Overview

A number of documents have been issued over the past few months which have a bearing on the mental health and emotional well-being of children and young people. The Department of Health consulted on a “shared vision for mental health” which takes account of the economic climate and restrictions on public spending; emphasises prevention and early intervention; and argues that physical and mental health should be seen as equal priorities.

A report has been published on learning from the first phase of the Targeted Mental Health in Schools project, which focuses on the 5-13 age group within clusters of primary and secondary schools. A common theme is relationship building, and the challenges in developing shared perceptions of mental health support for children and young people. Also for the schools’ sector, the National Institute for Health and Clinical Excellence has issued public health guidance on promoting young people’s social and emotional well-being in secondary education.

Two documents cover Child and Adolescent Mental Health Services (CAMHS), one on improving access by reducing waiting times from referral to treatment, which is often cited as a key element of an effective service, and most recently a recommendation in a review of CAMHS. The other report provides an ‘evidence base’ for the development of ‘Tier 4’ CAMHS – specialist provision for those with complex needs.

The information will be of interest to those responsible for commissioning services to support mental health and emotional well-being of young people, practitioners in universal as well as specialist services, and those with a general interest in well-being issues.

Briefing in full

New horizons – Towards a shared vision for mental health

A National Service Framework (NSF) for Mental Health was published in 1999. As this approached the end of its ten-year lifespan, the Department of Health (DH) began consulting on its replacement in 2007 with a specific consultation process between July and October 2009. Whereas the previous strategy saw a considerable increase in investment in services, the new consultation document makes it clear that such an approach cannot be depended upon in future, specifically citing the current economic climate. Instead, the approach should be on “prevention, intervening earlier, being more innovative and collaborative, improving productivity and getting maximum value for individuals and communities”.

The document sets out

- the continued high profile of mental health as a DH priority
- an agreed set of key values and principles for the NHS, local authorities and other government departments to guide service design and delivery (equality, justice and
human rights; reaching our full potential; being in control of our lives; valuing relationships
- lessons learnt from the NSF and its implementation over the past 10 years.

New horizons deals with mental health throughout life although two chapters have particular relevance to children’s services. ‘Laying the foundations’ covers the promotion of positive mental health among infants, children and young people. It stresses the importance of early intervention, especially through multi-agency working. This can build mental well-being and resilience in infancy and childhood, prevent mental health problems in adult life and lead to better outcomes in health, education, employment and relationships.

Another chapter focuses on the transition from adolescence to adulthood. It is vital to have local agreement between child and adolescent mental health services (CAMHS) and adult mental health services on how to manage this process. There should be a range of different approaches which are “accessible, non-stigmatising, age-appropriate, multi-disciplinary and multi-agency, and have good links to educational, employment and social outcomes”.

A further chapter, ‘How we will get there’, includes reference to the role of primary care trusts and local authorities in commissioning health and social services to deliver the best possible outcomes (including reduced health inequalities) and the best possible care for their local populations.

The formal consultation itself included questions on the “guiding values”: promoting more personalised services for people with mental health problems and their families; improving value for money and the potential for making savings; the use of innovative technology; current gaps in research evidence; supporting local leadership; promoting joint working; reducing inequalities that affect our mental health; and reducing the stigma attached to mental health.

Significantly, the vision is that by 2020 physical health and mental well-being are seen as “equal priorities”, given that the latter is “fundamental to a person’s quality of life”. Building mental resilience in individuals, families and communities is “everybody’s business”.

In the consultation on New horizons there was a general request for examples of what works well in local areas, which are therefore likely to feature in the final version which is expected to be published before the end of 2009.

**Schools and mental health**

**Targeted Mental Health in Schools project – Learning from Phase 1 Pathfinders**

Targeted Mental Health in Schools (TaMHS) is a three-year programme (2008-11) backed by £60 million funding by the Department for Children, Schools and Families (DCSF) which was announced in July 2007. It aims to transform the way that mental health support is delivered to children aged 5 to 13, to improve their mental well-being and tackle problems more quickly. All children’s services authorities in England will eventually take part: 25 were established in 2008/09 as ‘pathfinders’, a further 55 are participating in 2009/10, and the remainder the following year. The pathfinder authorities are being funded to develop an innovative model of mental health support, comprising both strategic integration and evidence-informed practice, which builds on the success of the National Healthy Schools and Social and Emotional Aspects of Learning (SEAL) programmes.

The DCSF commissioned the Office for Public Management (OPM) to deliver ‘action learning sets’ in the year up to July 2009. These were delivered regionally and drew their membership from all ‘pathfinder’ authorities. The DCSF has published a report.
summarising the learning from this exercise, intended especially for TaMHS project managers but also relevant to other interested parties in local authorities and primary care trusts. It includes case studies and examples of good practice to illustrate the impact of the project on children and young people and their families.

A common theme is building relationships, with a need to develop these at an early stage between strategic and operational professionals. TaMHS is raising the profile of both preventative healthcare and integrated working among the authorities concerned. Although a variety of interventions and models of practice were evident, there was a clear vision of a shift from reactive specialist-services to promotion of early intervention. TaHMS appears to have increased the use of the Common Assessment Framework to an extent, and was also able to contribute to ‘de-stigmatising’ mental health.

The project was able to highlight the significant contribution which can be made by universal services within CAMHS, but there were some challenges in liaising and working with CAMHS. On the one hand, some schools were reticent in having outside agencies intervene in school-based problems; on the other, some schools had problems in obtaining specialist advice, indicating that CAMHS may still be viewed in some quarters as a separate service to the work on psychological well-being and mental health in schools. There was also variation in the extent to which TaMHS itself was integrated with local authorities’ CAMHS strategies, or seen as an external addition to the schools’ offer. Such challenges reflect wider difficulties in developing shared perceptions of mental health support for children and young people, given the “different organisational cultures in health and education”.

There has been a concern about sustaining TaMHS, “embed[ding] system change in children’s mental health services” and helping it to become an integral part of schools’ agendas. Pathfinders indicated a number of ways in which this could be effected, for example securing the buy-in of lead elected members in the local authority; liaison with the appropriate Children’s Trust board member; understanding what the third sector does, and potentially could, provide; and identifying and working with selected ‘school champions’. Such system change also needs to be communicated to children, young people and parents, using language that is universally understood, with central government playing a key role here.

**Promoting young people’s social and emotional well-being in secondary education**

The Department of Health (DH) asked the National Institute for Health and Clinical Excellence (NICE) to produce public health guidance on promoting the social and emotional well-being of young people in secondary education, and this has now been published. It is intended for teachers, support staff, governors and professionals with public health as part of their remit working in education (including the independent sector), local authorities, the NHS and the wider public, voluntary and community sectors.

The recommendations, covering six areas, are notably for secondary educational establishments but the guidance indicates that local authorities and other organisations have a key supporting role.

**Strategic framework**

- Support an organisation-wide (‘whole school’) approach to promoting the social and emotional well-being of young people, ensuring establishments have the appropriate leadership, can access specialist skills and support, and are able to share practical advice.
- Encourage scrutiny committees to assess progress in this area.
- Promote the social and emotional well-being of those who work with young people in
secondary education.

Key principles and conditions

Demonstrate a commitment to the social and emotional well-being of young people. Foster an ethos that promotes mutual respect, learning and successful relationships among young people and staff. Provide a safe environment that nurtures young people’s sense of self-worth, reduces the threat of bullying and promotes positive behaviours. Measure and assess young people’s social and emotional well-being as the basis for planning activities and evaluating their impact. Ensure young people have access to pastoral care and support.

Curriculum approaches

- Provide a curriculum that promotes positive behaviours and successful relationships.
- Tailor social and emotional skills education to the developmental needs of young people.
- Reinforce this learning by integrating relevant (including extra-curricular) activities.

Working with parents and families

- Work in partnership with parents, carers and other family members to promote young people’s social and emotional well-being.
- Help parents develop parenting skills.
- Ensure families living in disadvantaged circumstances are given support to participate fully in relevant activities.

Working in partnership with young people

- Develop partnerships between young people and school staff to foster organisation-wide approaches.
- Ensure all young people can contribute to decisions that may impact on their social and emotional well-being.
- Provide young people with opportunities to build relationships, including through peer education or peer mediation approaches.
- Provide clear and consistent information about opportunities to discuss personal issues, taking account of confidentiality policies.
- Involve young people in the creation, delivery and evaluation of training and continuous professional development (CPD).

Training and continuing professional development

- Integrate social and emotional well-being within training and CPD of practitioners and governors (examples of what this might cover are provided in the guidance).

This guidance complements similar guidance for primary education published in March 2008 (see CSN Round-Up 4 – May 2008 under ‘related briefings’).

**Child and Adolescent Mental Health Services (CAMHS)**

Improving access to CAMHS by reducing waiting times

Timeliness, and in particular reducing waiting lists, has long been an issue in the development of policy around CAMHS, and was most recently highlighted in the review of
these services which reported in 2008 (see ‘related briefings’). The DH and DCSF have jointly produced a ‘practice guide’ with two objectives.

Firstly, it sets out how the rules on the 18 weeks referral to treatment (RTT) standard, as set out in the NHS Operating Framework for 2009/10, apply to non-emergency consultant-led services and pathways in CAMHS. This will in fact apply to only a minority of cases as most CAMHS are delivered through multi-disciplinary rather than consultant-led teams. Secondly, however, the guidance shows how accessible low-wait CAMHS in England can be achieved by learning from the national programme set up to support the implementation of the 18 weeks standard, and from local examples of good practice where improved access to CAMHS has been achieved. For example, it indicates how to

- plan and implement transparent pathways
- achieve swift and easy referral and treatment with no delays
- measure progress.

It also describes four ‘service improvement models’ that can be used alone or “creatively combined”, and there are a number of local case studies.

The guidance stresses the need for all children’s services to play their part in providing emotional and mental health care and support to children, young people and their families.

Evidence base to guide development of Tier 4 CAMHS

A four-tier framework for CAMHS was developed some years ago, with Tier 1 representing support for mental health (including preventative work) within universal services, and Tier 4 being specialist services for those with very serious persistent problems. Tier 4 was once seen as synonymous with psychiatric in-patient provision, but is now understood as “multi-faceted, with multi-agency services that can include inreach, outreach, intensive and crisis community initiatives, day provision, therapeutic fostering and other services that may be described as ‘wrap around’”.

The DH has published a guide to evidence (referred to as ‘work in progress’ as “more evidence is becoming available at a fast growing rate”) which can support the development of Tier 4 CAMHS within this broader conception of provision. It uses three main sources:

- research on models of care: inpatient and day patient care; and out of hospital approaches (Family Preservation, home treatment, case management, Multi-Systemic Therapy and Treatment Foster Care) – it concludes there is now evidence to support the use of alternatives to inpatient care for certain groups of young people with mental health problems
- evaluations of two government CAMHS development programmes: CAMHS Innovation Grant Projects, and Children’s National Service Framework Development Initiatives - these cover some of the same types of service described above
- evidence from other studies.

It acknowledges that much of this material is necessarily ‘qualitative’ (as opposed to ‘quantitative’, characteristic of, say, randomised controlled trials), but is appropriate and of value in considering Tier 4 CAMHS development.

Comment

It remains true that, for many, the term ‘mental health’ is too often associated with illness or negative connotations in a way that physical ‘health’ is not, and terms such as ‘psychological or emotional well-being’ are sometimes used as alternatives. Although
mental health issues affect a significant percentage of young people as well as adults, the associated stigma remains and was identified in the LGiU/CSN publication *Fundamental Health* (see ‘Downloads’). Indeed, this is also one of the ‘key themes’ in the *New Horizons* publication, in which its bold vision is of physical and mental health being seen as equal priorities.

Although there is obviously some way to go in realising this aim, there has been much activity in the field of young people’s mental health in recent years: a considerable financial investment in CAMHS and a subsequent review of provision; the introduction of Social and Emotional Aspects of Learning (SEAL) in schools; and the TaMHS project - one example of an early intervention model, testing different approaches within school-based settings. Evidence here is somewhat mixed but the project has provided a useful testbed also serving to illustrate the real challenges facing local authorities and their partners in developing integrated services. Specialist mental health provision, too, is clearly also engaged in debate about the best means of improving outcomes for young people.

This miscellany of documents shows the continuing importance of ‘mental health’ issues for children and young people. The epithet ‘everybody’s business’ has been applied to a number of areas of public policy, but was some years ago adopted by those working in the area of young people’s mental health. The contribution of universal services is increasingly recognised, not least because of the close inter-relationship between mental health and a whole range of other outcomes. As the Director of the Centre for Public Health Excellence in NICE puts it, “The social and emotional well-being of young people is important in their development, not only in terms of the ability to learn and achieve at school but it can also help protect children against poor physical health, emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol”.

*New horizons* acknowledges the current economic position and the state of public finances: “we cannot depend on the scale of extra investment that followed in the wake of the [National Service Framework in 1999]”. This reinforces the need for early intervention approaches, and effective collaboration within children’s trusts.

External links

- New horizons – Towards a shared vision for mental health
- Targeted Mental Health in Schools project report
- Promoting young people’s social and emotional well-being in secondary education
- Improving access to CAMHS
- Evidence base to guide development of Tier 4 CAMHS

Downloads

- Fundamental health – how to order publication

Related briefings

- CSN Round-Up 4 – May 2008
- Child and Adolescent Mental Health Services (CAMHS) review - final report

Related events