

Child and adolescent mental health services

The 10 key messages below are drawn from the Joint Commissioning Panel for Mental Health's guide on commissioning CAMHS services. To read the full guide, please visit www.jcpmh.info

- 1** The moral and economic case for interventions to improve children and young people's mental health and wellbeing has been known for some time. However, despite increased investment in recent years, shortfalls in service capacity remain and there is evidence of disinvestment.
- 2** Commissioners will need to use the levers of legislation to maintain investment and develop services to meet the mental health needs of children and young people. The first Mandate from the Government set NHS England the objectives of:
 - putting mental health on a par with physical health
 - closing the health gap between people with mental health problems and the population as a whole
 - extending and ensuring more open access to the Improving Access to Psychological Therapies (IAPT) programme, in particular for children and young people.
- 3** Mental health problems which begin in childhood and adolescence are not only common but can have wide-ranging and long-lasting effects. These can lead to significant distress, poorer educational attainment and employment prospects, social relationships, and longer-term physical and mental health problems.

A number of disorders are persistent and will continue into adult life unless properly treated. It is known that 50% of lifetime mental illness (except dementia) begins by age 14. Fortunately there is a growing evidence-base for a range of interventions which are both clinically and cost-effective.
- 4** Child and adolescent mental health services (CAMHS) are provided through a network of services which includes:
 - universal services such as early years services and primary care (Tier 1 CAMHS)
 - targeted services such as youth offending teams, primary mental health workers, and school and youth counselling (including social care and education) (Tier 2 CAMHS)
 - through to specialist community CAMHS (Tier 3 CAMHS)
 - and highly specialist services such as inpatient services and very specialised outpatient services (Tier 4 CAMHS).

Launched in April 2011, the Joint Commissioning Panel for Mental Health is comprised of leading organisations who are aiming to inform high-quality mental health and learning disability commissioning in England. The JCP-MH:

- publishes briefings on the key values for effective mental health commissioning
- provides practical guidance and a framework for mental health commissioning
- supports commissioners in commissioning mental health care that delivers the best possible outcomes for health and well being
- brings together service users, carers, clinicians, commissioners, managers and others to deliver the best possible commissioning for mental health and wellbeing.

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- 5 Referral rates to Tier 3 CAMHS have increased greatly in recent years, with the number of cases rising by more than 40% between 2003 and 2009/10.
- 6 As CAMHS is a multi-agency service, a multi-agency approach to commissioning is required. Changes in one agency or one part of the system can affect demand and delivery in another. This interdependency can create risks if not properly considered but also brings with it the possibility of agencies working together to better meet the needs of the populations they serve, and achieve wider system efficiencies.
- 7 CAMHS can only provide the services that they are commissioned to provide. Therefore CAMHS should be planned and commissioned as integrated, multi-agency services with care pathways that enable the delivery of effective, accessible, holistic evidence-based care.
- 8 Commissioners will need to liaise with colleagues responsible for other children's health services, as well as local authority children's services (including social care and education).
- 9 There will be much information available from the local CAMHS strategy and needs assessment, service specifications, and contracts to orientate new commissioners.
- 10 Involving children and young people and parents/carers in commissioning and service design (as well as providing feedback to services) can help commissioners prioritise and identify any gaps and blocks to access, and assist providers in improving services and evaluating change. Commissioners should consider the diversity of the populations they are responsible for – not simply cultural and ethnic diversity, but all of the factors which may both influence the risk of developing mental health problems as well as those which need to be taken into account in the design and delivery of services.