

SUMMARY OF GUIDANCE AND BEST PRACTICE

Listed below are some of the references which are influencing the redesign of Solihull's emotional wellbeing and mental health services for children and young people:

1. The **National CAMHS Review** (2009) listed the features of effective services as defined by families:
 - Awareness: in children's centres, schools, colleges and GP practices about mental health.
 - Trust: opportunity to discuss problems with trusted member of staff in school, and regular contact with the same staff in targeted and specialist services.
 - Accessibility: services in convenient places; information and advice in a range of formats; single point of entry to specialist services; age appropriate services.
 - Communication: being listened to, and spoken to in a straightforward, jargon-free way.
 - Involvement: being valued for your insight and experience, and involved in discussions about the services and interventions which are available.
 - Support when it is needed: support when the need first arises, not at crisis point; and services that stay in touch after support or treatment has finished.
 - Holistic approach: services that think about you as an individual, helping with practical issues and addressing physical health as well as mental health.
2. The **National Institute for Health and Care Excellence** (NICE) has published guidance documents relating to children and young people's emotional wellbeing and mental health, notably:
 - Social and Emotional wellbeing: early years (October 2012)
 - Social and emotional wellbeing in primary education (March 2008)
 - Social and emotional wellbeing in secondary education (September 2009)
 - Promoting the quality of life of Looked After Children (October 2010)

This 'pathway' of guidance recommends the following:

- Investment at a population level in early interventions to support health and wellbeing, which would ensure children who experience the poorest outcomes get the help they need.
- Adopt a life course perspective, recognising that disadvantage before birth and in a child's early years can have life-long, negative effects on their health and wellbeing.
- Ensure that universal as well as more targeted services provide the additional support all vulnerable children need to ensure mental and physical health and wellbeing.
- Ensure that primary schools provide an emotionally secure environment that prevents bullying and provides help for children (and their families) who may have problems.
- Schools should have a programme to help develop all children's emotional and social wellbeing, plan activities to help parents develop their parenting skills, and foster an ethos that promotes mutual respect, learning and successful relationships
- Tailor social and emotional skills education to developmental needs.
- Ensure that teachers and other staff are trained to identify and intervene when children at school show signs of anxiety or social and emotional problems.
- Jointly commission integrated teams dedicated to the mental health and emotional wellbeing of children and young people who are looked after or are moving to independent living, and ensure capacity to work with multi-agency networks on complex casework.
- Ensure equal priority for children and young people who may not attract attention because they express emotional distress through passive, withdrawn or compliant behaviour.
- Ensure services provide training, support and access to specialist advisers for the multi-

disciplinary 'team around the family', and provide responsive outreach to carers, schools, residential homes, secure accommodation establishments and leaving care services.

- Complete therapeutic interventions after a young person reaches the age of 18 when this is necessary, and include a specialist support for young people moving to independent living who may not meet the threshold for onward referral to adult mental health services.
- Ensure access to specialist psychological services, particularly for unaccompanied asylum seeking children and young people, which addresses post-traumatic stress, dislocation, risk of sexual exploitation and physical and emotional trauma.
- Ensure access to specialist services to meet the emotional and physical wellbeing needs of looked-after babies and young children, including providing consultations and training.

3. The Royal College of Psychiatrists published guidance in November 2013 entitled 'Building and sustaining specialist CAMHS to improve outcomes for children and young people'. This guidance highlights the importance of retaining an emphasis on early intervention and prevention, working closely with universal services, and recommends that:

- Primary mental health workers, linked to specialist CAMHS, are an effective way to support and work with universal services.
- Commissioners should ensure appropriate planning and provision of mental health services for the 0-4 year old population.
- A CAMHS opinion should be available 24 hours a day, 7 days a week.
- Transitions of care must involve the young person and their family, and close working between the professionals involved. This is important in the transition from specialist CAMHS to primary care and from Inpatient services to CAMHS. Clinicians must agree protocols to ensure that transitions when young people become adults at the age of 18 are planned well in advance with minimal disruption to the care that best meets the young person's needs. Consideration should be given to models of youth mental health services that bridge the traditional age boundary.

4. The National Advisory Council for Children's Mental Health and Psychological Wellbeing

(established as part of the recommendations of the CAMHS Review) published its One Year On report in 2010. This independent review was charged with finding out how children's health, education and social care services were contributing to the mental health and psychological well-being of children and young people since 2004. The review found improvements in mental health and psychological well-being were still not comprehensive, as consistent, or as good as they could be. The review made a number of recommendations to improve children and young people's emotional health and wellbeing, including:

- Strong leadership and governance from all children's sectors.
- Joint and co-ordinated commissioning across multi-agency services, including the acute and adult sector, based on a clear understanding of need.
- Comprehensive workforce development, beginning in universal services and including specialist services, to ensure understanding of roles and responsibilities for improving children's mental wellbeing, and providing appropriate support and skills for intervention.
- Ensuring the active participation of young people, so that they are involved in the design and development of services, as well as in decisions about their care.
- Challenging the stigma of mental health through whole systems approaches, which should include approaches that focus on children at an early age, with strong leadership, co-ordination and resourcing.

5. The Joint Commissioning Panel for Mental Health has published guidance for commissioners of child and mental health services (October 2013), which identifies 6 objectives for mental health commissioning strategies:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

The guidance also defines what a good child and adolescent mental health service should look like:

- Providing care that is timely, effective and efficient
- Access: clear pathways, advice to universal services, joint working, reaching out to groups less likely to access CAMHS, 24 hour services, access to emergency provision.
- Strategic direction: good clinical and managerial leadership, multi-agency commitment to integrated services, involving young people in planning services.
- Provision: appropriate range of services for children and young people with different needs and different ages, including more intensive services for those that would otherwise require admission to hospital.
- Staff: critical mass of staffing (15 wte clinical staff per 100,000 total population for a non-teaching service); range of skills including child and adolescent psychiatrists, clinical psychologists, CAMHS nurses, CBT therapists, child psychotherapists, family therapists, and creative therapists.
- Skills: a variety of therapeutic skills, including behavioural, cognitive, interpersonal, psychodynamic, pharmacological and systemic approaches.
- Discharge and transition: clear processes for young people who will require intervention and support in adult life.
- Outcomes, evaluation and feedback: all services should have a system of routinely collecting patient outcomes, as well as using patient/carer experience, audit and monitoring of adverse events and serious incidents.