# Solar (0-19 model) service evaluation protocol

*A new mental health 0-19 crisis service model for Children and Young people (CYP), and exploration of its appropriateness, effectiveness and stakeholders' satisfaction*

Short title: The 0-19 model and its crisis service

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# 1. Title of Service evaluation:

A new mental health 0-19 crisis service model for Children and Young people (CYP), and exploration of its appropriateness, effectiveness and stakeholders satisfaction.

# 2. Lay Summary:

At the moment, up to 10% of children and young people (CYP) in the UK are suffering from some form of ill mental health. Untreated or undiagnosed mental health condition in childhood or adolescence can further escalate and become a lifelong chronic condition in the adulthood. Therefore, early intervention and prevention, alongside with appropriate mental health crisis service, play a pivotal role in maintaining the mental health of CYP, so that CYP can grow into the healthy adults. Currently, mental health crisis services are a relatively new area of mental health provision, which remains insufficiently investigated. This is particularly visible in mental health crisis services for CYP, with visible gaps within existing knowledge. Still, it is unclear to us, what available models of crisis provision are available for CYP; what are their effectiveness and efficiency; what are appropriate treatments for treating CYP in the crisis; how good are these models in developing

resilience, recovery and preventing future relapse of a mental health crisis for CYP. Most importantly, there is a gap with research in a mental health crisis for CYP that evaluates available models using sound methodological and empirical approaches.

In order to fill those gaps, the current project will use the newly created 0-19 model and its crisis service, as a unique model, which is stepping out from the regular CAMHS form of service. The 0-19 model is fully transformed, according to the recommendation of the Future in Mind, Five Year Forward View for Mental Health and other policies, and as such is based on integrated service, made in partnership with both statutory and voluntary organisations.

The currently proposed service evaluation has main aim to understand the impact of the 0-19 model and its crisis service on the CYP age 0-19, their parents and carers and range of stakeholders across a range of service settings.  The current PhD project proposes a mixed methods approach to guide this service evaluation, as this methodology would allow us to capture both CYP and 0-19 model Staff members experiences of engagement, their perspectives, as well as the satisfaction of service users and their families with current crisis service provision. These views can help to develop further and improve the current 0-19 model and its crisis service. Moreover, the proposed methodological approach has the potential to understand how effective and clinically efficient is a 0-19 model and its crisis service. The proposed evaluation will complement a systematic review which is currently in progress with aims to synthesise available alternatives to inpatient/acute setting and their effectiveness.

## 3. Background:

### 3.1. Children and Youth Mental Health - the United Kingdom context

Last conducted survey in the United Kingdom on the child and youth prevalence of mental health disorder showed that every one out of the ten children or young people (CYP) are suffering from some mental health issue (Green et.al.,2005; Longfield and Lennon, 2017). Furthermore, evidence from a study conducted in 2005 indicated that 50% of adult population manifested mental health difficulties before reaching the age of 14, while 75% manifested some mental health disorder by the age of 24 (Kessler et al.,2005). Since 2005, more evidence supports the notion that adult mental health issues stem from untreated and undiagnosed mental health issues that could have roots in childhood and adolescence (Green et al., 2005; Merikangas, Nakamura and Kessler, 2009). Therefore, early

intervention has the potential for prevention of not just mental health crisis in young people, but also a reduction in expensive and longer-term mental health disorders that could develop in youth and persist into to the full adulthood.

On the other hand, the provision of existing services may be seen as outdated (Werbeloff., 2017), a rigid and unattractive provision that is unable to meet children and young people's more complex needs (Gulliver, Griffiths and Christensen,2010). Additionally, there are numerous barriers to CYP access to existing services, such as long waiting lists, which adversely impacts CYP mental health and the help-seeking behaviour process (Anderson, Steen and Stavropoulos,2017; Clement et.al.,2015; Gondek et.al.,2016; Reardon et.al.,2017; Hodgekins et.al.2017). Besides, complex pathways of care and ineffective transition models from CAMHS to Adult mental health services (AMHS) produce difficult and often unpleasant experiences for young people (Paul, Street, Wheeler and Singh,2015) which also could contribute towards barriers to access (Bhugra, Harding and Lippett,2004), affecting further engagement with mental health services and resulting in more substantial needs for crisis intervention (Compton, 2005; Waddell, Shepherd, Schwartz and Barican,2014; House of Commons, Health Committee,2014-2015).

## 3.2. National context for CYP mental health provision and crisis care

The House of Commons Health Committee for children and an adolescent mental health report showed how serious are existing problems with the provision of CYP mental health services in England (House of Commons, Health Committee,2014-2015). The report identified problems that are ranging from poorly planned and executed transitions of young people from CAMHS to AMHS, along with waiting list that further deterioration of mental health of CYP, issues with access to CAMHS and inadequate data collection and management (House of Commons, Health Committee,2014-2015).

This report was backed up by the publication of the Future in mind that set in motion changes needed to tackle current problems with CYP mental health provision, through the transformation of existing services that could help to improve the current state of CYP Mental health provision within the United Kingdom (Department of Health & NHS England, 2015). This led NHS England to adopt 'Five Year Forward View for Mental Health' the transformation plan for existing services that would reshape their provision so that services would be both efficient and effective CYP mental health service with timely access to evidence-based practice (NHS England,2016). As result, services will be integrated mental

health providers, with early intervention, and prevention, and provision of mental health care in the stigma-free environment (NHS England,2016).

Besides, recently publish Green paper, is the present government response to more evident issues with CYP mental health and its provision (Department of Health,2017). The main highlights of this document are proposed changes within areas of achieving shorter waiting time. Waiting times according to the green paper should be up to 4 weeks maximum for CYP (Department of Health,2017). Furthermore, the document also indicated that improvement of mental health provision for young people 16-25 years old is much needed, along with an emphasis on the prevention of mental health, an increase in support both for CYP and their families, and much higher involvement of educational institution with regards to mental health (Department of Health,2017). However, the current document is just a starting point of much-needed change, which according to British Psychological Society is late and surely not enough response to more urgent pressing issues with current funding and state of CYP mental health provision (British Psychological Society,2017).

### 3.3 The Solihull context: Demographics and Diversity

According to the statistical data from 2016, it is estimated that 62,600 CYP age 0-19 residing in the Solihull borough, while 53,600 of those are 0-18 years old are registered at Solihull GP practices (Solihull Council and CCG, 2015). Besides, 29% of children and young people age 0-19 is evident in Northern parts of the Solihull Borough, in comparison to other parts of the Borough which constitute 23% of children and young people same age range (Solihull Council and CCG, 2015). However, future predictions by the council are estimating an increase in the number of CYP by 4% up to 2021, with a more significant increase of 1400 children age 10-14 (Solihull Council and CCG, 2017).

Furthermore, Solihull experienced in the last ten years an increase in numbers of black and minority ethnic background children and young people. According to official statistics, 15% of children and adolescents aged 15 and under are from black and ethnic minority (BME) groups in the Solihull Borough (Solihull Observatory, 2017). There is a large pool of research evidence stating that young people who are coming from BME backgrounds are less likely to engage with mental health services (Plaistow et al. 2014). Even if they are engaged, the majority of BME will have limited engagement with existing provision, drop out from the treatment, becoming part of 'Did not attend'(DNA) statistics or have poorer treatment outcomes in comparison with their white peers (Knapp et al. 2015). This is evident in

particular due to existing barriers to access, such as fear of stigma, the influence of their own culture, lack of conversational knowledge of English and particular cultural norms (Kessler et al., 2005).

Also, inequality gap is evident in parts of Solihull, especially between North parts which are undergoing regeneration, in comparison to the rest of the Solihull borough (Solihull Council and CCG, 2015, 2016 and 2017). An official Solihull borough statistics is estimating that 1 out of 6 children lives in relative poverty (Solihull Council and CCG, 2015). This is particularly important, as socioeconomic factors such as inequality, growing up in deprivation and disadvantaged background can have discernible effects on children and young people mental health (Dogra, Singh, Svirydzenka and Vostanis, 2012).

### 3.4 The 0-19 Mental (Solar) Health Service Model

In the April 2015, the new 0-19 model was commissioned, replacing the previous Solihull CAMHS service model 0-17 run by the Heart of England Foundation Trust (Solihull Council and CCG, 2015). In the previous model of care, the gap between services was evident as CAMHS provided a service till seventeen years, while the adult service provided a service from eighteen years onwards Solihull Council and CCG, 2015).
On the other hand, with the implementation of the new 0-19 model of service provision, young people will transition to adult services at the right time for them, with the transition being more guided by need and not by age, as recommended by Future in Mind (Department of Health, 2015).

Furthermore, the recommendation made by Future in Mind and 'Five years forward plan' also helped to shape and form the local transformation plan. The Solihull local transformation plan helped the 0-19 model to transform its service provision from an outdated CAMHS service into a new model of care (Solihull Council and CCG, 2015, 2016 and 2017). This would not be possible without the partnership with Barnardo's, who took the important role of providing primary mental health services, alongside the Birmingham and Solihull Mental Health Foundation Trust, which started to run specialist and crisis services at Solar (Solihull Council and CCG, 2016).

In 2017 this new model of children and young people (CYP) provision progressed into a 'service without tier system,' while merging primary care mental health services with specialist community CYP mental health services into a single point of access (Solihull

Council and CCG, 2017). This has allowed children and young people not only to be referred to the health system but also to self-refer.

To establish the impact of its service, 0-19 model started to electronically record outcome measures into its IT system, RIO, from 2017 (Solihull Council and CCG, 2017). The analysis of these data could help to inform the service about the quality of care they are providing but also inform patients about the quality of care they receive.

Creation of new model 0-19 of service provision has an opportunity to contribute towards the continuation of the transformation of the current provision of CYP mental health provision, as well as meeting Health Committee House of Commons recommendations (2014-2015). These recommendations are emphasising early detection and early intervention, along with the improvement of access to treatments and engagement of both children, young people and their families (House of Commons, Health Committee, and 2014-2015).

## 3.5 Solar and its primary aims

The first primary aim of the 0-19 model (Solar service) is to meet the unmet mental health and emotional needs of children and young people while providing support to them throughout their use of the service (NHS England, 2014/2015). This journey starts with (self) referral and ends up when children and young people are ready to leave the service.

The second primary aim of the 0-19 model is to provide focused children and family care that is compassionate and provided in a stigma-free environment, which will promote their recovery and prevent the reoccurrence of mental health issues (Solihull Council and CCG, 2015). Furthermore, the third primary aim is to provide parents and carers with much-needed support, aiding them in understanding their children's mental health and emotional needs and behaviours (Solihull Council and CCG, 2017; NHS England, 2014/2015)

In addition to this, the fourth aim focuses on creating more timely access to information and services for families and practitioners (NHS England, 2014/2015). The last fifth aim is to place a focus on creating and strengthening ties with schools and primary care settings to identify and provide support to children and young people with mental health issues (Solihull Council and CCG, 2015). Besides developing its primary aims, Solar also devised a series of 17 primary objectives which should guide the service operation till 2020 (NHS England, 2014/2015).

The implementation of the 0-19 model, its aims, impact, and outcomes are essential not just for international and national interest, but more importantly local interests. The 0-19 model will justify its commission only if it is capable of doing what is intended, to ensure positive changes with regards to mental health and well-being to local children and young people and communities that 0-19 model is serving.

## 3.6. Crisis care within the 0-19 model

The 0-19 model is following recommendations made by The Future in Mind with regards to the provision of mental health crisis care. According to Future in Mind, it is essential that children and young people who are experiencing mental health crisis receive adequate support or intervention according to the recommendation made by the Crisis Concordat (Department of Health, 2015; Department of Health and Concordat signatories, 2014). This also includes the provision of out- of -hour's mental health service along with providing the rapid and full assessment of CYP mental health crisis (Department of Health, 2015).

The 0-19 model implemented Provision of the single point of access (SPOA), a defined acute and crisis care pathway with an emergency out of hours support and intensive community services to pre-empt hospital admission back in 2015 when the 0-19 model was officially commissioned(Solihull Council and CCG, 2015). The Single Point of Access (SPOA) was directing all new referrals for same day and urgent (needing assessment within 1-7 working days) assessments to the Intensive Community Outreach Service (ICOS). In that time, the ICOS was managing all CYP presenting in crisis and was delivering the acute and crisis pathway of the service to facilitate easier access to services for distressed children and young people and their families (Solihull Council and CCG, 2015). The Integrated ICOS team had four main functions. It provided a Rapid Response for urgent assessments, delivered brief Crisis Interventions and long-term intensive Outreach Support and facilitated Stepped Transition providing a virtual ward experience in the community and gate keeping inpatient admissions (Solihull Council and CCG, 2015).

During the 2015/2016, on average 1-2 children and young people (63 in total) have experienced a mental health crisis each week, both within and out of working hours (Solihull Council and CCG, 2016). The ICOS provided a service between 9 am - 5 pm, Monday to Friday. Outside of these hours children and young people were presented directly to A&E and if required were admitted to a paediatric ward, where they would be seen by the0-19 model's crisis service staff next working day (Solihull Council and CCG, 2016).

Solihull Together for Better Lives, one of eight Urgent and Emergency Care Vanguard sites, has been awarded funding (£482,530) to implement an accelerator project to improve children and young people's mental health in a crisis(Solihull Council and CCG, 2016). Therefore, today there is visible improvement in the provision of crisis care, in comparison when the service was run by the ICOS team back in the 2015 (Solihull Council and CCG, 2016).

Currently, the crisis service is a member of the Vanguard Urgent and Crisis service model, operating daily from 8 a.m. to 8 p.m., including weekends (Solihull Council and CCG, 2017). CYP, who experience mental health crisis are triaged within one hour of referral, while an assessment is completed within 4 hours, as recommended by Crisis Concordat (Department of Health and Concordat signatories, 2014). Besides, outside of the working hours CYP are seen directly by A&E staff, and if required can be admitted to a paediatric ward. However, CYP must be seen the next working day by a member of the 0-19 model and its crisis service. At the moment, the duty crisis line is currently staffed by a clinician from 9-5, Monday to Friday, while outside of these time, calls are transferred to the central switchboard (Solihull Council and CCG, 2017).

Further plans for developing crisis service include more coverage for the crisis line to be managed by a skilled clinician from 8 a.m. to 8 p.m., seven days a week. Furthermore, development of a range of support available to CYP by supplementing the skills of the existing team with an occupational therapist and joint work with "Forward Thinking Birmingham" to cover out of hours crisis service and crisis care(Solihull Council and CCG, 2017).

### 3.7 Identified Gaps in the current literature

### 3.7.1 Experience of CYP navigating the mental health crisis services

It is also important to mention that there is an existing gap in the UK, with no published research, which specifically addresses the experiences of CYP, and their parent/carers, travelling through crisis services, from the point of referral to the point of discharge from the mental health crisis services.

### 3.7.2 Relapse and rates of the resilience of children and young people after being discharged from crisis services

There is a lack of research evidence with regards to recovery and relapse within either CYP or adult populations after discharge from mental health crisis services (Paton.et. al, 2016). There is a need for models of prevention of relapse, specially designed for CYP after they are discharged from crisis services. Moreover, there is a gap in quantitative/qualitative research which addresses relapse and rates of the resilience of CYP after being discharged from the crisis services. As stated in the study by Werbeloff et al. (2017), the majority of literature on the topic of relapse and re-admission of patients in mental health crisis back into the service is from acute and psychiatric admissions for the adult population.

### 3.7.3 Scarce number of studies reporting progress with implementation of recommendation by the FIM and Five Year Forward View.

There are currently no empirical studies that investigate the implementation of recommendations from the FIM and Five Year Forward plan and how their recommendations are working in everyday practice. Furthermore, this project could show how much-existing services are capable of delivering desired outcomes as initially proposed by the FIM.

### 3.7.4 Lack of research evidence of the effectiveness of crisis mental health services

Finally, the currently proposed project would make a significant contribution to the research pool, as there is an insufficient number of published and methodologically led service evaluation from existing crisis services for CYP.

## 4. Purpose of Evaluation

The purpose of this service evaluation project is to understand the impact of the 0-19 model and its crisis service on the CYP age 0-19, their parents and carers. The current PhD project proposes a mixed methods approach to guide this service evaluation, as this methodology would allow us to capture both CYP and 0-19 model Staff members experiences of engagement, their perspectives, as well as the satisfaction of service users and their families with current crisis service provision. Moreover, the proposed methodological approach has the potential to understand how effective and clinically efficient is a 0-19 model and its crisis service. The proposed service evaluation will complement a systematic review which is currently in progress, and that aims to synthesise available alternatives to inpatient/acute setting and their effectiveness.

The findings from this service evaluation will be used to inform current and future mental health services and practices for CYP, and contribute towards much-needed support for research in nation-wide service evaluations of similar CYP mental health crisis models. Furthermore, findings from this service evaluation will informing the 0-19 model and its crisis service on the part of the provision, that may require additional improvement to meet the continuously evolving needs of their service users. This service evaluation protocol outlines proposed methodology for service evaluation of the 0-19 model and its crisis service in Solihull.

## 5. Evaluation Aims and Objectives

The main aims of this proposed service evaluation are to:

**Aim 1)** Conduct a systematic review that will identify alternative models to acute/inpatient admission for CYP experiencing a mental health crisis, and establish their acceptability and effectiveness.

Objectives:
- Create a thorough searching strategy that will be used for searching the following databases: Ovid (Medline, Embase and Pscyhinfo); PubMed; Scopus; Web of Science, CINAHL and ASSIA.
- Conduct the extraction and analysis of relevant identified articles from the previous steps.

- Assess the quality of identified research evidence using MMAT and create a textual synthesis of the main findings.

Research questions:
- What are the alternatives to acute/inpatient admission for children and young people experiencing a mental health crisis?
- How acceptable and effective are these alternatives in comparison to acute/inpatient care for children and young people?

**Aim 2)** To ascertain the accessibility, acceptability and effectiveness of the overall 0-19 model and its crisis pathway/service

Objectives:
- To investigate the performance of the 0-19 model with its service provision, and the effect that service has on its service users and their families.
- To investigate staff perception of what works well and what needs to improve with current 0-19 model and its crisis service
- Investigate the first year vs the second year of the 0-19 model provision in order to see improvements in their service provision.
- Describe what kind of crises are accepted and rejected by the crisis element of the 0-19 model and why.
- Ascertain the accessibility and acceptability to users of the crisis service.
- Understand the interactions between the 0-19 crisis team and acute inpatient services.

Service evaluation questions:
- Does the 0-19 model improve access, and equality of access, to interventions for CYP who are experiencing mental health difficulties?
- How effective is the service provision of the 0-19 model?
  - Does the 0-19 model have a significant and positive effect on mental health outcomes for children and young people?
- How effective, accessible and acceptable is the crisis provision of the 0-19 model for children and young people and their parents?
  - Is 0-19 crisis model effective in reducing A&E and acute admissions or out of area placements?

# 6. Work Packages for the proposed project

This proposed service evaluation is organised around two distinctive, and interconnected Work Packages (WP). A systematic review (WP1) will inform this project of any identified alternative models to acute and inpatient admission for CYP experiencing a mental health crisis. Both qualitative and quantitative methods will complement each other (WP2). They are designed to gain a more in-depth understanding of experiences with 0-19 model and its crisis service from CYP and their families and staff members involved in their care. In addition this service evaluation will investigate service effectiveness and its performance.

## 6.1 Work package 1 – Systematic Review

The WP1 will address the first aim, to conduct a Systematic review between March 2018 and January 2019, in order to identify alternative models to acute and inpatient admission for CYP experiencing a mental health crisis. Extensive work on the systematic review will be made in the period after submission of the ethics to BSREC or NHS. This will allow more focus on the systematic review while waiting for the ethics committee decision.

## 6.2 Work package 2 (Qualitative and Quantitative prospective service evaluation)

The WP2 will address second aim for the proposed service evaluation, in order to assess the accessibility, acceptability and effectiveness of both the 0-19 model and its crisis service. As such, it will involve a range of interviews and focus groups with different stakeholders. In parallel, this WP will also involve flagging and track cohorts of CYP from the point of their acceptance to the crisis pathway, until the point of their discharge from the crisis service. Initial work on the work package two has been done from February – March 2018. This allowed creating interview protocol that would supplement the service evaluation protocol and ethics submission. Once when this proposed project gets approval from the ethics committee (BSREC or NHS), data collection will commence. It is envisaged that this package will cover focus group interviews and a semi-structured interview with CYP, their parents/carers, and staff members of the 0-19 model. It is expected that work package two will be fully finalised (transcribed and analysed) by September 2019 (Timeline for the proposed service evaluation is in Appendix 17.20)

### 6.2.1 Overview of Qualitative methodology

The qualitative methodology will be mainly used to understand the views, experiences and perspective of a range of stakeholders with regards to 0-19 model and its crisis service.

- Focus group interviews will aim to capture perspectives of different key stakeholder groups, ranging from service users of the crisis service; their parents and staff members of 0-19 model and its crisis service. The main objective of focus groups will be to establish a foundation that will be used to construct semi-structure interview questions.

- Semi-Structure interviews will be based on focus group interview, and as such will try to create an in-depth understanding of stakeholder perspective and experiences with regards to 0-19 model and its crisis service.

Invitations to take part in a semi-structured interview or focus group will be given to CYP and their parents via PhD student that will be incorporated into the crisis team of the 0-19 model. In addition, 0-19 model user participation (Youth forums) will be used to involve more service users and their families in the service evaluation. The relevant community stakeholders will be recruited using a direct approach by PhD student and by snowballing sampling strategy. The full breakdown of the participant's commitment can be accessed in <mark>chapter 6 (subheading 6.3, page 20).</mark>

### 6.2.2 Overview of Quantitative methodology

In order to minimise any disruption to the normal operation of the 0-19 model and its crisis service, the quantitative data will be drawn from 0-19 models IT systems and data that service is regularly collecting (e.g. routinely collected outcome measures). All quantitative data will complement previously collected qualitative data obtained through focus groups and semi-structured interviews.

To assess the effectiveness of the 0-19 model and its crisis pathways, approximately 100 CYP will be flagged and tracked from the point of acceptance to 0-19 model's crisis service to the point of discharge. This will allow us to see the journey that CYP are taking through the 0-19 model. In order to successfully capture the CYP journey, the NHS IT system RIO will be used, by adapting an informatics template that will be developed in consultation with the 0-19 staff and commissioner.  This will allow us to see **anonymised data**, such as DNA rates, CYP engagement and attendance, both referral and acceptance rates, re-acceptance back to the service, A&E attendance, and clinician's notes.

## 6.3 Participants commitment (Qualitative segment) throughout WP 2

| Interview | No. of times | No of participants | Length | Description | Outcome |
|---|---|---|---|---|---|
| Focus groups with CYP | 2 | In total, Approx. 20 | Approx. 45 minutes | Two focus groups will be conducted with CYP who are recently discharged (within three months) from the 0-19 crisis service. It is predicted that focus groups will take place at 0-19 service. PhD student will facilitate focus groups | To explore their satisfaction, perspective and how to improve 0-19 crisis provision further |
| Focus group with parents/carers | 2 | In total Approx. 20 | Approx. 45 minutes | Two focus group will be conducted with parents/carers to establish their satisfaction with the crisis provision and their involvement with managing CYP in crisis. The focus group will take place at 0-19 service. PhD student will facilitate interviews. | To understand do parents have access to appropriate support to help them to manage a CYP crisis, as well as their overall satisfaction with 0-19 crisis provision |
| Focus group with Staff members (0-19 models crisis) | 1 | In total 10 | Approx. 45 minutes | A focus group will be conducted with 0-19 model and its crisis service staff members at the Solar service, who is directly involved in work with CYP in crisis. PhD student will facilitate focus groups | To understand the perspectives/opinions of 0-19 staff with regards how to improve current crisis provision, how much impact 0-19 crisis service has on the recovery and resilience process of CYP service users? |
| Semi-structured interview with CYP's | 8-10 | In total up to 10 | Approx. 30-40 min | PhD student will conduct interviews. These are likely to take place either at participant's home or a local venue known to them during working hours with flexibility for early evening interviews | Interviews will try to understand CYP experiences with travelling through the 0-19 model crisis service from the point of acceptance to the point of discharge. |
| Semi-structured Interviews with Parents/Carers | 8-10 | In total up to 10 | Approx. 40-45 minutes | PhD student will conduct interviews. These are likely to take place over the phone but if preferred, will take place at either a participant's place of work or a local venue known to them during working hours with flexibility for early evening interviews | To understand parents experiences with the 0-19 model crisis service from the acceptance of their children to the service, to the point of their discharge. |
| Semi-structured interviews with 0-19 staff | 8-10 | In total up to 10 | Approx. 45 minutes | PhD student will conduct interviews. These will take place in the 0-19 model and its crisis service during working hours of their staff members | To explore in-depth staff members perspectives with regards to 0-19 model and its crisis service |

# 7. Work Package 2

## 7.1 The Grounded Theory approach (GTA)

The Grounded Theory, which would be used for all interviews/focus groups. The primary goal of the GTA is to produce from the data itself particular innovative theoretical framework (Cuttclife, 2005; Service, 2009).

The main strength of the GTA lies in the fact that does not require "A-Priori" hypothesis (Asbury, 1995), as this formulation of hypothesis could contribute towards influencing researcher and research finding what can result with bias (Chapman, Hadfield and Chapman, 2015). Instead, these hypotheses are embedded in the transcript and data itself, and they are being unveiled during data analysis (Asbury, 1995; Service, 2009). **Themes that were identified in the focus groups will be basis for the construction of the interview schedule. With this approach we are trying to minimise the influence of prior knowledge that could lead towards bias interview schedule/result.**

Similarly, it is essential to highlight the importance of the "Saturation point". One can define the saturation point as the point in which no longer new themes are emerging from data collection or analysis (Francis et al., 2010). Therefore, it is suggested, that a minimum of ten interviews should be conducted to achieve saturation point, as the smaller the number of conducted interviews is, the higher the risk of the bias is (Francis et al., 2010).

The GTA is widely employed in psychological and social science research to gain an understanding of the particular social phenomenon (Frost, 2011). Because the GTA methodology is considered the appropriate, flexible and well-utilised method in mixed methods research (Service, 2009), we find this qualitative framework appropriate for this particular service evaluation.

## 7.2 Focus groups

Focus group is one of interviewing methods that involves more than one participant in one session to gain an understanding what are participant's views, as well as the group dynamic on particular given topic (Bryman, 2012). The value of the focus group lies in an ability to draw knowledge from participants who share related experiences of one observed phenomenon. However, focus groups often are not bounded by confidentiality among participants (Breen, 2006). The case of confidentiality is particularly important in cases of sensitive issues, which mental health crisis often can be. Furthermore, the Social Psychology has shown us how powerful "conformity" to norms can influence individuals to adapt their opinions, beliefs or behaviours so that these "fits" with the norms present within one particular group (McLeod,

2017). Therefore, a facilitator has to moderate discussions, maintain confidentiality and prevent an attempt of "group pressure" or over-domination of participants. However, despite some disadvantages, focus groups are considered to provide a valuable source of information that can guide future qualitative or quantitative research (Bryman, 2016).

### 7.2.1 Focus group sampling
Focus groups sampling will be made using a purposive sampling strategy, recruited from Youth forum and Solar service itself.

### 7.2.2. Recruitment and setting
For the purpose of this project it is predicted that focus groups will consist of the following a number of participants:

| Participants | Number of focus groups |
|---|---|
| Children and Young people (service users) | 2 |
| Parents and Carers | 2 |
| 0-19 model and its crisis service staff members | 1 |

*Table 1 - Number of Participants for the Focus groups*

For focus groups that will involve CYP, an over recruiting strategy will be used, in order to compensate for CYP non-attendance, which is likely to happen in this age group.  It is expected that each CYP focus group will consist of 6-8 participants. However, 10 participants will be recruited for attending each session, leaving enough participants in case that few participants do not show up. CYP will be predominantly recruited from the Solar service and Solar Youth forum group, which comprises from the young people that experienced mental health difficulties and were treated in the 0-19 model and its service.

It is important to highlight that the current evaluation will not interview young children (age 0-6), directly in focus groups or semi-structured interviews. All children age 6-16 should be accompanied by parent during the interview. The participation of the parents will be encouraged as matter of good research practice.

A consent form and PIS will be emailed or posted or given in person to those stakeholders that express the interest (**Appendices 17.5-17.8**). The follow-up phone call or email will be made to arrange an appropriate date and time for the focus group that will suit all participant for the one session. Each focus group will comprise from 6-8 participants.

Moreover, Parents and Carers will be recruited by the student who will be incorporated in the 0-19 crisis team. The student will approach parents/carers directly during the regular 0-19

model crisis team visit to the CYP home address. The PhD student will present the service evaluation both verbally and by an overview of service evaluation sheet both to CYP and their parents, to obtain their permission for their participation. The student will also ask for the possibility that their child also participates in a separate focus group the student will also provide CYP and their parent's participant information sheet and consent form so that both CYP and their parents have time to read through and familiarise themselves with what is required of them. Parents will be contacted at a later stage via email or telephone to establish whether they would be interested in participating or giving permission for participation for their child, as well as possible suitable dates and time when they would be available to participate in the focus groups.

It is predicted that all focus groups will take place at the 0-19 model and its crisis service.

### 7.3.3. Procedure (Data Collection)

The student will prepare all the necessary paperwork before the focus group takes place. This also includes booking the room in the 0-19 model and its crisis service, in a timely manner. Just before focus groups start, the student will prepare the room according to a number of confirmed participants. Furthermore, the student will make sure to test the digital encrypted recorder (*Olympus DS-7000 Digital Encrypted Voice Recorder*) prior focus groups. Before the start of the session, the participant would be provided with both written and verbal explanation of why their participation is essential and present the project. Participants would be provided with consent forms, short demographic questioner and participant information sheet. Interview/focus group will start with an introduction of facilitator and all present participants. Goals of the session, as well as the main goals of the service evaluation project, would be presented to participants, as well as how long time the focus group or interview will take.

All-important rules that will apply to all participants in the focus group will be announced at the beginning of each focus group session. Confidentiality will be emphasised and reminded participants that they should not disclose anything personal. This will be repeated throughout the session, as well at the end of the session. Furthermore, participants will be reminded that their discussion will be recorded for transcription. However, any identifiable information will be taken out from the transcript to preserve the confidentiality of the participants. As the session will be recorded, participants will be instructed to speak one at the time, to ensure good quality of the recordings of the session. Once again, the facilitator will thank participants for their time and emphasise the importance of the service evaluation.

The facilitator will make sure that the session is adequately moderated, by preventing over domination of few, preventing group pressure on individuals and prompting participants. At the end of the session, participants will be thanked once again for their time. The facilitator will hand out £10 (CYP) or £10 (adults) vouchers as compensation for their time. Notes will be made upon completion of the session that will accompany transcript for analysis using the Grounded Theory Approach (GTA).

### 7.3.4 Data Analysis using the Grounded Theory Approach

The GTA approach will be used to analyse audio enrypted records and transcripts for all focus groups and semi-structured interviews conducted after initial baseline interviews, that will be analysed using IPA approach.

Data analysis in the GTA methodology is a repetitive practice, comprised from continuous stages of data collection and analysis, which influence the shape of further stages of data collection until archiving particular point of saturation (Champman, Hadfield and Chapman, 2015). The central core of the GTA lies in the constant enhancement of emerging themes across different interview stages (Boyatzis,1998). Therefore, it is vital that both data collection and analysis will take place alongside each other. This would allow identifying all significant themes that could be used and explored further in following interviews or focus groups. Once when audio recording is fully transcribed by the University of Warwick recommended transcribing service, the analysis of themes and subthemes can begin. For this purpose, the NVivo software will be utilised to identify particular themes that are emerging from the transcript. The Grounded theory analysis will be performed by adopting four necessary steps, recommended by Chapman, Hadfield and Chapman (2015)

### *7.3.4.1 Four stages of GTA analysis*

- An initial stage of data analysis should be used for in-depth familiarisation with the data, by using (re)reading strategy applied to transcript, which should help the researcher to make initial notes of emerging ideas, without imposing subjective viewpoints or professional opinions (Chapman, Hadfield and Chapman, 2015)
- In the second stage, the researcher should organise data into particular codes, which can be later clustered together according to the meaning and similarity between codes (Boyatzis, 1998). This particular stage is of great importance for the overall analysis, as identified codes will become the foundation for future analysis. This particular stage

can create a risk of losing objectivity, and therefore, it is crucial at this stage to maintain validity (Chapman, Hadfield, Chapman, 2015).

- In the third stage of the GTA analysis, identified codes that share similarity will be clustered into a particular set of themes (Chapman, Johnson and Kilner, 2014). The double-checking procedure should be in place, making sure that all identified themes are covering all identified themes are covering all identified codes, as well as possible to break themes into sets of subthemes. A double-checking procedure will be used to ensure that all identified themes cover all identified codes and set of subthemes. An independent person, Dr Deborah Biggerstaff, will be consulted, to verify the extracted codes, subthemes and themes, to make sure that these are not overestimated or accidentally extracted, and that extracted themes are an accurate reflection of the transcripts (Mays and Pope, 2000).
- In the last stage, based on the identified themes, the researcher can start to shape an appropriate theoretical model based on previous steps, making sure that theoretical model covers all new and previously collected data and identified codes and themes (Chapman, Hadfield and Chapman, 2015). It is important to mention that GTA data analysis using the above mention phases will be performed on data obtained from both semi-structured interviews and focus groups

## 7.4 Semi-Structured Interviews

Semi-structured Interviews are considered as a set of predetermined questions, used to gain a more substantial and in-depth understanding of one particular phenomenon (Bryman, 2016). It is envisaged that semi-structured interviews will follow focus groups, as this will allow that data obtained from the focus groups could be used for semi-structured interviews with CYP, their families and a range of stakeholders. The value of semi-structured interviews for this project is the ability to explore and to probe sensitive areas, such as mental health crisis or satisfaction with given care.
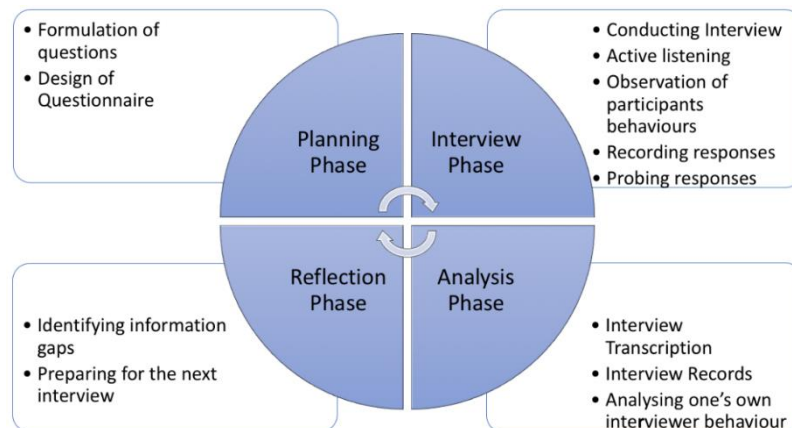
*Figure 1 - Semi-Structural Interview cycle (Adopted from Van Teijlingen, 2014)*

### 7.4.1 Sampling

For the current project, it is predicted that a following number of the participant will be invited for interviews:

| Participants | Mode of Administration | Number of Interviews |
|---|---|---|
| CYP | After focus group | 10 |
| Parents and Carers | After focus group | 10 |
| 0-19 Staff members | After focus group | 10 |
| 0-19 crisis staff | After focus group | 10 |

*Table 2 – the predicted number of participants for the Semi-Structure/ Baseline interviews)*

### 7.4.2 Recruitment

CYP and their parents will be recruited predominantly from 0-19 model crisis service. This particular setting is an excellent source of participant pool, as it will allow the recruitment of both service users and staff members. Furthermore, it is important to emphasise that the participant's recruitment will follow strict inclusion and exclusion criteria. To protect the confidentiality of service users and their families, invitations to interviews will be given via the PhD student who is going to be embedded in the crisis team. Besides the student, service managers, clinical leads and the commissioner will circulate Information sheets, and consent forms to invite stakeholders to take part in the evaluation. These circulated documents will provide participants with all necessary information with regards to the rationale for evaluation; data recording; protection of participant's confidentiality and dissemination of data/findings.

| Children and Young people | Parents / Carers / Family |
|---|---|
| **The recent experience of Mental Health Crisis (Currently not in the crisis)** | Have a family member, relative or loved one who recently experienced a mental health crisis |
| **Age span 6-19** | Age span 18 - 67 |
| **Have capacity to provide informed consent to participate** | Have the capacity to provide informed consent to participate |
| **Ability to converse in the English language** | Ability to converse in the English language |
| **Ability to read and write** | Ability to read and write |

*Table 3 - Participants Inclusion criteria (Qualitative segment)*

It is important to highlight that the current evaluation will not interview young children (age 0-6), directly in interviews. However, their parents and carers will be included in the evaluation. Furthermore, CYP who are just admitted to crisis service will be excluded, as participation could negatively impact on their current mental health, as well as their ability to accurately convey their experience.

### 7.4.3 Setting

It is predicted that focus groups and some semi-structured interviews will take place at Solar service, with the possibility that some interviews could be taken in service users homes.

### 7.4.4 Data Collection (Procedure)

Participants will be provided with the PIS form before the start of the interview, as well as demographic survey and consent form. Participants will receive a short overview of the interview guide, so that they can familiarise themselves with the content of the interview. After an overview of the service evaluation and introductions, the participant will complete the consent forms. If the interview is conducted over the phone, the participant will have to give a verbal consent which will be recorded, using digitally enrypted voice recorder (*Olympus DS-7000 Digital Encrypted Voice Recorder*). The PhD student will emphasise that all data will be treated with confidentiality and anonymity.

Participants will be reimbursed for their time with high street vouchers that will be sent to their home address with payment value:
- CYP will be given £10
- Parents/Carer will be given £10

### 7.4.5 Data Analysis of Semi-Structure interviews

All participants recorded responses will be transcribed using recommended transcription service by the University of Warwick, anonymised and analysed using the GTA approach. Data analysis will be performed using four stages of GTA analysis, as previously mentioned in section 7.3.4

## 8. Prospective service evaluation – Quantitative methods (WP 2)

To understand what governs who goes into the crisis pathway and whether CYP after discharge from the crisis are admitted back to the crisis, it is crucial to inspect 0-19 model crisis pathways in detail. This will allow us to understand the 0-19 model crisis pathway and help us to map the service. The quantitative part of the service evaluation will focus predominantly on flagging, tracking and following up cohorts of CYP's, from the point of their acceptance to the 0-19 model crisis service to the point of their discharge from the service.

In cooperation with the IT-department from the 0-19 model, RIO system will be modified so that flagged CYP patient anonymised records will show the progress of their treatment, allowing us to see their journey through the 0-19 model and its crisis service, as well as logs and clinicians notes. Furthermore, this will also allow us to understand how long CYP stay in the crisis pathway; what is the total time from referral, access to the crisis service up to crisis resolution; and what treatments CYP receive while being in the crisis. As crisis interventions are novel, we still don't have a full understanding of what particular treatments are suitable for CYP and how effective these are. Also, this investigation will allow us to see the flow between acute, A&E, out of area placement and crisis service
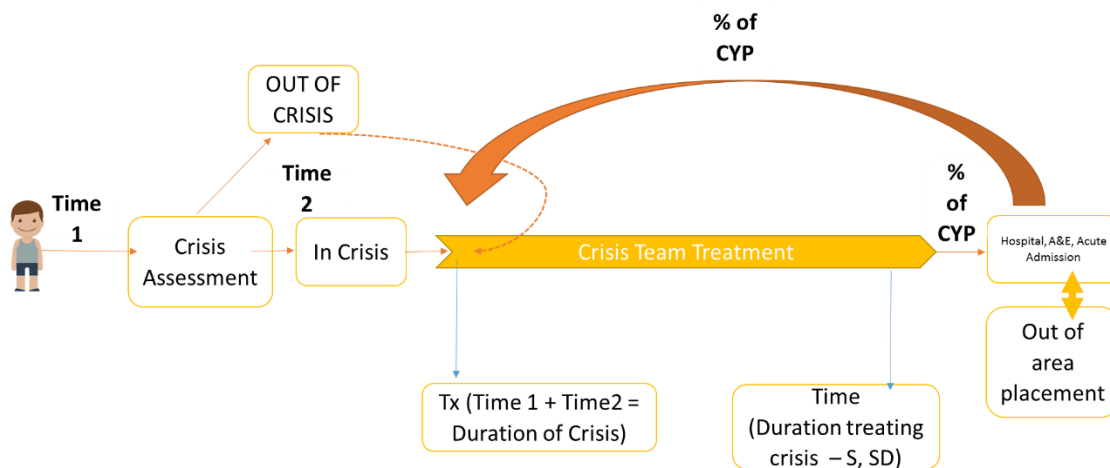
*Figure 2 – CYP Flow through the crisis pathway*

## 8.1 Outcome measures

Outcome measures today are widespread tools in mental health practice that have the potential to inform us about CYP symptomatology, monitor their treatment outcomes/progress and inform practitioners about levels of patient satisfaction with the received care (Hall et al., 2013). Moreover, outcome measures used at the service level can identify particular areas that require further improvements and indicate the effectiveness of mental health provision (Hall et al., 2014). Therefore, routinely used outcome measures can be valuable tools in both research and service evaluation (Gibson et al., 2017).

| Outcome Measure | Description |
|---|---|
| **The Strengths and Difficulties Questionnaire (SDQ)** | Brief emotional and behavioural screening questionnaire for children and young people. The tool can capture the perspective of CYP, their parents and teachers (Law and Wolpert, 2014) |
| **The Children's Global Assessment Scale (CGAS)** | The rate of functioning aimed at CYP under 18 years old and is completed by clinicians (clinical rating scale) (Shaffer et al. 1983) |
| **Index of family function and change (SCORE)** | Self-report outcome measure designed to be sensitive to the kinds of changes in family relationships. It is completed by each person aged 12 years or over. For children aged 8 to 11 years, the Child SCORE version should be used (Jewell et al., 2015) |
| **The Revised Children's Anxiety and Depression Scale (RCADS)** | 47-item questionnaires measure reported the frequency of various symptoms of anxiety and low mood in CYP age 8-18. The RCADS-P can also be completed by the parent or carer of young people aged across the same age groups (Chorpita, Moffitt and Gray, 2004) |
| **Session Rating Scale (SRS)** | SRS is a simple, four-item visual analogue scale designed to assess main dimensions of effective therapeutic relationships. The SRS is administered, scored and discussed at the end of each session to get real-time alliance feedback from young people and carers so that alliance problems can be identified and addressed (Campbell and Hemsley,2009) |

*Table 4 - Proposed list of Outcome Measures for the current PhD project*

For this service evaluation, we consider that it is appropriate to use routinely administrated and recorded outcome measures to investigate the effectiveness of the 0-19 model and its crisis service. However, outcome measures are not sufficient by themselves (Cotgrove, 2018). In order to see the full picture, it is essential to combine outcome measures with experiential data, obtained through the utilisation of qualitative methodology (Cotgrove, 2018).

## 8.2 Quantitative methods – Outcome measures and service statistics and their analysis

The quantitative part of the service evaluation will be focused predominantly on the 0-19 model and its crisis service. Therefore, all outcome measure and performance data will be drawn from the 0-19 model and its service, their IT departments and data analysts. For the purpose of this service evaluation, a research team that will conduct service evaluation will not administrate any additional or new outcome measures, nor will collect any outcome measures data directly from the patients or their families.  All outcome measures data will be drawn from the data analyst as secondary and anonymised data. The inspection of patient's pathways will be done by developing infromatics template in cooperation with 0-19 models IT-deparment, that will draw annonymised data from the RIO software. A copy of developed informatics template will be also provided to BSMHFT for trusts own records.  All participants' data will be anonymised and accessed from the 0-19 model databases. Furthermore, the data analysis department will contribute to their statistical data and outcome measures. The previous provider HoEFT will be contacted to access necessary service data from 2013-2015, that will form the baseline for comparison with 0-19 model 1st year of operation.

### 8.2.1 Baseline Demographic and Referral data

Frequency and descriptive statistics will be employed to see the difference between a previous service provider (HoEFT) and the 1st year of 0-19 model operation. Furthermore, the comparison between 0-19 models 1st year versus 2nd year, will be performed to see the rate of improvement with regards to the demographic structure of the patients, referral rates and acceptance rates.

Depending on the quality of the data and provided it follows a parametric distribution, it would be possible to run T-Tests to see changes over time with regards to demographics and referral data. An alternative approach would be a to conduct a MANOVA analysis and investigate differences between periods through composite ANOVAs (1st year vs a 2nd year or HoEFT 2013-2015 data vs 0-19 model 2015-2017 data).

### 8.2.2 Outcome measure analysis

For SDQ, ReQuest and SCORE, paired T-Tests will be performed to compare the outcome measures before and after treatment. SRS outcome measures will be analysed by averaging over time, while for CGAS outcome measures, descriptive statistics will be applied.

### 8.2.3 Crisis data

Data on the duration of the referral process to the crisis will be inspected to see whether this is increasing or decreasing over time since the service's commission. Furthermore, a linear regression model will be built for the crisis, while referral rates will be analysed using a chi-square test. If there is an indication that referral rates are increasing over time, a logistic regression

| Outcome Measure | Frequency of Administration |
|---|---|
| The Strengths and Difficulties Questionnaire (SDQ) | Initial appointment and discharge |
| The Children's Global Assessment Scale (CGAS) | 1st assessment |
| Index of family function and change (SCORE) | Start of every session |
| The Revised Children's Anxiety and Depression Scale (RCADS) | Good practice requires more than one administration |
| Session Rating Scale (SRS) | At the end of each session |
| The ReQuest YP/CYP | At the point of discharge, month 3 and month 6, post-discharge |

*Table 5 - Outcome measure and frequency of their administration*

model can be applied. An additional variable that can be added to the regression model is an index of deprivation, which will be obtained by indexing service users referrals based on the postcode. Alternatively, the education of patient's parents can be taken as a measure to calculate the index of deprivation.

### 8.2.4 A&E, Acute, In-patient and Out of area placement data

Data for the services outside of the Solar will be analysed by monitoring an increase/decrease in admission from Solar to A&E, Acute, and Inpatient and Out of area placement and vice versa, to establish how many CYP go between these services over time. This would create up or downtrend.

### 8.2.5 Dealing with Missing data

All missing data will be treated with imputation if the missing data is not passing more than 50% of the overall sample.

## 9. Triangulation of analysed data

One can describe triangulation as a funnelling process that tries to merge two separate data sources to improve our understanding of one particular observed phenomenon (Denzin, 1970; Nash,2014).

## 9.1. Triangulation between qualitative and quantitative data

There is a similarity between Mixed-Methods research and process of triangulation regards to the integration of both qualitative and quantitative data, with observable differences with regards to epistemological approaches (Nash, 2014). However, from the literature, it is obvious a split between two streams (Nash, 2014).

One stream supports the notion that Mixed-methods is triangulation (Casey and Murphey, 2009) and the other which supports the differences between mixed methods and triangulation (Holloway and Wheeler, 2002). However, in the case when one uses Mixed-method research, data analysis, in this case, can be described as the integration of data, rather than triangulation, despite pragmatism, which towards data considers triangulation as a most likely approach analysis (Nash, 2014). For this PhD project, further consultation with supervisors will be made to apply appropriate triangulation model for mixed-methods.

# 10. Ethics and permission for conducting service evaluation

It would be important to emphasise that both University of Warwick ethics approval and NHS service evaluation approval are required for this proposed project. In order to conduct service evaluation, formal NHS ethics are not required, unless specifically requested by the Birmingham and Solihull Mental Health Foundation Trust (BSMHFT). The protocol for service evaluation will be sent to BSMHFT for their evaluation, and their approval. If BSMHFT concludes that this proposed project is service evaluation, BSMHFT will be issued a letter of approval. The letter of approval will accompany official submission for the University of Warwick (UoW), Biomedical and Scientific Research Ethics Committee (BSREC). In case that BSREC feedback recommends pursuing full NHS Ethics, this project will be fully compliant with BSREC decision and NHS Ethics will formally be submitted.

It is also important to highlight that both student supervisors had previous experience with service evaluation and obtaining university ethics without any need for NHS ethics, as service evaluation questions if asked correctly, don't require NHS ethics.

The current service evaluation will not commence until the protocol, participant's information sheets and consents forms receive full approval from both the UoW Biomedical and Scientific Research Ethics Committee (BSREC) and Birmingham and Solihull Mental Health Foundation Trust (BSMHFT).

In case that BSMHFT or BSREC recommends particular amendments to the proposed protocol, appropriate amendments and changes will be addressed promptly, according to guidance and recommendation made by the BSMHFT or BSREC. Once when ethics committee approves currently proposed service evaluation, the Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) will be informed and requested formal permission for conducting service evaluation on the 0-19 model of mental health provision. This will also include an obligation that the BSMHFT will be periodically informed about the progress of service evaluation, along with the provision of final service evaluation report at the end of the current project. The current service evaluation will be conducted in line with the ethical principles of Declaration of Helsinki (1996); the British Psychological Society - Code of Human Research Ethics (2014) and the Department of Health Research Governance for Healthcare and Social Care (2005).

## 10.1 Ethical considerations

It is predicted that this service evaluation will not cause any physical injuries to the participants. However, a possible ethical concern is the risk of causing emotional or psychological distress to participants using interviews or discussions. The discussion may result in distress for the participants since the current topic (CYP mental health) can be sensitive and emotionally distressing for participants or their parents/carers. The risk of causing emotional distress to participants has been discussed with both academic supervisors as well as with the 0-19 models crisis team. These discussions concluded that the benefits of involving CYP and their parents/carers in the current service evaluation outweigh the possible risks.

Furthermore, measures will be placed to mitigate identified risks, such as making sure that participants are aware of the possible risks through the consent form. Moreover, the consent form will require participants to actively opt-in to the service evaluation. Furthermore, participants will be informed both through the consent and verbally, about their rights to withdraw at any point in time/or stage from the service evaluation, without giving a particular reason. In addition, participants will be made aware that in case of their withdrawal, their data will be destroyed, unless data has already been transcribed and analysed.

To minimise the risk of causing distress to the patients in crisis, the 0-19 models crisis team will be consulted to identify the patients who are not in immediate crisis. Instead, patients with recent (**towards the end of discharge or up to 3 months from the discharge point**) experiences of crisis will be recruited, what would help to minimise the risk of causing the emotional/psychological distress.

Furthermore, CYP who are just admitted to crisis service will be excluded, as participation could negatively impact on their current mental health, as well as their ability to accurately convey their experience. To further reduce weight to the CYP who are in the crisis, an interview time will be adjusted so that they last up to 40 minutes. Furthermore, appropriate steps have been taken to ensure that sensitivity is achieved with all the parts of interviews and surveys, to minimise the potential risk of inflicting emotional or mental health distress to participants.

Additionally, to minimise discomfort and distress to participants of the service evaluation, the interviews and focus groups will be conducted in the familiar, safe and relaxing environment. Also, in cooperation with the Solar services, the mental health practitioner will be available and on standby in case that any participant undergoes mental health distress. Participants will be informed about available support, as well as appropriate channels to address any concerns. Additional attention will be devoted towards maintaining the confidentiality of participants involved in the focus groups. This will be achieved, by reminding participants of the confidentiality at the beginning, middle and the end of each focus group.

Moreover, consideration has been made with regards to the staff of the 0-19 model of mental health care and their involvement in the service evaluation. The identified risk, in this case, is acknowledged as a concern with regards to confidentiality of staff involved in interviews and their responses which will be recorded to create appropriate transcriptions. As their responses will be recorded, there is concern that this can open an opportunity for their line managers to access their responses, what can result in breaking participant's confidentiality. To mitigate this particular risk, it is crucial that all audio recordings will be enrypted and stored at the UoW with limited access only to members of the service evaluation team. Furthermore, any identifiable staff information will be removed from the produced transcript, and replaced with an appropriate code, that will exclude any identifiable information.

## 10.2 Consultations with the Solar Service

Official consultations between the 0-19 model and its crisis service and the UoW were conducted twice so far. The first consultation took place in December 2017 with the goal to establish a dialogue with the service and to understand what Solar expectations are with regards to this PhD project. Recently, the second consultation took place to present service evaluation questions and proposed methodology to the service. Both research questions and methodology were well received by the Service, which lead to their approval of the currently proposed service evaluation questions and methodology. Furthermore, practical experiences from the 0-19 model's staff helped with reducing any risk or questionable ethical problem

identified in the above section. The service fully supported the presentation of the service evaluation and submission for the Ethics approval at the UoW, Medical School.

> **IMPORTANT**: Consultation between the Solar service and the University of Warwick, established that this proposed service evaluation meets standards defined by the commission and commissioning brief standard.

## 11. Data protection and quality assurance

The proposed service evaluation has set primary focus on the investigation of perceptions of change or improvement, suggestions for further developing existing 0-19 service provision in the future, and current service satisfaction of service users, their families, and range of stakeholders with 0-19 model and its crisis service provision. As such, the proposed service evaluation will not investigate or collect any personal or sensitive information from its participants. Furthermore, an important emphasis will be placed on informing participants who are part of focus groups/small group meetings, that they should not disclose any private, confidential or sensitive information within the group setting, as there are no guarantees that group will maintain the confidentiality of disclosed information. The limits of confidentiality and duty of care will be explained to all participants at the beginning, middle and at the end of the focus groups and interviews. Furthermore, participants will be reassured that their participation is voluntary, and as such, they have right to withdraw from the current service evaluation at any point of the interview, or service evaluation, unless their data already has been transcribed. In case that participant data has not been transcribed yet, participant data will be destroyed in case of participant expressing wish to leave the service evaluation. In addition to this, participants will be informed that they do not require to disclose any information that they do not wish to. Instead, all questions used for focus groups will be generic, and without any pressure to answer any questions.

Data produced by the focus groups and interviews will be transcribed in such fashion that any identifiable information will not be used, which will ensure anonymity of all participants. This is particularly important in case if there is a need for secondary research with existing data sets. Written reports along with all materials produced by this service evaluation will be stored securely, with limited access only to members of a research team who will conduct service evaluation. Any identifiable information obtained from the service users, their careers and families, and stakeholders will be kept secured using the encrypting software. Only members of the evaluation team will have access to the stored information.

The need for dissemination of findings obtained data, and publication of the final report will be made in agreement and discussion with Birmingham and Solihull Mental Health Foundation Trust and the University of Warwick.

## 11.1 Data Storage and Data Security

Following to the University of Warwick's (UoW) guidelines, once created, all data will be kept for ten years. In order to remain compliant with the UoW guideline, all participants' paper consent forms or any other paper files produced by the participant will be securely stored in a filing cabinet at the UoW Farmhouse (room F109). Furthermore, all electronic data produced by the service evaluation will be kept at the University of Warwick, Medical School in an encrypted format.

## 11.2 Participant right to withdraw from the service evaluation

Participants will be informed about their right to withdraw from the service evaluation at any time in the PIS and again before the interviews and focus groups commence. Participants will further be informed that they can leave the interview or focus group at any point in time, without stating any reason. If the participant decides to leave the service evaluation (withdrawn), they can also demand that their data is destroyed. However, Participant will be informed about their right to withdraw data from the service evaluation at any point in time, until the data are transcribed. Once when data are transcribed, any identifying information is removed, making identification of specific participant data difficult. If the participant decides to withdraw their data before transcription has occurred, every effort will be made to remove their data from the rest of the data of other participants.

It is important to emphasise that participant's rights to withdraw from the service evaluation are detailed in the PIS document (**Appendix 17.5-17.8**)

## 12. Lone working and Researcher safety

Research safety will be not compromised while undertaking semi-structured interviews and focus groups within the Solar service. As some interviews could take place in service user's homes or community stakeholders offices, PhD Student will comply with the University of Warwick, Medical School, Lone-Working policy, published in January 2018 (**Appendix. 17.19**). Furthermore, Student will notify and liaise with the main supervisor, prior conducting the lone working interview. During the recruitment stage, a student will be embedded in the 0-19 models crisis team, the student will be teamed up with the crisis staff member. In addition to this, the student will be obliged to follow NHS lone working procedure, whilst being part of the

Solar crisis team. This means that student will write his time out, approximated return time back to the service and location on the whiteboard at Solar so that Solar manager on duty is aware of the student fieldwork. It is also important to indicate that student is equipped with a personal alarm system (Vigilant PPS22BL 130dB Panic Emergency Personal Alarm with LED light Keychain), provided to him by the Solar service.  In addition, the student has done the Suzie Lamplugh Lone working and Personal training at the University of Warwick, Medical School.

## 13. PhD Financial information

The current studentship is provided by Birmingham and Solihull Mental Health Foundation Trust. The studentship includes full fees for the PhD student along with a tax-free maintenance allowance in line with Research Council UK standard stipend.  As the studentship did not include an allowance for reimbursing participants in the service evaluation for their time, 25% of the 'transcription /Subsidence fund' (worth £8961.60) will be used to purchase high street vouchers for service evaluation participants. An additional 10% of the transcription budget will be used to cover the PhD student's transport costs when semi-structured interviews are conducted at service users' homes, community stakeholder offices or visits to main BSMHFT site at Birmingham. This will leave 70% of the fund for transcription purposes. There are no conflicts of interest to declare.

## 14. Cost projections

| Budget for Service Evaluation | £ 8961.60 | |
|---|---|---|
| Expense Category | Periodic Amount | Percentage |
| CYP Focus group Vouchers (20 x £10 ) | £200.00 | 2.23% |
| Parents Focus group Vouchers (20 x £10) | £200.00 | 2.23% |
| CYP Semi Structure Interviews Vouchers (10 x £10) | £100.00 | 1.12% |
| Parents Semi Structure Interview  (10x£10) | £100.00 | 1.12% |
| Staff Focus group (10 x £10) | £100.00 | 1.12% |
| Staff Crisis semi- structure interviews (10 x £10) | £100.00 | 1.12% |
| Student Travel and parking costs (Interviews and Focus groups and travel to the service) | £537.60 | 6.00% |

| | | |
|---|---|---|
| Participant travel costs (If requested) | £268.48 | 3.00% |
| Total | £1,606.08 | 17.92% |
| Remaining budget for service evaluation | £ 7355.52 | |

## 14.1 Projections of Transcription costs

The University of Warwick (UoW) Procurement department has administered a tendering exercise which aims to put together an approved list of UoW transcription providers. This has now been completed, and some 15 transcription companies have submitted a tender. Once the evaluations have been completed, the UoW will have access to several providers who are known to be compliant according to University procurement and information security processes.  Currently, the only company approved by the UoW is called <u>Appen</u>, who are set-up on Opera as an approved transcription supplier. It is important to emphasise that all transcription companies are charging by the length of the audio file (i.e. by the recorded minute). Approximated charges that will guide the proposed project will be (on average) around £1.80 per recorded minute.

| Budget for Service Evaluation | £ 7355.52 | |
|---|---|---|
| Transcription Expense Category | Periodic Amount | Percentage |
| CYP 2 x Focus groups Transcription | £162.00 | 2.20% |
| Parents/Carers 2 x Focus group Transcription | £162.00 | 2.20% |
| 0-19 model staff member focus group | £81.00 | 1.10% |
| CYP 10 x Semi Structure Interviews | £810.00 | 11.01% |
| Parents/Carers 10 x Semi Structure Interviews | £810.00 | 11.01% |
| Crisis Team focus group | £81.00 | 1.10% |
| Totals | £ 2,106.00 | 28.63% |
| Remaining budget for the research stage | £5,249.52 | |

*Table 7 - Transcription cost projections*

## 14.2 Projections of Total Costs

| Initial budget for Service Evaluation | £ 8961.60 | |
|---|---|---|
| Expense Category | Periodic Amount | Percentage |
| Service Evaluation project cost | £1,606.08 | 17.92% |
| Service Evaluation project transcription costs | £2,106.00 | 23.50% |
| Totals | £3,712.08 | 41.42% |
| Remaining budget for the research stage | £5,249.52 | |

*Table 8 - Overall project cost projections*

The remaining budget money will be used for the research project that will follow the service evaluation and as a buffer in case that transition rates will increase, following yearly inflation rate, or in the situation where transcription cost was underestimated. The current estimated transcription cost is approximated to £1 per minute of the recorded transcript.

## 15. Dissemination

Birmingham and Solihull Trust and Solar service will receive periodical reports with the regards to achieved progress with the service evaluation. Additionally, the final report will be compiled towards the end of May, or beginning of June 2020. The final report will be provided to the SOLAR service and BSMHFT R&I department. In addition, the findings from the final report will need to be presented at the SOLAR Clinical Governance meeting.

The participant report will be sent to those participants of the service evaluation who indicated at their consent form that they would like to receive a copy of the final report. This project will form part of the researchers PhD and will be published as several chapters of his thesis. In addition, manuscripts for publication in peer-reviewed academic journals will be produced with a focus to present the findings to the large scientific community. This will be done in agreement with the Solar service and BSMHFT trust. In order to promote not just findings, but overall Solar service, findings of the service evaluation will be widely disseminated at several national and international conferences, and across BSMHFT trust channels (Research and Innovation conference) and the Clinical Research Network (CRN) West Midlands.

# 16. References

ABDINASIR, K., & PONA, I. (2015). Access denied: a teenager's pathway through the mental health system, (November), 69. Retrieved from http://www.childrenssociety.org.uk/what-we-do/resources-and-publications/access-denied-a-teenagers-pathway-through-the-mental-health (Accessed: November 2017)

Anderson, E. L., Steen, E., & Stavropoulos, V. (2017). Internet use and Problematic Internet Use: A systematic review of longitudinal research trends in adolescence and emergent adulthood. *International Journal of Adolescence and Youth*, *22*(4), 430-454.

Annells, M. (2006). Triangulation of qualitative approaches: hermeneutical phenomenology and grounded theory. *Journal of Advanced Nursing*, *56*(1), 55-61.

Anne Longfield, & Martin Lennon. (2017). *Children's Commissioner Briefing: Children's Mental Healthcare in England Foreword from Anne Longfield OBE, Children's Commissioner for England*. Retrieved from https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/10/Childrens-Commissioner-for-England-Mental-Health-Briefing-1.1.pdf

Asbury, J. E. (1995). Overview of Focus Group Research. *Qualitative Health Research*, *5*(4), 414–420. https://doi.org/10.1177/104973239500500402

Bhugra, D., Harding, C., & Lippett, R. (2004). Pathways into care and satisfaction with primary care for black patients in South London. *Journal of Mental Health*, *13*(2), 171–183. https://doi.org/10.1080/09638230410001669309

Birchwood, M., & Singh, S. P. (2013). Mental health services for young people: matching the service to the need. RCP.

Blader, J. C. (2004). Symptom, family, and service predictors of children's psychiatric rehospitalization within one year of discharge. *Journal of the American Academy of Child and Adolescent Psychiatry*, *43*(4), 440–451. https://doi.org/10.1097/00004583-200404000-00010

Boyatzis. (1998). *Transforming qualitative information: Thematic analysis and code development*. sage.

Brannen, J. (2009). Prologue Mixed methods for novice researchers: Reflections and themes. *International Journal of Multiple Research Approaches*, *3*(1), 8–12. https://doi.org/10.5172/mra.455.3.1.8

Breen, R. L. (2006). A Practical Guide to Focus-Group Research. *Journal of Geography in Higher Education*, *30*(3), 463–475. https://doi.org/10.1080/03098260600927575

Bryman, A. (2012). Social research methods: OUP Oxford.

Campbell, A., & Hemsley, S. (2009). Outcome rating scale and session rating scale in psychological practice: Clinical utility of ultra-brief measures. *Clinical Psychologist*, *13*(1), 1–9. https://doi.org/10.1080/13284200802676391

Casey, D., & Murphy, K. (2009). Issues in using methodological triangulation in research. *Nurse researcher*, *16*(4).

Care Quality Commision. (2017). *Review of children and young people's mental health services*.

Centre For Mental Health (forNHS) (2016)The five year forward view for mental health. *The Mental Health Taskforce*, (February), 82. Retrieved from https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

Chapman, A. L., Johnson, D., & Kilner, K. (2014). Leadership styles used by senior medical leaders: Patterns, influences and implications for leadership development. *Leadership in Health Services*, *27*(4), 283-298.

Chapman, A., Hadfield, M., & Chapman, C. (2015). Qualitative research in healthcare: an introduction to grounded theory using thematic analysis. *Journal of the Royal College of Physicians of Edinburgh*, *45*(3), 201–205. https://doi.org/10.4997/JRCPE.2015.305

Children's Mental Health Matters Provision of Primary School Counselling. (n.d.). Retrieved from https://www.place2be.org.uk/media/10046/Childrens_Mental_Health_Week_2016_report.pdf

Chorpita, B. F., Moffitt, C. E., & Gray, J. (2005). Psychometric properties of the Revised Child Anxiety and Depression Scale in a clinical sample. *Behaviour Research and Therapy*, *43*(3), 309–322. https://doi.org/10.1016/j.brat.2004.02.004

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., ... & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological medicine*, *45*(1), 11-27

Committee, H. of C. H. (2016). *Children's and adolescents' mental health and CAMHS Third report of session 2014–15*. Retrieved from https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf

Compton, M. T. (2005). Barriers to initial outpatient treatment engagement following first hospitalization for a first episode of nonaffective psychosis: a descriptive case series. *Journal of Psychiatric Practice®*, *11*(1), 62–69.

Strauss, A., & Corbin, J. (1967). Discovery of grounded theory.

Cotgrove, A. (2018). Editorial: The future of crisis mental health services for children and young people. *Child and Adolescent Mental Health*, *23*(1), 1–3. https://doi.org/10.1111/camh.12259

Cutcliffe, J. R. (2005). Adapt or adopt: Developing and transgressing the methodological boundaries of

grounded theory. *Journal of Advanced Nursing*. Wiley Online Library.
https://doi.org/10.1111/j.1365-2648.2005.03514.x

Denscombe, M. (2008). Communities of Practice: A Research Paradigm for the Mixed Methods
Approach. *Journal of Mixed Methods Research*, *2*(3), 270–283.
https://doi.org/10.1177/1558689808316807

Denzin, N. K. (1989). *Interpretive biography* (Vol. 17). Sage.

Department of Health. (2015). Future in mind: Promoting, protecting and improving our children and
young people's mental health and wellbeing, 1–81. https://doi.org/NHS England Publication
Gateway Ref. No 02939

Department of Health Australia. (n.d.). Priority area: social inclusion and recovery. Retrieved May 22,
2018, from http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-
pubs-f-plan09-toc~mental-pubs-f-plan09-pr1

Dogra, N., Singh, S. P., Svirydzenka, N., & Vostanis, P. (2012). Mental health problems in children and
young people from minority ethnic groups: the need for targeted research. *The British Journal of
Psychiatry*, *200*(4), 265-267.

Early Intervention Foundation. (2017). What is Early Intervention. Retrieved March 1, 2018, from
http://www.eif.org.uk/what-is-early-intervention/

*EAST OF ENGLAND MENTAL HEALTH CRISIS CARE TOOLKIT - CHILDREN AND YOUNG PEOPLE*. (2017).
Retrieved from https://www.england.nhs.uk/mids-east/wp-
content/uploads/sites/7/2017/07/east-of-england-cn-cyp-crisis-toolkit-2017.pdf

Firth. (2016). *State of Nation*. Retrieved from https://centreforum.org/live/wp-
content/uploads/2016/04/State-of-the-Nation-report-web.pdf

Fellow-Smith, D. L. (2016). *Mental Health Crisis Care for Children and Young People: Why is it
different? What is the current experience?*

Fellow-Smith, E., Hindley, P., & Hughes, N. (2016). *Defining a health-based place of safety (S136) and
crisis assessment sites for young people under 18*. Retrieved from
https://www.rcpsych.ac.uk/pdf/PS02_2016.pdf

Fink, E., Patalay, P., Sharpe, H., Holley, S., Deighton, J., & Wolpert, M. (2015). Mental health difficulties
in early adolescence: A comparison of two cross-sectional studies in England from 2009 to 2014.
*Journal of Adolescent Health*, *56*(5), 502–507. https://doi.org/10.1016/j.jadohealth.2015.01.023

Francis, J. J., Johnston, M., Robertson, C., Glidewell, L., Entwistle, V., Eccles, M. P., & Grimshaw, J. M.
(2010). What is an adequate sample size? Operationalising data saturation for theory-based
interview studies. *Psychology and Health*, *25*(10), 1229–1245.
https://doi.org/10.1080/08870440903194015

Frith, E. (2017). The performance of the NHS in England in transforming children's mental health services, 1–25.

Frost, N. (2011). *Qualitative research methods in psychology: Combining core approaches*. McGraw-Hill Education (UK).

Geller, B., Craney, J. L., Bolhofner, K., DelBello, M. P., Williams, M., & Zimerman, B. (2001). One-year recovery and relapse rates of children with a prepubertal and early adolescent bipolar disorder phenotype. *American Journal of Psychiatry*, *158*(2), 303–305. https://doi.org/10.1176/appi.ajp.158.2.303

Gibson, B. E., King, G., Teachman, G., Mistry, B., & Hamdani, Y. (2017). Assembling activity/setting participation with disabled young people. *Sociology of Health and Illness*, *39*(4), 497–512. https://doi.org/10.1111/1467-9566.12496

Glaser, B. G., & Strauss, A. L. (1967). The discovery of grounded theory: strategies for qualitative theory. *New Brunswick: Aldine Transaction*.

Gondek, D., Edbrooke-Childs, J., Fink, E., Deighton, J., & Wolpert, M. (2016). Feedback from outcome measures and treatment effectiveness, treatment efficiency, and collaborative practice: A systematic review. *Administration and Policy in Mental Health and Mental Health Services Research*, *43*(3), 325-343.

Green, J., & Thorogood, N. (2018). *Qualitative methods for health research*. Sage.

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC psychiatry*, *10*(1), 113.

Hall, C. L., Moldavsky, M., Baldwin, L., Marriott, M., Newell, K., Taylor, J., … Hollis, C. (2013). The use of routine outcome measures in two child and adolescent mental health services: A completed audit cycle. *BMC Psychiatry*, *13*. https://doi.org/10.1186/1471-244X-13-270

Hall, C. L., Moldavsky, M., Taylor, J., Sayal, K., Marriott, M., Batty, M. J., … Hollis, C. (2014). Implementation of routine outcome measurement in child and adolescent mental health services in the United Kingdom: A critical perspective. *European Child and Adolescent Psychiatry*, *23*(4), 239–242. https://doi.org/10.1007/s00787-013-0454-2

Harris, K., Collinson, C., & das Nair, R. (2012). Service-users' experiences of an early intervention in psychosis service: an interpretative phenomenological analysis. *Psychol Psychother*, *85*(4), 456–469. https://doi.org/10.1111/j.2044-8341.2011.02043.x

Hawke, L. D., Cleverley, K., Settipani, C., Rice, M., & Henderson, J. (2017). Youth friendliness in mental health and addiction services: Protocol for a scoping review. *BMJ Open*, *7*(9). https://doi.org/10.1136/bmjopen-2017-017555

Health Service Journal. (n.d.). Hunt vows to act on NHS's "biggest area of weakness" | News | Health

Service Journal. Retrieved May 8, 2018, from https://www.hsj.co.uk/sectors/mental-health/hunt-vows-to-act-on-nhss-biggest-area-of-weakness/7011628.article?blocktitle=&contentID

Hetrick, S. E., Bailey, A. P., Smith, K. E., Malla, A., Mathias, S., Singh, S. P., … McGorry, P. D. (2017). Integrated (one-stop shop) youth health care: best available evidence and future directions. *The Medical Journal of Australia*, *207*(10), S5–S18.

Hodgekins, J., Clarke, T., Cole, H., Markides, C., Ugochukwu, U., Cairns, P., ... & Wilson, J. (2017). Pathways to care of young people accessing a pilot specialist youth mental health service in Norfolk, United Kingdom. *Early intervention in psychiatry*, *11*(5), 436-443.

Holloway, I., & Wheeler, S. (2002). The nature of qualitative research: Development and perspectives. *Qualitative research in nursing*, 3-25.

Islam, Z., Ford, T., Kramer, T., Paul, M., Parsons, H., Harley, K., … Singh, S. P. (2016). Mind how you cross the gap! Outcomes for young people who failed to make the transition from child to adult services: the TRACK study. *BJPsych Bulletin*, *40*(3), 142–148. https://doi.org/10.1192/pb.bp.115.050690

Jewell, T., Carr, A., Stratton, P., Lask, J., & Eisler, I. (2013). Development of a Children's Version of the SCORE Index of Family Function and Change. *Family Process*, *52*(4), 673–684. https://doi.org/10.1111/famp.12044

John, M., Jeffries, F. W., Acuna-Rivera, M., Warren, F., & Simonds, L. M. (2015). Development of Measures to Assess Personal Recovery in Young People Treated in Specialist Mental Health Services. *Clinical Psychology and Psychotherapy*, *22*(6), 513–524. https://doi.org/10.1002/cpp.1905

Johnson, R. B., & Onwuegbuzie, A. J. (2016). Mixed Methods Research : A Research Paradigm Whose Time Has Come. *Educational Researcher*, *33*(7), 14–26.

Johnson, R. B., Onwuegbuzie, A. J., & Turner, L. A. (2007). Toward a Definition of Mixed Methods Research. *Journal of Mixed Methods Research*, *1*(2), 112–133. https://doi.org/10.1177/1558689806298224

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*. https://doi.org/10.1001/archpsyc.62.6.593

Khan, L. (2016). *Missed opportunities: a review of recent evidence into children and young people's mental health*. *Center for Mental health*.

Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., … Rahman, A. (2011, October 22). Child and adolescent mental health worldwide: Evidence for action. *The Lancet*. Elsevier. https://doi.org/10.1016/S0140-6736(11)60827-1

Knapp, M., Ardino, V., Brimblecombe, N., Evans-Lacko, S., Iemmi, V., King, D., ... Hodgekins, J. (2015). Youth Mental Health: New Economic Evidence, (January). https://doi.org/10.1016/j.icrp.2009.12.007

Lamb, C., & Murphy, M. (2013). The divide between child and adult mental health services: points for debate. *The British Journal of Psychiatry*, *202*(s54), s41–s44. https://doi.org/10.1192/bjp.bp.112.119206

Larkin, M., Simon, W., & Clifton, E. (2008). Giving voice and making sense in Interpretative Phenomenological Analysis. *Qualitative Research Guidelines Project*, *3*(2), 102–120. https://doi.org/10.1191/1478088706qp062oa

Larkin, M., & Thompson, A. R. (2011). Interpretative Phenomenological Analysis in Mental Health and Psychotherapy Research. In *Qualitative Research Methods in Mental Health and Psychotherapy* (pp. 99–116). Chichester, UK: John Wiley & Sons, Ltd. https://doi.org/10.1002/9781119973249.ch8

Law, D., & Wolpert, M. (2013). *Guide to Using Outcomes and Feedback Tools with Children, Young People and Families*. *Press CAMHS*. Retrieved from http://www.corc.uk.net/media/1182/201404guide_to_using_outcomes_measures_and_feedback_tools.pdf

Majid, M., Tadros, M., Tadros, G., Singh, S., Broome, M. R., & Upthegrove, R. (2016). Young people who self-harm: a prospective 1-year follow-up study. *Social Psychiatry and Psychiatric Epidemiology*, *51*(2), 171–181. https://doi.org/10.1007/s00127-015-1149-4

Mays, N., & Pope, C. (2000). Assessing quality in qualitative research. *Bmj*, *320*(7226), 50-52.

Mccann, T. V., Lubman, D. I., & Clark, E. (2011). First-time primary caregivers' experience accessing first-episode psychosis services. *Early Intervention in Psychiatry*, *5*(2), 156–162. https://doi.org/10.1111/j.1751-7893.2010.00246.x

Mcdougall, T., Worrall-Davies, A., Hewson, L., Richardson, G., & Cotgrove, A. (2008). Tier 4 Child and Adolescent Mental Health Services (CAMHS) - Inpatient care, day services and alternatives: An overview of Tier 4 CAMHS Provision in the UK. *Child and Adolescent Mental Health*. https://doi.org/10.1111/j.1475-3588.2007.00481.x

McLoed, S. (2007). What is conformity? *SimplyPsychlogy*, 1–4. Retrieved from https://www.simplypsychology.org/conformity.html

Merikangas, K., Nakamura, E. F., & Kessler, R. C. (2009). Epidemiology of mental disorders in children and adolescents. *Dialogues in Clinical Neuroscience*, *6*(1), 7–20. https://doi.org/10.1124/dmd.107.016501.CYP3A4-Mediated

Mitchell, C., McMillan, B., & Hagan, T. (2017, January). Mental health help-seeking behaviours in young adults. *British Journal of General Practice*, *67*(654), 8–9.

https://doi.org/10.3399/bjgp17X688453

Nash, M. (2014). *A mixed methods approach to exploring mental health nurses diabetes education and skills needs*. Middlesex University. Retrieved from http://eprints.mdx.ac.uk/13468/

National Children's Bureau. (2016). *Delivering mental health transformation for all children*.

National Institute for Health and Care Excellence. (2016). *Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance*. *NHS England*. Retrieved from https://www.england.nhs.uk/wp-content/uploads/2016/11/lmhs-guidance.pdf

NHS Benchmarking Network. (2013). *CAMHS benchmarking report*.

NHS England » Local transformation plans. (2015). Retrieved May 7, 2018, from https://www.england.nhs.uk/mental-health/cyp/transformation/

NHS England - Healthy London Partnership. (2016). Improving care for children and young people with mental health crisis in London Recommendations for transformation in delivering high-quality, accessible care Improving care for children and young people with mental health crisis in London, (October). Retrieved from https://www.myhealth.london.nhs.uk/sites/default/files/Improving care for children and young people with mental health crisis in London.pdf

Niglas, K. (2009). Make Sense of Mixed Methods Designs. *International Journal of Multiple Research Approaches*, *3*(1), 34–46.

NIMH. (2018). *Crisis Resolution Home Treatment Team*. Retrieved from https://www.dpt.nhs.uk/locations/crisis-resolution-home-treatment-team-north-devon

Office for National Statistics. (2004). *Mental health of children and young people in Great Britain, 2004*. Retrieved from https://sp.ukdataservice.ac.uk/doc/5269/mrdoc/pdf/5269technicalreport.pdf

Our response to the new green paper on children and young people's mental health. (2017). Retrieved January 3, 2018, from https://www.bps.org.uk/news-and-policy/our-response-new-green-paper-children-and-young-people's-mental-health

Paul, M., Street, C., Wheeler, N., & Singh, S. P. (2015). Transition to adult services for young people with mental health needs: A systematic review. *Clinical child psychology and psychiatry*, *20*(3), 436-457.

Paton, F., Wright, K., Ayre, N., Dare, C., Johnson, S., Lloyd-Evans, B., … Meader, N. (2016). Improving

outcomes for people in mental health crisis: A rapid synthesis of the evidence for available models of care. *Health Technology Assessment*, *20*(3). https://doi.org/10.3310/hta20030

Plaistow, J., Masson, K., Koch, D., Wilson, J., Stark, R. M., Jones, P. B., & Lennox, B. R. (2014). Young people's views of UK mental health services. *Early Intervention in Psychiatry*. https://doi.org/10.1111/eip.12060

Pluye, P., Robert, E., Cargo, M., Bartlett, G., O'cathain, A., Griffiths, F., … Rousseau, M. C. (2011). Proposal: A mixed methods appraisal tool for systematic mixed studies reviews. *Montréal: McGill University*, *2*, 1–8.

Reardon, T., Harvey, K., Baranowska, M., O'Brien, D., Smith, L., & Creswell, C. (2017). What do parents perceive are the barriers and facilitators to accessing psychological treatment for mental health problems in children and adolescents? A systematic review of qualitative and quantitative studies. *European child & adolescent psychiatry*, *26*(6), 623-647.

Salaheddin, K., & Mason, B. (2016). Identifying barriers to mental health help-seeking among young adults in the UK: a cross-sectional survey. *British Journal of General Practice*, *66*(651), e686– e692. https://doi.org/10.3399/bjgp16X687313

Secretary of State for Health and Secretary of State for Education. (2017). *Transforming Children and Young People's Mental Health Provision: a Green Paper*. https://doi.org/979-1-5286-0061-3

Service, R. W. (2009). Book Review: Corbin, J., & Strauss, A. (2008). Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory (3rd ed.). Thousand Oaks, CA: Sage - Robert W. Service, 2009. Retrieved from http://journals.sagepub.com/doi/abs/10.1177/1094428108324514

Shaffer, D., Gould, M. S., Brasic, J., Fisher, P., Aluwahlia, S., & Bird, H. (1983). A Children's Global Assessment Scale (CGAS). *Archives of General Psychiatry*, *40*(11), 1228–1231. https://doi.org/10.1001/archpsyc.1983.01790100074010

Shepperd, S., Doll, H., Angus, R. M., Clarke, M. J., Iliffe, S., Kalra, L., … Wilson, a D. (2009). Avoiding hospital admission through provision of hospital care at home: a systematic review and meta-analysis of individual patient data. *Cmaj*, *180*(2), 175–182. https://doi.org/10.1503/cmaj.081491

Siddaway, A. (2014). What is a systematic literature review and how do i do one? *University of Stirling*. https://doi.org/10.1016/j.jmwh.2009.03.017

Signatories, D. of H. and C. (2014). Mental Health Crisis Care Concordat Improving outcomes for people experiencing mental health crisis. *M/C 012*.

Singh, S. P., Paul, M., Ford, T., Kramer, T., Weaver, T., McLaren, S., … White, S. (2010). Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study. *The British Journal of Psychiatry*, *197*(4), 305–312.

Singh, S. P., & Tuomainen, H. (2015). Transition from child to adult mental health services: Needs, barriers, experiences and new models of care. *World Psychiatry*. https://doi.org/10.1002/wps.20266

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qual Res Psychol*, *1*(1), 39–54.

Smith, J. A., & Osborn, M. (2007). *Interpretative Phenomenological Analysis. Qualitative Psychology: A Practical guide to research methods*. Los Angeles, CA: Sage.

Smith, J. A., & Smith, J. A. (2016). Evaluating the contribution of interpretative phenomenological analysis analysis. *Health Psychology Review*, *7199*(May), 9–27. https://doi.org/10.1080/17437199.2010.510659

Smith, J., & Osborn, M. (2003). Chapter 4 Interpretative Phenomenological Analysis in Qualitative Psychology, A Practical Guide to Research Methods. Ed. Smith. Retrieved from https://scholar.google.dk/scholar?q=Interpretative+Phenomenological+Analysis+-+Research+osborn&hl=da&as_sdt=0%2C5&as_ylo=2003&as_yhi=2003#5

Solihull CCG. (2015). *Local Transformation Plan for Children and Young People's Mental Health and Wellbeing SOLIHULL EMOTIONAL WELLBEING AND MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE Solihull Schools Strategic Accountability Board*. Solihull. Retrieved from https://solihullccg.nhs.uk/documents/publications-1/the-services-we-offer-1/1673-solihulls-local-transformation-plan-for-children-and-young-peoples-mental-health-and-wellbeing/file

Solihull CCG. (2017). *Local Transformation Plan for Children and Young People's Mental Health and Wellbeing SOLIHULL EMOTIONAL WELLBEING AND MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE Working together in partnership to achieve system wide change…*. Retrieved from https://solihullccg.nhs.uk/publications/2140-201610-solihull-ltp-for-cyp-ewbmh-progress-report-27-10-16/file

Tashakkori, A., & Creswell, J. W. (2007). Editorial: The New Era of Mixed Methods. *Journal of Mixed Methods Research*, *1*(1), 3–7. https://doi.org/10.1177/2345678906293042

The Health Committee. (2014). *House of Commons Health Committee Children ' s and adolescents ' mental health and CAMHS. Third Report of Session 2014-15*. Retrieved from https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/34210.htm

The Kings Fund. (2015). *Mental health under pressure*. Retrieved from http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/mental-health-under-pressure-nov15.pdf

the Royal College of Nursing. (2017). *Child and Adolescent Mental Health Key Facts*. *Physiotherapy for Children*. The Royal College of Nursing.

Thornicroft, G., & Tansella, M. (2004). Components of a modern mental health service: A pragmatic

balance of community and hospital care. Overview of systematic evidence. *British Journal of Psychiatry*. https://doi.org/10.1192/bjp.185.4.283

Tyrer, P., & Johnson, S. (2011). Has the closure of psychiatric beds gone too far? No. *BMJ (Online)*. BMJ Publishing Group LTD. https://doi.org/10.1136/bmj.d7410

UK Parliament, H. of C. (2013). *Early Intervention*. Retrieved from http://www.navca.org.uk/early-intervention-foundation

Vajjhala, N. R. (2015). Constructivist grounded theory applied to a culture study. In *The Palgrave Handbook of Research Design in Business and Management* (pp. 447-464). Palgrave Macmillan, New York.

Van Teijlingen, E. (2014). Semi-structured interviews. In *PGR Workshop December*.

Waddell, C., Shepherd, C., Schwartz, C., & Barican, J. (2014). Child and youth mental disorders: Prevalence and evidence-based interventions. *Vancouver, BC: Children's Health Policy Centre, Simon Fraser University*.

Werbeloff, N., Chang, C. K., Broadbent, M., Hayes, J. F., Stewart, R., & Osborn, D. P. J. (2017). Admission to acute mental health services after contact with crisis resolution and home treatment teams: an investigation in two large mental health-care providers. *The Lancet Psychiatry*, *4*(1), 49–56. https://doi.org/10.1016/S2215-0366(16)30416-3

Wimpenny, P., & Gass, J. (2000). Interviewing in phenomenology and grounded theory: is there a difference?. *Journal of advanced nursing*, *31*(6), 1485-1492.

Wise, J. (2017). Mental health: Patients and service in crisis. *BMJ (Online)*. https://doi.org/10.1136/bmj.j1141

World Health Organisation. (2016). WHO Child and adolescent mental health. Retrieved May 22, 2018, from http://www.who.int/mental_health/maternal-child/child_adolescent/en/

## 17. Appendices

| | Type of Appendix | Done |
|---|---|:---:|
| 1 | Invitation for participation in service evaluation (CYP) | X |
| 2 | Invitation for participation in service evaluation (Parents or Carers) | X |
| 3 | Invitation for participation in service evaluation (Staff) | X |
| 4 | Participant Information Sheet (PIS) Children and Young People | X |
| 5 | Participant Information Sheet (PIS) Parents and Carers | X |
| 6 | Participant Information Sheet (PIS) 0-19 Model Staff members | X |
| 7 | Consent Form Children and Young People | X |
| 8 | Consent Form for Parent consenting on behalf of their child (age 5-15) | X |
| 9 | Consent Form Parent and Carers | X |
| 10 | Consent Form Staff Members | X |
| 11 | Demographic sheet – Parents/Carers | X |
| 12 | Demographic sheet – Staff members | X |
| 13 | Interview Protocol for children and young people | X |
| 14 | Interview Protocol for Parents and Carers | X |
| 15 | Interview Schedule – Focus group (Staff) | X |
| 16 | Recruitment Poster - Children and Young People (Interview) | X |
| 17 | Recruitment Poster – Parents/Carers (Interview) | X |
| 18 | Lone Working Policy – the University of Warwick Medical School | X |
| 19 | Project Timeline | X |
| 20 | Focus group with parents and carers | X |
| 21 | Focus group with children and young people | X |
| 22 | Focus group with 0-19 Staff members | X |
| 23 | CYP Participant Service Evaluation Information Sheet (5-12 yro) | X |

## 17.1 Invitation for participation in service evaluation (CYP)

Date:

Dear Sir/Madam,

Service Evaluation Title:

A new mental health 0-19 crisis service model for Children and Young people (CYP),
and exploration of its appropriateness, effectiveness and stakeholders' satisfaction

I am writing you to invite you to take a part in a service evaluation being conducted by the University of Warwick in cooperation with the Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands, funded by the Birmingham and Solihull Mental Health Foundation Trust.

**What is the purpose of the service evaluation?**

The purpose of this service evaluation is to develop a better understanding of how Solar service provide mental health crisis support for children and young people in the 0-19 age group in Solihull, UK. We are keen to learn more about what is working well and not so well, about your experience of meeting with people from services; about the information that is made available for people seeking help and support and also how services can improve how others understand children and young people's mental health issues.

The project involves one of our research team asking children and young people about their experience of services and general background questions about you in an interview/focus group that would last around 40 at Solar service or a location and time that suits you.

We are particularly keen to speak to you as someone who has recently experienced a mental health crisis or been a service user of the Solar and its mental health crisis service.

If you are happy to consider being involved I will arrange for one of our team to contact you to describe the project in further detail at a time and place convenient for you. Please contact me either:

**By post:** Frane Vusio, The University of Warwick, Warwick Medical School, Farmhouse, CV4 7AJ, Coventry
**By email:** Frane.Vusio@nhs.net or F.Vusio@warwick.ac.uk

Thank you for taking the time to read this.
Yours faithfully

Frane Vusio

## 17.2 Invitation for participation in service evaluation (Parents or Carers)

Date:

Dear Sir/Madam,

### Service Evaluation Title:

A new mental health 0-19 crisis service model for Children and Young people (CYP), and exploration of its appropriateness, effectiveness and stakeholders' satisfaction

I am writing you to invite you to take part in a service evaluation being conducted by the University of Warwick in cooperation with the Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands, funded by the Birmingham and Solihull Mental Health Foundation Trust.

**What is the purpose of the service evaluation?**

The purpose of this service evaluation is to develop a better understanding of how Solar service provide mental health crisis support for children and young people in the 0-19 age group in Solihull, UK. We are particularly keen to learn more about what is working well and not so well; about you experiences accessing the crisis service and meeting people from the service; about the information that is made available for people seeking help and support and also how service can improve how others understand children and young people's mental health crisis.

This project involves one of our research team member asking people about their own experiences of the Solar crisis service and some general background questions about you in an interview that would last around 40-50 minutes at the time that is convenient for you.

We would be very keen to speak to you as someone who has recently been the career of a child or young person who was in a mental health crisis or have been seen by Solar mental health service or Solar crisis team.

If you are happy to consider being involved in this service evaluation, I will arrange for one of our team members to contact you to discuss the project in further detail at the time that suits you. Please contact me either:

**By post:** Frane Vusio, The University of Warwick, Warwick Medical School, Farmhouse, CV4 7AJ, Coventry
**By email:** Frane.Vusio@nhs.net or F.Vusio@warwick.ac.uk

Thank you for taking your time to read this
Yours faithfully
Frane Vusio

## 17.3 Invitation for participation in service evaluation (Staff)

Date:

Dear Sir/Madam,

### Service Evaluation Title:
A new mental health 0-19 crisis service model for Children and Young people (CYP), and exploration of its appropriateness, effectiveness and stakeholders' satisfaction

I am writing you to invite you to take a part in a service evaluation being conducted by the University of Warwick in cooperation with the Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands, funded by the Birmingham and Solihull Mental Health Foundation Trust.

**What is the purpose of the service evaluation?**

The purpose of this service evaluation is to develop a better understanding of how Solar service now provide support for children and young people's mental health in the 0-19 age group in Solihull. We are keen to learn more about what is working well and not so well, about your experience of meeting with service users and their families; about the information that is made available for people seeking help and support and also how service and its provision can be improved to respond effectively to more increasing demand for children and young mental health and crisis service.

One researcher will be asking Solar staff members about their experience of services and general background questions about you in an interview that would last around 40-50 minutes at Solar service, at time that suits you.

We are particularly keen to speak to you as someone who has recently supported children, young people experiencing mental health crisis and their families in Solar and its mental health crisis service.

If you are happy to consider being involved I will arrange for one of our team to contact you to describe the project in further detail at a time and place convenient for you. Please contact me either:

**By post:** Frane Vusio, The University of Warwick, Warwick Medical School, Farmhouse, CV4 7AJ, Coventry
**By email:** Frane.Vusio@nhs.net or F.Vusio@warwick.ac.uk

Thank you for taking the time to read this

Frane Vusio
The University of Warwick,
Warwick Medical School
Farmhouse
CV4 7AJ, Coventry
01st of August 2018
F.Vusio@warwick.ac.uk
Frane.Vusio@nhs.net

Participants Information Sheet
V1.0 **SU** 21st May 2018

Service Evaluation Title:

> A new mental health 0-19 crisis service model for Children and Young people (CYP),
> and exploration of its appropriateness, effectiveness and stakeholders' satisfaction

I am writing you to invite you to take a part in a service evaluation, conducted by the University of Warwick in cooperation with the Birmingham and Solihull Mental Health NHS Foundation Trust, funded by the Birmingham and Solihull Mental Health Foundation Trust.

**What is the purpose of the service evaluation?**
The purpose of this service evaluation is to develop a better understanding of how Solar service provide support for children and young people experiencing mental health crisis in the 0-19 age group in Solihull UK. We are particularly interested in learning more about what is working well and not so well, about the experience of meeting with people from services; about how information is made available and also about anything that you feel might be missing from the way services are provided. We are keen that the information you provide can be used to help improve the crisis mental health services provided for young people and their carers in the Solihull.

**Why have I been invited?**
You have been invited as an expert by experience of being a child or young person who has had treatment from the Solar service so that we can learn about your views on crisis mental health services provided for young people in your area and to learn from your experience of meeting people from the Solar. We are hoping to include up to 10 experts by experience in this service evaluation. Although taking part may not benefit you personally, it may help to improve services in the longer-term.

**Do I have to take part?**

It is up to you to decide if you are happy to take part in the service evaluation. We will describe the service evaluation and go through this information sheet with you. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. **If you choose to withdraw, any information we have collected from you will be removed, unless the data has been already transcribed or disseminated**. Please let the interviewer know if you do not wish to take part or contact interviewer, whose details are at the top of this form.

**What happens if I agree to take part?**

If you are happy to take part you will be asked to take part in a focus group interview where you will be asked questions about your experience of the Solar and its crisis mental health service for children and young people aged 0-19 in Solihull. We will take an audio recording of the interview to allow us to complete it more quickly. The discussion will involve you with some other young people and a researcher and should last no longer than 40-50 minutes.

**Will the service evaluation be kept confidential?**

Any questions that you complete and everything you say/report is confidential (will not be shared) unless you tell us something that causes us to think that you or someone else is at risk of harm. We would discuss this with you before telling anyone else. Your information will not have your name anywhere on it and a different name will be used so that your name will not be connected to the service evaluation. Only the research team will have access to your information which will be given a code and stored on a secure University computer.

After everyone's information is collected, it will be explored for common responses and results will be written into a report that will be made available on our website www.bsmhft.nhs.uk/our-services/solar-youth-services

A printed copy of the report will be sent to you if you have requested this on the consent form.

**What are the risks and benefits of taking part?**

Although taking part may not benefit you personally, it may help to improve local service for children and young people's mental health. The focus group will involve speaking about your experience of mental health services and there is a possibility that this may cause you some distress. If you are distressed by anything discussed during the interview please let the researcher know as they can put you in direct contact with a senior NHS manager.

**What will happen to the results of the service evaluation?**
The results of this evaluation will be collected into a report that will be made available on above mentioned website. We will make sure that no-one is identifiable within the report and will not use people's names with any quotes.

We would like to provide you with your own copy of the report and you are asked to confirm if you would like to receive a (printed or electronic) copy on the consent form.

**Who is organising and funding the service evaluation?**
The service evaluation is funded by the Birmingham and Solihull Mental Health Foundation Trust and the interviews are being carried out by research staff from the University of Warwick in cooperation with the Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands

**Who has reviewed the service evaluation?**
This service evaluation has been reviewed and given a favourable opinion by the University of Warwick's Biomedical and Scientific Research Ethics Sub-Committee (BSREC). A Research Ethics Committee is a group of independent people who review research/service evaluation to protect the dignity, rights, safety and wellbeing of participants and researchers. Additionally, the Birmingham and Solihull Mental Health Foundation Trust service evaluation committee approved this service evaluation.

**What if I want to make a complaint?**
If you are unhappy with any element of this service evaluation or wish to make a complaint please contact Dr Max Birchwood (M.J.Birchwood@warwick.ac.uk)

Yours faithfully,

Frane Vusio

## 17.5 Participants Information Sheet and Consent Form (Parents/Carers)

Frane Vusio
The University of Warwick,
Warwick Medical School
Farmhouse
CV4 7AJ, Coventry
01st of August, 2018
F.Vusio@warwick.ac.uk
Frane.Vusio@nhs.net

Participants Information Sheet
V1.0 **C/P/F** 21st February, 2018

Service Evaluation Title:

*A new mental health 0-19 crisis service model for Children and Young people (CYP),
and exploration of its appropriateness, effectiveness and stakeholders' satisfaction*

I am writing you to invite you to take a part in a service evaluation being conducted by the University of Warwick in cooperation with the Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands, funded by the Birmingham and Solihull Mental Health Foundation Trust.

**What is the purpose of the service evaluation?**
The purpose of this service evaluation is to develop a better understanding of how Solar service provide support for children and young people experiencing mental health crisis in the 0-19 age group in Solihull, UK. We are particularly interested in learning more about what is working well and not so well, about the experience of working in services; about how information is made available and also about anything that you feel might be missing from the way service is provided. We are keen that the information you provide can be used to help improve the Solar and its crisis mental health service provided for children and young people, and their carers in the Solihull.

**Why have I been invited?**
You have been invited as an expert by experience of being a carer of a young person who has been a recent user of Solar or its crisis mental health service, so that we can represent your views on existing crisis mental health service provision for young people in your area and to learn from your experience of local service. We are hoping to include up to 10 carer experts by

experience in this service evaluation. Although taking part may not benefit you personally, it may help to improve services in the longer-term

**Do I have to take part?**
It is up to you to decide if you are happy to take part in the service evaluation. We will describe the service evaluation and go through this information sheet with you. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. **If you choose to withdraw, any information we have collected from you will be removed, unless the data has been already transcribed or disseminated**. Please let the interviewer know if you do not wish to take part. Interviewer details are at the top of this form.

**What happens if I agree to take part?**
If you are happy to take part you will be asked to take part in a focus group interview where you will be asked questions about your experience of the Solar and its crisis mental health service for children and young people aged 0-19 in your area. We will take an audio recording of the interview to allow us to complete it more quickly. The discussion will involve you with some other carer experts and a researcher and should last no longer than 40-50 minutes.

**Will the service evalution be kept confidential?**
Any questions that you complete and everything you say/report is confidential (will not be shared) unless you tell us something that causes us to think that you or someone else is at risk of harm. We would discuss this with you before telling anyone else. Your information will not have your name anywhere on it and a different name will be used so that your name will not be connected to the evaluation. Only the research team will have access to your information which will be given a code and stored on a secure University of Warwick computer. After everyone's information is collected, it will be explored for common responses and results will be written into a report that will be made available on our website www.bsmhft.nhs.uk/our-services/solar-youth-services.

**What are the risks and benefits of taking part?**
Although taking part may not benefit you personally, it may help to improve local service for young people's mental health. The focus group will involve speaking about your experience of crisis mental health services and there is a possibility that this may cause you some distress. If you are distressed by anything discussed during the interview please inform the researcher who can put you in direct contact with a senior NHS manager.

**What will happen to the results of the evaluation?**
The results of this service evaluation will be collected into a report that will be made available on our website at www.bsmhft.nhs.uk. We will make sure that no-one is identifiable within the report and will not use people's names with any quotes.

We would like to provide you with your own copy of the report and you are asked to confirm if you would like to receive a (printed or electronic) copy on the consent form.

**Who is organising and funding the service evaluation?**
The service evaluation is funded by the Birmingham and Solihull Mental Health Foundation Trust and the interviews are being carried out by research staff from the University of Warwick in cooperation with the Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands

**Who has reviewed service evaluation?**
This evaluation has been reviewed and given a favourable opinion by the University of Warwick's Biomedical and Scientific Research Ethics Sub-Committee (BSREC). A Research Ethics Committee is a group of independent people who review research/service evaluation to protect the dignity, rights, safety and wellbeing of participants and researchers. Additionally, the Birmingham and Solihull Mental Health Foundation Trust service evaluation committee approved this service evaluation.

**What if I want to make a complaint?**
If you are unhappy with any element of this service evaluation or wish to make a complaint please contact Dr Max Birchwood (M.J.Birchwood@warwick.ac.uk)

Yours faithfully,

Frane Vusio

## 17.6 Participants Information Sheet and Consent Form (Staff)

Frane Vusio
The University of Warwick,
Warwick Medical School
Farmhouse
CV4 7AJ, Coventry
01st of August, 2018
F.Vusio@warwick.ac.uk
Frane.Vusio@nhs.net

Participants Information Sheet
V1.0 **Staff** 30th of May, 2018

Service Evaluation Title:

**A new mental health 0-19 crisis service model for Children and Young people (CYP), and exploration of its appropriateness, effectiveness and stakeholders' satisfaction**

I am writing you to invite you to take a part in a service evaluation, conducted by the University of Warwick in cooperation with the Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands, funded by the Birmingham and Solihull Mental Health Foundation Trust.

**What is the purpose of the service evaluation?**
The purpose of this service evaluation is to develop a better understanding of how services provide support for children and young people in mental health crisis in the 0-19 age group in Solihull UK. We are particularly interested in learning more about what is working well and not so well, about the experience of working in services; about how information is made available and also about anything that you feel might be missing from the way services are provided. We are keen that the information you provide can be used to help improve the mental health services provided for young people and their parents/carers in the region.

**Why have I been invited?**
You have been invited as an expert by experience of being a member of staff working with children and young peoples who experience mental health crisis, in Solar and its crisis service so that we can represent your views on existing mental health service provision for children and young people in your area and to learn from your experience of working with local services. We are hoping to include up to 12 experts by experience in this service evaluation. Although taking part may not benefit you personally, it may help to improve services in the long-term.

**Do I have to take part?**

It is up to you to decide if you are happy to take part in the service evaluation. We will describe the service evaluation and go through this information sheet with you. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time, without giving a reason. If you choose to withdraw, any information we have collected from you will be removed, unless the information has already been anonymised and transcribed. Please let the interviewer know if you do not wish to take part or contact (Frane Vusio) whose details are at the end of the form.

**What happens if I agree to take part?**
If you are happy to take part you will be asked to take part in a focus group interview where you will be asked questions about your experience of the crisis mental health service for children and young people aged 0-19 in your area and a small number of questions about yourself. We will take an audio recording of the interview to allow us to complete it more quickly. The discussion will involve you with some other staff member experts and a researcher and should last no longer than 40-50 minutes.

**Will the service evaluation be kept confidential?**
Any questions that you complete and everything you say/report is confidential (will not be shared) unless you tell us something that causes us to think that you or someone else is at risk of harm. We would discuss this with you before telling anyone else. Your information will not have your name anywhere on it and a different name will be used so that your name will not be connected to the service evaluation. Only the research team will have access to your information which will be given a code and stored on a secure University of Warwick computer. After everyone's information is collected, it will be explored for common responses and results will be written into a report that will be made available on the Solar website.

**What are the risks and benefits of taking part?**
Although taking part may not benefit you personally, it may help to improve local services for children and young people experiencing mental health crisis. The focus group will involve speaking about your experience of mental health services and there is a possibility that this may cause some distress to you or other participants involved in the focus group. If you are distressed by anything discussed during the interview please inform the researcher who can put you in direct contact with a senior NHS manager.

**What will happen to the results of the service evaluation?**
The results of this service evaluation will be collected into a report that will be made available on our website at **https://www.bsmhft.nhs.uk/our-services/solar-youth-services**. We will make sure that no-one is identifiable within the report and will not use people's names with any quotes.

We would like to provide you with your own copy of the report and you are asked to confirm if you would like to receive a (printed or electronic) copy on the consent form.

**Who is organising and funding the service evaluation?**
The service evaluation is funded by the Birmingham and Solihull Mental Health Foundation Trust and the interviews are being carried out by research staff from the University of Warwick in cooperation with the Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands

**Who has reviewed the service evaluation?**
This service evaluation has been reviewed and given a favourable opinion by the University of Warwick's Biomedical and Scientific Research Ethics Sub-Committee (BSREC) and Birmingham and Solihull Mental Health Foundation Trust Ethics committee. A Research Ethics Committee is a group of independent people who review research/service evaluation to protect the dignity, rights, safety and wellbeing of participants and researchers.

**What if I want to make a complaint?**
If you are unhappy with any element of this service evaluation or wish to make a complaint please contact Dr Max Birchwood (M.J.Birchwood@warwick.ac.uk)

Yours faithfully,

Frane Vusio

## 17.7 Consent form for CYP participants

**Service Evaluation Number:**　　　　　　**Participant Identification Number:**

**CONSENT FORM** v1.0 **SU** <u>21st of May, 2018</u>

Title of Project:

*A new mental health 0-19 crisis service model for Children and Young people (CYP), and exploration of its appropriateness, effectiveness and stakeholders' satisfaction*

|   |   | Please tick box | |
|---|---|---|---|
|   |   | YES | NO |
| **1** | I confirm that I have read the information sheet dated _____ 2018 (v1.0 **SU**) for the above service evaluation. I have had the opportunity to consider the information, ask questions and have had these fully answered |   |   |
| **2** | I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected |   |   |
| **3** | **I understand that the focus group/interview discussion will be digitally recorded and encrypted as an audio file and typed Into a written version, that will be anonymised** |   |   |
| **4** | **I agree to take part in the above service evaluation** |   |   |
| **5** | I would like a copy of the service evaluation report sent to me by post/email  (If 'yes' please add postal or email address below): |   |   |
| **6** | **Parental consent for children and adolescent, aged 5-15** Parent consenting on behalf of their child, please fill out the form v1.0 **P/C/F for SU** |   |   |

Postal/Email address: _____

_____　_____　_____
Name of Participant　　　　　　　Date　　　　　　　　Signature

_____　_____　_____
Name of Person
Taking consent　　　　　　　　　Date　　　　　　　　Signature

## 17.8 Consent form for Parent consenting on behalf of their child (age 5-15)

**Service Evaluation Number:**                    **Participant Identification Number:**

**CONSENT FORM** v1.0 **P/C/F for SU** 21st of May, 2018

| | Title of Project: *A new mental health 0-19 crisis service model for Children and Young people (CYP),and exploration of its appropriateness, effectiveness and stakeholders' satisfaction* | Please tick box | |
|---|---|---|---|
| | | YES | NO |
| 1 | **Parental consent for children and adolescent, aged 5-15** As a parent, I have read participant information sheet dated _____ 2018 (v1.0 **P/C/F for SU**) for the above service evaluation, and have been given the opportunity to ask questions. | | |
| 2 | I understand that my child's participation is voluntary and that my child is free to withdraw at any time without giving any reason, without my child medical care or legal rights being affected | | |
| 3 | **I understand that the focus group/interview discussion will be digitally recorded and encrypted as an audio file and typed into a written version, that will be anonymised** | | |
| 4 | **I give consent for my child to participate in this service evaluation** | | |
| 5 | I would like a copy of the service evaluation report sent to me by post/email (If 'yes' please add postal or email address below): | | |
| 6 | Name of Child: _____ <br><br> Age of Child:_____ | | |

Postal/Email address: _____

_____        _____        _____
Name of Participant        Date        Signature

_____        _____        _____
Name of Person
Taking consent

## 17. 9 Consent form (Parents and Carers)

**Service Evaluation Number:**　　　　　　　　**Participant Identification Number:**

**CONSENT FORM** v1.0 **C/P/F** 21st of February, 2018

Title of Project:

*A new mental health 0-19 crisis service model for Children and Young people (CYP), and exploration of its appropriateness, effectiveness and stakeholders' satisfaction*

|  |  | **Please tick box** | |
|---|---|---|---|
|  |  | YES | NO |
| **1** | I confirm that I have read the information sheet dated _____ 2018 (v1.0 **C/P/F**) for the above service evaluation. I have had the opportunity to consider the information, ask questions and have had these fully answered |  |  |
| **2** | I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected |  |  |
| **3** | **I understand that the focus group discussion will be digitally recorded and encrypted as an audio file and typed Into a written version** |  |  |
| **4** | **I agree to take part in the above service evaluation** |  |  |
| **5** | I would like a copy of the service evaluation report sent to me by post/email (If 'yes' please add postal or email address below): |  |  |

Postal/Email address: _____

_____　　_____　　_____
Name of Participant　　　　　Date　　　　　　　Signature

_____　　_____　　_____
Name of Person
Taking consent

## 17. 10 Consent form (Staff Members)

**Service Evaluation Number:**                    **Participant Identification Number:**

**CONSENT FORM** v1.0 (**Staff**) 21st of February, 2018

Title of Project:

*A new mental health 0-19 crisis service model for Children and Young people (CYP),*
*and exploration of its appropriateness, effectiveness and stakeholders' satisfaction*

|   |   | Please tick box | |
|---|---|---|---|
|   |   | YES | NO |
| **1** | I confirm that I have read the information sheet dated _____ 2018 (v1.0 **C/P/F**) for the above service evaluation. I have had the opportunity to consider the information, ask questions and have had these fully answered |   |   |
| **2** | I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected |   |   |
| **3** | **I understand that the focus group discussion will be digitally recorded and encrypted as an audio file and typed Into a written version** |   |   |
| **4** | **I agree to take part in the above service evaluation** |   |   |
| **5** | I would like a copy of the service evaluation report sent to me by post/email<br>(If 'yes' please add postal or email address below): |   |   |

Postal/Email address: _____

_____        _____        _____
Name of Participant                        Date                        Signature

_____        _____        _____
Name of Person
Taking consent

## 17.11 Participant Demographic Sheet (Parent/Carer)

*A new mental health 0-19 crisis service model for Children and Young people (CYP), and exploration of its appropriateness, effectiveness and stakeholders' satisfaction*

**Demographic Sheet – Parent/Carer**  v1.0 March 26th,2018

**Date:** __ / __ / _____

We would appreciate it if you could tell us a little about yourself

**Please mark the appropriate box**

**Your Gender:**  Male ◯        Female ◯

---

**Your Ethnicity:**

White British ◯                                    Black Caribbean/ Black British-Caribbean ◯

Asian/ Asian British-Pakistani ◯        Asian British-Indian ◯

Asian/ Asian British Bangladeshi ◯    Black African /Black British African ◯

Chinese ◯                                              White Other ◯

Black Other ◯                                        Asian Other ◯        Mixed Race ◯

Other ◯        (please specify:)_____

Age: _____

Occupation/Professional Role:
_____

Educational level**: _____

Marital status: _____

Relationship to Service User **(e.g. Mother / Father / Sibling / Carer):**
_____

Approximate age of child or young person when first referred to mental health services:
_____ **years**

What year was this?_____

Approximate length of time Service User seen by mental health services**:_____years _____months**

Main mental health service seen by Service User **(eg Solar Bishop Wilson or Fresh fields):**
_____

Any other mental health service used before being admitted to the Solar service?
_____

Any other mental health service used after discharge from the Solar service?

_____

**<u>Thank You for your time and participation</u>**

### 17.12 Participant Demographic Sheet (Staff Members)

*A new mental health 0-19 crisis service model for Children and Young people (CYP),
and exploration of its appropriateness, effectiveness and stakeholders' satisfaction*

**Demographic Sheet – Staff** v1.0 March 26th, 2018

**Date:** __ / __ / _____

We would appreciate it if you could tell us a little about yourself

**<u>Please tick the appropriate box</u>**

**Your Gender:** Male ☐     Female ☐

---

**Your Ethnicity:**

White British Asian/ ☐          Black Caribbean/ ☐          Asian/ ☐

British-Indian          Black British-Caribbean          Asian British-Pakistani          Asian ☐

Asian/ Asian British Bangladeshi ☐          Black African /Black British African ☐

Chinese ☐

White Other ☐          Black Other ☐          Asian Other ☐

Mixed Race ☐

Other ☐     (please specify:)_____

Age: _____

Professional Role: _____

Current Speciality: (eg. General Practitioner / Community Mental Health Team)
_____


Length of time working in mental health services: _____years _____months


Length of time working in the Solar service: _____years _____months


Educational level: _____


**<u>Thank You for your time and participation</u>**

## 17.13 Interview Protocol for children, young people

### Introductions and 'ground rules'

A team from the University of Warwick has been commissioned to evaluate the new 0-19 and its crisis mental health service for children and young people.

We are very grateful that you have agreed to take part in the evaluation of the new service. The purpose of us talking with you is to hear about your views and experiences with the 0-19 model and its mental health crisis service for children and young people in Solihull.

Before we start, we would just like to run through a few things:

- PiS form
- Consent forms
- Confidentiality confirmation
- Duration of interview between 75-90 minutes

- Timing and decision to seek help:
  - When, how, and by whom decisions were made about getting professional mental crisis help (Prompts: *How did you decide to go about your health problems? Where did you seek help?*)
  - Did you ever heard before for the Solar or its services, before you were accepted as a patient?
  - What led to decision to seek help from the Solar crisis? (*Prompts: Did you consider any other alternatives? Did you seek any help prior being admitted to the Solar Crisis service?*)
  - What were five words that popped into your mind when you found out you had to be admitted to mental health crisis service?
  - What was your initial thoughts and feelings that you can associate with being referred or admitted to Solar Crisis service? How easy was for you to be admitted?

- Waiting time:

- How long did you have to wait before you received helped from the Solar /Crisis service? (Prompt: *How did you feel during the period of waiting to receive treatment?*)

- **Engagement with the Solar Crisis service:**
  - What is your initial impression after being admitted to the Solar Crisis service? (*Prompt: Did you like the Solar Crisis for the first time? How did you feel first time being there?*)
  - When and where did you engage for the first time with Solar crisis?
  - What is your experience of initial process ( *Prompt: (un)helpful process or experiences*)
  - What do you think, is there any suggestion for improving initial process

- **Acceptability and Pathways of the mental health provision:**
  - Do you think that you received an appropriate help from the crisis team according to your needs (Prompts: *What did you think about recommendations you received? What was similar or different in what you thought about your problem and how the person you referred to assessed it? How Solar staff explained to you, your condition?*)
  - What is your journey through the Solar system ( *Prompt: What services did you take whilst being in the Solar*)
  - What is your satisfaction with help that you received from the crisis team of the Solar service

- **Sense of environment, staff and care provided:**
  - Do you think that the Solar and its crisis service are better or worst environment than Hospital or A&E?
  - Tell me about how it felt to be there? (*Prompt: How did you felt with staff members involved in your care? What is your general experience of staff?*)
  - How were you treated whilst being there? (Prompts: *Did you felt like you were taken seriously and that you were listened? Did staff involved you in decision making with regards to treatment preferences? )*

- **(Post) Discharge experience**
  - Can you describe how your discharge experience was?

- Did you had need or did you seek any additional mental health help after being discharged from the crisis service? *(Prompt: What kind of the help/services – if YES)*
- Do you think that the crisis team meet your mental health needs? (*Prompt: Are there still any unmet mental health needs? Are there any needs you felt weren't met, whilst being treated in the crisis service?*)
- Can you tell me, do you feel any improvement/decline with you mental health
- How this improvement/decline impacts your school, college, and relationships
- Do you still need like you need help, despite being discharge from the Solar crisis service?
- Do you think you would benefit from any additional help from some other service, such as peer support or mental health support worker, after you have been discharged? (Explain what peer support is or what mental health support worker is)
- Do you think that Solar crisis team helped you to self-manage your mental health?

- **Wrap up – Final impressions:**
  - Can you describe to us in detail, how much Solar crisis service was (un)helpful to you and your whole family to overcome the crisis and contributed towards your recovery?
  - What is your very good experience that you can remember whilst being admitted to the Solar Crisis service? Can you describe any particular events or happenings that left positive experience on you?
  - What is your worst experience that you can remember whilst being admitted to the Solar Crisis service?
  - Is there anything you feel that Solar crisis service could done differently?
  - Is there anything you would like to change or improve?

- **Ending part:**
  - Is there anything you would like to add or maybe ask?

### Wrapping up

The meeting will end with a brief summing up/checking back on the key issues or ideas put forward. The facilitators will explain what happens next – e.g. if there is to be follow up focus group, when some of the findings will be written up and also how to contact the evaluation team if they have further comments they wish to make.

- Thank you for your participation

After Interview Activity:
1. Upon completion of the interview, audio recording will be downloaded and copies will be saved
2. Notes will be made about main points that came across.
3. Transcription
4. Data analysis.

## 17.14 Interview Protocol for Parents and Carers

- **Timing and decision to seek help:**
  - When, how, by whom decisions were made about getting professional mental crisis help for your child?
  - How mental health crisis impacted your child at home, school, community, and relationships with your family?
  - What led to decision to seek help for your child from the Solar crisis? (Prompts: *Where did you seek help?*) Did you consider any other alternatives? Did you seek any help for your child prior being admitted to the Solar Crisis service? (Prompts: *What stopped you from seeking help earlier?*)
  - Did you ever heard before for the Solar or its services?
  - What was your initial thoughts and feelings that you can associate with your child being referred or admitted to Solar Crisis service? (*Prompts: What were five words that popped into your mind when you found out that your child had to be admitted to mental health crisis service?*)

- **Waiting time:**
  - How long did your child have to wait before receiving help from the Solar /Crisis service?

- **Engagement with the Solar Crisis service:**
  - What is your initial first impression after your child was admitted to the Solar Crisis service? (*Prompt: Did you think that this is appropriate place for your child and his/her needs?*)
  - When, where and why did your child engage for the first time with Solar crisis?
  - What is your experience as a parent/carer of initial process (*Prompt: (un)helpful process or experiences*)
  - What do you think, is there any suggestion for improving initial process for children and their parents?

- **Acceptability and Pathways of the mental health provision:**
  - Do you think that your child received an appropriate support from the crisis team, while your child was undergoing mental health crisis? (Prompts: *What did you think about recommendations your received? What was similar or different in*

*what you thought about your child problem and how the person you referred to assessed it? How Solar staff explained to you, your child condition?)*

- What is your child's journey through the Solar system ( *Prompt: What services did you take whilst being in the Solar*)
- What is your satisfaction with help that you received for your child from the crisis team of the Solar service?

- **Sense of environment, staff and care provided:**
  - Do you think that the Solar and its crisis service are better or worst environment than Hospital or A&E?
  - Tell me about how it felt to be there? (*Prompt: How did you felt with staff members involved in your child's care? What is your general experience/impression of staff?*)
  - How were you treated whilst being there? (Prompts: How was your child treated? *Did you felt like you were taken seriously and that you were listened*? *Did staff involved you in decision making with regards to treatment preferences*? )
  - Did you participated in decision making with regards to treatment preferences for your child?

- **(Post) Discharge experience**
  - Can you describe how your child's discharge experience was?
  - Did you seek any additional mental health help for your child, after your child has been discharged from the crisis service? (*Prompt: What kind of the help/services – if YES*)
  - Do you think that the crisis team meet your childs mental health needs? (*Prompt: Are there still any unmet mental health needs? Are there any needs you felt weren't met, whilst being treated in the crisis service?*)
  - Do you think that the Solar crisis team managed to help to develop self-management skill for your child to recognise on time signs of mental health crisis? (*Prompt: In what ways?*)
  - Can you tell me, do you feel any improvement/decline in your child's mental health? Did your child experienced any relapse, after being discharged from the Solar crisis service?
  - How this improvement/decline impacts your child's school, college, and relationships
  - Do you think that your child still needs help, despite being discharge from the Solar crisis service?

- Do you think you child would benefit from any additional help from some other service, such as peer support or mental health support worker? (Explain what peer support is or what mental health support worker is)

- **Wrap up – Final impressions:**
  - Can you describe to us in detail, how much Solar crisis service help your child and whole family to overcome the crisis and build resilience?
  - What is your good experience with Solar service whilst your child has being admitted to the Solar Crisis service?
  - What is your bad experience that you can remember whilst your child was admitted to the Solar Crisis service?
  - Is there anything you feel that Solar crisis service could done differently?
  - Is there anything you would like to change or improve?
  - Do you think that you gain enough of knowledge and experience to help you manage your child's future mental health crisis?

- **Ending part:**
  - Is there anything you would like to add or maybe ask?


### Wrapping up

The meeting will end with a brief summing up/checking back on the key issues or ideas put forward. The facilitators will explain what happens next – e.g. if there is to be follow up focus group, when some of the findings will be written up and also how to contact the evaluation team if they have further comments they wish to make.

- Thank you for your participation

After Interview Activity:
5. Upon completion of the interview, audio recording will be downloaded and copies will be saved
6. Notes will be made about main points that came across.
7. Transcription
8. Data analysis.

## 17.15 Interview Protocol for 0-19 model service staff

Introductions and 'ground rules'

A team from the University of Warwick has been commissioned to evaluate the new 0-19 and its crisis mental health service for children and young people.

We are very grateful that you have agreed to take part in the evaluation of the new service. The purpose of us talking with you is to hear about your views and experiences of working in the 0-19 model and its crisis service for children and young people in Solihull.

Before we start, we would just like to run through a few things:

- Taking part in the evaluation is entirely voluntary and you are free to stop at any time.
- Our conversation with you will last about 1 hour.
- If you don't understand any of our questions please tell us – and if there is something you don't wish to answer, please just tell us.
- Your views and comments will be used in the final evaluation report but will remain confidential to the evaluation team and anonymous in the way they are written up.
- If you say something that we would like to quote, we will discuss this with you before including it in the evaluation report.
- Before we start, do you have any questions or anything to check? (Collect up consent form at this point).

SECTION 1: Participants roles, professional experience working with mental health crisis and involvement with 0-19 (Solar) model and its crisis service:

a. Can you tell us briefly, little bit about your professional role and how it relates to the mental health crisis? (Prompts: Where are you based, what interventions/treatments are you competent to deliver?)

b. How long are you involved with the service?

c. Where you employed previously in other mental health services for children and young people prior to your appointment to 0-19 service?

SECTION 2: What does Solar service as 0-19 model of crisis mental health care offers?

*Meeting the local children, young people and parents/carers need:*

a. What do you think children, young people and their parents/carers want from 0-19 model and its crisis service?

b. Can you think of any particular problems that crisis service need to address ( e.g long waiting times, lack of staff, non-existent 24 support)

c. Do you think that current crisis mental health service is capable to meet the needs of children, young people and their parents/carers?

d. Can you think more about an access to crisis service for children and young people. Do you think that Solars' crisis service is improving access to urgent and emergency mental care for children and young people? Can you tell us how service is achieving this? (e.g innovative approach of doing things, online access or similar).

e. Do you think that some group of children and young people are having particular problems of accessing or engagement with the crisis service? What is your opinion with regards, what needs to be done in order to improve this?

f. Can you think of any barriers to access to crisis services?

Communication:
a. What processes and procedures are placed for information sharing with other services, with regards to treatment and care you offer for children, young people and their parents/carers. (e.g. what is information sharing with A&E, inpatient units, different wards or different NHS trusts).
b. Are there any multi-disciplinary meetings that allow planning, reviews or support of treatment/care.
c. Would you say that Solar and its crisis service is achieving good communication with other services or care bodies such as Social services.

d. Do you think that any improvements are required with regards of communication and information sharing?
e. Do you think that Solar/Crisis service is achieving good communication with its service users and their parents/carers?

**Partnership working within 0-19 model and its crisis:**

a. How joined up do Solar feels? Do you think that partnership with Barnardo's, NHS and Autism West Midlands has helped with creating more clear and easy pathways to care for children and young people?
b. Do you think that this partnership is working for children and young people who are experiencing mental health crisis?

**SECTION 3: Outcome monitoring, service users/parents engagement and CPD**

a. In your everyday work, how are outcomes monitored? Can you tell us what outcome measures you use? Beside your regular outcome measures that you use in everyday practice, is there any that you remember that they are utilised in this 0-19 model and its crisis service?

b. How often do you record/report outcome measures?

c. How do you involve children, young people and their parents/carers in outcome monitoring/agreeing goals of treatment? How are children, young people and their parents involved in service development (do you have service forum, are they involved in staff recruitment, providing feedback on regular basis?
d. Since you joined to this 0-19 model and its crisis service, did you had an opportunity for further development and training?

e. If yes, what training did you undertaken?

f. What additional training do you still required/ or you want to undertake?

**SECTION 4: Final views – improvements\strengths and gaps/weaknesses:**

a. Can you tell us any particular strength/weakness of the 0-19 model and its crisis service?

b. Can you tell us of any recent improvements with crisis provision?

c. Do you think that any areas of 0-19 model or its crisis service still needs additional development or improvement?

d. Do you think of any gaps or weaknesses in crisis mental health provision that need to be addressed?

e. Is there any particular innovative practice present within 0-19 model and its crisis service that you think its worth to mention?

## Wrapping up

The meeting will end with a brief summing up/checking back on the key issues or ideas put forward. The facilitators will explain what happens next – e.g. if there is to be follow up focus group, when some of the findings will be written up and also how to contact the evaluation team if they have further comments they wish to make.

## After Interview Activity:

Upon completion of the interview, audio recording will be downloaded and copies will be saved
An email will be sent to staff who participated to once again express gratitude for participation.
Notes  will be made about main points that came across.
Transcription
Data analysis.

## 17.16 Participant Recruitment Poster- Interviews (CYP)

17.17 Parents and Carers Recruitment poster (General - Interviews)

## 17.18 Guidance Document for staff in the Division of Health Sciences

**Lone Working**

Version:                    1.0
Date:                        January 2018

### Lone Working

1.        Purpose

This document provides information and guidance for staff working in the Division of Health Sciences on research projects in a lone working environment. This document describes procedures for budgeting and planning for safety in study design, carrying out a risk assessment and for undertaking lone working as part of research-related activity.

This document contains information from 'Working Alone: Health and safety guidance on the risks of lone working' which can be located on the Health and Safety Executive (HSE) website: http://www.hse.gov.uk/toolbox/workers/lone.htm.

This document contains information from 'Not Alone: A guide for the better protection of lone workers in the NHS' which can be accessed on the NHS Business Services Authority website: http://www.nhsbsa.nhs.uk/Documents/Lone_Working_Guidance_final.pdf.      There is extensive guidance on the protection of lone workers available in the document.

This document also contains information from 'Code of Practice for the Safety of Social Researchers' which can be accessed on the University of Warwick website: http://www2.warwick.ac.uk/services/healthsafetywellbeing/guidance/reseachinthefieldonown   The Social Research Association's Code of Practice has been adopted by the University of Warwick as guidance for the management of risk associated with research out in the community that involves observing or interviewing people.

This document will be reviewed biennially.
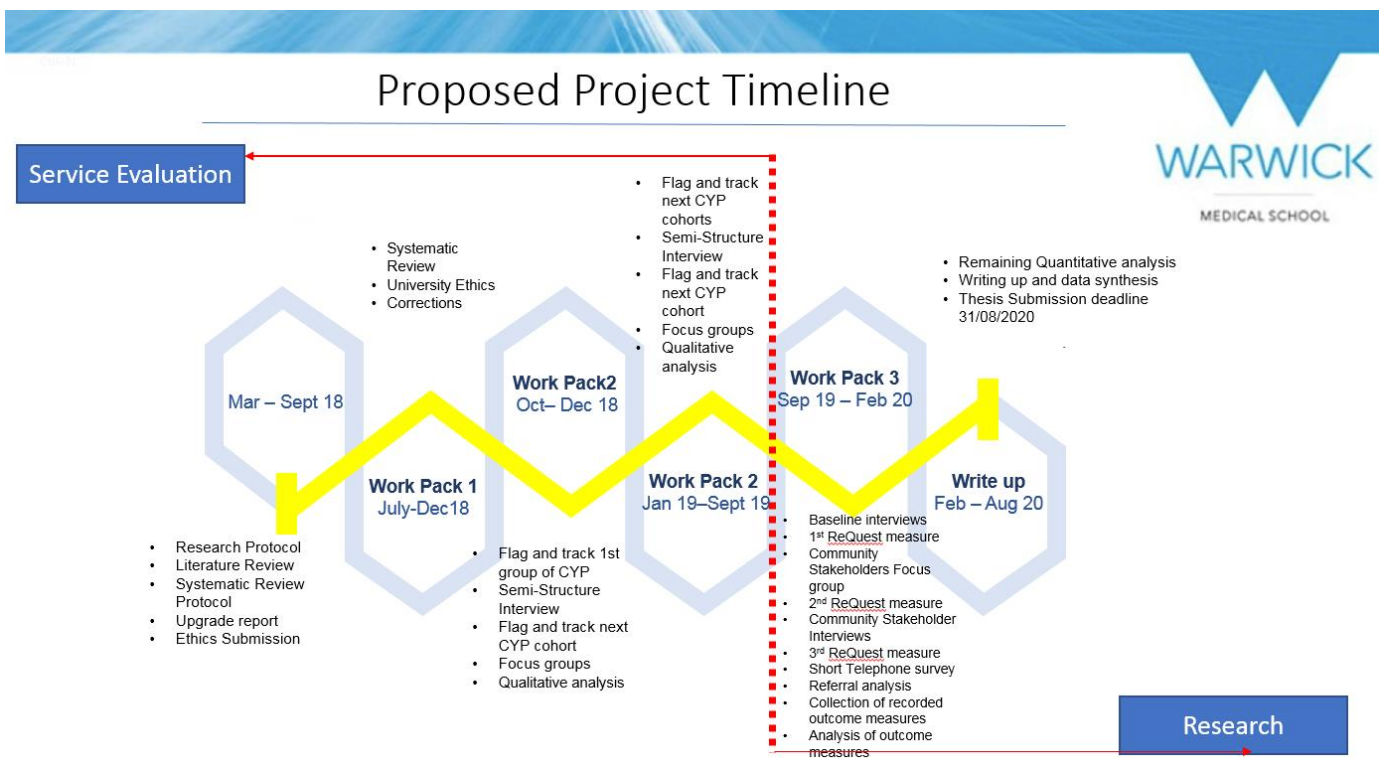
## 17.19 Project Timeline



*Figure 3 - Project Timeline*

## 17.20 Focus group interview protocol for parents/carers

Introductions and 'ground rules'

A team from the University of Warwick has been commissioned to evaluate the new 0-19 mental health service for children and young people that is being delivered by Solar Service Solihull.

The 0-19 service is very different to how services operated in the Solihull in the past – for example, it works across the whole age range and doesn't just stop when a child or young person reaches 18; many different voluntary sector partners are involved in delivering the service and there is a new crisis team is helping children and young people who are experiencing mental health crisis.

We know how busy you all are so we are very grateful that you have agreed to take part in the evaluation of the new service. The purpose of us talking with you is to hear about your views of the 0-19 service as a parent or carer of a child or young person living in Solihull.

We are not looking to hear about your personal health histories and you or your child do not need to have actually used the new 0-19 service to take part in the evaluation. If you don't know very much about what the service offers, your views about what you think children and young people, parents and carers want from their local mental health services will still be very helpful in helping the evaluators to think about how the 0-19 service needs to develop in the future.

Before we start, we would just like to run through a few things:

- Taking part in the evaluation is entirely voluntary and you are free to stop at any time.
- Our conversation with you will last between 40 minutes, up to 1 hour – depending on how much you have to say to us!
- If you don't understand any of our questions please tell us – and if there is something you don't wish to answer, please just tell us.
- Your views and comments will be used in the final evaluation report but will remain confidential to the evaluation team and anonymous in the way they are written up. If

you say something that we would like to quote, we will discuss this with you before including it in the evaluation report.

- Before we start, do you/does anyone have any questions or anything they want to check? (Collect up any missing consent forms at this point).

Awareness and understanding of the new service

Questions will be tailored to whether the parents/carers have used the new service and also if they have used it, which part of the service – e.g. the crisis service, inpatient care etc. All groups are likely to start with some general questions to check out awareness of the new service:

- Did you know that a new mental health service for 0-19 year-olds started in Solihull in 2015?
- Do you know what it offers?
- Do you know how and where you can get help from the service?

If answers to the above questions are 'no', then a brief overview of the new service will be provided and then views sought on this, e.g. does this service sound like it would be helpful to children, young people and their families? Will be easy to access, is it offering the right sorts of help, is open at the right time, in the right place etc.

Suggestions for what else needs to be offered/developed will be sought, including any views as to why they won't use the service/will use another source of support; also their ideas for publicizing and promoting the 0-19 service across the local population.

If the group members do know about the service and/or have used it, then the next section of questions will be asked.

Your experience of using the new 0-19 service and its crisis service: general impressions

- Which part of the new service have you used (e.g. crisis team; local mental health community team; inpatient care)
- How did you first access the service – did you refer your child yourself or did someone make a referral for you? How easy was this?
- How long did you have to wait before you got some help? Views on the length of time – was this OK, about right, too long etc. (Prompt: if you've used Solihull mental health

services in the past, how does the new service compare in terms of how quickly and easily you can get information, advice and help?)

- Did you receive information about what the new 0-19 service was going to offer you? How was this information given and what did you think of it? Any suggestions for improving it? Views on amount of choice offered.

General question for all participants, in your own opinion, what a good crisis service for children and young people should look like?

Questions for those with experience of using the 0-19 crisis service: monitoring outcomes, signposting to other sources of support, integration and 'join up' between services

- The new crisis service is committed to working in a way that is what is called 'evidence-based' – that is, where any treatment has evidence that it works to support it – and also to work in partnership with young people and their families to monitor the outcomes of what it offers. In any appointments or sessions you/your child has had in the new service, did the person you saw talk to you/your child about the outcomes you wanted and about ways to monitor these? If they did, how helpful was this? Any suggestions for changes/ improvements?
- If it turned out that the new 0-19 crisis service was not right for you, were any other services or places where you could get help and support, suggested to you? If yes, was this helpful? If no, would you have liked this?
- One of the key aims of the new 0-19 service is to join up services so that they are more straightforward to use and children and young people and their families can't fall between different services or have to keep being referred to different places. All children and young people should have one care plan that sets out all their treatment needs – did your child/you receive one of these? In your experience of using the 0-19 service, especially if you needed some different sorts of help, how joined up did the service feel? (Prompt: if it didn't feel joined up, what was missing or needed?)
- For participants that never used crisis service, do you think that you would seek help for your child from mental health crisis service for children and young people?

Wrapping up - The meeting will end with a brief summing up/checking back on the key issues or ideas put forward. The facilitators will explain what happens next – e.g. if there is to be follow up focus group, when some of the findings will be written up and also how to contact the evaluation team if any parent or carer has further comments they wish to make.

All participants will be thanked for their time and in recognition of their input offered a £10 voucher.

## 17.21 Focus group with children and young people

Introductions and 'ground rules'

A team from the University of Warwick has been commissioned to evaluate the 0-19 mental health crisis service for children and young people that is being run by Solar service, Solihull.

This 0-19 crisis service is very different to how services operated in Solihull in the past – for example, it works across the whole age range and doesn't just stop when a person reaches 18; it has lots of voluntary sector partners involved in delivering mental health services in different places and a key part of it is a new access hub or centre to make sure that any child, young person and their family or carers, can get help easily and promptly '24/7' if they need it.

We know how busy you all are so we are very grateful that you have agreed to take part in the evaluation of the new service. The purpose of us talking with you is to hear about what you think about the new service – what you think is good, what you think is perhaps not so good or could be improved.

We are not looking to hear about your personal health histories and you do not need to have actually used the new 0-19 service to take part in the evaluation – and if you don't know very much about what the service offers, your views about what you think children and young people want from their local mental health services will still be very helpful in helping the evaluators to think about how the 0-19 service needs to develop in the future.

Before we start, we would just like to run through a few things:

- Taking part in the evaluation is entirely voluntary and you are free to stop at any time.
- Our conversation with you will last about 1 hour – depending on how much you have to say to us!
- If you don't understand any of our questions please tell us – and if there is something you don't wish to answer, please just tell us.
- Your views and comments will be used in the final evaluation report but will remain confidential to the evaluation team and anonymous in the way they are written up. If you say something that we would like to quote, we will discuss this with you before including it in the evaluation report.

- Before we start, do you/does anyone have any questions or anything they want to check? (Collect up any missing consent forms at this point).

Awareness and understanding of the new service

Questions will be tailored to whether the children/young people have used the new service, if so what part of the service (e.g. crisis care) and their age. All groups will start with some general questions to check out awareness of the 0-25 service:

- Did you know that a new mental health service for 0-19 year-olds started in Solihull in 2015?
- Do you know what it offers?
- Do you know how and where you can get help from the service?

If answers to the above questions are 'no', then a brief overview of the new service will be provided and then views sought on this, e.g. does this service sound like it would be helpful to young people, will be easy to access, is offering the right sorts of help, is open at the right time, in the right place etc.

Suggestions for what else needs to be offered/developed will be sought, including any views as to why they won't use the service/will use another source of support; also their ideas for publicizing and promoting the 0-19 service across the local population.

If the children/young people do know about the service and/or have used it, then the next section of questions will be asked.

Your experience of using the new 0-19 and its crisis service: general impressions

- Which part of the new service have you used (e.g. access hub; local mental health community team; inpatient care, crisis care)
- How did you first access the service – did you refer yourself or did someone make a referral for you? How easy was this?
- How long did you have to wait before you got some help? Views on the length of time – was this OK, about right, too long etc. (Prompt: if you've used Solihull mental health services in the past, how does the new service compare in terms of how quickly and easily you can get information, advice and help?)

- Did you receive information about what the new 0-19 and its crisis service was going to offer you? How was this information given and what did you think of it? Any suggestions for improving it? Views on amount of choice offered. Views of their involvement in the service development (e.g. any service user groups/a forum in place).

Questions for those with experience of using the service: monitoring outcomes, signposting to other sources of support, integration and 'join up' between services

- The new service is committed to working in a way that is what is called 'evidence-based' – that is, where any treatment has evidence that it works to support it – and also to work in partnership with young people to monitor the outcomes of what it offers. In any appointments or sessions you have had in the new service, did the person you saw talk to you about the outcomes you wanted and about ways to monitor these? If they did, how helpful was this? Any suggestions for changes/ improvements?
- If it turned out that the new 0-19 model and its crisis service was not right for you, were any other services or places where you could get help and support, suggested to you or your parents and carers? If yes, was this helpful? If no, would you have liked this?
- One of the key aims of the new 0-19 service is to join up services so that they are more straightforward to use and children and young people can't fall between different services or have to keep being referred/re-telling their stories. All children and young people should have one care plan that sets out all their treatment needs – did you have one of these? In your experience of using the 0-19 service, especially if you needed some different sorts of help, how joined up did this feel? (Prompt: if it didn't feel joined up, what was missing or needed?)

Wrapping up

The meeting will end with a brief summing up/checking back on the key issues or ideas put forward. The facilitators will explain what happens next – e.g. if there is to be follow up focus group, when some of the findings will be written up and also how to contact the evaluation team if any young person has further comments they wish to make.

All participants will be thanked for their time and in recognition of their input offered a £10 voucher.

## 17.22 Focus group with service staff members

### Introductions and 'ground rules'

A team from the University of Warwick has been commissioned to evaluate the new 0-19 mental health service for children and young people.

We are very grateful that you have agreed to take part in the evaluation of the new service. The purpose of us talking with you is to hear about your views and experiences of working in the 0-19 service for children and young people in Birmingham.

Before we start, we would just like to run through a few things:

- Taking part in the evaluation is entirely voluntary and you are free to stop at any time. Our conversation with you will last about 1 hour.

- Your views and comments will be used in the final evaluation report but will remain confidential to the evaluation team and anonymous in the way they are written up. If you say something that we would like to quote, we will discuss this with you before including it in the evaluation report.

### Your experience of working in the 0-19 service: general impressions

- Which part of the 0-19 service do you work in? (e.g. Solar reception; local mental health community team; inpatient care, crisis team)

- How long have you worked in the service?

- What does your part of the 0-19 service do – where are you based, who do you work with, what treatments/interventions do you offer?

- Were you working in other mental health services for children, young people and families in Solihull or other areas before you came to work for the 0-19 service?

### Views about what the 0-19 service offers

*Meeting local needs*

- What do you think children, young people, parents and carers want from mental health services in Solihull?
- Are there any problems that services particularly need to address? (e.g. engaging with certain groups, addressing high rates of certain mental health problems, improving transition between CAMHS and adult services)
- Do you think the new service is improving access to mental health services for the local population – how does it do this? (e.g. new ways of working? Online access? Wider age range?)
- If access and/or engagement is still a concern for some groups, what do you think needs to happen to improve this?

*Communication*

- What processes are in place for sharing information/keeping in touch with other services about the treatment and care you offer children, young people and their families?
- What arrangements are there for multi-disciplinary planning meetings or reviews, to support care and treatment planning?
- Have the arrangements now in place in the 0-19 service changed the way different services communicate when compared to past mental health service provision in Birmingham – e.g. is there more information sharing? Is the sharing of information more timely?
- Any suggestions for improvements or adaptations needed?

*Partnership working (e.g. with voluntary and community sector partners, schools, FE colleges and social care)*

- Can you explain how you link with partner services working with children and young people aged 0-19? What do you offer local schools and colleges? What links do you have with primary care (e.g. health visitors, pediatricians and GPs), social care, housing providers, and youth justice? What governance arrangements underpin this?
- Are you working to any Key Performance Indicators (KPIs) or any activity targets (e.g. numbers of young people to be seen each year)
- How joined up do services feel? Are the care pathways clear and easy to navigate?
- Do all children and young people seen in the service have their own care plan?
- The new model is based on a partnership with many different providers across the voluntary and community sector, and the independent sector and also with providers (Barnardo's and Autism West Midlands) how do you think this is working?
- Are there areas that still need development? Any other thoughts on how local partnerships are working?

*Outcomes monitoring and involvement of children and young people/parents and carers*

- How are outcomes monitored? What tools do you use (e.g CGAS, HoNOSCA etc). How often do you report on these?
- How do you involved children, young people, parents and carers in outcomes monitoring/agreeing goals of treatment? How are they involved in service development more generally (e.g. do you have a service user forum, involve them in staff recruitment, seek feedback from them on a regular basis?)

*Staff development and training*

- Are you able to access/have you been offered any training since you joined the 0-19 service as part of your continuing professional development and the overall workforce development of the new service?
- If yes, what training have you undertaken?
- If no, what training do you want/feel you need?

*The 0-19 Crisis service*

- In your opinion, how much helpful is Solar crisis service for children and young people, and their parents?
- What are you views about Solar crisis service, their strengths and weaknesses, and opportunities for their further development?
- How well crisis service is integrated with the rest of the Solar service?

**Views about the new service model overall - improvements/strengths and gaps/weaknesses**

- Overall, are there any improvements or strengths you see in how the 0-19 service is working – e.g. easier to access, shorter waiting times, more choice of therapies, better join up across the age range, able to work with children, young people and with families?
- Are there any particularly innovative aspects of the service you wish to highlight?
- In your opinion, are there any parts of the new service model that are working less well? Are there any gaps or weaknesses in provision that need to be addressed? What might enable this development/any barriers you identify?

**Wrapping up**

The meeting will end with a brief summing up/checking back on the key issues or ideas put forward. The facilitators will explain what happens next – e.g. if there is to be follow up focus group, when some of the findings will be written up and also how to contact the evaluation team if they have further comments they wish to make.

PARTICIPANT

INFORMATION SHEET FOR

CHILDREN

To be shown and read by
parent/carer if required

**Study title**

*A new mental health 0-19 crisis service model for Children and Young people (CYP), and exploration of its appropriateness, effectiveness and stakeholders' satisfaction*

1. **What is service evaluation?**

Service evaluation seeks to find out how well Solar **service** is doing what is supposed to do, to help children and young people with their mental health problems.

2. **Why is this project being done?**

We want to try and find out what children think about Solar service and how they feeling whilst being treated there. We would like to ask you few questions that will help us to improve how children are treated in mental health crisis care. You can help us, by telling us how happy you were with Solar and what is your idea how to make Solar service even better.
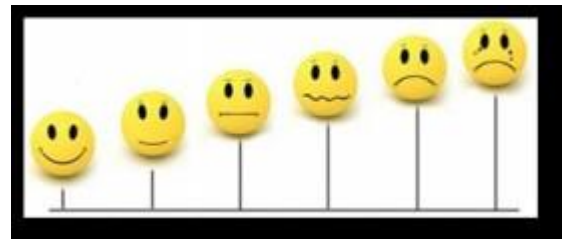
### 3. What is *mental health crisis?*

Children and young people can face many pressures and challenges on a daily basis. Sometimes things around you (school, friendships, and family difficulties) or specific events (moving to a new area, the death of someone close) can affect you. You may find that you develop a physical health problem or you may develop a mental health problem (you may feel very sad, or anxious or you may feel very angry and upset and not know how to deal with these feelings).Sometimes you might require a little help for these difficulties, this could be from parents/carers, someone at school, or a friend or it may be that you need more specialist help, from mental health service in order to stay with good emotional and mental wellbeing.

### 4. Why me?

You have been chosen because you previously visited Solar mental health crisis. You can help us find some answers that will help us to make Solar service much better place for children and young people. We are asking 30 children all together. We will normally speak to you in Solar service. However on very rare occasions you may have gone home from the service, having told us that you would like to take part in the study. On these occasions we will call you to make an appointment to come and see you at home to gain written consent and ask you few questions. The duration of this home visit is only the time it will take to gain written consent and have wee chat with us.

**5. Do I have to take part?**

No you do not! It is up to you. We would like you to read this information sheet. If you agree to take part, we would like you to write your name on two forms. We will also ask your mum, dad or carer to write their name on the forms and give one back to us. You can still change your mind later. If you don't want to take part, just say no!



**6. What will happen?**

Then we would like to simply ask you and your parents some questions. Your care will be unaffected.

- The questions will ask when you started feeling unwell and what your parents then did, or who they consulted with.

*You will only be doing something towards the study whilst you are answering the questions, no extra tests will be done.*
    That means that there will be **no poking**, **no needles** or **big machines**. Just words and talks.

*Although we are studying how you came to Solar and how Solar was looking after you, we only need permission from you and your parents to do this. Your care will be completely the same as if you refused to let us study you.*

*In exchange for your time and effort we will be offering a £10 voucher on completion of the study questionnaires. So that you buy all those goodies that you like. Vouchers will be sent by post, with you name on the letter.*

**7. What else might happen?**

*There are no risks to you in entering this study. Sometimes children or parents do not like to talk about their children's illness, but often this can in fact be helpful*

**8. What happens when the service evaluation stops?**

We will collect all the information together and we will process every word you told us, to make sure that we can improve Solar service, for all other children that might need help.

**9. What if something goes wrong?**

Your mum, dad or carer will be able to talk to someone who will be able to tell them what they need to do about it.

**10. What if I don't want to do the service evaluation anymore?**

Just tell your mum, dad, carer or me at any time. Nobody will not be cross with you.

**11. What if I wish to complain about the evaluation?**

If you want to complain you or your mum, dad or carer can talk to Dr Max Birchwood.

**12. Will anyone else know I'm doing this?**

The people in our research team will know you are taking part. No one else will know because we will not use your name or address. You will get a number which will be used instead.

**13. What happens to what the researchers find out?**

When we collect your information we will make sure it is stored in a safe place and only the people doing the service evaluation can look at it. We will use the information to improve Solar service, as well as put it in medical magazines and on websites so that health professionals can read it. A short summary will also be on the Solar website. No-one will know you were in the study.

**14. Did anyone else check the study is OK to do?**

This study has been checked by several people, to make sure it is alright.

**15. How can I find out more about this study?**

Your mum, dad, carer or other grownup you trust may be able to answer your questions.

**Thank you for taking the time to read this – please ask any questions**