

**NATIONAL
ADVISORY
COUNCIL**

For children's mental health &
psychological wellbeing



**the first report from the National
Advisory Council for Children's Mental
Health and Psychological Wellbeing**



Foreword

Looking after and investing in children's emotional wellbeing and mental health is as important as safeguarding their physical health; it underpins positive outcomes in childhood and successes in future adulthood. It is an issue not just for parents – but for everyone working with children, for policymakers and for society as a whole. It is at the heart of a child's rights to fulfil their potential; to be protected from harmful influences; and to participate fully in family, education, cultural and social life.

The National Advisory Council for Children's Psychological Wellbeing and Mental Health came into being as a direct result of the independent CAMHS Review of 2008, which was a 'call to action' for national, regional, local leaders and services to achieve change in 20 key areas to improve outcomes for children and young people.

The Government's willingness to establish this new national body to hold it to account for delivering the CAMHS Review recommendations and to champion children's emotional wellbeing and mental health indicates the importance of this agenda. And it was appropriate that our first year coincided with the 20th anniversary of the United Nations Convention on the Rights of the Child.

It is only a few months since the Government provided its full response to the independent Review and early days for measurable progress on achieving its recommendations; therefore we do not explicitly address each individual recommendation – we will return to this in our report next year.

Senior managers in health and local authority children's services confirm our view that the policy framework is right, and that the real challenge is now to translate the policy aspiration into improved service delivery, right from prevention and early identification through to the specialist services. This challenge will need to be tackled over the coming years in a more difficult economic climate, yet the economic case is sound – investing in childhood makes every sense and this is not a time to disinvest.

The recognition that there is an imperative to improve children's emotional wellbeing and mental health is not new; we are now urging Government and the field to work together with the Council to find practical and effective solutions for change.

Against this background, the report poses a number of questions based on the findings of our field work over the last year, to stimulate debate and move towards joint problem solving and a cross-cutting

approach; so many of the outcomes for children highlighted in *Every Child Matters* are dependent on this improvement.

We hope to report next year that the CAMHS Review recommendations are well on their way to being met in their entirety and that every child will receive a level of care for their emotional wellbeing and mental health which supports them to lead the most fulfilling life possible.

Dame Jo Williams
Chair

We would like to thank all those who have given their time and energy to support, inform and work with us over the last year. We recognise this is a complex agenda but are determined that emotional wellbeing and mental health should remain central to all those who work to improve the lives of children and young people. It is now not just everybody's business but everybody's responsibility to do something about it.

Dr Lesley Hewson
Vice-chair



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CHAPTER 1

Introduction



The emotional wellbeing and mental health of children and young people is as important as their physical health and is a vital safeguard for their successful future. A year ago, the CAMHS Review called on everyone to ensure they play their part in supporting and improving children's emotional wellbeing and mental health.

This report looks at examples of progress but also at the many challenges that need to be tackled if the Review recommendations are to be achieved. It outlines how the National Advisory Council will continue to work with young people, Government and the field to stimulate more open debate and to find solutions in the current economic climate. It cautions against any disinvestment in services: the progress that has been made year on year now needs to be sustained, for the benefit of individuals and society.

1.1 The emotional wellbeing and mental health of our children and young people is vital – to them as individuals and to all of us. Failing to tackle emotional problems and mental disorders as early as possible creates significant social and economic costs. The presence of mental illness during childhood has been shown

to lead to costs which are up to ten times higher during adulthood.¹ The cost of adult mental health problems is currently estimated at around £110 billion.² At the same time, only six per cent of the costs of mental illness among children and adolescents is estimated to fall on the health system, providing a strong argument for other sectors to become more involved.³ In 2008 the independent CAMHS Review⁴ presented an analysis of the current situation (see Box 1) and made 20 recommendations for change.

1.2 The National Advisory Council was set up by the Government as an immediate response to the CAMHS Review to help ensure that the right steps are taken to improve children's emotional wellbeing and mental health. Our remit is:

- to champion the importance of emotional wellbeing and mental health
- to ensure that the recommendations in the CAMHS Review are addressed
- to hold Government to account for its progress.

1.3 There is a strong consensus around what needs to be done, coming from many sources and disciplines, not just the CAMHS Review, but also New Horizons,⁵ the recent and wide-ranging Marmot review⁶ of health inequalities,

the Foresight report on mental capital and wellbeing⁷ and contributions from the Royal College of Psychiatrists⁸ and voluntary sector organisations, such as Action for Children.⁹

1.4 Prevention and earlier intervention; evidence-based approaches; ‘thinking family’; developing the workforce; tackling stigma and involving children, young people and families in the design and delivery of services in a meaningful way are key themes to emerge.

1.5 *Every Child Matters*¹⁰ and Standard 9 of the *National Service Framework for Children, Young People and Maternity Services*¹¹ provide a strong policy framework, and the vision is now being taken forward in the Government’s full response to the CAMHS Review.¹² However, the national policy framework still needs to be realised fully and consistently across the country. The requirements on both the NHS and Children’s Trusts to prioritise and lead the emotional wellbeing and mental health agenda will provide a strong lever to those managers in the field who are responsible for driving local change. Initiatives such as the social and emotional aspects of learning programme (SEAL) and Targeted Mental Health in Schools (TAMHS) look very promising, however there is an ongoing need to ensure that all services from early identification to highly specialist care continue to improve.

1.6 There is no doubt about the commitment of staff across the country and we recognise there is potential in services to further innovate and to ensure resources are used in the best way possible. This report supports the broad consensus, and offers some insights, solutions and next steps for making sure that real progress takes place. In particular, we think that efforts should be focused at all levels in the following four areas:

- leadership
- commissioning needs-led services

- workforce development
- meaningful participation of children and young people.

1.7 These four areas are addressed in each of the main chapters in this report:

- Chapter 3 looks at the progress that has been made since the CAMHS Review was published, highlighting some innovative practice in relation to the four areas outlined above.
- Chapter 4 offers our perspective on the challenges that persist; some of these are long-standing and often embedded in the culture of services and get in the way of making the vision a reality.
- In Chapter 5, we seek to stimulate more open debate about these stumbling blocks. We set out how we intend to continue to work with Government and with the field over the next 12 months to understand more about these issues, and to challenge everyone – Government, regional and local leaders, service managers, practitioners and ourselves – to come up with practical solutions for change.

1.8 We do not directly report on progress in relation to each individual recommendation from the CAMHS Review because of the relatively short timescale since they were published, and because the Government has only recently published its full response¹² to the Review. However they underpin the direction of our work, and in a number of instances we make specific reference where there are important points to be made at this stage. Annex A lists the recommendations in full. We will return to these in our next report when we will also report on the important and complex task of our monitoring and evaluation group who are working hard to consider the wide range of quantitative and qualitative data available across the sector and how this can be used to provide the Council with evidence of progress.

1.9 Our overall message is that this is an area which is too important to be overlooked. There has been some good progress, but there is much more to be done. This work will need to take place in a more challenging economic climate, but the response should be to use resources more wisely – through earlier intervention, evidence-based approaches and effective commissioning – rather than any disinvestment; it continues to be important to maintain and further develop specialist services, and to look at models of services that can work across agencies to meet the needs of our most vulnerable children and young people.

1.10 With high costs to children, young people and families as well as the social and economic costs to society, this is an issue that we cannot afford to overlook. It is now more important than ever for services to ‘get it right first time’.

Box 1: CAMHS Review key findings

Three fundamental changes need to take place if we are to provide better support for children’s emotional wellbeing and mental health:

- *Everybody needs to recognise the part they can play in helping children grow up, understand how they can promote their resilience, and know where to go if they need more information and help.*
- *Children’s services need to work effectively together to provide well integrated child- and family-centred services.*
 - *universal services need to play a pivotal role in promotion and early intervention*
 - *specialist services need to deliver support that is easy to access, readily available and based on the best evidence*
- *Staff across these services need to have a clear understanding of their roles and responsibilities and those of others, and have an appropriate range of skills and competencies.*

Children and Young People in Mind: The final report of the CAMHS Review, p. 10



CHAPTER 2

The Council's first year



Over the past year we have worked with Government, the field and young people to help bring about the changes envisaged in the CAMHS Review. The task is a significant one and we have been determined to take hold of our brief and to make an impact as quickly as possible.

Overview of the year

2.1 Here is a snapshot of our activity over the past 12 months, followed by a brief review of our work on participation.

Winter 2008: The membership of the Council is established (see Annex B). In February our inaugural meeting is launched by Baroness Delyth Morgan and our remit agreed (see Annex C). Our website helps us establish our presence with the wide range of stakeholders with whom we will be working.

Spring 2009: We hold nine regional seminars to communicate the key messages from the CAMHS Review, to champion the importance of children's emotional health and wellbeing and to listen to strategic and frontline staff. Participants express hope, enthusiasm and commitment but also tell us of frustrations and challenges. A sub-group is established to identify the data

available to monitor progress against the CAMHS Review recommendations (see Annex B for full membership). Dr Miranda Wolpert leads this working with the Department of Health (DH), the Department for Children, Schools and Families (DCSF) and other key organisations.

Summer 2009: Health Minister Phil Hope attends the second meeting of the Council and takes questions from young people and council members. He acknowledges the need to address stigma, in order to ensure that young people are not discouraged from seeking support from services, and emphasises the importance of needs assessment and commissioning for vulnerable children and young people. Our participation workstrand is established in partnership with the voluntary sector, to ensure young people's voices are central to what we do. Their experiences of transition inform our response to the consultation on New Horizons.

Autumn 2009: Third Council meeting, where we discuss the challenge of keeping children's emotional wellbeing and mental health high on the agenda during a period of economic constraint. In addition, Jo Williams and Lesley Hewson meet with the Royal Colleges

to discuss their priorities for children's mental health.

Winter 2009: More visits in the regions, to hear from government offices (GOs) and strategic health authorities (SHAs), and to meet local commissioners and providers to hear about progress and ongoing challenges. An article from the Council in Young Minds Magazine argues that New Horizons presents a real opportunity to improve transition from children's to adult mental health services. The fourth Council meeting is attended by Children's Minister Dawn Primarolo, who emphasises her commitment to children's emotional wellbeing and mental health issues and her eagerness to drive forward further change, given its resonance across the whole children's services agenda. In early 2010 a new workstream on young people in the youth justice system is established, addressing the findings of the Bradley Review.

Promoting the participation of children and young people

2.2 Participation has been one of our priorities in our first year. We firmly believe children and young people are experts in their own difficulties, and need to have direct opportunities to participate in the development, planning and delivery of the services they receive. The principle of participation runs throughout the CAMHS Review, and while there was no specific recommendation, it was recognised as being an issue that needs to be addressed at all levels. Our participation sub-group (see Annex B) has developed a list of 'participation must-dos' which we commend to all in the sector (see Box 2).

2.3 Working in partnership with Rethink, BEAT and YoungMinds, we have also established the National Advisory Council's Children and Young People Reference group. The young people prepared a consultation response to the New Horizons consultation document and, more recently, identified three areas they want the Council to prioritise; these have been integrated into our work plan for the next year:

- tackling stigma
- ensuring staff have the right skills
- ensuring all staff take children and young people seriously.

2.4 We have found that young people have imaginative and well-thought-out ideas for how services can be improved; they have told us that the staff working with them should give them the opportunity to say what they think, should listen, and should take on board what is being said. We know from practice that children and young people find true participation helpful to them personally, and that it also improves services. However, we also know from practice that full and meaningful participation can be hard to achieve. This needs to change and services must be supported to ensure that children and young people are fully involved.

Box 2: The 10 participation 'must-dos'

1. *Participation needs to be a core aspect of service provision, and not an optional extra.*
2. *Effective participation needs to be adequately funded.*
3. *All information should be presented using language that is appropriate and accessible to children, young people and families.*
4. *Children and young people's views and experiences should be taken into account in strategic and commissioning arrangements.*
6. *Children and young people should be involved in the development of national policy. Children and young people should be active participants in their own care, for example they should have a written and child-centred care plan and their lead person should have their trust.*
7. *Advocacy services should be available for children and young people.*
8. *Services should learn from the experiences of children and young people. For example there should be routine structures in place for getting feedback on services received.*
9. *Practitioners should receive training in how to engage service users. Many young people have told us that the way they were treated actually made them feel worse about themselves.*
10. *To claim they are effective, local services need to be able to demonstrate that they are actively involving children and young people.*

NAC Children & Young People
Participation Subgroup (2009)



CHAPTER 3

Progress



Our visits to local areas and review of developments at national level suggest that a strong policy framework is in place, that there is a growing recognition of the social and economic case for improving children’s emotional wellbeing and mental health, and that there are examples of innovative work underway aimed at improving outcomes for children, a selection of which we summarise in this chapter (other examples will be available on the Council’s website). We have found that people welcome the CAMHS Review and support its key recommendations but bringing about the change we all want to see is much harder. All managers and practitioners in the whole range of children’s services will need to grapple with what this means for them and we will share some of the challenges in the next chapter.

A. Improved leadership

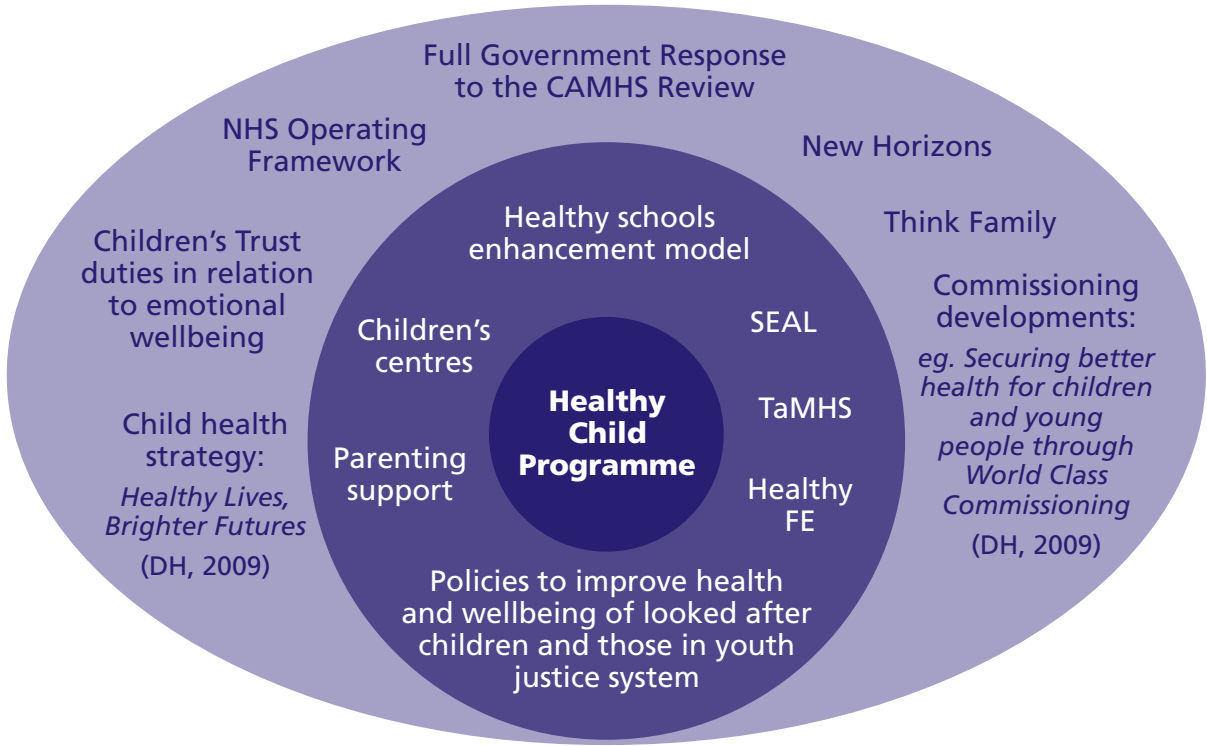
National level

3.1 There have been a number of developments since the CAMHS Review which give children’s emotional wellbeing and mental health a central place, recognising its importance in improving outcomes for all children and young people, and the need to address it at

a range of levels, from universal health entitlements for individual children and young people, through to strategic developments across the whole of the Children’s Trust partnership. Though the CAMHS Review recommendations are not yet achieved, it is encouraging that the full Government response attempts to bring many policy developments together into an overarching framework against which local areas are being asked to deliver (see Figure 1).

3.2 In addition the Council is pleased that children’s emotional wellbeing and mental health remains an NHS priority, with an expectation in the NHS Operating Framework in England (2010-11)¹³ that primary care trusts (PCTs) will have regard to the Full Government Response to the CAMHS Review,¹² in particular to reduce waiting times and to use outcome measures to identify effective practice. We hope that a similarly strong message will appear in the forthcoming statutory guidance for Children’s Trusts.¹⁴

Figure 1: How new policies are targeting emotional wellbeing and mental health



The Social and Emotional Aspects of Learning programme (SEAL) led by DCSF was cited by many as helping to drive forward change in schools. The Targeted Mental Health in Schools Programme (TaMHS) is similarly valued for creating mechanisms for better partnership working between schools and other agencies and leading to improved outcomes for children. In one area we were told that TaMHS has had the effect of demystifying the role of CAMHS, and is a service that is in demand from all schools and well-received by parents. However there is anxiety that these services may not be mainstreamed once central funding ends.

Regional level

3.3 Some regional bodies have taken the initiative in establishing more integrated governance arrangements. For example, some SHAs and GOs have formed a single regional body to have oversight of developments across the broad spectrum of emotional wellbeing and mental health

services; others review progress through the board established to oversee delivery of PSA 12,¹⁵ as this supports the interconnectivity between emotional wellbeing and mental health and other priorities such as safeguarding. The importance of named service improvement leads for emotional wellbeing and mental health at regional level is well recognised.

In the Eastern Region the SHA and GO have established a joint Children and Young People in Mind Board reporting to the Joint Regional Children's Board and the PSA 12 Board; all local CAMHS partnerships have a place as well as a range of lead clinicians, to ensure a co-ordinated approach. The approach enables service gaps to be identified and inform regional commissioning. Performance targets have been agreed as well as priority concerns. The Board has undertaken visits to all local partnership boards to review progress and hear challenges.

Local level

3.4 Children's Trusts have the remit and the mechanisms to make big changes to the way in which services are delivered and commissioned, and practitioners have access to a range of helpful tools to support integrated working. A central theme emerging from our visits is the value of inspiring and informed leaders with a strong commitment to the importance of children's emotional wellbeing and mental health, and who bring together a wide range of partners under a shared vision. We have seen examples of this both within commissioning teams and providers.

B. Towards needs-led services through effective commissioning

3.5 With financial resources becoming more limited, we are aware of a number of instances in which innovative and creative commissioning is benefiting children and families, and saving money. For example, we heard that in Surrey the development of more integrated services for looked after children has avoided the need for some high cost out of area placements, and in some areas the establishment of regional arrangements for commissioning looks to deliver efficiencies in terms of more effective procurement.

Yorkshire and Humber's Specialised Commissioning Group has developed a regional commissioning framework to improve the way that services respond when children and young people in contact with the youth justice system are identified as having mental health problems.

3.6 In other areas commissioners are taking the lead in developing services that are more aligned with their communities; sometimes through a process of retendering based on a joint strategic needs assessment. The opportunity

this has given services to drive forward improvement can be impressive. Clinical leaders have reported a positive impact in terms of helping services to move on and be more responsive, particularly in cases where they may have been too small to move on by themselves, or 'stuck' in entrenched ways of working.

As a response to a retendering exercise North Bristol NHS Trust have formed a partnership with Barnardos and brought together child and adolescent mental health services provided by three trusts; the health visiting and school nursing service; community paediatrics and allied professions to provide a joined up and comprehensive CAMHS and Child Health Service. The service is being redesigned and working to an operating and performance framework agreed with the PCT; they have reduced waiting times to four to five weeks and are planning to relocate in line with locality services provided by the local authority. Clinicians provide favourable reports of the improvements this has brought, in particular closer working across the health services.

3.7 During our visits we have seen a number of exciting and successful multi-agency services which share a number of common features: they are all jointly commissioned; have a multi-agency steering group to maintain the vision; have a clear role and remit and can focus on developing expert skills, for example in learning disability or looked after children. They value co-location but remain part of the whole CAMHS system with strong links to mainstream CAMHS as required.

Camden Multi-Agency Liaison Team (MALT) is a multi-agency, multi-disciplinary service for children and young people from 0 to 18 years of age who have been identified by social services as having mental health needs. The children seen by MALT are either looked after, have a child protection plan or are children in need on the verge of child protection or legal proceedings.

The aims of the team are to:

- *improve mental health through screening, assessment and treatment*
- *reduce placement breakdown through assisting carers and those working with carers*
- *work alongside other agencies, in particular those in education settings and youth offending services*
- *make specialist contributions to the assessment of children and their families involved in care proceedings and providing written reports for the court*
- *support parents through individual parenting programmes developed alongside the referring social worker.*

The team is jointly commissioned by NHS Camden and the local authority. It is led by a consultant child and adolescent psychiatrist and co-managed by a social work manager.

3.8 We have seen a number of excellent examples of universal services playing a more central role in supporting children and young people's emotional wellbeing and mental health, often helped by consultancy and support from specialist mental health services. We know from the evidence base that these services are helping to lay the foundations for emotional resilience in infants and children; this will have personal benefits for these individuals and their families, as well as important social benefits in the future.

In Sunderland CAMHS workers provide a tier 2 service for both the children's centre and the local primary school. They are based at the children's centre, and also provide input to the antenatal support services helping parents to think about the emotional wellbeing of their future baby, as well as information, advice and brief interventions for parents of school-aged children.

3.9 We have also been struck by the success of some specialist services in making themselves more accessible to children and families. One area is focusing on establishing better links with GPs; another is looking at introducing an online and phone-based screening tool to identify which children and young people need specialist support. The process, which has been used successfully in Canada, provides a profile of the child's needs and the likely appropriate intervention.

Calderdale and Kirklees CAMHS provide a central point of access through their primary mental health workers (PMHWs). All professionals including GPs and paediatricians speak to a PMHW prior to sending in a written referral. The PMHWs can provide advice or a joint assessment. In some cases they will make direct contact with the family either by phone or face to face to carry out an assessment; this has been effective in reducing the anxiety for both the family and the professional.

Oxford and Buckinghamshire CAMHS have developed a responsive and whole systems approach to specialist services. They have built up out of hours crisis and assertive outreach teams and intensive packages of support including dialectic behaviour therapy. Working in partnership with the inpatient service they maintain a low average length of stay.

Gloucestershire has trained its health visitors in the Solihull Approach for a number of years. This forms part of a pathway with the recently commissioned infant mental health service. The importance of infant mental health services has been recognised in Gloucestershire's Children and Young People's Emotional Wellbeing Strategy for 2008 and in its strategy for maternal mental health.

C. Developments in the workforce

3.10 We have seen good examples of universal services playing a pivotal role in supporting children and young people's emotional wellbeing and mental health, often helped by consultancy and support from specialist mental health services.

In one Manchester school, support staff have been trained as family support workers to identify and address issues that may lead to low level mental health issues. This has been combined with one-to-one and small group counselling for young people delivered by a trained member of staff and one-to-one counselling for parents/carers delivered by a trained volunteer counsellor for adults within school. Underpinning this has been training for all staff on understanding, recognising and supporting children and adults who may have mental health problems. Progress reports suggest that this has been successful in identifying issues within the home and in accessing support before the emergence of crises which require the intervention of social services, CAMHS or other specialist services.

3.11 Many specialist services are undertaking workforce analyses looking at skills and capacity and where appropriate reconfiguring services to match availability against demand. New roles have been developed for example the nurse prescriber to support ADHD services and the introduction of new crisis and outreach workers.

3.12 In addition, the Government response to the CAMHS Review¹² discussed a number of encouraging developments which we look forward to hearing more about, such as developments to the Common Core of Skills and Knowledge and the 2020 Children and Young People's Workforce Strategy. We are encouraged by the recent proposal from the Royal Colleges of Paediatrics and Child Health; Psychiatrists; General Practitioners and Nursing to undertake joint work on driving improvements in children's emotional wellbeing and mental health.

D. Engaging children, young people and families

3.13 On our visits to services and regions we have heard much about activity aimed at hearing the voices of children, young people and families in order to support service development. While this is at different stages across the country there is increasing evidence that participation can dramatically improve planning and services.

The Behavioural and Family Support Team in Kensington provides mental health services for children with moderate to severe learning disability and/or who are on the autistic spectrum, who show signs of emotional, behavioural or mental health disorder. The service was initially pump-primed but is now self-funded through savings in other services. The project in part puts its success down to a well-informed group of parents who worked alongside professionals in securing the initial funding and who remain an important part of the multi-agency steering group. The team is family focused with most of the work taking place in the home. It provides flexible and tailor made packages of care with progress reviewed against clear goals. The home-based interventions were developed with the strong leadership of one parent user who insisted that this was 'the only way of getting a rounded picture of what our children are like'. She made the point that children with learning disability are lively creative people and at the very least professionals can come out of their offices to see them.

3.14 At a regional level, there is at least one example of a SHA taking an overview of the children and young people participation across the region and finding out about the young people's 'take' on these activities.

The North East National CAMHS Support Service commissioned a report¹⁶ undertaken by children and young people, supported by Investing in Children. The report reviews current activities and models of participation across the North East, highlights good practice and gathers young people's views of participation from across the Region. Among other things the children and young people highlighted the need for greater co-ordination, sharing of good practice, more meaningful participation leading to change, lack of capacity for dedicated provision and the need for awareness raising across all children's services.

3.15 There are now national standards for good practice, both in relation to health services overall (the 'You're Welcome'¹⁷ quality criteria) and to CAMHS in particular (the Quality Standards for Children and Young People's Participation in CAMHS¹⁸).

Supported by the National Youth Advocacy Service, CAMHS Youth Advisors (CYA) in Surrey have become a well-established and integrated service user involvement group. Young people are consulted on proposed changes, services and initiatives, and promote change within CAMHS through giving their views in a variety of ways – from influencing operational policies, to web design and clinic ‘makeovers’ to make them more appealing to children and young people. CYA were involved in assessing prospective organisations in a retendering process to provide specialist mental health services. Young people are involved in all staff recruitment.

Young people deliver a training course called ‘UPLOAD’ which is facilitated by young people and is now mandatory training for all CAMHS staff who have to make pledges to change something about their practice. Progress is subsequently reviewed with young people.

In addition, young people have produced a DVD called ‘A Journey to CAMHS’ which provides information about using mental health services and aims to reduce the anxieties that children and young people often have before attending for the first time.



CHAPTER 4

Ongoing challenges



Clearly, much work is underway to deliver better services to support the emotional wellbeing and mental health of children and young people and address the recommendations made in the CAMHS Review. But we have also identified ongoing challenges which remain for us all. There will need to be more coherent plans at all levels if these are to be overcome and all children and young people can access the support they need.

A. Getting leadership right at all levels

4.1 Improving emotional wellbeing and mental health requires the combined efforts of universal, targeted and specialist services for children across all agencies. Making best use of such a complex structure of services requires real joint ownership and strong co-ordinated leadership across central, regional and local government, in partnership with the wider health system including the professional organisations. There are a number of challenges associated with this:

i. It is not always clear to those in the field that the various government departments have a shared agenda to support this cross-cutting work. Through our regional meetings there was feedback that DH and

DCSF should provide more overt joint leadership by delivering more consistent messages and setting coherent objectives for services in working together to achieve improved outcomes for children. The field would also find it helpful to see better integration of initiatives related to children's emotional wellbeing and mental health across DH and DCSF. The formal response does place all these in one document, and puts the voice of children and young people at its centre, but there remains the challenge for all future initiatives to be seen to be jointly led by DH and DCSF.

- ii. There is widespread agreement that the vital signs and national indicators are not robust measures to manage performance in local areas. There is a keen desire to see a strengthening of national, regional and local performance arrangements and improved data collection and analysis.
- iii. That aside, the policy framework is generally felt to be right. Directors of children's services and PCT leads have the mechanisms at their disposal to make changes happen. The challenge to them is to work together to be accountable for this. Our visits have shown that joint leadership is not always a comfortable process. It

requires new ways of working, more collaboration and shared risk-taking across sectors.

- iv. The importance of emotional wellbeing and mental health in delivering all of the five Every Child Matters outcomes is not always fully recognised by Children's Trusts, or reflected in their governance structures (see Figure 2). In particular, CAMHS partnerships are often positioned within the 'Be Healthy' workstream, which can mean that strategies for emotional wellbeing and mental health are not joined up with other strategies such as early years and parenting. There are not always firm enough links with local safeguarding children boards and commissioning strategies for adult services to ensure the emotional needs of the children of vulnerable adults can be addressed.
- v. There is universal concern about the language used in describing emotional wellbeing and mental health services for children and young people; in particular the use of the term 'CAMHS' being used interchangeably to describe

either the whole range of interventions from prevention to specialist care, or just the specialist services. There is also a view that the CAMHS tiers are no longer helpful; given their lack of specificity and the way they tend to be used to define the structure of services, they often have a fragmenting effect on the way in which services are conceptualised and developed rather than promoting a whole systems approach as was originally intended.

- vi. The Review stressed the importance of developing a clear strategic approach to service improvement and knowledge management and there remains concern in the field about the lack of co-ordinated effort from the various different support functions at all levels. Frontline staff, commissioners and managers appear to be overwhelmed by the range of diverse tools and guidance available and there is no coherent overview to support them in keeping abreast of what is expected across the whole system.
- vii. The recommendation that there should be a strengthened National

Figure 2: Centrality of emotional wellbeing and mental health to all five outcomes



Support Programme (NSP) to address the cultural change required at all levels has not fully materialised. The new National Support Team will have a distinct role in working in depth at locality level, but there do not appear to be plans for the delivery of one co-ordinated programme to ensure that the confusion experienced across the sector is reduced.

B. Effective commissioning of needed services

Commissioning practice

4.2 Coherent and joined up service provision will only be achieved in practice through effective and joint strategic commissioning transforming the delivery of services into a coherent local offer. Some of the ongoing challenges that service managers and commissioners have talked to us about are:

- i. The structure of the joint strategic needs assessment does not encourage a full analysis of children's emotional wellbeing and mental health needs in their community to inform the Children and Young People's Plan.
- ii. There are inconsistencies in the commissioning of the full range of emotional wellbeing and mental health services. For example, there are few examples of adult and children's commissioners working together to ensure appropriate transitional care; the role of the CAMHS partnerships in commissioning can be unclear.
- iii. Commissioners do not always have the right level of resources, skills and expertise and may not be placed at a senior enough level to provide effective leadership for this complex agenda.
- iv. The need for appropriate investment in specialist services to care for those with more complex and severe disorders is not always recognised by the full range of commissioners across health and

the local authority; whilst the need to invest in early intervention services is important there will always be a group of children and young people who need high quality specialist care.

- v. The services being commissioned are not always joined up and co-ordinated across all agencies, including all components of the child health services, to support delivery of evidence-based practice such as that recommended in guidance from the National Institute for Health and Clinical Excellence (NICE).

Specialist mental health services

4.3 Where there are weaknesses in the joint commissioning of services, this can have a direct impact on the quality of services being delivered, including more specialist care. In order to provide the right outcomes for children and young people with mental health needs these services should be jointly commissioned and not seen as solely a health responsibility.

4.4 The CAMHS Review called for specialist provision which is 'high quality, timely, responsive, appropriate and provides access to the full spectrum of treatments', as well as a better experience of specialist services. It draws attention to the need to ensure that specialist skills are linked into targeted services to support both early identification and intervention but also to develop multi-agency packages of care for those with the most complex needs who would otherwise struggle to receive the joined up services they require.

4.5 Unfortunately our visits over the last 12 months suggest that this aspiration is still some way off. Indeed, in the midst of improvements in developing services to improve early recognition and intervention the provision of much of the specialist mental health care has not improved and there are real concerns from commissioners and clinicians about how to tackle this.

4.6 Some of the key challenges relate to resourcing, not just in terms of direct funding, but also in terms of staff skills, capacity for change and the need to secure the input of a range of Children's Trust partners:

- i. There is growing concern about the financial position and sustainability of these core services, many of which need ongoing development but instead face considerable cuts. In the past, specialist CAMHS funding has been ringfenced, but services no longer have this level of security. The considerable year on year funding reductions which are being planned for the next five years could take specialist services back to pre-2004 levels when the need for further investment has never been clearer.
- ii. Some services are still unable to respond promptly to referrals. In others the threshold for services is so high that only the most concerning children and young people can be supported. While the opportunities for early intervention through the TaMHS initiative are highly valued by the field, during our visits people expressed concern that this will not be sustainable when central funding ends, placing more pressure on specialist services.
- iii. Many specialist services have a long way to go if they are to truly modernise and align their services with the needs of local communities; a lack of a whole systems approach means that these specialist skills are not always being deployed in the most effective way. There is a considerable cultural change needed in some services and strong professional and managerial leadership required if this is to be brought about.
- iv. There is ongoing concern about poor access to inpatient care, which is often at a significant distance from home. Research¹⁹ shows a lack of equity in the national distribution of adolescent

inpatient care, as well as a wide variation in costs and length of stay. Despite clear progress in terms of the 24 hour target, our visits suggest a lack of consistency in the way this is being delivered, and an ongoing issue around the undersupply of emergency beds for young people in crisis.

- v. Children with a severe mental disorder may not receive the most effective and intensive programme of recovery; for example, insufficient attention may be paid to their education, future employment and social needs as part of their overall programme. In order to overcome this, local authority commissioners need to be fully engaged with PCTs in commissioning services to address the full range of mental health needs. In many cases, this lack of local planning and co-ordinated packages of care can lead to resource-intensive out of area placements or inappropriate inpatient care.
- vi. There are many promising examples of alternatives to inpatient care now developing across the country, but there is a lack of national evaluation and guidance to further support commissioning and implementation

4.7 Other challenges concern the shortfall in designing and developing services which truly meet the needs of service users:

- i. There are insufficient examples of services which are accessible to the whole community and which provide brief and supportive interventions for children and families, for example through school-based support services or the voluntary sector, to avoid the need for referral to specialist mental health services.
- ii. The needs of some children and young people who are vulnerable to poor outcomes are still not being addressed,

for example those with learning disabilities; those with an illness or disability; those from black and other minority ethnic communities; asylum seekers; those with conduct disorder or emerging borderline personality disorder; those requiring emergency mental health care; looked after children in particular those placed out of authority, and those making the transition to adult services.

- iii. An ongoing and major area of concern for users of children's mental health services is the difficulty they face when they need to access adult mental health services.²⁰ This was highlighted by the response of the Council's Children and Young People Reference Group to the New Horizons consultation. Young people understand that it can be problematic for staff from different service areas to work coherently together, but they want services to find a way to do this to support them make the transition. But sometimes the system is so complex they feel lost in it and want to give up. In some cases this means that the progress they made within CAMHS is diminished or lost. This suggests that services are not working together to ensure that they are child-focused and user-led.

C. Developing the whole workforce

4.8 Real improvements in the delivery of emotional wellbeing and mental health support and services are dependent on having the right people, in the right places, with the right skills. The need for better training at all levels was identified in the CAMHS Review. The young people we spoke to said:

- i. There should be emotional wellbeing and mental health training for teachers, GPs and other people with whom they come into day-to-day contact.

- ii. There should be access to a wider range of treatment options, such as psychological therapies and the interventions recommended by NICE, which in turn is dependent on better trained staff.

4.9 Their concerns have been echoed in every region that we visited this year, in particular:

- i. There is strong support for the CAMHS Review recommendation that all bodies responsible for initial professional training should provide basic training in child development, emotional wellbeing and mental health but we have to date not heard of any progress that suggests this is being addressed. The field told us that this training should enable practitioners to understand what emotional wellbeing and mental health is, how they can influence it, what theories are particularly relevant in their field (e.g. for teachers, the psychosocial aspects of learning and how they can be applied).
- ii. Workforce development issues feature in New Horizons⁵ and the Healthy Child, Safer Communities Strategy²¹ however, it is not yet clear how these developments will be joined up and meet the CAMHS Review key training recommendation (see number 14 at Annex A), or the wider practical issues around the sustainability of the workforce.
- iii. Many staff in universal services and specialist services remain unclear about their role in supporting emotional wellbeing and mental health, including teachers, GPs and other primary care staff. More joint work is needed between national workforce support services and the professional organisations on role definition and the required competencies.

- iv. In addition, the managers and practitioners that we have spoken to have highlighted a number of practical issues which threaten the sustainability of workforce development programmes:
 - cost improvement programmes that impact on the training budget, staffing levels and service improvement workforce
 - a concern that when people leave posts they are being replaced by more junior staff so that the level of expertise recently developed in services is no longer available, which has particular implications for the training and supervision of other staff
 - an inability to recruit appropriately qualified staff – for example with expertise in learning disability or a key therapy such as cognitive behavioural therapy (CBT) – because of a lack of available training programmes and opportunities.
- ii. Some services do not have a dedicated budget or commissioned resource to support participation as central to service delivery.
- iii. Similarly not all clinicians and practitioners are recognising that children and young people should be actively involved in planning their own care.
- iv. There is scope for the views of young people to have a greater influence on politicians and policymakers.
- v. Children and young people remain very concerned about the stigma that still surrounds access to mental health services and how this prevents some young people seeking help. This concern has also been identified in research studies. For example, according to surveys carried out with children and young people in Scotland:
 - 40% of children would not want anyone to know if they had a mental health problem
 - one in five young people say they would find it hard to talk to another young person with mental health problems
 - one in four young people think that someone with a mental health problem is less likely to have friends
 - if a friend said they were feeling down, 32% would not know what to do.

D. Participation that makes a difference

4.10 In visiting the field, there is generally a commitment to the principle of participation, which will be reinforced through the requirements on Children's Trusts to involve children and young people. Most Children's Trusts now appear to have young people's participation groups. With emotional wellbeing and mental health now higher up the agenda, we would expect to see the young people's participation groups increasingly addressing issues in this area.

4.11 However, we are also aware of a number of challenges:

- i. Some services still have not given participation enough attention to recognise the huge benefits which come from this way of working – for staff, for young people and for the quality of services.

- vi. To date there has been a lack of media activity from Government and its partners to tackle issues of stigma in relation to children's mental health, despite this being a recommendation in the CAMHS Review.



CHAPTER 5

Finding solutions



CAMHS has been identified as a national priority for many years now and people at all levels of the system have been working hard to make improvements. Many of the concerns outlined in this report are not new, but reflect the scale of the challenge.

In this section we pose key questions for Government, national, regional and local leaders under the themes of leadership, commissioning, workforce and participation. As part of the work of the National Advisory Council over the next 12 months we want to explore these questions in a series of ‘challenge’ sessions which will take place with children, young people and representatives at all levels of service management and delivery to support the field to identify what it would take to make a difference.

5.1 In the first place however we are concerned that the confusing language used within the sector is a barrier to service improvement. We propose that the tiered approach should no longer be used as a structure for service planning and that instead, services should be described as *universal, targeted or specialist*.

5.2 We go on to suggest that the term *‘emotional wellbeing and mental health’*, rather than the term *‘comprehensive CAMHS’*, should be used in strategic planning to describe the whole system of care. This would encompass prevention, early identification and intervention as well as treatment and more highly intensive interventions provided by specialist services.

5.3 As we have highlighted in the report there has been some encouraging progress, but there is much more to be done by everyone. There are a number of challenges where a collaborative approach is needed to identify the best solutions. Our aim is to galvanise debate on these issues, and we will work with the field over the coming months, in a direct way, to seek answers to the questions within this chapter and to champion solutions. The questions link directly to the challenges outlined in the previous chapter and are barriers that need to be tackled – at all levels of the system – if the CAMHS Review recommendations and the policy vision is to be achieved in full. The Council will play its part in helping to answer these questions and to define the priorities and actions that need to be addressed over the next and coming years.

A. Stronger, more coherent leadership

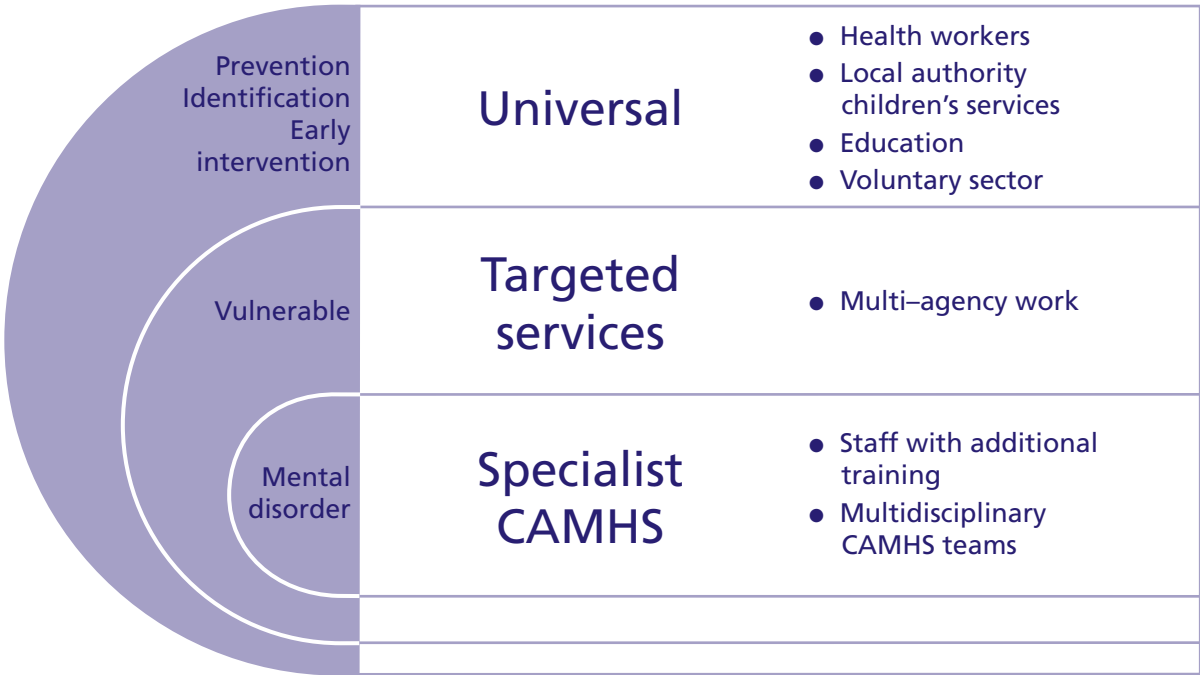
- i. How are the various national programmes, projects, strategies and priorities for emotional wellbeing and mental health being co-ordinated and can this be improved? How can all relevant government departments contribute to the agenda in a cross-cutting way?
- ii. How will the Government outline the key actions and progress required to ensure that the policy aspirations for children's emotional wellbeing and mental health – as articulated in its response to the CAMHS Review¹² – are achieved by 2014?
- iii. What is available to facilitate progress so that in each locality directors of children's services, PCTs and other strategic leaders are working together to champion and drive forward continuing improvement in children's emotional wellbeing and mental health services in a coherent and planned way?
- iv. How can it be ensured that the Children's Trust takes responsibility for the governance of this agenda, maintaining an overview and ensuring co-ordination and progress? What levers are available to ensure that governance structures at all levels monitor the embedding of emotional wellbeing and mental health in all five Every Child Matters outcome areas – rather than being a standalone policy or service area?
- v. How will the Government ensure that information is reliable and valid and collected consistently across the country so that progress can be evaluated and services performance managed and benchmarked?
- vi. How will the proposed National Support Programme deliver the functions envisaged in the CAMHS

Review recommendations (see 18 at Annex A), in particular ensuring there is a co-ordinated, and sustainable approach to supporting service improvement and innovation across the entire emotional wellbeing and mental health system from needs assessment and commissioning to integrated frontline service?

B. Better commissioning for improved services

- i. What resourcing and training needs do commissioners have around children's emotional wellbeing and mental health and how could these be addressed?
- ii. How can the joint strategic needs assessment be made more consistent in all areas to include a stronger focus on the emotional wellbeing and mental health needs of children and young people, encompassing both adults' and children's services?
- iii. What support do commissioners need to monitor progress in ensuring the full range of effective services are available for the communities they serve including services for all groups of children and young people vulnerable to poor outcomes (see Figure 3), ensuring the right balance between early intervention and more specialist services and agreeing complex pathways across many agencies? In particular how can the needs of young people who currently have to receive services out of area be addressed locally in the future?
- iv. What plans are in place to support improved local, regional and national commissioning of services for those young people with most acute needs and those who require inpatient or out of authority placements? Are models of good practice being disseminated?
- v. How will commissioners ensure that specialist child and adolescent mental

Figure 3: A full range of children’s emotional wellbeing and mental health services



health services do not become a target in times of financial constraint and that the investment made over the last ten years is not lost?

- vi. Do we have enough information about current inpatient bed usage for children with the most complex needs? What are the success factors in areas which have developed community-based alternatives and how is this model being driven forward?
- vii. Is sufficient priority being given to improving the transfer of care from CAMHS to adult mental health services; what would be the key levers that enable better transition support?
- viii. How can more attention be given to the race equality agenda across all children’s services to ensure more equity of access and culturally competent practice?

C. A confident and skilled workforce

- i. How will the national workstreams flowing from the recommendations of the CAMHS Review, the Common Core, New Horizons and the Healthy Child, Safer Communities Strategy

be co-ordinated to achieve the national policy aspirations for the whole children and young people’s workforce in relation to initial (pre-registration) and ongoing professional development?

- ii. Safeguarding is now firmly established as a core topic for continuing professional development across children’s services. How can the same be achieved for emotional wellbeing and mental health? What are the opportunities to link the two priorities?
- iii. Within universal, targeted and specialist services, how can roles be developed and skills deployed in the most effective ways to support children’s emotional wellbeing and mental health?
- iv. The proposal from the professional organisations on joint working is welcomed. How can this be supported to ensure the development of the full range of required roles and competencies for practitioners across the whole field from universal to specialist services?

- v. What is in place to systematically support the ongoing modernisation and the systems and cultural changes that are still needed in many specialist services; how can information about effective models of service delivery be effectively disseminated?

D. Real participation

- i. How can the Council's key participation messages be embedded in arrangements for the development of national policy, local policy and commissioning strategies?
- ii. How can commissioners be measured on their progress in ensuring dedicated resources are available to support the participation of young people, parents and carers in the evaluation and design of services?
- iii. What are the best approaches for ensuring children and young people are active participants in their own care? For example, are there opportunities for more child-centred care plans and should training for practitioners in engaging service users become mandatory?

- iv. Is there scope to establish a benchmark for local services to show that they are putting children and young people first, for example through child-led outcome measures or minimum standards?
- v. Should all Children's Trusts be expected to have a children's participation champion at board level to ensure the voices of children and young people are not marginalised?
- vi. How will the Government ensure that anti-stigma work is progressed through a coherent and multi-faceted approach, with direct media activity aimed at children and young people?



CHAPTER 6

Conclusion



It is children, young people and families who use emotional wellbeing and mental health services, and it is what they say that should ultimately be the benchmark for whether the recommendations of the CAMHS Review have been successfully implemented.

6.1 Children, young people and families will be the key people who will be able to judge:

- whether the people around them are playing a full part in helping children grow up, promoting their resilience, and helping them access more information and help if needed
- whether all children's services are working effectively together to provide well integrated child- and family-centred services
- and whether staff across these services have a clear understanding of their roles and responsibilities and those of others, and have an appropriate range of skills and competencies.

6.2 For them to give a positive verdict, resources and the best use of them will be crucial. The investment made over the last ten years has made an impact, however we need to ensure that children's emotional wellbeing and mental health

services do not become a target in times of financial restraint.

6.3 There needs to be clarity and consensus, driven by central Government, about what is expected of all agencies, commissioners and providers so that they jointly understand the needs of their local communities and work together to improve the whole spectrum of services on the ground. We support real opportunity for more innovation which can bring about efficiencies, while ensuring the quality of services are not reduced. This will need to be supported by the tools to measure and report on success.

6.4 The moral case for using the growing evidence base on effective interventions and delivery methods to improve the current lives of so many children and young people is made, but it will require a bold vision and a real commitment to embed this as a long term goal.

A last word from young people

'We shouldn't have to get really ill before we get the help and support we need and have a right to.

We want the people working with us to know the difference between normal development and mental health and emotional problems. In our experience many professionals don't seem to know the difference. Instead of referring us on to someone who does know, our problems get dismissed. So we want to see everyone working with children and young people to have some training in mental health and emotional wellbeing, and child development. We want them to work together so that they can help us and our families.

Mental health and emotional wellbeing needs should be seen as being as important as physical health. We want our difficulties to be taken seriously and for us to be treated with respect. It is not good enough when for example you can't continue with your therapy because your therapist is on holiday. This wouldn't happen if someone with cancer was undergoing a course of chemotherapy.

We want better information so we can make an informed choice about the treatments we receive. We want to have a choice of treatments. We want to be offered the full range of treatments or therapies that have been shown to help and not just be given medication because it is convenient.

The stigma connected to mental health can stop people getting the help they need, and can make them feel worse. Lots of people don't understand what mental health is, and are afraid of it. We are young people who have mental health difficulties, but we are still the same young people. We want everyone to have a better understanding of what mental health is.'

NAC Young People's Reference Group



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ANNEX A

CAMHS Review recommendations



Recommendation 1 (p. 30, para 2.12):

The legislation on Children's Trusts should be strengthened so that each Trust is required to set out in its Children and Young People's Plan how it will ensure the delivery of the full range of children's services for mental health and psychological wellbeing across the full spectrum of need in its area. We would recommend that areas set up local multi-agency boards for children's mental health and psychological wellbeing, or other appropriate local arrangements to facilitate this.

Recommendation 2 (p. 31, para 2.15):

At regional level, the Government should set out clear expectations for GOs and SHAs to deliver a coherent performance management and 'support and challenge' role to local areas which promotes a consistent approach to service improvement and delivery across all areas. We recommend that regional boards for child health and wellbeing are set up to carry out this role. These should include regional directors of public health.

Recommendation 3 (p. 34, para 2.24):

At national level, DH and DCSF should clarify and publicise their roles and responsibilities, communicate consistently to stakeholders and secure effective

commissioning and performance management frameworks across all children's mental health and psychological wellbeing services.

Recommendation 4 (p. 49, para 4.42):

Forthcoming national media activity carried out by the Government and its partners to promote a positive understanding of mental health and psychological wellbeing should have a focus on children and young people as well as adults. This will help to improve everybody's understanding of mental health and psychological wellbeing; highlight what people can do to help build resilience in children and young people; and ensure that people know where they can go to seek support and help.

Recommendation 5 (p. 49, para 4.43):

To improve the access that children, young people and their families have to mental health and psychological wellbeing support, local areas should set out a clear description of the services that are available locally. These will include services to promote mental health and psychological wellbeing, early intervention support and high-quality, timely, responsive and appropriate specialist services which span the full spectrum of

children's mental health and psychological needs.

Recommendation 6 (p. 58, para 5.36):

Children and young people who need more specialised support, and their parents and carers, should have:

- a high quality and purposeful assessment which informs a clear plan of action and which includes, at the appropriate time, arrangements for support when more specialised input is no longer needed
- a lead person to be their main point of contact, making sure that other sources of help play their part and co-ordinating that support
- clearly signposted routes to specialist help and timely access to this, with help available during any wait (see also paragraph 5.38).
- clear information about what to do if things don't go according to plan.

Recommendation 7 (p. 59, para 5.39):

It is important to improve the quality of CAMHS experienced by children, young people and families by reducing waiting times from referral to treatment. The Government should set clear expectations around good practice in this area, and specifically promote approaches that have worked well in reducing waiting times for other services.

Recommendation 8 (p. 67, para 6.26):

To improve consistency and promote greater co-operation and co-ordination, there should be a shared development of the language used to describe services, so that all services can understand that they are part of the comprehensive range of provision to address mental health and psychological wellbeing.

Recommendation 9 (p. 73, para 7.16):

Each Children's Trust should develop a local commissioning framework that provides clarity about who is

commissioning what at a local level, covering for example children's centres, GP practices, school partnerships, colleges and other Children's Trust partners. This will enable the effectiveness and impact of commissioning to be identified and improved and enable the Children's Trust to identify local inequalities in access to services. To provide clarity and consistency at local level, DCSF and DH should provide integrated guidance and support for commissioners of children's services for mental health and psychological wellbeing and relevant adult services.

Recommendation 10 (p. 78, para 7.39):

The Government should clarify the extent to which all funding streams – direct and indirect – can be utilised to help support children's mental health and psychological wellbeing. This should be communicated to all local and regional partners to improve their ability to pool and align funding.

Recommendation 11 (p. 80, para 7.54):

The national roll-out of the common assessment framework (CAF) should be strengthened by an evaluation of the use of and effectiveness of the CAF in identifying mental health needs and a review of statutory and specialist assessment frameworks to assess the potential for reducing unnecessary duplication.

Recommendation 12 (p. 83, para 7.63):

Children and young people and their families who are vulnerable, such as children in care, children with disabilities and children with behavioural, emotional and social difficulties, should be confident that (in addition to the provisions set out at Recommendation 6):

- their mental health needs will be assessed alongside all their other needs, no matter where the need is initially identified
- an individualised package of care will be available to them so that their personal

circumstances and the particular settings where they receive their primary support appropriately influence the mental health care and support they receive

- for those experiencing complex, severe and ongoing needs, these packages of care will be commissioned by the Children's Trust and delivered where possible in the local area. Effective regional and national commissioning will occur for provision to meet rare needs.

Recommendation 13 (p. 86, para 7.74):

Young adults who are approaching 18 and who are being supported by CAMHS should, along with their parents or carers:

- know well in advance what the arrangements will be for transfer to adult services of any type, following a planning meeting at least six months before their 18th birthday
- be able to access services that are based on best evidence of what works for young adults and which have been informed by the views of young adults
- have a lead person who makes sure that the transition between services goes smoothly
- know what to do if things are not going according to plan
- have confidence that services will focus on need, rather than age, and will be flexible.

Recommendation 14 (p. 88, para 7.54):

There is a need for better basic knowledge of child development and mental health and psychological wellbeing across the children's workforce. The Government should ensure that all bodies responsible for initial training provide basic training in child development and mental health and psychological wellbeing. This should be in place within two years. The children's workforce development strategy should set out minimum standards in relation to key knowledge of mental health and psychological wellbeing, to cover both

initial training and continuing professional development.

Recommendation 15 (p. 90, para 8.13):

At local level, managers and leaders should ensure that all staff – especially those with the least experience and training – are supported by rigorous and clear management systems. Consideration should also be given to supporting practice, particularly early intervention in universal services, through additional training, formal supervision and access to consultation from specialist services.

Recommendation 16 (p. 92, para 8.28):

Given the increased number of guidelines being introduced by NICE and SCIE (the Social Care Institute for Excellence) that recommend specific evidence-based therapeutic approaches to help children and young people who have significant mental health problems and disorders, we recommend that the Government should assess training capacity and, if necessary, fund training centres to ensure that there is training available for the children's mental health and psychological wellbeing workforce in all parts of the country for evidence-based therapies.

Recommendation 17 (p. 93, para 8.36):

The Review strongly supports the ongoing work to develop outcome measures for children's services for mental health and psychological wellbeing. This should be given a sustained focus over the next three to five years to realise the full benefits.

Recommendation 18 (p. 95, para 8.48):

The Government's national support programme should be strengthened to facilitate consistency, improvement and sustainability in service delivery. This should include a national multi-agency support team, built upon existing service improvement teams, which will facilitate and support sustainable cultural change at national, regional and local levels.

Recommendation 19 (p. 96, para 8.49):

There should be a clear strategic approach to monitoring, evaluation, service improvement, knowledge management and inspection across all children's services for mental health and psychological wellbeing. To achieve this, we recommend that:

- at local level, decisions about the measures used and resources required should be informed by the national work on outcomes
- at regional level, there should be greater co-ordination of support arrangements with a clear joint approach to service improvement and dissemination of knowledge
- at national level, a series of more co-ordinated joint guidance should be commissioned on evidence and knowledge of what works.

Recommendation 20 (p. 97):

A National Advisory Council should be established to: champion the importance of mental health and psychological wellbeing for children and young people; take ownership of the Review's recommendations and the Government's response; and hold the Government to account for its progress.



ANNEX B

Council membership



National Advisory Council

Dame Jo Williams	Chair
Dr Lesley Hewson	Vice-Chair
Ann Baxter	Chair of the ADCS Health, Care and Additional Needs Policy Committee
Barbara McIntosh	Co-Director, Foundation for People with Learning Disabilities
Barrie Chalmers	Head of St Mary's C of E Junior and Infants School, Moss Side, Manchester
Bernadette Duffy	Head of Thomas Coram Centre, Camden, London
Benita Refson	Chief Executive, Place 2 Be
Bruce Dickie	Director of Children and Young People's Specialist Services, NHS Confederation
Dawn Rees	National CAMHS Strategic Relationships and Programme Manager
Eustace de Souza	Children's Services Advisor, NHS North West and Government Office North West
Graham Hobson	Head of Service, Doncaster Youth Offending Team
Helen Jackson	Commissioning Manager for Children, NHS Norfolk
Jackie Doughty	Director of Children and Learners, Government Office North East
Linda Blair	Agony Aunt
Joe Dawson	Principal Educational Psychologist, Leicester City Council
Melba Wilson	National Programme Lead, National Mental Health Equalities
Miranda Wolpert	Director, CAMHS Evidence-Based Practice Unit, Anna Freud Centre
Paul Farmer	Chief Executive, Mind
Lyn Dance	Head of The Milestone School, Gloucester
Sarah Brennan	Chief Executive, Young Minds
Sue Berelowitz	Deputy Children's Commissioner for England, 11 Million
Tim McDougall	Lead Nurse for Child and Adolescent Mental Health, Cheshire and Wirral NHS Foundation Trust
Tony Crisp	Head of Tower Hamlets PRU, Tower Hamlets, London

Participation sub-group

Sarah Brennan	YoungMinds (Co-chair)
Lesley Hewson	National Advisory Council (Co-chair)
Cathy Street	Rethink
Emma Healey	BEAT
Paula Lavis	National Advisory Council
Roz Rospopa	NCSS
Ross Hendry	11 Million
Rajinder Nagra	NCSS
Lesley Watson	Department of Health (observer)
Elizabeth Smith	Department for Children, Schools and Families(observer)

Monitoring and evaluation sub-group

Miranda Wolpert	Director, CAMHS Evidence-Based Practice Unit, Anna Freud Centre (Chair)
Adam King	Ofsted
Adrian Worrall	Royal College of Psychiatrists
Alison Thompson	Department for Children, Schools & Families (TellUs 3 & 4)
Bob Foster	Children's Services Mapping
Ciaran Hayes	Department for Children, Schools & Families (Analysis and research)
Claire Hartley	Children's Services Mapping
David Goodban	National CAMHS Support Service
David Wells	Child and Maternal Health Observatory (ChiMat)
Dawn Rees	National CAMHS Strategic Relationships and Programme Manager
Fiona Rodrigo	National Advisory Council
Frank Worth	Care Quality Commission
Helen Duncan	Child and Maternal Health Observatory (ChiMat)
Hugh Cochrane	Department of Health (Analysis and research)
Julie Meikle	Care Quality Commission
Neil Humphrey	Manchester University
Ralph Mold	Department of Health (Children's mental health policy team)
Richard Wistow	Children's Services Mapping
Robert Moore	Cernis
Sue Eardley	Care Quality Commission
Sumana Hussain	Department for Children, Schools & Families (Analysis and research)
Tim Hobbs	Dartington Research Unit
Yvonne Anderson	Cernis
Graeme Jeffs	Department for Children, Schools & Families (Children's mental health policy team)
Paula Lavis	National Advisory Council



ANNEX C

The Council's strategic priorities for 2009-11



These are set out below. Many of them address the role that the Council will play in relation to meeting challenges described in Chapter 4. All of them seek to ensure that we fulfil our remit of championing emotional wellbeing and mental health and holding the Government to account.

1. Ensure that emotional wellbeing and mental health remains a priority

We will:

- promote the need for Government to consider the direct and indirect impact of all new policies on the emotional wellbeing and mental health of children and young people
- challenge Government to work effectively across departments including Ministry of Justice, Home Office and Communities and Local Government in addressing the wellbeing of children and young people
- report key concerns directly to Ministers and the Secretaries of State for Health and Children, Schools and Families, for example through the publication of our annual reports
- influence other key figures and bodies working in or for Government on related issues such as New Horizons and safeguarding policy

- be a 'critical friend' to Government officials, while maintaining our independence
- provide feedback on the delivery of the CAMHS Review recommendations and on opportunities for further improvement.

2. Monitor Government progress on CAMHS Review recommendations

We will use all the information available to the Council to identify progress and ongoing challenges in delivering the 20 recommendations including:

- the views of children and young people
- the views of key stakeholders and other opinion formers such as professional bodies and the third sector
- the views of the Council membership
- the outcomes from the Council's working groups
- formal and informal feedback from Government and its officials
- visits to the regions
- direct feedback from local services
- reports from the National CAMHS Support Service (NCSS)
- access to relevant datasets.

3. Promote the voice of children, young people, parents and families

We will ensure that the participation of children and young people remains a central theme in all aspects and at all levels of policy development, commissioning and service development by:

- working with leading agencies in the field of young people's participation in emotional wellbeing and mental health services, through a NAC participation sub-group
- working closely with the Young People's Reference Group
- promote the potential for increased co-production at all levels, working with children and young people as equal partners.

4. Raise awareness around sustainability of comprehensive CAMHS

We will:

- publicise and flag up to government the economic case for improving emotional wellbeing and mental health outcomes for children and young people
- highlight the impact on all Every Child Matters outcomes if emotional wellbeing and mental health is not addressed
- promote the need for best value while maintaining safe and evidence-based practice
- support government in developing a framework for delivering the Children, Young People and Maternity Services National Service Framework (standard 9) through to 2014
- connect and listen to a range of CAMHS leaders at all levels to identify and understand the challenges and barriers to service development, and communicate examples of good practice and innovation
- promote effective performance data, monitoring and evaluation of services including professional peer review and

the views of young people, families and carers.

5. Champion children's emotional wellbeing and mental health

We will:

- champion an expectation that all children and young people have the right to grow up in an environment that promotes positive emotional health and with access to a full range of support services
- champion the need for effective leadership and joint working at all levels (centre, regions, local) and across a wide range of agencies, including the third sector, to improve emotional wellbeing and mental health outcomes for children and young people
- promote the emotional wellbeing and mental health needs of children and young people with special needs, and other excluded groups
- highlight the damaging effect of stigma and make proposals for addressing this
- ensure that NAC communicates these messages and progress to a wide audience through a variety of formats and dimensions
- develop a common language used within the 'CAMHS world' to improve communication with all agencies and the public.

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The National Advisory Council for Children's Mental Health and Psychological Wellbeing is an independent council supported by officials from the Department of Health and the Department for Children, Schools and Families