

briefing

SEPTEMBER 1999

Children in Mind Child and Adolescent Mental Health Services (CAMHS)

One in every five children suffers from mental health problems. Services to help them are provided by a range of agencies...

- the NHS, which provides both primary care and specialist services
- local authorities, which provide education and social services
- the voluntary and independent sectors

...and policy and practice are developing fast.

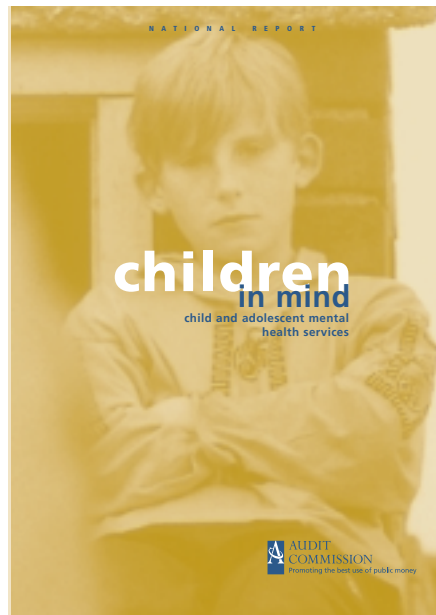
- major new initiatives give CAMHS high priority
- an additional £84 million is being provided over three years compared with expenditure of about £150 million in 1998/99

Children seen by the NHS specialist services have a number of characteristics...

- boys out-number girls overall, although from mid-teens girls out-number boys
- most present with complex problems
- four in five have identifiable risk factors in their history

...but the response of health authorities and trusts is variable.

- expenditure per child by health authorities varies by 7:1
- trusts vary substantially in the mix of staff they deploy



Links between specialist CAMHS and other agencies need strengthening...

- support for other agencies involved just 1 per cent of practitioners' time
- one-quarter of trusts delivering CAMHS had no real liaison or joint working with GPs

...and access to specialist CAMHS can be restricted.

- 67 per cent of referrals were from other clinicians and only 14 per cent were from social services or education
- two-thirds of youth justice managers reported problems gaining access to CAMHS

- ten per cent of trusts could not offer a non-urgent appointment within six months
- over a third had inadequate 24-hour cover

Agencies need to work together. Health authorities should establish a framework for development

- taking the lead in commissioning CAMHS through an inter-agency group
- agreeing the scope – 29 per cent limited services to children aged under 16
- assessing needs, consulting widely – only 35 per cent consulted users and carers, and 44 per cent of trusts were not being involved
- taking stock of current resources, establishing who is doing what
- transcribing needs into service requirements, focusing on services known to be effective
- strengthening information systems, giving clinicians the tools to evaluate their own interventions

Health authorities and trusts must maintain their efforts to keep pace with a fast-changing agenda to ensure that vulnerable children and young people get the support that they need.



**AUDIT
COMMISSION**

Promoting the best use of public money

The changing context

...policy has been developing rapidly

1. Over the past 20 years, the importance of the mental health of children and adolescents has been increasingly recognised. Recent studies agree that one in five children and adolescents suffer a wide range of mental health problems,¹ and that this proportion has increased over the past 50 years. Strong links have been established between mental health problems in children and many issues of public concern, such as juvenile crime, alcohol and drug misuse, self-harm and eating disorders.

2. Services are provided not only by the NHS, but also by local authority social services, education, youth justice and other departments, voluntary

organisations, and the independent sector. These services can be described within the framework of a four-tiered model. Each tier essentially addresses different problems with the level of severity increasing from Tier 1 to Tier 4. Many services are provided at Tier 1 by general practitioners (GPs), health visitors and other primary health care staff, teachers, social workers and voluntary agencies. The other three tiers make up the specialist CAMHS. At Tier 2, professionals tend to work on their own. At Tier 3, specialists from various disciplines and agencies work together in teams. Tier 4 comprises highly specialised services, such as inpatient facilities. Over the two years between 1997 and 1999, the Audit Commission has been assessing progress with the development of CAMHS and

has estimated that these specialist CAMHS cost about £150 million in England and Wales in 1998/99.

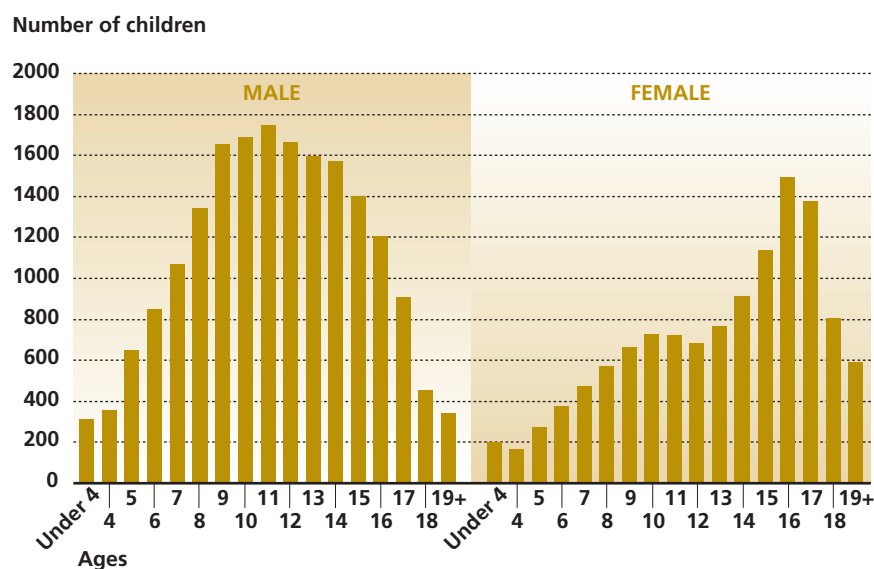
3. CAMHS have been receiving increasing levels of attention in recent years. For 1996/97, the NHS Executive included CAMHS in its *Priorities and Planning Guidance* as one of six areas to be monitored over three years. Most recently, the Government has announced a further £84 million spread over three years for CAMHS in England, and in Wales, it has set up a multidisciplinary group to draw up an all-Wales strategy.

¹ The term 'mental health problem' has been used generically in this report to cover the range of types and severity of mental health problems and disorders.

EXHIBIT 1

Age bands of all children and young people seen by specialist CAMHS

Boys out-number girls overall, although from mid-teens girls out-number boys.



Source: Audit Commission case characteristics database

The children

4. The specialist CAMHS help a wide variety of children and young people. Boys out-number girls overall, although from mid-teens girls out-number boys [EXHIBIT 1]. They present with a range of problems. To describe these, the Audit Commission adopted the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA). For any young person, more than one category of problem could be recorded. Four categories occurred in between 60 and 80 per cent of

children and young people [EXHIBIT 2].

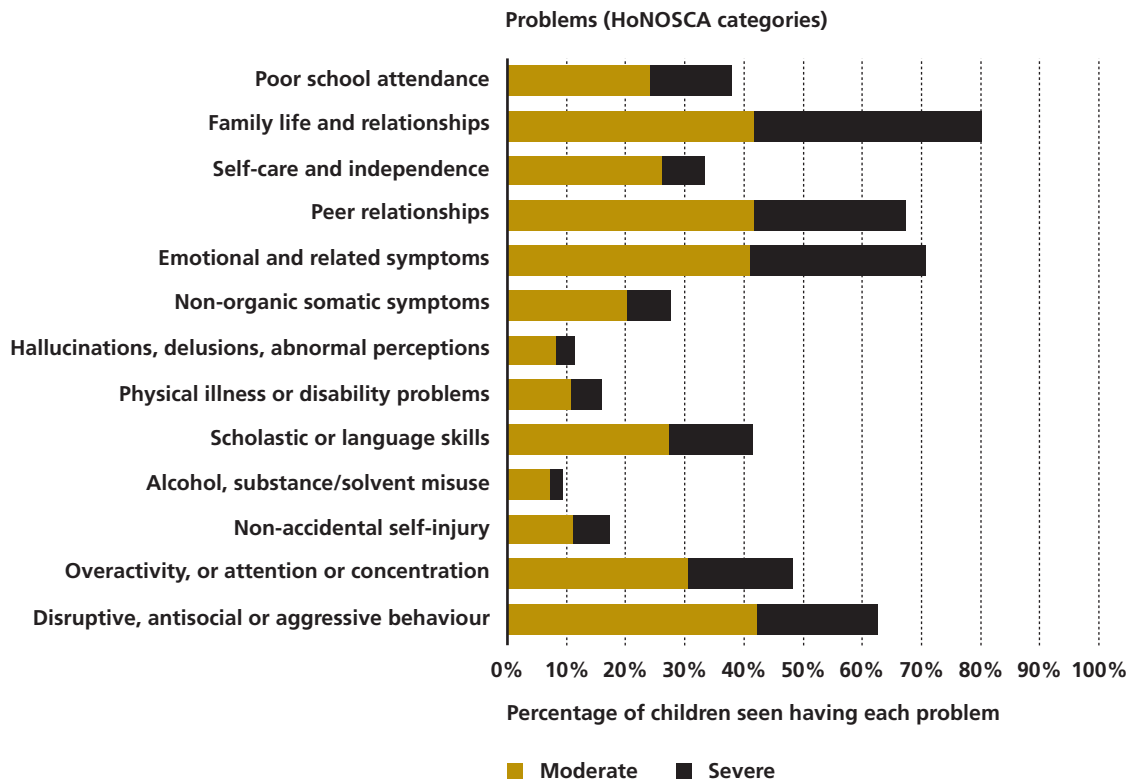
5. Certain groups of children, and those living in certain conditions, are at greater risk of developing mental health problems than others:

- 40 per cent of children were found to be living with only one natural parent – either in a lone-parent family or with a step-parent in a re-constituted family, compared with about 21 per cent in the general population;
- 34 per cent were living in families where the main breadwinner was unemployed – well above the national average;
- 27 per cent had some form of learning disabilities;
- 19 per cent were living with a parent with mental illness; and
- 9 per cent of children were looked after by the local authority – compared with 0.5 per cent in the general population.

EXHIBIT 2

Types and severity of problems recorded

Children and young people present with a range of problems.



Source: Audit Commission presenting problems database

The service response

6. Health authorities and trusts need to be able to respond effectively and efficiently to meet the needs of these children and young people. The Commission's audits found that variation between services is significant, causing difficulties for staff and children alike.

7. The amount spent by health authorities on specialist CAMHS per head of the child population aged up to 18 varied by a factor of seven [EXHIBIT 3]. The variation showed little relation to local needs. Authorities and trusts must take stock of how much is being spent on CAMHS now, and set up separate budgets where none currently exists.

8. The audits also found that trusts varied substantially in the mix of staff they deployed. A wide range of professionals work in specialist CAMHS [EXHIBIT 4], although individual trusts had very different mixes of staff and some disciplines were represented more widely than others. It is therefore probable that some trusts do not have had access to the full range of skills currently regarded as necessary for the satisfactory delivery of specialist CAMHS. Half of trusts that only provide community services at tiers 2 and 3 had eleven or fewer staff risking isolation for the professionals working with difficult and demanding children.

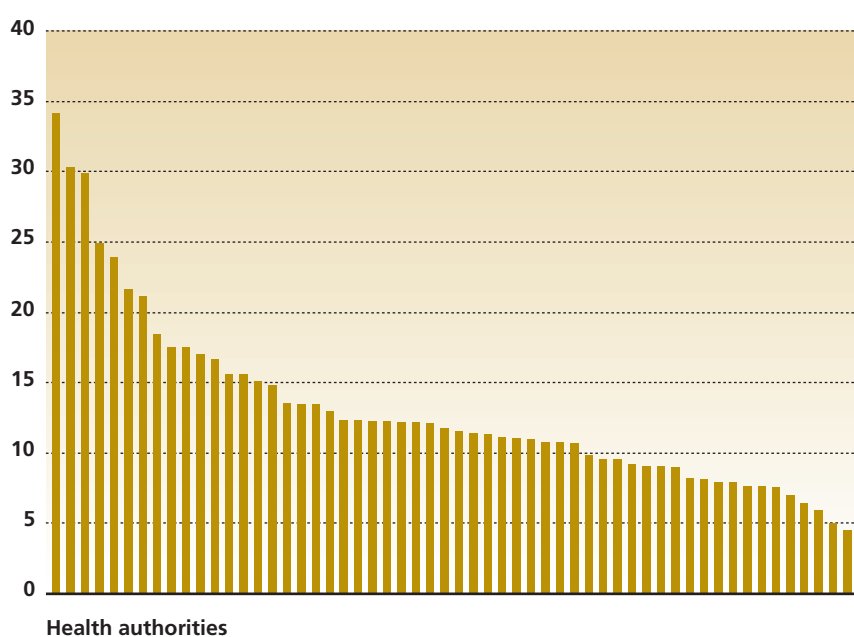
9. Specialist CAMHS need to work closely with other service providers. They should provide consultation and advice to help staff in other services to manage children with milder problems and refer more appropriately to specialist services. But the audits found poor links. Only 2 per cent of specialist staff time was spent providing consultation to others, and the important task of supporting Tier 1 services accounted for only 1 per cent of their time. About one quarter of trusts delivering CAMHS had no real liaison or joint working with GPs.

EXHIBIT 3

Health Authority Expenditure per Head of the Child Population aged up to 18

The amount spent was found to vary by a factor of seven.

Spend per child head £s



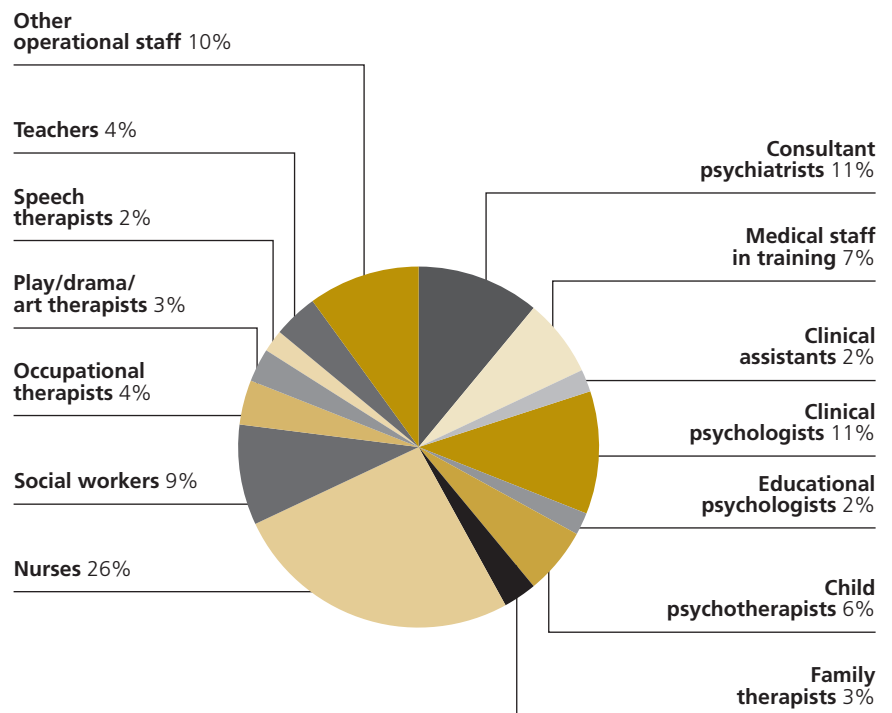
10. The audits also showed that CAMHS varied in how accessible they were to children and young people. Referrals were often restricted with two thirds coming from medical practitioners and only 14 per cent coming directly from social services or education. Two-thirds of youth justice managers reported problems gaining access to CAMHS. Waiting times varied, and about 10 per cent of trusts could not offer a first appointment for a non-urgent case within six months. Only half of health authorities had agreements for emergency and 24-hour cover and over a third of trusts felt that they could not respond effectively to young people presenting in a crisis.



EXHIBIT 4

The proportional make-up of professional staffing in specialist CAMHS

A wide range of professionals work in the specialist CAMHS.



Source: Audit Commission trust questionnaire database – full time equivalent staff numbers

Working together

11. If children and young people are to receive the help they need, health authorities and trusts need to link their activities with those of other agencies to provide services that are inter-dependent and planned together. The Government's handbook in 1995 proposed that health authorities should take the lead in commissioning CAMHS and 93 per cent have appointed a member of staff to provide this lead. However, one in five reported that this lead officer is not a member of an inter-agency group for commissioning children's services including CAMHS – a situation that needs to be rectified.

12. The first task of such a group is to agree the scope of services. Health authorities currently commission services for different age ranges. A sizeable number (29 per cent) commission CAMHS for those aged up to their 16th birthday only – although adult services are not considered suitable by many for young people aged 16 and 17. The audits revealed the continuing problem of creating services for adolescents in many parts of England and Wales. All the different agencies responsible for a particular population should be clear about how the appropriate services are to be provided for young people of different ages, with different needs.

13. Having agreed who is to be involved in commissioning CAMHS, commissioners and service providers then need to:

- assess needs systematically – consulting widely (including children and their parents), taking a holistic approach to children's needs;
- take stock of the resources available at Tier 1 and in specialist CAMHS at Tiers 2, 3, and 4 – checking that they have a clear picture of what is currently being spent and the quality of what is being provided; and
- transcribe needs into service requirements with priorities, identifying gaps and focusing on services of proven effectiveness.

14. Health authorities varied in the extent to which they were working closely with other agencies to identify needs. Most (over 80 per cent) were involving education and social services, but some key players were less widely involved – including GPs and voluntary agencies (both about 50 per cent) and youth justice services (40 per cent). Only a third consulted the children themselves and their parents. Nearly half of trusts (44 per cent) said they were not being involved in the assessment of needs. All of these groups should be involved.

15. Health authorities varied in the range and scope of measures used to evaluate needs. Almost all used a measure of socio-economic deprivation. Fewer were assembling local authority information about children such as the numbers excluded from school (50 per cent of health authorities), provided with free school meals (39 per cent), or in temporary accommodation (28 per cent) indicating a lack of liaison.

16. Once needs have been assessed and users' views sought, health authorities should be reviewing current services with others. They should be identifying the priorities for addressing unmet needs and for developing services, focusing on services known to be effective. A major problem is knowing which these are. Research into 'what works' should be strengthened at every opportunity. A central reference resource would be invaluable to inform staff of up-to-date findings.

Services should be inter-dependent and planned together

17. It is important that CAMHS practitioners themselves contribute to greater knowledge and understanding about the efficacy of interventions and the effectiveness of their services. However, local audits found information systems to be particularly variable and generally weak. Most trusts tended to hold information on sources of referral, waiting times, and numbers referred – mainly because commissioners and managers required them to. Fewer had information of direct interest to CAMHS professionals on the type and severity of problems presented, the types of intervention

used and the length of intervention period. Information systems must be developed to support clinical work and allow clinical audit to be linked to outcomes. Trusts need to strengthen their information systems as a matter of urgency.

18. Finally, health authorities and others should be setting out their requirements in a written policy for securing the mental health of children and young people. Only 43 per cent of health authorities had a commissioning plan in place, although nearly all the others were working on one. The number who had agreed service details with providers varied considerably

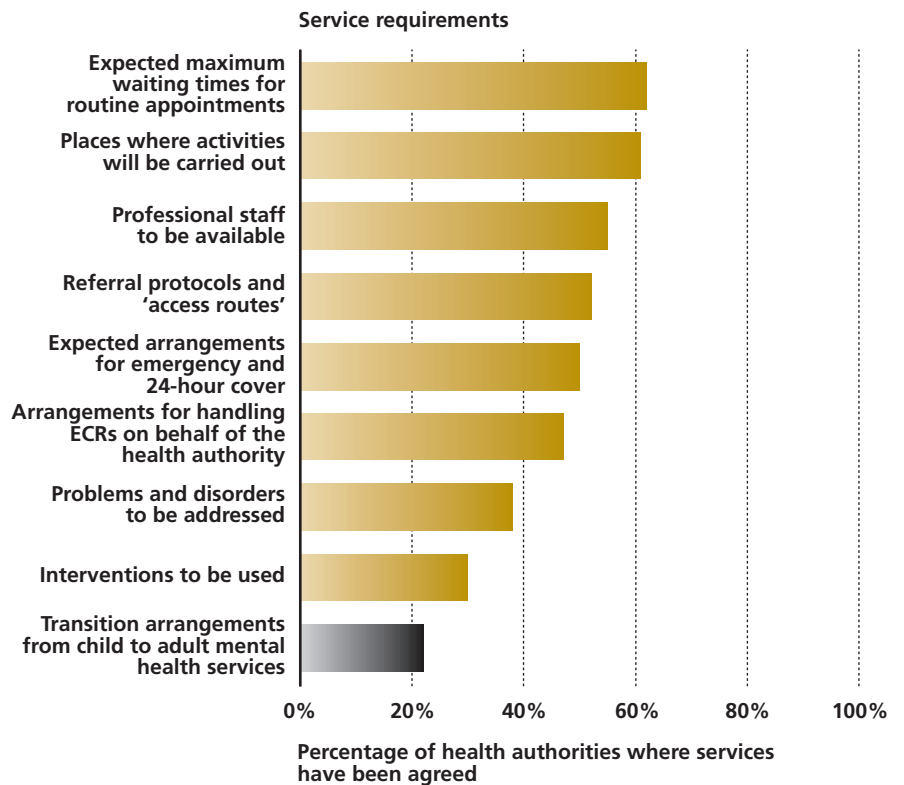
according to different aspects of the services [EXHIBIT 5]. Less than one quarter (23 per cent) had specific arrangements for transferring young people to adult services.

19. In conclusion, progress has been made over the five years since it was last surveyed. Some authorities and trusts are making good progress, although others are making more limited advances. They must all maintain their efforts if they are to keep pace with a fast-changing agenda to ensure that vulnerable children and young people get the support that they need.

EXHIBIT 5

Services agreed by health authorities with their providers

The number who had agreed service details with providers varied considerably.



Source: Audit Commission health authority questionnaire database

Key recommendations

To improve the effectiveness and efficiency of CAMH services

Health authorities and trusts should be:

- 1 Taking stock of how much is being spent on CAMHS and setting up a separate budget where none currently exists.

Trusts working with commissioners should be:

- 2 Reviewing staffing arrangements, checking that they have a sufficient range of services and skills supported by training, and are co-ordinating them to best effect.
- 3 Providing support to other agencies.
- 4 Establishing clear access routes and clear criteria describing when referrals should be made to specialist services.
- 5 Specifying quality standards for such things as waiting times.

Commissioners working with trusts should be:

- 6 Establishing a lead officer to commission CAMHS as part of a multi-agency group involving education, social services, primary health services, youth justice and others to agree the scope for specialist CAMHS within the broader framework of services provided by these agencies.
- 7 Assessing need systematically with these agencies, taking a broad range of measures into account and consulting widely including children and their parents.
- 8 Identifying the priorities for addressing unmet needs and for developing services, focusing on services known to be effective.
- 9 Improving the information for monitoring problems, interventions and outcomes to help support clinicians.
- 10 Setting out service requirements in commissioning plans.

If you want to know more:

the full national report,

Children in Mind: Child and Adolescent Mental Health Services, looks at all these issues in more detail and includes background information, case studies and specific guidance.

Audit Commission, **Children in Mind:**

Child and Adolescent Mental Health Services (national report)
ISBN 186240 160 8
£20.00

Copies of this report are available from:

Audit Commission Publications,
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Abingdon,
Oxon, OX14 4TD
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