The challenges with Child and Adolescent Mental Health Services (CAMHS) in England are well established and frequently rehearsed. So, what can be done to address them?

- In 2016, the then health secretary Jeremy Hunt identified CAMHS as the NHS’s biggest failing.
- In March 2017, the Care Quality Commission (CQC) published a review of services, finding too many young people were meeting crisis point before accessing support and describing a fragmented system failing to change quickly enough.
- In July 2018, the Healthcare Safety Investigation Branch (HSIB) published its investigation in transition between CAMHS and adult services. Launched following the death by suicide of a teenager a few months after moving from CAMHS to adult services, the review concluded there were inadequacies with the current approach.

The NHS Long Term Plan, published in January 2019, pledges an extra £2.3 billion for mental health services per year by 2023/24. It also sets out an ambition to support 345,000 more children and young people with their mental health through CAMHS, community mental health services, as well as support in schools and colleges by 2022/23.

But how can such grand ambitions be turned into reality?

What needs to happen to actually drive improvement in CAMHS?

Who needs to take action?

In October 2018, Consultant Connect brought together a panel of experts to discuss the answers to these complex questions.
Expert panel:

• Dr Duncan Law, Consultant Psychologist at the Anna Freud National Centre for Children and Families and Director of MindMonkey Associates

• Dr Louise Theodosiou, Royal College of Psychiatrists, Consultant Psychiatrist at Manchester University NHS Foundation Trust

• Jackie Shaw, CAMHS Service Director at Central and North West London NHS Foundation Trust

During an hour-long webinar (which is available to view on demand), the experts explored some of the steps that could be taken to improve services. Here are their eight top suggestions.

1. Engage the full breadth of professionals who can help – it’s not only mental health clinicians who can offer good mental health support

The shortage of qualified child and adolescent psychiatrists is often cited as one of the major challenges to service quality. But members of our panel were keen to emphasise such professionals are not the only ones who can support high quality care.

“I think we need to think very widely about who we mean by the workforce,” said Dr Duncan Law. “I think we need to move away from what I think has become an over-professionalisation of mental distress in young people, and a sense that the only people who can be helpful are fully trained mental health practitioners, psychologists, psychiatrists, whatever.”

There is of course real value in such roles, he said, and it was important to not lose sight of the importance of good in-depth training. “But I think we also need to think more broadly about the workforce, about how we deploy mental health knowledge elsewhere in the system, so to teachers, to youth workers, supporting environments so that everyone has some knowledge about child mental health. You don’t need to be an expert, but you do need to know who the next link in the chain is, who has some sort of additional expertise.”

He added: “What young people want when they start to have concerns about their mental health and emotional wellbeing – when at that time they often don’t know this is an issue with mental health, it’s just something that doesn’t feel right – is to be able to talk to someone who is an already trusted adult, who can help and access more expert information if that’s needed, from elsewhere in the system.”

Jackie Shaw concurred: “Child wellbeing practitioners have been really helpful in two of our boroughs, working with young people in school. Young people that would probably have been rejected from CAMHS.”

Dr Louise Theodosiou, meanwhile, explained that in Greater Manchester one escalating area of need has been services for children with Attention Deficit Hyperactivity Disorder (ADHD) – and that it is nurses who have taken the lead in responding.

“We've got a fantastic cohort of nurse practitioners who are stepping forward and developing those services, and if people can be in charge of their own careers, can be mentors, can be role models for other people within their profession, then they can start to move into leadership positions.”

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2. Make efforts to improve integration between different parts of the service

While all our panelists agreed that involving a cross-sectional group of professionals is important, they also agreed that it's only going to be of benefit if there is good communication between those professionals.

“We need to make sure that wherever possible kids are not getting caught between services,” said Dr Theodosiou. “There are 11 different CCGs in Greater Manchester. Each one of those has got slightly different paper systems, the footprints of the child and adult services are different, people move across boundaries, some people are dependent on GPs, others on residential areas.”

“So, we have to make sure that wherever our young people are there’s a clear and coherent way for them to be accessing the mental health services that they need to access.”

We recognise that the system is very silo-based between primary, community, acute care, education,” said Jenny Welling-Palmer, head of mental health at Consultant Connect and the chair of the webinar. “So, we provide a mental health Advice and Guidance service that connects GPs to mental health trust clinicians, and also connects mental health trust clinicians to acute specialist clinicians, to better join up care for young people, to help manage referrals across the system, and really to improve outcomes.”

3. Encourage more professionals into CAMHS by supporting professional movement between child and adult services

Engaging a full range of professionals in the provision of support to children and young people will undoubtedly make a difference, but of course doesn’t remove the need for trained mental health professionals. And, the reality is, there is a lack of such staff in CAMHS.

Dr Theodosiou suggested one way that this could be addressed is through supporting movement between services. “In Greater Manchester we’ve got people moving from adult services to working in children’s services, and secondments in the other directions,” she reported.

And she said that it didn’t only mean more staff available to CAMHS – it also meant the potential for improvements when patients transfer between child and adult services, notoriously a challenging time. “It means that across that transition point which can be so difficult for families, for children, and for the staff on either side, there’s that greater understanding of the language that different services are using.”

She continued: “[It’s] been an amazing way for people to move their careers in different ways. We’ve recently got a very talented adult psychiatrist who’s now working as part of our services, and she’s got fantastic ideas and is helping us to change what we’re doing.”

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4. Offer existing CAMHS workers greater flexibility towards the end of their careers

Ensuring there is a flow of new CAMHS professionals is clearly valuable. But what more can be done to encourage those already in the sphere to stay there?

Dr Theodosiou commented: “We know that we’ve got lots of people coming up for retirement. It’s about making sure that we’re thinking about ways of flexible working, allowing staff to come back and work one day, two days, around their other commitments, helping them move into a different phase, and not lose the wonderful skills they’ve amassed over their career.”

5. Support continuing professional development, and constant education in evidence-based care

Dr Law raised concerns that CAMHS practitioners aren’t always delivering evidence-based care, and that outcomes were suffering as a result. The solution to that, he suggested, lies in improving training.

“Some people haven’t been trained in evidence-based interventions – you know, people like me who were trained 20 odd years ago. You’ve got to make an effort to keep up-to-date, so it is partly about refreshing training so that people are kept up-to-date and are able to have the skills and knowledge to offer evidence-based interventions.”

Dr Theodosiou added: “We need to make sure that we’re properly recognising people’s training needs. If we think about for example, changes to services like the introduction of 0-25 services, one of the huge challenges is making sure that people have the right skills, so that if you are being asked to work with younger people, you’ve got the right training to be thinking about people’s developmental needs, that you can properly understand how you would communicate with people of a different developmental level.”

6. Work more collaboratively with young people and their families

Something for which there was clear evidence, said Dr Law, was the value of involving young people and their families in the development of services. “The 30%, or 25% of kids who come to services are not the most needy. There’s a whole group of kids who are out there who for all sorts of good reasons don’t get into contact with services. Services can’t reach them.”

“I think what we need to do is think about how we produce services differently, by genuine coproduction, you go out to the communities, speak to the young people, you ask them how we can help, and you ask for their help to help us produce a system which is more accessible to them.”

Dr Theodosiou said this could be particularly helpful in designing transition processes: “We’ve been able to make sure that young people are part of the protocols that we’re developing, that they’re giving us feedback on what those transition experiences are like.”
She continued: “One of the main challenges is making sure that we are actually putting young people at the centre of everything that we do, making sure that they’re involved in everything from service delivery to service implementation.”

Dr Law concluded: “It’s about working collaboratively with young people and families, understanding what their goals and wishes are, and drawing down the evidence base to be able to make it fit to them, rather than making them fit to it. If we do that, if we work more collaboratively with young people, you tend to get better and quicker outcomes, and if you can do that with the thousands of families that are seen across services you increase your capacity, not enough, but it starts to increase the capacity.”

### 7. Think about the environments in which services are being delivered

When Dr Law sees young people, he likes it to be in an environment as uncomfortable for him as possible. “I usually judge whether I’m in a setting that’s too clinical by whether I feel comfortable in it. If I feel comfortable it’s too clinical. If I go to a setting that I feel uncomfortable as an older white man, then it’s probably more comfortable for the kids.”

And it’s in those environments that care should be delivered, he suggested: “You go to where they’re at, you provide a safe space for them, and then you start providing opportunities to offer some psychological input, if and when that’s what the young person wants. And if that means going literally out onto the streets and doing that, then I think that’s one of the options that we need to bear in mind. In organisations like MAC-UK, that’s exactly what they do, they do street therapy, they provide sort of safe youth hubs through which they then can deploy good, sound evidence-based psychological interventions.”

### 8. Speedy quality rather than slower quantity

“There’s a myth in mental health that everyone can get better, we just need to see people for longer, more intensively, throw a bit of medication in there, offer family therapy,” said Dr Law. “But there’s no evidence that suggests that those are the ways to improve young people’s mental health – in fact there’s some evidence to suggest that if you throw too much at a young person it might actually make things worse rather than better.”

At Central and North West London, there’s a decision to offer either a six or 12 session approach. “That doesn’t mean that that’s all people get,” emphasised Ms Shaw. “But the principle we have is we’re never going to have enough money so we have to see as many young people as possible as quickly as we can.”

The challenges facing child and adolescent mental health services are complicated and multi-faceted. Anyone involved in their provision knows that, and the webinar proved it. It also proved that the solutions won’t be simple. But that there are potential solutions is beyond doubt. There are changes commissioners and others can make which would help strengthen these critical services – and our expert panel suggested eight key ones.