

# Children's and Young Peoples Mental Health Forensic Services

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CYPMH Lead, National Specialised  
Commissioning, NHS England

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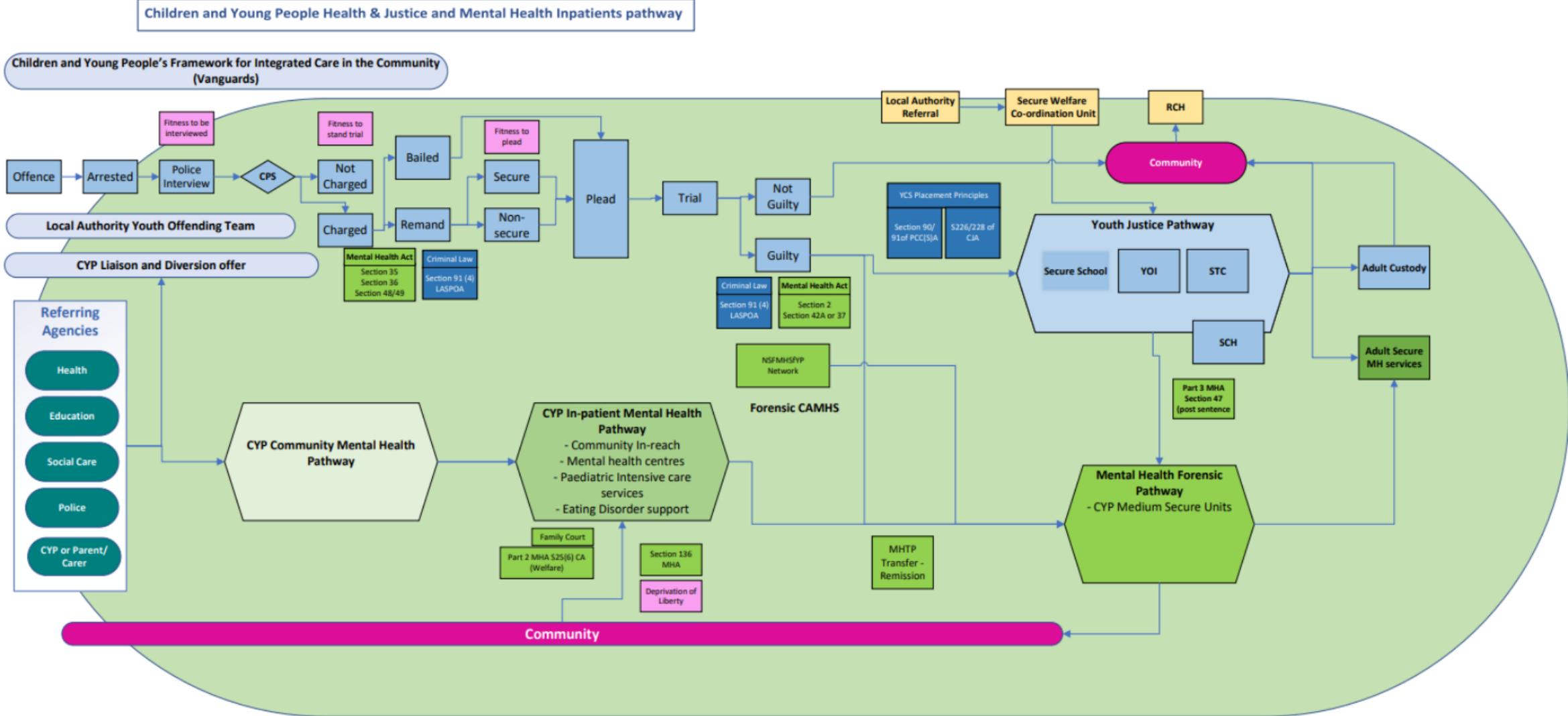
Real lives are messy, not linear. Plans evolve, and collapse. We try things out, make choices – and mistakes, change our minds, learn – and forget, feel lost – and found. We carve our own unique path, and we often require allies and advocates along the way.

If we really want to offer personalised support, we must step off the pathways of serviceland and into the unknown, where the destination is shaped by individual wishes and dreams and where, instead of putting up the barriers, we remember that our job is to remove them and help to clear the way ahead.



# **FCAMHS and CYPMH MSU refreshed service specifications**

MSUs are part of the wider Children and Young people Health and Justice and Mental Health In-patients Pathway (NECS, 2023), which requires close partnership working with services that support children and young people in the community (such as FCAMHS) as well as those transferring from other in-patient or secure services (including CYPSE).

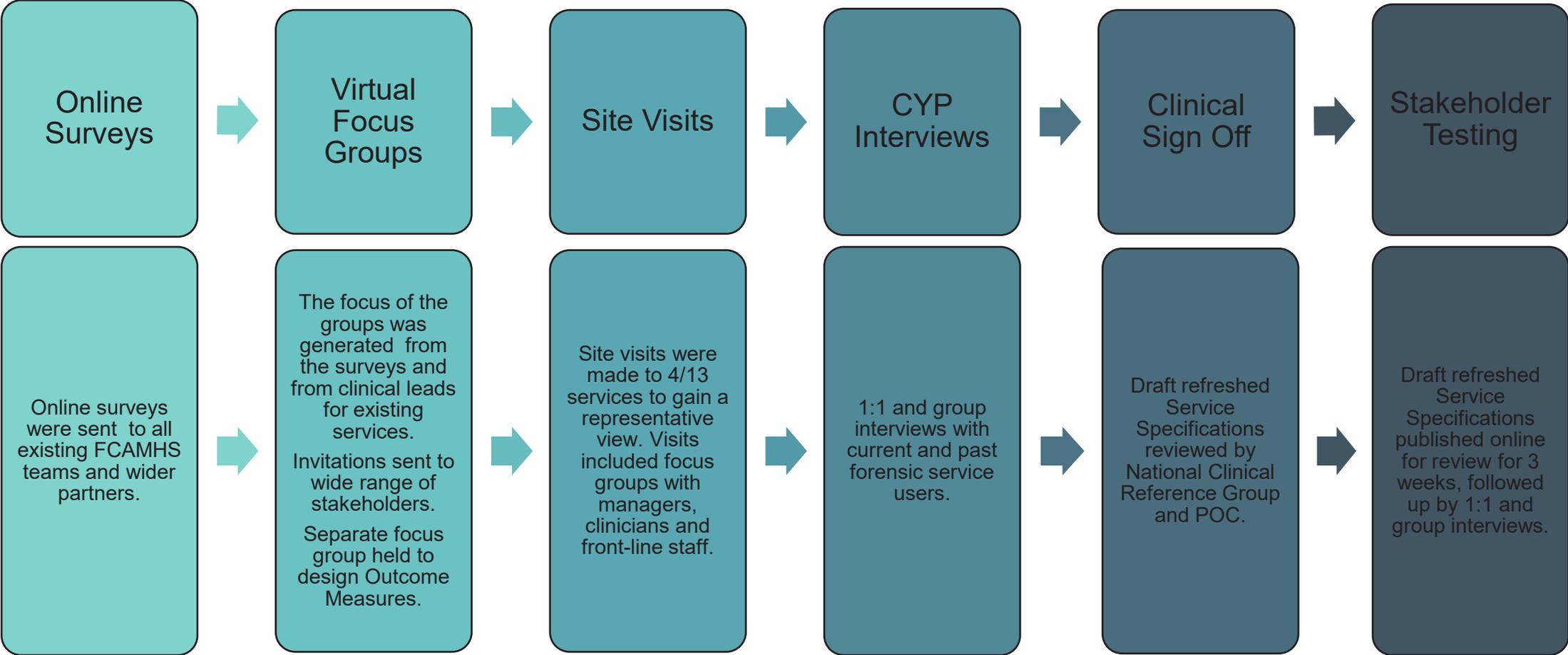




# Voices of system stakeholders were key to the process of the specification development:

- **Extensive stakeholder involvement** took place to engage as many people as possible in the system at all stages of the process
- **Stakeholders included** providers, clinicians, regional commissioners; patients and parent/carers
- **System stakeholder engagement** was very strong to ensure consistency in pathways of the family of services FCAMHS, MSU and CYPSE.
- There was a **systematic approach** to documenting the findings from all stakeholder 1:1 discussions, focus group work, surveys. This approach ensured all stakeholders views were included in the thinking and development of the refresh process

# Stakeholder Engagement



# What are the benefits of the refreshed FCAMHS specification?

## The refreshed service specification:

- clarifies and strengthens the original version of the service specification.
- responds more robustly to potential health inequalities.
- strengthens transitions for children and young people.
- protects equity of access for children and young people nationally.
- clarifies and strengthens the alignment of FCAMHS with in-patient and secure services.
- recognises and clarifies the unique,

specialist role that FCAMHS teams play within their local systems, in the context of evolving Integrated Care Systems

**Importantly – no changes have been made to:**

**the eligibility criteria**

**the service model**

# The primary amendments to the FCAMHS

## specification are:

- Strengthening the response to Inequalities and Health Inequalities, including the service response to neurodiversity.
- Clarifying referral criteria and codifying the clinical approach currently used.
- Increasing the alignment between FCAMHS and CYPSE services/MSUs.
- Codifying the approach to Cross-Border referral.
- Clarifying the expected response to SALT provision and those displaying HSB.
- Clarifying the place of the Care Programme Approach within these services.
- Improvements to the referral process to ensure the service are offering timely and responsive care.
- Updating guidance and evidence base to remain current.
- Improving outcomes to ensure we can measure the impact the services are having for children and young people who access their care.

# The primary amendments to the CYPMSU specification are:

The only material change to the MSU specification is the expectation that all national MSUs will support children and young people with a neurodevelopmental need, who meet the referral criteria for MSUs.

The other amendments can be summarised as:

A new section to strengthen the response to Inequalities and Health Inequalities, including the service response to neurodiversity, gender identity and BAME experience.

Clarification of referral criteria and codifying the clinical approaches to be used.

Increasing the alignment between MSUs and CYPSE services/MSUs.

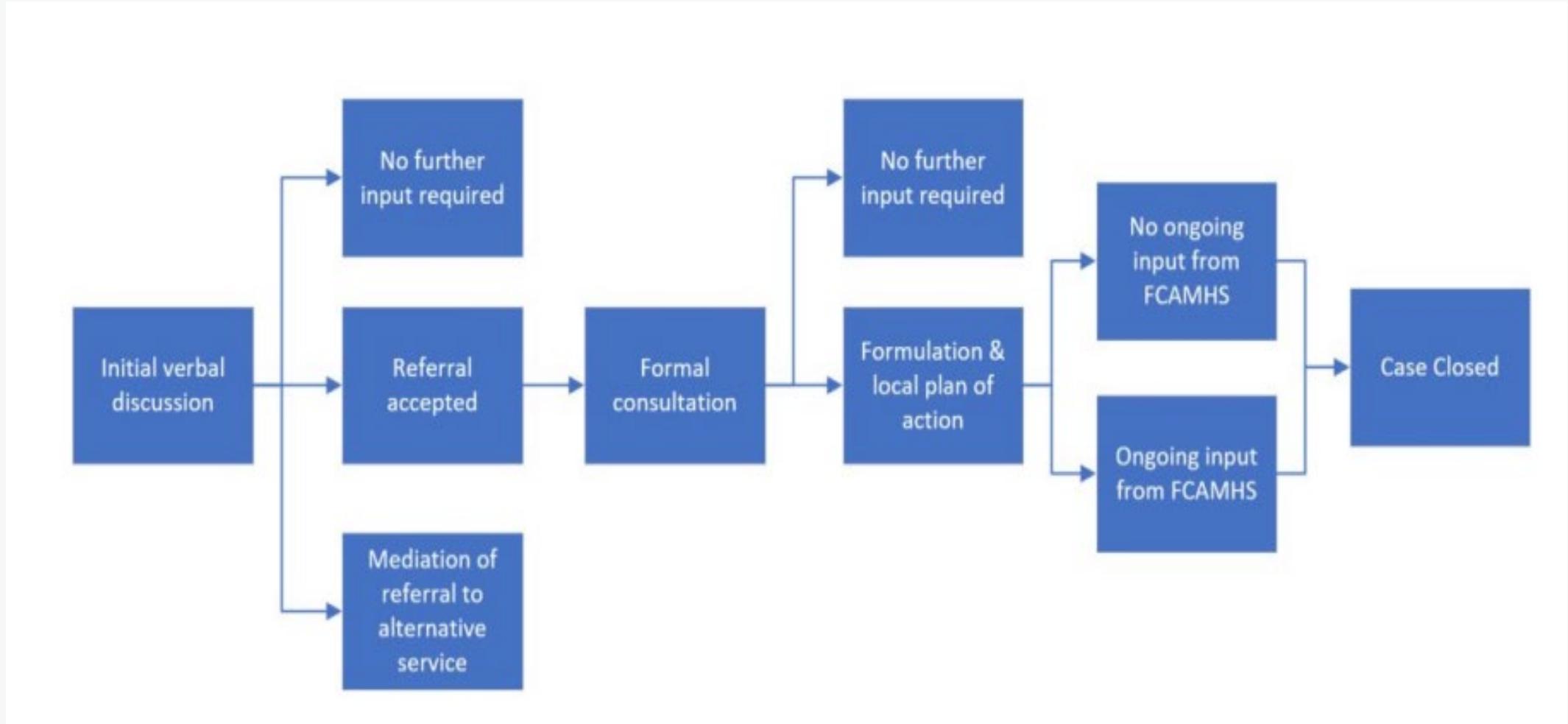
Codifying the approach to Cross-Border referrals.

Clarification re the expected response to SALT provision and those displaying HSB in both services.

Clarification re the place of the Care Programme Approach within these services.

Updating guidance and evidence base to remain current.

# FCAMHS referral pathway





# Neurodiversity

All services will ensure that accurate submissions of data regarding disabilities are flagged in the Mental Health Dataset to ensure that the full range of neurodevelopmental disorders and physical health needs are captured and both prevalence rates and outcomes for these cohorts can be compared to the wider population.

All services will:

- **identify** and assess a range of disabilities (including Autism, Attention Deficit Hyperactivity Disorder (ADHD), learning disability, speech and language difficulty and acquired brain injury).
- make **reasonable adjustments** to clinical interventions and physical spaces to ensure all young people can access support equitably.
- ensure their **workforce** planning supports accessible and appropriate interventions that meet individual needs.
- Develop a **skills matrix** for staff working within forensic mental health services to ensure appropriate training and development opportunities are available to support children and young people with additional needs. Training will include Oliver McGowen training, Care Quality Commission (CQC) requirements and QNIC standards.
- Raise the profile of the five good **communication** standards

# Clinical Networks

# AMSU Clinical network

## Clinical Lead:

Dr John O'Brien

Consultant Child and Adolescent Psychiatrist,  
Ardenleigh Forensic CAMHS

## Chair of referrals network:

Dr Navdeep Malik

Navdeep.Malik@gmmh.nhs.uk

CAMHSReferrals@gmmh.nhs.uk

Name of Unit	Commissioned Beds
Bluebird House (Southampton)	12 (+2)
Ardenleigh (Birmingham)	10
Stephenson (Newcastle)	7
Gardener Unit (Manchester)	10
<b>TOTAL</b>	<b>39</b>

# Medium Secure CAMHS Multi-Site National Research Project

## 2025 Update

**Adele Gordon and Amy Carus**

Ardenleigh Secure CAMHS

# The Process

- All sites have an internal database. Each site needs an allocated person in charge of inputting the data and ensuring it is shared to the central database in a timely manner.
- Before sending data to the central database, it will be uniquely coded for the YP to remain de-identifiable.
- These codes have already been created to prevent duplication across sites/YP.
- Code breaker would then be used for national opt-out.

# Where are we at with the project?



Received ethical approval (IRAS). Currently in the process of making an amendment due to change in Chief Investigator.



Considering the follow-up process following a YP's discharge and an internal process for reviewing research requests.



Creating an internal process for each site to share updates (Research Database as rolling item in bi-monthly National MSU Psychology Meeting)

# Benefits



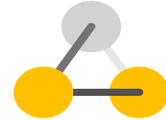
Better understanding of trends and areas where we can improve



Larger dataset so more meaningful data including for longitudinal studies



Can use the data locally for service evaluations as well as for small research (doctorate) projects



National dataset to support an understanding of the high risk/high harm population



It will inform inequalities projects



Influence practice and policy

# FC CYPMHS

## FCAMHS Network    Online Resource

Co-Clinical Leads:

**Dr Nina Champaneri**

Consultant Child &  
Adolescent Psychiatrist

Youth First - West Midlands  
Community Forensic  
CAMHS Service

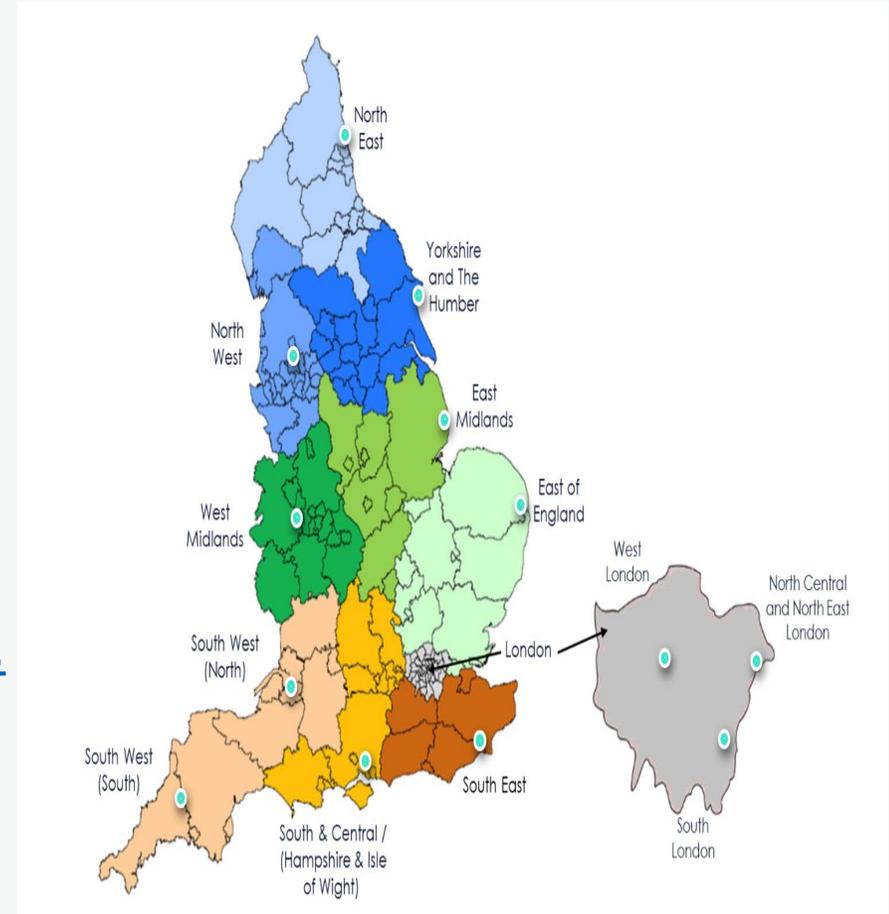
[Nina.Champaneri@nhs.net](mailto:Nina.Champaneri@nhs.net)

**Dr Lucy Warner**

Consultant Forensic  
Psychologist and Clinical  
Lead for East Midlands  
FCAMHS

East Midlands (Forensic  
Child and Adolescent  
Mental Health Services)

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# FCAMHS Clinical Network



The Community FCAMHS National Clinical Network is key in the overall provision of the services. Per the service specification, it is expected that all Community FCAMHS will actively contribute to the Network. It is led by a National Clinical Lead for Community FCAMHS and a Programme Lead. The Network coordinates the provision of the Community FCAMHS on a national basis, promoting consistent service delivery, good practice, and peer support.



The National Clinical Lead and Programme Lead complete Annual Reviews for each service. These reviews are a joint approach with CYP Lead Providers, LPC partners and regional/National specialised commissioning colleagues as appropriate.



The FCAMHS Clinical Network feed into the CYPMH Strategic Commissioning Group, who are responsible for the oversight of the service line.



FCAMHS has a dedicated platform to enable all stakeholders/referrers to access key information about services. [FCAMHS GOMO](#)



# FCAMHS Research Update

The Youth Endowment Fund has approved funding for a Randomised Control Trial comparing standard FCAMHS provision with FCAMHS plus Mentalisation-Based Treatment (MBT).

For more information, please contact: [andrew.newman@oxfordhealth.nhs.uk](mailto:andrew.newman@oxfordhealth.nhs.uk)

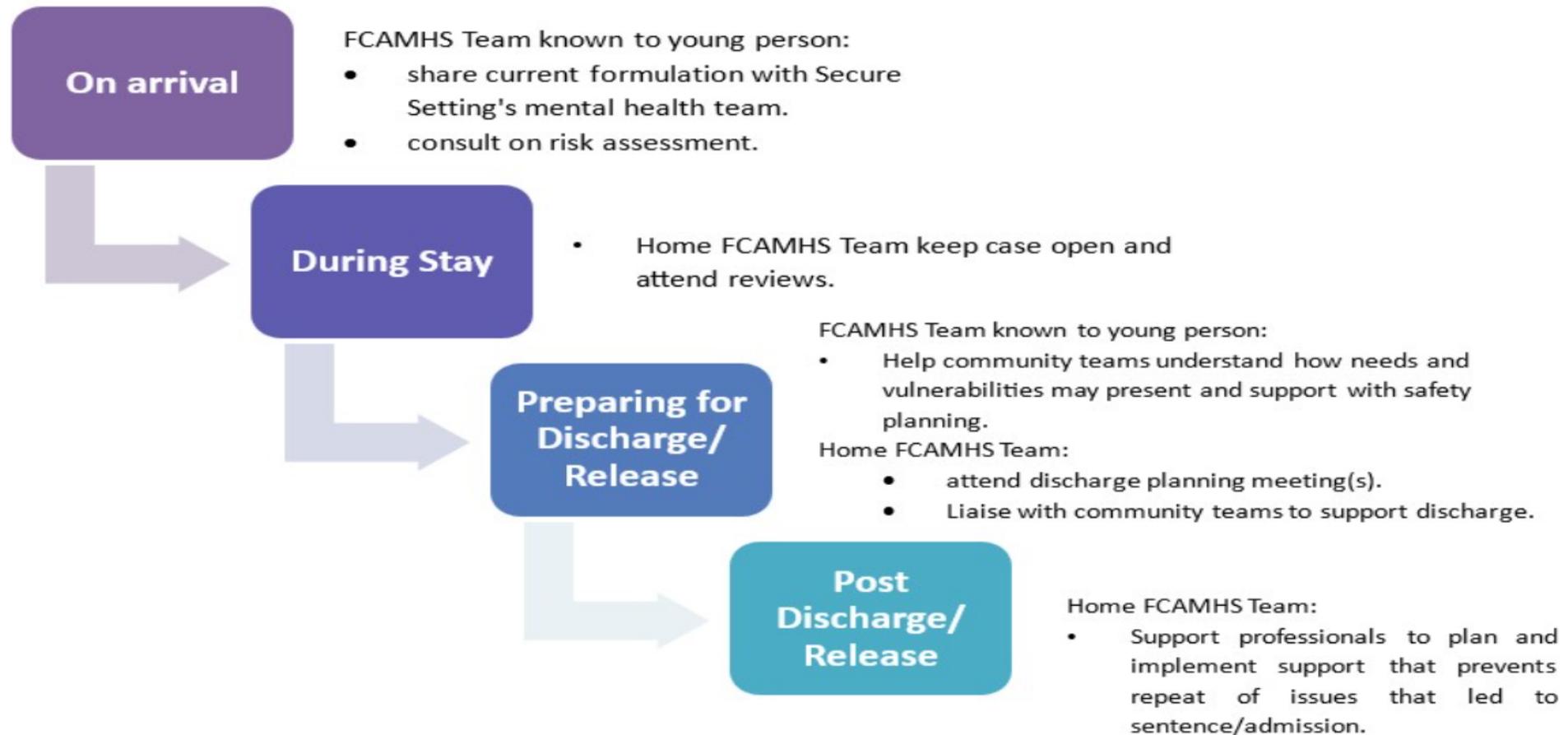
East Midlands FCAMHS continues to lead a Harmful Sexual Behaviour (HSB) project supported by NOTA. The project aims to:

- Establish the range and remit of available services.
- Identify gaps and examples of good practice across England.
- Understand barriers to establishing integrated services and highlight success stories.
- Develop good practice guidance for FCAMHS and HSB services.
- Assess the financial impact of HSB.

For further details, please contact: [joshua.black@nottshc.nhs.uk](mailto:joshua.black@nottshc.nhs.uk)

# FCAMHS and Secure Settings

This section explains the role of FCAMHS Teams when working alongside Secure Settings, including Medium Secure Units (MSUs) and the Children and Young People's Secure Estate (CYPSE).





# High Intensity Network (LSU/ PICU) Network

## **Dr Josephine Holland**

MRCPPsych, BmBch,  
FHEA, MA(Oxon)

Clinical Assistant Professor  
of Child and Adolescent  
Psychiatry

Honorary ST6 Specialist  
Registrar CAMHS

University of Nottingham

Nottinghamshire

Healthcare NHS

Foundation Trust

## **Dr Carolina Schneider**

Specialist in Child and  
Adolescent

psychopharmacology

Medical Director CYPMHS  
region, Elysium Healthcare

## **Dr Rebecca Dunn**

Consultant Clinical  
Psychologist & Trainee  
Approved Clinician,  
Woodlands Ward

Head of Psychology

Priory Hospital Cheadle  
Royal

# Draft Proposal for Clinical leadership for CYPMH LSU and PICU – High Intensity Environments

One pathway not two service lines. Merge clinical networks

LSU and PICU - access assessed by LPC and discussed in CAP as usual

Profession specific sub-groups

Align with delegation and roles/responsibilities of ICBS

LSU Referrals meetings stay in place

Reduce duplicate assessments and timeliness and equity of access

Co-clinical leads – Any discipline but able to represent the networks on a national platform and have ability to make sound clinical decisions.

Shared ownership and Attendance CRG quarterly, weekly calls and chair/lead on referrals meetings.

Start a weekly PICU call for case escalations attended by both LPC, case manager and LSU

Clinical responsibility remains with LPC

All work in line with CYPMHIS transformation principles

Agree a joint workplan inline with CYPMHIS transformation



# HRHHV 2025 event

A report by Dr César Lengua, Dr Jack Kennedy and Nicola Seanor on High Risk High Harm Children and Young People in Youth Custody, produced for NHS England in 2020, recommended a yearly conference addressing contemporary issues across the whole of the secure estate for children and young people that also integrated secure hospital and Community Forensic CAMHS providers. Last year's successful High Risk, High Harm, High Vulnerability Joint Event focused on transition. For our third event, the theme will be 'serious violence'. The event which will take place on Thursday 27 November 2025 at Park Plaza London Victoria.

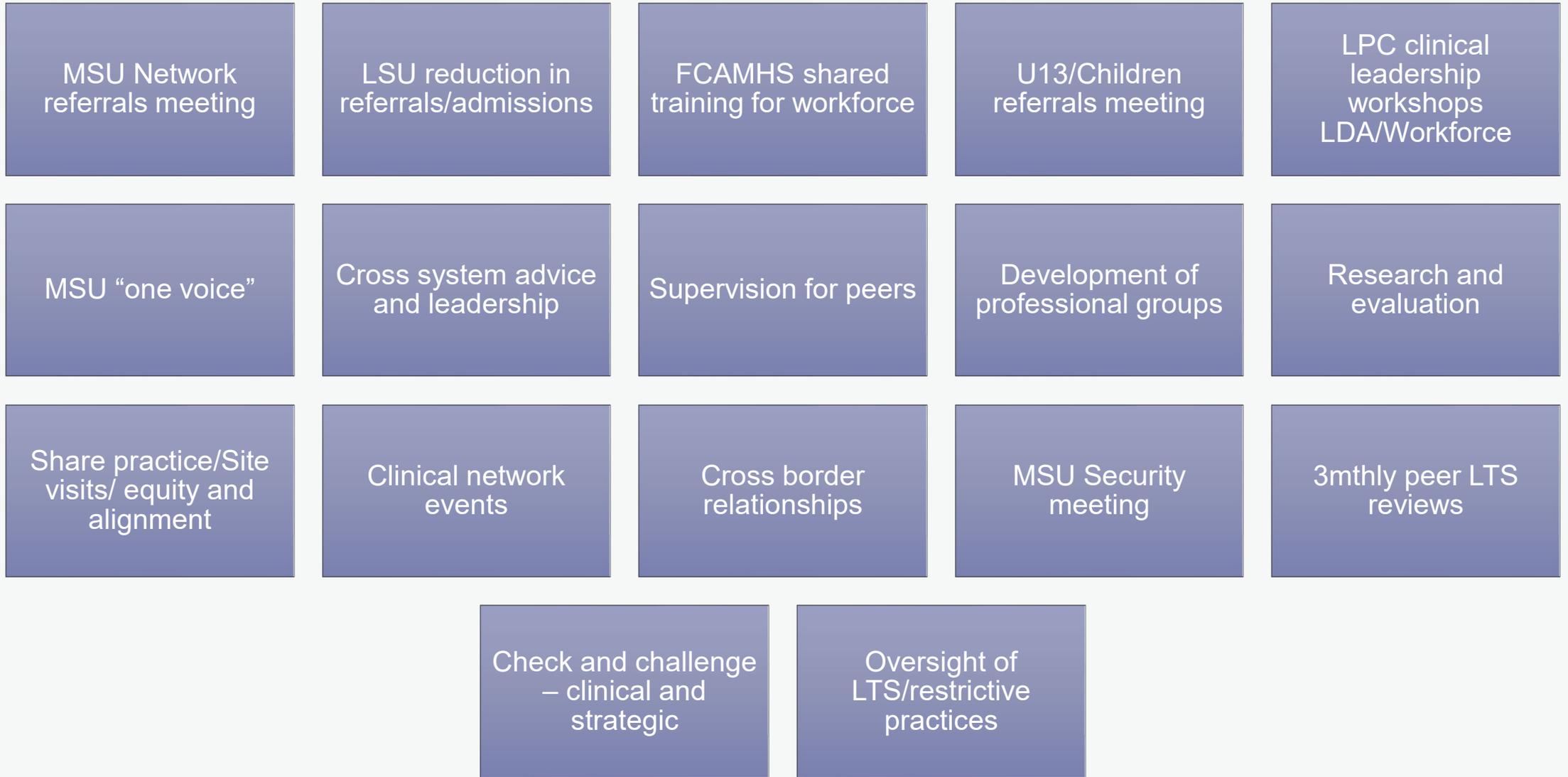
Feedback from last year's delegates:

"Definitely worth a trip down from the North. Thank you to the organisers it was a well-run event and good to meet so many colleagues in person after years on Teams."

"The case studies were comprehensive and reflected the complexity of the children."

" I really enjoyed the structure of this event. It was so refreshing to spend the day participating and not just been 'talked at'. The pre-event pack was really useful and the case studies well facilitated."

# Successes of CYPMH clinical networks

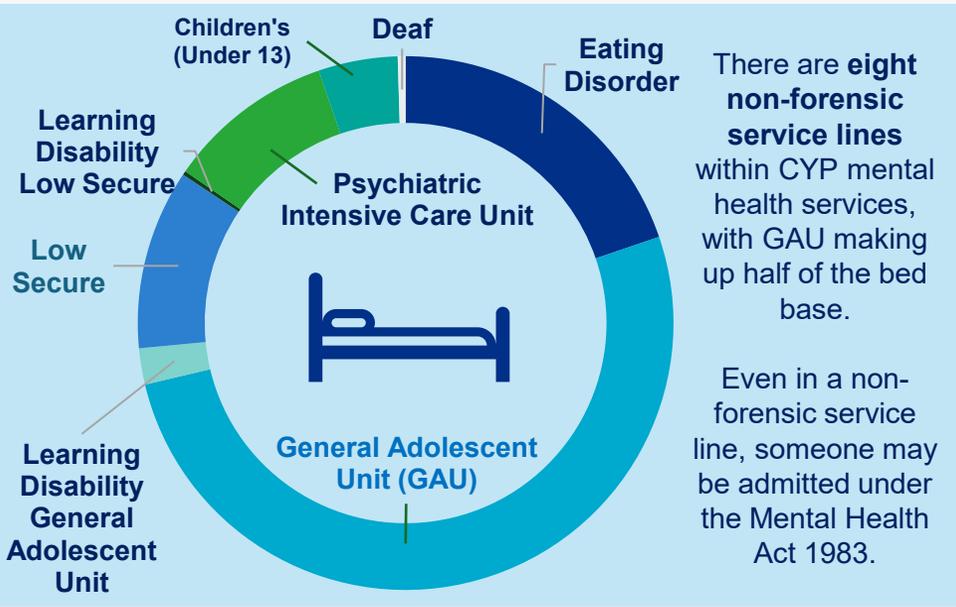


**Children & Young People  
Intensive Mental Health  
Services (CYPIMHS)  
Developmental Service  
Specification Update**



# The Case for Change

Specialist/Tertiary services **include both inpatient and day placement services** to provide care and treatment for CYP with a mental illness. Services are traditionally offered up to 18 years of age.



The average length of stay for GAU is 87 days.



Young people in **Learning Disability and Autism services, Eating Disorder services, Children's & Low secure services** all have a significantly longer LoS.

**AT population 87% are autistic only**  
The number of autistic people (without a learning disability) in mental health inpatient settings has risen since 2017 against a backdrop of falling numbers overall



There is an **over representation of young black males detained under MHA**

**Local areas are working hard to develop and maintain admission avoidance schemes**, including crisis houses, day placement provision and strengthening community teams.



Rates of Restrictive Interventions are higher in CYPMH wards compared with adult inpatient services. They are particularly higher for children and young people who are autistic or who have a learning disability

The largest increase in admissions for Autistic people are amongst the 18–24-year-olds, from 130 in March 2017 to 270 in June 2024 (104% increase).



Concerns regarding **health inequalities** for CYP living in areas of greater deprivation, from **ethnic minority** backgrounds, **younger children** and those with **autism**



The national ambition is to **reduce lengths of stay** and ensure that children and young people are **cared for as close to home** as possible.



**Occupied beds days has been falling**

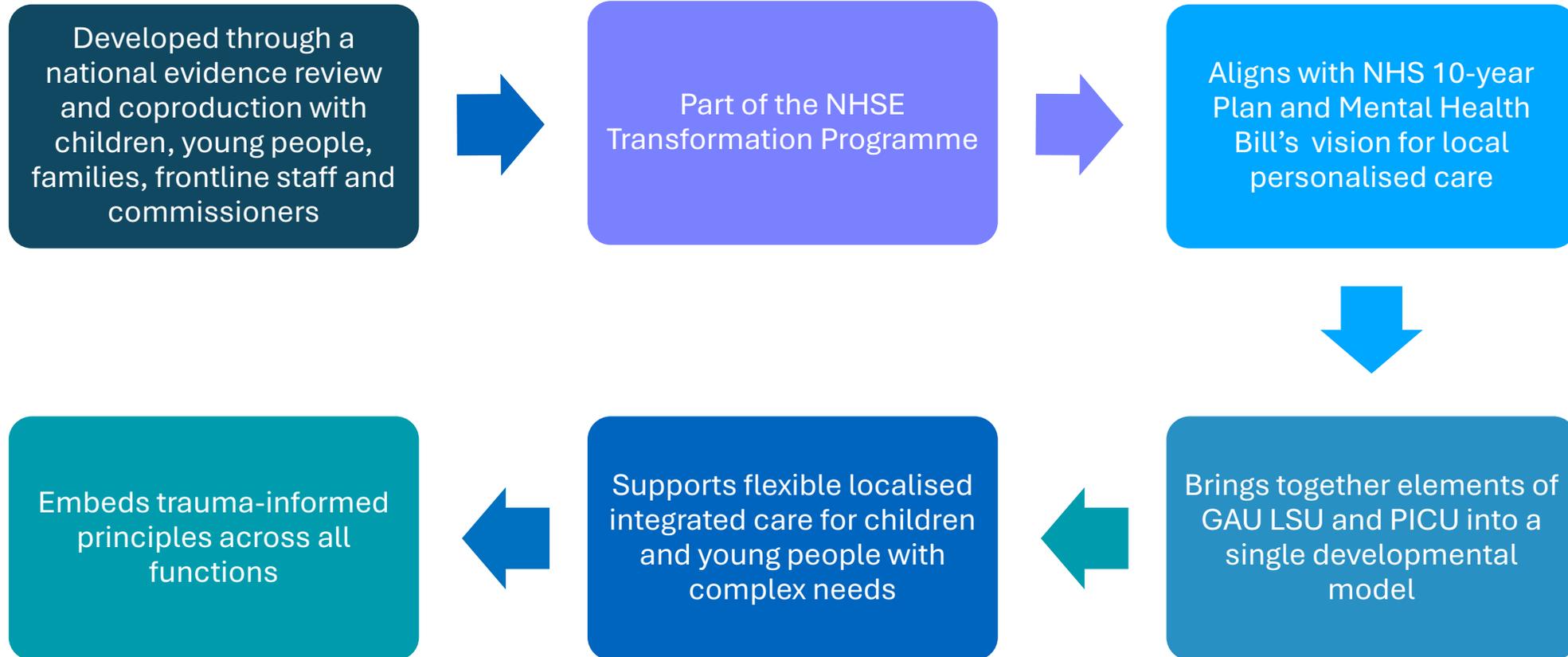


**Girls are overrepresented** in inpatient mental health services.

**Community teams provide intensive and crisis care** to young people in the community, and can support both admission avoidance and discharge from inpatient services

Data source: NCDR

# Context and Background



# Key Findings from the Evidence Review



Alternatives to hospital



Interventions and Therapy



Workforce



Environment



Restrictive Practice

# What We Heard: Voices that shaped the new Children & Young People Intensive Mental Health Services (CYPIMHS)

Engagement with almost 1,000 people through site visits, interviews, workshops and feedback from YP, families, staff and commissioners

Young people: Don't take me far from home; listen, support and include me; relationships are important

Parents and carers: Include us in the care of our child / YP; the care needs to be around our child not the system

Staff: we need flexibility, time and training to develop relationships; there need to be alternatives to inpatient care

Commissioners: The system is fragmented; We need consistent, community-based options.

# Key Aims of the Developmental Specification

High-quality, safe, timely and efficient care

Care closer to home with fewer and shorter admissions

Equitable care regardless of diagnosis, disability, or background

Integrated community and specialist services

Reduced use of restrictive practices and segregation

# Core Functions in the New Model



Consultation and Specialist Advice



Intensive Support Service (ISS) – outreach model



Day Service – non-residential support including education



Local Mental Health Centre – inpatient care



High Intensity Environment – enhanced security when needed

Expert support to other professionals to support multi-agency care planning

Outreach at home or in the community to support YP

Structured support during the day to prevent admission or support transition from inpatient care

Local inpatient care offering crisis and planned care enabling YP to access support near to home

Short-term, high support inpatient care with a strong focus on relational security

# Fundamental Shifts from Previous Specifications

From inpatient-focused to integrated care across settings

From siloed service types to unified service model

From risk containment to prevention and recovery

From fragmented care to a continuation of care and a flexible workforce approach

From regional to local provision

# Inpatient Care – What’s Changing?

GAU, PICU, ED & LSU functions integrated into a Local Mental Health Centre model

High Intensity Environments used only when clinically required

All inpatient care delivered locally where possible

28-day and 3-month review requirements for all admissions

No more default use of seclusion or segregation

# Specialist Community Offer

01

INTENSIVE SUPPORT SERVICE PROVIDES FLEXIBLE, INTENSIVE SUPPORT IN CYP'S IN THEIR LOCAL COMMUNITY

02

SHARED ASSESSMENTS AND JOINT PLANNING ACROSS PATHWAYS

03

DAY SERVICES USED TO PREVENT ADMISSION OR REDUCE LOS

04

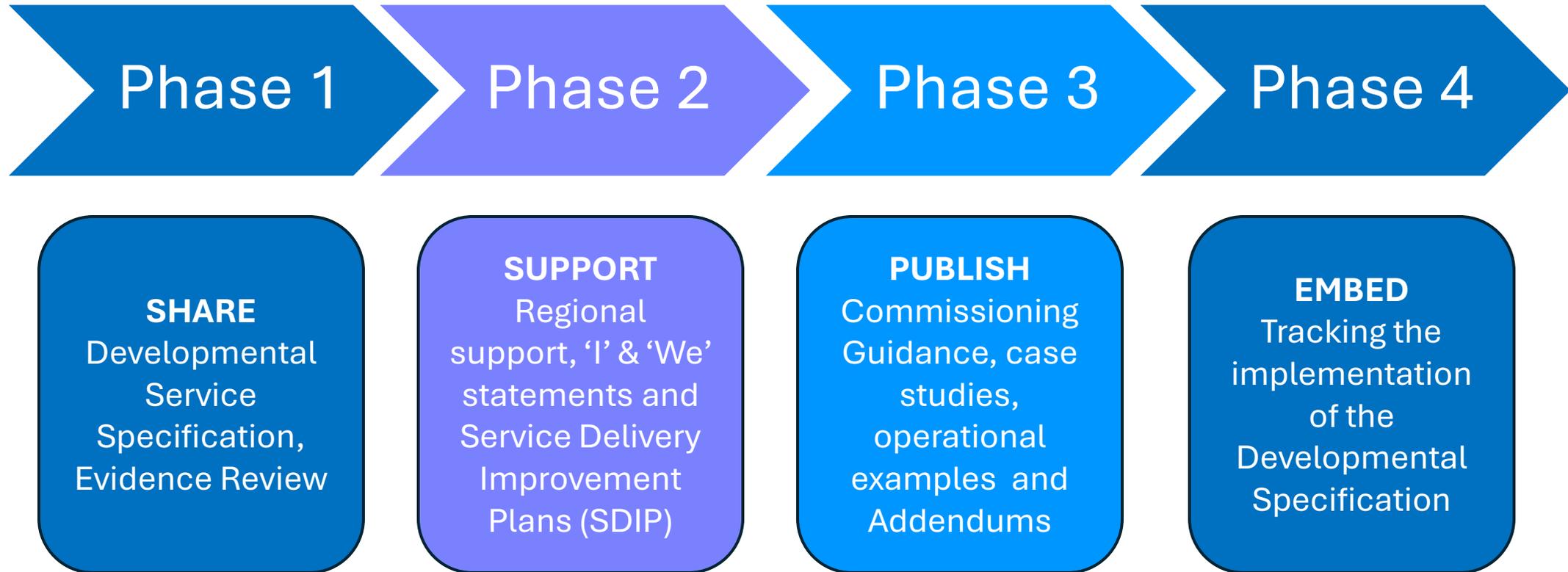
FLEXIBLE WORKFORCE TO ENABLE THE CONTINUATION OF PATHWAY FROM INPATIENT TO COMMUNITY SERVICES

05

INTERFACE WITH CRISIS HOME TREATMENT TEAMS AND EATING DISORDER OFFER

# Delivery and Implementation – 4 Phase Plan

The reimagined model of care for Children and Young People’s inpatient services focuses on localising care, moving from hospital to community and embedding the principle of ‘all means all’.



# Supporting Products to Enable Delivery

All products have been co-produced with CYP, families and professionals to support local implementation and national consistency

## CORE DOCUMENTS:

- Developmental Service Specification
- Commissioning Guidance
- Evidence Review

## IMPLEMENTATION TOOLS:

- SDIPS and oversight templates
  - Case Studies
- Operational Examples
- Addendum Guides
- KLOE Framework

## Summary of What's New



Unified function-based model replaces GAU, PICU, LSU, ED



Inpatient care localised and only used when needed



Community-based intensive support embedded



A flexible workforce to enable integration across settings and the continuation of care



Co-production, trauma-informed care and equity central

# THANK YOU

We would like to extend our sincere thanks to everyone who contributed to the development of this model, your expertise, challenge and insight have shaped what we shared today:

Young People, Families and staff who shared their lived experience



CYP Steering Group  
Clinical Reference Group  
Expert Reference Group

