

Oxfordshire CAMHS Communication survey work (updated October 2025)

Summary of approach and findings together with next steps

Introduction

A quantitative survey (with limited qualitative elements) took place during February and March 2025.

The survey was informed by professionals working in CAMHS and as well as communication aimed to provide information to help other projects (ie ADHD/autism assessment waits).

CAHMS worked with trust communications, Oxfordshire County Council, Oxfordshire PCF, Oxfordshire Healthwatch to share on website, flyers, Instagram, newsletters, talks and other mediums.

It was primarily a communications survey but other questions included. This meant the feedback received is useful for many other projects – and commissioners.

Artificial intelligence was used to analyse some of the quantitative comment.

Surveys took place before any tactical interventions were made to communications so as to provide a baseline.

People involved

The following groups were invited to take part in the survey:

- 1) Parent/guardian of child/ren or young person not currently using Oxfordshire CAMHS services click
- 2) Child/ren or young person not currently using Oxfordshire CAMHS services click
- 3) Parent/guardian of child/ren or young person waiting for assessment or treatment by Oxfordshire CAMHS
- 4) Child/ren or young person waiting for assessment or treatment by Oxfordshire CAMHS click
- 5) Parents/guardians whose children/young people are in treatment
- 6) Children/young people in treatment
- 7) GPs

8) Professionals working in education

Responses

In total, more than 600 young people, parents, professionals and others responded.

The vast majority of respondents were parents (about 450).

Summary conclusions

- Patients (and their parents) regard GPs, healthcare professionals and other professionals as the access point for CAMHS. But these groups report not being informed enough about waiting times and other aspects of some services. These groups need to be better informed with reliable and regular information.
- More than two thirds of GPs find it difficult sometimes or always to make a referral to CAMHS. We need to understand more about this but the forms process has been blamed.
- 7 out of 10 GPs report that they would probably use a consultation option if it were available. I understand that one is available and so this may be an issue of communication.
- Parents are the decision-makers about their children's mental health and favour looking for information on the internet about the subject – but they believe others to be looking on social media for this. Other groups believe this too but generally favour the internet also.
- Parents (and children) report about 4 in 10 children using any services while waiting and when parents are asked why, most they say they are not well enough informed to choose. They are also concerned about the waiting lists for such services.
- Children waiting for treatment say they don't know why they are waiting.
- CAMHS is generally contacting parents and children how they wish to be contacted (by emailed letter) but the clarity, content and regularity need to be improved. More information on waiting times is also requested.
- Parents of those waiting for treatment (and patients themselves) believe that the website is worse in terms of its clarity, readability, content and regularity than those who have children in treatment. This may reflect a level of disgruntlement with the service generally.
- Almost 50 per cent of professionals in schools who responded say they have named mental health support.
- More than half of school buy in mental health support from the private or charitable sector

- Professionals in schools generally find it easy to refer, certainly much easier than GPs do – and they are relatively better informed about services and waiting lists
- Half of children in treatment know what CAMHS stands for and a large percentage have searched for CAMHS online. They generally like the website information.
- Children not currently using services are quite inquisitive about CAMHS and look for information about it on the internet and in social media. They think the website is poor.
- Their parents are also inquisitive about CAMHS (50 per cent have looked for it online) and found the website easy to find, although they didn't like the content, its look, and did not find it easy to use or particularly readable.
- Generally, the more parents/patients use CAMHS the better they understand what it stands for
- All respondents feel the biggest barrier to referral is perception of the waiting list - but a considerable number are also worried that appointments "are difficult to get to".

Recommendations

1. **Review existing channels for GPs, healthcare professionals, and schools.** Newsletters might include information about services on offer, waiting times, alternatives and support while waiting.
2. **Consider holding online masterclasses for practices and/or roadshows to take along to GP practice training days to spread the word about CAMHS.**
3. **Conduct follow up focus group work with GPs to understand concerns over the referral form/process.** Once we understand this properly, we can address through training (GPs), change of process of communication.
4. **Identify GP consultation process (if it exists) and communicate this to GPs using the new channel.** If the process does not exist consider its introduction.
5. **Review whether possible to identify "your number in list" for waiting children** and how to communicate this (telephone message/update letter).
6. **Review and improve website.** This is your shopfront. Work with children and parents to get it right. Consider special section for parents on website to help them with additional and relevant information.
7. **Introduce social media presence for signposting.** Work with communications team and children on appropriate channels and relevant

posts which increase understanding of CAMHS services and signpost to the website/schools/GPs.

8. **Review newsletter channel for parents/children waiting for treatment. Work with parents of children currently waiting to understand what would help them.** Consider (carefully) adding information including waiting list information, new initiatives to address waits, services while waiting etc...). Increase frequency.
9. **Review all regular communication (letters and leaflets) for parents/patients** to ensure they are patient-focussed with good readability. Standardise (template) where possible to create consistent messaging.
10. **Look for opportunities to celebrate CAMHS successes** and share these in new channels and with your communications department.

Next steps

Focus groups with GPs, parents, teaching staff, council and social services staff took place during August and September.

Work with young people took place between June and September to understand their social media and web use. A number of children all also working with us to create social media content

All data and information from the research was brought together and presented to CAMHS staff and clinicians in September. There were also presentations to the Young People's Mental Health Board in the same month.

Work is now taking place with senior managers within CAMHS on strategic and tactical responses to the research.

This includes putting in place new channels and creating information and material for use by CAMHS teams

Vicky Norman

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