

The logo consists of a magenta shape on the left that tapers to a point on the right. A yellow line follows the bottom curve of the magenta shape, and a light blue shape follows the bottom curve of the yellow line.

**CAMHS REVIEW**

**Improving the mental health and  
psychological well-being of children  
and young people**

**National CAMHS Review  
Interim Report**

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# **1. Why have a National CAMHS Review?**

- 1.1. The National CAMHS Review was announced in December 2007 in the National Children's Plan. It is an independent review, sponsored by the Department for Children, Schools and Families and the Department of Health.
- 1.2. The Review is considering progress to date since the publication of the National Service Framework for Children, Young People and Maternity Services, particularly Standard Nine, and Every Child Matters. It is also considering how services can be improved further to meet the educational, health and social care needs of all children and young people at risk of, or experiencing, mental health problems.
- 1.3. There is evidence that the range of developments since 1995 in all services has achieved some notable improvements in all education, social care and health services, particularly the requirement on Local Authorities and Primary Care Trusts to produce a co-ordinated Child and Adolescent Mental Health Strategy. That said, comprehensive improvement in access to services for all children and consistency of provision across the full range of services has not yet been achieved. This is the case from health promotion and prevention work in early years settings, schools and the Child Health Promotion Programme delivered by health visitors services, through to early intervention and specialist services for children with established and severe problems.
- 1.4. Furthermore it has not been possible to monitor improvements in outcomes for children and young people - ultimately what matters most - as reliable routine outcome measurement and data collection is a complex task that is only just beginning to be undertaken by many services.

## 2. The context of the report

- 2.1 This interim report is being published so that:
- emerging thinking can be tested out before final recommendations are made.
  - other important strategies can be influenced before they are published – e.g. the Child Health Strategy and the delivery strategy for comprehensive CAMHS (PSA12).
- 2.2 The process of the Review is attached at Annex 1. At the time of writing this report, the evidence is still being collated. However, the provisional recommendations are based on the consistent evidence and advice the Review has received to date.
- 2.3 The Review is focussed on the full spectrum of mental health and psychological well-being for 0-19 year olds and their families. This ranges from the protective factors and activities which help all children and young people to develop resilience and strong psychological well-being, (e.g. health promotion), to intensive specialised therapeutic interventions for those who are experiencing severe mental illness.
- 2.4 There are other terms in current usage, in addition to ‘mental health and psychological well-being’, that, broadly speaking, cover the same areas of interest (e.g. emotional health, emotional and social well-being, behavioural, emotional and social difficulties from the special educational needs perspective and the terminology used in social care). In this review the terminology used is consistent with that in Standard Nine of the Children’s National Service Framework (NSF) and ‘psychological well-being’ includes emotional, behavioural, social and cognitive attributes of well-being. The term ‘mental health’ is in widespread use and is used as a positive concept in line with current understanding, both nationally and internationally, and is not implied to simply mean the absence of mental illness. As indicated later in this report it is recognised that people’s understanding of, and views about, the use of these terms does vary considerably not least because of the substantial body of theory, legislation and service provision linked to it. An integrated approach needs to have respect for these differences, but also encourage better understanding and the use of the most effective approaches in a coordinated manner.
- 2.5 The age range of 0-19 has been taken due to the responsibilities of Children’s Trusts, the role of Children’s Centres, early years settings, schools and colleges and the importance of transition issues between young people’s services and

those for adults. Specialist PCT/Health provider child and adolescent mental health services (CAMHS) are expected to be responsible for the provision of care for young people up until their 18<sup>th</sup> birthday but, as set out in the NSF, some flexibility is required. This is to ensure that the services young people receive are appropriate both for their age and maturity and that they receive treatment in an environment that promotes their engagement and responds to their developmental needs. Transitions issues will be an area of comment for the Review because of ongoing challenges faced by young adults in accessing services and experiencing poor transitions to adult services.

- 2.6 The Review has sought deliberately to build on existing evidence, frameworks and policy initiatives from a range of theoretical and service perspectives on the basis that the extensive amount of existing material has much to commend it. This has enabled the Review to look more closely at the specific barriers to comprehensive service improvement, to learn from what works, and to make recommendations to improve the experience and outcomes for children, young people and their families.
- 2.7 The Review has sought to have both a child and family-centred outcomes focus, and to give attention to the needs of staff in all professions. This approach will lead to a number of overarching systemic recommendations. Much of the detail is already contained in Every Child Matters and throughout the National Service Framework, particularly in Standard 9 where there are a number of markers of good practice. The aim is that, taken together, the recommendations will enable national, regional and local partners to consolidate current progress and make a positive difference to improving the mental health and psychological well-being of children, young people, and their families. The recommendations should also enable innovation, responsiveness and a focus on individual need, at local level

### **3. What is the prevalence of psychological problems?**

- 3.1 The 2004 survey of the mental health of children and young people in Great Britain undertaken by the Office for National Statistics provided a solid body of evidence to demonstrate that 10% of children and young people aged 5-16 have a mental disorder that is associated with 'considerable distress and substantial interference with personal functions', such as family and social relationships, their capacity to cope with day to day stresses and life challenges and their learning. This survey broadly confirms the findings from the first survey conducted in 1999. The term 'disorder' is used to indicate that these children and young people had a clinically recognised set of symptoms or behaviours that fulfilled the strict criteria required by the survey. The majority of these fell into the categories of emotional, conduct or hyperkinetic disorder. 1% have a variety of less common disorders such as autistic spectrum disorder or an eating disorder. Many of the children and young people with an established disorder - and some 2% have more than one - will continue to have difficulties well into adult life. A greater number will have mental health problems that are less severe, and which are more likely to be short-lived, but which may nonetheless affect their psychological well-being and be of concern both to themselves, their families and their friends.
- 3.2 Mental disorders are more common in older than younger children and in boys than girls. In 2004, 10% of boys and 5% of girls aged 5-10 were found to have a disorder compared with 13% and 10% of those aged 11-16. Children and young people who live in families with a low household income or with no parent working or in families with a lone parent are also more prone to have a diagnosable mental disorder. It is important to emphasise that these are associations and not necessarily direct causes as the majority of children and young people in these circumstances grow and develop without difficulties. Just as there are associations with family circumstances there are similar associations with educational attainment, absences from school, school exclusions, strength of friendship networks, physical health and offending behaviour. Some children and young people who are vulnerable for other reasons, such as those in care, those who have a learning disability and those with chronic or persistent physical ill-health are also found to have a higher prevalence of mental health problems.
- 3.3 Much more is now known about these factors which impact positively and negatively on psychological health and what can now be done to help. This emphasises the importance of using the considerable body of knowledge to reduce the likelihood of problems arising and to both recognise and accurately identify difficulties when they do occur. Children and young people who are

helped to overcome their difficulties have a better quality of life, can build on their strengths and reduce the chances of other problems developing or persisting into adult life. The promotion of psychological well-being and mental health is also important for children and young people who have severe difficulties, including the less common disorders such as schizophrenia, major depression or anorexia nervosa. An emphasis on prevention should aim to reduce the associated harmful impact of more severe problems on the life chances of children and young people with severe difficulties as well as to reduce the likelihood of difficulties arising in the first place.

## **4. What is the vision for addressing mental health and psychological well-being?**

4.1 The national vision for mental health and psychological well-being in England is set out in the Children's National Service Framework, Standard 9:

- an improvement in the mental health of all children and young people.
- multi-agency services, working in partnership, to promote the mental health of all children and young people, and provide early intervention, and also meet the needs of children and young people with established or complex problems.
- ensuring that all children, young people and their families have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

This is reflected in the strategic intent of Every Child Matters, (DfES 2004) and subsequent legislative programmes and guidance. The underpinning principles of prevention and early intervention through integrated services support this further.

4.2 Growing up can be a happy, joyful and exciting experience. It can also be hard and, at times, confusing and upsetting. The ways in which the opportunities and challenges are faced and resolved depends upon the balance between resilience and vulnerability factors within children themselves, their parents and carers, families and wider communities. In the course of their development, difficulties may arise across a number of areas of children and young people's well-being and mental health. Recent studies have suggested that children in England are not developing as well emotionally compared to many other nations. Whilst services to address psychological well-being and mental health have a role to play, there are likely to be other factors beyond the scope of this review which may need consideration at a national level. For example children have expressed concerns at the negative stereotypes of young people portrayed in the media.

4.3 Families, communities, services and practitioners across agencies and settings can all play their part by taking responsibility to promote and build resilience, so as to optimise children and young people's mental health and psychological well being, as well as by accurately recognising factors that increase children and young people's susceptibility to psychological difficulties and mental ill health. Accurate early recognition and intervention, when the problems are more amenable to change and improvement, increase the opportunities to prevent the development of severe difficulties later.



- 4.4 The Review has identified that the ambition to improve the mental health and psychological well-being of all children and young people, does not yet have a sustained and consistent priority, focus and understanding throughout all services for children and young people. This applies at national, regional and local levels
- 4.5 Everybody has a responsibility to make sure that children and young people have good mental health as they grow up. People need to ask themselves regularly ‘what can I do to improve the mental health and well-being of this child?’ Inevitably things go wrong. When they do, it is families, first and foremost, who need advice, help and support quickly. They need this from people who know what works or what can help, and who work as part of a united local effort to address problems early on. Over time, this will also improve the mental health and psychological well-being of all the children and young people in their area. As part of this approach there is a need in local areas for all professionals to respect each others role and responsibilities. It is also important that as part of this we make every effort to remove the stigma around mental ill health.
- 4.6 It is recommended that as a precursor to all other actions, the Government makes a renewed and united pledge across all relevant Government Departments, of the national ambition to improve the mental health and psychological well-being of all children and young people. This will underpin the national priority that good mental health of children and young people is as important as good physical health and is of benefit not only to children and young people but also to their families and the community as a whole. As often stated within programmes in other countries ‘there is no health without mental health’.
- 4.7 The promotion of the mental health of children and young people and the services required to meet their needs still remain in the shadow of other priorities for children and adult health care. It is difficult to see that significant further progress can be made without a step change in the level of commitment and consistency at national, regional and local level to give greater and sustained priority to the full spectrum of mental health and psychological well-being needs of children and young people and their families. This includes the need to build up the understanding of the support which is necessary for commissioners, service providers, people working with children and families and families.

## 5. Progress since 2004.

- 5.1 There has been increased investment and steady improvements in services for children and young people with mental health problems for more than a decade. The Review has largely focused on the period since the publication of the Children's National Service Framework in 2004, a key component of the Change for Children programme as set out in Every Child Matters. Standard 9, 'The Mental Health and Psychological Well-being of Children and Young People' addresses the issues in some detail and sets out a number of 'markers of good practice' and other requirements for delivering the overall vision. However, it needs emphasising that all ten standards are relevant, and remain relevant to this Review, if the breadth of the vision is to be realised.

Standards 1- 5, the Core Standards, cover:

- promoting Health and Well-being, Identifying Needs and Intervening Early
- supporting Parenting
- child, Young person and Family-Centred Services
- growing Up into Adulthood
- safeguarding and Promoting the Welfare of Children and Young People

The remaining 4 Standards cover:

- children and Young people who are Ill
- children in Hospital
- disabled Children and Young People and those with Complex Health Needs
- medicines for Children

- 5.2 The intention of the 'Change for Children' programme, as set out in Every Child Matters and the National Service Framework for Children, was to achieve a broader ownership of all aspects of the lives of children and young people, including their social, educational and health needs, across all agencies. It is evident that a great deal has been achieved since 2004 but the Review is concerned that in some places Local Authorities appear to look only to the Every Child Matters policy documentation and the health services only to the National Service Framework. Further improvements in the commissioning and provision of services, particularly where services are integrated or collaboration is necessary, will require greater ownership of the whole agenda by all children's agencies to ensure improvements in all outcomes for children and young people.

- 5.3 A Report on the Implementation of Standard 9 of the National Service Framework was published in December 2006 and sets out the progress made up to that point, some of the remaining challenges and areas where further medium-term progress is required in order to deliver the ten-year programme. Much of the evidence for service improvements comes from the CAMHS mapping, first undertaken in 2002, and demonstrates a considerable increase in expenditure on CAMHS, increase in staffing, increase in the number of children, young people and their families seen by services and a welcome reduction in waiting times. Progress has also been made in the provision of 24 hour and emergency services, the provision of age-appropriate care for 16 and 17 year olds and services for children and young people with a learning disability and who also have mental health problems. In addition, further measures required to 'deliver good practice' are set out to guide both commissioners and providers in their efforts to improve services
- 5.4 Up until 2006 the CAMHS mapping was focused only on CAMHS tiers 2-3, hence it did not address the provision of mental health care within universal and non-specialist services. However, the service mapping undertaken in 2006/7, for the first time looked more broadly at child health provision and gives a more comprehensive picture, albeit largely from a health perspective. Mental health was identified as a focus of work by a broad range of universal and targeted services. However, the mapping of CAMHS tiers 2-3 suggests some slow down in service development, relative to previous years, and a mixed pattern of both improvements and slight reductions in some services across the country. The latter is of concern to the Review and emphasises the need now for further impetus to sustain the implementation programme for service development.
- 5.5 The CAMHS mapping has documented progress in a number of other ways also as demonstrated by the monitoring of dedicated services for looked after children, for example. In addition there are now more services providing alternatives to in-patient care on an intensive outreach basis and more units providing secure in-patient mental health care for young people who have committed serious offences and who have a severe mental disorder.
- 5.6 The number of services undertaking routine outcome measurement, supported by the work of the CAMHS Outcome Research Consortium (CORC), is now included in the mapping and it is expected that more and more services will undertake this across the range of provision. This is to be welcomed as it is evident that all the measurement of progress so far has focused on service inputs and processes, not on the outcomes for children, young people and their families.

To achieve the latter nationwide is a complex and challenging task but work is now underway to assess how best this can be undertaken and what developmental work will be required.

- 5.7 There has also been considerable progress in the development of other Children's Services. While not necessarily focusing on improvement in mental health as their primary function, nonetheless they contribute to the totality of children's services that can have a major impact on psychological well-being and mental health. There has been significant expansion of Sure Start, Children's Centres and universal entitlement to high quality early years provision. Extended Schools and programmes to improve behaviour and the social and emotional aspects of learning within schools (SEAL) and the Healthy Schools Programme are well underway although it is too early to see sustained impact. There has been a strong focus on helping parents develop their skills. Programmes designed to improve parenting are now a feature of many services within all children's agencies, including those within the third sector. The recently established National Academy of Parenting Practitioners will enhance the level of training available and support the wider introduction of well evidenced interventions.
- 5.8 Although there have been considerable service improvements and much progress in the collaboration between agencies across the country, unacceptable variations and gaps still need to be addressed. The documented differences between services at both a local and a regional level can not be explained on the basis of differences in need and the resulting inequities in provision must be tackled at all levels and across the full spectrum of comprehensive CAMHS.

## 6. Learning so far – literature review

- 6.1 The Review has undertaken a comprehensive literature review to analyse existing evidence of what works. The Review has sought to take a wide ranging account of literature from the health, social care and educational perspectives, working through the challenges such an approach brings.
- 6.2 The analysis has focussed on:
- whole system issues – including strategy, collaborative and integrated processes and frontline practice.
  - workforce – including education and training, evidence-based practice and monitoring and evaluation.
  - access and impact for children at risk of or experiencing mental health problems.
- 6.3 Through the literature review the Review has identified that there is evidence of improvements in:
- overall funding (although there are some emerging concerns in some areas about disinvestment in some areas and shifts in funding to meet national priorities, possibly away from prevention work and vice versa)
  - activity
  - reductions in waiting times to access specialist mental health services
  - improvements in the quality of personal, health and social education
  - improvements in behaviour in schools
- 6.4 There is also a good and rapidly improving evidence base for specific interventions which help the majority of families to build good attachment in infancy, improve parenting, for whole school interventions and for the treatment of specific disorders such as attention deficit hyperactivity disorder (ADHD), childhood depression and eating disorders as set out in the guidance and guidelines issued by the National Institute for Health and Clinical Excellence (NICE). A growing body of evidence also identifies what helps and what hinders effective interagency collaboration, cooperation and integration and what makes good commissioning. Much of the evidence focuses on features of successful services – flexibility of response, joint commissioning, strong leadership across agencies, engagement of young people and their families and holistic work with all those in contact with children and young people.
- 6.5 There is also a body of evidence however that identifies challenges still to be addressed:

- despite all the legislative and policy changes there remains a lack of clarity of accountability for addressing psychological and mental health needs. This is particularly relevant in relation to accountability for improvement in outcomes. It is concerning that gaps also remain in the accountability both for securing effective, evidence-based service provision for some children, particularly those with complex needs, and for ensuring that those children actually get the service they need, when they need it.
- smooth transitions to young adulthood are still not being achieved and there is considerable variation around the country. This includes transitions to a range of services, including adult mental health services, housing, support services in colleges and universities and adult social care.
- there is an unclear relationship between the various assessment systems that are enshrined in legislation and/or policy – e.g. the Common Assessment Framework, Special Educational Needs, Youth Justice, Children in Need and the Care Programme Approach. This leads to the impression that more effort is being expended on repeated assessment than working with the child, young person and their family to address needs.
- funding is still often provided or spent through separate budgets rather than aligned or pooled across the whole spectrum of need and provision. A better understanding is required of the real and perceived barriers that exist to establish pooled or aligned funding arrangements at local level and how these relate to the funding of services that are provided at sub-regional, regional and national level.
- access to services is variable across the country. There are still areas where for many children and families access to services is confusing and takes too long. There are areas where services are provided only in a crisis or where there is a lack of agreement about priorities for access to services.
- monitoring and evaluation is generally focussed on processes and structures, rather than effectiveness and outcomes. This limits the capacity of services and practitioners to identify their success and achievements as well as to drive up standards of effective, high quality care where necessary.
- all professionals, working with children and young people to improve their mental health and psychological well-being need to understand the range of perspectives through which this can be addressed and access information on effective interventions and approaches.
- there is an uneven approach to the dissemination and implementation of evidence based interventions across children's services which limits the availability and quality of effective child and family focussed care.

- 6.6 For children at risk of or experiencing mental health problems challenges continue and include:
- lack of knowledge of service availability amongst families and staff.
  - lack of commissioning knowledge of unmet need making it difficult to determine whether there is enough of the right provision. This is at least in part due to the fact that whilst there is good evidence of increased risk of problems for children in care, young offenders or children with disabilities, there does not appear to be the same level of hard evidence which can be used in needs assessments for some of the other vulnerable groups.
  - stigma, communication difficulties and cultural differences.
  - differences among professionals about whether specific services for particular groups are preferable rather than providing for them within generic services.
- 6.7 Helpfully, there is evidence also that there is growing recognition and acceptance that these issues need to be addressed, suggesting the time is right for change.

## **7. What children, young people and their parents and carers have told us.**

- 7.1 Information from parents, children and young people has been obtained through the call for evidence, the review of practice visits, the literature review, and through specific focus groups drawn together for the Review. This latter piece of information gathering was specifically to obtain questions from parents, carers, children and young people that they would wish to ask local services.
- 7.2 From the evidence so far, it is clear that children, young people and their families value an approach where they feel listened to and involved in the actions taken. Whilst this is unsurprising this is not always the case in the services which they receive. Particular emphasis is placed by families on the need for:
- continuity of staff and professionals. Families find it particularly difficult when they are passed between different services, or where staff change regularly. They particularly wish to be able to build trusting relationships with staff. This raises challenges for all local areas on the balance between continuity, career development and staff retention arrangements.
  - involvement in deciding on services and interventions and getting some choice in this.
  - easier access to information on what is available to help and what different services can offer. There is a particular need to understand referral procedures and contact arrangements for specialist services. Families responding to the review place a high significance on information which helps them better navigate the system. When they have this information they feel more in control and able to better access services and communicate with professionals about their needs and preferences.
  - earlier intervention to avoid crises and better aftercare support. There is concern that interventions can stop too abruptly, leading to further problems.
  - services provided in places which are convenient and at times which make sense for people. Co-location of services is seen as one way to reduce stigma though some children and young people prefer to be seen in settings away from their friends and peer group. Children and young people who themselves have caring responsibilities feel particularly strongly about the need for appropriate emergency services to be available at appropriate times.
  - young people in particular are very concerned that their need for confidentiality is respected. Information sharing protocols and practice need to reflect their views



- 7.3 It has been a marked feature of the responses to date that families highlight the important role which schools and colleges play in promoting mental health and psychological well-being amongst children and young people. Generally though they are surprised at the wide variation in approaches taken. Some schools and colleges provide a lot of information and support for parents, carers, children and young people. Others do very little. A question which has arisen is why there is not a more consistent standard between educational institutions given the importance of this work.
- 7.4 Given the importance of the role that parents and carers play in children's lives, support for parents particularly during the referral processes, which can be lengthy, is seen as particularly important.

## **8. The main challenges we see and emerging recommendations.**

The challenges fall into 6 areas:

- making the whole system work more effectively for all children and young people, families and staff
- making a difference – research, effective practice, monitoring and evaluation of the impact of interventions.
- making sure children at risk of or experiencing mental health problems and their families have swift and easy access to effective services.
- workforce development across sectors and across the levels of specialist and non-specialist staff.
- resource deployment.
- cultural change and implementation.

### **8.1 Making the whole system work more effectively for all children and young people, families and staff**

It is the view of the Review that, in the main, the national policy framework is already in place albeit that there may be some unhelpful barriers arising from differing or conflicting components within individual policies. The Review is considering the balance between the need for any stronger overarching policy statement and the focus on the commitment to implementation of existing policy and tackling some of the underlying barriers. The emerging recommendations for change relate to:-

#### **8.1.1 Leadership and accountability.**

Through national legislation the Government has made clear the accountability for the leadership of Children's Services generally, with the establishment of a Lead Member for Children's Services, and a Director of Children's Services in all Local Authorities. Responsibilities in relation to, for example, safeguarding, or for school improvement are clear, even where these are joint or delegated.

In sharp contrast, the review is identifying that the leadership and accountability for securing improved outcomes for the mental health and psychological well-being of children and young people is diffuse because it is currently less tangible, more complex to deliver, spans a wide range of need and types of service

delivery and is implicit rather than explicit. It is not clear, for example, who has the accountability for ensuring that every child has access to the right intervention at the right time to address psychological or mental health issues.

The Review is considering how best leadership and accountability should be clarified and articulated, so that parents, carers and young people and also the professionals delivering services are all clear who is responsible for what. The options under consideration include:

- at national level – the relationship between the DoH and the DCSF needs clarifying and their relative responsibilities for the various aspects of psychological well-being and mental health needs delineating, whether those responsibilities are joint or separate. It is particularly important that at national level the behaviours and relationships expected in national policies and guidance are modelled.
- at regional level – the roles and responsibilities of Strategic Health Authorities and Government Offices, and the way they work together, need clarifying so that there is a more integrated regional approach to common priorities and objectives. The current prioritisation of child and adolescent mental health services within the SHA visions vary significantly, with only some currently emphasising a multi-agency approach with prevention and early intervention at its heart and others paying little attention to the development of specialist care. Whilst this may be in line with local need, it could also indicate a lack of regional join up. The role of the many separate field-forces who contribute support and challenge across the spectrum of mental health and psychological well-being also needs further clarification, and possibly simplification, so that there is consistent advice and guidance.
- at a local strategic level – The recent announcements consulting on the strengthening of Children’s Trusts are welcome. Given the wide ranging nature of effective provision to improve mental health and psychological well-being, it is essential that Children’s Trusts are strong and have the right people engaged with strong accountability and governance arrangements to secure the necessary changes at local level within communities and across organisations. It is also essential that there is clarity about the differences between commissioning relationships and provider relationships within the Children’s Trusts
- the roles and accountabilities of the DCS, the Lead Member, the Chief Executive of the PCT and the PCT Children’s Lead need to be clear. The Review is considering how PCTs can assure themselves and their Children’s Trust partners that their Children’s Lead has the appropriate level of expertise, accountability and seniority to exercise the appropriate level of leadership. The accountability

framework for PCTs should also focus on this. The Government should consider bringing into better balance the differing levels and strength of policy guidance between the DoH and DCSF.

- at a local operational level – The coherent and effective functioning of the various multiagency services across universal, targeted and specialist providers needs to be improved and interagency governance systems, to monitor and support practitioners in providing effective, high quality mental health promotion, prevention, early and continuing intervention, need to be established. This will require a particular emphasis on the quality and capacity of operational managers. It is important for example that special schools, PRUs, children's homes and specialist foster care services, while not having the provision of mental health care as their primary function, are nonetheless seen as part of the specialist network of provision along with other social care services and specialist medical services such as paediatrics. The current consultation on schools' duty of well-being should assist in supporting schools, although the section on mental health is currently less well-developed than the section on physical health.

#### 8.1.2 Commissioning

Commissioning is an area which is undergoing significant development nationally and locally. There is some evidence of joint commissioning for different aspects of provision for mental health but as a whole this area of joint commissioning is still underdeveloped. There is some evidence that, commissioners from whichever organisation lack 'clout' or sufficient expertise and find it difficult to address the full spectrum of need. The breadth and complexity of this area tests commissioning skills and knowledge to the limit.

The current national developments to improve the quality, skills and expertise of commissioners provide an ideal opportunity to address this. It is imperative however that national developments are joint and focussed across children's services. Currently there is a perception that the DCSF and DoH approaches to the support and development of commissioning are insufficiently joined up.

At local level there appears to be insufficient involvement of clinicians, practitioners or families in developing commissioning plans. The Review is considering the evidence of how far areas are joint commissioning across education, health and social care and wishes to explore how further joint commissioning pilots could support better commissioning across the full spectrum of mental health and psychological well-being needs.

There is also a question whether commissioning contracts and funding frameworks such as funding schemes of delegation for schools and practice-based commissioning aid coherent planning at local level and sufficiently clarify accountability for the quality and impact of services.

The Review is also concerned at the potential for effective joint commissioning to be undermined by a lack of consistent guidance. Commissioning happens at many levels – for example, currently services for the same community can be commissioned by the PCT, the Local Authority, a GP practice, a social care team and a school or group of schools. It is essential that everybody who can commission has the same expectations and commissions within an overall framework – for example by setting minimum quality requirements for counselling services in schools.

The Review is also considering how the recent announcements regarding the strengthening of Children's Trust arrangements will ensure every area has a clear and robust analysis of the mental health needs of their local population as part of the Children and Young People's Plan. The Plan could also include a stronger evidence base for effective interventions and good practice and indicate how out of area children such as children in care will access the support they need. Local performance monitoring and evaluation arrangements should also be clarified in the Plan.

The Review is particularly mindful of the increasing range of responsibilities being placed on Children's Trusts and local organisations, not least from a number of recent Government reviews. However it is felt that an enhanced focus on mental health and psychological well-being is essential, and this will benefit all children, young people and their families and the staff working with them on a daily basis.

### 8.1.3 Terminology and assessments.

The Review has explored how much of a barrier the differing terminology in current usage is to the delivery of effective and well coordinated care. Children, young people, families and professionals use a range of language to describe needs. It is enticing to think that all that is needed is a new language to replace the multitude of existing terms and definitions. The Review is firmly of the view that this is unnecessary and will displace energy and focus. Different terminologies have developed over time due to the different legislation, research and professional contexts. What is most important is that professionals use language which is understandable to children, young people and their families and, as importantly, to other professionals. To improve communication between

services there needs to be greater understanding, sensitivity and respect for the context in which different terminologies are being used.

The Review considers it would be helpful, however, if Government Departments ensured that they at least use consistent language and issue consistent policy advice

- 8.1.4 The Expert Group is also exploring the extent to which the different specialist assessment frameworks currently enshrined in legislation and practice help or hinder. For example, a child who is looked after, with special educational needs, with a mental illness who commits an offence, could experience 4-5 different statutory assessment processes. The Review is also aware that in some areas the Common Assessment Framework is being used as a referral rather than an assessment tool. This is causing unhelpful confusion and detracts from the strength of a common assessment and intervention tool.

Care pathways are one tool used by local areas to help people understand how a system works and how a child will access the right support. While there are varying formats in use for developing care pathways, and differences between agencies about the best approach, this does appear to be an approach which is worth developing to help children, young people, families and staff understand what is available locally and how they can best access support. Care pathways are a mechanism for ensuring needs are met consistently and in the long term, rather than promoting one off interventions which lead to families and children being confronted by further referrals, assessments and thresholds.

The review has noted several examples of high quality and well-co-ordinated approaches which can potentially be used more consistently across the country. The final report will make recommendations regarding this.

## **8.2 Making a difference – monitoring and evaluation**

- 8.2.1 The Review considers that evidence-based child and family focussed care is essential to improve outcomes. The Review welcomes the work on establishing more effective outcomes indicators. However outcomes indicators do not themselves provide a full insight into practice which is effective, and therefore monitoring and evaluation needs to take account of evidence based practice and practice based evidence as well as identifying achievements. The evidence base needs to be built up and shared widely at the same time as encouraging the evaluation of innovations.

8.2.2 Significant emphasis is currently still placed on a performance regime which rewards process improvements across the range of indicators which relate to psychological well-being and mental health. Whilst the four CAMHS proxy indicators have been necessary, and have led to some priority improvements, the reality is that outcomes and evidence-based approaches have less focus within individual services, or across the system as a whole. Equally the current configuration of field forces and Regional Advisors can encourage single service related perspectives rather than an integrated approach. The Review would also wish to see the work being done by the DCSF and Ofsted on indicators to monitor school's duty for well-being so that there can be an appropriate inter-relationship with the work on outcome indicators being developed under the auspices of this review.

8.2.3 It is too soon to say whether prevalence rates of mental health disorders can be reduced. However, it should be possible over time to evidence whether the severity and length of time children and young people experience problems is reducing and whether children, young people and their families are better able to manage their conditions and have an improved quality of life.

### **8.3 Making sure vulnerable Children have swift and easy access to services**

8.3.1 It is clear that children and young people may be vulnerable for a number of reasons:

- those whose problems are hidden from the system e.g. refugees.
- those whose problems are not recognised or addressed due to discrimination, lack of awareness or the overshadowing of other diagnoses – e.g. children from black and minority ethnic communities, or children with learning disabilities
- those who are known from research evidence to be more vulnerable – e.g. children with learning disabilities.
- those who have a number of vulnerabilities, and who are at risk of falling between services eg children in care or those with complex needs

8.3.2 It is clear that there have been some system wide approaches to improve experiences and outcomes for children and young people at the risk of experiencing mental health problems, such as the development of programmes undertaken by school nurses, parenting strategies and current pathfinders for targeted mental health services in schools.

- 8.3.3 However, it is concerning that there is continuing evidence of unmet need and interagency wrangling regarding responsibility for vulnerable children in some areas of the country, with single agencies bearing the responsibilities that should rather be provided on a multi-agency basis. A partnership approach is essential for these children and the review is considering the relative merits of different forms of multiagency work to improve the identification of young people with mental health concerns and to improve their access to help.
- 8.3.4 The work so far suggests that although there is some excellent work in universal and specialist settings, practitioners still lack confidence in understanding and addressing the needs of vulnerable groups. There is a wide variation in approach with some limited evidence of system wide ownership of the challenges and shared solutions. There is also a concern that some aspects of the needs of 5-13 year olds are missing in national policy with the particular priority focus on early years and youth support. The development of Healthy Schools Plus provides a further opportunity to address this.
- 8.3.5 There is concern that too often the staff with the least experience of mental health issues spend the most time with the most vulnerable children, for example, residential social workers, teaching assistants, youth justice workers and newly qualified staff. These staff potentially are the staff with the time, confidence and skills to make a real difference, if properly supported. Staff in universal and targeted services are working with children and young people with a high degree of complexity. There needs to be a proper balance for children with the greatest need and their families to receive a suitable mixture of support from highly trained and qualified professionals who are backed up by appropriately skilled support staff who can support children on a day to day basis. The review is therefore considering the relationship between services provided in schools and educational units, and social care services and specialist CAHMS. This includes considering ways to support children identified through the BESD and SEN routes who may have additional mental health needs.
- 8.3.6 It is also essential that all those involved in working with an individual child and family communicate effectively about the strategies for intervention. It is of concern that in some services and areas communications between professionals about work with individual children, mindful of the need to ensure consent is sought and that confidentiality is respected, still depends on the willingness of individuals to communicate as part of an agreed plan, rather than something that happens as a matter of day to day good practice.



The group is exploring the workforce development and other responses to these needs.

- 8.3.7 The role of the educational psychologist is used variably around the country to provide early intervention and specialist support, through working with health and social care clinicians to support a holistic approach. The review is also considering how some CAMHS and other health expertise can be located more regularly within children's centres, schools and colleges. This seems to the Review to be an area of positive development which could be used more consistently.

## **8.4 Workforce Development**

- 8.4.1 The Review is undertaking a broad analysis of information regarding the make up of the workforce in the light of several suggestions that despite additional investment there are insufficient specialists at every tier of need. The outcome of this work may lead to recommendations regarding national and local recruitment and development programmes. The Review is also conscious that the children's workforce is changing, as is the knowledge about what specific skills are required to deliver effective evidence-based care. A response demanding more of the same, may not meet future need for adaptability and flexibility. Equally it is important for new parts of the workforce, such as parenting support workers, to join up with existing workers.
- 8.4.2 The Review has identified already the need to strengthen the focus in initial training for the full children's workforce. Child development and approaches to improving mental health and psychological well-being should, as a minimum, be a specific aspect of training for teachers, support staff, lecturers, early years practitioners, general practitioners, health visitors, nurses, youth workers, educational psychologists and social care staff and youth justice workers. Over time, this should be part of the initial training and induction for the whole children's workforce. The Review is also considering implications for specialist training routes.
- 8.4.3 The Review is considering recommendations regarding the provision of professional supervision for staff, consultation opportunities with other professionals and an improved focus on the mental health of the workforce. Over time there have been changes in the early years, school and college workforce, which has led to them undertaking work which would in the past have been work carried out by specialists in social care or health. The Review is concerned that

supervision and consultation arrangements are underdeveloped, which could lead to unnecessary pressure and risk for staff working in universal services, as well as the potential for crisis interventions later.

- 8.4.4 There is a lack of national and local guidance about clinical governance arrangements in multiagency work which is leading to variable quality. Schools and colleges need access to expertise to assist them in meeting often complex mental health concerns. The expertise of school nurses and educational psychologists are utilised differently around the country. The Review is also concerned that local areas need access to an appropriate range of specialist approaches so that children, young people, their families and staff working with them on a daily basis have access to specialist advice when working with very complex needs, whether or not the child has a diagnosed mental illness. It is of concern to the Review that in some areas the expertise of specialist CAMHS workers is not available for children and young people who have severe and complex problems but where is no formal diagnosis of a mental illness, and yet in others it is.
- 8.4.5 The Review is considering recommendations about the need for educational and social care services providing support and provision for children and young people with behavioural and emotional problems to be better integrated with those in specialist health provided CAMHS. During the course of the Review, the Government has announced potential changes to Pupil Referral Units and school behaviour partnerships. The Review considers that these should not be addressed in isolation, but would better be seen as part of the whole system multi-agency approach to improving mental health outcomes for children and young people.

## **8.5 Resource Deployment**

- 8.5.1 Although additional funding has been made available nationally and locally, much of this is perceived as short-term grant or project-based. This leads to difficulties in financial planning, the long-term viability of good programmes and workforce stability and recruitment, and also to local inequalities in service provision. It also impacts adversely on continuity of staff engagement with children, young people and their families, a matter which they themselves see as a high priority. There have been exceptions to this – for example the continuation through Area Based Grant arrangements of funding for Behaviour Improvement Partnerships. Strong commissioning is a good route to secure long term commitment of local

mainstream funding to reduce dependence on short-term and project-based funding.

- 8.5.2 Pooled and aligned funding arrangements appear to be under-utilised. The Review welcomes the consultation on barriers to pooling or aligning funds given the multi-sectoral nature of this work. There is also a perception that the development of some early intervention services has been unhelpfully at the expense of specialist services. In the most effective areas, there has been development of services to meet all Tiers of need in order to achieve earlier intervention and to improve the quality and access to specialised services also.
- 8.5.3 Although the Review supports the principal that local areas determine local priorities for spend according to local need the Government can underline its commitment to the long-term nature of funding by being transparent about the allocations it is making to all organisations in local areas. The funding emphasis needs to change so that services can develop to meet need within a long-term sustainable funding environment, rather than a short-term initiative biased one.
- 8.5.4 The Review is also considering how more lateral approaches to psychological well-being and mental health can be encouraged through sport, arts, recreation, environment, for example, which may also require a relaxation of funding restrictions.

## **8.6 Cultural Changes and Implementation**

- 8.6.1 Although the Review has been asked to make recommendations to Government, the Review is carefully considering implementation challenges.
- 8.6.2 There are three aspects which the Expert Group are giving particular attention to:
- firstly, how the confidence of all practitioners and families can continue to be built, so that everyone is able to answer the question “what can I do to meet this child’s psychological or mental health needs?” and is confident in knowing how to support those needs. Approaches such as SEAL within schools can be helpful in this respect where they are implemented on a whole school basis. The Review is particularly considering recommendations regarding research and development work and the transfer of learning from this. The development of multi-agency locality level teams is also showing an improvement in the confidence of practitioners.

- too often at present, mental health and psychological well-being is still seen as somebody else's problem to address. Families and universal services often feel they are left to deal with a problem rather than helped to resolve it. Particular specialists, for their part, sometimes feel that other agencies do not play their role. For families, individualised budgets and choice appears to be less well developed in this area.
- secondly, transferring knowledge and expertise takes time. There is a significant amount of information available about what works but much of this is underutilised and ineffective and inappropriate practice is still found in many places. Equally effective programmes often rely on individuals and local relationships rather than a determined focus on sharing practice. Families and staff at all levels find it difficult to know what is available, or to make time to find out how to change the way they do things. Changing practice to improve mental health outcomes will require more than a set of training materials, and national guidance. The evidence base is still relatively limited despite the wealth of papers and research reports, and this needs to be recognised. The Review will be considering how, as a matter of course, this area of work can be improved at local, regional and national level.
- thirdly, cultural change. Every Child Matters is part way through a ten year change programme. From the information and advice provided to the Review, to date, it is clear that further work is needed to ensure there is a building of respect between different professions to unite effort in this critical area. Effective relationships at local level are critical to achieving this. In areas where change is less successful, leadership has not been clear, priorities not understood, workforce development and system changes have been incomplete, leading to piecemeal developments and a lot of frustration. Through the evidence so far it is clear that the most successful areas have established trust and respect between families and different professionals; have created straightforward assessment arrangements; invested in training all staff to improve universal services; secured coherent access routes to services which are based on priority need rather than referring professional and have developed excellent communication and consultation arrangements. Services are delivered in a way which makes most sense to children, young people and their families and tenacious approaches are used to make sure that children get the interventions they need. The challenge is to achieve that culture change consistently across the country.

## **9. Next steps**

- 9.1 The final report and recommendations will be published in October 2008. Between now and then, the Review will conclude its investigations and will develop its final recommendations.
- 9.2 During September there will be soundings with a range of stakeholders to test out whether the recommendations will make the right degree of difference to the outcomes for the mental health and psychological well-being of children and young people.

# **ANNEX A – Terms of Reference**

This annex presents the Terms of Reference for the Review of Child and Adolescent Mental Health Services (CAMHS). It covers the remit of the review, the purpose of the review, outcomes and methodology.

## **1. REMIT OF THE REVIEW**

For the purposes of the Review 'CAMHS' is defined in its broadest sense to include all services that promote emotional well-being and mental health or which respond to and meet the mental health needs of children and young people. This includes universal services (such as GPs, early years settings and schools), targeted services (such as social care) as well as specialist services (such as community mental health clinics and hospitals).

## **2. PURPOSE OF THE REVIEW**

The main aims of the CAMHS Review are to investigate:

- what progress has been made, since the launch of Standard 9 of the Children's National Service Framework and the publication of Every Child Matters in 2004, in delivering services to meet the educational, health and social care needs of children and young people at risk of and experiencing mental health problems? (including those with complex, severe and persistent needs).
- what practical solutions can those developing policy and delivering, managing and commissioning services use to address current challenges and deliver better outcomes for children and young people with mental health problems? And how can these solutions be monitored?

The Review's objectives are therefore to:

1. Take stock of progress to date in delivering comprehensive CAMHS, through a review of available evidence and information.
2. Identify how mainstream, universal, targeted and specialist services can play a more effective role in promoting the emotional well-being and mental health of children, young people and their families.
3. Investigate the impact of current funding arrangements, specifically whether current resource levels across all major providers are being made best use

of, and whether and how providers evidence value for money – especially when assessed from the point of view of the child or young person.

4. Investigate how care pathways can be defined and what is understood by the term. Identify what the current issues are in relation to 'care pathways' and how they can be addressed?
5. Identify what is required at national and regional level to facilitate the CAMHS elements of the Child Health and Wellbeing Public Service Agreements (PSA) - including gaps in performance management arrangements.
  - investigate current perceptions of the implications of performance management arrangements.
  - have oversight of the work being led by DCSF/DH on developing a national outcome indicator for children's psychological health for April 2009 that will support improving outcomes for children and young people.
6. Develop priority actions for national, regional and local stakeholders as well as children and young people and their parents/carers, for the next three-five years, in delivering the PSA vision of improving emotional well-being and mental health and child and adolescent mental health services.

### **3. OUTCOMES:**

It is anticipated that the Review will deliver the following outputs:

- a fully developed Project Plan, fleshing out the detailed scope of the review, working methods, work streams and deliverables, reporting arrangements and timescales **(by end of March 2008)**.
- an interim report on progress midway through the lifecycle of the review **(end of April 2008)**.
- a Draft Report with provisional conclusions and recommendations, for policy colleagues and Secretaries of State to consider **(July 2008)**.
- a Final Report of findings, conclusions and recommendations, together with an Executive Summary, to be submitted to the Secretaries of State for Children and Health **(October 2008)**.

## 4. METHODOLOGY

The methodology for the Review will include:

**4.1 Review of Evidence** – to produce a report of the evidence on children and young people’s emotional well-being and mental health issues, and the services to meet their needs, in England.

**4.2 Call for Evidence** – to enable those from the third sector, professional groups and organisations and the public to identify key issues from their perspective, together with practical solutions to tackle persistent problems (e.g. access to services) and examples of good practice.

**4.3 Focus groups** – first, to identify what questions children and young people and their parents/carers would like the practice visit teams to ask of professionals working to improve the mental health and emotional well-being of children and young people. And second, to gain an understanding of children, young people and parents’ / carers’ experiences and views on emotional well-being and mental health issues – especially in terms of what they think would need to change to provide high quality services that effectively meet their needs;

**4.4 Review of practice visits in 9 LAs/PCTs** - one of the overall aims of the Review is to assess how LAs/PCTs currently address the emotional, behavioural and mental health needs of children and young people at risk of and experiencing mental health problems. This will be achieved by conducting visits to 9 Local Authority / PCT areas to review practice.

**4.5 Commissioning work on national indicators** – under the auspices of the Review the Expert Group will have oversight of an externally commissioned project, led by DCSF/DH that aims to develop a national outcome indicator of children’s psychological health. The Expert Group will provide advice on the project’s specification and main outputs (e.g. progress reports, early findings etc.) throughout the lifespan of the Review.

The Expert Group will review the findings from these and other evidence collections to inform the Review’s recommendations.



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