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## Welcome

Welcome to the CAMHS Quality Networks' winter newsletter. In this issue we will be giving a brief overview of the past several months of work within the Quality Network for Inpatient CAMHS (QNIC), the Quality Network for Community CAMHS (QNCC) and the Quality Network for Community Eating Disorder services for children and young people (QNCC-ED), along with independent contributions from select network members.

QNIC is in the middle of its 16<sup>th</sup> cycle with a total of 126 units participating in the process, both internationally and here in the UK. Nearly a third of our member units have been involved in the accreditation process, showing a clear commitment to quality improvement across the network.

QNCC, now in the middle of its 12<sup>th</sup> Cycle, has also been continually developing. Membership numbers continue to increase and units continue to show im-

pressive levels of engagement across the board. QNCC-ED was launched in March 2016 and now has 18 member units and a discussion group including more than 180 professionals. The QNCC-ED standards will be revised in the summer of 2017 where members will be given the opportunity to feedback on how they have found the 1st edition. If you would like to find out more about becoming a member of QNCC-ED, please get in touch with a member of the project team at [qncc-ed@rcpsych.ac.uk](mailto:qncc-ed@rcpsych.ac.uk).

We would like to thank all those who offered contributions to the newsletter this year. It was great to see the variety of innovative ways that professionals are working to improve the quality of CAMHS care for their units. We look forward to hearing from many more over the next cycle.



## How Staff Helped Me Find My Way

After losing my mum to cancer at the age of 14, I was placed into foster care. At the time of her death, I was recovering from anorexia, something that I had become ill with eight months earlier. Two years after her death, the trauma of losing my mother, failed foster placements, my negative relationship with my father and other difficulties that I had experienced took their toll. I became extremely depressed and anxious, and relapsed back into an eating disorder. In June 2012, at the age of 16, I was hospitalised as I needed inpatient care. A few weeks afterwards, my foster placement broke down and my attempt at rebuilding a relationship with my father after four years of no contact failed. With no adults to look after me, the staff at the hospital essentially became my only caregivers until I met my foster mum six weeks later.

During those six weeks, I felt destroyed, beaten and had completely lost all of my trust in adults. My mother who had loved me unconditionally and who had given me a great sense of self-worth wasn't here to love me and I was infuriated that I didn't have a parent to be there for me. I recall how I watched the other girls and boys being visited by their families who would sit with them during meal times and take them home for home-leave, whilst feeling extremely lonely and utterly lost.

However, I do feel very lucky to have been looked after by amazing members of staff who I knew genuinely cared about me. They would take time out of their day to sit me with me and have a chat and when they would do this, I felt that they would put all of their other responsibilities aside and give me their full attention. Despite the fact that I felt that things would never improve, they would sensitively remind me that I couldn't be sure about this and that things do eventually get better. The staff found a way to let me know they understood how depressed I was feeling, whilst also helping me to start to believe that this dark phase in my life would pass.

After 6 months of being treated at the Royal Free, I was moved to Ellern Mede Ridgeway after being sectioned. A few months into my stay, one of the

nurses came in on her day off to take me to the inset day of the college that I was going to be attending at the start of the next academic year. I was still on five minute observations so she needed to stand outside the door of every classroom that I was in and follow me as I walked around between lessons. I really respect how sensitively she managed the situation and the way in which she managed to blend in with all of the other students without attracting any attention to herself or to me.

I feel very lucky to be able to say that I no longer suffer with depression or an eating disorder and I that I am able to use experiences to inspire my work as a mental health campaigner. I am the service user consultant for CAMHeleon, a website aimed at inspiring inpatient CAMHS staff to further enhance the care that they provide to young people. I also organise conferences aimed at raising awareness of mental health disorders and am a mental health ambassador for the charity MQ. In addition, I am a member of the MQ young person's advisory group and give talks to students and mental health professionals.

I know that working with vulnerable people who are unwell can be really upsetting and emotionally demanding. I have so much respect for all of the members of staff who work tirelessly to bring hope to those who have lost theirs. I want to let them know that they are valued and appreciated and that their acts of kindness will be remembered by the young people with whom they work with. Thank you for all that you do.

*Nina Martynchyk*

**Would you like to share your work, research or examples of best practice with the rest of the CAMHS network?**

**Submit an article for one of our newsletters!**

**Published twice a year, our newsletter reaches thousands of CAMHS clinicians and young people in CAMH services. Articles are generally between 500—1000 words.**

**If you would like to submit an article, please send a short paragraph describing your topic to: [anna.moore@rcpsych.ac.uk](mailto:anna.moore@rcpsych.ac.uk)**

## LEEDS CAMHS—Young People’s Interview Panels

We have been involving young people in recruitment interview panels for a number of years and more recently involved parents as well. Involving young people in our recruitment events and other projects are paramount in ensuring that young people are empowered to be involved in improving services.

The young people involved told us they found this interesting and useful. They also told us it is vital that their views are heard when recruiting staff.

“Young people ask more varied questions that are about getting to know you as a person. It was really good to have a young person’s panel as these are the people we will be working with in the appointed role.” *Interview candidate*

“There are benefits not only for the organisation, but for the people involved. It’s a great way for building confidence, self-esteem and making young people feel valued.” *Chris Lake, CAMHS participation worker*

“I felt it was important to be involved in the interviews as I want to make a difference towards the care that people like me receive and I thought if I could have some say in who is employed, even in a small way I could be helping. I also think it gave me confidence and made me better at decision making as I felt that I had an important responsibility that I had to take seriously.” *Young person*

*Chris Lake*



Artwork from  
Riverdale Grange

### Meet The Team

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# CAMHS Artwork Competition

We are looking for some new artwork to brighten up our reports and publications. We include a picture on the front of every single report we produce and we are in need of some new material!

The winning piece will take pride of place on the front cover of the QNIC Annual Report this year.

If you would like to enter the competition, please send a piece of artwork (no bigger than A4) to us along with the following details:

First name

Age

Unit/service you visit

Email: [anna.moore@rcpsych.ac.uk](mailto:anna.moore@rcpsych.ac.uk)

Post: Anna Moore, Second Floor, Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB

There will be prizes for our favourite pieces of art, and all of the entries will be added to our database for use in future publications.

First prize —£20 Book Voucher

Two runner-up prizes

## Deadline for submissions 25th April 2017

Disclaimer: The winner and runners up will have their artwork printed in QNIC and QNCC reports along with their first name and age ONLY. The name of their unit/service will NOT be printed but we ask for this information so we know where to send the prize. The winner's unit/service will be notified by email, and staff will be expected to forward on their prize. We reserve the right to amend the price or close the competition at any time.

## Piloting Workshops For Families on CAMHS' Waiting Lists

In a national context of demand for NHS services outstripping capacity, CAMHS services across the country are reporting considerable difficulties meeting the need. The Children's Commissioner (Lightning Review of Access to CAMHS, May 2016) highlighted long waiting times for services. Shorter waiting times were at the top of the list of 'policy asks' that young people provided to the Children's Commissioner in the preparation of her report. NHS England's Improved Access to Psychological Therapies initiative for children and young people (CYP IAPT) aims to increase the provision of evidence-based treatments for mental health conditions. CYP IAPT also aims to ensure that providers of services involve young people and their families in shaping their services, for example by collecting and addressing items of feedback around waiting times and the support which is on offer while waiting.

At West Sussex CAMHS, we are proud to have been a part of CYP IAPT since Wave 1. We are committed to involving young people in shaping their service and of course we would prefer that nobody who is in need of our help should have to wait before getting the service they need. However, when demand exceeds capacity, waiting lists unfortunately become inevitable. Waiting lists are undesirable in terms of patient care, and are a considerable source of anxiety and stress for CAMHS clinicians. We therefore asked ourselves what we could be doing to better support young people and their carers while they wait. We also wondered what our clients might find helpful in terms of knowledge/resources for the interim period between initial assessment and service.

A pilot was put together at Horsham and Crawley CAMHS in the autumn term of 2016. Those awaiting therapy and/or assessment for ASC were invited to a workshop. Two workshops were offered – one in half term and the other late afternoon in term time, and invitations were sent by post for families to sign up for one or the other. Families were also contacted individually by telephone to follow up on the invitations and gather feedback. Some families declined, either because they could not make the

dates or because they did not feel comfortable with a group format. Those who could not attend were offered an information pack by post. A few let us know that they no longer needed the service and we were able to remove those names from our list. In some cases, a parent or carer came without their young person, and in others both came together. To maximise attendance and to explore what people wanted, we left this up to the invitees.

Our workshops were held in a young person-friendly environment at the local FindItOut centre, and we were delighted that a colleague working in local council-run youth emotional support services was able to co-run the pilot workshops alongside CAMHS clinicians and managers. Invitees received a pack on arrival with a list of useful services, charities and reading and the list was customised a little to their individual situation. During the workshop, the material covered included local services, books and apps that other young people have found helpful, as well as self-help strategies and techniques such as good routines and relaxation. Research suggests that facilitated self-help and non-facilitated self-help such as bibliotherapy can be helpful for mild to moderate anxiety, depression and OCD (Westbrook 1995; Bower et al. 2000; Gallantly et al. 2007; Lewis et al. 2012). Discussion ensued to explore what the group found most useful, and experiences were shared about how it felt to wait, and what techniques or strategies they were already using to help them through each day. Families told us that they found the presentations helpful and gave us good feedback in terms of which things were most useful, to ensure that future sessions did not result in 'information overload'. For example, we heard from families that the self-help techniques and the practical guide to being more mindful were helpful, but more breaks in the session between sections would allow more reflection and time to think what questions they would like to ask. We also learnt that we could do more to provide families with extra information to take away with them after their initial assessment appointment regarding local services and support.

Perhaps most valued of all, though, from the perspective of our invitees, was the opportunity to meet the CAMHS team, and to discuss experiences and what had helped among a group of people in similar situations. One respondent to our post-workshop questionnaire told us that being invited to

our workshop helped her to know that they had not been forgotten about by CAMHS, and this in itself was the thing she most valued about the session.

Running the workshops helped us to engage with those who were waiting in multiple valuable ways. Through the invitation process we were able to get updates from families on how their young people were doing and whether a service was still needed. Through the workshop itself, invitees felt reached out to and we learned how we could better support those who have to wait, both at initial assessment appointments and at future workshops we could hold. The group experience is not for everybody. However, some who admitted to feeling shy and anxious about it but came nevertheless found it beneficial to hear others' experiences and engage in some group reflection. Some of those who did not want to come because of the group dynamic nevertheless expressed appreciation that something was being offered and that they had been personally contacted with the invitation. Overall, the pilot went well and we feel we know more about how to support those who have to wait. Future workshops might be tweaked based on feedback received and it would be worth considering the possibility of a parent/carers-only or young people-only format.

*Liz Beckingham*

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## A QNCC-ED Experience

I was diagnosed with Anorexia Nervosa in October 2014. My first worker was a psychologist, he tried his best to help me at home. However, by this point, in my mind there was no way I was going to get better at home.

In December 2014, I was admitted to an adolescent unit. I don't remember very much about my first weeks, but most staff made me feel very welcome. I struggled immensely for a while, as I missed home so much, thoughts in my mind around food and generally being alive were overwhelming, and I wasn't coping at all.

I began to feel slightly better when my psychologist started to talk about my feelings and why I felt this way. He helped me to understand why my journey with Anorexia may have begun, and his work with me calmed me down and made me determined.

I vaguely remember one of my weekly reviews. A nurse sat with me and my parents for about 2 hours. She talked to me, but I turned away, I wasn't even crying I was just taking in every word she was saying, I knew this was it, I had to start my real recovery. This was when I realised I had to do it, not because I wanted to (I didn't want to at this point), I just knew they weren't going to let me die, so I might as well go along with it. But I did, after a while, realise it was the right thing to do, and it became for the right reasons.

I'd like to thank a few people from the unit. One nurse would tell you how it was (in a nice way) and support you whenever you needed it. He also brought fun and a laugh to our boring days in the unit. Another nurse would take us out to a coffee shop and clothes store, and made us forget about our troubles for a few hours. Another nurse would support me through mealtimes. She talked to me about how I was feeling and helped me reflect, it was good to talk to her because although she was kind and nice, she did push me to do my best to recover and I'm very thankful for this. Not forgetting the amazing patients I met in there! I made some brilliant friends who I will never forget and who I am still in touch with now. I wish them all the luck in the world, they deserve it! Another shout out to a teacher from the education base who helped me to reintegrate into school. She was so supportive, she rationalised my fears around school and we had a great sing along in the car on the way there. Finally, the advocate who was always on hand to help me write my CPA script and

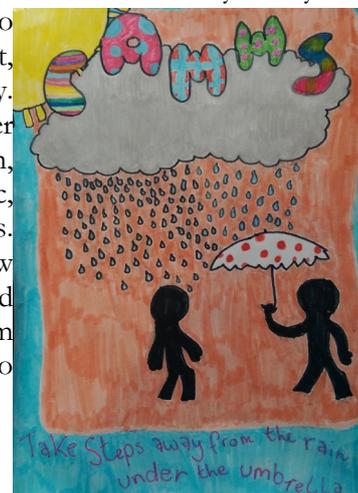
helped me say what I needed to say. She always knew what to say and even how I was feeling, she is the only person who I can say has ever understood how I felt.

I thought I was ready to be discharged, but looking back now, I definitely was not ready at all. The next few months after my discharge were tough, I was slipping back into old eating disorder habits and wasn't gaining the weight I needed. My psychologist was still helping me - my grandma had recently become ill, so I was struggling with that too and he helped me with my thoughts. I found out that he was leaving, I was really upset because I really trusted him a lot. A nurse became my new worker. I wasn't his biggest fan at the start, nothing personal at all, I just didn't like what he was telling me to do. He persevered with me, even though I was grumpy, displeased, and to be honest, rude. I don't know what, but something changed in my head that made me want to recover and escape the constant misery that my life was. It was so hard, finally facing my fears and forcing myself to do something my head didn't want me to. But I kept pushing. I had to. Then after time passed I wanted to. I could see how close recovery was, I wanted it so bad, it was still hard but everyday got a little bit easier, every meal felt less scary.

My nurse's support was driving me to do my best. The psychiatrist was also very motivational - thanks for being compassionate, and giving me some self-belief and motivation.

I think going on holiday was a great thing for me to do as I hadn't been away for 2 years because of my illness. I went for 2 weeks and didn't struggle with the food aspect at all! I felt free, I had the best time and it was so nice to see my parents relaxed and happy. That's when I realised I would never go back to the way I was. I did not and do not want that horror and misery in my life ever again. I never want to put my parents through it, or my friends and family. I'm not saying I'll never have a bad day again, because that's unrealistic, and everyone has bad days. It's just that I know how to deal with those bad days. I can cope with them and I know I don't need to do it on my own.

*Anonymous*



## New Eating Disorder Clinic

A paediatric clinic for children and young people (up to 18) with eating disorders with chronic complications is open and able to receive referrals from GPs, paediatricians and psychiatrists (including CAMHS and Eating Disorder teams) at Great Ormond Street Hospital, London. The clinic is run by Dr Lee Hudson, consultant paediatrician with interest in feeding and eating disorders. The clinic has been running for several years now and has proven to be a useful support for clinicians and families, in providing a holistic paediatric opinion alongside treating teams.

Typical referrals include assessment around bone health, especially providing more paediatric/adolescent bone density measurement (BMAD), pubertal and growth delay, and consideration of hormonal interventions such as oestrogen patches. The clinic can also support mental health teams who are wanting additional specific eating disorder paediatric support for with children and young people with other medical conditions such as diabetes and cystic fibrosis.

The format of the clinic is a paediatric assessment clinic, with necessary investigations organised and reported, and interpreted. The emphasis is on working alongside referring teams, including close liaison to provide shared decision making and joined up care. This can be a once off assessment, or follow-up may be necessary. This is a stand-alone clinic which can take separate referrals to the other mental health departments in the trust.

Dr Hudson works alongside the feeding and eating disorder team at GOSH, but also alongside a number of paediatric and mental health teams nationally to the medical aspects of children and young people with eating disorders. Dr Hudson is supporting a number of paediatricians who have been recruited to provide support to eating disorders, and whilst advice can also be provided for acute issues, the emphasis in this clinic is the more sub-acute/chronic issues of growth, development and bone density. The hope is also to develop research collaborations between organisations through the clinic, and is a useful teaching forum for paediatric and psychiatry trainees.

To refer, please send a referral to Dr Lee Hudson, Dept. General Paediatrics at Great Ormond Street, or alternatively e-mail [lee.hudson@gosh.nhs.uk](mailto:lee.hudson@gosh.nhs.uk) for more information – he welcomes informal enquires about possible referrals through this route also.

### Upcoming Dates For Your Diary

#### Parent/Carers Special Interest Day

Monday 13th March — Royal College of Psychiatrists, London

#### QNIC Annual Forum

Thursday 15th June — Royal College of Psychiatrists

#### Participation Special Interest Day

Tuesday 18th July — Royal College of Psychiatrists

#### Accreditation Training

Wednesday 19th July — Royal College of Psychiatrists

#### Social Media Special Interest Day

Monday 25th September — Royal College of Psychiatrists

#### Occupational Therapists Special Interest Day

Thursday 14th December — Royal College of Psychiatrists

*If you would like any more information about any of these events, or would like to book a place, please contact the CAMHS team on 0203 701 2663 or email [barriet.clarke@rcpsych.ac.uk](mailto:barriet.clarke@rcpsych.ac.uk)*

## Parent/Carer Representatives

I became a parent/carer rep with QNIC last summer and I think I am one of the guinea pigs for this role! The application process was quite straightforward and as I live in the north-west I did a telephone interview with Hannah instead of travelling down to London. I was so pleased when I was accepted – it's very important to me personally to do something concrete to try and improve mental health provision for young people, and equally for their parents, carers and families.

My daughter is in her teens and over the last couple of years she's been in and out of hospital in a variety of settings. Her first admission was as a voluntary patient, but the time after that was under a section and to a different hospital, and I experienced some problems when dealing with the hospital that made the situation all the more difficult for all of us. It was particularly hard to stay in regular contact with my daughter, to get updates from the healthcare professionals about her progress, and to be involved in decisions made about her care. As a parent, with my daughter being in hospital for long periods of time, I was desperate to keep us involved in each other's lives and feeling like a close and loving family, but this wasn't easy and it felt that, often, people's needs were made to fit in with policies, rather than the other way round. I know that other parents with children on the unit had similar experiences, but despite complaining to the hospital it was very difficult to get anyone to listen or to improve things for my daughter or future patients. Getting involved with QNIC gave me the chance to do something meaningful to help parents like me have their voices heard and to get their particular issues and concerns resolved, and I hope that as a result their experiences may have been made a bit better, even if it's just in small ways.

I think the set-up of the QNIC reviews to include the young person and parent/carer reps is really beneficial. I've only been on one visit so far, and I was struck by two things – first of all, by how welcoming and helpful the other (more experienced) team members were, and secondly, by the multi-disciplinary nature of the team and of the day as a whole. It was very enlightening to hear the various perspectives and experiences of different professionals, and even more importantly to see the importance placed on hearing from the young people who had volunteered to spend time with us and to show us around the unit. I spent a good part of the day talking to parents over the phone about their experiences with that particular unit, and I was very pleased to be able to feed some of the common problems back to the group and get

solutions included in the package of recommendations.

I would really encourage people to get involved as a parent/carer rep – it is such a worthwhile thing to do, and even though it may seem a bit daunting at first, the people I've met have been so helpful and friendly, and I came out of my first visit feeling very keen to get on and do the next one!

*Helen*

**While we are not currently advertising for the role, we may be looking to take on more parent/carer representatives in the future - keep an eye out for news from QNIC and QNCC if you are interested in taking part!**

## International Membership

QNIC and QNCC continue to enjoy an international presence during this cycle:

### QNIC

Ireland:

- Eist Linn
- Linn Dara
- St Josephs Adolescent Unit
- Willow Grove
- Galway

Norway:

- Oslo General Adolescent Unit

Turkey:

- Dokuz Eylul University CAMHS Inpatient Unit

Estonia:

- Tallinn Inpatient Unit for Children
- Tallinn Inpatient Unit for Adolescents

Australia:

- Top End Mental Health CAMHS (our first ever skype peer review was a great success!)

### QNCC

Estonia:

- Outpatient service in the Parnu Region

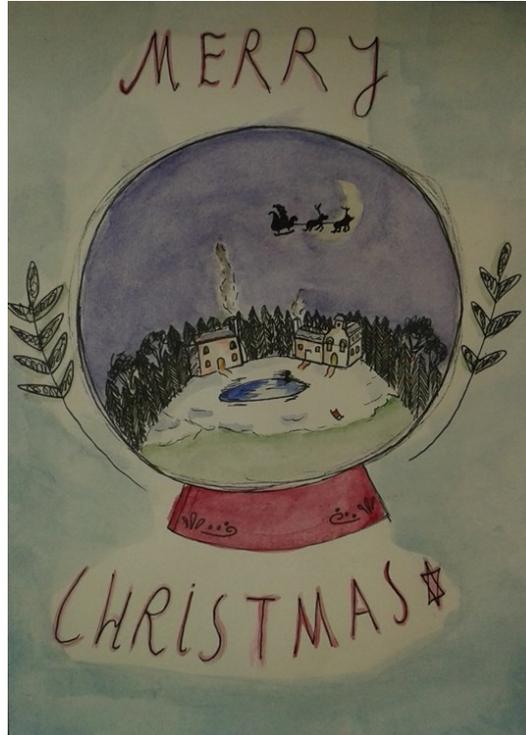
Dubai:

- Camali Clinic, Dubai Healthcare City

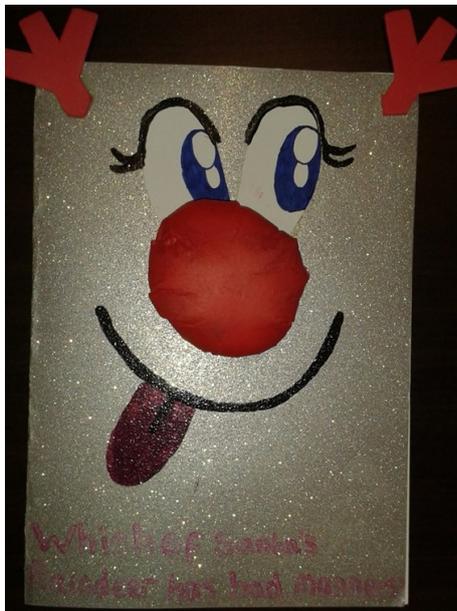
Iceland:

- National University Hospital of Iceland

**Congratulations to the winners of our  
Christmas card competition:**



**First Place**  
Christy, 15



**Second Place**  
Charlotte, 15



**Third Place**  
Alana, 15

A big thank you to all of those who entered — we received over 80 fantastic cards!

