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'Focus on CAMHS National Services Framework Standard 9'

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Cynthia Fletcher, National Lead for CAMHS and Education for the CAMHS Regional Development Workers looks at the English National Service Framework, particularly NSF Standard 9 'The Mental Health and Well-being of Children and Young People'.

Following my article in the Summer edition of 'SEBDA News' the National Service Framework (NSF) for Children, Young people and Maternity Services was published in October 2004. It is a 'Best Practice Guidance' but it is mandatory.

The NSF has 11 standards and forms a large pack comprising the following: NSF Core Standards, Executive Summary, The Mental Health and Psychological Well Being of Children and Young People, Children and Young People who are Ill, Disabled Children and Young People and those with Complex Health Needs, Medicines for Children and Young People, Maternity Services, Key Issues for Primary Care, Asthma, Autistic Spectrum Disorders, a Leaflet for Parents, a parents easy read version of the leaflet, a children's version of the leaflet, and a 12 -18 years version called Getting it right for you and a DVD entitled 'Spotting the Sick Child'.

To receive a free copy of the NSF telephone:

DH Publications Orderline 08701 555 455 e-mail dh@prolog.uk.com

Quote 40493/Core Standards – National Service Framework for Children, Young People and Maternity Services or ask for any of the above as separate items.

For more information about the NSF for children go to:

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/fs/en>

I have selected some very relevant parts of the text of Children's NSF Standard 9 , 'The Mental Health and Well-being of Children and Young People' below. I hope you find this useful. I start with Dr John Reid's (Secretary of State for Health) introductory comments:

'At the heart of this National Service Framework is a fundamental change in our way of thinking about Children's health. It advocates a shift with services being designed and delivered around the needs of the child. Services are child-centred and loom at the whole child – not just the illness or the problem, but rather the best way to pick up problems early, take preventative action and ensure children have the best possible chance to realise their full potential.'

'The National Service Framework has been designed to tackle the inequalities in health services which impact on the most vulnerable children. It is a 10 year plan: by 2014 we expect health, social and education services to have met the standards set out in this document. Inequalities will be reduced, so that all children and young people have access to the services they need, no matter where they live or where they come from. Staff from all sectors will work together so that the services they provide join up across health social care and education, and offer the best possible solution for children and their families.'

NSF for Children and Young People Standards

Standard 1 Promoting Health and Well-being, Identifying Needs and Intervening Early

Standard 2 Supporting Parenting

Standard 3 Child, Young Person and Family-centred Services

Standard 4 Growing up into Adulthood

Standard 5 Safeguarding and Promoting the Welfare of Children and Young People

Standard 6 Children and Young people who are Ill

Standard 7 Children and Young people who are in hospital

Standard 8 Disabled Children and Young People and those with complex Health Needs

Standard 9 The Mental Health and Psychological Well-being of Children and Young People

Standard 10 Medicines for Children and Young People

Standard 11 Maternity Services

NSF Standard 9 is intended to be read in conjunction with the other Standards: 'Standards 1,2 and 4 describe further mental health promotion interventions for children, young people and their families. Standards 6 and 7 describe additional mental health needs of children who are ill or who are in hospital. All professionals caring for children and young people who require medicines should also address the issues covered in Standard 10. 'Primary care' is used in this standard to describe all first line services who have contact with children and their families'

NSF Standard 9: The Standard for the Mental Health and Well Being of Children and Young People is:

'All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support for them and their families'

The rationale for NSF 9 is the following:

2.1 The importance of psychological well-being in children and young people, for their healthy emotional, social, physical cognitive and educational development, is well recognised. There is now increasing evidence of the effectiveness of interventions to improve children's and young people's resilience, promote mental health and treat mental health problems and disorders, including those children and young people with severe disorders who may need admission.

2.2 10% of 5 – 15 year olds have a diagnosable mental health disorder. This suggests that around 1.21 million children and young people under 18 would benefit from specialist services. There` are up to 45,000 young people with a severe mental

health disorder and around 40% of those are not currently receiving any specialist services.

2.3 Similar numbers of children and young people with less serious mental health problems will need some help. In most cases it will be provided by services in primary health care, social care, education (including early years) and the voluntary sector.

2.4 In a minority of cases, the nature and severity of the mental disorder may lead to a period of in-patient care. For some of these, where there is significant risk of harm to the child or to others it may also be necessary to provide treatment under the Mental Health Act 1983.....

2.5 Mental Health problems are associated with educational failure, family disruption, disability, offending and anti-social behaviour, placing demands on social services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people but also their families and carers, continuing into adult life and affecting the next generation.

2.6 It is important to recognise that supporting children and young people with mental health problems is not just the responsibility of specialist CAMHS. In many cases, the intervention that makes the difference will come from another service. For example, a child representing with behaviour problems may make better progress if his/ her literacy problems are also addressed, in which case input is required from education. The lack of provision in one service may impact on the ability of other services to be effective. Partnership working is essential requirement of high quality service provision.

2.7 Some children in special circumstances have greater needs regarding their mental health. Looked after children are five times more likely than their peers to have a mental health disorder. Children and young people with learning disabilities are 3 to 4 times more likely to have a mental disorder and at least 40% of young offenders have been found to have a diagnosable mental health disorder

2.8 Improvement, Expansion and Reform which set out the Priorities for the 2003-6 planning round, set the expectation that a comprehensive child and adolescent mental health services for children and young people would be available in all areas by 2006. This should include early intervention and mental health promotion. It states that CAMHS should be increased by at least 10% each year across the service according to agreed local priorities (demonstrated by increased staffing, patient contacts and / or investment)

2.9 National Standards, Local Action which sets priorities for 2005/06 – 2007/08 for the NHS, emphasises the need to improve outcomes for individuals and maintain levels of service achieved through the 2003 -6 planning round.....

2.10 This standard highlights the need to improve service provision at all levels from universal services, promoting mental health and providing early interventions, to highly specialised services. The familiar terminology of provision that has guided the commissioning and planning of services over recent years still stands. This is outlined below (see box)

2.11 Services for children and young people should be provided irrespective of their gender, race, religion, ability, culture or sexuality. This standard emphasises the importance of improving access to CAMHS to ensure greater equity is achieved.

These developments can only occur if specialised CAMHS provision is strengthened in terms of capacity and skills through planned commissioning processes which are undertaken in partnership with service providers.'

The Four Tier CAMHS Framework

- Tier 1: A primary care level
- Tier 2: A service provided by specialist individual professionals relating to workers in primary care
- Tier 3: A specialised multi-disciplinary service for more severe, complex or persistent disorders
- Tier 4: Essential tertiary level services such as day units, highly specialised out-patient teams and in-patient units

Partnership Working

Section 8 turns to the important area of partnership working:

'8.1 *Every Child Matters* highlights the Governments' commitment to improving partnerships between all agencies. The complexity and variety of children's service provision in any one locality also creates a logistical challenge for services attempting to achieve good partnerships. This needs to be taken into account in the planning and commissioning for services. *Removing the Barriers to Achievement* The Government's Strategy for SEN also highlights the importance of partnership working to improve outcomes for children and young people with special educational needs.

8.2 Partnership working across agencies working with children and young people with mental health problems can be a challenging task. The lack of understanding of the respective roles, duties, responsibilities and organisation of the different agencies and professionals and of their different language, may lead to poor communication, misunderstandings and frustration. Effective partnership working can improve children and young people's experience of services and lead to improved outcomes. There is a continuing role for universal services once a child or young person has been referred to specialist CAMHS, and ensuring that partnership working is effective is particularly important in these situations.

The challenge presented by the present?

'The lack of understanding of the respective roles, duties, responsibilities and organisation of the different agencies and professionals and of their different language, may lead to poor communication, misunderstandings and frustration.'

8.3 Factors that can facilitate joint working between CAMHS and schools have been identified are outlined below:

Factors that facilitate joint working between CAMHS and schools

- Secondments between organisations;
- Being based in the same location;
- Flexibility of recruitment so that people move between posts across organisations;
- Having a clear understanding of the different roles and expertise of members of staff;
- Having a clear rationale for working jointly, which is shared with the team;
- A commitment to joint working from all levels of the service; and
- Informal meetings, networking and team building.

Commissioners and services are able to demonstrate multi-agency partnership working in the following areas:

- The provision of services to children and young people who may or may not have been harmed, as set out in *Working Together to Safeguard Children 12*: contributing to the assessment of complex child abuse cases; the assessment and provision of postabuse therapeutic services; and services for looked after and adopted children (see *Standard 5*);
- The delivery of services to children and young people with significant behavioural difficulties ('conduct disorder'), who are at risk of exclusion from school; based on agreed protocols;
- The delivery of services to young people with mental health disorders who are misusing drugs and alcohol;
- Agreements between health, education and social services, and youth justice, which may need to be organised across several Primary Care Trusts/Local Authorities, for the joint funding, assessment and provision of services (including specialist residential provision when required), for children and young people with complex, severe and persistent behavioural and mental health needs. Contingency arrangements are agreed at senior officer levels between health, social services and education to meet the needs and manage the risks associated with this particular group;
- The assessment of educational needs and provision of services for children and young people with mental health problems, including those with special educational needs and/or learning disabilities and looked after children, whether they are living in the community, in hospital or residential settings. For example, children and young people with serious mental health disorders require their ongoing education to be provided, either in home tuition units, or in hospital;
- Specialist CAMHS input where there are locally agreed joint initiatives such as Behaviour and Educational Support Teams (BESTs), pupil referral units and provision for children with Behavioural, Emotional and Social Difficulties (BESD)...

Face-to-face working and joint training is provided to overcome the barriers to co-operative working relationships.'

So what does this mean for you in your school / provision?

It means that over a period of time the child and adolescent mental health services will grow particularly at Tier 2 (where there was very little before) . This means that there will be an increasing presence of a mental health professional available to schools on a regular basis to help support and guide the work of all staff and where appropriate offer direct work with a child or group of young people. However because the specialist CAMH teams (Tier 3) are so small, and have been inadequately resourced there is a challenge to train sufficient people to deliver a service in the short term. What is important is for professionals working with young people to recognise their role in this and ensure that they have been appropriately trained to carry out their part of this and make contact with any Tier 2 professional who is appointed.

Young people in EBD schools and PRUs and Special Schools are clearly a priority group and as the capacity of CAMH Services expands the children in these establishments should begin to receive a service.