- **Transition to adult services:** Whilst many parent support services have developed as a result of gaps in CAMHS, they typically extend support to parents and carers of young adults, thus offering a consistent source of help at critical transition points when young people may end up falling through the cracks between CAMHS and adult mental health services. It should be noted that we were unable to detect any substantial efforts by adult mental health services to support parent/carers.

## Suggestions for improving parent support

Notwithstanding the challenges, what can be done? These are the suggestions that we've gathered in the course of our work in this area.

- **Improving access to and communication with mental health services:** The biggest 'ask' from parents is usually for improved access to mental health services. This includes support while waiting for the 'magical intervention' from CAMHS, out-of-hours telephone support to manage specific situations such as crises, and a more clearly specified relationship with the service once it starts to deliver services to the young person.

In addition parents frequently stress the importance of stronger and more consistent links between CAMHS, voluntary sector services and schools. The importance of combining the accessibility, flexibility and responsiveness of voluntary sector services with the mental health expertise of CAMHS professionals has been frequently cited both by parents and professionals in conversations with AYPH.

- **Developing a culture of parent involvement in CAMHS:** A more parent-friendly culture would acknowledge that parents are important partners in helping young people recover. Suggestions include:
  - Provision of liaison staff or designated contacts in CAMHS to support and assist parents to navigate the system, ensure parents' views are taken into account and be a consistent point of contact.
  - Encouragement for NHS mental health trusts to establish parents' councils and forums to ensure the voices of parents and carers inform CAMHS service development and improvement.
  - Improvement in processes for sharing non-confidential information with parents to enable them to play a constructive role in their young person's treatment.
  - Development of a consistent way for parents' voices to feed into national policy and planning.
- **Improving CAMHS' information for parents and carers:** There is quite a lot of mental health information available on the internet, but it is hard to find information that is written with parents and carers specifically in mind and even harder for them to use in a practical way in the local area. Parents and carers need information to be better coordinated, with fewer entry points, presented in a clear, simple and easily navigable way, ideally through the local CAMHS website, which is often parents' first port of call. We suggest:
  - Support should be offered to CAMHS and Local Authorities to improve their parent online portals, and to test the functionality of existing information resources with a view to understanding more about how parents access information. This should include guidance on services provided; how to access them; where to get help while waiting; how to support young people at home; and how parents can support their own wellbeing.
  - In developing content, CAMHS and Local Authorities should be encouraged to make use of the best existing independent information

resources rather than 'reinventing the wheel' and should take care to ensure information is accessible to a diverse range of parents and carers.

- **Developing parent support services:** Developing more support for parents is potentially a win-win for both the parents and local mental health services. A CAMHS commissioner who commissioned a parent support group told us the group was already an integral element of local provision and had taken weight off CAMHS staff by ensuring parents and carers could access high quality support while young people were waiting for treatment. By acting as a critical friend to CAMHS, the parent support group had also played a constructive and important role in driving service improvements. Overall, the commissioner viewed the peer support group as "*great value for money*" for CAMHS. Suggestions for expanding parent support include:

- CAMHS commissioners and other funders could be encouraged more strongly to invest in voluntary sector parent support services that are responsive to local need; focus on reducing health inequalities; and, wherever possible, cover parents of young adults as well as younger adolescents.
- Local and national mental health service commissioners and/or research funders could support independent evaluation of models and approaches to learn what works.
- Parent support groups wishing to develop their services with NHS funding could be helped to build strategic relationships and co-delivery partnerships with their local CAMHS and seek to demonstrate their value to the system.
- Models for joint working between CAMHS and local voluntary sector providers should be developed to support, for example, mutual shared quality frameworks and supervision arrangements, so that the workload can be more easily shared across different organisations and across organisational boundaries.

- NHS England and Improvement or others could lead the development of a quality framework with minimum standards for what CAMHS and adult mental health services should do to support a consistent whole family approach and greater involvement of parents and carers.

- **Developing the parent support workforce:** A more coordinated approach to supporting parents needs to be underpinned by training and recognised roles. Suggestions include:

- Health Education England could create a children and young people's mental health and wellbeing workforce plan that formally recognises the roles of parents and carers and peer support, working directly with parents in the development of new capacity frameworks for people working in this field.
- Funding could be provided for a nationally recognised training programme for parent support leads and facilitators.
- As part of this, a new Parent Peer Support Practitioner professional role could be considered, accompanied by a qualification and competency standards.

## Examples of parent support services

Although they are still rare, we have identified several services that are already supporting parents and carers. Many of these services are based in the voluntary sector. They have tended to spring up organically in response to local need and many are operating on a shoestring, relying on volunteers for survival. They take a number of different forms and vary in how they are organised and constituted. Some have a formal relationship with their local CAMHS services, other have an informal relationship perhaps sustained by personal contacts and experience of service use, and others have no relationship to statutory services. Thresholds and eligibility for joining can be very different from one service to another.

Overall, the most common form of help provided is **parent support groups**, variously referred to as “parent to parent support groups”, “group networks”, or “local community groups”. Examples in the case studies below include Rollercoaster, the Fresh Plus Group and Derbyshire CAMHS - Parent Participation Group and Parent Support. These services are typically delivered by parents through a peer support model and aim to reduce parents’ and carers’ social isolation generally and their isolation with regard to their young people’s mental health difficulties specifically. Sometimes they are co-led by parents and mental health professionals. Delivery methods tend to include a combination of face to face and online (e.g. videoconferencing) groups, with a shift to an emphasis on the latter since the start of the pandemic.

Other parent support services include **social media groups** (such as Facebook groups for peer support), **one to one support**, (such as a telephone line, email listening ear or befriending service for parents and carers), and **training** on mental health issues and related parenting skills (such as sessions on adolescent development and the teenage brain, specific mental health conditions and navigating the mental health system).<sup>28</sup> Examples of websites include the Case Study below of that provided by Oxford Health CAMHS.

At the time of writing many of the existing services are being brought together through the **PLACE Network**, which is hosted by The Charlie Waller Trust and aims to develop and promote this emerging field. This is one way of providing the essential infrastructure required to develop the emerging field of locally based parent support, but it will require funding to survive. We have described the network and four other case studies at the end of this briefing.

## Conclusions and next steps

Parents of adolescents have been identified as the most unsupported group of all parents<sup>29</sup> and those who have adolescents with mental health problems seem to feel particularly isolated. Parents and carers feel that there is little support for their role in the current system. Even when their young person received services, they often felt left alone to cope and at a loss to know what to do. However, parents who can solve problems, communicate with services and offer practical support may help with adherence to treatment and the young person may have better outcomes.

The importance of supporting parents is often acknowledged by statutory children and young people's mental health services, and also at the national policy level. However, there are challenges of fitting parent support into an assessment and time-limited treatment model that focuses firmly on the needs of the referred individual and has limited resources for wider work with the family.

The solution is likely to lie in clearer information directly targeted at parents, acknowledgement of parent support needs within CAMHS, and better link up between CAMHS and other support mechanisms for young people, so that other services (including those offered by the voluntary sector) can complement the work that they are doing. Simply relying on online self-help information has its limitations. It cannot always meet the needs of more disadvantaged and marginalised groups who may have lower levels of digital access, skills and confidence. More personalised and longer-term support for parents and carers in local areas is required as a complement to information services and national helplines.

The natural home for parent support is often in the voluntary sector, which is better placed to deliver the accessibility, flexibility and independence parents are seeking. But we need to share examples of how this can work in practice, and we need to address the issue of a more volatile and vulnerable voluntary sector where services change and come and go depending on grant funding. Our scoping work in this area leads us to conclude that a more coordinated approach to local parent support services could be led by parents and the voluntary sector, supported by mental health professionals, and funded by the NHS amongst others.

Underpinning this more coordinated approach is a need to invest and maintain the emerging modest infrastructure, as represented for example by the Place Network. This will allow more sharing of learning and good practice, and the development of shared values, principles and ways of working. We are mindful of the risk of suffocating an emerging sector if professional standards are imposed too early. However, over time, as the field develops, there is likely to be a need for further workforce and standards development; to improve linkages with parent support in other sectors (e.g. services for children with special educational needs and disabilities); and to build the evidence-base for these services.

Improving parental support is not a replacement for expanding young people's mental health services, but it is an important part of supporting young people through treatment and recovery. We hope this overview will encourage more investment in the topic and provide pointers for next steps.

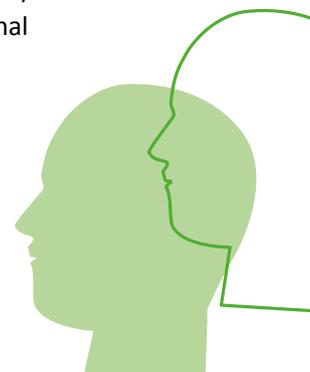
## Case Study

### Place Network, Charlie Waller Memorial Trust

A network for parent support services helping the parents of young people with mental health problems

The Charlie Waller Memorial Trust hosts the Place Network. The aim of the network is to develop, promote, and sustain parent and carer support and involvement in children and young people’s mental health across the UK. Parents and carers with lived experience of supporting a child with mental health issues and professionals with an interest in parent support meet monthly to share practice and ideas. Members can be both national organisations or locally based services.

One of key objectives of the Place Network is to connect existing parent and carer support groups/projects or those with an interest in developing one. An interactive map is provided on the website showing some of the mental health focused parent and carer support groups from around the country who are currently members.



## Case Study

### Derbyshire CAMHS

Parent Participation Group and Parent Support Line

Derbyshire Healthcare NHS Foundation Trust runs a CAMHS Parent Participation Group, a working group established to influence and aid the development of CAMHS services. The group provides an opportunity for parents to share their experiences about current services; and contribute their views to inform service improvements.

Derbyshire CAMHS has also established a mental health Support Line for residents of all ages who are experiencing increased mental health needs during the Coronavirus (COVID-19) pandemic. This specifically includes carers of those currently being supported by Derbyshire Healthcare NHS Foundation Trust.



## Case Study

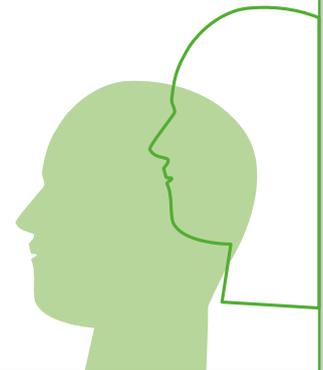
### Oxford Health CAMHS website

#### A clear and comprehensive portal for parents and carers

The CAMHS website provided by Oxford Health NHS Foundation Trust – covering Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset – includes a separate portal for parents and carers. Visitors to the portal are immediately assured that CAMHS recognises the crucial role parents and carers play in young people's health and wellbeing. They are then directed to a range of information and resources, including:

- A referral form to refer a young person to CAMHS
- Clear contact points for CAMHS in each geographical area
- Self-help resources, including videos, booklets and worksheets (although these are not aimed specifically at parents and carers)
- Advice, in the form of tips and FAQs, on: The CAMHS referral process; Helping my child; Helping my family/friends; Helping myself
- Links to CAMHS' Facebook, Twitter and Youtube sites

The website invites parents to request some one on one time, either face to face or over the phone, with their child's clinician if they want further information about their child's treatment. This CAMHS service also run a parent advisory group which enables parents to share their experiences and feed their views into service development.



## Case Study

### Rollercoaster Parent/Carer Support Project

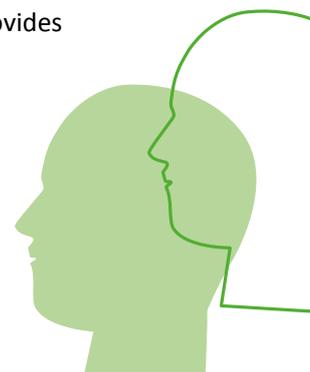
Rollercoaster is a parent support group established in Durham in 2014 in response to the distress that many parents and carers of young people with mental health problems were experiencing.

The main support group normally meets in two locations twice a month, with each session incorporating guest speakers, group discussions, idea sharing, activities, problem solving and information on services available to support parents and carers. Groups are facilitated by a parent and attended by a CAMHS Clinical Nurse Specialist who supports the discussions. Parents and carers can attend regardless of whether their young people are in receipt of a service from CAMHS; some are on the waiting list or are not in touch with services yet. As a result of the Covid-19 pandemic, the groups have moved online, but become even busier.

In addition to the main group, Rollercoaster provides telephone support, an open Facebook group for information-sharing, a closed Facebook group for peer support, and an email network. By providing a variety of access routes, the project is able to reach a diverse range of parents and carers. Rollercoaster also provides training to parents on issues relating to mental health and the mental health system.

Rollercoaster was established independently from the NHS and built on the principle of co-production with both parents with lived experience and mental health professionals. Parent advisory work offers parents and carers opportunities to get involved in developing youth mental health services at local and national levels. Whilst the group is parent driven and led, the clinical input and support of CAMHS staff has been invaluable, ensuring expert advice is readily available to parents during sessions. A CAMHS clinician also provides the parent lead with monthly supervision and support.

Rollercoaster is now commissioned by County Durham Clinical Commissioning Group, who describe the service as an integral part of local provision and “great value for money” as it takes pressure off CAMHS practitioners and supports better outcomes for young people. The contract has provided funding for dedicated staff time to continue to develop and extend the project.



## Case Study

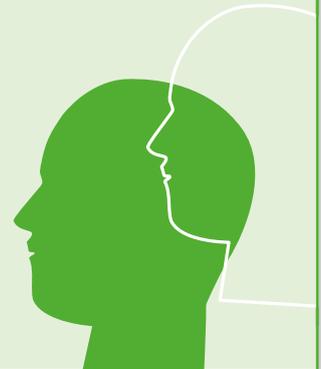
### Parent and Carer Council National Quality Improvement Taskforce

The Parent and Carer Council is a time-limited group established to provide a robust parent and carer voice to the [Quality Improvement Taskforce for Children and Young People's inpatient services](#) (mental health, learning disability and autism).

The Parent and Carer Council is responsible for holding the Taskforce to account for how it engages and consults with parents and carers throughout its programme of work.

Members of the Council were recruited through an open national advert and represent a range of parents and carers whose children have been admitted into inpatient services.

The Council has already identified a number of actions to improve services for the Taskforce to take forward and there are plans to recruit a network of 'Family Ambassadors' to work with inpatient units to make parents, carers and families equal partners in care.



## Case Study

### Fresh Plus Group

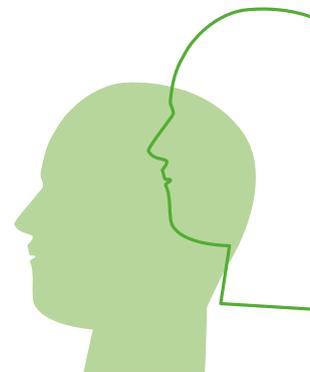
Liverpool Fresh CAMHS is part of Alder Hey Children's NHS Foundation Trust and is a community-based specialist mental health and emotional wellbeing service for children and young people aged 0-18 and their families and carers.

Fresh CAMHS recognises that young people live and develop in families, care relationships and other systems and networks that all have an impact and a role to play in how well they are able to cope with problems. It often works with parents, carers, siblings, grandparents and other adults involved in young people's lives.

Fresh Plus Group is a support and participation group for parents and carers. It is open to those with children and young people who are attending or have attended Fresh CAMHS or Sefton CAMHS, or are on the waiting list. Fresh Plus runs an informal drop-in support group, which is a safe, supportive and confidential space for parents and carers to talk. The group is extremely flexible, allowing parents and carers to attend as often or as little as they wish, with no pressure to talk. The group is coordinated by a parent with lived experience, working with three clinicians who attend sessions but are unable to give direct advice to attendees relating to their own young people. Since the onset of the pandemic, sessions have moved online successfully.

The forum also shapes how Fresh CAMHS and Sefton CAMHS support parents and carers through their young person's journey, reflecting a commitment to having parent and carer voices driving change in service provision.

In 2019 Fresh Plus ran a national #ProudParent conference bringing together parents and carers involved in CAMHS across the country.



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## More information

For more information about the Association for Young People's Health please visit [www.youngpeopleshealth.org.uk](http://www.youngpeopleshealth.org.uk). Our 'Families' page gives more information about the projects that informed this briefing.

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