

# **Child and Adolescent Mental Health Services (CAMHS)**

## **NHS Scotland National Service Specification**

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#### **Introduction**

NHS Scotland Child and Adolescent Mental Health Services (CAMHS) are multi-disciplinary teams that provide (i) assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, and (ii) training, consultation, advice and support to professionals working with children, young people and their families.

All children and families should receive support and services that are appropriate to their needs. For many children and young people, such support is likely to be community based, and should be easily and quickly accessible.

Children, young people and their families will be able to access additional support which targets emotional distress through Community Mental Health and Wellbeing Supports and Services. Community supports and services should work closely with CAMHS and relevant health and social care partners, children's services and educational establishments to ensure that there are clear and streamlined pathways to support where that is more appropriately delivered by these services.

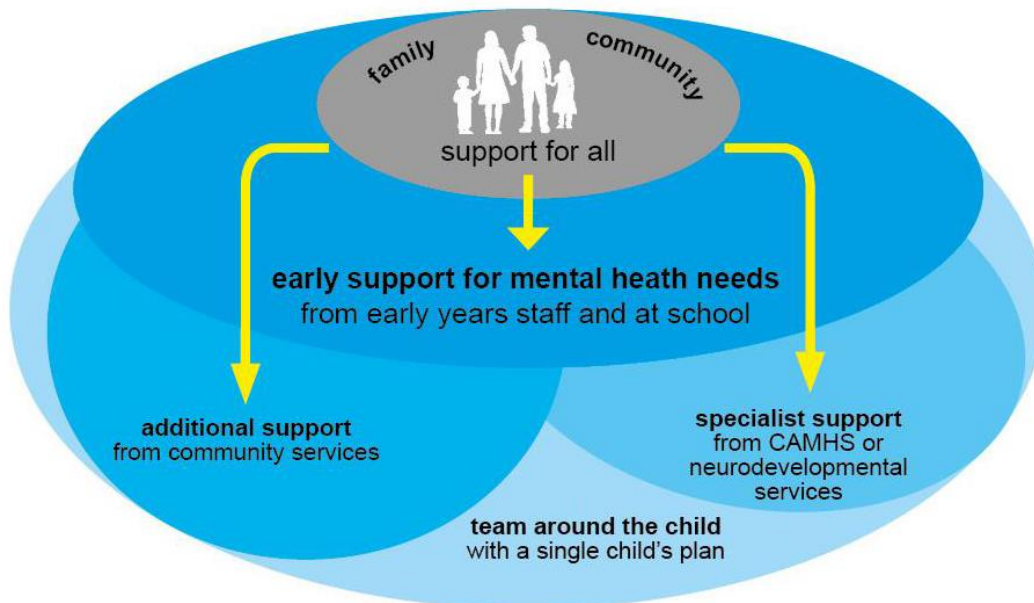
CAMHS will support both universal and additional children and young people's services, including new and enhanced Community Mental Health and Wellbeing Supports, by providing consultation, advice and training, and where appropriate, supervision of those staff providing psychological interventions. Children, young people and their families supported in CAMHS will also have access to supports provided within universal and additional services.

Most young people requiring CAMHS will present with mental health problems that are causing significant impairments in their day-to-day lives, and where the other services and approaches described above have not been effective, or are not appropriate. These presentations can result in both the need for scheduled and/or unscheduled care.

CAMHS will be available for all children and young people who are aged 0 – 18, and who meet the agreed CAMHS referral criteria in Scotland (see Annex 1 - National Referral Proforma for Child and Adolescent Mental Health Services (CAMHS) in Scotland). CAMHS will accept requests for assistance and referrals from all children's services professionals, adults with concerns and young people where the National Referral Criteria are met.

CAMHS are usually provided within a stepped and matched care model described in Tiers. This is consistent with the Getting it Right for Every Child (GIRFEC) model and principles (and the model agreed by The Children and Young People's Mental Health and Wellbeing Programme Board). CAMHS works within the network of children's service providers, both statutory and third sector, and will be fully engaged in Children's Services Planning Partnerships. CAMHS will aim to treat children and young people in the right place, at the right time and as close to home as possible.

**Diagram 1:** CAMHS within the agreed Children and Young People’s Mental Health and Wellbeing model:



CAMHS supports universal and targeted community services (Tier 1 and Tier 2), but primarily works as a multi-disciplinary team within a local area - CAMHS Locality Teams (Tier 3), supported by services that have specific and additional expertise, often provided over a larger area (e.g. Forensic CAMHS, Psychiatric Inpatient Care) (Tier 4).

Sections 1 to 7 below are the minimum service standards to be delivered by all NHS Scotland CAMHS and these standards will be reviewed regularly, and in the first instance, in June 2020 on the basis of learning from the implementation process. All statements should be read with the preface “CAMHS in Scotland will”:

## 1. High Quality Care And Support That Is Right For Me

These are the CAMHS ‘experience of service’ standards to be delivered for children, young people and their families:

- 1.1 Publish information in a clear, accessible format about what and who CAMHS is for, and how children, young people and their carers can access CAMHS.
- 1.2 Offer a first appointment to all children and young people who meet the CAMHS Scotland referral criteria. This first appointment, unless in unscheduled or urgent care, should be as soon as possible and no later than 4 weeks.
- 1.3 Provide support and personalised, meaningful signposting to the child/young person and their family/carers, with informed consent, to access other services within the children and young people’s service network, in cases where families’ needs are best met elsewhere.
- 1.4 Conduct a full initial assessment, based on the information from the referrer, and the Child’s Plan where completed and available, which includes a comprehensive psychosocial assessment.

1.5 Assure that the member of staff undertaking the initial assessment is appropriately trained and experienced to undertake assessments, to identify strengths and difficulties including identification of mental health disorders, supported by formulation or diagnosis where appropriate.

1.6 Provide interventions and treatments, where required and agreed with children, young people and families/carers, as soon as possible, and no later than 18 weeks from first referral, with the median experienced wait for treatment being no longer than 12 weeks.

## **2. I Am Fully Involved In The Decisions About My Care**

Getting It Right For Every Child (GIRFEC) stresses the importance of care planning and collaboration between professionals as the required standard for delivery of children's services in Scotland, and CAMHS will work to the GIRFEC principles on a multi professional and agency basis.

2.1 Build on and contribute to other parts of agreed multi-agency care pathways.

2.2 Agree through a process of shared decision making the goals of the child and family and regularly review those interventions and progress towards the goals.

2.3 Ensure that the rationale for formulation and diagnosis, evidence considered, and decisions made will be fully documented. This will be shared with the child/young person and parent/carer in writing as appropriate. Share and involve the child, young person and family/cares in the information to be shared with the referrer e.g. that the assessment has taken place and the goals of the care plan.

2.4 Develop a risk management plan, if required, in collaboration with the child/young person and their families/carers, including crisis planning where relevant.

2.5 Ensure that initial and continuous care planning involves all members of the CAMHS team providing care, the child/young person and their families/carers.

2.6 Ensure that care plans are in place for all children and young people receiving support from CAMHS.

2.7 Ensure care plans: are coordinated across agencies (using the GIRFEC principles), teams and disciplines; are clearly written; identify the case holder/care coordinator; are developed in collaboration with children/young people and families and carers (e.g. The Triangle of Care)

2.8 Provide copies of the care plan to children, young people and their families/carers, and, with informed consent, those professionals in other agencies working with the child, young person and families/carers such as social work, schools and children's services providers and primary care (e.g. GPs).

### 3. High Quality Interventions And Treatment That Are Right For Me

CAMHS has a specific role in the assessment and provision of interventions/treatment of children and young people's mental health problems and this section summarises the main components of CAMHS Tier 3 and Tier 4 services:

3.1 Provide recommendations for interventions and treatment options in consideration of:

- Engagement, accessibility, flexibility and choice.
- Age-appropriate best practice/evidence-based psychological intervention.
- Environmental and occupational/educational interventions or support.
- The availability of a multimedia prevention packages.
- Psychosocial and Pharmacological and interventions.

3.2 Take account of children and young people's educational needs and, with informed consent, work with school and education authority staff to contribute to the child or young person's educational support. This will include responding to requests for assistance under the terms of the Additional Support for Learning Act.

3.3 Provide specific support for the mental health of Looked After Children, including support to the system of care (e.g. advice, consultation, training) and, via the Child's Plan and requests for assistance, children and young people who are experiencing mental health problems.

3.4 Provide a liaison mental health service to all children and young people who are receiving treatment in acute settings such as hospitals, including, in partnership with acute colleagues and other agencies, a robust clinical emergency service with out of hours, weekend and bank holiday capability.

3.5 Provide and/or contribute to a 24/7 mental health crisis response service for children and young people, including support and advice to front line services, assessment and interventions/treatment for mental health crisis presentations, and access to inpatient medical and/or psychiatric care.

3.6 CAMHS Locality Teams (Tier 3) will provide services for:

- Severe Depression and Anxiety
- Moderate to severe emotional and behavioural problems, including severe conduct, impulsivity, and attention disorders
- Psychosis
- Obsessive-compulsive disorders
- Eating disorders
- Self-harm
- Suicidal behaviours
- Mental health problems with comorbid drug and alcohol use
- Neuropsychiatric conditions
- Attachment disorders
- Post-traumatic stress disorders
- Mental health problems comorbid with neurodevelopmental problems

- Mental health problems where there is comorbidity with mild/moderate intellectual disabilities and/ or comorbid physical health conditions, additional support needs and disabilities including sensory impairments
- Children and young people in the above categories and who require Intensive Home Treatment and Support

3.7 CAMHS Locality Teams (Tier 3) response to the above, but will also be supported by services providing additional and specific expertise to children and young people supported in CAMHS who, have more complex and/or specific difficulties. These services are often delivered across board boundaries, regionally or nationally and include Psychiatric In Patient Units. The areas of specific expertise required are children and young people with mental health problems and

- an intellectual disability
- forensic risks and needs
- experience of complex trauma
- an eating disorder
- an admission to an acute hospital
- substance misuse
- questioning or experiencing distress about their gender
- placement in secure care (where secure care facilities are within the relevant NHS Board)
- a complex neurodevelopmental problems
- an early onset psychosis
- a need for inpatient psychiatric care

#### **4. My Rights Are Acknowledged, Respected and Delivered**

CAMHS will commit to working within a rights based approach and, given the impact of inequality and discrimination on positive mental health, it's important that children, young people and their families know the actions taken to ensure their rights are respected and they are included. Partner organisations are reminded of their duties under the Equality Act 2010 and the Equality Act 2010 (Specific Duties) Regulations (Scotland) to assess the impact on persons who share a protected characteristic in the delivery of this service.

4.1 Ensure CAMHS are available to all children and young people, taking into account all protected characteristics. Where it is deemed clinically appropriate, alternative services may be established that meet the specific needs of one or more groups within a community. Such services will enhance rather than detract from the minimum standards.

4.2 Ensure CAMHS is delivered in timely, age-appropriate, accessible, and comfortable settings, as close to home as possible, and that meet the needs of children and young people.

4.3 Ensure that informed consent issues around both sharing of information within the family and with other agencies and around interventions/treatment are clearly explained and documented.

4.4 Provide care/interventions that will reduce the risk of and/or prevent unnecessary admission to an inpatient bed and promote safe discharge and recovery.

4.5 Ensure that all service developments and/or redesigns are undertaken using best standards of engagement, involvement of children, young people and their families including co-production.

4.6 Provide and act upon a risk assessment for all those children who did not attend/were not brought, including, implementation of local 'unseen child' protocols and standards. (NB: CAMHS should not close a case due to non-attendance/engagement without discussion with the referrer that the child or young person has not attended/was not brought. See Child Protection Guidance for Health Professionals SG 2013)

4.7 Publish clear re-engagement policies and make them available to referrers, children/young people and families and carers.

4.8 Offer creative and acceptable alternatives to face to face clinical work where the children and young people live at a distance from clinical bases e.g. the use of approved technology like Attend Anywhere or advice to a local professional who is working with the child, young person and their family.

## **5. I Am Fully Involved In Planning And Agreeing My Transitions**

Transitions for children and young people are known to increase risks, particularly for the most vulnerable. The Scottish Government published the Transition Care Planning Guidance in 2018 and this describes the standards required in the planning of good transitions for young people moving from CAMHS to Adult Mental Health Services. The Principles of Transition guidance is relevant in planning and supporting all transitions for children and young people.

5.1 Implement the Scottish Government's Transition Care Planning Guidance. CAMHS will have protocols in place to ensure that transitions between CAMHS and other services are robust and that, wherever possible, services work together with the service user and families/carers to plan in advance for transition (this is especially critical in the transfer from CAMHS to adult mental health services and primary care or other services, e.g. voluntary/third sector).

5.2 Ensure the Transition Care Plan provides children and young people with continuity of care and that any risks and child and adult support and protection concerns are clearly identified and documented.

Groups of children and young people who are more at risk to adversity during transitions and require robust transition plans include:

- Looked after children
- Care leavers moving to independent living
- Young people entering or leaving inpatient care

- Young people entering or leaving prison
- Young offenders
- Children and young people with intellectual disabilities
- Unaccompanied asylum-seeking minors
- Children and young people with caring responsibilities
- Those not in education, employment or training
- Children supported under the Additional Support for Learning Act
- Young Parents
- Young people entering college or university study and, in particular, those moving health board area

## **6. We Fully Involve Children, Young People And Their Families And Carers**

The Children and Young People's Mental Health Programme has been built on and informed by significant involvement of children, young people and their families: in particular, but not limited to, the Rejected Referrals Report, The Youth Commission on Mental Health and the Children and Young People's Mental Health Taskforce. CAMHS will work in partnership with children, young people and their families in all aspects of service design and delivery.

6.1 Provide clear ways and simple to use means for children, young people and/or families/carers to provide regular feedback or to complain. This feedback should be used to improve the support offered.

6.2 Ensure independent advocacy and support services to the whole system are well signposted and children, young people and/or families/carers are supported to access the help available.

6.3 Seek feedback from children, young people and/or families/carers, and other professionals involved with the child or young person with agreement, each time they are supported and are involved in reviewing progress, goals and outcomes.

6.4 Involve children, young people and/or families/carers in all decisions/plans that affect them. This includes the design, planning, delivery and review of services.

6.5 Develop leaflets, websites, social media and other communications aimed at children, young people and/or families/carers in partnership with them.

## **7. I Have Confidence In The Staff Who Support Me**

No public service can provide quality of care without a commitment to develop and sustain a high quality workforce. The variation in workforce levels, professional mix, skill mix, activity, productivity and outcomes in CAMHS was noted in both the Rejected Referrals report and the Audit Scotland report. CAMHS workforce development is a critical element of the delivery of high quality and consistent care across Scotland.



- 7.1 Provide sufficient staff resources to meet the recommended standards for:
- (i) minimum critical mass for CAMHS Tier 3 and Tier 4 services, taking into account specific local circumstances;
  - (ii) demand and capacity, taking into account wider provision for children and young people's mental health care, and current demand for locality CAMHS teams, ensuring Fair Work standards, and quality of care standards, are met;
  - (iii) an assessment of population level need.
- [NB: Further guidance will follow on Scottish Government's recommended CAMHS capacity and workforce model which will include Fair Work Standards, and the Health and Care (Staffing) Scotland Act]
- 7.2 Involve children, young people and/or their families/carers, and their views taken into account, in recruitment and appointment of staff.
- 7.3 Involve children, young people and/or families/carers in the design, delivery and/or evaluation of staff training.
- 7.4 Provide opportunities for team / service away days to build team relationships, facilitate learning and service development. This should be done on a multi professional/agency basis wherever possible.
- 7.5 Develop effective relationships and pathways with key local organisations to ensure the holistic needs of children, young people and/or families/carers are met in a timely and appropriate manner, in line with the GIRFEC National Practice Model, The Child's Plan (where completed).
- 7.6 Clearly describe the roles of professionals in CAMHS, including the capacity for supporting children, young people and their families, and including administration support, team meetings and supervision, and make this information available in a range of audiences and formats.
- 7.7 Ensure sufficient resources are available for professional, clinical and managerial supervision, including supervision regarding the arrangements for the safety of children and young people.
- 7.8 Provide opportunities for CAMHS professionals to participate in small group case discussions about case goals and outcomes, and on a multi-agency basis where possible.
- 7.9 Include children, young people and/or families/carers' views of their experience in CAMHS professional appraisals, and provide systems and processes to gather views appropriately, and with consent, for this purpose.
- 7.10 Ensure systems and processes are in place (IT and others) to monitor, report on, analyse and respond to, fluctuations in the local planned capacity calculations, but also to report on outcomes of interventions and treatment.
- 7.11 Ensure CAMHS staff are supported to grow and develop the necessary compassion, values and behaviours to provide person-centred, integrated care and enhance the quality

of experience through education, training and regular continuing personal and professional development that instils respect for children/young people and families/carers.

7.12 Ensure the workforce capacity, current and for the future, is sufficient ensuring an appropriate skill mix and scope of practice to deliver a range of recommended evidence-based interventions within the recommended delivery and capacity model.

## **ANNEX 1 - National Referral Pro-forma for Child and Adolescent Mental Health Services (CAMHS) in Scotland**

Child and Adolescent Mental Health Services (CAMHS) are core clinical multi-disciplinary teams with expertise in the assessment, care and treatment of children and young people experiencing serious mental health problems. Specialist services for those at risk and with specific conditions are also provided, including inpatient care. CAMHS works with and provides support to the wider system of mental health care for children, young people and their families within the Getting It Right For Every Child (GIRFEC) model.

Specialist CAMHS are for children and young people age 0 – 18<sup>th</sup> birthday with clear symptoms of mental ill health which place them or others at risk and/or are having a significant and persistent impact on day-to-day functioning. While some children and young people will need to come straight to CAMHS i.e. those requiring urgent mental health care, most will require this service when an intervention within primary care, education or a community-based service has not been enough.

Name and demographics of the child or young person - including contact details and Next of Kin – as per ISD requirements.

Who has given consent for this referral?

If the young person is alone, how should we contact them for appointments?

Reason for referral; please specify:  
mental health symptoms, risk to child or young person and/or others and impact on day to day life.

Are there any child protection concerns about the child or young person?

What else has been done to address the problem? Please give details e.g. the name of the service, intervention etc.

Past medical history *Physical and Mental Health*

Medication *Current & Past*

Allergies

Family History

If referral relates to a suspected eating disorder:

*Physical health data: HR, BP, Height, Weight, BMI, date and results of any recent investigations.*

Please ask child or young person to add any further information from them and school/college if appropriate about the difficulties and add this to your referral.

Are there any special requirements for appointments e.g. wheelchair access, interpreter Y/N  
If Yes, please specify:

Referrer's details.....

## **ANNEX 2**

### **Definition of CAMHS Professionals and Services**

#### **Tier 3 CAMHS**

Tier 3 CAMHS works with children and young people from 0 years up to the age of 18 years who present with significant mental health problems. The team is based in a local area, is multi-disciplinary, made up of nurses, clinical and applied psychologists, social workers, psychiatrists and occupational therapists as the main professions, with access to systemic and family psychotherapists, child and adolescent psychotherapists, speech and language therapists and dieticians as required. These professionals provide consultation and advice to other professional groups and agencies. CAMHS provides specialist diagnostic assessment and provides psychological, systemic and/or pharmacological therapy. They also work with other the staff in the other services out with CAMHS. CAMHS is available for consultation to other professionals concerned about children and young people's emotional wellbeing and mental health issues. CAMHS Tier 3 teams deliver the National Referral to Treatment Standard so are key to delivering the CAMHS Service Specifications.

#### **Substance Misuse Service**

CAMHS substance abuse services provide support for the management and treatment of children and young people with co-morbid mental health and substance misuse problems. This may be provided with the Tier 3 CAMHS team, or by a more specialist Tier 4 team over a larger area. CAMHS substance abuse services will work along with other community based agencies that deliver services to help young people who are misusing substances whether legal or illegal. Therapeutic intervention will be aimed at reducing or stopping substance misuse through discussion on the physical, psychological, social, educational, systemic and legal issues related to their substance misuse. CAMHS substance abuse services also offers opportunities for consultation and educational group sessions to professionals, children and young people their families and carers.

#### **Eating Disorders Service**

CAMHS Eating Disorders services treat children and young people under 18 years who have difficulties with their eating patterns. Examples of eating disorders are Anorexia Nervosa, Bulimia Nervosa and Eating Disorders Not Otherwise Specified (EDNOS). This can be provided within a Tier 3 CAMHS team, or by a dedicated Tier 4 team working across a larger area. CAMHS/Eating Disorders services will provide a family and individual assessment and a range of interventions are available, such as Motivational Work, Individual Therapy, Family Therapy (e.g. Family Based Treatment), Individual Nutritional Assessment, education and reviews. Various group supports may also be provided such as nutritional education and carers support which may be provided over a specific number of weeks.

## **Intensive Home Treatment Service**

A CAMHS nursing/medical/AHP team available in the community to reduce and/or manage children and young people who are at immediate risk or who need intensive therapeutic care. The primary objective of this service is to prevent admissions to acute hospital care. Where admission is required, this service is aimed to provide earlier step down from in-patient psychiatric care.

## **Crisis Service**

CAMHS crisis services provides a 24/7 emergency/crisis response assessment and management service, working alongside other agencies (Police, ED, SWS etc.) and may provide support as required to these agencies. CAMHS Crisis services work intensively with children and young people and their families/carers as required to respond to mental health crisis immediately. CAMHS crisis services ensure children and young people are safe and receive appropriate follow up care, including medical and psychiatric inpatient care where require, social work and other services response. CAMHS crisis services will work closely with the Crisis supports under development for the Children and Young People's Mental Health and Wellbeing Programme Board.

## **Gender Identity Service**

This service will provide assessment, specialist interventions/treatment and therapeutic support to young people who have issues regarding their gender and also includes work with families. These services often work over a larger area, and works in collaboration with Tier 3 CAMHS teams offering consultation and liaison (and with wider children's services) as necessary and appropriate. Gender identity services link with and/or signpost users and carers to other relevant voluntary/community sector organisations for additional information and support. This service could be delivered on a regional or a national basis.

## **Forensic CAMHS**

This service supports a range of agencies and professionals in addressing the mental health and risk management needs of young people presenting with high risk behaviors. This is conducted through clinical consultations and specialist assessments. This will often include young people in the criminal justice system, prison and secure care. This service should be delivered on a regional basis with links to and from the National Secure Inpatient Psychiatric Service (opening in 2022).

## **LD/Intellectual Disability CAMHS Service**

This service works with children and young people with Intellectual Disabilities/Learning Disabilities (ID/LD) and mental health difficulties or complex behavioral difficulties. It provides comprehensive assessment and specialist, multidisciplinary, therapeutic interventions, broadly similar to mainstream CAMHS, with additional interventions/treatment approaches tailored to the needs of children young people with ID/LD e.g. behavioral and communication interventions. ID/LD CAMHS understands the complex genetic, neurological or physical health difficulties which often impact on the mental health and development of children and young people with ID/LD and tailor their approach accordingly.

ID/LD CAMHS work along with other specialist services involved with children and young people with ID/LD particularly education, social work and community paediatric teams. NHS Scotland are considering the case for a National CAMHS Inpatient Service. Children and Young People with Complex Neurodevelopmental Problems and mental health risks and impact may also be referred to this team where the risks and impact are beyond the supports available in Core CAMHS and wider children's services.

### **Liaison CAMHS**

This service provides CAMHS input to acute physical healthcare settings, recognising that children and young people who are frequent attenders and in-patients have a higher incidence of mental health disorders. This is particularly the case for children and young people with neurological conditions and chronic health conditions. Psychiatrists, nurses and clinical psychologists work with paediatric and adult healthcare colleagues to provide mental health promotion, early intervention and treatment services so that children and young people receive high quality holistic care for emergency and routine presentations. They also support children and young people admitted to acute healthcare settings as a consequence of mental health disorders e.g. for physical stabilisation of a child or young person with an eating disorder or where they present with an acute crisis. Therapeutic work comprises of psychological and psychopharmacological therapies based on careful assessments and joined up working with acute physical healthcare colleagues.



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