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What really matters?: As child and adolescent mental health services come under increasing pressure, our values become even more important

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Opinion piece for Mental Health Practice

What Really Matters?

Child and Adolescent Mental Health Services (CAMHS) have been through 'interesting times' over the last few years. Once the Cinderella service, attention has been very much focussed on the mental health of children and young people recently, both in the media and in government policy. The 2004 National Service Framework for children and young people (in England) brought with it policy attention and some additional funding (though much of this was lost in the recent local authority cuts), and other administrations in the UK followed suit in different ways. The development of a much better body of evidence for treatments and approaches to working with children and young people led to more relevant and applicable guidance from NICE, and in England the CYP-IAPT programme has been rolled out across the majority of CAMHS, bringing some additional training and a focus on evidence-based practice and routine outcome measures. Last year, in the dying days of the coalition government, 'Future in Mind' was published, with a comprehensive set of arguments and evidence for the development of future services and the need for increased preventative work in schools and elsewhere. This brought with it some additional funding to offset the losses, though much of that is targetted at preventative schemes rather than NHS provision.

But whilst there is some benefit to being in the spotlight rather than hidden in the shadows there are also difficulties. Providers are struggling to meet increased demand, and self harm in young people has become a major problem, with greater numbers of children and young people presenting at emergency departments either having self harmed, or with suicidal thoughts requiring immediate care. They get varied responses according to where they are and what provision has been made for such urgent care. At the same time more is demanded from a struggling NHS, emergency departments are swamped, and attitudes towards young people presenting in this way can sometimes be less than optimal.

With increased guidance, and in the face of increased demand, and in a context of more proscriptive ways of delivering services where are the clinicians left? Currently the focus on shorter term interventions has created something of a cognitive dissonance for some in CAMHS which will resonate with clinicians in other parts of the mental health sector. Nurses, in particular, train in methods which stress the importance of therapeutic relationships, but there seems only a limited space for this concept in the rush to apply models and make the best use of limited resources. Service user participation in developing services is also being stressed as important, but a lot of service users point out that what they most want is someone who can sit and listen to their needs, and has time to simply 'be' with them. A recent tweet from a service user said: 'Last therapy session tomorrow & then I'm discharged from services. Not because I'm better. Because I've had an arbitrary number of sessions.'

Over the last few months the Mental Health Coalition had asked a Commission to look at some of these problems within the UK system, and their report is due out shortly. In looking at some of these issues the Commission settled upon a values-based approach, based on the work of Professor Bill Fulford and others, to ask 'What Really Matters?' within the CAMHS system. Values are often overlooked, or taken

forgranted, within practice, but they are at the heart of all professional trainings, and increasingly have become overtly stated by service providers, in statements of 'Trust Values'. But they can be squeezed by pressures to perform, and need to be more overtly at the centre of what we do as service providers, clinicians, and especially nurses. One of the values stated as essential in the report is particularly relevant to nursing, the need for 'long-term relationships', which picks up on the therapeutic relationship building that is at the heart of psychiatric nursing. Whilst this can be difficult to focus on, it is essential that nurses use their skills to make and keep a connection with young people and their families that is genuine and empathic. Adolescent young people especially see this as vital, and are very much tuned into what is 'fake' and what is grounded in a genuine concern.

'What Really Matters in children and young people's mental health? Towards a values-based child and adolescent mental health system.' will launch on November 11th, and will be available for download from the RCPych website: <u>http://www.rcpsych.ac.uk/</u>

Reference box:

NSF for Children:

https://www.gov.uk/government/publications/national-service-framework-children-young-people-andmaternity-services

Future in Mind:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_M ental_Health.pdf

Fulford et al., Values-based approaches: http://valuesbasedpractice.org/more-about-vbp/full-text-downloads/

CYP-IAPT: https://www.england.nhs.uk/mentalhealth/cyp/iapt/

Twitter source withheld to maintain anonymity.

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