

## **CAMHS goes mainstream**

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Over the last two years the world has woken up to something we in the world of children and young people's mental health have known for a very long time. The best correlate of adult life satisfaction is not income but physical and mental health and we can predict adult life satisfaction best, not from academic qualifications but from the emotional health of 16 year olds (Clark, Fleche, Layard, Powdthavee, & Ward, 2016). The overwhelming burden of disease associated with mental ill health suggests that early intervention focused on child mental health is probably the most effective social investment any government could make both from economic and ethical perspectives. We are now at the moment of national insight – so how will we translate this into real goals and action and drive our own effective strategies?

Despite the many policy initiatives since the National Service Framework for Children and Maternity was published in 2004, when austerity came, our rationale for continuing to invest in children and young people's mental health was not sufficiently compelling. NHS expenditure on CAMHS decreased in real terms between 2010 and 2014, and local authority spending on early intervention for children, young people (CYP) and families fell by 31% (Children's Society, 2016).

What is going to be different this time? How are we going to cope with the 60% increase in referrals to CAMHS between 2013 and 2015? Part of the includes continuing in our commitment to CYP IAPT's focus on evidence-based practice, routine outcomes monitoring, strengthened supervision, mandated user participation in individual treatment planning and service design (Fonagy, Myles, Pugh, & Shafran, 2014). An audit of 12 early implementer sites showed tangible benefits in terms of improved efficiency (73% observed decrease in time between referral and assessment and 21% between assessment and discharge and there was also a 65% increase in the cases closed by mutual agreement) (Edbrooke-Childs, O'Herlihy, Wolpert, Pugh, & Fonagy, 2015).

But now we have to push together for a real breakthrough in terms of observed outcomes, changing our infrastructure and resources, in particular in terms of information governance and associated technology (Wolpert, Jacob, et al., 2016). NHS England's [Mental Health Dashboard](#) sets out 52 markers across mental health, including key indicators for CYP mental health. This provides an opportunity to tell our story; and in time the outputs within the dashboard will move to outcomes, enabling us to illustrate the complex and challenging world we inhabit. The dashboard will provide evidence that will demonstrate our performance alongside other areas of care and set out clearly what can and can't be achieved in an increasingly outcome-focused NHS.

The [Five Year Forward View for Mental Health](#) accepted in full the vision set out in [Future in Mind](#). It defined an ambitious set of targets for a system-wide transformation, embedding the CYP-IAPT principles into the local offer to CYP and guiding the building of capacity and capability across systems. Every area has developed a local transformation plan (to be annually refreshed) which

includes health promotion, integration, urgent care, alongside engagement and involvement of service users. This will be monitored and fully integrated into Sustainability and Transformation Plans (STPs) across the country. The progress being made has been acknowledged by two recent independent commissions, yet both highlight the distance that remains for CAMHS to travel before the desired goals are achieved (Frith, 2016; The Values-Based Child And Adolescent Mental Health System Commission, 2016).

An extraordinary amount is happening – the following are a few examples of the cross-system activities going on.

1. An additional 1,700 therapists are being trained to meet the target of improving access to treatment from approximately 25% to 33% of children with diagnosable disorder.
2. Health Education England has initiated an accelerated programme training workers to deliver specific evidence based therapies beginning in April 2017.
3. As the coverage of CYP IAPT extends to 100%, a further 3,500 CAMHS workers will be trained in evidence-based protocols which, in addition to CBT, Family Therapy and Parent Training, will include counselling, interventions for ages 0-5, learning disability and autistic spectrum disorder, the combination of pharmacological and psychological interventions, whole team training for inpatient services and community eating disorder services, as well as specialist therapies for eating disorder treatments.
4. Community eating disorder teams, supported by a quality network, are being extended or created across the country to deliver the evidence

based treatment pathway which, by 2020, will ensure that 95% of children and young people presenting with a possible eating disorder are seen within a week for urgent cases and four weeks for routine.

5. Evidence-based care pathways are being developed for both crises and generic CYPHS. A commissioning support programme including updating service specifications and system modelling tools is also part of the National Support offer. Activity and outcome data is starting to flow from the inclusion of CYP data in the Mental Health Service data set.
6. In addition to the £149 million released by NHSE this fiscal year to add to the CCG baseline, a further £25 million was identified to ease waiting lists in November 2016.
7. Plans are being developed to offer personal budgets for looked after children and a joint DfE-DH expert reference group is creating new care pathways, quality principles and implementation products.
8. Resources have been made available to increase inpatient beds and to improve joint inpatient-community commissioning of these. The average distance travelled to hospital beds has already decreased by 10%.

This list of achievements could (perhaps should) go on. In particular, initiatives to reduce unwarranted variation in safeguarding and increase joint work with schools are worthy of mention. The Department of Health anti-stigma campaign continues, as does its support for improvements in the voluntary sector, and commitment to further research. Public Health England has published a wide range of tools to support schools and local communities to improve local needs assessments and services. The Department for Education

actively supports schools to consider how best to commission services.

Additionally, significant work is underway developing services in the secure system.

These are not individual initiatives. Each of the changes underway and proposed are aimed at supporting the key principles set out in *Future in Mind*, (Department of Health, 2015) and they continue to be elaborated in a series of recent documents and reports (Frith, 2016; *The Values-Based Child And Adolescent Mental Health System Commission*, 2016; Wolpert, Harris, et al., 2016). These documents are remarkably consistent in identifying the fundamental systemic challenge that genuine improvement in children and young people's mental health faces, and view greater integration as the key to delivering real change.

National workstreams involved in CYP mental health will need to continue and go further in aligning systems of care within a coordinated framework. A number of different models are emerging from the tiered model - for example 0-25 services, Thrive and New Models of care programme. (NHS England, 2015; Wolpert, Harris, et al., 2016) Common themes include: (1) providing services in a different way to better meet needs, improve outcomes and reduce costs by strengthening prevention & early intervention (anticipating interventions) and pro-active care for high risk groups, including more intense support for those with higher levels of need; (2) creation and clear definition of new roles including changing roles of health, education & social care professionals; (3) changing where care is delivered, for example, close to home, in community or other providers (schools, community centres, forensic settings etc.); (4) overcoming institutional barriers to ensure different services work

better together, including joint planning of capacity, thoughtful sequencing of interventions and improved management of transition between services.

However, we must learn from our past and embed our work as integral to health, education and social care support for our client group. We must fully integrate this activity at a local level into the wider strategic partnerships set out in STPs. We must be represented within primary care, specialist health providers, local authority providers and providers of other statutory services (e.g. schools/ foster care/ ambulance services etc.). CYP mental health must become business as usual. We must be integrated into the new approaches to budget management and joint commissioning which enable commissioners to contract for these new models of care and, in many cases, how to work with other commissioners in so doing. We have suffered – and more importantly our client group has suffered – by being seen as on the sidelines by being different, too complex and difficult to explain.

We have won the argument that a considerable proportion of children and young people suffer mental health problems and their needs sit within the mainstream of delivery. Our challenge is to demonstrate without equivocation that we will continue to support children, young people and their families to achieve goals that matter to them, and in so doing, support them to grow into young adults who can fulfil their potential.

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