Delivering psychological services in specialist Child and Adolescent Mental Health Services (CAMHS)
Introduction

Child and Adolescent Mental Health Services are the specialist services which provide for the emotional/mental health needs of children and young people usually up to the age of 18 years. Most of these services are delivered by NHS provider trusts.

Clinical psychologists and psychological practitioners may work as part of a clinic-based multidisciplinary team, or as part of a standalone psychological services team working in parallel with other professions.

What kind of problems can CAMHS help with?

Children and young people make up approximately 24 per cent of the UK population. While most children and young people will not experience mental health problems, a significant number will. The most common mental health difficulties reported in children and young people are conduct disorders, anxiety, depression and hyperkinetic disorders.

In addition some psychologists will be involved in the assessment of autism, attention deficit/hyperactivity disorder and learning difficulties, particularly if these are thought to be causing mental health problems.
What kinds of help can psychologists deliver in CAMHS?

Psychologists are trained to deliver treatments that are based on a scientific approach to what works, and where there is a substantial body of evidence showing effectiveness. The following could be considered mainstays of evidence-based intervention:

- CBT for anxiety disorders and depression.
- Interpersonal psychotherapy for depression.
- Systemic family practice for self-harm, eating disorders, depression and conduct problems.
- Parenting programmes for oppositional defiant behaviour and conduct disorder.
The wider role of psychologists in mental health services

Child mental health services are not the same in all parts of the country, and there is no one blueprint for what a service should or could look like. It is however possible to generalise about the unique contribution that psychologists make within these teams. A psychological approach within CAMHS should rely on:

- Evidence-based practice, blending clinical expertise, patient-centred values and the best research evidence to make decisions for patient care.
- A broad and flexible knowledge base to enable assessment of a wide range of psychological issues.
- A formulation process that reflects an understanding of the social, economic and political context for children, young people and their families.
- Treatment plans that can combine advice, sign-posting to other services if needed, and interventions agreed in partnership with what the child and family want.
- A rigorous approach to monitoring outcomes because this helps with the measurement of progress, and provides important data for a range of audiences, including what children and families think works.
- Supervision which promotes smarter working, improves staff morale and support, and supports the acquisition and development of skills including consultation to other professionals.
- The promotion of a culture of research, service evaluation and clinical audit.
- Participation in the strategic development of services and the organisations that deliver them.
Wider factors that affect the shape of services

Approximately six per cent of the total national mental health spend is available to children and young people and yet, as the *Future in Mind*

\(^1\)

report highlights, there is a rising demand for services. In addition, there is an increasing focus on early intervention, alongside a rise in the number of children presenting with complex difficulties requiring multidisciplinary intervention.

Historically, CAMHS provision has developed in diverse ways across the UK, and in this way, may be adapted to meet the needs of their local population. However, there are key factors which need to be considered whatever the service configuration.

---

**Age range and scope of need** – some services work with children and young people up to age 18, some specialise in specific age-groups, and some are moving towards adopting the *Future in Mind* guidelines of extending their reach to age 25. It is important that clinicians have a thorough understanding of developmental processes, and training should focus on using this

\(^1\) Available at: https://www.gov.uk/government/uploads/system/.../Childrens_Mental_Health.pdf
knowledge in developing formulations and interventions. Particular attention is required on interfacing with schools, paediatric teams, primary care and public health services, and the transition to adult mental health services should be as seamless as possible.

**Commissioning priorities** – diverse types of relationships between local service providers and commissioners can mean that those purchasing services may not have enough clinical information from psychological services and service users themselves to aid good commissioning choices. It is increasingly important in financially challenged times, that leaders in psychological services are able to liaise and negotiate with commissioners. It is also key to include young people and their families in the process of informing commissioners about psychological services so that commissioning facilitates interventions which fully address their needs.

**Political landscape** – differences in the way funding is allocated have meant that some CAMHS are facing retrenchment, some have moved back to the delivery of core services only, and some are moving away from the provision of high quality psychological services to focus on emergency responding. While there has been considerable investment in Children and Young People’s Improving Access to Psychological Therapies (CYP-IAPT), and this should remain part of mainstream services, ongoing financial constraints in the public sector are likely to affect the delivery of CAMHS.

Focus should be maintained on CYP-IAPT in order to improve existing services through training in evidence-based therapies, improved IT infrastructure, the use of outcome measures as routine practice, and increased service-user participation. Service leads and commissioners should give sufficient weighting to all areas of provision to ensure the development of flexible, accessible approaches to early intervention.

**Poverty and social influences** – substantial evidence links poverty with mental health problems in childhood and adolescence. This creates challenges in providing equal service provision across the country without disadvantaging already well-functioning services. Where possible, access to services and activities which promote resilience should be maintained, and parity of services needs to be created.
Diversity – CAMHS are provided to a culturally diverse range of populations across many areas of the UK, and clinicians engage with children, young people and their families from a broad range of backgrounds in terms of ethnicity, culture, religion, gender and sexuality. Cultural competence is an important concept in shaping the way in which services can remain sensitive to the needs of differing populations. Practitioners need to be aware of relevant research literature and be reflective of their own work, maintaining values of respect, curiosity and openness. As much as possible, the CAMHS workforce should reflect the diversity of the communities they serve.

Service configuration – some services operate as full multidisciplinary teams with a general management structure, while some psychological services are co-located along with psychiatry teams but with separate lines of accountability and responsibility. In other areas, teams operate under a different management infrastructure and rarely come together in a multidisciplinary way. It is important that teams are configured according to local need with a careful appreciation of the skill mix required to meet this need. Clear pathways across organisations, effective leadership and strong cultures of coherence and supervision in teams, are key requirements.
Models of Service

A relatively recent development in the conceptualisation of children’s mental health services is the THRIVE Framework. It is a conceptual model for ensuring needs-led service planning and review for children and young people’s mental health services.

The **THRIVE model** describes how CAMHS may offer specialist and targeted interventions. The model focuses on five domains: thriving, coping, getting help, getting more help, and risk support. Psychological practitioners have a role to play in supporting all these domains. Considerable skills are required to liaise with other professionals around the young person, and to modify treatment approaches as required.

Clinicians also need to understand the network of services around children, young people and their families, including other specialist teams, for example, Looked After Children teams, Learning Disability services, Early Years services and Adult Mental Health services. At all levels, care co-ordination needs to ensure that the young person remains at the centre of the process and the system surrounding them.
Children and young people’s participation is crucial

Finally, it should be seen as a core priority that children and young people are provided with opportunities to get involved, and their voice is heard at all levels of CAMHS.

‘The CAMHS worker is always there when I need them and I have a really good relationship with them. I can talk to my CAMHS worker about anything and they always reassure me when I’m struggling.’

(Young person accessing CAMHS)
A good practice case study
The Fresh Group offers an example of a comprehensive model of a CAMHS service working with young people to create a new service model. See http://www.freshcamhs.org/ for more details.

THE FRESH PARTICIPATION CHARTER:
■ Participation is our right.
■ Participation is a dialogue to influence change.
■ Participation depends on respect and honesty.
■ Participation must be built in.
■ Participation is everybody’s responsibility.
■ Participation benefits everybody.
■ Participation must be accessible and inclusive.

‘We have so much to thank the Fresh Group for. They have helped us break new ground in patient participation and in co-creating really meaningful and impactful communications. As a team we have learnt some really important lessons – to listen rather than talk; to take notice of the ‘experts’, even if they are 14 years old; and to find ways around rigid rules and traditional ways of doing things. This is a terrific campaign. We have been inspired by our young colleagues, many of whom were fighting personal battles while working with us – and we are absolutely committed to working closely with children and young people to help us strive for excellence in our work.’

(Hil Berg, Marketing and Communications Director, Alder Hey)

‘The response people receive from mental health services is absolutely vital. For me, it’s honestly been the difference between life and death.’

(Young person accessing CAMHS)
What should you expect from a service providing good quality psychological provision in CAMHS?

A good quality psychological services within CAMHS will offer:

- Cover for children from 0–18 years (or age 25 wherever possible) working with a range of complexity.

- Evidence-based therapies and psychological assessments and interventions supported by an understanding of a wide range of presenting problems, developmental and social frameworks, and relevant NICE guidelines.

- A variety of interventions, such as group work, individual work, staff training and supervision, and intensive work.

- Innovation, audit and service-based research as part of staff roles.

- Leadership and management by applied psychologists.

- Smooth, user-led protocols and processes for transitions of care within the local district and between child and adult mental health services, facilitated by robust organisational structures and clear pathways between agencies.

- Strong relationships among local services, carers and service users, and commissioners who recognise the strengths of psychology to provide not only direct clinical services, but also teaching, training, consultation and support to others.

- Routine gathering of feedback and analysis of outcome measures to inform service development and enhance collaborative practice and shared decision-making in clinical interventions.

- A balanced workforce that can deal with varying levels of case complexity and is informed by evidence-based workforce and service-development reviews.
We would recommend that this leaflet is read in conjunction with other leaflets in the series and in particular with Clinical and applied psychologists in child and adolescent mental health.

This leaflet summarises a chapter in What Good Looks Like in Psychological Services for Children, Young People and their Families. Electronic copies can be downloaded for free from: http://shop.bps.org.uk/publications/child-and-family-clinical-psychology-review-no-3-summer-2015.html

**Hard copies** can be requested for free from Helen Barnett, British Psychological Society: Helen.Barnett@bps.org.uk

If you would like to discuss any of the information in this brochure further, please contact: dcpchildlead@bps.org.uk