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Meeting the target: providing on-call and 24-hour specialist cover in Child and Adolescent Mental Health Services

Final report summary

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Background

This report presents the findings from a two-stage study undertaken between April and December 2006 by the Thomas Coram Research Unit for the Department of Health. It examines the issues raised for providers and commissioners of child and adolescent mental health services (CAMHS) by the national target to provide on-call and 24-hour specialist cover by December 2006. The report includes the results of an electronic survey of CAMHS providers in late autumn 2006, which investigated the quality and configuration of on-call services in place by the target date.

Methods

The study draws on information from:

- initial consultation with key experts in the National CAMHS Support Service and elsewhere;
- a focused review of literature on the effectiveness of different models of 24-hour CAMHS cover and on the views of young people using this provision;
- telephone interviews with 18 commissioners and providers from 14 CAMHS in England;
- an electronic survey of CAMHS providers to determine the cover provided for emergency presentations, to gather data on audits of out of hours presentations and the costs of providing emergency cover.

Literature review

There are few robust evaluations relating to the emergency management of children and young people presenting with a mental health crisis out of working hours. Intensive home-based interventions may reduce the need for out-of-hours crisis admissions, although the evidence is not conclusive. Young people with experience of mental health crises emphasise the importance of the way they are treated when accessing services in an emergency. To be treated by staff who are approachable, non-judgemental, empathetic and able to make things happen appears to be of greater value to them than the particular organisational arrangements or the profession of the person they see. Young people also value community-based services which offer 24-hour access to a drop-in or telephone service providing advice and reassurance, which may help them to avoid hospital admission.

The extent of 24-hour cover

Although the majority of CAMHS providers reported being able to provide an on-call service by CAMHS professionals by the target date, and most of the rest could offer a next-day emergency response by CAMHS staff, it remains difficult to accurately assess the current extent of provision. The survey conducted by this study suggests that 9% of services are unable to provide an on-call CAMHS response to provide emergency

assessment at any time, and around 30% have no CAMHS staff on call to undertake assessments at weekends. The study found evidence that the data provided for the national mapping exercise and for local delivery plans are based on different interpretations by providers of the 24/7 PSA target, and indeed of what constitutes an 'emergency'. The situation is further complicated as some out-of-hours cover arrangements do not depend on formal protocols or agreements but instead rely on informal systems of goodwill which may disappear if particular members of staff are unavailable or may apply only in specific locations of a service area. Additionally, some 24-hour cover remains under review due to limited resources, restructuring or fixed period funding.

Types of provision

The main models of 24-hour CAMHS cover reported in this study are:

- a consultant child psychiatrist on call round the clock, with various arrangements for first- and second-level on-call before reaching the consultant;
- the same model, but with the consultant providing telephone-only advice;
- informal shared arrangements for on-call with adult mental health services; and
- partnerships with other agencies to offer a multi-agency response.

Where services provide 24-hour access to a CAMHS consultant psychiatrist there appears to be a reluctance to consider alternatives, even when difficulties in maintaining this level of cover are experienced. Among the shared arrangements that had been considered or adopted, often by smaller providers, combining with a neighbouring CAMHS to provide a bigger pool of staff for an on-call rota had generally been the least successful due to the variety of contractual and service delivery arrangements. Purchasing consultant psychiatrist cover from a neighbouring area appears a more successful and cost effective solution, but not one that that is available to all. Partnerships and multi-agency collaboration with adult mental health or social care services have proved effective solutions, but have frequently required considerable tenacity from commissioners to steer and sustain the interest and commitment of partners through protracted negotiations.

Barriers

The main barriers to developing 24-hour on-call CAMHS are perceived to be resources, lack of staff (especially for smaller providers or where there has been a history of under-investment in CAMHS) and the frequently reported reluctance of existing staff – from nurses to consultants – to contracting to provide 24-hour cover. At the same time, an underlying ethos of patient care means that most services report a culture of responding when a situation is perceived to be a real emergency which the formalising, through contractual on-call arrangements, may undermine. There is some evidence, however, that when staff are provided with a realistic picture of the demands of on-call work, through audits or pilot schemes, they are more willing to participate in formal rotas.

Conclusions

The 24/7 target has encouraged CAMHS and other services to critically review the wider issues concerning young people experiencing a mental health crisis, and to consider the services that need to be in place both before and after the point of accessing an emergency assessment. There is a growing interest in the role of CAMHS in supporting staff in other services such as A&E to undertake assessments, and in developing closer links with a range of agencies to offer better pathways of care for children and young people who present as a mental health emergency. Setting up and providing specialist cover out of hours has in some cases diverted resources from other aspects of the service and may be unsustainable in the longer term. Whilst the great majority of CAMHS providers report 24/7 services in place to meet the proxy target at the end of 2006, it is likely that further changes in out-of-hours provision may develop as pressure on CAMHS resources focuses on other aspects of providing a comprehensive service.

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