Specialist NHS Child and Adolescent Mental Health Services

- Primary Mental Health Support Services – Tier 2 CAMHS
- Secondary Mental Health Care Services – Tier 2/3 CAMHS
- Tertiary Highly Specialist Services – Tier 4 CAMHS

CAMHS National Expert Reference Group

Professional Advice for Service Planners

June 2013
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Policy context</strong></td>
<td>4</td>
</tr>
<tr>
<td>- Mental Health Strategy</td>
<td></td>
</tr>
<tr>
<td>- Strategy for Children &amp; Families</td>
<td></td>
</tr>
<tr>
<td>- Social Services (Wales) Bill 2012</td>
<td></td>
</tr>
<tr>
<td><strong>Principles</strong></td>
<td>7</td>
</tr>
<tr>
<td><strong>Service Framework – tiers</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>Primary Care Services for Children, Young People and Families</strong></td>
<td>11</td>
</tr>
<tr>
<td><strong>Secondary Care Specialist Child and Family Mental Health Services</strong></td>
<td>14</td>
</tr>
<tr>
<td>Service Provision – Key Elements</td>
<td>15</td>
</tr>
<tr>
<td>1. Consultation, Liaison and Health Promotion</td>
<td></td>
</tr>
<tr>
<td>2. Urgent Emergency and Severe Ongoing Risks</td>
<td></td>
</tr>
<tr>
<td>3. Specialist Interventions</td>
<td></td>
</tr>
<tr>
<td>4. Nuro Developmental Diagnostic Assessment an Intervention/Therapy</td>
<td></td>
</tr>
<tr>
<td>1000+Lives Programme Targets</td>
<td>18</td>
</tr>
<tr>
<td>- Eating Disorders</td>
<td></td>
</tr>
<tr>
<td>- First Episode Psychosis</td>
<td></td>
</tr>
<tr>
<td><strong>Highly Specialist Service Components</strong></td>
<td>19</td>
</tr>
<tr>
<td>- Community Based Intensive Support and Intervention CAMHS Teams</td>
<td></td>
</tr>
<tr>
<td>- Inpatient services</td>
<td></td>
</tr>
<tr>
<td>- Forensic services</td>
<td></td>
</tr>
<tr>
<td>- Learning Disability services</td>
<td></td>
</tr>
<tr>
<td>- Substance Misuse Services</td>
<td></td>
</tr>
<tr>
<td>- Continuing Care Placements</td>
<td></td>
</tr>
<tr>
<td><strong>Specific Issues</strong></td>
<td>25</td>
</tr>
<tr>
<td>- Young people discharged from Secondary Services (including age 15+)</td>
<td></td>
</tr>
<tr>
<td>- Transition from CAMHS to Adult Mental Health Services</td>
<td></td>
</tr>
<tr>
<td>- Recommendations for Transition Process</td>
<td></td>
</tr>
<tr>
<td>- Youth Mental Health Service (16-25yrs)</td>
<td></td>
</tr>
<tr>
<td><strong>Outcomes &amp; Monitoring Framework</strong></td>
<td>27</td>
</tr>
<tr>
<td>- Services User Involvement Framework</td>
<td></td>
</tr>
<tr>
<td>- Effectiveness</td>
<td></td>
</tr>
</tbody>
</table>
Annex

1. Building and Sustaining Specialist CAMHS to Improve Outcomes for Children and Young People
2. Common presenting complaints/behaviour/conditions which may require CAMHS involvement
3. Guidelines & Standards for Referrals
4. On Call standards
5. Model Transition policy
6. Model information sharing policy
7. 1000+Lives Programme target for First Episode Psychosis
8. Therapy Evidence base and conditions
SPECIALIST NHS CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Introduction

There is considerable evidence to suggest that childhood mental health problems are common. Statistics show that at any one time in the UK, one in ten children age 5-16 years of age has a ‘diagnosable’ mental health disorder. This percentage increases among 11-16 year olds, with 13% of boys and 10% of girls being affected; the figure is even higher for young people who are looked after by the Local Authority. Many remain unnoticed and are never referred to specialist mental health services. Some get better without any additional help, many will benefit from early help from a known and trusted professional working in the community, and a small number will need help from specialist mental health services. In addition to those with identified mental health disorders, there are many more young people with early stage difficulties, including those living in situations that considerably increase the risk of developing more significant problems at a later stage and who might benefit from receiving help sooner rather than later to actively promote good mental health.

The key to good mental health in children and young people is a holistic approach involving the whole person and family including matters such as; a healthy birth, consistent and positive parenting, balanced nutrition and exercise, accomplishment at school, making friends and being able to keep them, and an ability to cope with life events. Children and young people with good mental health are able to develop emotionally, creatively and intellectually, and have the resilience to cope with life’s difficulties. They are able to form positive and satisfying relationships and have full and active lives. It is recognised that childhood experiences impact significantly on the ability to be an effective and nurturing parent in the future.

A range of services and professionals contribute to the development of positive emotional and psychological health. This document provides guidance on the role of specialist Child & Adolescent Mental Health Services (CAMHS); those that work alongside primary care through to those that work in highly specialised services. Predominantly the NHS provides these services. This guide should be read together with relevant policy guidance and legislation which is summarised below.

Legal Framework for service provision in Wales

The major legislation relating to children & young people are;
Mental Health Act 1983
Mental Health (Wales) Measure 2010
Children Act 1989 and 2004 - including the statutory duty to co-operate

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2 Mental Health Foundation; Young Minds
4 http://www.legislation.gov.uk/mwa/2010/7/contents
Human Rights Act 1998
The Equality Act 2010 (Disability) Regulations 2010
Children and Young People’s Plan (Wales) Regulations 2007
Children and Families (Wales) Measure 2010
Rights of Children and Young Persons (Wales) Measure 2011

This document should be read alongside the relevant code of practice and guidance already available.

Policy Context

Mental Health Strategy

Welsh Government strategy ‘Together for Mental Health’ (Oct 2012) relates to all relevant Welsh Government department’s and functions relating to services to children, young people and their families. The strategy covers all age groups and replaces previous age specific Government strategies and service frameworks, including the CAMHS strategy ‘Everybody’s Business’. In its age inclusive and cross governmental approach, the Strategy aims to counter ‘silo’ working and promote fully integrated partnership working to improve health and wellbeing. It has a solid emphasis on prevention and early intervention, in addition to providing specialist mental health services for those who need them. Central to the delivery of the Strategy is the Mental Health (Wales) Measure 2010 (the Measure) with its new duties on NHS and Local Authorities for the provision of:

1. Local Primary Mental Health Support Services (LPMHSS);
2. outcome focussed Care & Treatment Plans for people in receipt of secondary mental health services;
3. a right to request re-assessment for people discharged from secondary mental health care; and
4. extended access to independent mental health advocates.

Underpinning Part 1 of the Measure is the drive to increase the availability of and access to mental health services at the primary care level, it places a new statutory duty upon regions to provide LPMHSS. These services are specified by the Measure and are additional to those previously in existence. The role and function of staff who were previously providing primary care services has not changed (other than if they have agreed to provide services to the LPMHSS and this will be detailed in the LPMHSS scheme). They therefore sit outside the main body of the LPMHSS and can continue to accept referrals as previously from other sources and in line with UK wide national good
practice. Part 2 looks to ensure holistic and recovery based care and treatment plans.

The delivery of the ‘Together for Mental Health’ Strategy focuses on improving ‘outcomes’ from the perspective of the person and families using the service. It does not attempt to detail ‘how’ services should be configured locally to deliver the outcomes. The Delivery Plan contains a number of specific actions for CAMHS services and many for all ages which are applicable to CAMHS services.

This Advice is similarly non-prescriptive in terms of the ‘how’ of service provision, with its focus on service functions as opposed to specifying a service model.

**Strategy for Children and Families**

The introduction in July 2011 of ‘Families First’\(^{13}\) was a key part of the Welsh Government’s response to Child Poverty. ‘Families First’ has refocused policy and the strategic planning of services for children on “local area system redesign”. This requires the development of “effective multi-agency systems and support, with a clear emphasis on prevention and early intervention for families”.

The leadership role of Local Authorities in facilitating a more integrated approach between partners within their area is predicated on the active contribution of partner agencies to local area system design in pursuit of better outcomes for families. This is underpinned by the following principles:

Effective support for children must be:

- **Family-focused** – taking a whole family approach to improving outcomes.
- **Bespoke** – tailoring help to individual family circumstances
- **Integrated** – with effective coordination of planning and service provision across organisations, ensuring that needs assessment and delivery are jointly managed and that there is a seamless progression for families between different interventions and programmes
- **Pro-active** – seeking early identification and appropriate intervention for families
- **Intensive** – with a vigorous approach and relentless focus, adapting to families’ changing circumstances.

### The Windscreen Model

Agency responses to vulnerable children and their families are increasingly understood within the context of a continuum of support described in the Windscreen Model (set out in the following diagram). The development of strategic initiatives and programmes should therefore, aim to have the most impact on families with emerging additional needs and these services will be located on the model between ‘prevention’ and ‘protection’.

\(^{13}\) http://wales.gov.uk/topics/childrenyoungpeople/parenting/help/familiesfirst/?lang=en
Each layer of the model builds on the services to the left, so for instance it assumes that universal services continue to support across the model.

The development of multi-agency service responses to the requirements of the Measure in terms of CAMHS can usefully be located within this model, which demonstrates a close fit with the principles of Families First and the ‘Flying Start’ programme and promotes “effective multi-agency systems and support, with a clear emphasis on prevention and early intervention for families”. This is particularly in relation to referral mechanisms, as follows:

1. Joint Assessment Family Framework – a clear multi-agency and multi-disciplinary framework for undertaking assessments in support of prevention should be agreed.
2. Team Around the Family model – all schemes will evidence their fit with the TAF model.
3. Flying Start – the specification will need to be cognisant of the role of FS in relation to early mental health initiatives, delivered in the main by health visitors designed to promote children’s mental well-being through work with parents in children’s early years.

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Emotional and Mental Health Services

Families that have social services or youth justice involvement do not necessarily need or have involvement with specialist CAMHS. If there is a need for specialist CAMHS involvement the different levels of care within a CAMHS service correspond to different parts of the windscreen model. Looked after and adopted children and children in the youth justice system are at higher risk of mental health difficulties and require equity of access to specialist CAMHS.

Social Services and Well-being (Wales) Bill 2013

The key legislative changes, which will flow from the Bill, are highly consistent with the principles and approaches identified above.

This document offers Guidance for Service Planners to help deliver the strategic priorities and outcomes for Specialist CAMHS, together with the complementary priorities and outcomes of Welsh Government strategy for Children and Families, particularly ‘Families First’ which also incorporates outcome measures at the population, programme and local level in terms of impact on children. Of particular relevance is the need to ensure that services recognise that maintaining and improving well-being for children starts within the context of a wider suite of universal and preventative services. These should be understood as ‘wellbeing services’, reflecting the corporate nature of wellbeing and the need for all services to make a contribution including areas such as health, housing, leisure and education. This is not the same thing as social care or children’s social services which have specific duties and functions, relating in the main to the ‘protection’ and ‘remedy’ end of the Families First continuum.

Principles of All Services

The following principles apply to all elements of service described in this document. Services should:

- Be child and family centred, acknowledging and valuing the family and the contribution they bring, however the family is constructed.
- Work to engage and empower families to enable them to use their own resources as part of the solution.
- Work in partnership with other agencies and disciplines in health, social and education services and criminal justice and voluntary agencies to encourage discussion prior to referral to ensure our service can provide appropriate interventions for children and families.
- Promote early and easy access to provide specialist assessment and intervention as early as possible.
- Be culturally sensitive.
- Be safe, ensuring safeguarding of young people is paramount and all staff are appropriately recruited and trained.

Deliver services in accordance with the Welsh Language (Wales) Measure 2011, with bilingual (Welsh and English) services available, including interventions delivered through the medium of Welsh.

Enable workforce planning to ensure the provision of training opportunities for a skilled and knowledgeable workforce to meet the needs of all service users in Wales, including their Welsh language needs.

Be accessible and delivered to children according to need. If necessary specific arrangements regarding access should be made for children in special circumstances who are often excluded from traditional models of care. These include looked after children, children with learning and sensory disabilities, children in the youth justice system, children misusing substances etc.

Have a team comprising adequate numbers of staff that are trained in and can deliver evidenced based, effective therapies to meet the needs of all children.

Promote positive health and avoid unnecessary stigmatisation or labelling.

Involve children and young people and their carers in our planning, delivery and development of services.

Work with partner agencies within and outside health to develop joint working practices and packages of care for the most vulnerable, particularly when the young person is in transition between services.

Have strong governance structures that ensure ongoing staff development, supervision, compliance with NICE guidelines and other national performance measures.

Have robust transition arrangements between services across the age range, utilising the necessary services from both CAMHS and Adult Services as appropriate. (See Annex 5 for suggested model. This builds on the proposals previously provided by the Welsh Government on 14 December 2011 for a joint approach to the provision of specialist mental health services for 16 & 17 year olds.).

Have robust information sharing arrangements between services across agencies that ensure risk and safeguarding issues are foremost (See annex for suggested model)

Promote well-being, recovery and resilience.

Be fluid and flexible, provide support at the right level and ensure continuity between different services and tiers of service.

Service Framework – Tiers

The Measure, subordinate legislation and supporting guidance makes the distinction between Primary and Secondary mental health services. The terminology of primary, secondary and tertiary mental health services has always been used when referring to Adult Mental Health Services and is compatible with the 4 tiered system used in CAMHS.
(see diagram below). Both secondary and tertiary care are likely to be deemed secondary mental health services and subject to Parts 2 and 3 of the Measure.

CAMHS may include services whose primary or only function is not mental health care, for example, General Practice, paediatric services or schools, referred to as Primary Care (or Universal Services). These services have an important role to play in promoting good emotional health and well-being for all, and in detecting mental health problems (including clusters of risk factors for the later development of such problems) at an early stage.

Specialist CAMHS is provided by mental health professionals working as part of ‘targeted’ services located within the ‘LPMHSS’ (HAS tier 2 role) or as part of the ‘Secondary Mental Health Service’ of the community multi-disciplinary CAMHS team. Highly specialist ‘Tertiary Services’ (HAS Tier 4 CAMHS) are generally provided at a regional or supra-regional level and include inpatient and day hospitals and alternatives to admission.

A child or young person’s journey may involve movement through the different levels of service as their condition is recognised as more complex, or as and when conditions are ameliorated. The vast majority of young people who are referred to specialist CAMHS will have their needs met within LPMHSSs. Those whose needs are more severe, more clinically or systemically complex, or both; will require formally agreed Care and Treatment Plans (CTP)s under Part 2 of the Measure and will be more appropriately managed in secondary or tertiary level services until symptoms and their impact have reduced and/or stabilised.

This is intended as a flexible framework within which the functions of a comprehensive service and relationships between services both within and across the levels of care can be understood. This strategic framework acknowledges the role that many different agencies contribute. Within the CAMHS approach, care may be delivered by a range of providers – the levels are differentiated on the basis of complexity of need and specialisation of service.

The three levels are:

**Primary Care Services**

There are two components to this level of service, one a statutory responsibility - LPMHSS and a second component that builds on UK wide good practice models – Primary Mental Health Teams (PMHT).

**LPMHSS**

Under Part 1 of the Measure, GP’s are able to request that the LPMHSS undertakes a mental health assessment for a child or young person whenever it is felt the young person would benefit from the assessment. LPMHSS provide advice, information, training
and time limited, targeted interventions in the community for young people with mild to moderate mental disorders, and, consultation and training to General practitioners.

**PMHT**
PMHT’s are composed of specialist CAMHS professionals who work with other agencies such as Local authority children services, and education services. The services provide initial consultation and advice, training, assessment and targeted interventions to young people and their families at risk of developing mental health problems. The service often works in conjunction with other specialist CAMHS practitioners who work with vulnerable or hard to access groups such as children looked after by the local authority or young people who are in contact with the youth justice system.

**Secondary Mental Health Services (SMHS) – (Part 2 & 3 of the Measure)**
(Secondary and Tertiary Services as below)

SMHS are those services that provide treatment for a person with a mental disorder. Under the Measure, all patients who receive this level of care require a prescribed CTP and a specified Care Co-ordinator from designated professions. This should be reviewed as a minimum annually. Patients also have the right to refer themselves for an assessment within 3 years of discharge once they reach 18.

Clinicians and service planners should pay due regard to the Code of Practice to Parts 2 & 3 of the Measure

**Secondary Services**
These services are normally planned and delivered by health boards. The service is for those with more complex needs requiring more specialised services. The service is provided by multi-disciplinary teams or by teams assembled for a specific purpose on the basis of the complexity and severity of children’s and young people’s needs or the particular combinations of co-morbidity found on specialist assessment.

**Tertiary Services**
These services are usually planned and delivered at a regional or national level. This service is for children and adolescents with more severe and/or complex problems requiring a combination or intensity of interventions that cannot be provided by secondary care. They include inpatient, day hospitals and alternatives to inpatient admission. They may also include certain care and residential facilities provided by sectors other than the NHS, such as residential schools, and very specialised residential social care settings including specialised therapeutic foster care.
Whole system approach

A mental health whole system approach requires close working and service integration between and across statutory and non-statutory services including, for example, health, social care, education and third sector services. Each service will have similar models of primary, enhanced and specialist service provision. It is important that consideration be given to ensure a coordinated approach. This must include primary care, general and specialist mental health services avoiding duplication between agencies and facilitating the development of comprehensive and responsive services.

A well integrated service will:

- provide outcome focused, evidence based care, treatment and support
- provide a multidisciplinary service
- ensure appropriate partnership between agencies, professional groups and services users and carers
- deliver the right service, at the right time, in the right place
- have appropriate quality assurance and clinical governance systems in place
- provide for ease of access
• be fluid, flexible and integrated
• value each individual and promote their independence, well-being, recovery and resilience.

1. **Primary Care Services for Children, Young People and Families (Primary Care)**

The majority of emotional and behavioural difficulties in children and young people are most appropriately managed in the community, sometimes with support from Primary Mental Health workers. With appropriate early intervention and prevention only a small percentage will need to access secondary care services. Supporting front line professionals is therefore an important part of this role.

The range of services required to be provided in the statutory LPMHSSs under the Measure are

a. Comprehensive mental health assessments
b. Local primary mental health interventions/treatments
c. Making onward referral and co-ordination of next steps
d. Provision of support and advice to professionals
e. Provision of information and advice to individuals and carers

**Access to LPMHSS for Children, Young People and Families**

It is recommended that all services will access mental health services for children and young people through one single process in each health board area. An Operational Framework, providing greater operational detail and guidance as to how the Scheme for LPMHSSs and its accompanying service model will be locally implemented for children young people and families, should be available. The Measure gives specific requirements for the services available for referrals from General practitioners

A range of services from a variety of agencies are required for children and young people in and alongside primary care and other front line professionals, aiming to promote good mental health under the ‘mental well-being’ agenda, and increase access to preventive and early interventions for those with identified emerging difficulties.

**Assessment in Primary Care Services**

To provide effective support to professionals seeking help for a child or young person, mental health services should ensure that the service is readily accessible. The first point of contact will ideally be an initial discussion to ensure that good quality information is used to decide what needs to happen next, to clarify expectations and identify appropriate support services. This will include jointly exploring the presenting concern, understanding as far as is possible the young person’s and parent/carer’s view, and discussing a range of possible outcomes including, for example, advice and information, bibliotherapy, signposting to a community service, on-going support to a front line professional through consultation, self help, targeted group work, or mental health
assessment leading to evidence based therapy where required. In practice it might be a mixture of responses that best meets the child or young person’s needs over time.

There should be a focus on engaging children, young people and their families to be active participants in deciding what kind of help will best meet their needs.

This should not be the same as ‘gate-keeping’ or ‘triage’, but rather an attempt to arrive at a point where enough information is shared to make an informed decision together, in collaboration, about what will best meet the needs of the young person. In some cases, once all relevant information is obtained a mental health assessment and discussion may not be necessary.

It is important that services are delivered in a flexible manner to ensure engagement of all children & young people. Traditional clinic based models often prove challenging to some families with the most challenging needs, for example, those in the youth justice system.

Primary Care Interventions

LPMHSS and PMHTs should provide a range of evidence based therapeutic interventions. These may include;

- **Groups/workshops for young people to promote positive mental health and coping skills.** For example, to whole schools/classes/year groups/community groups to promote universal prevention of anxiety; depression; substance misuse; emotional well being and coping such as peer support; stress management; mental health awareness; coping with exams; and embed on-going access to skills training into local jointly agreed annual training plans.

- **Brief primary mental health intervention in primary care.** Short term interventions in and through primary care where need is identified, delivered either individually or in groups, as appropriate to identified need. This may be delivered directly by primary mental health workers, front line professionals, some will be delivered jointly with consultation-based support. All interventions should be outcome oriented with completion of client’s perception of progress against key measures, and evaluation of the approach taken. Models include Cognitive Behavioural Therapy (CBT) and Solution Focused Brief Therapy (SFBT)

- **Counselling.** For example, referral on to School Based Counselling for children and young people (an existing resource in Tier 1-2 for children and young people; Welsh Assembly Government, 2008). The PMHT may provide consultation and training for School Based Counsellors to support their work

- **Family and Parent work.** Much of this should be delivered alongside partner agencies, and needs to be integrated into local area Children and Young People’s
Partnership Parenting Action Plans and Families First plans through joint planning, service development and working arrangements.

Direct work with parents should include individual and group based programmes focused on enhancing parenting skills, interventions tailored to promote emotional well being in parents; for example, Parent Counselling and tailored input during the antenatal and postnatal stages for parents who are already experiencing common mental health problems prior to pregnancy, as well as for those who find that pregnancy and child birth triggers a first episode.

A range of evidence-based programmes for the parents of children with behavioural difficulties, delivered on an individual and group basis, should be supported and jointly delivered with colleagues from Local Authority and Third Sector agencies, particularly the development of programmes for parents who themselves have mental health problems or learning disabilities.

Signposting and support for referral

Services should facilitate access to other services that might improve or prevent deterioration in a child or young person’s mental health. This may include signposting to the local School-based Counselling Service, to Team Around the Family and other front line statutory and third sector services many of which will be joint agency funded through Families First; working closely with the local Family Information Services. Where needs for more specialist mental health assessment and/or treatment are identified, quick access to assessment and (where necessary) referral on to secondary care mental health services must be ensured.

Advice, Consultation and Training for GPs and other front line services

Primary Mental Health Support Services are required to strengthen CAMHS provision (National Assembly for Wales, 2001; Welsh Government, 2010) through the delivery of services in support of front line professionals. This guidance recommends that this should include the provision of:

- advice, alongside formal and informal consultation about individual cases, and themes/issues relevant to mental health.
- training aimed at increasing knowledge about mental health.
- training aimed at increasing skills in identifying and working with mental health concerns appropriate to role\textsuperscript{15}, including joint CAMHS and Adult Mental Health training opportunities and joint working, and risk detection.
- supervision of mental health focused work delivered in community settings.
- joint working between primary mental health practitioners and front line professionals, including GPs, to increase confidence, skills, capacity and capability in working with mental health difficulties in children and young people.

\textsuperscript{15} Wherever possible this training will be planned and delivered collaboratively across agencies as part of joint planning within the Children and Young People’s framework Partnership
mental health promotion – raising awareness of emotional wellbeing, building resilience, increasing early detection of difficulties and enhancing knowledge and skills.

Specialist CAMHS workers should invest time in the delivery of professional consultation and training, with the explicit aim of increasing capability and capacity for working with young people's emotional and mental health problems within the wider workforce. It is essential to support front line professionals, increase capacity for universal and early stage targeted interventions, and ensure that young people are seen in specialist services as quickly as possible when they require; to ensure that timely access to the right level of service is sustainable in the long term.

**Information for children, young people, parents/carers and front line professionals**

To ensure that information is useful and of value to children, young people and their families/carers, people who use the services need to be engaged in the development of this information to ensure the content and format is accessible and useful. The Measure sets out a specific requirement for LPMHSS to provide information advice and other assistance to primary care providers.

This guidance recommends that the following should be consistent and available across county-level services:

- A range of family and child/young people friendly information leaflets, books and other media resources such as interactive web resources, containing all relevant emotional health information for children and young people, families/carers and all potential referrers.
- Psycho-education materials and resources e.g. Bibliotherapy Scheme for Children and Families.
- Clear information about the local mental health services that are available for children, young people and their families, and for front line professionals; including access routes and approximate waiting times. Information about how to access the service and what to expect should be widely communicated within each county. It should be clear and easy for everyone to understand, available in Welsh and English and in a variety of formats; and updated on a regular basis.
- Explanations of available treatments/interventions, including the content of the programmes on offer and what they require in terms of e.g. attendance.
- Good quality self help materials for those who are able to use these independently.
- Good quality on-line information and support, agreed in partnership with primary care GP practices and Children and Young People’s Partnerships.
Secondary Care Specialist Child and Family Mental Health Services (NHS Secondary Care)

Secondary Care Specialist Child and Family Mental Health Services (S-CAMHS) are provided by a range of professionals often working as a multidisciplinary team. These should include Child Psychiatrists, Child Psychologists, Community Psychiatric Nurses, Family Therapists, Occupational Therapists, Physiotherapists, Speech and Language Therapists and Dieticians. All should have expertise in working with children, families, and young people (up to the 18th birthday) and focus their work on those with the most need, i.e. those with persistent, severe, pervasive and complex mental health needs.

These needs may manifest themselves as a variety of persistent, pervasive, severe and complex behaviours and mood difficulties as well as specific diagnosable mental disorders. Annex 2 includes a list of typical presentations and disorders.

There are a range of circumstances that put children and young people at particular risk, including:

- Abuse: physical abuse, emotional abuse, sexual abuse, neglect.
- Developmental Problems: adjustment to chronic illness, adjustment to disability/acquired injury.
- Adverse Social Circumstances: Being a ‘Looked After Child’, being in the Youth Justice system, parental drug/alcohol misuse, domestic violence, parental mental or physical health problems, and young carers.
- Life Events: family change and disruption, reaction to trauma/significant life events, bereavement.

In addition, together with colleagues from Paediatrics, Therapies and Educational services, S-CAMHS should contribute to the assessment and treatment of children with ADHD (Hyperkinetic Disorder) and Autistic Spectrum Disorders. Shared pathways should be developed with partners with clear responsibility and governance.

Service Provision – Key elements

The key elements of Secondary Care CAMHS service provision are:

1. Consultation, Liaison and Health Promotion
2. Urgent/Emergency Mental Health assessment, diagnosis and management
3. Specialist Interventions including individual and group psychological therapies, family interventions and medication where indicated.
4. Neurodevelopmental assessment and diagnosis

This section outlines a brief summary of each element, and how they relate to each other.
1. Consultation, Liaison and Health Promotion

Emotional and behavioural difficulties in children and young people are very common. They are most appropriately managed in Primary Care through the Primary Care Services, and universal targeted services available through health, social care, education and 3rd sector providers. Only a small percentage will need to access secondary specialist services. This avoids the stigma, time consuming appointments for the family and ensures services are delivered as locally as possible. The Secondary Care Specialist Child and Adolescent Mental Health Service alongside the Primary Mental Health Support Service support primary care service providers to do this work.

Specialist Consultation and liaison may be provided through;

- Telephone Advice Lines
- Group Consultation Meetings
- Individual Consultations
- Multiagency care planning meetings
- Provision of specialist training and support

Whilst, in most cases, the first point of contact, will be the primary care team, it is important that these are accessible to all professionals working with the children with the most complex needs. Secondary care CAMHS should contribute specialist, clinical consultative advice to care planning on a multi-agency basis where significant emotional and mental health needs exist (particularly when specialist funding decisions are required) even if it is not appropriate to deliver direct care through outpatient or community services. Written referrals may not be required for this, but agreement and good record keeping regarding the recording of decisions taken should be clear.

The consultation and liaison provision also ensures good quality information is provided and that expectations are clear when it is decided to progress to direct work with a family; and a formal request is made by primary care services to Secondary care CAMHS for involvement (a referral).

Direct Secondary care CAMHS is required

- When the cases are complex or the primary concerns are behavioural in nature, in most cases a consultation with the service will normally precede the referral to ensure services are used in the most appropriate way for the benefit of the child and family.
- Any child care professionals with knowledge of the child and family should be able to refer to the service.
- Requests for intervention should normally be in the form of a letter. Information required and standards for referral management are in the annex 3.
2. **Urgent, Emergency & Severe Ongoing Risks**

Children, young people and families using specialist secondary CAMH services may present risks to themselves and/or others’ well-being related to their mental health, or severe mental illness, such as psychosis, eating disorders, attempts or thoughts of suicide and severe mood disorders. Services should be able to respond promptly to assess mental health risks and produce a CTP in order that the young person is managed by all agencies appropriately and the safety and well-being of the individual, their family, the community and service staff is maintained or re-established.

Criteria which indicate that the Urgent, Emergency and Severe Ongoing Risks Service should be accessed include:

- When there are immediate concerns about the mental health of a child or young person, and the risks to their well-being are such that inpatient hospital care should be considered.
- When there are urgent and significant concerns about the risks of a child or young person harming themselves or others.
- When these concerns have been initially assessed by an appropriate primary care professional (for example, GP), and a specialist opinion about the degree of risk and necessary response/intervention is thought to be necessary.
- Where there is a severe/significant level of risk posed by or to the child or young person, which is ongoing, and its severity and longevity necessitates that risk assessment and management is a primary focus of the clinical work (for example young people with a low mood of several weeks duration and ongoing suicidal ideation).
- Assessment of risk following an episode of self harm, resulting in admission to hospital.

Whilst specifically for children and young people, this document should be seen in the context of Together for Mental Health, which is age inclusive. Therefore it is expected that standards such as quality, access and safety apply to all irrespective of age. This should be considered when planning resource allocation and service priorities. In particular, it is expected that services work towards enabling specialist service access to be standardised across ages (e.g. 4 hours for emergency, 48 hours for urgent and 28 day routine assessment targets. This will require Health Boards to both refocus clinical priorities for CAMHS and, use the totality of their all age mental health resource in delivering out of normal working hours, emergency and urgent care. This is particularly the case for older children who may receive out of hour’s provision from Adult Mental Health Services, which will need to maintain a close liaison with CAMHS. Services should work towards compliance with these targets by April 2014.

Direct discussion between referrers and specialist CAMHs professionals is essential to ensure an appropriate response and necessary clinical prioritisation of response and the gathering of good information.
Assessment and risk management should be done by specialist CAMHs professionals with the necessary training and expertise.

Medication should be used and or recommended by specialists using the evidence base and ensuring the necessary health screen and monitoring is in place.

It would be expected that standardised risk assessment methods will be used and risk management plans jointly developed and provided to all necessary agencies. Consideration of harm to self and others must be considered.

There should be clear arrangements for local 24/7 Multiagency crisis response and Services should be able to provide emergency and out of hours consultation at any time. Different models of service will be required in different geographical areas. Standards for out of hour’s services are included in Annex 4.

Arrangements must be made with respect to the assessment and management of children and young people detained by the police under S.136 of the Mental Health Act 1983.

Pathways for access to intensive community and inpatient services should be clear and deliverable, including access to temporary age appropriate beds when the national inpatient unit is unable to admit immediately.

When appropriate services are unavailable unmet needs should be recorded and fed into the service planning mechanism.

3. Specialist Interventions including Individual and Group Psychological Therapies, Family Interventions and Medication when indicated.

In some cases, psychological therapeutic interventions will be provided in primary mental health care provision. When this is ineffective, and, when significant difficulties persist, specialist services should provide a range of clinically effective, evidence based psychological therapies and approaches. A list of evidence based therapies and the relevant indicator is included in Annex 5.

Services should work with partner agencies to ensure therapies are delivered to those who are able to benefit from evidence-based interventions. Pathways should be agreed between agencies when families are unable to engage with essential therapeutic interventions to ensure the safety of the young person or child, and maximise the likelihood of engagement.

Some family interventions will be provided in primary mental health care provision, others will need to be provided in secondary care as part of a multi-disciplinary CTP e.g. Eating Disorders, severe depression, obsessive compulsive disorder, psychosis.

Likewise medication may be indicated as part of an evidence based CTP.
Services should ensure that staff who deliver the therapeutic interventions have the necessary training and that supervision structures are in place.

4. **Neuro Developmental Diagnostic Assessment and Intervention/Therapy**

In some complex cases a specific neurodevelopmental diagnostic assessment is useful for the child and family, support agencies (e.g. Education/Social Services), and mental health professionals, to help us understand and manage presenting difficulties. This is particularly the case in Neurodevelopmental disorders such as Autistic Spectrum Disorder and Hyperkinetic Disorder. The purpose of the assessment is to produce a comprehensive needs assessment, identify specific diagnosis and contextual issues (such as attachment issues) and produce a CTP to meet the young person’s needs. By definition, this needs to be multi agency and multi disciplinary in nature so can rarely be delivered by Secondary care specialist CAMHS alone.

**1000+Lives Programme Improvement Targets**

1. **Eating Disorders**

In 2009 the Welsh Assembly Government launched the ‘Eating Disorders Framework for Wales’ the first strategic document for service development across the age range for this complex and life threatening set of disorders. It emphasises the key need for joint working with joint standards across Primary and Secondary care.

Eating Disorder services are one of the mental health intelligent targets for the 1000+ Lives programme. The Eating Disorder Target has been designed to drive improvement to the 5 standards within The Eating Disorder Framework for Wales. The drivers are:

- Secondary care mental health services to improve specialist advice and support to primary care, including pre-referral advice and shared care arrangements
- Improved assessment, care-coordination and interventions across Secondary Mental Health Services for CAMHS and CMHTS
- Improved provision of Specialist (Tertiary) ED Services (SEDS) to local communities
- Improved acute medical inpatient care for patients with anorexia nervosa.

The target includes CAMHS and Adult Mental Health Services. As CAMHS have always regarded Eating Disorders as a core part of service, services are to be delivered with in the current range of services provided.

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Each locality services is required to have an eating disorder lead for child and adolescent mental health services to deliver the Framework. Services should have clear guidelines and shared pathways with local medical services for emergency re-feeding.

2. **First Episode Psychosis:**

The 2009/2010 Annual Operating Framework (AOF)\(^{18}\) included a requirement to develop services for Early Intervention in Psychosis (EIP). First Episode Psychosis (FEP) services are one of the mental health intelligent targets for the 1000Lives Plus programme. To reinforce the national priority for the development of effective FEP services, the Welsh Government established an expert clinical group with service user/carer input to develop an Intelligent Target for First Episode Psychosis (FEP).

The Target requires that each of the Health Boards develop a FEP service to work with young people in their areas of responsibility who may be developing or who are experiencing psychosis. A growing evidence base suggests that, compared with standard care, tailored early intervention services for people developing psychotic disorders can:

- improve access and engagement with services
- increase access to psychological and psychosocial interventions
- reduce admission rates to in-patient care and length of stay
- reduce detention rates under the 1983 Mental Health Act
- reduce the high attempted and completed suicide rates in early psychosis
- improve the number of people engaged in meaningful educational or vocational activity
- improve general/social functioning and user satisfaction.

The target includes CAMHS and Adult Mental Health Services, which together will or have developed age specific services to jointly facilitate care and interventions for this population. Each Health Board will have identified a Clinical Lead for First Episode Psychosis to lead on and Champion these developments in both CAMHS and Adult Mental Health. For full FEP target – driver diagram please see annex 7.

3. **Highly Specialist Service Components**  
**NHS Tertiary Services**

These services equate to the previous Tier 4 CAMHS terminology. They are planned and delivered at a regional or national level some through regional networks. The underlying principles of access are relevant to all. Pathways should ensure that the services are

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delivered in a way that provides a continuum of support and intervention for young people and families rather than a completely separate event. This should be the case as needs de-escalate and return is planned to generic local services as well as during acute crisis. The following section describes the relevant services that comprise a comprehensive mental health services for children and young people. There must be equity of access across authority areas.

Community Based Intensive Support and Intervention CAMHS Teams

Wherever possible, when risk allows, young people should be cared for in the community as near to home as possible. Young Minds research shows that young people and families want CAMHS to be delivered flexibly and in a variety of settings including youth clubs, primary care premises and the home. There is research evidence supporting the use of alternatives to in-patient care for certain groups of young people with mental health problems. There are a range of models of care which provide alternatives to hospital admission including day unit care, intensive community outreach, home treatment and crisis intervention services.

Research supports the benefits of assertive outreach in line with the national agenda that supports the need for the development of local partnership arrangements across agencies and with children, young people and their families to ensure responsive interventions. Many children who require urgent intense intervention can be managed locally and the development of community services is required to meet this need and improve access to local skilled input. Staffing levels will depend on whether a crisis and out of hours service is provided in addition to intensive home treatment. Local demographics and geography will affect capacity need. Skill mix will need to address the case mix e.g. access to dietetics in addition to psychiatry, nursing and psychology. The Quality Network for Community CAMHS, sets out standards for an intensive community service as an alternative to hospital admission.

The Intensive Team in the Community should:

- work with children and young people under the age of 18 yrs in conjunction with the local clinical CAMHS team
- work with children and young people at home or accommodated by the local authority or in special educational establishments
- be flexible in its delivery, as many of these children and young people are unable to access traditionally provided services because of their disability resulting from the severity of the problems
- reduce to a minimum children or young people needing out of area placements
- provide a mental health assessment within 24 hours if required, following screening assessment
- intervene intensively using evidence based therapies

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21 QNCC. Royal College Psychiatrists. 2012
• collaborate closely with other agencies involved with the child/family
• support primary care services
• provide services as locally as possible.

A comprehensive multi-agency plan should be developed for each child or young person referred, organised by a case-coordinator.

The service should provide:

• Specialist Assessment (including risk and comprehensive mental health assessments) building on the assessments available from primary and secondary services
• Assertive outreach
• Day centre or community approach based interventions (including home)
• Intensive specialist evidence based psychological and psychopharmacological therapy
• Medication management
• Participation in multi-agency operational and strategic planning of Services for children requiring substitute care
• Support to the locality forensic CAMHS clinicians where young people in the criminal justice system require intensive highly specialist CAMHS input.

Inpatient Services

Inpatient services are a necessary environment for assessing and treating young people with the most complex needs (NHS HAS, 1995). Current evidence suggests that the adolescent inpatient unit has a particular ability to provide stabilization and rapid reduction of symptoms and risk. Age appropriate specialist psychiatric inpatient provision is required for adolescents (12 to 18 years), younger children (under 12 years), those with Intellectual (Learning) Disability and those requiring highly specialist Forensic CAMHS inpatient treatment.

Children and young people who receive inpatient treatment are subject to the provisions of Part 4 of the Measure. i.e. There is a requirement for the local health board to provide Independent Mental Health Advocacy (IMHA) services. It is expected that those that provide this service have the necessary competencies and training to work with young people.

The main indications for admission to an inpatient unit are.

• Risk to self or others as a result of mental disorder
• Intensity of treatment or specialist expertise not available in the community
• On occasions, assessment of very complex mental health difficulties if this is not possible in the community.
• When inpatient care is necessary the local Specialist CAMHS team and the staff of the inpatient unit will collaborate to ensure a timely and appropriate pre-admission assessment is carried out.
• Both teams will ensure that comprehensive CTPs, including effective discharge planning is in place and step-down care is available to enable early discharge.
• Both teams will act in a coordinated manner to provide a CTP in accordance with the Measure. Locality and inpatient services should clarify responsibility for care coordination during admission and following discharge.
• During admission, close communication and joint working is required between the in-patient service and the locality service.
• Both teams should ensure continuity of care of the young person before, during and after an in-patient stay and should secure comprehensive, planned community provision on discharge.
• Where formal detention is required, all requirements of the Mental Health Act 1983 and 2007 amendments are complied with and CTPs are maintained.
• Where the initial assessment concludes that inpatient care is required, and an appropriate bed is not available in Wales, the locality Specialist CAMHS team will work in collaboration with Welsh Health Specialist Services Committee (WHSSC) to identify an appropriate inpatient bed.
• Young people are admitted only to age appropriate beds in accordance with section 131A of the Mental Health Act 1983. For those under 18s admitted in exceptional circumstances to an adult bed, the untoward incident procedure will review in each case if a more appropriate pathway should have been followed.
• The interface between CAMHS and Adult Mental Health must be addressed in each locality, and links established between CAMHS and adult inpatient and community mental health teams in a given geographical area.

In patient services should provide

• Appropriate recovery focused, evidence based therapies.
• Access to education
• An agreed protocol for the transfer of care of young people from adolescent in-patient services to Adult Mental Health Services when required.
• Clinical governance processes to include risk assessments being undertaken for each young person admitted and a process for investigating serious untoward incidents.

Forensic Services

Forensic mental health has been defined as an area of specialisation that involves the assessment and treatment of those who are both mentally disordered AND whose behaviour has led or could lead to offending. There is an association between

23 Mullen, 2000
substance misuse, mental disorder and offending. Nowhere is this more important than in the field of adolescent forensic psychiatry.

Services for young offenders need to meet their current and future needs; building upon and using already established local services when appropriate and ensuring that workforce planning issues are addressed and met by longer-term training. There needs to be awareness by all agencies of gaps in the capacity of existing services and a shared approach to risk assessment and management, together with agreed protocols for better information exchange, between the health services and criminal justice agencies.

Components of the Specialist CAMHS Forensic services include:

- **Mental Health Advisors** – experienced specialist CAMHS professionals who provide mental health advice, consultation and training to youth offending services; Supervision and team support for the youth offending service, Specialist CAMHS nurses, and in South Wales provide specialist in-reach services into Parc Prison, for young offenders with mental illness who require assessment and intervention.

- **Youth Offending Services (YOS), Specialist CAMHS Nurse Sessions** – specialist nurses are out posted to the youth offending teams, providing mental health assessments, risk assessment and intervention if appropriate. They provide and maintain systems for working with the locally based youth justice teams. They utilise specialist evidence based assessments and provide timely verbal and written reports to the youth justice teams and Specialist CAMHS Services.

- **Specialist Community CAMHS Forensic Teams** – These multidisciplinary teams have been created for each local health board area to offer a wider level of specialist expertise in forensic mental healthcare. They draw together the role of the Mental Health Advisors, the specialist YOS community psychiatric nurses and local secondary care CAMHS professional to provide a specialised forensic service, with greater expertise in the forensic arena. Providing the link between local CAMHS teams and Highly Specialised FACTS (see below). The team seeks to ensure that the local secondary CAMHS service provides assessment and treatment wherever possible.

- **The Forensic Adolescent Consultation and Treatment Service (FACTS)** – a national service, with teams covering north and south Wales, these highly specialist teams provide advice, consultation, assessment and training to the locality forensic CAMHS teams. In addition FACTS provide highly specialised in-reach services to the prisons and local authority secure premises in Wales for young people whose needs are of such a degree or complexity as to require this level of intervention. They also provide advice, assessment, liaison and in-reach services for young people who are ordinarily resident in Wales and who are placed in the secure estate and in medium secure units in England.

- FACTS is also available to advise the WHSSC on the transition arrangements that are necessary in respect of young people who need to move between:
Learning Disability Services (CALDS)

Child and Adolescent Learning Disability Services (CALDS) is a specialist multi-disciplinary tertiary service. CALDS offer a range of services for children and adolescents with a learning disability and a mental health disorder, from assessment and interventions to consultation, advice and training to other agencies. It may also offer a tertiary diagnostic service for Autism Spectrum Disorders in partnership with local paediatric and therapy staff. It should provide support and advice to enable local secondary CAMHS and paediatric services to assess and treat children and young people with learning disability wherever possible.

CALDS should hold a small caseload for direct interventions and have allocated time for consultation.

The service should be provided for children and adolescents with a learning disability up to their eighteenth birthday. However, children under the age of four will normally be managed by a child development team and/or Child Development Advisory Service (Portage). Flexible transition arrangements should be in place with the local Community Adult Mental Health Learning Disability Team. Services will have close links with local child development teams and paediatric services.

The Service should focus on providing advice, support assessment and treatment for children and adolescents with a moderate to severe learning disability AND complex mental health issues, challenging behaviour (with or without a diagnosis of Autism Spectrum Disorder). Where the Service also provides a specialist, Tier 3 Autism Spectrum Disorder Assessment, clarity is needed and consideration regarding clinical priorities and capacity must be taken.

Prior to referral to this service, the child or adolescent must have had an assessment by local secondary mental health or paediatric services. For those who do not meet the eligibility criteria, further team consultation and signposting may be offered to the referrer.

Substance Misuse Services

Area Planning Boards, which are coterminous with Health Board areas, are responsible for the planning, commissioning and performance management of substance misuse services in Wales. Planners of regional CAMHS via the SCPN’s should ensure they are working with APBs to jointly develop regional substance misuse models. In most cases primary level and secondary services are provided outside of the NHS.
All young people should access universal prevention, some will also require targeted interventions and a smaller number need more comprehensive, multi-agency interventions. Staff providing universal and targeted services should be trained to identify young people at risk and to carry out brief interventions if indicated, or quickly access others that can do so. In addition, they require access to guidance and training from specialist services.

For young people requiring specialist intervention, integrated Care and Treatment Planning is key to ensure that social, educational, mental and physical health factors and personal circumstances are taken into account. An assertive outreach model in partnership with other agencies is recommended to engage young people requiring specialist substance misuse services (CCQI 2011). Individual cognitive behavioural therapy should be offered and if there are significant other problems or limited social support, a multi-component package of care should be offered including family or systems therapy (NICE: 2011).

NHS CAMHS Substance Misuse provision should be regional and embedded within existing regional CAMHS. The model should serve at a community level and requires collaborative work across health (including A/E), social care, family services, housing, youth justice, education (schools & colleges) and employment services.

**Continuing Care Placements**

The most complex children sometimes require bespoke multiagency packages of care outside of those ordinarily provided by NHS or local authority and education services. It is essential that experienced CAMHS professionals are involved in planning and monitoring care plans and, where appropriate, services should be developed in time to minimise the number of children requiring placements outside of the local area. These must be planned in multi agency fora. The Measure requires CTPs be in place and formally reviewed if the NHS commissions any part of these services.

**Specific Issues**

**Young people discharged from secondary services (including age 15+)**

When a young person is discharged from secondary services they must be provided with certain information as detailed in the code of practice. When a young person over the age of 15 is discharged from services they must be informed in writing of their entitlement to assessment under part 3 of the Measure once they reach the age of 18.

**Transition from CAMHS to Adult Mental Health Services (AMHS).**

A key driver in publishing an age inclusive Mental Health Strategy for Wales was to end the artificial barriers that exist between services and ensure service users are not
disadvantaged as they move from one service to another. Together for Mental Health acknowledges that recognising and acting on issues at the earliest possible age can have a beneficial affect on individuals later in life. Equally, for those who do require ongoing support, transition from children's to adult services is key to ensuring continuity of care and quality of life.

The transition from childhood, through adolescence to adulthood is a crucial stage of social, personal and emotional development. Many severe mental health disorders present in this time and the traditional models of Adult Mental Health and CAMHS Services mean that gaps in provision exist. A mental health service for this age group should aim to provide early detection and interventions to prevent the majority of young people from developing long-term mental health problems, while engaging and treating those who have early onset of specific severe mental illness and facilitating ongoing treatment in adult services. Continuity of child mental health problems into adult life must be taken into account when defining service need. The transfer of the care coordinator role and CTP is a core component and described in the Code of Practice.

Recommendations for Transition Process

The process of transition of young people who meet the criteria of current adult services can and should be solved by improved working between current service providers. Research & benchmarking support the following recommendations for effective transition:

- Use a local multi-agency ‘transition forum’ to agree a local transition protocol. Protocols should set out models of joint working and timescales for the transition period. There should be agreement of flexibility across the age boundaries in order to meet developmental need. The protocol should clarify clinical responsibility and decision making at the stages of transition.
- Ensure all young people in CAMHS have a ‘Transition Plan’ in place 6 months prior to planned discharge. This is particularly important for children and young people placed in the independent sector and those placed ‘out of area’, who have increased vulnerability. Children and young people with Learning Disability will have a pre-existing multi-agency transition plan and CAMHS should link into this.
- The ‘Transition Plan’ should involve the young person and carers, and should be embedded in the individual's CTP as required under the Measure.
- If the young person is not transferring to another service, written information should be provided on how to access help and advice in the future, including, for those that are or will become 18 years old within 3 years of discharge, information on how to self refer to secondary mental health services in line with Part 3 of the Measure.
- In order to assess the effectiveness of transition processes local areas should record the total number of young people leaving CAMHS at 18 years and the numbers of those moving into Adult Mental Health Services. Records should also be collected on the number of young people presenting in crisis to adult services in the year following discharge from CAMHS.
• For some individuals extending services into early adulthood may be appropriate for the clinical needs and services need to review the needs of young people in the area.

Youth Mental Health Service (16-25 years)

Improving the process of transition for young people with needs that do not meet current eligibility criteria for Adult Mental Health Services is challenging for current service structures in Wales.

In order to address this issue a number of areas in the UK and across the world have developed specific services for older adolescents/young adults.

General principles to improve access to appropriate services for young people include:

• Maximising the collaborative planning and delivery of services between Adult and Child and Adolescent Mental Health Services
• Viewing the service and access to it from the perspective of the young person
• Working in partnership with a range of statutory and non statutory agencies to design and deliver services that young people want to engage with, including generic youth services.
• Consider accessible ‘one stop shop’ and/or single point of access based in non Health premises, and links with the local Primary Mental Health Service
• Develop joint CAMHS / Adult Mental Health training opportunities and joint working

Key principles for a successful youth mental health service:

• Multi-agency service planning and ongoing involvement
• Involvement of young people in service planning
• Involvement of relevant third sector agencies, early in the service planning process
• Identification of age appropriate accommodation e.g. Youth Service, ‘one stop shop’, mobile clinic etc.
• Creation of a multidisciplinary team with expertise from both CAMHS and AMHS, to provide evidence based interventions for the range of disorders presenting in this age group. Refer to national benchmarking for guidance on team skill mix and capacity.
• Timely provision of evidence based individual and family psychosocial and psychological interventions alongside medication.
• A youth-centred and flexible approach with an emphasis on effective engagement of young people through outreach and joint working with other agencies (statutory

25 Lamb et al. 2008
& non-statutory). Bring together the appropriate skills, experience, expertise and attitudes to meet young people’s needs, no matter which service they are in.

- An emphasis on supporting young people towards getting on with their lives.
- Access to age appropriate crisis, day unit and inpatient care.
- Routine outcome monitoring – process measures, clinical outcomes & service user feedback.

**Outcomes and monitoring framework**

**Service user involvement framework**

A framework, agreed with the appropriate planning board across all service elements, should ensure that service users, young people and/or their families and carers are involved in all aspects of service development; that delivery is consistent; and of an acceptable standard. Local Health Boards should have a service user participation strategy in place to underpin this process.

Areas of good practice should be identified and the lessons learnt shared and utilised. Feedback should be provided to service users on their involvement and participation.

**Effectiveness**

Outcome measures:

- The focus is to be on individual client/service user outcomes, in addition to, but distinct from, a focus on service outcomes alone i.e. not just on process measures such as service ‘inputs’ or activities overtly including user and carer feedback and engagement.
- Process measures are important and should include proposals for establishing effective benchmarking of service capacity/activity as part of the development of the National Mental Health Core Data Set. Monitoring demand and capacity with respect to service provision and outcome is key.
- Community and service outcomes include:
  - outcomes at community/population level - e.g. has our local population’s mental health and wellbeing improved over time? There is a requirement to identify and select a range of suitable national, reliable data already collected and available to avoid additional data burden.
  - Measures of the cost effectiveness of our interventions/services - is there a cheaper (more cost effective) alternative treatment intervention which works just as well, if not better?
  - National standardised system for capturing service user satisfaction with the service experience.
- In 2013, individual outcomes focusing on the 8 life domains of the outcome/goal orientated Care & Treatment Plan required under Part 2 of the Measure, will be recorded and evaluated by service users via pilot testing in CAMHS using a Goal
Based Outcome measure survey tool, with repeat testing. This will be adapted when necessary for children & young people. At a baseline, repeat reviews are provided by an annual review of the goals. In addition, CAMHS aims to pilot equivalent ‘therapist’ rated goal based outcome assessment tools, thereby providing for a triangulation between service user and therapist rated assessment of change over time, alongside other assessment routinely recorded in the CTP. Following evaluation of the pilot testing, the aim is to introduce, from April 2014, nationally standardised outcome assessment survey tools to accompany the CTP.

- Outcome evaluation should include both a professional (therapist) rated and client/self rated assessments.
- Existing tools that are nationally validated such CGAS (clinician/therapist rated) and therapy session outcome rating scales (for example, ‘Heart and Soul of Change’) should be used.
- Services continue to use a variety of other assessment tools, in addition to the above, for specific clinical conditions – for example, Beck Depression Inventory, Eating Disorder quantitative assessments of BMI, weight, etc.

Quality Assurance Systems

In addition to the outcome measures outlined above it is essential that CAMHS is involved with robust Quality Assurance processes.

Schemes such as the Quality Network for Inpatient CAMHS (QNIC) should be used, ideally including partners from partner agencies including the Third sector. Through an annual peer review staff share best practice and approaches to service improvement. Staff should be supported to evaluate their performance against service standards which are updated every two years to reflect national and local benchmarking, research and development.

By providing an external audit based on self and peer review the Quality Networks should demonstrate the quality of the service to young people, parents and carers, commissioners and the wider organisation:

- Demonstrate cost effectiveness to commissioners, and provide a framework for service level agreements – vital in the current economic climate
- Demonstrate compliance with standards and best practice – the QNCC standards are mapped against CQC, ‘You’re Welcome’, GIRFEC, Healthcare Standards for Wales and other national guidance
- Identify and address areas for improvement through supportive action planning
- Network and share best practice with CAMHS professionals across the UK
- Become Accredited by the Royal College of Psychiatrists.
Information to support this may include:

- Child/survey perceptions before entering the service and after contact to encourage feedback on service
- Family – as above
- Stakeholder views (annual)
- Use of bank/agency
- Staff turnover rates, staff absence due to illness, staff surveys, exit interviews, supervision
- Evidence of Staff multisource feedback and annual appraisal/performance review.

IT services should facilitate collection of the data.

**Complaints and Satisfaction Measures**

A well documented age appropriate complaints and service user satisfactory systems will need to be in place that ensures:

- Access, as far as possible, for users of all ages
- The process and each stage of complaint is readily available
- Availability in a range of languages
- Procedures to follow if a resolution is not reached.

The service should be able to demonstrate that information gained from satisfaction/complaints feedback is used and audited annually and lessons shared.

**Equality and Diversity**

In addition to consideration of the service user Welsh language needs, the service will need to be able to demonstrate that an effective framework is in place to ensure:

- People with protected characteristics and vulnerable groups, experience equitable access and are aware of the services on offer.
- Services are sensitive to the needs of Children and Young People from a range of backgrounds
- Systems to monitor the take up of the service by these groups are in place
- Service user feedback that addresses issues of diversity
- Services are sensitive to the needs of those with a disability or those with a learning disability.

**Research and Development**

The process of outcome measurement and quality assurance via external audit contribute to the process of ensuring high quality service and encourage service development and enhancement. Research and Development are key to developing and maintaining high quality services and should be a part of the ethos and function of
specialist CAMHS. Each service should ensure there are good links to research and academic centres across Wales. This should facilitate NHS staff involvement in research and ensure research findings of clinical significance are rapidly incorporated into local practice and policy.