



# My CAMHS Choices

## Evaluation Report Developing Informed Choice in Child Mental Health Services

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## Developing Informed Choice in Child Mental Health Services

### Report Overview

**Aim:** The aim of the Informed Choice project was to allow children and young people to exercise informed choice and control about their mental health care through the innovative use of high quality information.

**What we did:** Worked with young people to identify the key questions that young people and families want to know about CAMHS, and then filmed, edited and developed a series of video interviews with young people and clinicians about CAMHS. A website (My CAMHS Choices) was created to house the videos, as well as other information about CAMHS and links to other resources. The use and impact of the materials created were evaluated between November 2013 and May 2014. The key methods of evaluation were (a) online surveys completed by young people accessing the website, (b) online surveys completed by professionals accessing the website (CAMHS clinicians and Other Professionals), (c) a focus group and interview with young people, (d) a separate report from an external focus group with young people, and (e) usage data collected through Google Analytics and Vimeo statistics.

**What we found:** Through quantitative and qualitative analysis it was found that both professionals and young people could see the benefits of the materials both for themselves and for others. Young people indicated that the online resources were likely to have a direct influence on likelihood to attend appointments, and their likelihood to express opinions and ask questions. Nearly all professionals surveyed (97%) would recommend the resources to others (colleagues or young people and families directly), and felt they would increase young people's likelihood to attend appointments. One key difference between the Other Professionals and the CAMHS clinicians groups was that CAMHS clinicians identified directly the use of the resources in supporting informed choice (this was sub theme identified for CAMHS clinicians only). Both young people and professionals felt the resources could challenge stigma and de-mystify services, "it just makes it seem like it's a lot more normal". Focus groups and interviews with young people enabled a finer level of analysis around young people's views. Findings largely reflected that of the surveys, with additional suggestions for improvements and changes to the resources. Analysis of usage data showed the wide reaching impact and uptake of the resources.

**Conclusions:** A few limitations of the present evaluation should be noted. Firstly, clinicians' views were only sought through the online surveys, which specifically asked questions pertaining to the aims of the project. Although free text boxes were provided and free text suggestions analysed, this limited to some extent the type of data that it was possible to collect from this stakeholder group. Focus group and interview data from young people shows that in a face-to-face discussion based environment, increased suggestions for changes and refinements to the resources were mentioned. A further limitation is the small numbers of data for young people, and therefore a question is raised around how applicable these findings are to wider groups. The similarities across the different data collection methods however suggest recurring themes.

**Of note:**

It is important to note that beyond May 2014 at the point at which the evaluation ended, further changes to the My CAMHS Choices resources were made prior to the close of project activity in August 2014, partly in response to the evaluation's findings. This was to ensure the continued applicability and relevance of the resources, and to ensure young people and professionals continue to enjoy maximum benefit from the resources available.

## Report Structure

This report begins with a summary of the key findings from the evaluation.

This report is then divided into multiple sections, reflecting each method of evaluation that was used.

In each section, a brief description of the method of evaluation is given, followed by sample characteristics and key findings, illustrated by descriptive and inferential statistics, visual representations of findings, and some illustrative quotes.

Interim conclusions are drawn at the end of each section.

## Summary of Findings

This report has evaluated the Department of Health funded 'Developing Informed Choice in Child Mental Health Services' project. The aim of the project was to develop innovative ways of supporting informed choice in services supporting young people and families' mental health. The project aimed to do this by creating a set of online resources, which were consulted upon, developed and refined during the three year period of the project (March 2011-March 2014).

To evaluate the impact of the resources, a mixed methods evaluation was undertaken. The bulk of the evaluation activity was carried out between November 2013 and May 2014. Professionals and young people from a variety of backgrounds were encouraged to access the resources, and subsequently complete the survey designed to assess the resources' impact. The survey was promoted directly on the website, through flyers and at training and engagement events. Online methods were also employed (using Twitter and email networks). Surveys were analysed using descriptive statistics and thematic analysis. Focus groups and interviews were employed as an additional method to ensure a deeper level of analysis from young people. Convenience sampling was used for all groups. Data was analysed qualitatively. Descriptive statistics from Google Analytics and Vimeo supported the overall analysis and interpretation.

Overall, both professionals and young people could see potential application of the website both for themselves and for others. Both young people and professionals alike were able to strongly identify the ability of the website to challenge stigma and de-mystify services.

Young people said that the website was likely to have a direct influence on likelihood to attend appointments, and likelihood to express opinions and ask questions, which were all statistically significant findings. This directly supporting the website's intended aims of increasing young people's ability to exercise informed choice and control. Thematic analysis showed young people found the website and resources were easy to understand and increased their confidence. These findings were largely supported by the focus groups and interviews, with the addition of a number of suggestions for improvement to the resources, particularly around design and formatting.

Nearly all professionals surveyed (97%) indicated they would recommend the resources to others (colleagues or young people and families directly), and also felt it would increase likelihood to attend appointments. CAMHS clinicians were able to identify the direct use of the resources in supporting informed choice (this was sub theme identified for CAMHS clinicians only). Thematic analysis revealed professionals felt the resources would help strongly with providing young people and families with self-management support and increase their understanding of CAMHS, thereby relating to the aim of providing an opportunity for young people to exercise more informed choice over their care.

Analysis of video usage data supported the qualitative and quantitative findings that the resource supports informed choice and challenges stigma. Analysis of website access data showed the wide reaching impact and uptake of the resources. Data showed that between November 2013 and May 2014, over 3 000 unique users had accessed the resources, from locations across the UK, using a range of devices (tablet, mobile and desktop).

Nonetheless, there are a few limitations of the present evaluation that should be noted. Firstly, clinicians' views were only sought through the online surveys, which specifically asked questions pertaining to the aims of the project. Although free text boxes were provided and free text suggestions analysed, this limited to some extent the type of data that it was possible to collect from this stakeholder group. Focus group and interview data from young people shows that in a face-to-face discussion based environment, increased suggestions for changes and refinements to the resources were raised. A further limitation is the small numbers of data for young people, and therefore how applicable these findings are to wider groups. A further limitation pertains specifically to the thematic analysis of young people's survey data, for which there was a very small amount of data, and the data available indicated pre-existing high levels of confidence in understanding about and use of CAMHS. The survey for young people also asked at the same time point, the impact of the resources before and after accessing them. This may have had an impact on findings, however this method of data collection enabled a significantly higher return rate than would have been expected for a standard pre and post survey delivered at two time points.

In spite of these limitations, the similarities in findings across the different data collection methods, and across young people and professionals, do suggest some recurring and largely positive themes about the resources. Overall, the results suggest overall a positive impact of the My CAMHS Choices website on young people's ability to exercise informed choice and control when accessing mental health services.

## Online Surveys

Two online surveys were designed to support the evaluation of the materials.

The first was designed to be completed by young people and the second designed to be completed by CAMHS clinicians and other professionals.

Both surveys asked respondents what they thought of the website, in a broad sense, and subsequently in relation to specific applications of the resource. Clinicians and professionals were asked about the perceived impact of the website on enabling young people to ask questions, express opinions, and the likelihood of attending appointments in CAMHS. The young person's survey directly addressed the perceived impact of the resources on these factors for young people.

Respondents to the surveys were recruited using convenience sampling. Publicity posters for the website gave links to the survey. A feedback button was available on the website for users to click on from the website. Attendees at training events were also asked to complete the survey. Copies of both surveys can be found in Appendices A and B.

## Surveys completed by young people

### Sample Characteristics

22 young people in total completed the online survey designed for young people, during the period of December 2013 to March 2014. Of these, 4 (18%) identified as young people who had been referred to CAMHS, 4 (18%) identified as ex-service users of CAMHS, 11 (50%) identified as current CAMHS service users, and 3 (14%) identified as "Other Young Person".

Given the small numbers of respondents, all young peoples' responses were collapsed into one broader category of "Young People" for the purposes of evaluation.

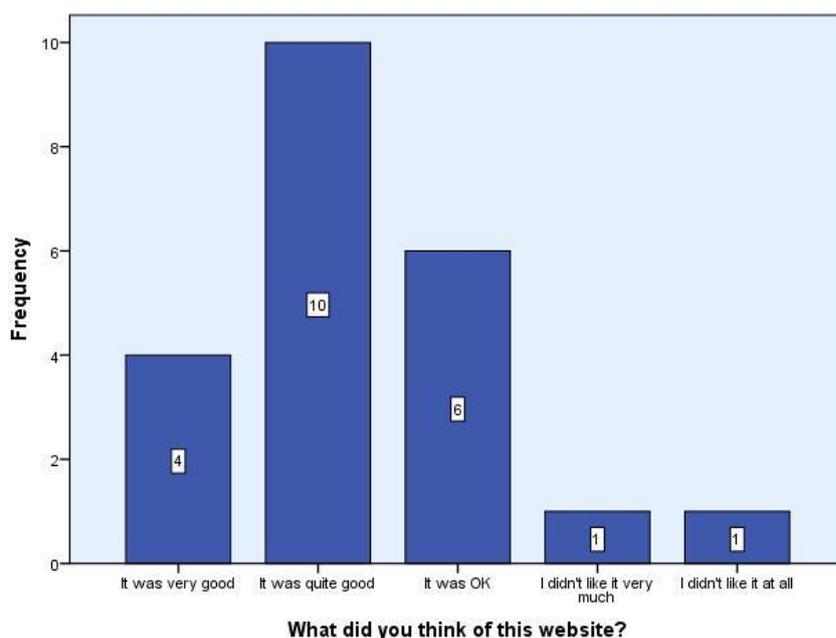
Young people who completed the survey spent on average 16-20 minutes accessing the website before completing the survey (n=14, missing data= 8). Young people had heard about the website from a range of different sources, including word of mouth (n=4), a link from another website (n=3), through a training event (n=1) and on an internet search engine (n=1) (Missing data= 8, "Other"=5).

## Results

### Overall Views

In general, young people who completed the survey indicated that they liked the website. 45% (n=10) indicated “it was quite good” in response to the question, “What did you think of this website?” 18% (n= 4) indicated that they thought the website was “very good”. Only 2 respondents indicated that they didn’t like the website.

**Figure 1:** Bar graph to show young people’s views about the website overall (N=22)



### Key Themes: free text responses

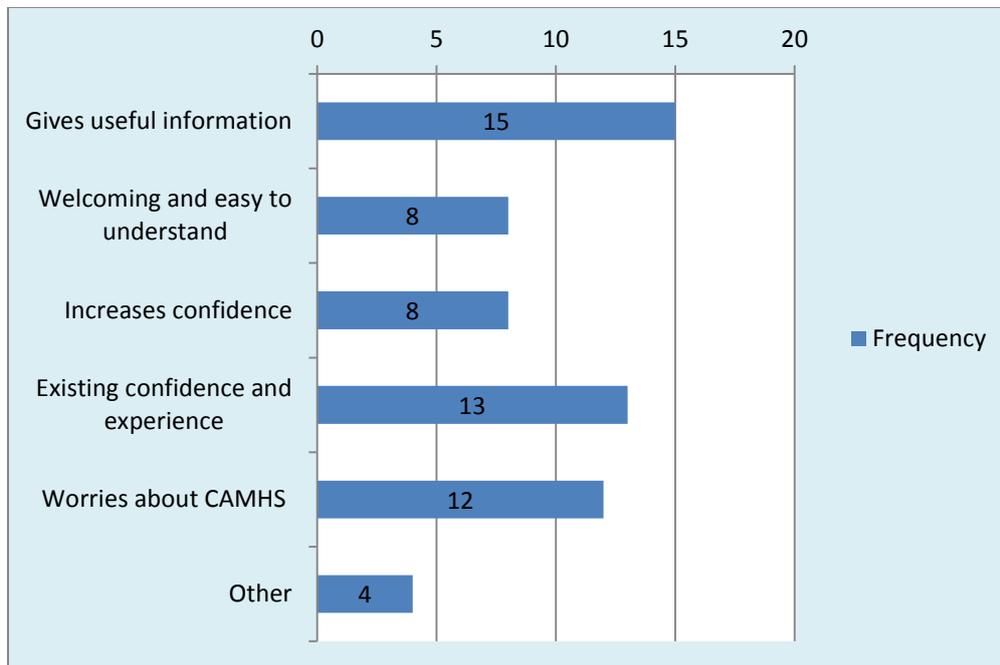
In total, 60 separately coded comments were recorded, from 8 separate respondents. Of these comments, 31 (52%) were related directly to opinions about the website.

Thematic analysis of the opinion based free text responses in the Young People’s survey showed three emergent themes:

1. Gives useful information about CAMHS
2. Welcoming and easy to understand website
3. Increases young person’s confidence about going to CAMHS

These themes are shown as the first three items in Figure 2 below. The figure also shows other comments unrelated to opinions about the website (n= 29). This includes an important theme identified, which is that a number of comments related to “Existing confidence and experience” in relation to CAMHS (n=13).

**Figure 2:** Bar chart showing the frequency of free text comments from young people sorted by theme (N=60)



**Example free text responses:**

*“The layout is simple and appealing which makes it very easy to navigate the website. The videos answering some of the most commonly asked questions are helpful as they give a more human and friendly touch”*

*“It seems well informed”*

*“Lots of useful and relevant information”*

*“It explained in plenty of detail which was easy to understand”*

*“Informative videos... not too in-depth...nice site design...sense of reliability”*

**Understanding of CAMHS**

Young people were asked about their level of understanding of CAMHS before and after using the website.

Analysis indicated that although there was an increase in confidence about understanding what CAMHS is from using the website, there was not a significant difference between young people’s confidence before using the website (M= 3.81) and after (M=4.06);  $t(15) = 1.168, p = .261$ .

This finding may be explained by the already high levels of confidence that young people had who filled in the survey, previously identified in the thematic analysis, which may be partly due to the convenience sampling method used. The most frequent response to the question, “Before using this

website how confident were you that you understood what CAMHS does for children and young people?" was "extremely confident". The small number of respondents overall may also explain this non-significant result.

**Example free text responses:**

- "I've been going through CAMHS for 2 years now"*
- "I have worked with CAMHS before"*
- "I wasn't really aware of what it was or how it helped young people"*
- "It gave me more information"*
- "It gave good explanations"*

**Likelihood to attend appointments**

Young people who filled in the survey were asked their level of confidence in going to appointments at CAMHS before and after using the website.

Analysis indicated that young people were statistically more likely to feel confident about going to an appointment after using the website (M= 3.93) compared with before using the website (M=3.29);  $t(13) = 2.386, p < .05$

This finding suggests that the website is useful in supporting young people to feel able to attend appointments. Some of the reasons for this shift may be explained by the free text responses below, however due to the small number of respondents it is difficult to draw firm conclusions around the reasons for this result.

**Example free text response:**

- "I imagine that other service users...after having been to "My CAMHS Choices" might feel a bit more empowered and a bit more informed"*
- "It is a friendly web site, and very informative"*
- "It's useful to have real accounts"*
- "Seeing the videos makes you realise that help is available, and the website makes it seem...welcoming...and it doesn't seem intimidating"*

**Asking questions and talking about important things**

Analysis of young people's survey responses indicated that after using the website, young people felt significantly more confident to ask questions about CAMHS and talk about things that were important to them in appointments.

A paired samples t-test found a statistically significant difference at the 0.05 level, between young people's confidence about asking questions before using the website (M=3.14) compared with after (M=3.79);  $t(13) = 3.798, p < .005$

A second paired samples t-test also found a statistically significant difference between young people's confidence in talking about things that were important to them, before using the website (M=3.15), compared with after using the website (M=3.69);  $t(13) = 2.214, p < .05$ .

**Example free text responses:**

*"Seeing the videos of patients would make me feel at ease...it helps you relate"*

*"It has given me a little boost"*

*"They are fully trained people, who understand your problems"*

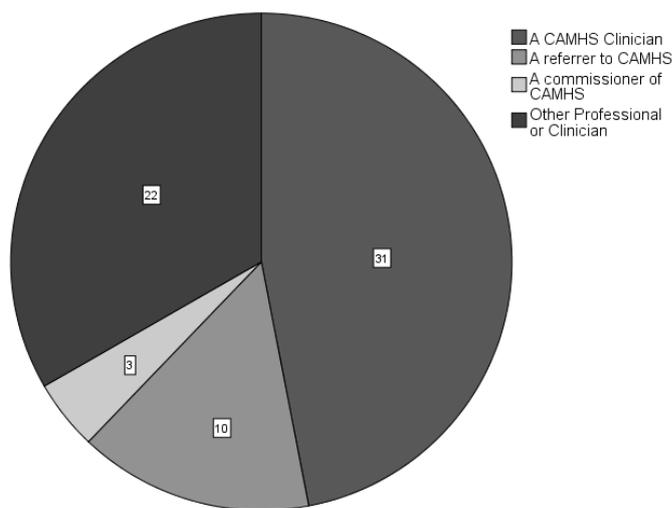
*"I wasn't sure what it was about so wouldn't have known what to ask...I know now about CAMHS"*

## Surveys completed by all professionals

### Sample Characteristics

66 professionals in total completed the online survey between December 2013 and March 2014. Of these, 31 (46%) identified as CAMHS clinicians, and 35 (54%) identified as other professionals. The “Other Professionals” category was derived from three sub-categories: Referrers to CAMHS (n=10), Commissioners of CAMHS (n=3) and those self-identifying as “Other professional or clinician” (n=22)

**Figure 3:** Pie chart to show the number of different types of professional responding to the website survey (N=66).

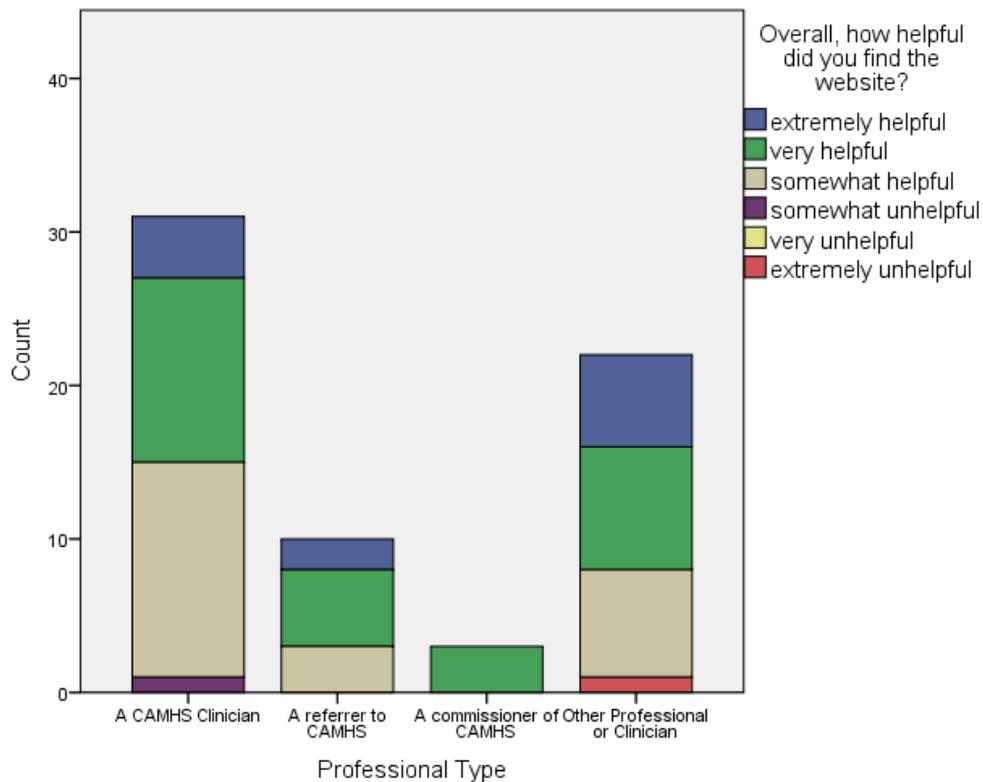


### Results

All survey respondents were asked a range of questions about how helpful they found the website, whether they would recommend it to others, and what impact using the website might have. The following bar chart shows the distribution of responses to the question, “Overall, how helpful did you find the website?” for all professionals.

The chart shows that the majority of respondents indicated that the website was either “very”, or “somewhat” helpful. Slightly smaller numbers felt the website was “extremely” helpful. Extremely few respondents indicated that they found the website was unhelpful.

**Figure 4:** Clustered Bar Chart to show how helpful different professionals found the website (N=66)



The remainder of this section of the report will be split into the two identified categories, “CAMHS Clinicians”, and “Other Professionals” to provide a more granular level of analysis.

## Surveys completed by CAMHS Clinicians

### Sample Characteristics

CAMHS clinicians who completed the survey (N=31) spent on average 11-15 minutes accessing the website before completing the survey.

68% of respondents (n=21) had heard about the website through a means not listed as an option – i.e. they selected “Other”. 16% (n= 5) had heard about the website through word of mouth and 10% (n=3) through a link on another website. 6% (n=2) respondents had heard about the website through a training event or at a conference.

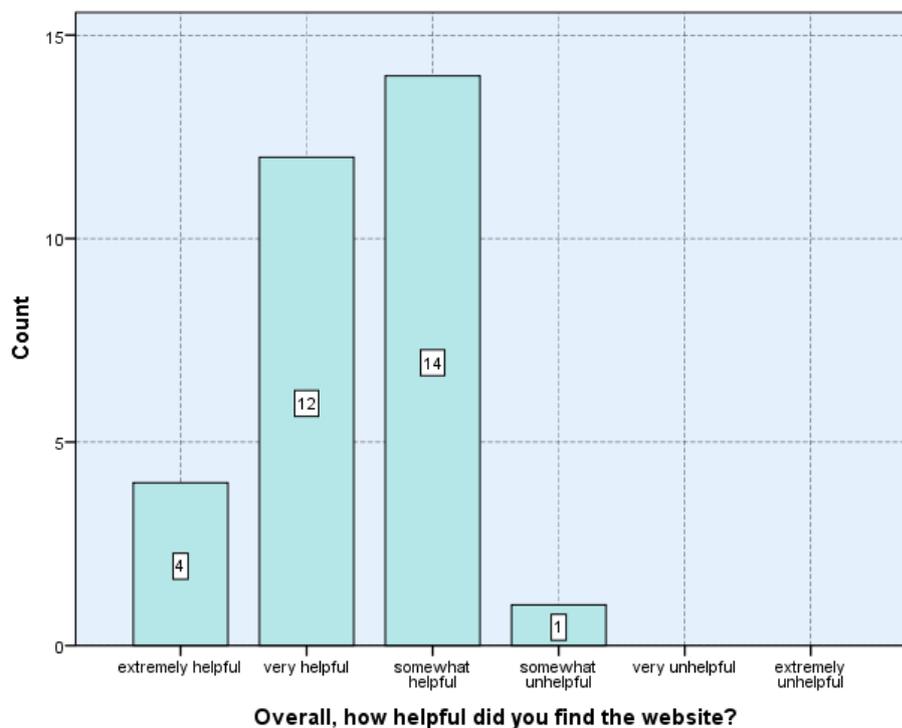
## Results

### Overall Views

Overall, CAMHS clinicians found the website to be helpful, with 97% (n= 30) of respondents indicating on a Likert scale that they found the website “somewhat helpful”, “very helpful” or “extremely helpful”. 3% of respondents (n=1) indicated that they found the website “somewhat unhelpful”.

No CAMHS clinicians responded that the website had been either “very unhelpful” or “extremely unhelpful”.

**Figure 5:** Bar chart to show how helpful CAMHS clinicians found the website (N=31).



In addition, 94% (n=29) of CAMHS clinicians indicated that they would recommend the website to professionals who refer young people and families to CAMHS, and 100% (n=31) indicated they would recommend the website to young people and families directly.

### Examples of free text comments

*“Many people who are coming for their first time will have many questions that are covered on the website. Many of the answers to the questions I was not aware of when I first came to CAMHS. It made me very anxious and if I had this to refer to it would have made my experience a whole lot easier”.*

*“GPs could show it to young people before referring”*

*“I have recommended it and suggested as a resource for families”*

### **Suggestions for ways in which the resources could be used**

Thematic analysis of key free text responses was conducted to explore the key ways in which CAMHS clinicians could envisage the resources being used. These questions asked how the respondent could imagine using the resources themselves, and how they could envisage others using the resources (Q16, Q17b and Q18b (see Appendix B)).

In total, 90 suggestions for how the resources could be used were recorded by CAMHS Clinicians. Where applicable, free text comments were split into multiple parts, where more than one suggestion was made.

One example of this was:

*“Supporting young people in decision making about their care, providing information to those who are anxious about attending”*

This was split into two separation suggestions:

1. Supporting young people in decision making about their care
2. providing information to those who are anxious about attending

Analysis of these data revealed 5 overarching themes, with 12 sub-themes, as shown in Table 1 below. Suggestions fell roughly equally across three of the key themes, “Providing Information and Increasing Understanding of CAMHS” (28%, n= 25), “Providing self-management support to young people and families” (27%, n=24), and “Supporting uptake and engagement with services” (21%, n=17).

The most frequently suggested sub theme was “To increase understanding of services” (14%), with the second most frequent being both to “Support the referral and/or transition process” (13%), and to “Provide General information” (13%).

Two separate categories of “Meaning Unclear” and “Limited Applicability” were also recorded, to allow for any suggestions where the meaning was unclear (4%, n=4), where a generic non-specific positive comment was made (14%, n=13), or where the respondent had suggested they were not able or only able to see a limited application of the resources (3%, n=3).

**Table 1:** Thematic analysis of CAMHS Clinicians’ free text suggestions about application of the resources (N=90)

Overarching Theme	Sub Theme	Example Suggestion	Count (N)	% of total suggestions
<b>Provide direct support to young people and families</b>	Provide general support	<i>"encouraging them to explore the website for themselves"</i>	3	3.3
	Provide reassurance	<i>"It would cover a lot of the worries that the family...will have"</i>	7	7.8
	Support Decision making /help decide if CAMHS is right	<i>"To help them make a decision about the referral"</i>	5	5.6
	Challenge stigma	<i>"For those who... have concerns about stigma"</i>	1	1.1
	Increase empowerment and understanding of rights	<i>"Empowering them to ask questions"</i>	3	3.3
	Find answers to difficult questions	<i>"Opportunities to explore many questions that may arise"</i>	5	5.6
<b>Provide information and understanding about CAMHS</b>	Provide general information	<i>"to gain information"</i>	12	<b>13.3</b>
	Increase understanding what services are offered/what to expect (Provide up to date, safe and accurate information)	<i>"to inform others of the CAMHS service"</i>	13	<b>14.4</b>
<b>Support professionals in delivery of their work</b>	Support Clinicians	<i>"Getting ideas of what young people might feel about certain service-related issues"</i>	2	2.2
<b>Support Creation of a network of resources</b>	To find other resources	<i>"The links are really valuable"</i>	3	3.3
<b>Support uptake and engagement with services</b>	Increase engagement	<i>"If they were having problems in between their consultations maybe to first search on this website"</i>	7	7.8
	Support referral and/or transition process	<i>"To enhance the fit between the referral and the service on offer"</i>	12	<b>13.3</b>
Meaning unclear	General/ Non-specific positive application	<i>"Telling families about the website"</i>	13	<b>14.4</b>
	Meaning unclear	<i>"They would benefit from a forum to discuss CAMHS"</i>	4	4.4
Limited applicability	Limited applicability	<i>"It's generality maybe not always correlate with local provision (sic)"</i>	3	3.3
		<b>Total</b>	90	100%

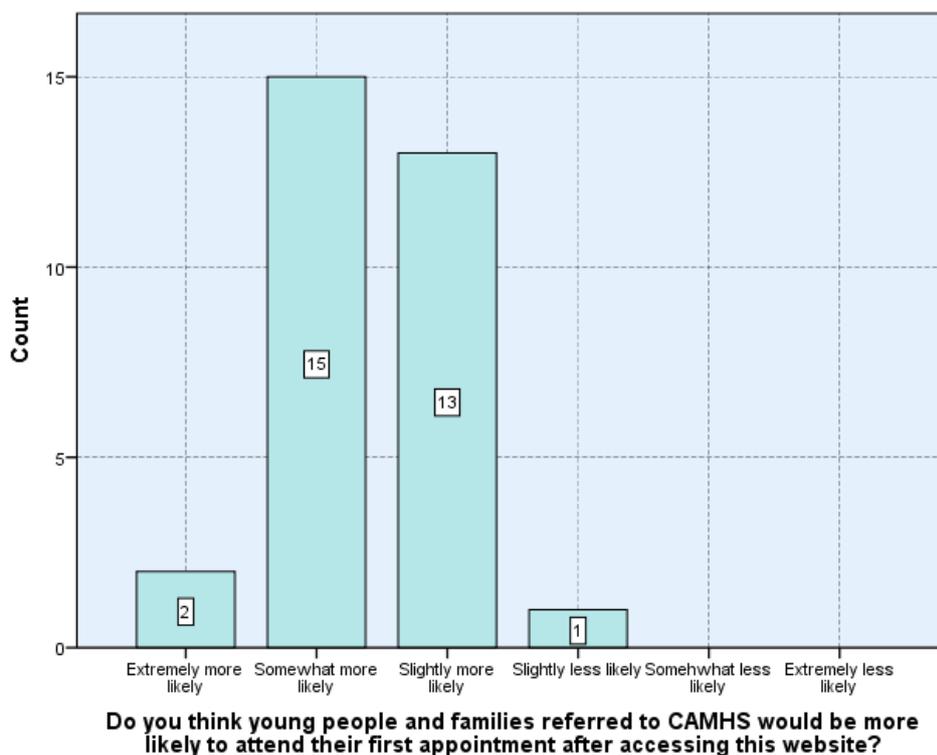
**Likelihood to attend appointments**

CAMHS clinicians were asked whether they felt using the website would make young people and families more likely to attend appointments.

Over 96% (n= 30) indicated that they thought the website would make young people and families more likely to attend their first appointment after using the site, indicated by selecting “slightly”, “somewhat” or “extremely” in response to the question, “Do you think young people and families referred to CAMHS would be more likely to attend their first appointment after accessing this website?”

No respondents indicated that they thought the website would make someone “somewhat” or “extremely” less likely to attend appointments.

**Figure 6:** Bar chart to show CAMHS clinicians’ perceived impact of the website on encouraging young people and families to attend appointments (N=31).



**Examples of free text comments:**

*“They may feel less anxious about the initial appointment and have an understanding of what might happen and what won’t happen”*

*“I think it is helpful to inform those who are worried about coming”*

*“It demystifies CAMHS, makes it seem friendly and approachable”*

*“It will help put their worries aside...if you suffer it doesn’t actually mean you are mental and this website will show just how many problems they do deal with on a daily basis”*

### **Likelihood to express opinions**

CAMHS clinicians were asked whether they felt the resource would encourage young people and families to express opinions and ask more questions at appointments. 100% (n=31) indicated that the resource would make young people “slightly”, “somewhat” or “extremely” more likely to express opinions, with the over 74% (n= 23) indicating “somewhat more likely”. No respondents felt that the website would make young people less likely to express opinions.

### **Examples of free text comments:**

*“Encourages them to ask questions and promotes them having choices”*

*“As they say information is power”*

*“They will be better informed”*

*“They may have more questions about the service”*

Further analysis of these data also indicated that CAMHS clinicians who thought that young people would be more likely to access appointments after using the website were also more likely to indicate that young people would be more likely to ask questions and express opinions. This was indicated by statistically significant moderate positive correlation between these variables: ( $r=0.429$ ,  $n= 31$ ,  $p= 0.016$ ).

### **Using the resource for specific information**

CAMHS clinicians were asked the extent to which they felt the resource gave them information about specific areas targeted through the resource, by being asked the question, “How helpful do you think the website is in giving information in the following?”

- What CAMHS is and does
- Mental health diagnoses and what they mean
- Privacy and rights
- Choices about therapists
- Transitioning in and out of CAMHS

Respondents were asked to respond to the question using a Likert scale from “Extremely helpful” to “Extremely unhelpful”. There was also an option to indicate if the respondent had not looked at this section.

For each of the six target areas, the most frequent response was either “Somewhat helpful” or “very helpful”. Only one respondent indicated that the resource had been unhelpful in one area (this was for “Transitioning in and out of CAMHS”).

**Table 2:** Percentage of CAMHS clinicians indicating how helpful they found the website for specific information (N=31)

<i>How helpful do you think the website is in giving information in the following?</i>	<b>Extremely helpful</b>	<b>Very helpful</b>	<b>Somewhat helpful</b>	<b>Somewhat unhelpful</b>	<b>Very unhelpful</b>	<b>Extremely unhelpful</b>	<b>I didn't look at this section</b>
<b>What CAMHS is and does</b>	16% (n=5)	<b>48% (n=15)</b>	36% (n=11)	0%	0%	0%	0%
<b>Mental health diagnoses and what they mean</b>	7% (n=2)	23% (n=7)	<b>65% (n=20)</b>	0%	0%	0%	7% (n=2)
<b>Privacy and rights</b>	13% (n=4)	<b>42% (n=13)</b>	<b>42% (n=13)</b>	0%	0%	0%	3% (n=1)
<b>Choices about therapists</b>	7% (n=2)	32% (n=10)	<b>61% (n=19)</b>	0%	0%	0%	0%
<b>Transitioning in and out of CAMHS</b>	7% (n=2)	36% (n=11)	<b>45% (n=14)</b>	3% (n=1)	0%	0%	10% (n=3)

## Surveys completed by Other Professionals

### Sample Characteristics

Other professionals (N=35) who completed the survey spent on average 11-15 minutes accessing the website before completing the survey.

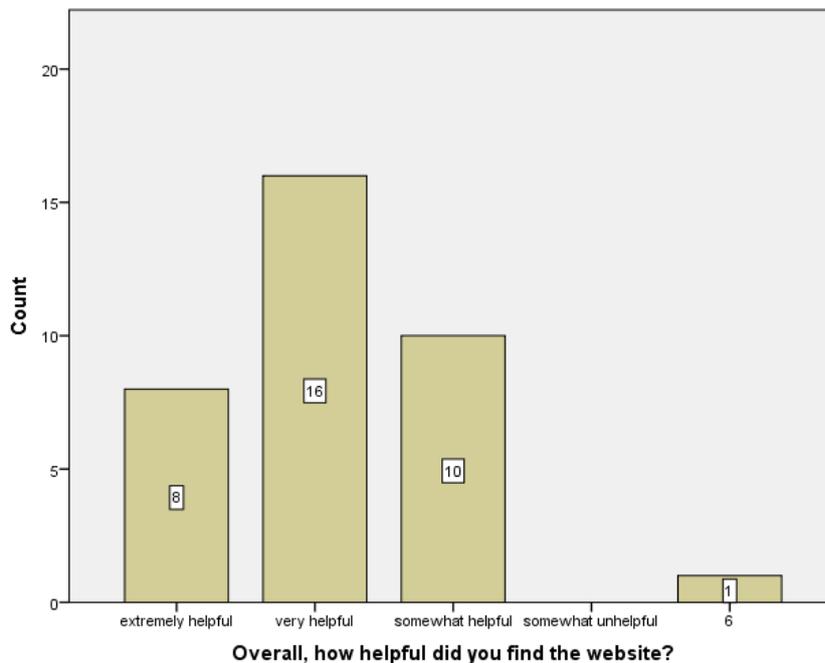
66% (n=23) of Other Professionals had heard about the website through a means not listed as an option – i.e. they selected “Other”. 26% (n=9) had heard about the website through word of mouth and 6% (n=2) through a link on another website. 3% (n=1) had heard about the website through a training event or at a conference.

### Results

#### Overall Views

Overall, other professionals found the website to be helpful, with 97% (n= 34) of respondents indicating on a Likert scale that they found the website “somewhat helpful”, “very helpful” or “extremely helpful”. 3% of respondents (n=1) indicated that they found the website “extremely unhelpful” \*.

**Figure 7:** Bar chart to show how helpful Other Professionals found the website (N=35).



\*Note this respondent on the survey went on to rate the resource very highly throughout the remainder of the survey, so it is likely that this rating represented user error.

Furthermore, almost all respondents (97%, n=34) said that they would recommend the resources to both professionals who refer young people and families to CAMHS, as well as recommending it directly to young people and families.

#### Examples of free text comments:

*“It covers all the questions that kids want to ask but probably don’t”*

*“I would recommend this site because I feel it is safe...correct and appropriate”*

*Other professionals “could use the resources to approach a referral with young people”*

#### Suggestions for ways in which the resources could be used

Thematic analysis of key free text responses was conducted to explore the ways in which other professionals could envisage the resources being used. These questions asked how the respondent could imagine using the resources themselves, and how they could envisage others using the resources (Q16, Q17b and Q18b (see Appendix B)).

In total, 117 free text suggestions for how the resources could be used were recorded by other professionals. Where applicable, comments were split into multiple parts, where more than one suggestion was made.

One example of this was:

*“Signposting to resources contained in the website, using it with young people who may be fearful of CAMHS, getting feedback from young people about services accessed”*

This was split into three separation suggestions:

3. Signposting to resources contained in the website
4. Using it with young people who may be fearful of CAMHS
5. Getting feedback from young people about services accessed

Analysis of these data revealed 5 overarching themes, with 14 sub-themes, as shown in Table 3 below.

The most frequently mentioned suggestions for use of the resources fell into the overarching theme of “Providing Information and Increasing Understanding of CAMHS” (36%, n= 42). Within this, the most frequently suggested sub themes were to *increase understanding of services* and to *provide general information*.

The second most frequently mentioned suggestions for use fell into the overarching theme of “Providing self-management support to young people and families”(33%, n=39). Within this, the most frequently suggested sub themes were to *Provide reassurance or help decide if CAMHS is right*, and to *provide general support*.

12% (n=14) of suggestions fell within the overarching theme of *Supporting uptake and engagement with services*.

The two least common but still distinctive suggestions fell into the overarching themes of *Supporting professionals in the delivery of their work* (4%, n=5) and *supporting the creation of a network of resources* (8.5%, n=10).

A separate category of “Meaning Unclear” was established to record any suggestions where the meaning was unclear. 6% (n=7) of suggestions fell into this category.

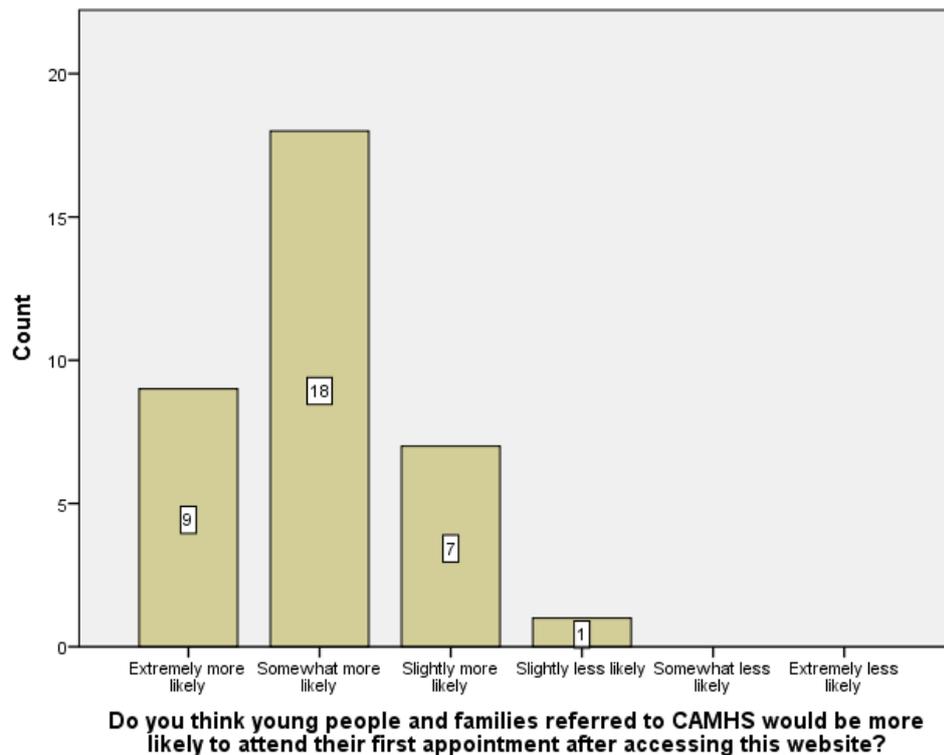
**Table 3:** Thematic analysis of other professionals’ free text suggestions for usage of resources with examples (N=117)

Overarching Theme	Sub Theme	Example Suggestion	Count (N)	% of total suggestions
<b>Provide self-management support to young people and families</b>	Provide general support	<i>"Promoting this with children and young people and parents"</i>	11	9.4
	Provide reassurance or help decide if CAMHS is right	<i>"Encouraging young people who need professional help and hesitate"</i>	16	13.7
	Challenge stigma	<i>"practical way to demystify mental health issue(s)"</i>	3	2.6
	Increase empowerment and understanding of rights	<i>"young people knowing their rights and being able to make a stand"</i>	1	0.9
	Find answers to difficult questions	<i>"It covers all the questions that kids want to ask but probably don't"</i>	8	6.8
<b>Provide information and increase understanding of CAMHS</b>	Provide general information	<i>"As a source of information"</i>	14	12.0
	Increase understanding what services are offered/what to expect (Provide up to date, safe and accurate information)	<i>"To better understand what the process will be at CAMHS"</i>	27	23.1
	Increase understanding of possible outcomes	<i>"To have a better understanding of...outcomes possible"</i>	1	0.9
<b>Support professionals in delivery of their work</b>	Support Clinicians	<i>"Would be helpful for clinicians in training"</i>	2	1.7
	Support Teachers/use in schools	<i>"When teaching PSHE it will be a useful resource"</i>	3	2.6
<b>Support the creation of a network of resources</b>	To link to existing or other materials	<i>"To supplement our letters and booklets"</i>	4	3.4
	To find other resources	<i>"The list of useful other websites is really good"</i>	6	5.1
<b>Support uptake and engagement with services</b>	Increase engagement	<i>"To help support engagement"</i>	3	2.6
	Support referral process	<i>"They could use the resources to approach a referral with young people"</i>	11	9.4
Meaning unclear	Meaning unclear	<i>"Information about you"</i>	7	6.0
		<b>Total</b>	<b>117</b>	<b>100</b>

**Likelihood to attend appointments**

The Other Professionals group were asked whether they felt using the website would make young people and families more likely to attend appointments. 34 (97%) respondents indicated that they thought the website would make young people and families more likely to attend their first appointment after using the site, indicated by ticking “slightly”, “somewhat” or “extremely” more likely in response to the question, “Do you think young people and families referred to CAMHS would be more likely to attend their first appointment after accessing this website?”

**Figure 8:** Bar chart to show Other Professionals perceived impact of the website on encouraging young people and families to attend appointments (N=35).



**Examples of free text comments:**

*“It answers their questions and takes the fear out of first appointments”*

*“It would help them to feel more “normal” because the site shows that others have the same conditions”*

*“It takes some mystery out of the service”*

*“Young people will be less worried, not only by listening to the information... but also knowing they are not alone”*

*“It does present a warm and non-judgemental friendly service”*

### **Likelihood to express opinions**

Other Professionals were asked whether they felt the resource would encourage young people and families to express opinions and ask more questions at appointments. 33 (94%) respondents indicated that they thought the resource would make someone “slightly,” “somewhat” or “extremely more likely” to express opinions. Two respondents thought it would make them less likely to ask questions. The reasons given in these examples were:

- “The questions they would be likely to ask are available on the website”
- “Because it is too narrow”

#### **Examples of free text comments:**

*“Families may feel more empowered if they have more information about the service they should be receiving”*

*“It shows that questions and responding to concerns are a part of the process”*

*“They will realise that their questions are very common”*

*“They would have a clearer understanding of their own commitment to change”*

### **Using the resource for specific information**

Other professionals were asked the extent to which they felt the resource gave them information about specific areas targeted through the resource, by being asked the question, “How helpful do you think the website is in giving information in the following?”

- What CAMHS is and does
- Mental health diagnoses and what they mean
- Privacy and rights
- Choices about therapists
- Transitioning in and out of CAMHS

Other Professionals expressed a wider ranging but more positive response to these questions, with four out of five sections having the most frequent response rated as “very helpful”. This is shown in Table 4 below.

**Table 4:** Percentage of Other professionals indicating how helpful they found the website for specific information (N=35)

<i>How helpful do you think the website is in giving information in the following?</i>	<b>Extremely helpful</b>	<b>Very helpful</b>	<b>Somewhat helpful</b>	<b>Somewhat unhelpful</b>	<b>Very unhelpful</b>	<b>Extremely unhelpful</b>	<b>I didn't look at this section</b>
<b>What CAMHS is and does</b>	12 (34%)	<b>18 (51%)</b>	3 (9%)	2 (6%)	0%	0%	0%
<b>Mental health diagnoses and what they mean</b>	7 (20%)	9 (26%)	<b>15 (43%)</b>	3 (9%)	0%	0%	1 (3%)
<b>Privacy and rights</b>	10 (29%)	<b>12 (34%)</b>	10 (29%)	1 (3%)	0%	0%	2 (6%)
<b>Choices about therapists</b>	8 (23%)	<b>14 (40%)</b>	10 (29%)	2 (6%)	1 (3%)	0%	0%
<b>Transitioning in and out of CAMHS</b>	8 (23%)	<b>11 (31%)</b>	9 (26%)	4 (11%)	0%	0%	3 (9%)

## Conclusions: Online Surveys

Overall, the analysis of the online surveys indicates the resources met the aim of enabling young people to exercise more informed choice over their care. The young people who responded to the survey were in general positive about the resources. They felt it gave them useful information, and thematic analysis showed respondents felt the website and resources were easy to understand and increased their confidence. This was supported by the statistically significant findings that young people felt more likely to attend appointments after going on the website, and felt more likely to ask questions and talk about things important to them.

Any conclusions drawn should factor in the limited number of respondents, most notably for the young people's survey and particularly in relation to the thematic analysis of young people's responses, and the reported already high levels of confidence around CAMHS.

A larger sample was able to be drawn upon for analysis of professionals' views about the resources. On the whole, professionals completing the survey were very positive about the resources, and extremely high numbers said they would recommend the website to others and felt it was helpful. Thematic analysis revealed professionals felt the resources would help strongly with providing young people and families with self-management support and increase their understanding of CAMHS, thereby relating to the aim of providing an opportunity for young people to exercise more informed choice over their care.

One or two key differences between the professionals groups were noted. Firstly, thematic analysis of CAMHS clinicians' responses revealed a unique sub theme of *"Supporting Shared Decision Making"*, directly relating to the resource's aim of supporting increased youth involvement in care. Another noticeable difference was that the Other Professionals group were more positive than CAMHS specific clinicians about the application of the resource to specific areas, although it isn't clear on the reasoning for this.

## Focus Group and Interviews

In total, two focus groups and one interview were conducted with young people about their views of the My CAMHS Choices Resource.

### Internally facilitated Focus Group and Interview

One focus group and one interview were held with work experience students at the Anna Freud Centre, between the period of February and April 2014. The focus group consisted of three young people, all aged 16 or 17, two of whom were female and one male. The interview was with a 17 year old female. All students gave their informed consent to take part in the group or interview and agreed to have the conversation audio recorded and transcribed, and used for evaluation purposes.

Both the interviewee and the focus group were asked similar questions, using a semi structured format. A copy of the full interview and focus group questions can be found in the Appendices. Full transcriptions are available on request from [ebpu@annafreud.org](mailto:ebpu@annafreud.org).

### **Key Findings**

The young people interviewed as part of the focus group and interviews were on the whole positive about the website. None of the young people had experience of service use, but were able to clearly identify the purpose and potential use of the resources to support young people and their families accessing mental health services. The focus group were also able to accurately identify the target age group for the resources.

All young people felt that the website increased their understanding of CAMHS, and felt that the website would have some impact on whether they would be likely to attend an appointment at CAMHS, although the focus group were less clear whether it would have a significant effect and felt that they would go to appointments anyway, or be able to find out this information when they attended:

*“I think if I didn’t want to go and I went on the website it would definitely encourage me”*

*“The videos...show the success that some people have had and I think it just makes it seem like it’s a lot more normal”*

*“I think it wouldn’t impact me too much, because I’d already know sort of what these appointments are like”.*

All the young people interviewed felt that the website addressed very well the worries young people might have about going to CAMHS, *“Yes...there were videos about...very common questions that lots of people might ask and they were clearly addressed”.*

The young people in both instances, but particularly the focus group, had a lot of suggestions for development and changes to the website to increase engagement with the resources. This included:

- Re-categorisation and ‘neatening up’ of the videos
- More creative / interactive videos
- Less text on the page

All the young people were positive about the use of videos and the structure of the site overall.

The young people recognised a limitation of their feedback was their lack of personal experience in CAMHS, *“but then again I’m not someone with issues”*.

#### **Examples of positive comments**

*“I like the structure, I like the way it was very easily laid out”*

*“It was good, it was clearly laid out”*

*“I like the length of the videos because they’re short and to the point”*

*“It helps you be less judgemental”*

*“It would give people more confidence to actually go”*

*“I think it covers all the bases really well... it didn’t miss anything”*

#### **Examples of suggestions / less positive comments:**

*“I would try and categorise the videos somehow”*

*“At first it was slightly confusing to know where to click”*

*“It’s a little bit overwhelming with the amount of information”*

## Externally facilitated Focus Group

An additional focus group was held by Common Room, a service user participation consultancy company. This was held in February 2014 with a group of 9 young people. The full report provided to the project and evaluation team is included in Appendix E.

### Key Findings

Key findings were that the young people were very enthusiastic about the concept of the resources, and felt it was a much needed website in particular for reassurance and to find information.

All the young people in the group felt that they would either use or recommend this kind of website, and acknowledged the little amount of quality information that they had seen about mental health services. They also were aware of how daunting going to services for the first time can be.

There were however, as in the internally facilitated groups, a number of suggestions for refinement and development of the resources, including:

- The design of the resources (colours and pictures)
- A suggestion to reduce the amount of text
- Some of the language used needs changing

Similarly to the internally facilitated groups, the young people liked the overall structure of the website and the theming under key questions.

#### **Examples of positive comments:**

*“It does what a website should- it gives people information”*

*“It’s a very good concept”*

*“The website is good. To reassure you”*

*“To get advice and find out information”*

#### **Examples of suggestions / less positive comments:**

*“Could have some more pictures”*

*“Too much writing”*

*“When I first looked at it, I liked the colour scheme and that, but for me it’s a bit too formal, with lots of text”*

*“Have more young people”*

## Conclusions: Focus groups and interviews

The face to face interview and focus groups enabled a more focussed discussion around the resources, and the semi structured approach enabled the young people to lead the discussions more openly.

Overall, young people were positive about the concept of My CAMHS Choices and the website itself, and were able to identify a need and the purpose of the resources in supporting informed choice and understanding. However, the young people did have a number of suggestions for improvement to the resources, particularly around design and formatting, to ensure the maximum potential of the resources were reached.

## Usage Data

Usage data of the online resources were collected using two sources. Google Analytics was used to collect and analyse overall data about access to the online resources as a whole, and Vimeo statistics were used for specific data relating to the embedded videos in the My CAMHS Choices resource (all videos were embedded via Vimeo).

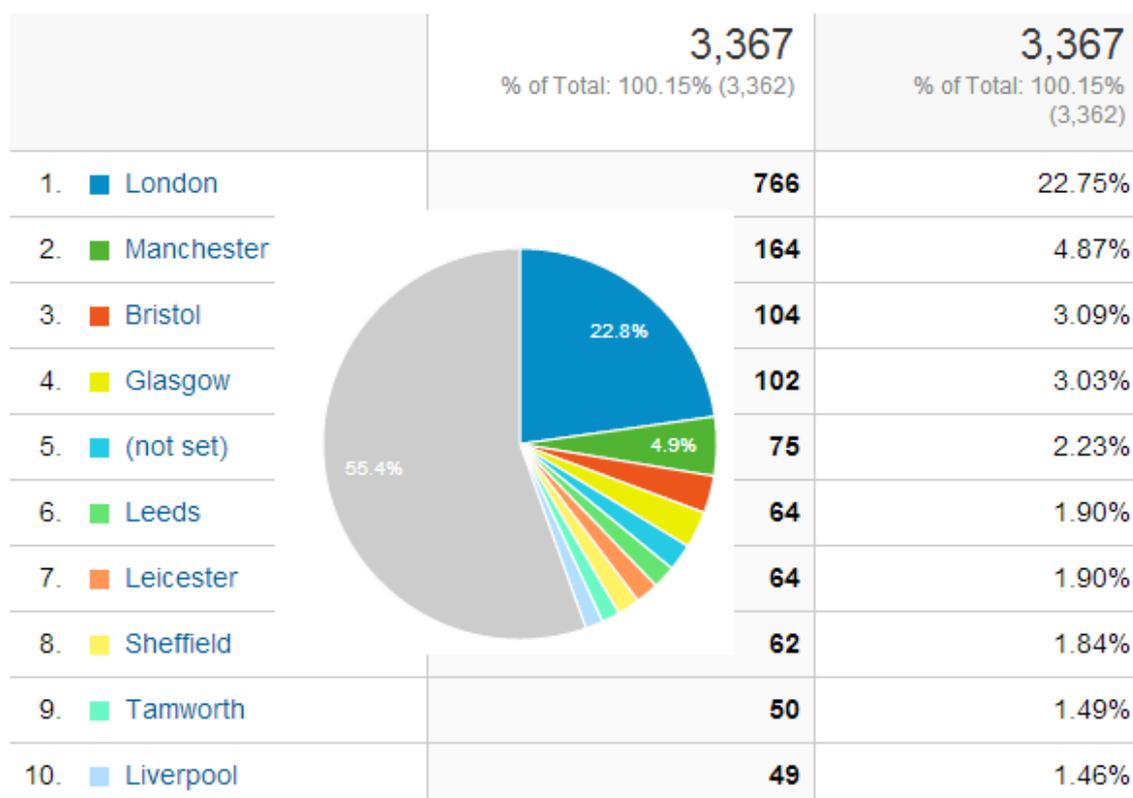
### Key Findings- Google Analytics

Analysis using Google Analytics showed that during the evaluation period of 1st November 2013- 31<sup>st</sup> May 2014, there were 3 362 unique visitors to the website. These users visited in total 18 994 pages on the website, visiting on average 4 pages per visit.

Approximately three quarters of visitors were new to the site, with around one quarter having visited the site and resources previously.

Of the new users accessing the resource during this period (n=3 367), data indicated that 23% (n=766) accessed the resources from London. 5% accessed the resources from Manchester, with other users being recorded from Bristol, Glasgow, Leicester and Leeds. For over 50% of users there was not data available about their geographical location, which is indicated by the grey segment in the pie chart below.

**Figure 9:** Pie Chart to Show Geographical location of users accessing the My CAMHS Choices resource



Data also showed that 70% of users accessed the resources using a desktop computer. Smaller but still substantial numbers (19%) accessed the resources using a mobile. 11% accessed the resources using a tablet device.

### **Key Findings- Videos**

Analysis of Vimeo statistics showed that the most popular videos\* (i.e. those that have been played the most number of times) on the My CAMHS Choices resource were those with the following titles:

1. What do you wish you'd known before going to CAMHS?
2. What is a diagnosis and what if I don't want one?
3. What shouldn't happen in a good CAMHS service?

The popularity of these videos suggest the way in which users might be using the resource, as a support in knowing what to expect at CAMHS, and what good services should look like. It also potentially highlights a key issue of concern for young people and families accessing the resources, which is around challenging stigma and the question of whether a diagnosis is wanted.

\*N.B. this analysis excluded the short welcome video which had the most plays.

## Conclusions: Usage data

The usage data from Google Analytics indicate that the resources created have been able to have a wide reaching impact, and are those that have been accessed and are accessible across the country through different means, including using tablet, computer and mobile devices. This reflects the aims of the project to support young people using CAMHS across England to develop informed choices through innovative means.

The usage data from Vimeo shows how the resource has been used to answer young people's key questions around accessing services, with the most popular video title being "What do you wish you'd known before going to CAMHS?". The data also highlight some of the key concerns young people might have when going to CAMHS, such as whether they will be given a diagnosis. This directly supports the aims of the project.

## Appendices

Appendix A: Copy of the young people's survey

Appendix B: copy of the professionals' survey

Appendix C: Copy of internally facilitated Focus group and Interview Questions

Appendix D: Copy of information and consent form for focus groups and interviews

Appendix E: Copy of externally facilitated Common Room focus group write up

## Appendix A: Copy of Young People's Survey

### Welcome to the My CAMHS Choices Survey

Welcome to our short survey about the My CAMHS Choices resource ([www.mycamhschoices.org](http://www.mycamhschoices.org)). We really value your feedback and opinions.

If you'd like to find out more about the project please have a look at the About page on our webpage: [www.mycamhschoices.org/about](http://www.mycamhschoices.org/about), or email [ebpu@annafreud.org](mailto:ebpu@annafreud.org)

Please note that this survey is relevant to young people and/or professionals working in or on behalf of CAMHS. It is not suitable for parents/carers or other family members. If you are a parent and wish to feed back on the website please email [ebpu@annafreud.org](mailto:ebpu@annafreud.org)

## Who are you?

### \*1. Are you visiting this website as:

- A young person referred to CAMHS
- An ex-service user of CAMHS
- A CAMHS service user
- A CAMHS clinician
- A referrer to CAMHS
- A commissioner of CAMHS
- Other professional or clinician
- Other young person

## Service User Questionnaire

This questionnaire is for service users or ex-service users of Child and Adolescent Mental Health Services (CAMHS), or for people who might go to CAMHS.

If you are not involved in CAMHS or not likely to be involved, please fill in this questionnaire anyway but please note that some questions might not be 100% relevant to you.

### \*2. What did you think of this website?

- I didn't like it at all
- I didn't like it very much
- It was OK
- It was quite good
- It was very good

Please tell us why you gave this answer:

### Knowing what CAMHS is and does

**\*3. BEFORE using this website, how confident were you that you understood what CAMHS does for children and young people?**

- Not at all confident
- Not really confident
- Somewhat confident
- Very confident
- Extremely confident

Please tell us why you gave this answer:

**\*4. AFTER using this website, how confident are you that you understand what CAMHS does for children and young people?**

- Not at all confident
- Not really confident
- Somewhat confident
- Very confident
- Extremely confident

Please tell us why you gave this answer:

### Confidence to go along to appointments

**\*5. BEFORE using this website, how confident would you have felt about going along to an appointment in CAMHS?**

- Not at all confident
- Not really confident
- Somewhat confident
- Very confident
- Extremely confident

Please tell us why you gave this answer:

**\*6. AFTER using this website, how confident would you now feel about going along to an appointment in CAMHS?**

- Not at all confident
- Not really confident
- Somewhat confident
- Very confident
- Extremely confident

Please tell us why you gave this answer:

### Confidence to ask questions

**\*7. BEFORE using the website, how confident would you have felt to ask questions about CAMHS if you went along to an appointment?**

- Not at all confident
- Not really confident
- Somewhat confident
- Very confident
- Extremely confident

Please tell us why you gave this answer:

**\*8. AFTER using the website, how confident would you now feel to ask questions about CAMHS if you went along to an appointment?**

- Not at all confident
- Not really confident
- Somewhat confident
- Very confident
- Extremely confident

Please tell us why you gave this answer:

### Talking about things that are important

**\*9. BEFORE using the website, how confident would you have felt to talk about things important to you if you went along to an appointment in CAMHS?**

- Not at all confident
- Not really confident
- Somewhat confident
- Very confident
- Extremely confident

Please tell us why you gave this answer:

**\*10. AFTER using the website, how confident do you now feel to talk about things important to you if you went along to an appointment in CAMHS?**

- Not at all confident
- Not really confident
- Somewhat confident
- Very confident
- Extremely confident

Please tell us why you gave this answer:

## Thank you

Thank you for filling in our questionnaire! Your answers will help us make this website more helpful for you. If you'd like to find out more about the website or the people that run it, please go to [www.ucl.ac.uk/ebpu](http://www.ucl.ac.uk/ebpu) and follow the links there.

### 11. How did you hear about this website?

- Word of mouth
- Internet search engine
- Link from another website
- Conference
- Training event
- Other event
- Other (please specify)

### 12. How long did you spend on the website?

- 0-5 minutes
- 6-10 minutes
- 11-15 minutes
- 16-20 minutes
- 21-25 minutes
- 26-30 minutes
- 31 minutes or over

### 13. Do you have any other comments about the website or suggestions for improvement?

**14. We may wish to publish part of all of your responses in the work that we do. This may include using direct quotes. This is completely anonymous which means you are not and cannot be identified. However if you are NOT happy for your responses to be used please indicate this below.**

**Leave this box blank if you are happy for your responses to be used anonymously.**

- I am NOT happy for my responses to be used by the EBPU

## Appendix B: Copy of Professionals' Survey

### Welcome to the My CAMHS Choices Survey

Welcome to our short survey about the My CAMHS Choices resource ([www.mycamhschoices.org](http://www.mycamhschoices.org)). We really value your feedback and opinions.

If you'd like to find out more about the project please have a look at the About page on our webpage: [www.mycamhschoices.org/about](http://www.mycamhschoices.org/about), or email [ebpu@annafreud.org](mailto:ebpu@annafreud.org)

Please note that this survey is relevant to young people and/or professionals working in or on behalf of CAMHS. It is not suitable for parents/carers or other family members. If you are a parent and wish to feed back on the website please email [ebpu@annafreud.org](mailto:ebpu@annafreud.org)

## Who are you?

### \*1. Are you visiting this website as:

- A young person referred to CAMHS
- An ex-service user of CAMHS
- A CAMHS service user
- A CAMHS clinician
- A referrer to CAMHS
- A commissioner of CAMHS
- Other professional or clinician
- Other young person

## Professionals' Questionnaire

This questionnaire is for all professionals who may be involved in referring to or commissioning CAMHS, or working with service users in CAMHS.

If you are not involved in CAMHS directly please fill in the questionnaire anyway but please note that not all questions may be relevant to you.

### \*15. Overall, how helpful did you find the website?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Somewhat unhelpful
- Very unhelpful
- Extremely unhelpful

### \*16. How can you envisage using this website?

### \*17. Would you recommend the website to professionals who refer young people and families to CAMHS?

- Yes
- No

If yes, how do you think professionals who refer young people and families to CAMHS would use the website?

### \*18. Would you recommend this website to young people and families accessing CAMHS?

- Yes
- No

If yes, how do you think children and families accessing CAMHS might use the website?

### \*19. Do you think young people and families referred to CAMHS would be more likely to attend their first appointment after accessing this website?

- Extremely more likely
- Somewhat more likely
- Slightly more likely
- Slightly less likely
- Somewhat less likely
- Extremely less likely

Why do you think this?

**\*20. After accessing this website, do you think young people and families would be more likely to ask questions and express opinions when they start going to CAMHS?**

- Extremely more likely
- Somewhat more likely
- Slightly more likely
- Slightly less likely
- Somewhat less likely
- Extremely less likely

Why do you think this?

**\*21. Do you think the website is helpful in giving young people and families information about the following**

	Extremely helpful	Very helpful	Somewhat helpful	Somewhat unhelpful	Very unhelpful	Extremely unhelpful	I didn't look at this section
What CAMHS is and does	<input type="radio"/>						
Mental health diagnoses and what they mean	<input type="radio"/>						
Their privacy and rights	<input type="radio"/>						
Choices about therapists they can see	<input type="radio"/>						
Transitioning in and out of CAMHS	<input type="radio"/>						

**22. If you chose very or extremely unhelpful in any of the responses to the previous question, what could be done to make the website more helpful in this area?**

## Thank you

Thank you for completing the My CAMHS Choices website survey. Your opinions will help us further develop this resource.

Please help us by telling us about how you accessed the website:

### 23. How did you hear about this website?

- Word of mouth
- Internet search engine
- Link from another website
- Conference
- Training event
- Other event
- Other (please specify)

### 24. How long did you spend on the website?

- 0-5 minutes
- 6-10 minutes
- 11-15 minutes
- 16-20 minutes
- 21-25 minutes
- 26-30 minutes
- 31 minutes or over

### 25. Do you have any other comments about the website or suggestions for improvement?

**26. We may wish to publish part of all of your responses in the work that we do. This may include using direct quotes. This is completely anonymous which means you are not and cannot be identified. However if you are NOT happy for your responses to be used please indicate this below.**

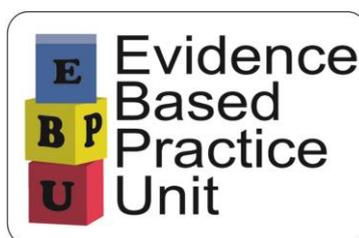
**Leave this box blank if you are happy for your responses to be used anonymously.**

- I am NOT happy for my responses to be used by the EBPU

## Appendix C: Focus Group and Interview Questions

1. What do you think of the website?
  - a. What are one or two things you particularly like?
  - b. What are one or two things you particularly don't like?
  
2. How do you think young people might use the website?
  
3. Do you know more about CAMHS after using the website?
  - a. If so, what have you learned?
  
4. Do you think young people would be more likely to go to their first CAMHS appointment after using the website?
  - a. If so, can you say why you think this?
  
5. Do you think the website addresses worries young people might have before coming to CAMHS?
  - a. If yes, what worries do you think it addresses?
  
6. Would you recommend looking at the website to young people before their first appointment?
  - a. Can you say why you think this?
  
7. Do you think the website would help young people ask questions and raise things that are important to them in appointments?
  - a. Can you say why you think this?
  
8. How might you improve the website, in terms of design for example?

## Appendix D: General Information and Consent Forms (Focus Groups and Interviews)



### General Information and Consent form

#### Focus Groups/Interviews

#### The EBPU:

The EBPU (Evidence Based Practice Unit) would like to interview you about your views of a web based resource that the centre is currently developing as part of a number of projects taking place to support the improvement of services supporting young people and families with their emotional and behavioural wellbeing.

The EBPU was established in 2006 and is part of University College London (UCL) and The Anna Freud Centre. We work with front line practitioners, service users, service managers, commissioners, policy makers and others to:

- develop and share the latest evidence with mental health professionals;
- draw on and contribute to the latest research;
- develop practical tools, training and information.

#### Project information:

#### My CAMHS Choices ([www.mycamhschoices.org](http://www.mycamhschoices.org))

The My CAMHS Choices website was developed by young people with experience of mental health problems and service use, who worked with staff from a number of organisations (YoungMinds, Off the Record, Bristol and EBPU). The website aims to give people accessing services or anyone interested in finding about services more information about what CAMHS (Child and Adolescent Mental Health Services) means and what CAMHS does.

The website features lots of videos of people who work in CAMHS, and people who have accessed services, talking about different aspects of CAMHS.

**What you are agreeing to:**

***Please make sure you have read all the information below before signing this consent form.***

***You have a right to withhold consent if you do not agree to any of the following.***

- The information that you give during the course of this interview might be used to help the EBPU evaluate or promote projects, which might include using direct quotes of things you say or summarising something you have said. This might be in a report, publication or on a website.
- You will never be personally identifiable in any information that we may use to promote or evaluate the website.
- We may keep minimal personal details that you give us (your name, age, gender) for our records only and these will not be shared or distributed and only accessed on a need to know basis by members of the team internally.
- The information that you give during this interview might be audio recorded so that we can transcribe what you have said. The audio recording will only be used for this purpose and will not be distributed or shared.

I understand that the information I give as part of the interview may be used by the EBPU to support the evaluation or promotion of their work.

I understand that at no time will I be identifiable from this information and any personal details that are stored will be the minimum necessary and not distributed or shared.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you for your participation! If you have any questions please let your interviewer know.**

## Appendix E: Report from externally facilitated focus group

# COMMON ROOM

### My CAMHS Choices discussion group – Saturday 22<sup>nd</sup> February

We facilitated a discussion group with 9 young people from the NCB Young Researchers Network. Each member of the group had access to a laptop to look at the MCC website for approximately 20-25mins. They were given the list of questions so they could make notes. We then facilitated a group discussion to explore the key questions.

#### MCC as a concept

*“To get advice and find out information.”*

*“The website is good. To reassure you.”*

The young people were overwhelmingly positive about the concept of the MCC website. In particular they said:

- It was a much-needed resource to enable young people to learn about CAMHS.
- Accessing services for the first time is daunting and information provided to young people is usually very poor quality.
- There is little or no good quality information that they had seen about accessing mental health services, especially what to do if you are not happy with the service or if you experience difficulties.
- They would all use and/or recommend this kind of website.

This section of the discussion was relatively brief as all of the young people felt that whilst they were strongly in support of the concept of the website, that some of the current content did not entirely meet the websites aims. They therefore felt unable to answer or comment on certain questions, including:

- Do you think young people would be more likely to go to their first appointment?
- Do you know more about CAMHS after using the website?
- Do you think the website addresses worries young people might have before coming to CAMHS?

They felt the website would make young people feel differently about using CAMHS, especially with additional content:

*“Yeh I think it already does that. Like it already gives information it’s just that it needs to be more clear. Like more straightforward. It does what a website should – it gives people information. But it just needs more from the people themselves.”*

*“It’s a very good concept.”*

### **Feedback on the current version of MCC**

The overarching feedback about the site was positive, but that it needed some further refinement and additional content to ensure it fully met its aims. The main message from young people was that the information, especially in some of the videos, needed to be more specific and direct.

### **General design**

*“Colours should’ve been more bright, like yellows or blues... bright and happy.”*

*“Could have some more pictures.”*

*“Have more pictures – not just of the workers, but more young people.”*

*“I don’t think the sponsors [logos] should be right at the top, because I think when a young person goes to a mental health service, they want to be thinking about it can do for them, erm, not where the organisation is getting the money from.”*

*“You should move the logo’s the bottom of the page.”*

The young people liked the overall structure of the website and that it was themed under key questions. They had some suggestions about design that included changing the colours, adding more pictures and more images of young people.

### **Video content**

*“I’ve watched one of them and I think it was the one that says ‘do you ever feel like your worker might say something hurtful to you’, and it was confusing as to what the answer was. I felt like it missed out the answer – it didn’t quite answer it.”*

*“On the video’s, where it says watch this video, it’s got a ratings bar. And I kinda think ratings are good and all, but rating a video about a subject that’s quite sensitive is a bit stupid. It’s the first time I’ve seen ratings on a website like this. Ratings are good, but it’s a video about something that’s really sensitive. It could hurt people and things like that. They might think you’re rating the issue, not the quality of the video.”*

*“I kinda think they’re a bit boring. I know they’re trying to be informal, but they’re kinda just sitting there talking.”*

*“This website is very good at beating around the bush. There’s no specific content. Like, if I was to go on a video, like, they just go around the topic. People today, like, really, like, really want to go to a straightforward place. It’s not like before when you*

*had to go to the library and look through reference books. This sight is like looking at reference book, but not quite finding the right page.”*

*“The fact the people in the videos are middle aged or over is a bit off putting. Because for a young person they might find it a bit intimidating to get advice from them.”*

*“It should be more straight forward. The videos are quite confusing”*

*“Have more young people. Maybe not exactly your age, they could be a bit older, but maybe more relatable for that young person.”*

*“I think using animations maybe... instead of someone just talking at you... animations may be more child friendly.”*

*“More experiences of young people.”*

*“The video’s need to be more child friendly, more colourful, maybe more cartoons in them. Less older people.”*

Young people liked the concept of the videos and felt they were a good way of giving information and explaining what can be complex topics. However, they felt many of the videos didn’t quite answer the question and needed to be clearer and more direct. They also suggested that more young people should be in the videos. One young person queried whether the ratings might be confused as being about the issues, rather than the videos.

### **Written information**

*“When I first looked at it, I liked the colour scheme and that, but for me it’s a bit too formal, with lots of text. Like, with those big paragraphs, I see it as a bit like an essay”*

*“Too much writing.”*

*“Break the text up a little bit more. Less long paragraphs.”*

*“Change the font because it’s set in the default setting.”*

*“To answer the questions, it shouldn’t just be in the form of a video. There should be text as well, because especially if you’re at home and you’re looking at this, to play a video with the sound and everything, I don’t think a lot of people would feel comfortable doing that, especially if there were people around them.”*

Some young people suggested there should be less writing on the site in general. However, they also felt that there should be another way to access the answers in the videos, so that young people could access this if they were concerned about privacy and people overhearing.

### **Additional content**

*“It needs and a-z of mental health issues so people looking for their problem could get directly to that problem and what they could do about it. Like ‘what’s the difference between self-talk and hallucinations?’ or anorexia and anxiety.”*

*“You know where it says contact us, it should be more, like... like right at the top, so it’s easier to contact them.” [We discussed that this wasn’t a direct advice service. The young people suggested making numbers such as Childline prominent instead.]*

*“Where the contact us is, have a box that says ‘Help Me’ and direct email address to your local CAMHs and link to other local support information.”*

The young people felt that as well as their key questions, it could be helpful to have more information on different mental health issues. We also discussed the contact us section. At first young people suggested this should be more prominent. We explained that the contact details are not for advice for individuals, so they suggested including the contact details of help and advice lines instead and making this prominent.

### **Other**

*“One of the titles, moving on, you hear that quite a lot, but in a negative way. Like, move on as in ‘get over it’. Some people might think you’re saying just get over it.”*

A few young people queried the language of ‘moving on’ and suggested this may come across as in move on from your issues ‘get over it’

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