



Identifying priorities to inform the transformation of mental health services for children and young people in the East of England

Final results

Key points

- This study identifies features of comprehensive community based mental services for children and young people that are important to those who may use them (public) AND those who are responsible for funding and delivering services (professionals). Areas of consensus represent shared priorities for service provision in the East of England.
- Priorities relating to the prevention of mental health difficulties and the promotion of good mental health emphasise the role of education in: developing a school culture that values and supports children's emotional wellbeing, supporting children at stressful times and providing specific activities to build children's resilience against future stresses and strains
- Priorities relating to the delivery of treatment and support to children and young people experiencing mental health difficulties place greater emphasis on the way in which care is delivered and the qualities of those delivering care, rather than on specific types of intervention that should be delivered.
- Members of the public and professionals agreed on six outcomes to measure the impact and quality of services which could be used by all agencies working with children, young people and families.
- Members of the public identified additional priorities that were not endorsed by professionals. This highlights the importance of involving children, young people and families in the design of services to ensure they are acceptable and effective for those who will use them.
- This evidence can be used to inform service transformation in the East of England and is particularly useful for guiding commissioning decisions that reflect the priorities of those who use and deliver services.

What?

A study to inform the design and delivery of community-based services that promote, prevent and protect the mental health and emotional wellbeing of children and young people in the East of England.

Who?

CLAHRC East of England and the Strategic Clinical Network (SCN) collaborated with members of the general public, people using mental health services and their carers, and professionals working with children and young people.

Why?

High quality integrated child and adolescent mental health services (CAMHS) are more likely to emerge if commissioning decisions reflect the priorities of service users as well as providers. This study helps to identify priorities shared by public and professionals.

Background

Poor mental health amongst children and young people has sparked a national conversation about the best ways to prevent mental health difficulties from occurring in the first place, and when they do, to ensure that children, young people and their families get the right help at the right time to help them recover and carry on with their lives.

In 2015, NHS England and the Department of Health published *The Future in Mind* report, which outlined a national vision for mental health services. *Future in Mind* set out how local agencies should develop Local Transformation Plans (LTPs) to apply the national vision for services at a local level. The plans should detail how services will be improved, and how services will work together to achieve changes. The first plans

were submitted in 2015, and will be continually refreshed to reflect progress.

It is important that LTPs reflect the local context and needs of the community, as well as the priorities of children, young people and those who care for them along with providers, commissioners and other key partners. This study was undertaken to identify priorities shared by the public and professionals with respect to the types of services and support that should be available and the way in which they should be delivered. These shared priorities can be used to inform the ongoing transformation of mental health provision in the East of England to ensure that services reflect the needs and ideas of those who deliver and receive them.

Findings

The priorities identified by participants in the study could be grouped into four categories: 1) preventing problems,

promoting resilience and wellbeing, 2) getting help, 3) measuring success and 4) working together.

Preventing problems, promoting resilience and wellbeing

Key themes

- Enhancing school culture and promoting resilience in the school setting
- Supporting parents
- Building capacity to identify and respond to mental health worries and problems
- Targeting vulnerable groups (children and young people as well as parents) and periods of increased vulnerability
- Trusting information

With respect to prevention and promotion activity, we identified 14 priorities that are shared by the public and professionals. We also some aspects of service delivery that were important to members of the public, but were less important to professionals; these additional ideas may help to ensure that services meet the needs of those who use them.

Public and Professionals

1. Pupils' emotional wellbeing should be just as important as their academic performance (for example, exam grades).
2. Promote a school culture that makes all pupils feel important.
3. Promote a school culture that makes all pupils feel safe.
4. Offer support to pupils who are worried about their exams.
5. Offer special help to children with special educational needs and disabilities (for example, schools apply for a statement if needed).
6. Offer extra help to parents whose children are more likely to develop emotional or mental health problems (such as parents with mental health problems or parents who have problems with drugs or alcohol).
7. Ensure that GPs have information about support that can be offered to young people if they are experiencing any emotional or mental health problems.

Public only

1. Teach life skills (for example, how to say "no", or how to consider other people) in schools on a weekly basis.
2. Children, young people and their parents trust information on emotional wellbeing and healthy living that they receive from other health professionals (for example, paediatricians, nurses, mental health workers).
3. Schools can reduce bullying on the internet during the school day by not allowing pupils to use mobile phones and other personal electronic devices (tablets, iPods, personal computers).
4. Children, young people and their parents trust information on healthy living that they receive from websites (for example, mental health charities, NHS).
5. Set up and advertise online resources specifically for professionals working with children, that cover issues such as causes and signs of mental health problems and how to get help.

Professionals only

"[There should be] age appropriate PHSE type activities within school which teach explicitly strategies to develop and maintain good mental health."

Professional

Public and Professionals

Public only

Professionals only

8. Everyone who works with children and families should help to protect children's mental health and wellbeing.
9. Make sure that anyone working with children and young people is able to recognise when a child or young person is showing signs of a mental health problem.
10. Offer a chance for parents to join a group to learn how to support a child showing early signs of behavioural problems (parenting programmes).
11. Offer support to pupils when they move from one school to another (including from primary to secondary school).
12. Create a symbol that would show that a website giving information about emotional wellbeing or mental health has been checked by experts and can be trusted.
13. Offer an opportunity to parents who do not want to join a group, to learn about parenting in individual support sessions.
14. Being able to participate in a variety of activities and programmes in school builds children's and young people's self-esteem and social skills.

"You know, we're saying we're living with a child who ... clearly has problems, ... just because school are ... not agreeing doesn't mean that that's not true."

Parent

Getting help

Key themes

- Making it easier to access support.
- Support that is needed whilst people are waiting for services, and after they have finished their treatment.
- The way that care and support is delivered, and the qualities of the people who are delivering it.
- Involving and supporting parents in children's and young people's care
- Communication about care with children, young people and their parents.
- Building the resilience of individuals and families following experience of mental health problems.

With respect to 'getting help', we identified 25 priorities shared by the public and professionals. There were also a considerable number of ideas that were prioritised by the public but not by professionals.

Public and Professionals

1. Offer support to all children who have emotional problems.
2. Offer children, young people and their families some self-help strategies to try out if they are on a long waiting list for a mental health service.
3. If a child or a young person is referred to a mental health service, give them information about what to expect during the first visit.
4. If a child, young person or a family miss their appointment with a mental health professional, try to find out why and try to solve the issue, rather than close their case.
5. Tell children, young people and parents what to do if they want to see a different mental health professional, for example if they do not get on with the person they have been seeing.

Public only

1. If a young person is sure that what they say to a GP will not be told to their family, they are more likely to trust the GP and openly talk about their worries.

"I've been pushing for 3 years to get my son treated for depression and all the time the depression's building up and the anxiety's building up, and they said: "Oh, I suppose we could put him on the waiting list for CBT, but the waiting list is for 6 months"."

Parent

2. Mental health services should allow parents and children to go to them directly (also called self-referral). If people have to wait for a referral from a GP or another professional, their problems might continue to get worse while they wait.

Professionals only

1. If there was a named point of contact in mental health services for schools, it would improve the communication between services, and it would improve referral accuracy.²

² Only professionals were asked to rate this item.

Public and Professionals

6. Include parents or carers in their child's mental health support and in planning the support.
7. Make sure a clinician who works with children and young people is trained to work with children and young people
8. Make sure a clinician who works with children and young people is positive and relaxed
9. Make sure a clinician who works with children and young people is open-minded and fair
10. Make sure a clinician who works with children and young people is trustworthy
11. Make sure a clinician who works with children and young people is trusting and believes in the young person
12. Make sure a clinician who works with children and young people is interested in the child's, young person's and their family's opinion on how to best support them
13. Make sure a clinician who works with children and young people is reliable – they do what they promise
14. Assign a professional to work with children and young people with complex needs (for example, more than one problem occurring at the same time like mental health and substance misuse issues), so that they have someone specific to support them, and someone who helps them to understand all the different services that may be involved in helping them.

Public only

3. If a young person is sure that what they say to a GP will not be told to their family, they are more likely to trust the GP and openly talk about their worries.
4. Offer counselling or talking therapies to all children and young people if there is a chance they could benefit from it, regardless of how big or small their problems are.
5. Set up a mental health advice service that children, young people and parents can access 24 hours a day.
6. Have mental health services keep in contact with children and families to support them after they have overcome a crisis.
7. Young people and parents who are confident in themselves find it easier to get the help they need to deal with their problems.
8. **Disagreement:** Mental health services should only help children, young people and their families who are aged 0-13.¹
9. **Disagreement:** Mental health services should only help children, young people and their families who are aged 13-25.
10. Services should be based on need and not on some arbitrary criteria, such as age: someone might be 20 but feel like 16. Instead, the move to adult services should be flexible, depending on the person.
11. Organise groups where children and young people experiencing mental health problems can meet and talk to other children and young people in a similar situation.

Professionals only

¹ Statements beginning with “Disagreement” mean that consensus was reached by group disagreeing with the statement

Public and Professionals

Public only

Professionals only

15. Educate children and young people who get help from a mental health service on how to stay well in the future.
16. Every school should have someone who is responsible for the mental health of pupils, including arranging staff training, finding expert advice, and arranging extra help for pupils who need it (making referrals).
17. **Disagreement:** Mental health services should only help children, young people and their families who are aged 18-25.
18. Offer a chance to all parents of children and young people with a diagnosed mental health problem to learn more about parenting (take part in parenting programmes).
19. Set up a single point of contact for children, young people and families so they can easily get information, advice and support if they are worried about mental health.
20. Create groups where parents and carers supporting children with mental health problems are able to talk about their experiences with other parents and carers in a similar situation.
21. Have schools work together with mental health services, to help children who have a mental health problem to learn how to take care of themselves.
22. Ensure that if a child or a young person is on a long waiting list for a mental health service, they receive regular updates about where they are on the list and how quickly they will reach the top.

Public and Professionals

Public only

Professionals only

23. Wherever possible, make sure that a child, young person or a family sees the same person every time they have an appointment.
24. Offer support for children and young people who have been diagnosed with autism or attention deficit and hyperkinetic disorder (ADHD) to prevent behavioural problems.
25. Make sure a clinician who works with children and young people is trained to offer therapy.
26. **Disagreement:** There is enough support available to make sure all children, young people, and parents get help, no matter how big or small their problems are.
27. Children's mental health services should also pay attention to parents' mental health, and help parents find services if they need support.

Measuring success

Key themes

- Measuring the success of services and support includes, but extends beyond, measurement of signs and symptoms of mental health difficulties.
- A good outcome includes the quality of children and young people's relationships and their ability participate and contribute in their everyday lives.
- Educational outcomes are important indicators of whether services and support for children and young people have made a difference.

We identified six outcomes that were perceived as good measures of whether or not services and support provided to children and young children had made a positive difference to the people receiving them. These outcomes could form the basis of a shared measurement system that could be used by all sectors across the region to assess impact.

Public and Professionals

Public only

Professionals only

To understand whether services are making a difference to children and young people, they should collect data on:

1. Symptoms of emotional and mental ill health (for example specific signs of depression or anxiety);
 2. Functioning at school (attendance, attainment);
 3. Signs of psychological wellbeing (feelings of independence and autonomy, ability to manage own emotions);
 4. Signs of social wellbeing (ability to form and maintain positive relationships with others);
 5. Signs of emotional wellbeing (feelings of happiness and confidence);
 6. Service user satisfaction with the care and support received;
1. Knowledge about mental health problems;

"He is doing a lot better at school and he's not getting into trouble so much".

Parent

"Well I suppose [if] you've got good education prospects, like I'm hoping to get a job and that's going well...if you've got friends, I've got like either work or like college, education stuff going on and lots of people around that I can talk to, not just only family, but friends."

Young person

Working together

Professionals prioritised eight ideas that they perceive will help services work together more effectively to deliver high quality services to children and young people, across the spectrum of need. Ideas related to the way that services are commissioned, but also to practical actions on the ground that could improve links between services.

1. Establish a shared vision between decision makers and professionals of all levels with respect to the design and delivery of effective services.
2. Give a clear overview of levels of investment made into children's mental health across all agencies.
3. Speed up the processes of making changes—too many good ideas get stuck in the decision making pipeline.
4. Having a shared set of outcomes that all services measure (as a minimum standard) would help services to work together more effectively, because it creates a sense of joint ownership
5. The outcomes measured by services working with children, young people and their families should be closely linked to a local plan for mental health services, which has been agreed by all relevant agencies.
6. For services to work together more efficiently, it is essential that they share information about children, young people and families in their care.
7. Organise shared training events that are attended by different types of professionals to build stronger links between services.
8. Ensure that school-based counselling services work together with mental health services.

Conclusions and implications

This study identifies practical priority actions, agreed by the public and professionals, to improve mental health support and intervention for children and young people.

Our findings highlight particular types of support and intervention that are seen as important for preventing and limiting the impact of mental health problems. They also identify priorities for ensuring that care is delivered well and ideas for targeting limited resources at vulnerable groups and during stressful times in children's and young people's lives. Many of the priorities identified by this study represent a different way of delivering care, rather than further significant investment.

This regional evidence can be used to inform the ongoing transformation of mental health

services for children and young people via Local Transformation Plans that have been formulated to translate the national vision for CAMHS into local reality.

Importantly, attention is needed on how transformation will be achieved, sustained and evidenced, as well what the improved local offer will look like and its envisaged benefits. To this end, this study provides some direction on how changes should be delivered, as well as what.

The finding that young people, parents and carers had broader priorities than those identified by professionals highlights the importance of involving members of the public and service users in the design and commissioning of mental health services to ensure they are fit for purpose.

What is next?

We are working with the East of England Strategic Clinical Network and local areas to explore ways that this local evidence can support local decision making and practice; part of this process is bringing key

professional groups together to talk about the issues raised by this study. We also aim to identify additional questions that arise from this and other regional work that can be explored in future research.

What is NIHR CLAHRC East of England?

The National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) East of England is a five-year programme of applied health and social care research which focuses on the needs of people with complex problems, often vulnerable, when multiple agencies are involved in their care: young people, frail older people, those with dementia, learning disabilities, acquired brain injuries or mental ill health. The CLAHRC East of England collaboration encompasses some thirty-six organisations, with research hubs in the Universities of Cambridge, Hertfordshire and East Anglia working closely with individuals and organisations involved in the whole care pathway. Service users and carers are at the heart of what we do, in parallel with an ambitious public health research programme. Co-production and collaboration at all stages of the research process are fundamental to making a positive impact through applied health research.

Would you like to know more about our work?

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