Better Mental Health Outcomes for Children and Young People

A RESOURCE DIRECTORY FOR COMMISSIONERS

WWW.CHIMAT.ORG.UK/CAMHS/COMMISSIONING
Introduction

“By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does.”

No Health Without Mental Health: A cross-government strategy (2011)

Commissioning high quality, effective children’s mental health and emotional wellbeing services is a safeguard for children and families, and a cost-effective investment over the medium to long term.

This directory brings together a range of valuable information, guidance and tools to help commissioners meet this aim. It is for everyone commissioning children’s mental health and emotional wellbeing services, in particular GP consortia and local authorities. It will also be of interest to the NHS National Commissioning Board and others commissioning specialist services on a regional or national basis, as well as providers and the voluntary sector.

The purpose of the directory is to ensure that the principles, exemplars and practical tools developed by the National CAMHS Support Service (see below) between 2003 and 2011 remain accessible to all those who are commissioning services for children, young people and their families in the future. It will help commissioners ensure that services are sustainable, high quality, productive, efficient and grounded in the best available evidence.

To use this resource, turn to the next page and click on a topic area…

The National CAMHS Support Service (NCSS) was commissioned as the national improvement programme for child and adolescent mental health services (CAMHS) from 2003 to 2011.

The NCSS worked with national, regional and local stakeholders and CAMHS partnerships during an important period in the development of children’s services. Through its team of regional development workers the NCSS supported local services in moving towards the delivery of a comprehensive CAMHS. It worked with local strategic stakeholders to improve quality and productivity and promote innovation.

In addition, it contributed to the development of national policy, drawing on the evidence from local practice. Another aspect of its role was to highlight significant gaps in provision – for example services for vulnerable children – and promote the participation of children and young people in service development and delivery.
**DIRECTORY OVERVIEW**

This directory is designed to be read and used online. Click a box below to get to the section you are interested in. From there, you will be able to choose a specific topic and access a wide range of resources online.

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**Key** – Each section is divided into a number of topics. Each topic contains some brief background information, followed by hyperlinks to relevant resources. The type of resource is indicated by the following icons:
Section 1
Children and young people’s mental health needs
Section 1 Children and young people’s mental health needs

This section gives a brief overview of children’s mental health including national prevalence data. Click on the tabs above to access information and resources to help commissioners: build the local case for investing in mental health promotion, prevention and specialist treatment services; ensure that mental health needs are integral to the Joint Strategic Needs Assessment; take account of the needs of those children and young people who are more vulnerable to developing mental health problems; and find out about the most effective approaches and interventions.

- **Mental health** has been defined as: “A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

- **Emotional wellbeing** has been defined as: “A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.” It is increasingly used alongside mental health, and is often favoured by schools and others whose main contribution is around prevention and health promotion.

- In this directory we use both terms to indicate the breadth of the audience in health, social care and the voluntary sector that is concerned with emotional wellbeing, mental health and mental disorder.

- Children’s mental health and emotional wellbeing is nurtured primarily in the home, but public services can and do make a difference.
  - Supporting parents and carers is the key way of promoting children’s mental health during the perinatal phase and in the early years. A secure parent/child relationship is a key building block for the development of positive attachment and helps to build emotional resilience in children.
  - For older children and young people, support for parents and carers remains important. There is also evidence that schools, colleges and other organisations can enhance children and young people’s emotional wellbeing, for example by reducing risk taking behaviours, building self-esteem and supporting the development of social and emotional skills.

- One in ten children aged five to 16 have a clinically significant mental health problem (see [Prevalence of mental health disorders box](#)). Disorders most relevant to children and young people are:
  - conduct disorders, for example defiance, physical and verbal aggression, vandalism
  - emotional disorders, for example phobias, anxiety, depression or obsessive compulsive disorder
  - neurodevelopmental disorders, for example attention deficit hyperactivity disorder (ADHD) or autistic spectrum disorder
  - attachment disorders, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major caregivers
  - substance misuse problems
  - eating disorders, for example pre-school eating problems, anorexia nervosa and bulimia nervosa

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- post-traumatic stress disorder
- psychosis
- emerging borderline personality disorder.

• Referral rates of young people to specialist mental health services in England have increased greatly over recent years, with the number of cases worked with rising nationally by more than 40% between 2003 and 2009/10.4

• A growing evidence base suggests that there is a range of interventions which are effective in treating mental health disorders. The earlier action is taken, the more likely it is to be effective. The National Institute for Health and Clinical Excellence (NICE) has produced a number of detailed clinical guidelines for child mental health disorders (see Section 1, Resources: What works?).

Prevalence of mental health disorders

• According to a study carried out for the Office for National Statistics in 2004:5
  - one in ten children aged 5 to 16 has a clinically significant mental health problem
  - 5.8% have clinically significant conduct disorders
  - 3.7% have clinically significant emotional disorders
  - 1.5% have clinically significant hyperkinetic disorders.

• Some children experience more than one mental health problem (co-morbidity). This can make assessment, diagnosis and treatment more complex. The 2004 survey found that one in five of the children with a mental disorder were diagnosed with more than one of the main categories of mental disorder. This figure represented 1.9% of all children. The most common combinations were conduct and emotional disorder and conduct and hyperkinetic disorder.6

• Mental health disorders in childhood can have high levels of persistence:4
  - 25% of children with a diagnosable emotional disorder and 43% with a diagnosable conduct disorder still had the problem three years later according to a national study
  - persistence rates in both cases were higher for children whose mothers had poor mental health (37% and 60% respectively)
  - young people experiencing anxiety in childhood are 3.5 times more likely than others to suffer depression or anxiety disorders in adulthood.

• Just like adults, any child can experience mental health problems, but some children are more vulnerable to this than others. These include those children who have one or a number of risk factors in the following domains:7
  - from low-income households; families where parents are unemployed or families where parents have low educational attainment
  - who are looked after by the local authority
  - with disabilities (including learning disabilities)
  - from black and other ethnic minority groups
  - who are lesbian, gay, bisexual or transgender (LGBT)
  - who are in the criminal justice system
  - who have a parent with a mental health problem
  - who are misusing substances
  - who are refugees or asylum seekers
  - in gypsy and traveller communities
  - who are being abused.

• While children and young people in these groups may be at higher risk, this does not mean that as individuals they are all equally vulnerable to mental health problems. A range of protective factors in the individual, in the family and in the community influence whether a child or young person will either not experience problems or will not be significantly affected by them, particularly if receiving consistent support from an adult whom they trust.
The case for investing early

Build a strong case for prioritising children’s mental health outcomes

Early intervention is at the heart of the Government’s approach to improving outcomes for children and families. This is set out clearly in the public health White Paper Healthy Lives, Healthy People and the mental health strategy No Health Without Mental Health as well as the recommendations of Graham Allen’s review of early intervention. The Early Intervention Grant will support local services in determining priorities for early intervention and prevention.

Early intervention and prevention makes sense, both morally and economically. Intervening as early as possible can help to prevent those early indicators of problems occurring or escalating.

There is compelling evidence of the cost benefit of early intervention using evidence-based programmes and methods:

- Conduct disorder is the most common mental disorder in childhood. By the time they are 28 years old, individuals with persistent antisocial behaviour at age ten have cost society ten times as much as those without the condition. Parent education and training programmes can have good medium to long term effects at relatively low cost.

- If services had intervened early for just one in ten of the young people sentenced to prison each year, public services could save over £100 million annually.

- The cost to society of adult mental health problems is currently estimated at more than £100 billion.

- The savings associated with providing an early intervention service approach rather than standard mental health care for patients with psychosis have been conservatively estimated at £50 million per year in the short term and more than £20 million in the long term. The savings relate to increased work, decreased suicide and decreased homicide.

While the benefits of intervening early are not disputed, introducing more early intervention services can be challenging for commissioners, particularly when resources are limited, the requirements of the acute sector continue to grow and the cost benefit is not easily demonstrable nor always realised in the short term.

The resources in this section offer a comprehensive overview of recent authoritative reports which support the case for early intervention, along with evidence and exemplars for commissioners seeking to make the case for allocating or re-prioritising resources to this end of the spectrum.
Resources: The case for investing early

**Early Intervention: The next steps** (Cabinet Office, 2011)
Graham Allen carried out this review, which focuses on the identification, dissemination and delivery of best practice at a local level as well as new ways to fund early intervention.

**Getting it Right for Children and Young People: Overcoming cultural barriers in the NHS** (Department of Health, 2010)
Sir Ian Kennedy proposes more early intervention and more integration of services to achieve savings through efficiencies, co-location and joint planning and commissioning.

**The Economic Case for Improving Efficiency and Quality in Mental Health** (Department of Health, 2011)
A supporting document to the strategy document No Health Without Mental Health. This identifies five areas for intervention and provides figures for potential savings.

**Deprivation and Risk: The case for early intervention** (Action for Children, 2010)
Argues that damaging cycles of deprivation can be broken by intensive, targeted early intervention services.

**Mental Capital and Wellbeing** (Foresight Report, 2008)
Argues that it is crucial for our future prosperity and wellbeing to encourage and enable everyone to realise their potential throughout their lives; highlights areas for action and investment.

**Early Intervention: Good parents, great kids, better citizens** (Centre for Social Justice, 2008)
An earlier report by Graham Allen, in conjunction with Iain Duncan Smith. Focuses on ways to enable parents to give effective nurturing as early as possible in children’s lives.

**Economic and Social Costs of Mental Health Problems in 2009/10** (Centre for Mental Health, 2010)
In England aggregate costs increased to £105.2 billion in 2009/10; argues that mental ill health should continue to be a priority issue for public policy.

**Paying the Price: The cost of mental health care in England to 2026** (Kings Fund, 2008)
Analysis of future care needs and reflections on where investment (or disinvestment) could take place.
Assessing levels of need

Gather the right data so that children’s mental health needs are understood and prioritised

One in ten children has a clinically significant mental health problem. A knowledge of these needs, and which children are most at risk, is vital to good commissioning.

The Joint Strategic Needs Assessment (JSNA) will be the key mechanism for identifying, analysing and acting upon local needs. It can ensure high quality public health input into the commissioning of health services and make the critical links between other services such as children’s centres, maternity services and primary care. Under new arrangements, GP consortia and local authorities will have an equal and explicit obligation to prepare the JSNA and to do so through the health and wellbeing board.

Building on the JSNA, all health and wellbeing boards are asked to develop a high level joint health and wellbeing strategy (JHWS) that spans the NHS, social care and public health, and could potentially consider wider health determinants such as education. Just as GP consortia and local authorities will be required to have regard to the joint strategic needs assessment, they will also be under a new statutory duty to have regard to the JHWS.

There are numerous sources commissioners can draw on to ensure they take account of mental health and emotional wellbeing needs as part of the JSNA. These include:

- The Child and Maternal Health Observatory (ChiMat)
  - wide-ranging, authoritative data, evidence and practice related to the health of children, young people and mothers; includes child health profiles for each local council area.

- Information collected by children’s centres, schools and colleges on the needs of the children they are working with, for example:
  - children with special educational needs
  - children identified as requiring support to develop social and emotional skills
  - children receiving free school meals
  - children experiencing the risk factors associated with poor mental health
  - children in particular at risk circumstances.

- Audit, profiling, monitoring and evaluation work carried out locally by children’s centres, schools and further education colleges, for example in relation to Healthy Schools or Healthy Further Education.

- Information collected by local authorities in relation to vulnerable groups of children, for example the Healthy Care Audit Tool and the Strengths and Difficulties Questionnaire (SDQ) used to monitor the emotional wellbeing of looked after children.

- Information collected by health services, for example using the Health Equity Audit tool, which can identify potential gaps in service provision for particular vulnerable young people.

- Evaluations and other reports from local services in the public and voluntary sectors.

- Reports from regulatory bodies about local services (for example reports by Ofsted, HealthWatch and Monitor).

- Feedback from children and young people, their families and frontline staff (often a good source of evidence of unmet need).
Resources: Assessing levels of need

Mental Health of Children and Young People in Great Britain
(Office for National Statistics, 2005)
Describes prevalence of mental disorders among five to 16-year-olds in 2004; notes changes since previous survey; provides profiles of children in each of the main disorder categories.

Three Years On: Survey of the development and emotional wellbeing of children and young people
(Office for National Statistics, 2007)
Identifies persistence, onset, risk factors and outcomes of childhood mental disorders; also examines resilience and protective factors and the effect of special education needs on different outcomes.

The Mental Health of Children and Adolescents with Learning Disabilities in Britain
(Lancaster University, 2007)
Combines data from the 1999 and 2004 ONS surveys of child mental health to provide comprehensive findings about the mental health needs and treatment of those with learning disabilities.

Mental Health of Looked After Children: Report on findings of a survey of young people
(Office for National Statistics, 2003)
Shows prevalence rates for conduct disorder, hyperactivity and emotional disorders; also looks at the impact and burden of mental health problems and at children's use of local services.

Child and Maternal Health Observatory (ChiMat): Tools and data
Resources include: child health profiles, needs assessment tools and the CAMHS Self Assessment Matrix.

Healthy Care Audit Tool (NCB, 2008)
Helps local authorities and NHS services take stock of where they are in providing good quality services to looked after children, and what actions they have to take to bring about improvements.

Health Equity Audit Tool and Guidance (Department of Health, 2003)
Produced in 2003 and non-mandatory but can be helpful in assisting commissioners identify how fairly services or other resources are distributed in relation to the health needs of different groups.

Mapping of CAMHS Looked After Children Services within the North East Region
(NCSS, 2009)
Report of how a comprehensive mapping exercise was carried out; provides a useful template for other geographical areas to follow and includes a number of conclusions relevant to commissioners.

Healthy Schools
This programme provides guidance to schools on how to promote the physical and emotional wellbeing of pupils. An online toolkit is being developed.

Healthy Further Education (FE)
Information on the programme, as well as access for registered users to the Healthy FE self review tool which assists colleges in assessing how well they meet the needs of their learners.
The needs of children and young people in vulnerable groups are not always met by local services, and targeted services remain less well-developed than other aspects of CAMHS delivery. This may be because the needs of these children and young people are not always apparent or because local services are not in place or not sufficiently flexible or accessible to respond effectively. Particular issues to be taken into account include:

- **Learning difficulties and disabilities:** children with learning disabilities are six times more likely to have mental health problems than other children and more than 40% of families with learning disabled children feel they do not receive sufficient help from medical professionals, social workers or mental health services.\(^{16}\)

- **Autistic spectrum:** the National Autistic Society cites data showing that one in 100 children has autism, and that more than seven in ten children with autism have a co-morbid mental health problem. They argue that many of these problems are preventable with the right support and that changes to the way that CAMHS are delivered can stop them from occurring.\(^{17}\)

- **Chronic physical health problems:** children with a long-lasting physical illness are twice as likely to suffer from emotional problems or disturbed behaviour. This is especially true of physical illnesses that involve the brain, such as epilepsy and cerebral palsy.\(^{18}\)

- **Lesbian, gay, bisexual and transgendered (LGBT):** mental health and emotional wellbeing services often do not ask about or know the sexual orientation or gender identity of the young people who access their services. However a high percentage of LGBT young people have mental health problems, aspects of which are often related to coming to terms with their sexual orientation and stigma. As such it is important to be aware that a proportion of young people being referred to CAMHS or to emergency departments in the case of self-harm, are likely to be in this vulnerable group.

- **In the care system:** many looked after children have complex needs and high levels of mental health problems, frequently as a result of abuse, neglect, loss or attachment difficulties prior to coming into care. This makes CAMHS support vital, yet there is sometimes local confusion about who pays and who provides CAMHS when a child is placed out of area, which can result in a lack of support for those who are most vulnerable.

- **In the criminal justice system:** children and young people in the criminal justice system are far more likely to experience mental health problems than their peers. In secure settings, mental health needs are known to be considerable, severe and complex, with rates of psychosis, self-harm and suicide well above those of other children. There are complicating factors of substance misuse and learning difficulties, and of the children’s distress and anxiety at being locked up and away from home.\(^{19}\)
Resources: Vulnerable groups

The Mental Health of Children and Adolescents with Learning Disabilities in Britain (Lancaster University, 2007)
Combines data from the 1999 and 2004 ONS surveys of child mental health to provide comprehensive findings about the mental health needs and treatment of those with learning disabilities.

Shows prevalence rates for conduct disorder, hyperactivity and emotional disorders; also looks at the impact and burden of mental health problems and at children's use of local services.

Mental Health Needs and Effectiveness of Provision for Young Offenders in Custody and in the Community (Youth Justice Board, 2005)
National study looking at mental health needs in different settings, plus a description of models of service provision and examples of good practice.

An Introduction to Lesbian, Gay And Bisexual Young People and Mental Health (GALYIC, 2007)
Short leaflet outlining why LGBT young people can be at risk of mental health problems; and what support is helpful. GALYIC is a voluntary sector support group based in Calderdale.

Briefing: Young lesbian, gay and bisexual young people (Department of Health, 2007)
Leaflet aimed at health and social care staff; sections on specific health needs and effective ways of communicating and engaging with LGBT young people.

Time for a Fresh Start (Independent Commission on Youth Crime and Antisocial Behaviour, 2010)
Calls for an end to use of custody for those who pose no danger to the public or themselves; proposes rigorous restorative justice methods and early intervention to deal with chronic behaviour problems.

Make Me a Criminal: Preventing youth crime (IPPR, 2008)
Makes case for more therapeutic and family-based approaches to tackling youth offending.

Responding to Violence Against Women and Children: The role of the NHS (Taskforce on the Health Aspects of Violence Against Women and Children, 2010)
This wide-ranging report argues that a systematic approach needs to be taken, which includes more training and education, as well as strong leadership at all levels and outcomes-led commissioning.

Healthy Care Audit Tool (NCB, 2008)
Helps local authorities and NHS services take stock of where they are in providing good quality services to looked after children, and what actions they have to take to bring about improvements.

Health Equity Audit Tool and Guidance (Department of Health, 2003)
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What works?

Put outcomes-focused, evidence-based interventions at the heart of the commissioning strategy

There is a growing evidence base of interventions that have a positive effect on mental health outcomes for children and young people. Government is urging commissioners to commission for good outcomes by using evidence of what works. This is important for two main reasons:

• It maximises the opportunity to improve mental health outcomes for children and families
  - focusing on interventions which already have a track record of success is more ethical than building an approach based on hunches, assumptions or precedent.
• It enables commissioners to extract maximum benefit from the resources that are being invested in the project
  - good commissioning is not about doing more of the same but about offering proven interventions within an integrated framework for service delivery.

Sometimes it can be difficult to work out which evidence or piece of research is the most rigorous and authoritative. The National Institute for Health and Clinical Excellence and the CAMHS Evidence Based Practice Unit at University College London are key sources of information, pathways and guidelines. There will be increased emphasis on NICE guidance in future, as it will form the basis for setting local priorities for GP commissioning.

The resources in this section cover a range of topics and service areas and are written for a commissioner audience.
## Resources: What works?

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<td><strong>NICE Guidelines for Mental Health and Behavioural Conditions</strong></td>
<td>Details of all the clinical guidelines, published or in development, including guidelines relating to treatment and care of children and young people and the promotion of wellbeing in schools.</td>
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<tr>
<td><strong>CAMHS Evidence Based Practice Unit (EBPU)</strong></td>
<td>The CAMHS EBPU aims to develop and disseminate information about the latest research on helping children and young people with emotional and behavioural difficulties, and their families.</td>
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<td><strong>No Health Without Mental Health: Delivering improved outcomes in mental health</strong></td>
<td>Published alongside the mental health strategy this sets outs six shared objectives to improve mental health outcomes and the evidence base which underpins them.</td>
<td>Department of Health, 2011</td>
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<td><strong>How to Use NICE Guidance to Commission High Quality Services (NICE, 2009)</strong></td>
<td>Explains how NICE guidance supports the commissioning of high quality services, and describes how the guidance can be used throughout the commissioning cycle.</td>
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<tr>
<td><strong>Knowing Where To Look: How to find the evidence you need (CSIP, 2008)</strong></td>
<td>Best practice guidance to assist in planning or providing services; useful for decision-making around commissioning services. Published in conjunction with YoungMinds and the CAMHS EBPU.</td>
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<tr>
<td><strong>TaMHS: Using the evidence to inform your approach (Department for Children, Schools and Families, 2008)</strong></td>
<td>An overview of the evidence on school-based mental health interventions which commissioners may find useful. Developed for the Targeted Mental Health in Schools (TaMHS) programme.</td>
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<td><strong>The Evidence Base to Guide Development of Tier 4 CAMHS</strong> (Department of Health, 2009)</td>
<td>Summary paper on developments including inreach, outreach and community-based services; plus the supporting evidence base. Commissioned by the NCSS Tier 4 Advisory Group.</td>
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<td><strong>Improving the Emotional and Behavioural Health of Looked After Children and Young People</strong> (Centre for Excellence and Outcomes in Children and Young People’s Services, 2010)</td>
<td>Systematic review focusing on proven interventions such as enhanced foster care, as well as the general lessons to be drawn from Multisystemic Therapy and mentoring. The importance of relationships and the role of professionals are also considered.</td>
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<tr>
<td><strong>Improving Access to Psychological Therapies (IAPT): Children and young people programme</strong></td>
<td>The initial phase of IAPT concentrated on developing better access to evidence-based psychological therapies for adults of working age with mild to moderate depression. From 2011-12 this is extended to include a three year programme to ensure that children and young people have better access to talking therapies.</td>
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<tr>
<td><strong>Multisystemic Therapy</strong></td>
<td>Information from the National Mental Health Development Unit on how Multisystemic Therapy can significantly cut reoffending in troubled and aggressive young people.</td>
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Section 2
The statutory and policy framework
Section 2 The statutory and policy framework

All children’s services, as well as many adult services, have a role to play in promoting children’s mental health and wellbeing. This means that the relevant statutory and policy framework is a broad one. This section sets out the key policies and legislation which are shaping the future of children’s mental health and emotional wellbeing services.

The Policy Framework

No Health Without Mental Health: A cross-Government mental health outcomes strategy for people of all ages (2011)

The Government intends a wholesale shift in emphasis to put mental health outcomes alongside physical health indicators in assessments of the quality of the NHS. The strategy takes a cross-Government approach focusing on outcomes that are meaningful to people of all ages including children, young people and their families. It is accompanied by a range of supporting documents, including an economic analysis and the four year plan for the talking therapies programme, which includes a focus on children and young people. There is broad consensus about the policy framework for children’s mental health services. Many of the aspirations of the National Service Framework for children’s mental health and psychological wellbeing and its underpinning principles remain relevant. The strategy takes this vision forward in the context of the Government’s wider-ranging programme of NHS reform and a stronger focus on outcomes.


Sets out the Government’s long-term vision for the future of public health in England, with new opportunities and incentives to forge local partnerships to deliver better health outcomes. Structural changes include the establishment of directors of public health and local health and wellbeing boards in each local authority area. Other important developments include the requirement for boards to carry out a Joint Strategic Needs Assessment (JSNA) and produce a Joint Health and Wellbeing Strategy (JHWS). The White Paper recognises the importance of parenting programmes, the Healthy Child Programme and high quality universal services.

Equity and Excellence: Liberating the NHS (2010)

Achieving Equity and Excellence for Children: How liberating the NHS will help us meet the needs of children and young people (2010)

Liberating the NHS: Legislative framework and next steps (2010)

The White Paper sets out proposals for putting local consortia of GP practices in charge of commissioning services to best meet the needs of local people, supported by an independent NHS Commissioning Board. The subsequent documents set out a vision of how the proposed new arrangements are intended to improve services for children and young people and provide further information about local health and wellbeing boards and other measures included in the Health and Social Care Bill, published in January 2011.
Green Paper on disability and special educational needs (SEN) (2011)

This sets out options to ensure that children with SEN and/or disabilities get the best quality support and care. It considers how to ensure greater choice and support for parents, creating a less adversarial system. The ultimate aim is to ensure better educational outcomes and life chances for children and young people from the early years to the transition to adult life. It aims to deliver more effective use of resources, for example through better early intervention and encourages working across service boundaries, reduced bureaucracy and local solutions.

Review of the early years foundation stage (2011)

Carried out by Dame Clare Tickell, this review examines how best to protect young children’s safety and welfare and support their development and learning. It covers four areas: regulation; learning and development; assessments and welfare. The review will consider whether having just one system is flexible enough; whether the requirement to follow the EYFS should be linked to the free early education entitlement for three and four year olds and whether additional needs (for example special educational needs or disabilities) are being identified and dealt with in the best way. Proposed changes will come into effect from September 2012.

Munro review of child protection (2011)

Professor Eileen Munro looked at how the child protection system can be improved. Building on the work of the Social Work Taskforce, the recommendations are grounded on three principles:
• early intervention

POLICY LEVERS

NHS Operating Framework for 2011/12

This statement of priorities for the NHS includes a number which are of direct relevance to children’s mental health and emotional wellbeing:
• developing an expanded and stronger health visiting service
• expanding the Family Nurse Partnership programme
• implementing the mental health strategy
• improving young people’s access to evidence-based early intervention services
• extending access to talking therapies (IAPT) to children and young people
• improving children and young people’s physical and mental health.
**Core funding arrangements**

The Local Government Revenue Support Grant (RSG) is now the main route by which councils receive funding for local public service delivery. It incorporates a whole range of separate grants to reduce the administrative burden and provide maximum flexibility. From 2011/12 the CAMHS Grant is incorporated into the RSG, under the category of Ongoing Personal Social Services, which is being increased year-on-year until 2014/15. There is no indicative figure for CAMHS within this category.

**Early Intervention Grant**

The new Early Intervention Grant (EIG) will provide a substantial new funding stream for early intervention and preventative services for children, young people and families. The allocation for 2011/12 is £2.2 billion. It is not ringfenced, bringing greater freedom at local level to respond to local needs and drive reform, while supporting a focus on early intervention in the early years and up through the age range. It will bring together funding for a number of early intervention and preventative services, including Sure Start Children’s Centres. Schools and local areas report significant benefits from the Targeted Mental Health in Schools (TaMHS) programme and EIG includes funding for targeted mental health support for children and young people.

**Health visiting arrangements**

The Government has pledged to increase the health visitor workforce by 4,200 to offer all families support when they become parents and are caring for young children. The Government’s mental health strategy outlines the role of health visitors in leading and delivering the Healthy Child Programme, linking with maternity services, general practices and Sure Start children’s centres, and the evidence-based Family Nurse Partnership programme, thereby helping to give all children the best start in life.

**Pupil Premium**

The Pupil Premium provides additional funding for disadvantaged pupils (defined as those who are eligible for free school meals and those in care) in order to boost their attainment. The money is not ring-fenced but passed straight to schools.

**Health Premium**

A Health Premium is being introduced to take into account health inequalities and reward progress on specific public health outcomes. The formula will be area-based and is being developed by the Department of Health and key partners. Disadvantaged areas will see a greater premium if they make progress, recognising that they face the greatest challenges.

**LEGISLATION**

**Children Act 2004**

Sets out the responsibilities on local authorities and their partners to co-operate to promote the wellbeing of children (this specifically includes their mental health and emotional wellbeing). It also made provision for the establishment of Local Safeguarding Children Boards and the Children’s Commissioner.

**Mental Health Act 1983, as amended by the Mental Health Act 2007**

Provides for the treatment and care of people with mental disorder, including children and young people. It sets out the circumstances in which a person may be compulsorily admitted and treated in hospital. ‘Mental disorder’ is defined as ‘any disorder or disability of the mind’. The Mental Health Act 2007 amends aspects of the Mental Health Act 1983.
It includes a new duty on hospital managers to ensure that young patients (those aged under 18) are accommodated in an environment which is suitable for their age (subject to need). The purpose is to prevent the inappropriate admission of children and young people to adult psychiatric wards. The duty commenced in April 2010. It also includes changes to the law on consent for 16 and 17-year-olds. It is supported by a Code of Practice.

**Mental Capacity Act 2005**

Provides the legal framework for acting and making decisions about admission or treatment on behalf of adults (including 16 and 17 year olds) who lack the capacity to make particular decisions for themselves. It is supported by a Code of Practice.

**The Legal Aspect of the Care and Treatment of Young People with Mental Disorder: A Guide for Professionals (2009)**

A clear guide to the interaction between the Mental Health Act, the Mental Capacity Act and relevant children’s legislation. As well as a useful annex on the different legislative provision, it provides operational guidance and good practice recommendations to assist practitioners to identify the appropriate legislative framework to use when assessing or treating a child or young person who may require inpatient treatment for mental health problems.

**Health and Social Care Bill (2011)**

The Bill contains provisions covering five themes: strengthening commissioning of NHS services; increasing democratic accountability and public voice; liberating provision of NHS services; strengthening public health services; and reforming the arm’s-length bodies associated with health and care. In relation to children’s mental health, a key provision is the establishment of a health and wellbeing board in every upper tier local authority. The core membership will include at least one local elected representative, alongside GP consortia, the director of adult social services, the director of children’s services, the director of public health and the local HealthWatch organisation. The local boards will have a statutory responsibility to develop a joint health and wellbeing strategy to which both local authority and NHS commissioners will be required to have regard.

**STATUTORY GUIDANCE**

**Working Together to Safeguard Children (2010)**

This guidance recognises the importance of both health promotion and treatment services. It states that the general need to promote emotional wellbeing among children and young people is an essential component of safeguarding (para 2.98). Other key points include:

- CAMHS professionals may have a role in the initial assessment process for a child in need; and they may need to provide assessment and treatment services for those who offend and for those with learning difficulties and disabilities (para 2.100).
- CAMHS also have a role in the provision of a range of psychiatric and psychological assessment and treatment services for children and families, for example through the provision of reports for court and direct work with children and families (para 2.101).
- Consultation and training may be offered to services in the community, including, for example, social care, schools, primary healthcare professionals and nurseries (para 2.101).

Guidance for local authorities and their partners on the delivery of services to promote the health of looked after children and young people, including their mental health and emotional wellbeing. In relation to CAMHS, it requires that:

- a child is never refused a service on the grounds of their placement being short-term or unplanned
- there are referral pathways that are understood and used by all agencies that come into contact with the child
- CAMHS services provide targeted and dedicated services to looked after children where this is an identified local need. This could include a dedicated team or seconding a CAMHS professional into a looked after children multi-agency team.

Securing Sufficient Accommodation for Looked After Children (2010)

This guidance sets out a commissioning standard to help local authorities meet the needs of looked after children in their area. Its aim is to ensure that accommodation for looked after children meets their full range of needs, including mental health needs. The guidance stresses:

- the need to take earlier, preventive action to support children and families so that fewer children become looked after, so the guidance also applies to the broader group of children in need who are at risk of care or custody
- that best practice involves the full range of universal, targeted and specialist services working together to meet children’s needs in an integrated way in the local area, including children who are already looked after, as well as those at risk of care or custody.
Section 3
General commissioning resources
Section 3 General commissioning resources

Commissioning is the process for deciding how to use the total resource available for families in order to improve outcomes in the most efficient, effective, equitable and sustainable way. Click on the tabs above to access information and resources on commissioning structures and funding; sources of support and guidance; and how to commission culturally competent services.

- The Government’s mental health strategy is clear that high quality services depend on high quality commissioning. It suggests that too often, the commissioning of mental health services has not received sufficient attention at senior level, and there has been an insufficient focus on outcomes and the way that services can be commissioned to achieve better outcomes.

- Commissioning high quality mental health services can be particularly challenging because provision spans a wide range of agencies and settings across children’s and adult services. Over recent years, the strategy and priorities for CAMHS have generally been set by the CAMHS partnership, a local area multi-agency group of stakeholders involved in the emotional wellbeing and mental health of children and young people.

- Learning from effective CAMHS partnerships can usefully inform the new health and wellbeing boards, in particular:
  - high quality, integrated services are more likely where there are joint and collaborative commissioning structures
  - effective commissioning decisions are based on assessed need and ensure that the views of children, young people and their families are considered

- involving providers in the commissioning process is particularly helpful in relation to needs assessment and workforce planning, and can help ensure that they deliver responsive and flexible services.

The emerging policy framework for children’s services is intended to facilitate a coherent and integrated approach to commissioning:

- Local health and wellbeing boards will operate on a statutory basis and will bring together the key partners in each local authority area including leaders from the NHS, public health and social care. They will establish a shared view about the needs of the community and support joint commissioning.

- GP commissioning consortia will be responsible for the clinical design of local health services, including children’s specialist mental health services. It is anticipated that GP consortia will work collaboratively with each other on particular aspects of commissioning, such as commissioning low volume services.

- The Government has indicated that the new health and wellbeing boards may be an appropriate vehicle for commissioning children’s services. The 2010 statutory guidance for children’s trusts has been withdrawn and there is no legal requirement to have a children’s trust board.
• The ‘duty to co-operate’ in relation to children’s services remains as important as ever, though the bodies to which the duty itself applies will, subject to Parliament, be altered. The result will be that maintained schools, further education colleges and sixth form colleges, non-maintained special schools and academies, city technology colleges and city colleges for the technology of the arts will no longer have to be represented. In effect, schools and colleges will be free to form partnership arrangements in the way that best meets local circumstances.

• The NHS Commissioning Board will commission national and regional specialised services. The specialised services portfolio will be kept under regular review. There will be a criteria-based approach to deciding which services will be included in this portfolio. The Board will also have responsibility for health services for those in prison or custody, high security psychiatric services and the current PCT duties in relation to healthcare for the armed forces and their families.

• The focus on Big Society will involve turning less often to central government to provide the answers, and instead involve commissioners working closely with local communities and volunteers to build local solutions. This will inevitably require changes and challenges to local commissioning arrangements.
Structures

Children’s services, including children’s health services, are experienced in strategic planning and operational partnership working. Though there will no longer be an explicit requirement to have a children’s trust, there remains an expectation that local services will be planned and delivered through partnership working. The new local health and wellbeing boards have scope to become the vehicle for commissioning children’s services. Ultimately, the emphasis will be on finding a solution that works for each local area.

NCSS has identified that high performing partnerships exhibit the following features:

- A clearly articulated relationship with other strategic bodies.
- Representation from all agencies.
- Meaningful participation from service users.
- Members who have the authority to make decisions and allocate resources.
- Regular meetings and a robust and systematic approach to the task of strategic leadership.
- Simple agreed terms of reference and an operating framework to enable group decision-making.
- A chair who acts as a champion for CAMHS.
- A focus on collaborative approaches and the setting of priorities.
- A focus on evidence and outcomes.
- Regular and systematic review of investment and action plans.

Funding

Putting service users first requires the integration of services and organisations around the needs of the individual, personalising services wherever possible. Pooling or aligning budgets can help to achieve these aims.

- A pooled budget can achieve economies of scale, integration and quicker decision-making. It can take time to put in place but is particularly appropriate where organisational boundaries are hindering the achievement of outcomes.
- An aligned budget can achieve the same objectives. Budgets remain separate but are used for a jointly agreed purpose. This can be underpinned by a formal written agreement.
- A range of legislation enables health authorities, local authorities and other partners to pool resources:
  - Children Act 2004 (Section 10) enables children’s services authorities and ‘relevant partners’ to ‘provide staff, goods, services, accommodation or other resources’, and ‘establish and maintain a pooled fund’. (Relevant partners include the strategic health authority and primary care trust and the Government has indicated that it may update these references to reflect the proposed reforms of the NHS White Paper.)
  - National Health Service Act 2006, Section 75 (formerly Health Act 1999, Section 31) enables pooling and delegation of functions between local authorities and NHS bodies, except certain specified services such as invasive surgery.
- **Local Government Act 2000** (Part 1, Section 2) empowers local authorities to take action to promote the economic, environmental and social wellbeing of their area; this can include co-operating around financial arrangements.

- **National Health Service Act 2006, Section 256** (formerly Health Act 1999, Section 28A), enables primary care trusts to make payments to local authorities to fund community services including social care, education of disabled persons and housing provision.

- **National Health Service Act 2006, Section 76** (formerly Health Act 1999, Section 28BB), enables payments to be made from a local authority to a strategic health authority or primary care trust.

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### Resources: Structures and funding

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Children’s Trust Board Update</strong> (Department for Education, 2010)</td>
<td>No longer any formal requirements on boards as statutory guidance has been withdrawn. Requirements on schools and colleges have been removed though the duty on other partners to co-operate remains.</td>
</tr>
<tr>
<td><strong>Liberating the NHS: Commissioning for patients</strong> (Department of Health, 2010)</td>
<td>This consultation document sets out the remit for GP consortia, including the need to commission mental health services; it also provides scope for collaborative commissioning.</td>
</tr>
<tr>
<td><strong>Liberating the NHS: Legislative framework and next steps</strong> (TSO, 2010)</td>
<td>Sets out how the Government will legislate for and implement the reforms outlined in the White Paper.</td>
</tr>
<tr>
<td><strong>Better Outcomes for Children’s Services Through Joint Funding: A best practice guide</strong> (Department for Children, Schools and Families, 2007)</td>
<td>Policy context now out of date but useful case studies on pooling, plus best practice advice on funding options and management arrangements.</td>
</tr>
<tr>
<td><strong>Commissioners’ Kitbag</strong></td>
<td>A comprehensive suite of standalone, practical resources that the Commissioning Support Programme has developed with commissioners, in response to their priorities.</td>
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</table>
Most commissioners agree that good commissioning – whatever the approach used – is made up of the four basic steps of:

- **Understand**: understand needs, resources and priorities and agree outcomes.
- **Plan**: map and plan sustainable and diverse services to deliver outcomes.
- **Do**: procure and develop services based on the plan.
- **Review**: monitor service delivery of outcomes and take remedial action if necessary.

The Outcomes and Efficiency methodology provides one solution to some of the challenges ahead. It was developed by the Commissioning Support Programme, the joint DfE/DH sponsored programme which operated between 2008 and 2011. Its purpose is to enable commissioners to redesign all local services quickly, by accelerating the commissioning approach that is already established. It does not promote a particular service design but empowers local professionals and communities to understand the system and create a more effective design. It will provide a helpful starting point for commissioners of children’s mental health and emotional wellbeing services.

It provides local areas with a customisable approach which involves four workstreams (including the commissioning process itself). These are:

- **Change management**: engaging with frontline staff and families; inspiring people through a shared vision and considering the cultural, emotional and political components of change.
- **Capacity and capability**: building commissioning capacity through a joint commissioning unit or similar; building shared teams across children’s services.
- **Accelerated commissioning**: reviewing all needs and resources using whatever approach is most appropriate; designing the new system.
- **Quick wins**: how to deliver early cash savings using straightforward methods.

High level commitment from directors of children’s services and relevant directors in GP consortia will help ensure that children’s mental health and wellbeing services are commissioned in the optimal way. Ideally this should be part of a broader review of children’s services and mental health services commissioning, to ensure the most outcome-focused and efficient approach.
## Resources: Commissioning support

<table>
<thead>
<tr>
<th>Resource</th>
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<tbody>
<tr>
<td>How to use NICE Guidance to Commission High Quality Services (NICE, 2009)</td>
<td>Shows how NICE clinical guidelines support the commissioning of high quality services, and outlines role throughout the commissioning cycle.</td>
</tr>
<tr>
<td>Outcomes and Efficiency Methodology (Commissioning Support Programme, 2010)</td>
<td>A practical approach to speedy redesign of local services by accelerating the established commissioning approach. Developed in conjunction with leading children’s services commissioners.</td>
</tr>
<tr>
<td>CAMHS Self Assessment Matrix (NCSS, updated 2011)</td>
<td>Tool used by most CAMHS partnerships to help review and plan their priorities, investment and services. Developed for NCSS by the Health and Social Care Advisory Service (HASCAS).</td>
</tr>
<tr>
<td>CAMHS Priority Dataset (NHS Information Centre, 2011)</td>
<td>This is the first phase of development of a national dataset to enable standardised information to be captured and reported by all targeted and specialist CAMHS. For collection from September 2011.</td>
</tr>
<tr>
<td>CAMHS Service Specification Template (HASCAS, 2008)</td>
<td>Customisable Word document to enable CAMHS partnerships to draw up service specifications.</td>
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<tr>
<td>CAMHS Tier 3 Service Specification (West Midlands RDC, 2010)</td>
<td>Customisable document which is aligned with the NHS standard contract for community services.</td>
</tr>
<tr>
<td>London Key CAMHS Commissioning Indicators: Guidance (NCSS, 2010)</td>
<td>Example of an approach to agreeing a minimum set of key indicators to provide a quality standard for effective commissioning of CAMHS in a geographical area, in advance of the national dataset.</td>
</tr>
<tr>
<td>Primary Care Commissioning</td>
<td>News, how-to guides, care pathways and other resources from NHS Primary Care Commissioning which provides commissioning, contracting and communications support to health bodies.</td>
</tr>
<tr>
<td>Commissioners’ Kitbag</td>
<td>A comprehensive suite of standalone, practical resources that the Commissioning Support Programme has developed with commissioners, in response to their priorities.</td>
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</table>
The key underpinning principle of a comprehensive CAMHS is that ‘access should be available to all children and young people regardless of their age, gender, race, religion, ability, class, culture, ethnicity or sexuality’. This was originally articulated in Standard 9 of the National Service Framework for Children, Young People and Maternity Services.20

According to the National Centre for Cultural Competence 24 a culturally competent organisation should:

- Have a defined set of values and principles, and demonstrate behaviours, attitudes, policies and structures that enables it to work effectively cross-culturally.
- Have the capacity to:
  - value diversity
  - conduct self-assessment
  - manage the dynamics of difference
  - acquire and institutionalise cultural knowledge
  - adapt to diversity and the cultural contexts of the communities they serve.
- Incorporate the above in all aspects of policymaking, administration, practice and service delivery.

There are five main reasons why commissioners should ensure that children’s mental health and emotional wellbeing services are culturally competent:25

- To keep within equalities legislation and adhere to the policies of the organisation.
- To help eradicate institutional discrimination.
- To ensure all users and all staff are treated with dignity, respect and understanding.
- To enable staff to respond to the individual needs of users.
- To reduce the levels of self-harm, suicide and other mental health problems amongst vulnerable and disadvantaged children and young people.

However not all people within a community have the same needs, as we do not experience mental ill-health in silos of race, age or gender. People interviewed for the Delivering Race Equality in Mental Health Care review,26 emphasised how important it is to see the person, not the stereotype or the diagnosis. When commissioning mental health services, it is always important to fully appreciate the complexities facing individuals in terms of race, culture, ethnicity, geography, sexuality and faith.
## Resources: Commissioning culturally competent services

<table>
<thead>
<tr>
<th>Resource Title</th>
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<tbody>
<tr>
<td><strong>Delivering Race Equality in Mental Health Care: A review</strong> (NMHDU, 2009)</td>
<td>Summary review looking back at the five-year work of the DRE Programme; describes some of the key challenges, successes and learning.</td>
</tr>
<tr>
<td><strong>Minority Voices: A guide to good practice in planning and providing services for the mental health of black and minority ethnic young people</strong> (YoungMinds, 2005)</td>
<td>Draws upon the views of young people from black and minority ethnic communities, as well as staff from a wide range of services who work with them. Covers strategic approaches and commissioning.</td>
</tr>
<tr>
<td><strong>Positive Steps: Supporting race equality in mental health care</strong> (Department of Health, 2007)</td>
<td>Good practice guide with advice and support to help services respond better to the needs of service users from black and minority ethnic communities.</td>
</tr>
<tr>
<td><strong>Organisational Cultural Competence Self Assessment Tool</strong> (NCSS, 2008)</td>
<td>Developed by NCSS and Middlesex University to help organisations become more culturally competent. Sets out key aspects of cultural competence, a rationale and what to look for as evidence.</td>
</tr>
<tr>
<td><strong>Organisational Cultural Competence Self Assessment Tool: Audit workbook</strong> (NCSS, 2008)</td>
<td>Audit workbook for use with the OCCA tool (see above).</td>
</tr>
<tr>
<td><strong>Individual Cultural Competence Assessment Tool</strong> (Middlesex University, 2008)</td>
<td>A self-assessment exercise to help individuals learn more about how culturally competent they are. Accompanied by training and other support materials for use with staff groups.</td>
</tr>
<tr>
<td><strong>Recap Training on Cultural Competence</strong> (NMHDU, 2010)</td>
<td>A train-the-trainer development programme to enhance the knowledge and skills of those providing mental health services, in order to help ensure race equality and cultural awareness.</td>
</tr>
<tr>
<td><strong>Candle: CAMHS and new directions in learning disability and ethnicity</strong> (Association for Real Change, 2008)</td>
<td>A resource pack for frontline practitioners working with children and young people who have a learning disability and mental health issues. It includes a section on ethnicity.</td>
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Section 4
Planning and developing the workforce
Section 4 Planning and developing the workforce

High quality services for mental health and emotional wellbeing rely on committed staff in many different sectors, working in new and innovative ways. Planning and developing the workforce effectively is the foundation for such change, and is best achieved through joint commissioning between health and local authorities. Use the tabs above to access information and resources for establishing the right strategic framework and for providing training and development opportunities for all staff. Action in both these areas can help meet the goal of having the right people, in the right place, working to their capabilities and with those capabilities matched to the needs of service users.

• Modernising and strengthening the workforce is a central feature of current children's services and health policy. The vision for the children's workforce is a ‘modern, skilled, competent, adaptable and flexible health, education and social care workforce providing a focused response to meet the needs of children and young people and their families’.

• Workforce development has been a major theme for health services and local authorities for much of the last decade:
  - The New Ways of Working Programme encouraged the development of new, enhanced and changed roles, and the redesign of systems and processes to support staff to deliver effective, person-centred care in a way that is personally, financially and organisationally sustainable. It recognised that cultural change lies at the heart of any kind of workforce reform, as it involves rethinking established values, ways of working and roles. Though the programme itself has come to an end, the approach remains central to workforce planning and development. Moving from a workforce defined and restricted by professional qualifications to one defined by skills, competencies and capability can be challenging for the current workforce and has implications for the training and development of future staff.27
  - The Common Core of Skills and Knowledge for the Children's Workforce28 describes the skills and knowledge that everyone who works with children and young people (including volunteers) is expected to have. The six areas of expertise offer a single framework to underpin, multi-agency and integrated working, professional standards, training and qualifications across the children's workforce. Many local areas are already using the common core effectively in induction, training, job descriptions and workforce development strategies. However, use has not been consistent across local areas or across sectors.
  - In all sectors there has been a move to more integrated working and taking services out to community-based locations, for example the Targeted Mental Health in Schools (TaMHS) programme.

• However the pace of change has not slowed. GP commissioning, greater patient choice and an increasing focus on outcomes suggests that workforce development will need to be systematically addressed in all areas if results are to be achieved at a time of reduced spending.

• Commissioners have an important role to play in communicating the value of new ways of working and setting the strategic direction. To be truly effective, clear links are needed between different commissioning bodies.
Strategic planning

Right staff, right skills, right place, right time

Workforce planning and development is a dynamic process. It evolves over time as priorities, processes and capabilities develop. An important role for commissioners is to set the strategic direction of travel, so that organisations can determine the workforce capacity needed to produce the required service activity.

In the coming years, workforce development and planning will be a key vehicle for providing continued improvement in quality and productivity, to deliver the best possible outcomes for the local population. Simply doing the same things in the same way is unlikely to deliver the vision of ensuring a world-class children and young people’s workforce. Finding creative and innovative ways of working will require significant change, but if successful will have a considerable impact.

The National Workforce Programme (NWP) for CAMHS identified the need for a common local approach to the development of a children’s mental health workforce which:

- Provides staff in the right numbers, with the right skills, in the right place, at the right time.
- Is well-led and has the support of all concerned.
- Reflects the population served and is responsive to needs of service users.

Key areas for action

The learning and experience of the NWP suggests that commissioners and providers of services should focus their action on the following areas:

- Developing the skill mix, capability and competencies of staff.
- Improving workforce design and planning, rooting it in local service delivery.
- Promoting and facilitating new ways of working across professional boundaries.
- Identifying and using creative means to recruit and retain people.
- Creating new roles to complement existing staff types.
- Developing the workforce through revised, up-to-date education and training at both pre- and post-qualification levels.
- Developing leadership and change management skills.

Each of these areas is addressed in the Integrated Workforce Planning Tool (see Section 4, Resources: Strategic planning). This has been designed by NCSS to provide a framework for analysis and action, as well as a practical tool for those commissioning and planning services.
Core functions and capabilities

Children’s mental health and emotional wellbeing is an issue for the whole of the children’s workforce. Commissioners need to work together to ensure there is a shared vision for the shape, identity, purpose and functions of the whole workforce in the way that they support children’s mental health and emotional wellbeing. Three resources form a backdrop to this area:

- The Common Core of Skills and Knowledge
  - describes the skills and knowledge that everyone who works with children and young people (including volunteers) is expected to have.
- The Essential Capabilities
  - sets out the core values and associated behaviours which create the foundation for high quality practice. Developed by young people, they are: communicate together; respect our differences; be responsive; be hopeful; listen and hear me; give the care and support I need; don’t give up; keep me safe; learn what matters to me.
- The Core Functions for Specialist and Targeted CAMHS
  - these are linked to national occupational standards and can be used by service planners to review and redesign roles, agree local protocols and inform training and development.

Access the resources following: Section 4, Resources: Strategic planning.

Resources: Strategic planning

Integrated Workforce Planning Tool (NCSS NWP, 2010)
An interactive web-based tool developed to support strategic workforce planning. It guides users through six stages of workforce planning: 1) introduction to the plan; 2) local population profile; 3) review of current services; 4) understanding labour markets; 5) creating a vision-based action plan; 6) reviewing progress.

Developing Workforce Capacity, Capability and Sustainability in CAMHS (NCSS NWP, 2011)
This overview considers challenges and solutions for CAMHS under six key themes, including workforce design and planning, new ways of working and leadership and change management.

New Ways of Working for Everyone: Developing and sustaining a capable and flexible workforce (Department of Health, 2007)
Best practice guidance setting out what the New Ways of Working approach means for everyone, how to make it happen, and what it looks like.

New Ways of Working in CAMHS: A best practice implementation guide (CSIP NWP, 2009)
Sets out how health and social care organisations could take a strategic approach to the implementation of the New Ways of Working approach.

New Ways of Working in CAMHS: A brief guide and summary (CSIP NWP, 2009)
Explains the approach and how it can be applied within CAMHS. Includes case study examples.

Capable Teams for Children and Young People (NCSS NWP, 2011)
A five-step approach developed by NCSS to support services for children and young people to improve quality and efficiency by exploring new, different and creative ways of working, within existing resources.
## Resources: Strategic planning

**Common Core of Skills and Knowledge for the Children’s Workforce** (CWDC, 2010)  
Describes the skills and knowledge that everyone in children’s workforce is expected to have. Intended to underpin integrated working, professional standards, training and qualifications.

**Core Functions: CAMHS Tiers 3 and 4** (Skills for Health/NWP, 2009)  
Sets out the core functions of those working in specialist and targeted services, and links to the relevant national occupational standards. Useful building block for many workforce development activities.

**The Essential Capabilities for Effective Emotional and Mental Health Support** (NCSS NWP, 2011)  
This framework sets out the core values and associated behaviours which underpin high quality practice in CAMHS. They can be used for self-reflection by individual practitioners and by teams as well as to inform education and training provision within mental health and emotional wellbeing services.

**Joint Guidance on the Employment of Consultant Psychiatrists** (Department of Health, 2008)  
Guidance for commissioners and health authorities on creating roles, maintaining current posts, recruitment, developing effective working relationships and promoting new ways of working.

**Support, Time and Recovery Workers: A competence framework** (Department of Health, 2008)  
For managers, employers and staff; guidance on what STR workers do and their standards of performance; brings together core tasks alongside the essential capabilities.

**The Competency and Capability Framework for PMHWs in CAMHS** (Primary Mental Health Worker Network, 2005)  
Sets out the range of work activities which need to be carried out in order to achieve the objectives of the primary mental health worker role.

**The Bradley Report and the Criminal Justice Workforce: Tackling mental health and learning disabilities in the justice system** (Centre for Mental Health, 2010)  
Examines the support justice workers need to implement the recommendations of the Bradley report.

**Skills for Health CAMHS website**  
Information and tools to help develop a specialist CAMHS workforce that can tackle the key challenges; includes core functions, the essential capabilities, the specialist CAMHS induction programme and contextual information.

**New Ways of Working**  
Access to a range of resources developed by the National Workforce Programme, including case studies.
Training and development

Mental health is everybody’s business

This section aims to help commissioners ensure that the whole children’s workforce – across health, education and social care – is equipped to support children’s mental health and emotional wellbeing. It has two aspects:

• education and training on mental health and emotional wellbeing for staff in universal services
• the development of a creative, capable workforce within specialist mental health services.

Education and training for staff in universal services

This is often referred to as Tier 1 training, or training for frontline services. It is important because promoting children’s mental health and wellbeing is an inherent part of the role for anyone in frontline services, yet this is generally not explicitly addressed in initial training programmes.

Staff can be supported in a number of ways. As well as training, they can also benefit from consultation and supervision with specialist mental health staff. This can help build their knowledge and confidence so that they can undertake work to promote mental health, or to deliver some aspects of a service, in order to reduce referral rates to specialist services at a later date.

Standards are available to guide the work of specialist practitioners when they are delivering consultation, supervision or training. There is a training package for those who intend to train frontline practitioners in children’s mental health issues (see Section 4, Resources: Training and development).

Development of specialist CAMHS workforce

A capable specialist workforce is fundamental to improving outcomes for children and young people. However some professionals entering specialist posts within CAMHS do not hold specific child and adolescent qualifications and in some cases have not worked within a child and adolescent environment. In many areas there is a lack of advanced training programmes for professionals working directly with children and young people, and this can have a major impact on the type of services provided to many children, young people and families.

Commissioners can help to shape a workforce in which specialist workers are trained, supervised and supported to be capable of delivering a full range of interventions, based upon the best available evidence. The development of education and training opportunities will help commissioners shape clear referral pathways which are genuinely associated with a competent workforce capable of delivering the elements of those pathways. It will also encourage more people to work with children and enhance the skills of those who work with children as a priority.
There are a number of resources available to support those in specialist posts (see Section 4, Resources: Training and development following to access the individual resources).

- **CAMHS in Context induction programme**
  - this is a learning and development resource to support the induction of practitioners who are new to specialist CAMHS. It is based on the core functions, and reflects the range of knowledge, skills and values necessary to be an effective practitioner.

- **Capable Teams for Children and Young People**
  - this five-step approach has been developed to help services implement innovative practice and introduce new, creative and different ways of working, within existing resources.

- **Working Within Child and Adolescent Mental Health Inpatient Settings**
  - a training programme for staff in generic inpatient CAMHS. It provides an overview of the key issues and is particularly useful for staff members who are new to the area. A practitioner handbook and an e-learning resource are available.

**Resources: Training and development**

- **Everybody's Business: e-learning resource** (NCSS/Cernis, 2009)
  Free online materials for frontline children's services staff who are not mental health professionals. Courses on understanding mental health; mental health promotion and perinatal and infant mental health.

- **Everybody’s Business: Trainers’ package** (NCSS/Cernis, 2009)
  For face-to-face sessions this pack contains facilitator notes, presentations, handouts and training activities. The four sessions cover: what is mental health; mental health problems; roles; and what helps.

- **CAMHS in Context** (Skills for Health/NCSS NWP, 2010)
  A learning and development resource to support the induction of practitioners who are new to specialist CAMHS. Available on CD-ROM or online and includes a pdf workbook.

- **Working Within Child and Adolescent Mental Health Inpatient Settings: e-learning resource** (NCSS NWP, 2010)
  Identifies the unique skills and qualities required to work in inpatient care and encourages the learner to interact with the ideas by questioning, evaluating and reflecting. Accompanied by a handbook.

- **The Essential Capabilities for Effective Emotional and Mental Health Support** (NCSS NWP, 2011)
  A handbook covering the ten capabilities identified by young people as being essential for people working in CAMHS. This is a values-based resource for personal development.

- **Standards for the Provision of Consultation** (NCSS, 2011)
  A set of standards for the provision of consultation by specialist CAMHS to universal services.
## Resources: Training and development

<table>
<thead>
<tr>
<th><strong>Resources</strong></th>
<th><strong>Description</strong></th>
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<tbody>
<tr>
<td><strong>Standards for the Provision of Supervision</strong> <em>(NCSS, 2011)</em></td>
<td>A set of standards for the provision of supervision by specialist CAMHS to universal services.</td>
</tr>
<tr>
<td><strong>Standards and Training Package for the Provision of Training</strong> <em>(NCSS, 2011)</em></td>
<td>A set of standards developed by Lifelong Learning UK for the provision of training. It is accompanied by an NCSS training package to support specialist practitioners who train universal service practitioners.</td>
</tr>
<tr>
<td><strong>Capable Teams for Children and Young People</strong> <em>(NCSS NWP, 2011)</em></td>
<td>A five-step approach developed by NCSS to support services for children and young people to improve quality and efficiency by exploring new, different and creative ways of working, within existing resources.</td>
</tr>
<tr>
<td><strong>The Self Assessed Skills Audit Tool</strong> <em>(NCSS NWP, 2011)</em></td>
<td>This is part of the Integrated Workforce Planning Tool but can be used on a standalone basis to gather self-assessed information on the identified skills and highlight training gaps.</td>
</tr>
<tr>
<td><strong>National Continuous Quality Improvement Framework for Child and Adolescent Emotional Wellbeing and Mental Health Education and Training</strong> <em>(CSIP NWP, 2008)</em></td>
<td>Structured as a questionnaire document; offers a framework for those developing, delivering and evaluating programmes and also for those commissioning them.</td>
</tr>
<tr>
<td><strong>E-learning Module for Primary Care Practitioners on Early Intervention in Psychosis</strong> <em>(West Midlands Regional Development Centre, 2009)</em></td>
<td>Aims to enable busy primary care practitioners increase their knowledge, skills and confidence about early intervention in psychosis.</td>
</tr>
<tr>
<td><strong>The Legal Framework for the Mental Health Care of Children: Train the trainer materials</strong> <em>(NMHDU, 2010)</em></td>
<td>A package of presentations and notes to help services ensure staff have a good understanding of amendments to the Act and the implications for children and young people. Based on the successful two day training course run by the National Mental Health Development Unit.</td>
</tr>
<tr>
<td><strong>Getting it Right: Responding to the acute mental health needs of young people for first contact staff</strong> <em>(DVD)</em></td>
<td>For the trainers of first contact staff including police, ambulance and emergency department staff; to improve knowledge, skills and confidence in working with children and young people in a mental crisis.</td>
</tr>
<tr>
<td><strong>Looking After The Mental Health Of Looked After Children: Training resource</strong> <em>(Pavilion, 2007)</em></td>
<td>This is a training package for childcare staff; it is charged for and offers CPD points in relation to General Social Care Council training.</td>
</tr>
<tr>
<td><strong>Candle: CAMHS and new directions in learning disability and ethnicity</strong> <em>(Association for Real Change, 2008)</em></td>
<td>This resource pack is for frontline practitioners working with children and young people who have a learning disability and mental health issues.</td>
</tr>
<tr>
<td><strong>Recap Training on Cultural Competence</strong> <em>(NMHDU, 2010)</em></td>
<td>A train-the-trainer development programme to enhance the knowledge and skills of those providing mental health services, in order to help ensure race equality and cultural awareness.</td>
</tr>
</tbody>
</table>
Section 5
Delivering services: prevention and early intervention
Section 5 Delivering services: prevention and early intervention

Prevention and early intervention are central elements of high quality, efficient mental health provision for children and young people. Effective provision involves ensuring that frontline practitioners can play their part in promoting mental health, and bringing support into community settings to make it easy and less stigmatising to access. Click on the tabs above to access information and resources to help commissioners plan and design appropriate services and consider key commissioning challenges.

What is meant by prevention and early intervention?

- Prevention is about taking measures to stop a problem occurring in the first place. In the context of mental health, this could be activity to avert the initial onset of a mental disorder, targeted on those at risk.
- Early intervention is about taking action as soon as possible to tackle problems that have already emerged for children and young people. It is generally provided in a community setting. An example of early intervention is the Targeted Mental Health in Schools (TaMHS) programme which has been rolled out to school clusters in all local authorities in England (see Section 5, Services in and around schools for more information).
- ‘Early intervention in psychosis’ refers specifically to the detection and treatment of psychosis during the critical early phase of illness. The first indications of psychosis usually occur when someone is young, with 80% aged between 16 and 30, and 5% aged 15 or younger. Around 7,500 young people develop the illness each year31 (see Section 5, Resources: Early intervention in psychosis for more information).

What kind of services are needed?

- For most children, parents and carers have the central role in supporting their developing needs and their mental health. Siblings, friends, kinship networks and the wider community are also influential.
- However, children’s and adult services have important contributions to make. The evidence suggests that a broad range of services are needed to improve the mental health of all children and young people and prevent problems occurring. These should take into account risk and protective factors in a number of environments and across all age ranges.
- There is a growing evidence base of effective interventions in areas such as:
  - promoting maternal mental health and reducing depression
  - supporting parents and carers to parent effectively
  - providing public health and early years education programmes, with a particular focus on disadvantaged families
  - promoting mental health and developing social and emotional skills in schools and colleges
  - reducing risk taking behaviours and identifying early signs of alcohol and substance misuse
  - identifying problems early and providing access to information, advice and support when necessary.
- In the specific case of early intervention in psychosis, a service model has been developed over the last ten years which has revolutionised the way in which evidence-based and effective support and treatment has been delivered. The EIP service model addresses many of the efficiency challenges currently facing service planners and is supported by a robust evidence base of clinical effectiveness and cost impact (see Section 5, Early intervention in psychosis for more information).
- Commissioning these services requires an integrated approach (see Section 5, Commissioning issues for a checklist of useful questions).
Services for 0 to 5s

A critical time for promoting mental health, with the greatest likelihood of success

Pregnancy and the early years is a critical time for children’s mental health.

- Good physical and mental health in pregnancy is associated with better outcomes for children.
- Anxiety, depression and maternal stress – especially the experience of domestic abuse – have been linked to impaired emotional, cognitive and language development in infants.32
- During infancy, a child’s secure attachment to their main caregiver creates expectations in the child and provides a mental model for future relationships.33 Secure attachment promotes a child’s self-esteem and resilience, and influences the way in which the child relates to and behaves with others. It gives the child an internal working model of the world as a safe and secure one in which the main caregiver will respond to its needs. This supports the development of neural pathways.

Over recent years, the evidence base for effective services to promote infant wellbeing has grown dramatically. The Healthy Child Programme sets out a comprehensive schedule for commissioning a core universal programme for all families, plus additional preventive elements that the evidence suggests may improve outcomes for children with medium and high risk factors.

It includes the following elements:

- **For all parents (universal):** Promotion of emotional health and wellbeing, including opportunities to discuss concerns; promotion of sensitive parenting and child development; involvement of fathers; assessment of mental health needs.
- **For those at higher risk (progressive):** Preparation for parenthood, techniques to promote a trusting relationship and develop problem-solving abilities; social support or counselling for women experiencing depression or anxiety; intensive support for example through Family Nurse Partnership Programme for at risk first time young mothers; referral to specialist mental health services for those with serious mental illness.

Commissioners should consider how families can best access these services. GP surgeries and, increasingly, children’s centres are likely to be the first ports of call for most families. The Common Assessment Framework has a key function as the shared assessment and planning framework for use across all children’s services and all local areas in England. It aims to help the early identification of children’s additional needs and promote co-ordinated service provision to meet them.
## Resources: Services for 0 to 5s

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Healthy Child Programme: Pregnancy and the first five years of life</strong> (Department of Health, 2009)</td>
<td>Key reference point outlining services required for this age group, including mental health and emotional wellbeing services.</td>
</tr>
<tr>
<td><strong>Improving Access to Psychological Therapies: Perinatal positive practice guide</strong> (Department of Health, 2009)</td>
<td>Emotional upheaval during this period can result in mental health problems. It is also an important time for preventive interventions to promote strong attachment and positive parenting.</td>
</tr>
<tr>
<td><strong>Antenatal and Postnatal Mental Health: Clinical management and service guidance</strong> (NICE, 2007)</td>
<td>Advice on the clinical management of and service provision for antenatal and postnatal mental health, based on best available evidence.</td>
</tr>
<tr>
<td><strong>Right Time, Right Place: Learning from the NSF development initiatives for psychological wellbeing and mental health</strong> (NCSS, 2008)</td>
<td>Reports on the learning from 19 projects set up to develop cost-effective, innovative services which contribute to the delivery of comprehensive CAMHS. Includes perinatal and infant mental health projects.</td>
</tr>
<tr>
<td><strong>Common Assessment Framework</strong> (Children’s Workforce Development Council, 2010)</td>
<td>The CAF is a standardised approach to conducting an assessment of a child’s additional needs and deciding how those needs should be met. A range of guidance and templates is available.</td>
</tr>
<tr>
<td><strong>Perinatal and Infant Mental Health Bulletin</strong></td>
<td>Monthly ebulletin from ChiMat highlighting the latest news, events, reports, research and other resources.</td>
</tr>
<tr>
<td><strong>Association for Infant Mental Health (UK)</strong></td>
<td>Disseminates knowledge and promotes evidence-based practice.</td>
</tr>
<tr>
<td><strong>British Association of Perinatal Medicine</strong></td>
<td>Supports practitioners in the field and has published service standards for hospitals providing neonatal care.</td>
</tr>
</tbody>
</table>
Services in and around schools

Engaging schools in the wider commissioning agenda is central to an integrated approach

Schools play a vital role in promoting the health and wellbeing of their pupils, through the environment that they create, the support and opportunities they provide and the expectations and aspirations they have for each of their pupils.

The 2010 White Paper for schools does not place any requirements on schools with regard to health and wellbeing. However it expects that schools will continue to support children and young people’s health and wellbeing because headteachers know that pupils cannot learn if they are unwell, unhappy or struggling with what is going on in their family life. The voluntary Healthy Schools initiative will continue to provide guidance to schools on promoting physical and emotional wellbeing. Participation in Healthy Schools will be determined according to local needs and priorities and will support health improvement and the adoption of healthier behaviours. Mental health is consistently identified as an important underlying area.

There is evidence that children with mental health needs are supported most effectively when there is universal provision to promote the mental health of all pupils, reinforced by targeted support for those with particular needs. It is important to view the child not just in terms of their problems or needs, but in relation to the environments and structures they are part of (family, peer group, class, school, wider community).

Increasingly, schools are at the centre of a neighbourhood cluster of multi-agency services. These clusters are well-placed to identify each child’s wider needs and commission provision tailored to their particular needs.

Targeted Mental Health in Schools (TaMHS): Across England a number of schools have been developing good practice models for promoting emotional wellbeing and mental health through TaMHS, a multi-component, integrated approach to address mental health problems. It provides school-based early intervention and targeted mental health support for vulnerable children (aged 5 to 13) and their families. This can involve one-to-one work, group work, or work with parents and carers. Schools and local areas report significant benefits from the programme and pathfinders are starting to show positive outcomes and provide useful models for commissioners and other schools to learn from.

Through the new Early Intervention Grant (2011-14), local authorities will be able to support targeted mental health provision for vulnerable children and young people and to sustain any services previously delivered through TaMHS if they choose to. The benefits of the TaMHS approach can be seen in the case study resource that can be accessed in Section 5, Resources: Services in and around schools.

This suggests that it is important for commissioners to try to engage schools in the wider commissioning agenda. This can be facilitated by appointing one person (or service) as the interface with schools/school clusters.

The Common Assessment Framework has a key function as the shared assessment and planning framework for use across all children’s services and all local areas in England. It aims to help the early identification of children’s additional needs and promote co-ordinated service provision to meet them.
## Resources: Services in and around schools

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<td><strong>Healthy Child Programme 5 to 19</strong> <em>(Department of Health, 2009)</em></td>
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</tr>
<tr>
<td>Key reference point outlining services required for this age group, including mental health and emotional wellbeing services.</td>
<td></td>
</tr>
<tr>
<td><strong>TaMHS: Using the evidence to inform your approach</strong> <em>(Department for Children, Schools and Families, 2008)</em></td>
<td></td>
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<tr>
<td>An overview of the evidence on school-based mental health interventions which commissioners may find useful.</td>
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<tr>
<td><strong>Guidance on Commissioning Targeted Mental Health and Emotional Wellbeing Services in Schools</strong> <em>(Department for Children, Schools and Families, 2010)</em></td>
<td></td>
</tr>
<tr>
<td>Information and guidance about the services themselves and the commissioning process.</td>
<td></td>
</tr>
<tr>
<td><strong>TaMHS in Practice: Case studies</strong> <em>(NCSS, 2011)</em></td>
<td></td>
</tr>
<tr>
<td>A collection of case studies showing how TaMHS has worked in different schools and local authorities, including early intervention work with children with behavioural problems and at risk of offending.</td>
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<tr>
<td><strong>Learning from Targeted Mental Health in Schools Phase 1 Pathfinders: Summary report</strong> <em>(Office for Public Management, 2009)</em></td>
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<tr>
<td>Draws together the key points of learning from the development programme for those involved in the first phase of the programme. Covers themes such as financial planning and systems change.</td>
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</tr>
<tr>
<td><strong>NSF Right Time, Right Place</strong> <em>(NCSS, 2008)</em></td>
<td></td>
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<td>Reports on the learning from 19 projects set up to develop cost-effective, innovative services which contribute to the delivery of comprehensive CAMHS. Includes school-based services.</td>
<td></td>
</tr>
<tr>
<td><strong>Bristol Healthy Schools Toolkit: Blank template</strong> <em>(Bristol Healthy Schools, 2006)</em></td>
<td></td>
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<tr>
<td>Designed to support schools to do the right thing at the right time to produce the best outcomes for children and young people with mental health difficulties.</td>
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<tr>
<td><strong>Common Assessment Framework</strong> <em>(Children’s Workforce Development Council, 2010)</em></td>
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<tr>
<td><strong>Healthy Schools</strong></td>
<td></td>
</tr>
<tr>
<td>This programme provides guidance to schools on how to promote the physical and emotional wellbeing of pupils. The website provides general information and access to the online toolkit, available from March 2011.</td>
<td></td>
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</table>
Early intervention in psychosis

Meet the objective of helping more young people with mental health problems recover

Early intervention in psychosis maximises the likelihood of a young person making a full recovery. Failure to intervene early places a young person at greater risk of suicide and injury, unemployment and other adverse life circumstances.

Over the last ten years, an evidence-based, early intervention in psychosis (EIP) service model has been developed which has been shown in a number of trials to produce benefits for at least 18 months to two years after intervention.36

Most EIP services are based on an urban, standalone model which offers dedicated EIP provision solely with individuals with first episode psychosis and their families. The agencies involved include nursing, occupational therapy, social work, psychology and psychiatry. In rural areas, adapted models have developed, for example hub and spoke models, in which dedicated EIP team workers (spokes) are based within generic community mental health teams but linked to an EIP hub for access to specialist EIP skills, support and supervision.37

The GP has a key role in the care pathway of emerging psychosis. Their role is to listen and act on the concerns of an individual or their family, and to ensure that referrals are made to EIP services where necessary.

Commissioners wishing to develop practice in this area will be interested in Back on Track, an innovative model to support young people with a first episode of psychosis to re-engage with, achieve in and progress in education, training and employment. It is being promoted and piloted by NIACE and focuses on improving links and partnership working between EIP services, CAMHS and further education colleges. It was first developed in Portsmouth by the Headspace Early Intervention in Psychosis Team and Highbury College. Materials are available to help other areas adopt the approach (see Section 5, Resources: Early intervention in psychosis).
## Resources: Early intervention in psychosis

<table>
<thead>
<tr>
<th>Title</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Progress at the Interface: Developments in joint working between specialist CAMHS and early intervention in psychosis services (NCSS, 2011)</strong></td>
<td>Summarises and reviews progress made by CAMHS and EIP services. It considers the interface with adult mental health services and offers case studies of good and innovative practice.</td>
</tr>
<tr>
<td><strong>Early Intervention in Psychosis: A briefing for service planners (NMHDU, 2010)</strong></td>
<td>Briefing document to inform providers of the EIP service model, which can help service planners address efficiency challenges. Also information on the supporting evidence base.</td>
</tr>
<tr>
<td><strong>Back on Track: Supported education for young people at risk of social exclusion due to mental health difficulties (NIACE, 2008)</strong></td>
<td>Report on the first year of the Portsmouth-based project to improve links and partnership working between EIP services, CAMHS and post-16 providers.</td>
</tr>
<tr>
<td><strong>Back on Track 2: Building collaborative partnerships between further education and early intervention in psychosis services (NIACE, 2010)</strong></td>
<td>Report of the second year of the Back on Track project in Portsmouth.</td>
</tr>
<tr>
<td><strong>Iris Initiative</strong></td>
<td>A network for managers and practitioners involved in early intervention in psychosis. It provides access to news, resources, training materials and information for different audiences including service users and families.</td>
</tr>
<tr>
<td><strong>Back on Track</strong></td>
<td>An overview of the project, plus access to the full range of project resources, including a How To guide.</td>
</tr>
</tbody>
</table>
Commissioning issues

Ask the right questions when commissioning prevention and early intervention services

When commissioning prevention and early intervention services, it is helpful for commissioners to consider the following questions – working jointly with other commissioners if possible:

- Is there a clear vision for children’s mental health and emotional wellbeing and an agreed set of outcomes?
- Is there a clear leadership and accountability structure through which this vision can be delivered? How does it link with existing strategies (for example around parenting, early years or Healthy Schools)?
- Is there a clear overview of the range of services involved?
- Do these services understand the local vision for promoting the mental health and emotional wellbeing of all children and young people? Are they clear about their role in delivering the vision?
- Do universal services understand their central role in promoting mental health and emotional wellbeing? Can they undertake this role and can they facilitate access to specialist help when needed?
- Are local systems in place, based around the Common Assessment Framework, to identify at risk children and young people early in order to help them quickly and in the least stigmatising way?
- Are the needs of the whole family taken into account, where appropriate, and services provided to them in a co-ordinated way?
- Are Workforce planning and development integral to local commissioning?
- Do staff have access to Training and staff development in the role they play in early intervention and prevention?
- What financial resources are available?
- What mechanisms are there for funding new developments, for example pooled or joint funding arrangements?
- What opportunities exist to ensure resources are used most effectively across promotion, prevention and treatment?
- Is the agreed set of outcomes used to monitor and review delivery by service providers?
Resources: Commissioning issues

- **Good Commissioning: Principles and practice** (Commissioning Support Programme, 2010)
  Good practice guidance rooted in the current policy framework. The Commissioning Support Programme is a joint DH/DfE-sponsored programme.

- **How to use NICE Guidance to Commission High Quality Services** (NICE, 2009)
  Shows how NICE clinical guidelines support the commissioning of high quality services, and outlines the role of a guideline throughout the commissioning cycle.

- **Outcomes and Efficiency Methodology** (Commissioning Support Programme, 2010)
  A practical approach to speedy redesign of local services by accelerating the established commissioning approach. Developed in conjunction with leading children’s services commissioners.

- **CAMHS Self Assessment Matrix** (NCSS, updated 2011)
  Tool used by most CAMHS partnerships to help review and plan their priorities, investment and services. Developed for NCSS by the Health and Social Care Advisory Service (HASCAS).

- **Guidance on Commissioning Targeted Mental Health and Emotional Wellbeing Services in Schools** (Department for Education, 2010)
  Information and guidance about the services themselves and the commissioning process.

- **CAMHS Service Specification Template** (HASCAS, 2008)
  Customisable Word document to enable CAMHS partnerships to draw up service specifications.

- **CAMHS Service Level Agreement** (West Midlands RDC, 2006)
  High level customisable template.

- **Primary Care Commissioning**
  News, how-to guides, care pathways and other resources from NHS Primary Care Commissioning which provides commissioning, contracting and communications support to health bodies.

- **Commissioners’ Kitbag**
  A comprehensive suite of standalone, practical resources that the Commissioning Support Programme has developed with commissioners, in response to their priorities.
Section 6
Delivering services: targeted and specialist
Section 6 Delivering services: targeted and specialist

Targeted and specialist mental health services work with those who are particularly at risk of experiencing mental health problems, or who have a mental disorder. Children and families say that the most effective services give them swift access to support when they need it, in a location which is convenient for them, and from professionals who listen well and whose approaches are based on the best available evidence. This section provides access to resources to help commissioners build these features into local services.

What is meant by targeted and specialist?

- **Targeted services** are services delivered to particular groups of children at risk of experiencing mental health problems, for example looked after children or children with learning disabilities.
- **Specialist services** work with children and young people with complex, severe and/or persistent needs. Within some CAMHS partnerships they might be referred to as Tier 3 and 4 services.

What is the current picture?

- The National Advisory Council for Children’s Mental Health\(^3\) has highlighted concerns about a shortfall in the delivery of targeted and specialist child mental health services.
- It found that the needs of some children and young people who are vulnerable to poor outcomes are still not being addressed, for example those with learning disabilities; those with an illness or disability; those from black and other minority ethnic communities; asylum seekers; those with conduct disorder or emerging borderline personality disorder; those requiring emergency mental health care; looked after children (in particular those placed out of authority), and those making the transition to adult services.
- It also detected concern from commissioners and clinicians that while service improvement was focusing on early intervention and prevention, specialist mental health services had not improved. The particular challenges cited were:
  - inability to respond promptly to referrals
  - thresholds that are too high
  - a need for modernisation and cultural change
  - inaccessibility of some inpatient care.

What needs to be done?

- More robust, joint commissioning is identified as the main mechanism for addressing the challenges of improving the range of services to vulnerable children and young people and improving specialist services in parallel with universal services.
- Some estimates suggest that a quarter to a half of mental health problems in adults could be averted with timely and effective interventions in childhood and adolescence.\(^4\) There is a growing evidence base of effective interventions for a range of disorders, including conduct disorder, depression, eating disorders, attention deficit hyperactivity disorder and developmental disorders.
- The mental health strategy\(^5\) emphasises the important contribution that can be made by talking therapies, the Family Nurse Partnership programme, Multisystemic Therapy, Early Intervention in Psychosis and better transitional support for young people moving into adult services. It also emphasises the importance of reducing stigma.
- Commissioning these services requires an integrated approach (see Commissioning issues for a checklist of useful questions).
Targeted services

Targeted services for vulnerable groups are a core component of comprehensive provision for mental health and emotional wellbeing.

The National CAMHS Review highlighted that long-standing problems persist for some particularly vulnerable children and young people in accessing a full range of appropriate support, at whatever age.

Integral to a strategic approach to commissioning is a requirement to consider how services can meet the needs of all young people. Indeed the Equality Act 2010 (Ch 1; 149(3)(b)) requires public sector providers to have ‘due regard’ to the need to take steps to meet the needs of people with a ‘protected characteristic’ (e.g. they are disabled or gay), where these needs are different from people who do not share this characteristic.

Commissioners might wish to consider the following questions to help ensure that targeted services are in place to meet the needs of all the children and young people they work with:

- On the basis of the needs assessment, how many children and young people require targeted support?
- How many children and young people from different ages, geographical areas and vulnerable groups are actually accessing these services?
- Does the commissioning plan contain sections on evidence and expected outcomes?
- What input do providers have in the commissioning process? Is there a clear understanding of what they currently provide?
- Have the relevant targeted services completed an Organisational Cultural Competence Assessment?
- Do commissioning arrangements require staff to undertake individual cultural competence training?
- How many staff have had training in issues relevant to working with the different groups?
- Are staff well trained in specific clinical interventions that match evidence of effectiveness and do staff receive regular supervision?
- How do staff support these young people? (It is important to ensure that personal prejudice is not an issue.)
- Do they routinely ask about sexual orientation and gender identity in order to understand how many LGBT young people they are working with and what their needs are?

It is also important for commissioners to be aware of the full range of available services in the public and voluntary sector and those which can offer additional knowledge and expertise for vulnerable groups, for example community medicine (in the case of children with learning disability) and LGBT youth groups.

For information on the mental health needs of vulnerable groups (see Section 1, Vulnerable groups).

For information on evidence-based interventions (see Section 1, What works?)

Targeted services
## Resources: Targeted services

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<thead>
<tr>
<th>Resource</th>
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<tr>
<td><strong>Organisational Cultural Competence Self Assessment Tool</strong></td>
<td>Developed by NCSS and Middlesex University to help organisations become more culturally competent. Sets out key aspects of cultural competence, a rationale and what to look for as evidence.</td>
</tr>
<tr>
<td><strong>Organisational Cultural Competence Self Assessment Tool: Audit workbook</strong></td>
<td>Audit workbook for use with the OCCA tool (see above).</td>
</tr>
<tr>
<td><strong>NSF Right Time, Right Place</strong></td>
<td>Reports on the learning from 19 projects set up to develop cost-effective, innovative services which contribute to the delivery of comprehensive CAMHS. Includes targeted services.</td>
</tr>
<tr>
<td><strong>Improving the Emotional and Behavioural Health of Looked After Children and Young People</strong></td>
<td>Systematic review focusing on proven interventions such as enhanced foster care, as well as the general lessons to be drawn from Multisystemic Therapy and mentoring. The importance of relationships and the role of professionals are also considered.</td>
</tr>
<tr>
<td><strong>QINMAC Learning Disability Standards</strong></td>
<td>Outlines criteria for an effective and comprehensive service for young people with learning disabilities and mental health; grounded in ten principles; relevant to Tier 2 and 3 services.</td>
</tr>
<tr>
<td><strong>Guidelines for Services for Young People with Learning Difficulties and Mental Health Problems/Challenging Behaviours</strong></td>
<td>These guidelines aim to address in one volume the problems of transition for this group of young people.</td>
</tr>
<tr>
<td><strong>This is What We Want: Guidelines for young people’s mental health services</strong></td>
<td>Developed by children and young people with learning disabilities and their families. The guidelines cover issues such as: referral and access to services; information and rights; care and intervention.</td>
</tr>
<tr>
<td><strong>Tackling Stigma: A practical toolkit</strong></td>
<td>Guidance for CAMHS partnerships and others on how to implement the NCSS Tackling Stigma Framework.</td>
</tr>
<tr>
<td><strong>Developing Mental Health Services for Children and Adolescents with Learning Disabilities</strong></td>
<td>Addresses epidemiology, mental health disorders and their clinical presentations, multidisciplinary assessment and intervention and multi-agency working, as well as the role of practitioners.</td>
</tr>
<tr>
<td><strong>Closed and Vulnerable</strong></td>
<td>Practical information and advice to enable health professionals respond sensitively to the needs of LGBT young people.</td>
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</table>
**Resources: Targeted services**

<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Promoting Mental Health for Children in Secure Settings:</strong></td>
<td><em>A framework for commissioning</em> (Department of Health, 2007)</td>
</tr>
<tr>
<td><strong>Mapping of CAMHS Looked After Children Services within the North East Region</strong></td>
<td>(NCSS, 2009)</td>
</tr>
<tr>
<td><strong>Healthy Outlooks</strong></td>
<td>This NCB programme aims to improve outcomes for a range of vulnerable groups, including looked after children and young offenders.</td>
</tr>
<tr>
<td><strong>QINMAC Learning Disability CAMHS Network</strong></td>
<td>Established by the Royal College of Psychiatrists this network supports frontline staff delivering CAMHS to children and young people with learning disabilities; includes access to service standards.</td>
</tr>
<tr>
<td><strong>CAMHS and Learning Disabilities Bulletin</strong></td>
<td>Monthly ebulletin from ChiMat highlighting latest news, events, reports, research and other resources.</td>
</tr>
<tr>
<td><strong>Perinatal and Infant Mental Health Bulletin</strong></td>
<td>Monthly ebulletin from ChiMat highlighting latest news, events, reports, research and other resources.</td>
</tr>
</tbody>
</table>
When problems escalate or are not improving, specialist mental health services may be required to ensure that the problem is assessed in more depth and, where appropriate, diagnosed and treated in order that the child or young person makes a swift recovery and has the appropriate follow-up support to prevent problems recurring.

Specialist CAMHS have responded to the challenges of increased demand, flexibility and accessibility in a number of ways including workforce development, demand and capacity management, improving service accessibility, developing new roles and extending the range of community-based services as an alternative to inpatient care. That said, local challenges still remain.

The Royal College of Psychiatrists has led the development of comprehensive service standards for community CAMHS and for inpatient care, which acknowledge the challenges and provide a benchmark for assessing progress. The standards for commissioning are summarised below as they provide a helpful backdrop to the resources which follow.

Commissioning standards for community CAMHS:

- Commissioner-provider relationships are collaborative and effective.
- There are mechanisms for joint commissioning and joint pooling of budgets across the relevant health, education and social services.
- Each commissioning agency can demonstrate that it has the organisational capacity necessary for effective commissioning.
- There is a clear role for the service that is explicitly set in the context of a four-tier CAMHS strategy.
- The CAMHS commissioning strategy is underpinned by a comprehensive, multi-agency assessment of need, capacity and effectiveness.
- Commissioners ensure that services are provided for young people who have complex needs or who belong to specific at risk or need groups.
- Young people and parents are involved in commissioning the local services and are consulted about service delivery.
- Frontline staff are involved in commissioning the local services and are consulted about service delivery.

Commissioning standards for inpatient care:

- Adequate levels of local inpatient services are provided for those who require it.
- The inpatient unit contributes to effective multi-disciplinary and multi-agency working, between health, education, and social services.
- The inpatient unit liaises effectively within the Health Service and has a good working relationship between disciplines, departments and levels of care.
- Commissioner-provider relationships are collaborative and effective.
- There is a clear role for the service that is explicitly set in the context of a multi-agency CAMHS strategy.

At the heart of improvements in specialist mental health services is workforce planning and development (see Section 4: Planning and developing the workforce).

For information on evidence-based interventions (see Section 1: What works?)
Resources: Specialist services

NSF Right Time, Right Place (NCSS, 2008)
Reports on the learning from 19 projects set up to develop cost-effective, innovative services which contribute to the delivery of comprehensive CAMHS. Includes specialist services.

Systematic Review and Mapping Study of Alternatives to Inpatient Care for Children and Adolescents with Complex Mental Health Needs (National Institute for Health Research, 2007)
Research report assessing the evidence of effectiveness, acceptability and cost of the alternative forms of provision; also identifies the range and prevalence of different models of service.

Back on Track: Supported education for young people at risk of social exclusion due to mental health difficulties (NIACE, 2008)
Report on the first year of the Portsmouth-based project to improve links and partnership working between early intervention in psychosis services, CAMHS and post-16 providers.

Back on Track 2: Building collaborative partnerships between further education and early intervention in psychosis services (NIACE, 2010)
Report of the second year of the Back on Track project in Portsmouth.

Commissioning IAPT for the Whole Community (Department of Health, 2008)
Guidance to assist commissioners to deliver IAPT services that are effective and appropriate for the whole community, using innovative ways of meeting needs.

Specific Interventions from Key Priorities for Implementation (NCSS, 2009)
Overview of the skills and knowledge required to implement the main NICE guidelines relating to CAMHS.

Evidence Base to Guide the Development of Tier 4 CAMHS (NCSS, 2009)
Summary paper about developments in specialist service provision; communicates the evidence base for development of effective services in this area.

Early Intervention in Psychosis: A briefing for service planners (NMHDU, 2010)
Briefing document to inform providers of the EIP service model, which can help service planners address efficiency challenges. Also information on the supporting evidence base.

Progress at the Interface: Developments in joint working between specialist CAMHS and early intervention in psychosis services (NCSS, 2011)
Summarises and reviews progress made by CAMHS and EIP services. It considers the interface with adult mental health services and offers case studies of good and innovative practice.

Quality Network for Community CAMHS: Service standards (Royal College of Psychiatrists, 2009)
Service standards for community-based CAMHS, developed in consultation with professionals, young people, parents and carers; follow a care pathway and cover aspects of policy. Published under the title QINMAC (Quality Network for Multi-Agency CAMHS), the previous name for the network. Standards are due to be updated in 2011.
<table>
<thead>
<tr>
<th>Resources: Specialist services</th>
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<tbody>
<tr>
<td>Quality Network for Inpatient CAMHS: Service standards (Royal College of Psychiatrists, 2009) Standards for inpatient care, informed by national policy and the evidence base as well as the views of frontline staff, young people and parents.</td>
</tr>
<tr>
<td>Directory of Services for High Risk Young People (Centre for Mental Health, 2010) A directory and reference point for mental health services working with ‘high risk forensic’ young people; published by the Centre for Mental Health.</td>
</tr>
<tr>
<td>Joint Working Protocol Template (West Midlands RDC, 2006) Designed for use in instances when a child’s needs hit a threshold criteria of more than one service and joint working arrangements needs to be agreed.</td>
</tr>
<tr>
<td>Quality Network for Community CAMHS Works with professionals from health, social services, education and the voluntary sector to improve Tier 2 and 3 CAMHS; supports member services to evaluate and benchmark performance.</td>
</tr>
<tr>
<td>Quality Network for Inpatient CAMHS (QNIC) Aims to demonstrate and improve the quality of inpatient child and adolescent psychiatric care through a system of review against the QNIC service standards.</td>
</tr>
<tr>
<td>Iris Initiative The Iris Initiative is a network for managers and practitioners involved in early intervention in psychosis. It provides access to news, resources, training materials and information for different audiences including service users and families.</td>
</tr>
</tbody>
</table>
Services for 16+

A better experience of care is key to achieving the Government’s mental health objectives

Around half of mental disorders in adulthood start by the mid-teens and three quarters before the age of 25. As the Government’s mental health strategy identifies, the way mental illness is treated in these early stages has an impact on the individual’s subsequent prospects for recovery.

There are two areas that are particularly important for commissioners to consider in relation to the provision of services for young people aged 16 and over: 1) the transition from CAMHS to adult mental health services 2) age-appropriate care both in the community and in inpatient settings.

In both cases, there is a clear need for CAMHS and adult mental health commissioners to work together to ensure the most appropriate care and the most effective transition to adult services, where this is necessary.

Transition

It is essential that commissioners give their time to properly planning services which enable the effective transition of young people from CAMHS to adult services (including adult mental health services).

The CAMHS Review identified that problems relate to the considerable differences in culture and service criteria between CAMHS and adult services. Some 16 and 17 year olds who need further support are not referred to adult mental health services – or may be turned away – because their problem does not meet adult services thresholds. Others may suffer from a mental health problem which adult mental health services are often not commissioned to provide, such as for ADHD or autistic spectrum disorder (ASD). Even those who have severe and enduring mental health problems experience problems at transition. Young people who have significant problems miss out on valuable potential support and care when they are most vulnerable.

NCSS has collaborated with the National Mental Health Development Unit (NMHDU) and the Social Care Institute for Excellence (SCIE) to produce a range of resources to support commissioners, practitioners and service users (see Section 6, Resources: Services for 16+ for more details).

Age appropriate care

A key focus of service delivery over recent years has been to provide young people with access to services and accommodation which are appropriate to their age and level of maturity. Since 2007, many areas have made considerable strides in providing more emergency beds and community-based alternatives to admission. However, commissioners need to remain focused on improving local services to prevent inappropriate admission to adult wards.

A wide range of resources is developed by the National Institute of Mental Health in England (NIMHE) to help commissioners to support better provision of age appropriate services (see Section 6, Resources: Services for 16+ for further details).
### Resources: Services for 16+

#### Supporting Effective Transitions and Development of Services for Young Adults
NMHDU website listing the resources they have developed in partnership with NCSS and the Social Care Institute for Excellence (SCIE) to support services in improving the experience of young people who are moving on from services for adolescents to adult services. Includes access to a number of new resources, including some key publications which are listed separately below.

#### Planning Mental Health Services for Young Adults – Improving Transition: A resource for health and social care commissioners (NCSS/NMHDU, 2011)
A guide to help health and social care commissioners of both CAMHS and AMHS understand the importance of good transitions and how to translate this into positive action through contracting arrangements and commissioning tools such as CQUIN.

#### Transitions in Mental Health Care: A guide for health and social care professionals (YoungMinds, 2011)
A guide to the legal framework written by lawyers and professionals. It is aimed at any professional working with young people in transition from CAMHS and brings together a complex array of legislation, guidance and policy, illustrated with case studies.

#### Action Planning to Improve Transitions (NCSS/NMHDU, 2011)
A web-based self-assessment tool for service providers and commissioners to assess their baseline position, identify problems and develop local action plans.

#### E-learning for Professionals (NCSS/NMHDU, 2011)
A resource for those working with young adults or training other colleagues. Two modules take users through the developmental and clinical issues for young people approaching transition, and help professionals design systems to improve the transitions process.

#### Process, Outcome and Experience of Transition from Child to Adult Mental Healthcare: Multiperspective study (British Journal of Psychiatry, 2010)
Study by Singh et al concludes that for the vast majority of service users, transition from CAMHS to AMHS is poorly planned, poorly executed and poorly experienced.

#### YoungMinds
YoungMinds has worked with NCSS and NMHDU to produce two guides to support service users during transition. One is for young people and the other for their parents and carers.

#### Social Care Institute for Excellence
SCIE has been a partner in the Young People’s Mental Health Transitions Project. It carried out a literature review and practice enquiry for the project, identifying features of good practice. This is hosted on the SCIE website.

#### Transition: From CAMHS to AMHS – scoping exercise (NCSS, 2010)
Report of a study of current transition activity and models of good practice across the East Midlands region; includes questionnaire issued to health trusts.

#### Transition: From CAMHS to AMHS – supplementary report (NCSS, 2010)
A practical report setting out ideas for change arising from regional workshops, plus a self-assessment checklist for providers.
### Resources: Services for 16+ age appropriate resources

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Evaluation of Provision of Mental Health Services for Looked After</strong></td>
<td>Report draws on visits to 27 children's homes in eight local authorities.</td>
</tr>
<tr>
<td><strong>Young People Aged 16+ in Residential Settings</strong> (Ofsted, 2010)</td>
<td></td>
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<tr>
<td><strong>Legal Aspect of the Care and Treatment of Young People</strong></td>
<td>A clear guide to the interaction between the Mental Health Act, the Mental Capacity Act and relevant children's legislation.</td>
</tr>
<tr>
<td><strong>with Mental Disorder: A guide for professionals</strong> (National Institute for Mental Health in England, 2009)</td>
<td></td>
</tr>
<tr>
<td><strong>Consent to Admission and Consent to Treatment: Flow chart</strong></td>
<td>Flowcharts for CAMHS and adult wards; to be viewed in conjunction with the guide The Legal Aspect of the Care and Treatment of Young People with Mental Disorder.</td>
</tr>
<tr>
<td><strong>for under 16 year olds</strong></td>
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<tr>
<td><strong>Consent to Admission and Consent to Treatment: Flow chart</strong></td>
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<tr>
<td><strong>for 16 and 17 year olds</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Safe and Appropriate Care for Young People on Adult Mental</strong></td>
<td>Quality standards to help wards provide safe and appropriate care for young people who require admission to any adult inpatient mental health service.</td>
</tr>
<tr>
<td><strong>Health Wards</strong> (Royal College of Psychiatrists, 2009)</td>
<td></td>
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<tr>
<td><strong>Working Together To Provide Age-Appropriate Environments And</strong></td>
<td>A briefing for commissioners of both adult mental health services and CAMHS to meet the requirements of the new duty in the Mental Health Act 2007.</td>
</tr>
<tr>
<td><strong>Services For Mental Health Patients Aged Under 18</strong> (NMHDU, 2009)</td>
<td></td>
</tr>
<tr>
<td><strong>Systems Model for Planning Age Appropriate Environments</strong></td>
<td>An online planning tool to model changes in service provision over a five year period, considering the consequences in other parts of the system and also economically. Accompanied by guidance.</td>
</tr>
<tr>
<td>(NIMHE, 2010)</td>
<td></td>
</tr>
<tr>
<td><strong>What services should be in place to support young people aged</strong></td>
<td>A review of inpatient services by young service users in Lancashire, assessed against national criteria and with recommendations for changes to ensure more appropriate services.</td>
</tr>
<tr>
<td><strong>16 and 17 years with acute mental health needs in Lancashire?</strong></td>
<td></td>
</tr>
<tr>
<td>(Lancashire Care NHS Foundation Trust, 2009)</td>
<td></td>
</tr>
<tr>
<td><strong>Crisis and 24/7 Service Development in CAMHS</strong> (NCSS, 2006)</td>
<td>Report for the East Midlands Care Services Improvement Partnership which identified information on current service provision; perceived gaps; service models and recommendations.</td>
</tr>
<tr>
<td><strong>Mental Health Act Implementation Programme</strong></td>
<td>Access to the full range of resources developed by the National Mental Health Development Unit (NMHDU) to help areas meet the duty to provide an age appropriate environment (subject to need) for all under 18s who require inpatient mental health care. Includes many of the resources listed above, as well as access to ‘train the trainer’ materials on the legal framework for mental health care of children</td>
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<td><strong>Crisis and</strong></td>
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</table>

**Resources:**
- Services for 16+ age appropriate resources
- Age Appropriate Services: What, why, when and how? (NCSS, 2010)
- Systems Model for Planning Age Appropriate Environments (NIMHE, 2010)
- Consent to Admission and Consent to Treatment: Flow chart for under 16 year olds
- Consent to Admission and Consent to Treatment: Flow chart for 16 and 17 year olds (NMHDU, 2010)
- Safe and Appropriate Care for Young People on Adult Mental Health Wards (Royal College of Psychiatrists, 2009)
- Working Together To Provide Age-Appropriate Environments And Services For Mental Health Patients Aged Under 18 (NMHDU, 2009)
- Evaluation of Provision of Mental Health Services for Looked After Young People Aged 16+ in Residential Settings (Ofsted, 2010)
Access and advocacy

Ensure that services are accessible – and that someone is there to advocate when they are not

Access

Children, young people and families consistently say that timely, accessible and non-stigmatising support is one of the key elements of an effective service. A number of reports have highlighted barriers to swift access to services, including geographic variation in access to services, and procedures for accessing services which may be confusing for some families.

Local service specifications regularly include waiting time standards and swift and easy access remains an important aspiration because it is a key factor in improving service user satisfaction, and in turn outcomes.

There are many good practice examples from services which have improved access and outcomes through workforce development and actively managing demand and capacity. The main mechanisms\[4\] appear to be:

- development of streamlined pathways for service users, so that there is an ‘open door’ into a single system of support
- new ways of working in multidisciplinary teams
- recognised service improvement approaches, such as 10 High Impact Changes, Lean Thinking and the Choice and Partnership Approach.

Advocacy

Advocacy is an important aspect of making services accessible. Advocates help children and young people to navigate the system. They do this by speaking up for children and young people, and empowering them to ensure that their rights are respected and their views and wishes heard at all times.

There is a legal requirement for independent mental health advocacy to be made available to most young people who are detained under the Mental Health Act 1983. However, it is equally important that advocacy is available to any child or young person who is receiving specialist support and who wants additional support to ensure that their voice is being heard and that they understand the choices they are making.

In some areas specialist advocacy services are available for children and young people with mental health problems or in emotional distress. An evaluation of one of these services found that advocates helped young people to secure a range of practical outcomes (for example accessing education, financial or medical support) and that this in turn had a positive impact on mental health. At the same time, it points out that by empowering young people the advocacy process itself can have a therapeutic benefit.\[44\]

In general, however, advocacy services are not routinely commissioned as part of an integrated package of support and this is something that commissioners will wish to consider.
Resources: Access and advocacy

**QINMAC/QNIC Position Statement on Improving Access to Inpatient CAMHS** (Royal College of Psychiatrists, 2010)
Joint paper from two CAMHS quality networks setting out recommendations for improving access; aligned with the QINMAC and QNIC quality standards.

**Improving Access to CAMHS: Reducing waiting times policy and practice guide** (Department of Health, 2009)
Good practice examples for reducing waiting times; developed in response to the former 18-weeks target but still useful for access to ideas, case studies and tools.

**Through the Maze: Guide and support materials** (Maze Advocacy, 2009)
Online access to a guidance document and range of tools for setting up an advocacy service. Includes resources for commissioning, recruitment, marketing and monitoring.

**Crisis and 24/7 Service Development in CAMHS** (NCSS, 2006)
Report for the East Midlands Care Services Improvement Partnership which identified information on current service provision; perceived gaps; service models and recommendations.

**The Choice and Partnership Approach (CAPA)**
CAPA aims to make services accessible and engage people in change; site has information and resources including an overview of the 11 components, how to implement and how to evaluate.

**Maze Advocacy**
This voluntary organisation runs advocacy services in Cardiff and Somerset. Its website has useful information for young people, parents and professionals wherever they live.
Section 6

Delivering services: targeted and specialist

In CAMHS a fully implemented integrated care pathway followed by each individual referred for a service would enable a coherent journey from referral to receiving a timely and relevant service. An effective care pathway is likely to include:

• an understanding and articulation of the type of problem being addressed, for example ‘all new presentations of self harm’
• any local and national standards and intended outcomes for that group of patients
• a reference to the evidence-based practice used to inform local practice
• the full patient journey, showing the clinical and non-clinical processes which will ensure consistent good practice in the diagnosis, treatment and management of the patient
• recording and monitoring of variance (when the care of an individual patient or the outcome of care is different to that planned for the patient group) and how this is being addressed
• a family-friendly leaflet describing what will happen when, where and why
• an end point, review of the outcome and a measurement of effectiveness.

A good care pathway can form the basis of an agreement between commissioners and providers based on the model of care that is appropriate to meet local needs effectively. As such it is both an important aspect of improving access to services and monitoring the quality of services.

Resources: Care pathways

- **Integrated Care Pathways: A guide to good practice** (National Leadership and Innovation Agency for Healthcare, 2005)
  Guide to assist clinical teams who wish to implement Integrated Care Pathways, a structured care methodology which sets out a process and records any variations from planned care.

- **Think Parent, Think Child, Think Family: A guide to parental mental health and child welfare** (Social Care Institute for Excellence, 2009)
  Policy and practice recommendations to improve service planning and delivery; aimed at practitioners but also those responsible for service development.

- **Mental Health Care Pathway for Children and Young People with Learning Disabilities** (CAMHS Evidence Based Practice Unit, 2007)
  Resource pack to help CAMHS partnerships and local providers in planning and delivery; sections on planning and providing services, putting pathway into practice and developing practitioner skills.

- **Improving Mental Health Care Pathways**
  National Mental Health Development Unit site covering the themes of transition to adult services, multi-systemic therapy, early intervention in psychosis and the Mental Health Act 2007.
A prevailing stigma and prejudice towards those with mental health problems can deter children and families from asking for help. Stigma and prejudice can occur in families as well as in organisations and this can make it more difficult to seek help. Consequently this can put pressure on family and friends who may or may not attempt to provide support. The right sort of service might not be available or accessed until things reach crisis point, and, with the problem compounded, it becomes much more difficult to respond effectively.

At the same time, we know that stigma can be tackled effectively. The Tackling Stigma Framework\(^4^5\) is an evidence-informed approach which demonstrates that positive results can be achieved through action across the following domains:

- **mainstreaming** – so that tackling stigma becomes a theme that runs through all aspects of service delivery
- **language and definition of mental health** – for example developing age appropriate explanations to encourage open discussion
- **information for children, young people and families** – clear signposting about where to go for help
- **education for children, young people, families and professionals** – to promote recognition, understanding and empathy
- **communication with children and families** – to ensure that those receiving services are active partners in their care
- **effective organisational systems** – including transparent referral criteria and protocols to reduce confusion
- **engaging the media as allies** – to avoid the negative stereotyping of people with mental health problems
- **citizenship and participation** – involving children and their families in a co-ordinated and strategic way to promote inclusion.
**Resources: Tackling stigma**

**Attitudes to Mental Illness 2010** (Department of Health, 2010)  
Report of survey results on public attitudes to mental illness. Survey has been carried out regularly since 1994 so can show changes in attitudes over time.

**Tackling Stigma: A practical toolkit** (NCSS, 2010)  
Guidance for CAMHS partnerships on how to implement the NCSS Tackling Stigma Framework.

**Rethink**  
National mental health membership organisation that aims to help everyone affected by severe mental illness recover a better quality of life. It is also a campaigning organisation and is a partner in Time to Change (see below).

**Time to Change**  
Campaign run by Rethink, Mind and others to end mental health discrimination.

**YoungMinds**  
The voice for children and young people’s mental health and wellbeing; its manifesto includes policy recommendations to reduce stigma and discrimination.

**Changing Minds**  
Former campaign run by Royal College of Psychiatrists; site continues to run and provides access to resources including opinion surveys and information leaflets.

**See Me**  
Scotland’s national campaign to end the stigma and discrimination of mental ill-health; run by an alliance of five Scottish mental health organisations; site includes access to posters and postcards.
Commissioning issues

Ask the right questions when commissioning targeted and specialist services

When commissioning targeted and specialist services, it is helpful for commissioners to consider the following questions – working jointly with other commissioners if possible:

- Is robust data being gathered on the mental health needs of children and young people for the local needs assessment?
- Are the needs of the whole family being taken into account and coordinated services being designed for them?
- What outcome measures are being used?
- Do these outcome measures underpin the performance management of providers?
- Is progress being monitored to ensure the full range of effective services are available for the whole community, including services for all groups of children and young people vulnerable to poor outcomes?
- Are proven approaches being used to manage demand and capacity (for example LEAN thinking and the Choice and Partnership Approach)?
- Is workforce planning and development integral to local commissioning?
- What financial resources are available?
- What mechanisms are there for funding new developments, for example pooled or joint funding arrangements?
- How are specialist mental health services being prioritised, so that the investment benefit made over the last ten years is not lost?
- Is up to date information available about inpatient bed usage for children with the most complex needs? What options exist for developing community-based alternatives?
- How can the needs of young people who currently have to receive services out of area be addressed locally in the future?
- How can the transfer of care from CAMHS to adult mental health services be improved?
- What plans are in place to support improved local, regional and national commissioning of services for those young people with most acute needs and those who require inpatient or out of authority placements? Do these draw on models of good practice?
### Resources: Commissioning issues

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<thead>
<tr>
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<tr>
<td><strong>How to use NICE Guidance to Commission High Quality Services</strong></td>
<td>Shows how NICE clinical guidelines support the commissioning of high quality services, and outlines role throughout the commissioning cycle.</td>
</tr>
<tr>
<td><strong>Promoting Mental Health for Children in Secure Settings:</strong></td>
<td>Useful overview of the provision considered integral to a comprehensive CAMHS for this particularly vulnerable group of children and young people.</td>
</tr>
<tr>
<td><strong>Outcomes and Efficiency Methodology</strong></td>
<td>A practical approach to speedy redesign of local services by accelerating the established commissioning approach. Developed in conjunction with leading children’s services commissioners.</td>
</tr>
<tr>
<td><strong>CAMHS Priority Dataset</strong></td>
<td>This is the first phase of development of a national dataset to enable standardised information to be captured and reported by all targeted and specialist CAMHS. For collection from September 2011.</td>
</tr>
<tr>
<td><strong>CAMHS Service Specification Template</strong></td>
<td>Customisable Word document to enable CAMHS partnerships to draw up service specifications.</td>
</tr>
<tr>
<td><strong>CAMHS Tier 3 Service Specification</strong></td>
<td>Customisable document which is aligned with the NHS standard contract for community services.</td>
</tr>
<tr>
<td><strong>CAMHS Service Level Agreement</strong></td>
<td>High level customisable template.</td>
</tr>
<tr>
<td><strong>London Key CAMHS Commissioning Indicators: Guidance</strong></td>
<td>Example of an approach to agreeing a minimum set of key indicators to provide a quality standard for effective commissioning of CAMHS in a geographical area, in advance of the national dataset.</td>
</tr>
<tr>
<td><strong>Primary Care Commissioning</strong></td>
<td>News, how-to guides, care pathways and other resources from NHS Primary Care Commissioning which provides commissioning, contracting and communications support to health bodies.</td>
</tr>
<tr>
<td><strong>Commissioners’ Kitbag</strong></td>
<td>A comprehensive suite of standalone, practical resources that the Commissioning Support Programme has developed with commissioners, in response to their priorities.</td>
</tr>
<tr>
<td><strong>CAMHS Self Assessment Matrix</strong></td>
<td>Tool used by most CAMHS partnerships to help review and plan their priorities, investment and services. Developed for NCSS by the Health and Social Care Advisory Service (HASCAS).</td>
</tr>
</tbody>
</table>
Section 7
Participation: “no decision about me without me”
Section 7 Participation: “no decision about me without me”

This section contains resources to help commissioners meet the Government’s twin aims of giving individuals real choice about the services they receive and ensuring that practitioners can empower service users to contribute to decisions being made about their care and the shape of the services they receive.

- The NHS White Paper emphasised the need to put people who use services at the heart of commissioning and delivery: the concept of no decision about me without me. This has been reiterated in the mental health strategy, which states that care should be personalised to reflect people’s needs, not those of the professional or the system. It also recognises that the feedback and views of carers, patients and service users are an integral part of local commissioning of services.

- Recognition of the importance of participation has been informing service developments in CAMHS for some time. There is a widespread commitment to the principle of participation and most children’s trusts appear to have young people’s participation groups. However, while there are many examples of excellent practice, the concept of participation is not yet mainstreamed across CAMHS or necessarily supported by a dedicated budget. Similarly not all clinicians and practitioners are yet signed up to the concept of ‘no decision about me without me’.

- A participation strategy is being developed by the National Participation Forum, which aims to set a high-level direction of travel for children and young people’s participation over the next decade. To date the Forum has supported a wide ranging research study and issued a strategic vision for participation (see Section 7, Resources: Understanding participation for more information).

- Participation is a challenging area, and it is recommended that commissioning teams have dedicated time and resource available to ensure that the perspective of service users is embedded in the commissioning strategy.

The topics in this section are designed to provide an introduction to what participation is and how it can be defined and measured, followed by a section to help make participation a reality in a local area. The third section contains resources for children and families, which can help them understand more about the services they are receiving.
Understanding participation

Participation comes in many forms – what does it look like locally and how can it be improved?

A recent audit of the participation of children, young people and families in the planning and development of mental health services found that:

- Many areas have well-disseminated participation strategies in place and many organisations have adopted a set of standards to support and measure their participation work, however there are no representative national figures available.
- A broad spectrum of local forums is already in place to represent young people’s views.
- A range of targeted participation work is taking place with vulnerable/hard to reach young people recognising the specific needs of these groups of young people.

Little data is available on the impact this activity is having, and in particular whether outcomes for children, young people and families are improving as a result.

The resources on page 68 will help you find out more about what participation is, and what kind of activity is currently taking place.
### Resources: Understanding participation

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turning What Young People Say Into What Services Do:</td>
<td>Literature review for informed practice (Health and Social Care Advisory Service, 2009) A synthesis of the key publications around young people's participation in children's services, with a particular emphasis on CAMHS.</td>
</tr>
<tr>
<td>Children's Participation in Decision-Making: A summary report on progress to 2010</td>
<td>National Participation Forum, 2010 This wide-ranging study examines the extent to which children feel they have a voice and influence in matters affecting them at school, home and in the community.</td>
</tr>
<tr>
<td>An Equal Place at the Table: National participation strategic vision</td>
<td>National Participation Forum, 2010 Complementing the above research, this sets out a vision in which age is no barrier to involvement and where the mutual benefits from participation are acknowledged.</td>
</tr>
<tr>
<td>National Participation Mapping Audit</td>
<td>NCSS, 2010 Report outlining the findings from a mapping exercise and providing a snapshot of participation activity.</td>
</tr>
<tr>
<td>Very Important Kids (VIK)</td>
<td>VIK are a panel of up to 15 children and young people from across the UK who aim to make sure that the views of children and young people are heard across the whole children's mental health sector. They meet regularly at the YoungMinds head office.</td>
</tr>
<tr>
<td>National Participation Forum research publications</td>
<td>Access to a range of studies by the NPF to inform the development of a National Participation Strategy for England from 2010 onwards.</td>
</tr>
</tbody>
</table>
Making participation happen

Start a dialogue with children, young people and families

Full and meaningful participation of children and young people involves action at all stages of the commissioning cycle. The goal is to enable them to influence the strategic direction of services in a local area by contributing to developing the vision, needs assessment, allocation of resources and evaluation activities. This kind of shift in decision-making activity usually requires a cultural shift among managers and staff as well. It may also require capacity-building for commissioners, who do not always have the skills or knowledge required to secure the most effective participation of children and young people.

NCSS has produced a range of resources to help commissioners and service providers secure greater participation. They have been developed with the full involvement of children and young people and include a short film and an online resource which offers an easy and appropriate way for young people to consistently be involved in local service development. This builds on earlier work to develop quality standards for participation.

Quality standards

Services can assess how participative they are by referring to one of the range of quality standards that have been developed to support participation activity in mental health services. Links to the individual documents are included in Section 7, Resources: Making participation happen.

For all CAMHS: NCSS, YoungMinds and the Health and Social Care Advisory Service have produced quality standards in the form of a short self-assessment document to assess progress in seven areas: shared values, strategies, structures, systems, staff, skills and knowledge, style of leadership. The Department of Health’s You’re Welcome quality criteria aim to make all health services young-person friendly. They include a wide range of criteria for CAMHS either in a specialist setting or a generic setting such as general practice.

For specialist CAMHS: the Quality Network for Community CAMHS and the Quality Network for Inpatient CAMHS have both developed quality standards for which include standards for participation.

For all children’s services: the Hear by Right standards framework covers the involvement of children and young people in policy and practice development. It is produced by the National Youth Agency and is aimed at statutory and voluntary sector organisations right across children’s services.

Involving children and young people in commissioning

Participation Works, the online gateway to children and young people’s participation, summarises best practice for involvement in commissioning. These bullet points are extracted from their briefing How to Involve Children and Young People in Commissioning (see Section 7, Resources: Making participation happen).

• Real involvement takes time and resources – make sure this is part of the commissioning strategy.
• Give feedback about the full commissioning process and the effects of children and young people’s contributions at each stage.
• Be children and young people friendly – be flexible and avoid jargon. Provide a glossary of key terms.
• Build the capacity of commissioners themselves to work in participatory ways – they may not already have this skill set.
• Plan involvement around children and young people’s availability and time commitments.
• Avoid bureaucratic meetings. Be flexible by using activities such as ice breakers, participation games, visual tools and ranking exercises to promote discussion.
• Build on current participation and relationships – use what already exists.
• Involve adults from across the organisation – from senior executives, councillors and board members down. This is not just the business of specialist participation workers.
• Involve groups of children and young people rather than isolated individuals – this gives them a stronger voice.
• Make it fun.

Resources: Making participation happen

Quality Standards for Children and Young People’s Participation in CAMHS (NCSS/Health and Social Care Advisory Service, 2008)
Sets a range of standards, plus a self assessment matrix for services to benchmark how they are performing. Key aim is to improve the systematic participation of children and young people in all aspects of CAMHS provision.

You’re Welcome Quality Criteria: Making services young people friendly (Department of Health, 2007)
Principles to help health services become young people friendly. One of the ways this can be done is by listening to and responding to the voice of young people. It contains a specific section on CAMHS and is aimed at commissioners and providers.

Comparison of CAMHS Quality Standards and You’re Welcome Criteria (NCSS, 2010)
A comparison of the NCSS/HASCAS quality standards and the You’re Welcome quality criteria self assessment toolkit listed above. Clarifies the relationship between the two documents and sets out a rationale for their use.

This Is What We Want: Guidelines for young people’s mental health services (Foundation for People with Learning Disabilities, 2007)
Aims to help CAMHS become more inclusive for young people with learning disabilities. The guidelines cover issues such as: referral and access to services; information and rights; care and intervention.

Quality Network for Community CAMHS: Service standards (Royal College of Psychiatrists, 2009)
Service standards which have been developed in consultation with professionals, young people, parents and carers, follow a care pathway and cover aspects of policy. Published under the title QINMAC (Quality Network for Multi-Agency CAMHS), the previous name for the network. Standards are due to be updated in 2011.
## Resources: Making participation happen

<table>
<thead>
<tr>
<th>Resource Title</th>
<th>Description</th>
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<tbody>
<tr>
<td>Quality Network for Inpatient CAMHS: Service standards</td>
<td>Standards for inpatient care, informed by national policy and the evidence base as well as the views of frontline staff, young people and parents. (Royal College of Psychiatrists, 2009)</td>
</tr>
<tr>
<td>Hear by Right (National Youth Agency)</td>
<td>Standards framework and practice examples for statutory and voluntary sector organisations to assess and improve their practice and policy on the active involvement of children and young people.</td>
</tr>
<tr>
<td>How to Involve Children and Young People in Commissioning</td>
<td>An introduction to commissioning and ways to involve children and young people in the process; there is a small charge for the guide. (Participation Works, 2008)</td>
</tr>
<tr>
<td>Participation Strategy Template (NCSS, 2010)</td>
<td>Template to help child and adolescent mental health services develop a participation strategy.</td>
</tr>
<tr>
<td>You're Welcome Quality Criteria: Self assessment toolkit</td>
<td>Used in conjunction with the You’re Welcome Quality Criteria, this supports local areas to interpret and apply the criteria consistently, rate levels of achievement, record evidence, plan and review progress. (Department of Health, 2009)</td>
</tr>
<tr>
<td>Listen up! Person-centred approaches to help young people experiencing mental health and emotional problems</td>
<td>This report makes the case for fundamental change in the service model for young people; calls on commissioners to designate a lead agency and person to co-ordinate commissioning. (Mental Health Foundation, 2007)</td>
</tr>
<tr>
<td>Not Just a Phase: Guide to participation of children and young people in health services</td>
<td>Information to ensure the safe, meaningful and ethical participation of children and young people within the delivery of quality child health services. (Royal College of Paediatricians, 2010)</td>
</tr>
<tr>
<td>No Decision About Me Without Me</td>
<td>A short film by NCSS which explores why young people believe their participation is important. Features examples of good practice and how this leads to improved outcomes for young people.</td>
</tr>
<tr>
<td>Puzzledout.com</td>
<td>NCSS online participation tool for commissioners and young people. It helps young people influence how CAMHS are commissioned and provided. Services, commissioners and young people’s participation groups can create online surveys and polls to gather the views of ex, current and potential service users.</td>
</tr>
<tr>
<td>Participation Works</td>
<td>Online gateway to the world of children and young people's participation; comprehensive information on policy, practice, training and innovative ideas; there is a charge for many of the resources.</td>
</tr>
</tbody>
</table>
Resources for children and families

Being informed is the starting point for service users to be involved in their own care and treatment

This section is a collection of resources which help to explain different aspects of mental health service provision to children and families. This can be an important starting point for involving people in their own care and treatment.

Resources: Resources for children and families

- **What Can CAMHS Do For Me?**
  - Leaflets explaining CAMHS in 14 different languages.

- **CAMHS poster**
  - Poster explaining what CAMHS are in 14 different languages. Space at the bottom for local services to add their details.

- **Choosing What’s Best For You: Booklet for children, young people and families (2007)**
  - Produced by the CAMHS Evidence-Based Practice Unit and grounded in the available evidence base.

- **Medicines Management: Everybody’s business (2008)**
  - Leaflet to empower service users and carers to ask relevant questions and to help health and social care practitioners improve their person-centred approach.

- **Feeling Good: Promoting children’s mental health (2005)**
  - Activity sheets children aged 4 to 7 and their parents.

- **Take Action: A young person’s guide to thoughts, feelings and positive mental health (2010)**
  - Advice on how to achieve positive emotional wellbeing; published by Kid Premiership and produced in conjunction with NCSS.

- **Young People’s Guide to Transition (YoungMinds, 2011)**
  - Explains the rights young people have when they are in transition from CAMHS. Aims to support young people to self-advocate and be fully included in the transition process.

- **Parents and Carers’ Guide to Transition (YoungMinds, 2011)**
  - Gives parents and carers information about young people’s rights, and about their own rights when they are supporting a young person. Aims to support parents and carers while they are supporting a young person through transition.
Section 8
Quality, outcomes and evidence
Section 8 Quality, outcomes and evidence

Measuring outcomes

This section provides access to resources to help commissioners put quality and outcomes at the heart of all commissioning activity. It highlights the importance of building a local evidence base to ensure that the commissioning cycle is underpinned by the principles of quality, prevention, productivity and innovation.

- Better outcomes will be the primary measure of success in public services. As part of the development of the mental health strategy, the Government worked with a wide range of partner organisations including user and carer groups, providers and local government to agree six shared objectives to improve mental health outcomes.
  - more people will have good mental health
  - more people with mental health problems will recover
  - more people with mental health problems will have good physical health
  - more people will have a positive experience of care and support
  - fewer people will suffer avoidable harm
  - fewer people will experience stigma and discrimination.

- The development of meaningful, high-level outcomes for children and young people is still at an early stage. The Government’s mental health strategy\(^2\) states that the Department of Health will work with the Department for Education and others to develop this further.

What works?

- It will be a priority to agree key outcome measures with service users, their families and the sector as a whole. Existing work to develop outcome measures for children are listed in Section 8, Resources: Measuring outcomes.
- While outcomes for service users are the primary measure of quality, process measures can also be important in driving improvements. The CQUIN framework can be used by commissioners to create a locally agreed quality improvement scheme. It enables commissioners to reward excellence by linking a proportion of healthcare provider income to the achievement of local quality improvement goals. These goals can be related to service user outcomes (for example reduction in length of stay) as well as underpinning processes (for example the development of appropriate risk assessment tools). The framework aims to embed quality within commissioner-provider discussions and to create a culture of continuous quality improvement, with stretching goals agreed in contracts on an annual basis (see Section 8, Resources: Measuring outcomes).
Commissioners will need to ensure that the services and interventions they commission contribute to achieving the specified objectives for mental health outcomes. High level outcomes for children and young people are being developed by the Department of Health and the Department for Education.²

In many cases, demonstrating improvement requires consistent and careful evaluation to identify whether outcomes for the target group (be it a local authority area, a whole school, a class, a small group or an individual child) have improved as a result of the service or intervention provided. This in turn requires three things to be in place:

- Clarity about the outcomes being sought. This is not specific to the evaluation process itself, but is a critical element of planning any service or intervention. As such, it should be set out clearly within the overall commissioning strategy.
- Clarity about the tools and processes used to measure whether outcomes have been achieved. This may be done both before and after the intervention. The measure used will in part depend on the outcomes you are seeking to achieve, and on practical considerations around the feasibility of capturing the information. This area is still under development, however various pieces of work have been carried out to identify appropriate tools and measures both within CAMHS and in child health more generally (see Section 8, Resources: Measuring outcomes).
- Having processes in place to capture baseline information before the start of the service or intervention is absolutely central to the development of practice-based evidence, otherwise it will be impossible to say whether things are any better after the intervention.

Carrying out this kind of activity on a regular basis contributes over time to the development of a local evidence base. It can demonstrate how services are operating and what outcomes they are achieving in one particular locality. Evaluation can be carried out through questionnaires, assessments and observations and with individual children as well as cohorts. Patient-reported outcome measures are also an important source of information.

Such an approach can help commissioners to bridge the gap between high level research evidence, which is often carried out in controlled conditions and the reality of the situations facing children with mental health problems, and their families, which are often much more complex.

The resources in this section relate to issues around data and monitoring as well as outcome-focused evaluation.
No Health Without Mental Health: Delivering better mental health outcomes for people of all ages (Department of Health, 2011)
Published alongside the mental health strategy this sets out six shared objectives to improve mental health outcomes, detailed descriptions of each objective and the evidence base which underpins it.

CAMHS Self Assessment Matrix (NCSS, updated 2011)
Used by most CAMHS partnerships to help review and plan their priorities, investment and services.

CAMHS Priority Dataset (NHS Information Centre, 2011)
This is the first phase of development of a national dataset to enable standardised information to be captured and reported by all targeted and specialist CAMHS. For collection from September 2011.

Mental Health Outcome Measures for Children and Young People (CAMHS Evidence Based Practice Unit, 2009)
Overview of tools and measures suitable for identifying improvements in the mental health of children and young people. Describes each tool, its length and example items.

Using the Commissioning for Quality and Innovation (CQUIN) Payment Framework (Department of Health, 2008)
Enables commissioners to link a proportion of providers’ income to the achievement of local quality improvement goals. Originally published in 2008, the payment framework is continuing for aspects of the NHS Operating Framework for 2011-12.

You’re Welcome Self Assessment Toolkit (Department of Health, 2009)
Used in conjunction with the You’re Welcome quality criteria, this supports local areas to interpret and apply the criteria consistently. Rate levels of achievement, record evidence, plan and review progress.

LGBT NATnIMP (GALYIC/Resurv, 2005 & 2007)
Online assessment tools to identify need, improve services, prove success of interventions and show how well services are meeting the needs of LGBT young people.

Assesses the feasibility of developing child and parent-reported outcome measures alongside other quality service indicators, particularly for children with long-term conditions.

CAMHS Outcome Research Consortium (CORC)
A membership group made up of local CAMHS across England (and some other countries) which has developed a methodology to address some of challenges associated with outcomes-focused evaluation in relation to children’s mental health. It aims to foster the effective and routine use of outcome measures. Website provides access (for members) to a range of resources on data collection, measures and user groups.

London Key CAMHS Commissioning Indicators: Key indicator list (NCSS, 2010)
Example of a regional approach to agreeing a minimum set of key indicators to provide a quality standard for effective commissioning of CAMHS in advance of the national dataset.

Assesses the feasibility of developing child and parent-reported outcome measures alongside other quality service indicators, particularly for children with long-term conditions.
References


2) As set out in two diagnostic manuals:


4) See camhsmapping.org.uk and childrensmapping.org.uk – the sample caseload in 2003 was 82,674 compared with 117,767 in 2009/10.


29) The National Workforce Programme for CAMHS ran from 2003-2011, initially as part of the National Institute for Mental Health in England and subsequently as part of NCSS, delivers targeted support to local teams using tried and tested methodology such as New Ways of Working and Creating Capable Teams.


Annex 1: Links to resources

Some readers may be unable to access the resources using the embedded hyperlinks in the text. Therefore all resources are listed below, in alphabetical order, alongside their URLs:

Achieving Equity and Excellence for Children: How liberating the NHS will help us meet the needs of children and young people (2010)

Action Planning to Improve Transitions (NCSS/NMHDU, 2011)

Age Appropriate Services: What, why, when and how? (NCSS, 2010)

An Equal Place at the Table: National participation strategic vision (National Participation Forum, 2010)

An Introduction to Lesbian, Gay And Bisexual Young People and Mental Health (GALYIC, 2007)

Antenatal and Postnatal Mental Health: Clinical management and service guidance (NICE, 2007)
www.chimat.org.uk/resource/item.aspx?RID=57158

Association for Infant Mental Health (UK)

Attitudes to Mental Illness 2010 (Department of Health, 2010)

Back on Track: Supported education for young people at risk of social exclusion due to mental health difficulties (NIACE, 2008)
www.chimat.org.uk/resource/item.aspx?RID=85066

Back on Track 2: Building collaborative partnerships between further education and early intervention in psychosis services (NIACE, 2010)
www.chimat.org.uk/resource/item.aspx?RID=85066

Back on Track www.chimat.org.uk/resource/item.aspx?RID=102913

Better Outcomes for Children’s Services Through Joint Funding: A best practice guide (Department for Children, Schools and Families, 2007)

Briefing: Young lesbian, gay and bisexual young people (Department of Health, 2007)

Bristol Healthy Schools Toolkit: Blank template (Bristol Healthy Schools, 2006)

British Association of Perinatal Medicine

CAMHS and Learning Disabilities Bulletin
www.chimat.org.uk/default.aspx?QN=CHMK9#CAMHSLD

CAMHS Evidence Based Practice Unit (EBPU)
CAMHS in Context (Skills for Health/NCSS NWP, 2010)

CAMHS Outcome Research Consortium (CORC)

CAMHS poster  www.chimat.org.uk/resource/item.aspx?RID=84973
CAMHS Priority Dataset (NHS Information Centre, 2011)
www.chimat.org.uk/resource/item.aspx?RID=100968

CAMHS Self Assessment Matrix (NCSS, updated 2011)

CAMHS Service Level Agreement (West Midlands RDC, 2006)

CAMHS Service Specification Template (HASCAS, 2008)

CAMHS Tier 3 Service Specification (West Midlands RDC, 2010)

Candle: CAMHS and new directions in learning disability and ethnicity
(Association for Real Change, 2008)

Capable Teams for Children and Young People (NCSS NWP, 2011)


Child and Maternal Health Observatory (ChiMat): Tools and data
www.chimat.org.uk/default.aspx?QN=CHMT0


Children’s Trust Board Update (Department for Education, 2010)

Choosing What’s Best For You: Booklet for children, young people and families (2007)

Closeted and Vulnerable (British Association for Counselling and Psychotherapy, 2007)

Commissioners’ Kitbag  www.chimat.org.uk/resource/item.aspx?RID=102533

Commissioning IAPT for the Whole Community (Department of Health, 2008)

Common Assessment Framework (Children’s Workforce Development Council, 2010)

Common Core of Skills and Knowledge for the Children’s Workforce (CWDC, 2010)

Comparison of CAMHS Quality Standards and You’re Welcome Criteria (NCSS, 2010)
www.chimat.org.uk/resource/item.aspx?RID=102872

Consent to Admission and Consent to Treatment: Flow chart for 16 and 17 year olds (NMHDU, 2010)

Consent to Admission and Consent to Treatment: Flow chart for under 16 year olds

Core Functions: CAMHS Tiers 3 and 4 (Skills for Health/NWP, 2009)

Core funding arrangements  www.chimat.org.uk/resource/item.aspx?RID=102096

Crisis and 24/7 Service Development in CAMHS (NCSS, 2006)

Delivering Race Equality in Mental Health Care: A review (NMHDU, 2009)

Deprivation and Risk: The case for early intervention (Action for Children, 2010)

Annex 1: Links to resources  ii
Annex 1: Links to resources
Healthy Care Audit Tool (NCB, 2008)  

Healthy Child Programme 5 to 19 (Department of Health, 2009)  

Healthy Child Programme: Pregnancy and the first five years of life  
(Department of Health, 2009)  

Healthy Further Education (FE)  


Healthy Outlooks  
www.chimat.org.uk/resource/item.aspx?RID=99958

Healthy Schools  

Hear by Right (National Youth Agency)  

How to Involve Children and Young People in Commissioning (Participation Works, 2008)  

How to Use NICE Guidance to Commission High Quality Services (NICE, 2009)  

Individual Cultural Competence Assessment Tool (Middlesex University, 2008)  

Improving Access to CAMHS: Reducing waiting times policy and practice guide  
(Department of Health, 2009)  

Improving Access to Psychological Therapies (IAPT): Children and young people programme  

Improving Access to Psychological Therapies: Perinatal positive practice guide  
(Department of Health, 2009)  

Improving Mental Health Care Pathways  

Improving the Emotional and Behavioural Health of Looked After Children and Young People  
(Centre for Excellence and Outcomes in Children and Young People’s Services, 2010)  

Integrated Care Pathways: A guide to good practice  
(National Leadership and Innovation Agency for Healthcare, 2005)  

Integrated Workforce Planning Tool (NCSS NWP, 2010)  

Iris Initiative  


Joint Working Protocol Template (West Midlands RDC, 2006)  

Knowing Where To Look: How to find the evidence you need (CSIP, 2008)  

Learning from Targeted Mental Health in Schools Phase 1 Pathfinders: Summary report  
(Office for Public Management, 2009)  

LGBT NATnIMP (GALYIC /Resurv, 2005 & 2007)  

Liberating the NHS: Commissioning for patients (Department of Health, 2010)  

Liberating the NHS: Legislative framework and next steps (TSO, 2010)  

Listen up! Person-centred approaches to help young people experiencing mental health and emotional problems (Mental Health Foundation, 2007)  

London Key CAMHS Commissioning Indicators: Guidance (NCSS, 2010)  

London Key CAMHS Commissioning Indicators: Key indicator list (NCSS, 2010)  

Annex 1: Links to resources
Looking After The Mental Health Of Looked After Children: Training resource (Pavilion, 2007)

Make Me a Criminal: Preventing youth crime (IPPR, 2008)

Mapping of CAMHS Looked After Children Services within the North East Region (NCSS, 2009)


Medicines Management: Everybody's business (2008)
www.chimat.org.uk/resource/item.aspx?RID=99947


Mental Capital and Wellbeing (Foresight Report, 2008)


Mental Health Act Implementation Programme www.chimat.org.uk/resource/item.aspx?RID=86407

Mental Health Care Pathway for Children and Young People with Learning Disabilities (CAMHS Evidence Based Practice Unit, 2007)

Mental Health Needs and Effectiveness of Provision for Young Offenders in Custody and in the Community (Youth Justice Board, 2005)

Mental Health of Children and Young People in Great Britain (Office for National Statistics, 2005)

www.chimat.org.uk/resource/item.aspx?RID=55701

Mental Health Outcome Measures for Children and Young People (CAMHS Evidence Based Practice Unit, 2009)

Minority Voices: A guide to good practice in planning and providing services for the mental health of black and minority ethnic young people (YoungMinds, 2005)


National Continuous Quality Improvement Framework for Child and Adolescent Emotional Wellbeing and Mental Health Education and Training (CSIP NWP, 2008)

National Participation Forum research publications


New Ways of Working for Everyone: Developing and sustaining a capable and flexible workforce (Department of Health, 2007)


New Ways of Working in CAMHS: A best practice implementation guide (CSIP NWP, 2009)

New Ways of Working in CAMHS: A brief guide and summary (CSIP NWP, 2009)


NICE Guidelines for Mental Health and Behavioural Conditions

No Decision About Me Without Me (NCSS website)

No Health Without Mental Health: A cross-Government mental health outcomes strategy for people of all ages (2011)
www.chimat.org.uk/resource/item.aspx?RID=102840

No Health Without Mental Health: Delivering better mental health outcomes for people of all ages (Department of Health, 2011)
www.chimat.org.uk/resource/item.aspx?RID=102840
No Health Without Mental Health: Delivering improved outcomes in mental health
(Department of Health, 2011)
www.chimat.org.uk/resource/item.aspx?RID=102840

Not Just a Phase: Guide to participation of children and young people in health services
(Royal College of Paediatricians, 2010)

NSF Right Time, Right Place (NCSS, 2008)

Organisational Cultural Competence Self Assessment Tool (NCSS, 2008)

Organisational Cultural Competence Self Assessment Tool: Audit workbook (NCSS, 2008)

Outcomes and Efficiency Methodology (Commissioning Support Programme, 2010)

Parents and Carers’ Guide to Transition (YoungMinds, 2011)
www.chimat.org.uk/resource/item.aspx?RID=103646

Participation Strategy Template (NCSS, 2010)

Participation Works

Paying the Price: The cost of mental health care in England to 2026 (Kings Fund, 2008)
www.chimat.org.uk/resource/item.aspx?RID=58893

Perinatal and Infant Mental Health Bulletin
www.chimat.org.uk/default.aspx?QN=CHMK9#PMH

Planning Mental Health Services for Young Adults - Improving Transition: A resource for health and social care commissioners (NCS /NMHDU, 2011)
www.chimat.org.uk/resource/item.aspx?RID=103646

Positive Steps: Supporting race equality in mental health care (Department of Health, 2007)
www.chimat.org.uk/resource/item.aspx?RID=84960

Primary Care Commissioning

Process, Outcome and Experience of Transition from Child to Adult Mental Healthcare: Multiperspective study (British Journal of Psychiatry, 2010)

Progress at the Interface: Developments in joint working between specialist CAMHS and early intervention in psychosis services (NCSS, 2011)

Promoting Mental Health for Children in Secure Settings: A framework for commissioning (Department of Health, 2007)


QINMAC Learning Disability Standards (Royal College of Psychiatrists, 2007)

QINMAC/QNIC Position Statement on Improving Access to Inpatient CAMHS
(Royal College of Psychiatrists, 2010)


Quality Network for Community CAMHS: Service standards
(Royal College of Psychiatrists, 2009)
www.chimat.org.uk/resource/item.aspx?RID=102537

Quality Network for Inpatient CAMHS (QNIC)

Quality Network for Inpatient CAMHS: Service standards (Royal College of Psychiatrists, 2009)

Quality Standards for Children and Young People’s Participation in CAMHS (NCSS/Health and Social Care Advisory Service, 2008)

Recap Training on Cultural Competence (NMHDU, 2010)

Annex 1: Links to resources vi
Responding to Violence Against Women and Children: The role of the NHS (Taskforce on the Health Aspects of Violence Against Women and Children, 2010)

Rethink  www.chimat.org.uk/resource/item.aspx?RID=96366

Review of commercialisation and sexualisation of childhood (2011)

Review of the early years foundation stage (2011)

Right Time, Right Place: Learning from the NSF development initiatives for psychological wellbeing and mental health (NCSS, 2008)

Safe and Appropriate Care for Young People on Adult Mental Health Wards (Royal College of Psychiatrists, 2009)

Securing Sufficient Accommodation for Looked After Children (2010)

See Me  www.chimat.org.uk/resource/item.aspx?RID=83841

Skills for Health CAMHS website www.chimat.org.uk/resource/item.aspx?RID=99953

Specific Interventions from Key Priorities for Implementation: Overview of skills and knowledge required to implement main NICE guidelines (NCSS, 2009)

Standards for the Provision of Consultation (NCSS, 2011)

Standards for the Provision of Supervision (NCSS, 2011)

Standards and Training Package for the Provision of Training (NCSS, 2011)


Support, Time and Recovery Workers: A competence framework (Department of Health, 2008)
www.chimat.org.uk/resource/item.aspx?RID=93275

Supporting Effective Transitions and Development of Services for Young Adults

Systematic Review and Mapping Study of Alternatives to Inpatient Care for Children and Adolescents with Complex Mental Health Needs (National Institute for Health Research, 2007)

Systems Model for Planning Age Appropriate Environments (NIMHE, 2010)


Take Action: A young person's guide to thoughts, feelings and positive mental health (2010)

TaMHS in Practice: Case studies (NCSS, 2011)
www.chimat.org.uk/default.aspx?QN=MNT_TAMHS

TaMHS: Using the evidence to inform your approach (Department for Children, Schools and Families, 2008)

The Bradley Report and the Criminal Justice Workforce: Tackling mental health and learning disabilities in the justice system (Centre for Mental Health, 2010)

The Choice and Partnership Approach (CAPA)

The Competency and Capability Framework for PMHWs in CAMHS (Primary Mental Health Worker Network, 2005)

The Economic Case for Improving Efficiency and Quality in Mental Health (Department of Health, 2011)

The Essential Capabilities for Effective Emotional and Mental Health Support (NCSS NWP, 2011)
www.chimat.org.uk/resource/item.aspx?RID=103453

The Evidence Base to Guide Development of Tier 4 CAMHS (Department of Health, 2009)

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This is What We Want: Guidelines for young people’s mental health services (Foundation for People with Learning Disabilities, 2007) www.chimat.org.uk/resource/item.aspx?RID=56959


Time to Change www.time-to-change.org.uk


What services should be in place to support young people aged 16 and 17 years with acute mental health needs in Lancashire? (Lancashire Care NHS Foundation Trust, 2009) www.chimat.org.uk/resource/item.aspx?RID=87211


