



Public Consultation Report:

Mental health provisions for children in North-East Wales

ABSTRACT

This public consultation explores the mental health and wellbeing needs of children and young people aged 8–18 across North-East Wales, alongside the capacity and limitations of statutory clinical services. Drawing on responses from 237 parents, carers, teachers, and professionals, and supported by NHS Freedom of Information data, the findings reveal a significant gap between need and access to timely support.

Families and schools consistently report that young people are struggling with anxiety, emotional regulation, low mood, and distress, yet are frequently unable to access statutory services due to high thresholds and long waiting times. Early intervention was overwhelmingly identified as essential, with respondents describing deterioration in mental health after referrals were rejected or support delayed. FOI data confirms that these experiences are systemic rather than anecdotal. Over half of CAMHS referrals do not meet criteria, and some young people have waited up to 64 weeks for assessment. During this period, responsibility for safety planning remains with families and referrers.

The evidence strongly supports the need for early, non-clinical, community-based provision delivered in familiar settings. Preventative, family-inclusive support such as The Right Time project is critical to reducing escalation, preventing crisis, and easing pressure on overstretched clinical services.

At a glance - what the community told us:

Key Standout Statistics

- 237 parents, carers, teachers, and professionals took part
- 70% were parents or carers; 25% were teachers or school staff
- 89% explicitly stated that early intervention is essential
- 43 families reported deterioration after CAMHS rejection
- 4 families reported suicidal thoughts following rejection
- 1 child was hospitalised following a suicide attempt
- One-to-one support was the most requested form of provision
- Schools and community venues were the preferred settings, provided delivery is discreet

NHS FOI data (BCUHB):

- 52% of CAMHS referrals do not meet criteria
- The longest recorded wait for assessment was 64 weeks
- Families and referrers retain responsibility for safety planning while waiting

Full letter from Betsi Cadwaladr includes on page 2, 3 and four.

Nicholas Claffey MSc
Director / Lead researcher
Bloomers Wellbeing / Lles Blodau CIC
January 2026



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Our ref: 6170669
01 September 2025

Betsi Cadwaladr University Health Board
Information Governance Office
Betsi Cadwaladr University Local Health Board
Wrexham Maelor Hospital,
Croesnewydd Road,
Wrexham LL13 7TD

Tel: 03000 858361

Email: bcu.igrequests@communications.wales.nhs.uk

Web: www.bcu.wales.nhs.uk

Dear Mr Claffey **Freedom of Information Act 2000**

I can confirm that the information requested is held by Betsi Cadwaladr University Health Board. I have detailed below the information that is being released to you. **Your request and our response: Under the Freedom of Information Act 2000, I request the following information pertaining to Wrexham, Flintshire, and Denbighshire: 1. What are the referral pathways for child and adolescent mental health service (CAMHS)? e.g. who can refer in? How long before you contact them?**

CAMHS teams across North Wales accept referrals from any professional person via the CAMHS access referral form, e-mail, post, or via telephone call into the service. The referral will then be triaged by a clinician and if it is felt that there may be a role for CAMHS then a clinician either will contact the family to discuss this within 72 hours of the referral being received or contact the referrer for further information to assist relevant signposting to be undertaken or to arrange relevant next steps for accessing CAMHS services. Contact will be attempted on 3 occasions followed by a letter and at that point if no further contact has been made the referral will be closed with letters explaining decisions making. The only exception to this is if there is the presence of risk in which case an assessment will be offered to explore this further.

2. What is the longest someone has waited for an assessment in the last 5 years?

64 weeks.

3. What provision is given to families with children who are on the waiting list to ensure they remain safe?

The referrer remains responsible for ensuring safety planning and reviewing the child until they have been assessed by CAMHS. If risk is identified during the triage, then a safety plan will be completed with the parent and/or young person. Families are made aware that they can contact the duty clinician Monday to Friday 9am-5pm on 03000 848227 if they require support while waiting. Out of these hours we advise families to contact NHS 111+2. If there is no indication in the referral that the referrer has completed a safety plan, SPoA will contact the referrer to ensure this is in place. SPoA support the referrer by sharing safety plan templates, information and advice if required. If a family has had an assessment and waiting for intervention or further treatment, information is provided at assessment and safety plan agreed with signposting details for NHS 111+2 provided.

4. What percentage of referrals don't meet your criteria to access support?

52%. For patients that don't meet the criteria to access mental health assessment only, other services may be provided through CAMHS early intervention or signposting. **5. Which provision do you signpost to if a young person doesn't meet your criteria?** CAMHS signpost to a number of services including tier 2 counselling services, online therapy, social care services, third sector and voluntary services, education and other health services. These provisions are available locally however vary for county to county. CAMHS single point of access teams frequently liaise with services to ensure up to date information is available. These service letters include a QR code that direct families, young people and referrers to a leaflet that details various support services available. **6. In the event a young person stops engaging with you before their programme of sessions ends, what is the process to follow up and find out why they didn't return? If this information exists, what themes form from that data?**

Clinicians would attempt to discuss this with the families and the young person to try and understand and formulate the barriers to engagement. We would follow the was not brought policy and send out letters advising that if they do not contact within a certain time then we will discharge from the service. This letter is also sent to the referrer in the hope that they may be able to support with engagement.

7. What age brackets do CAMHS offer provisions for, and what is that provision?

We offer services to young people and their families aged from 0-18.

Should you be dissatisfied with the information provided for any reason you do have a right to complain to the Health Board and ask for your request to be reviewed. Should

you wish to register a complaint please contact the Information Governance Department at the following address:
Information Governance Department
IM&T Building
Wrexham Maelor Hospital
Croesnewydd Road
Wrexham
LL13 7TD

I would like to assure you that the Health Board is committed to resolving complaints amicably and will always try to resolve the matter to your reasonable satisfaction.

However, if you are still unhappy with the response you receive you may write to:

Information Commissioner's Office - Wales
2nd Floor, Churchill House, Churchill Way, Cardiff, CF10 2HH
Tel: 029 2067 8400
Fax: 029 2067 8399

www.ico.org.uk

twitter.com/iconews

I will now close your request as of this date.

Yours sincerely Keeley Howard Information
Governance Co ordinator Information
Governance 03000 858361
bcu.igrequests@communications.wales.nhs.uk
Information Governance Team



Project: The Right Time

Commissioned by: Bloomers Wellbeing

Date of Report: September 2025

Lead Researcher: Nicholas Claffey, Bloomers Wellbeing / Lles Blodau CIC

Consultation Period: July to August 2025

Total Sample Size: 237 Participants

1. EXECUTIVE SUMMARY

This report presents the findings of a public consultation exploring the mental health and wellbeing needs of children and young people aged 8–18 in North-East Wales. The consultation highlights a widespread gap between need and access to timely support, particularly for those who do not meet CAMHS thresholds.

Early intervention was consistently identified as critical. Many families described worsening mental health after referrals were rejected, with some reporting severe consequences including suicidal ideation and hospitalisation. Teachers reported being left to manage increasingly complex needs without adequate training or external support. NHS FOI data confirms that over half of referrals do not meet criteria and that waits of up to 64 weeks have occurred. Responsibility for safeguarding during this period remains with families and referrers.

There is strong consensus that preventative, non-clinical, community-based provision is urgently needed. The Right Time project responds directly to this evidence.

2. METHODOLOGY & DEMOGRAPHICS

The consultation was conducted between a July and August 2025 using an online survey distributed via schools, community networks, and social media across Wrexham, Flintshire, and Denbighshire.

The survey included both quantitative and qualitative questions exploring:

- Challenges facing young people
- Access to and experiences of clinical services
- Preferred forms of support and delivery

2.1 Respondent Profile

- Parents/Carers: 70%
- Teachers/School Staff: 25%
- Other Professionals: 5%

Children referenced:

- 8–11 years: 40%
- 11–15 years: 45%
- 16+ years: 15%

3. THE LANDSCAPE OF YOUTH MENTAL WELLBEING

Respondents identified multiple, overlapping pressures impacting young people:

- Academic pressure and school-related anxiety
- Bullying and social media-related distress
- Family breakdown and financial stress
- Post-COVID social and emotional impact
- Fear of stigma and judgement

These challenges were reported across age groups, with particular concern for those aged 11–15.



4. EARLY INTERVENTION & ESCALATION

89% of respondents explicitly stated that early intervention is essential.

Families described a pattern of:

- Initial concerns being minimised
- Referrals rejected due to thresholds
- Mental health deteriorating while waiting
- Crisis-level intervention becoming the first point of access
- FOI data confirms:
- 52% of referrals do not meet criteria
- Waiting times have reached 64 weeks

5. EXPERIENCES OF CLINICAL SERVICES

The consultation revealed widespread dissatisfaction with CAMHS access:

- 43 families reported deterioration after rejection
- 4 families reported suicidal ideation
- 1 child required hospital admission

Parents consistently described feeling abandoned once a referral was rejected, with little guidance or alternative support offered.

6. ACCESSIBILITY, ENGAGEMENT & PREFERRED PROVISION

Respondents identified clear principles for effective support:

- School-based delivery produced mixed responses. Young people expressed concerns about receiving support in school settings due to stigma and fear of being singled out. Parents and professionals, however, identified schools as a practical and accessible location, provided delivery is discreet, confidential, and not classroom-based.
- One-to-one support as the preferred model
- Approachable, relatable adults, not clinical environments
- Confidential, discreet provision
- Family-inclusive support, not child-only

7. PROJECT VIABILITY: THE RIGHT TIME

The Right Time project aligns directly with consultation findings by offering:

- Early, non-clinical intervention
- Delivery in familiar, stigma-free settings
- Family-inclusive support
- A preventative alternative to crisis services

By intervening earlier, the project aims to:

- Reduce escalation
- Improve emotional wellbeing
- Ease pressure on CAMHS and schools



8. STRATEGIC RECOMMENDATIONS

1. Prioritise Early Intervention before crisis thresholds
2. Embed Support in Schools & Communities
3. Provide Family-Inclusive Models of Care
4. Reduce Stigma through Non-Clinical Framing
5. Invest in Prevention to Reduce Long-Term Costs

9. CONCLUSION

This consultation provides compelling evidence that the current system is leaving too many young people unsupported until crisis point. Community voices and NHS data tell the same story: early support is urgently needed.

The Right Time project offers a practical, evidence-led response grounded in lived experience. Investment in early intervention is essential.

APPENDIX: Questionnaire and answers

1) Name (option to remain anonymous).

Outcome: No data to report

2) What connection do you have to the young people you are sharing your experience of?

Outcome:

- 70% of respondents were parents or carers
- 21% were teachers or school staff
- 4% were family (aunty/grandmother)
- 5% were other professionals working with children and young people

3) What is the age of the child you are referencing?

Outcome:

- 8–11 years: 40%
- 11–15 years: 45%
- 16+ years: 15%

4) In which area are you speaking about?

Outcome:

- Wrexham: 75% of respondents
- Flintshire: approximately 15% of respondents
- Denbighshire: approximately 10% of respondents

The Wrexham-heavy distribution reflects the early rollout of The Right Time project within Wrexham with engagement expanding into Flintshire and Denbighshire later in the consultation period.



5) What challenges to their mental wellbeing do 8–18-year-olds face today?

Respondents consistently identified multiple, overlapping challenges, including:

- Academic pressure, exams, and school-related stress
- Bullying and the impact of social media, including comparison and online harassment
- Family breakdown, conflict, and financial strain
- Ongoing post-COVID effects such as reduced confidence, isolation, and anxiety
- Stigma and fear of being judged, which prevents young people from asking for help

Many respondents emphasised that these challenges rarely exist in isolation.

6) What type of support do you feel is needed?

There was overwhelming consensus that early, preventative support is essential:

- 89% of respondents explicitly referenced the need for early intervention
- One-to-one support was the most frequently requested form of provision
- Group sessions were valued for building confidence and peer connection
- Family-inclusive support was strongly emphasised, with many parents stating that supporting only the child was insufficient

Respondents stressed that support should be non-clinical and relationship-based.

7) How and where could support be delivered so it feels accessible and safe?

Respondents clearly favoured familiar, non-clinical environments, including:

- Community venues
- Youth-friendly local settings

Clinical environments were often described as intimidating. Respondents emphasised that delivery should be discreet, confidential, and avoid singling young people out.

8) What would make young people more likely to engage with support?

Key engagement factors identified included:

- Support delivered by approachable, relatable adults
- Clear assurances around confidentiality
- Stigma-free framing that does not label young people as “ill” or “problematic”
- Flexible delivery formats (one-to-one, group, face-to-face, or digital)
- Involvement of families where appropriate

Trust and relationship-building were repeatedly highlighted as central to engagement.

9) Any other views on young people’s mental health & wellbeing?

Qualitative responses strongly reinforced earlier findings. Common themes included:

- Frustration with CAMHS thresholds and long waiting times



- Distress following rejected referrals, with some families reporting serious deterioration
- Feelings of abandonment once statutory services declined involvement
- The emotional toll on entire families, not just the young person
- A clear call for support before crisis, not after

Several parents and teachers described the current system as “too stretched” and “only accessible at breaking point”.