



Department of
**Health, Social Services
and Public Safety**

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CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

A SERVICE MODEL

JULY 2012

CONTENTS

| Section | Page |
|--|------|
| 1. Aim | 3 |
| 2. Introduction | 4 |
| 3. Background: | |
| • Bamford Review of Mental Health and Learning Disability | 7 |
| • Regulation and Quality Improvement Authority Review | 8 |
| 4. Promotion of Positive Mental Health & Emotional Wellbeing | 10 |
| 5. Interfaces with Other Services / Agencies | 12 |
| 6. Stepped Care Service Model | 14 |
| 7. Way Forward | 19 |
| 8. Bibliography | 22 |
| 9. Members of Writing Group | 23 |
| Annexe A – Stepped Care Matched Care Services Diagram | 24 |

Children should have access to a comprehensive array of services that address the child's physical, emotional, social and educational needs in order to promote positive mental health.

*A Vision of a Comprehensive Child and Adolescent Mental Health Service
David Bamford, July 2006*

1.0 AIM

- 1.1 The purpose of this document is to confirm the preferred model for the organisation and delivery of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland. It is not a strategy for CAMHS. This document has been developed in response to a specific recommendation of the 2011 report of the Regulation and Quality Improvement Authority (RQIA) Independent Review of CAMHS in Northern Ireland and also adheres to the overall strategic direction for CAMHS as set out in the Bamford Review.
- 1.2 This document provides service commissioners and providers with a framework against which to remodel CAMH service provision, thus promoting an improved and more consistent approach across all Trust areas.
- 1.3 A key component to be developed across all levels of service provision is the stepped care approach. This approach is patient focussed and aims to deliver the appropriate level of care at the earliest point that best meets the assessed needs of the child or young person, while also enabling them to move up or down the steps as their needs change.
- 1.4 This document has been screened in line with the DHSSPS equality screening policy for equality of opportunity and does not impact negatively on any grouping under Section 75.

2.0 INTRODUCTION

- 2.1 Mental health and emotional wellbeing is everyone's business. It is not just the responsibility of professionals working in the field of child and adolescent mental health. It includes prevention, perinatal care, child development, child protection, physiological and family support, crisis resolution, community support and inpatient care. Delivery of effective services will require multi-disciplinary working involving a wide range of professionals. This regional service model creates an impetus for greater integration and collaboration within and across sectors.
- 2.2 Provision of services to enhance mental health and emotional wellbeing is wider than statutory health and social care. It involves community and voluntary sector groups, education and youth justice organisations. It is therefore important that local CAMHS have effective links with other relevant organisations and bodies so that children and young people have access to the full range of support they need. Strong partnership working between health service, education providers and community and voluntary organisations is particularly important at the early intervention stage and especially when dealing with vulnerable or marginalised groups.
- 2.3 This document outlines what services and interventions should be available at each step of care to meet the needs of children and their families/carers. Service commissioners and providers will, in co-operation, determine how best to provide such services in a consistent manner across Northern Ireland, with an enhanced focus on providing child and family centred care. The translation of this service model into service provision will therefore require continued engagement and consultation with young people, and their families/carers, who use CAMHS.

- 2.4 A Stepped Care Model focuses on creating greater coherence between client needs, evidence of what works and the realignment of service provision accordingly. The model provides a framework for the organisation and integration across family, child health and social care services. Integral to the model is the emphasis on the importance of prevention, early intervention and proactive recovery. These elements are core in the provision of high quality and effective care for children young people and their families/carers. The model emphasises the need to develop a whole systems approach designed to enable effective connection between primary care, child health, social care services and specialist CAMH services.
- 2.5 This document sets out a model for the development of CAMHS over the medium term i.e. the next 5-10 years. Some aspects will be achievable with little or no additional funding. Some aspects will need to be funded by using existing funding in different ways as set out in 'Transforming Your Care'. However, some aspects of the model may require additional funding. It will be for the Health and Social Care Board to quantify what additional resources are needed and prioritise these against overall demands, while noting the potential such investment might have on reducing the numbers of children and young people reaching adulthood with mental health problems.
- 2.6 This document should be read in the context of wider initiatives and developments in CAMHS, children's services and health services generally. '*Transforming Your Care*' (HSCB, December 2011) sets out a vision for the development of Health and Social Care Services, including mental health services, across Northern Ireland. *Transforming Your Care* proposes a review of the approach to home treatment for children and young people which will require a shift in resources to more community-based approaches, thus providing earlier intervention with less disruption to a young person's life.

- 2.7 Other key documents that set the scene for this document are '*Our Children and Young People - Our Pledge*' – A Ten-Year Strategy for Children and Young People in Northern Ireland 2006-2016 (OFMDFM) and the draft '*Northern Ireland Children and Young People's Plan 2011-14*' developed by the Children and Young People's Strategic Partnership (CYPSP).
- 2.8 The regional Strategy for the Development of Psychological Therapy Services (DHSSPS June 2010) recommends the adaptation of a stepped care model across CAMHS. Building on the CAMHS 4 Tier model, the stepped care model aims to shift the focus from care interventions which are based on the service descriptors to a model of care which is needs-based. The stepped care model aligns the needs of children and their families/carers to evidence-based care interventions delivered at the most appropriate step in the first instance, and stepping up or down to other services as clinically required. The model aims to remove barriers between professionals and across service boundaries by the development of integrated care pathways.
- 2.9 The National Institute for Health and Clinical Excellence (NICE) in developing their clinical guidelines for the care of young people with emotional, developmental and mental health needs, recommend the development of stepped care approaches. Such a model promotes a continuum of care approach.

3.0 BACKGROUND

3.1 BAMFORD

3.1.1 The Bamford Review report “A Vision of a Comprehensive Child and Adolescent Mental Health Service” 2006, set out a strategic direction for children’s mental health services, making a compelling case for cross-sectoral collaborative working among key agencies and central Government Departments to ensure that children’s mental health is addressed in a holistic way.

3.1.2 The Bamford Review provided proposals and recommendations for the re-organisation and expansion of the management and commissioning arrangements and relationships within CAMHS. Key features of this proposed re-organisation included an integrated Children’s Service System to bring together all aspects of Health and Social Care Children’s Services as a single system under common management. These services would then operate in partnership with Children’s services in other agencies, particularly education, youth justice, community and voluntary sectors. Bamford proposed that a flexible CAMHS model should be developed across Northern Ireland, with a focus on early intervention, to ensure the best outcomes for children and young people.

3.1.3 The Review specifically recognised the importance of the education sector and its interface with children and young people. It considered that education providers need to have greater access to training in the necessary skills and knowledge to address children’s and young people’s mental health needs, including fostering mental health in the class room and referring to more specialised staff when appropriate.

3.1.4 Other key features identified by the Bamford Review include:

- Involvement of users and carers as this increases the

likelihood that services are appropriate and effective;

- Care Pathways which are seen as central in making patient-centred service improvements; and
- Multi-disciplinary working which will ensure that the appropriate professional provides an intervention or that interdisciplinary support and advice are available.

3.2 REVIEW OF CHILD AND ADOLESCENT MENTAL HEALTH SERVICES BY THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

3.2.1 The RQIA report of their independent review of child and adolescent mental health services was published in February 2011 [*RQIA Independent Review of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland, February 2011*].

[RQIA CAMHS Report - link](#)

3.2.2 This RQIA report found that progress in service development has been ongoing since the 2006 Bamford CAMHS report and recognised some specific improvements in CAMHS services e.g. the development of a 33 place, purpose built Child and Adolescent inpatient unit and the development of community services for eating disorders and crisis intervention. Equally, the RQIA report identified the existing commitment of the CAMHS workforce to provide a service that properly meets the needs of children and young people.

3.2.3 This finding was supported by the positive reported experiences of CAMHS by young people and their families/carers.

3.2.4 The RQIA Review Team reported however that more work was required to ensure that children and young people with mental health needs will be seen by the right person, at the right time, and in the right place. The

RQIA Review Team felt the absence of an agreed regional model for CAMHS in Northern Ireland, with services in each Trust area developing differently, has resulted in a variability across Trust areas. In particular, there were differences in the service provided at tiers 2 and 3, together with variation across Trusts in access criteria for service provision. The absence of clarity in these areas could mean some young people not being seen at the most appropriate tier and even not getting the best level of care commensurate with their assessed need.

3.2.5 As a result of these findings RQIA recommended that:

The Department of Health, Social Services and Public Safety should confirm through policy guidance a model for service provision in Northern Ireland.

4.0 PROMOTION OF POSITIVE MENTAL HEALTH & EMOTIONAL WELLBEING

- 4.1 The early years of a child's life are critically important. Positive early experiences provide a foundation for the development of a broad range of skills and learning capacities. Early Childhood intervention can therefore promote the social and emotional development that, in turn, significantly improves mental and physical health, educational attainment and employment opportunities. Early Childhood intervention can also help to reduce the potential for future criminal behaviour, drug and alcohol misuse and teenage pregnancy.
- 4.2 One of the most essential experiences in shaping the future functioning of the developing brain is the interaction between children and significant adults in their lives. Developing attunement, attachment, good communication skills and empathetic behaviour between significant adults and babies and children is essential if they are to flourish and reduce problems seen later in life. Midwives and Health Visitors have a vital role to play in this regard. Similarly, learning how to cope with adversity is an important part of healthy development. Without caring adults to support children, unrelenting stress can affect the development of the brain, with long-term consequences for learning, behaviour, and both physical and mental health.
- 4.3 The stepped care model proposed in this document recognises that children's mental health and emotional wellbeing is nurtured primarily in the family. Therefore a key priority for all of children's services, as well as many adult services, is to support parents and carers.
- 4.4 A secure parent/child relationship is a key building block for the development of positive attachment and helps to build emotional resilience in children. This support needs to continue into adolescence to

enable parents and carers, in partnership with education and the community and voluntary sectors, to enhance children and young people's emotional wellbeing. Multi-agency interventions across the sectors need to assist young people to avoid or reduce risk taking or offending behaviours, build self esteem and support them to develop strong social and emotional intelligence skills.

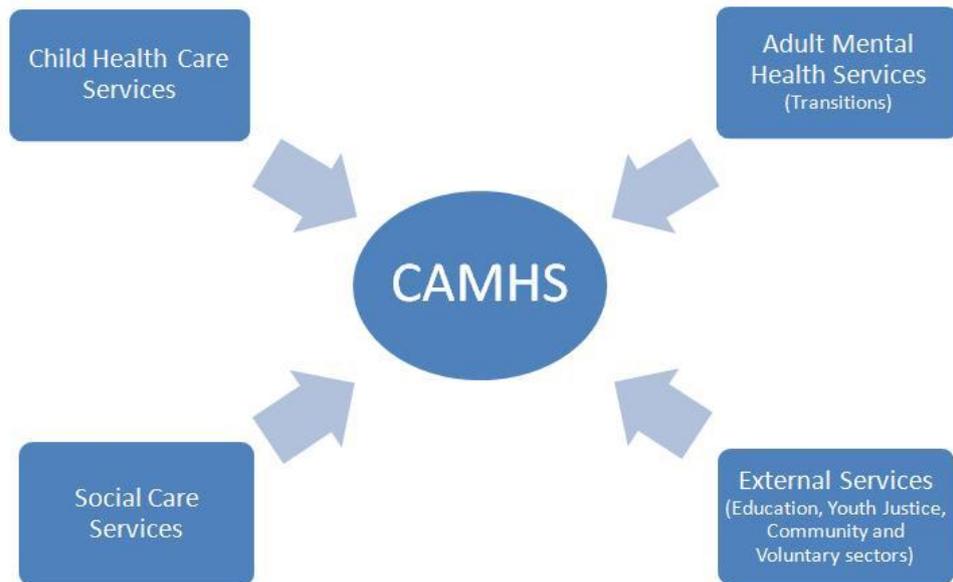
- 4.5 Schools also have a key role to play in the promotion and enhancement of mental health and emotional resilience in childhood and adolescence. In recent years there has been increased partnership working between the health and education sectors, with a number of successful initiatives having been established within schools including the Pupil Emotional Health and Wellbeing (PEHAW) (now known as 'I-Matter') and the Independent Counselling Service for Schools.
- 4.6 The needs of children and young people who are vulnerable and marginalised, in line with Section 75 and UNCRC obligations, need to be prioritised and given targeted support in order to reduce the likelihood of developing lifelong mental health problems.
- 4.7 The evidence to support early intervention is very clear; therefore implementation of the stepped care model described in this document must support the reorganisation/reorientation of services across health and social care sectors in pursuit of this goal.

5.0 INTERFACES WITH OTHER SERVICES / AGENCIES

- 5.1 CAMHS are not standalone services; they interface with other child health and family, social care and adult mental health services provided by Health and Social Care Trusts. CAMHS also work with a number of external organisations and bodies such as education, youth justice and the voluntary sector, who work regionally providing advice, support and services for children and young people with mental health problems and their families/carers. It is important that the services which these organisations provide are recognised in any stepped care model.

- 5.2 Implementation of the model will require the HSCB and Trusts to create partnerships with the community and voluntary sectors to maximise resources, utilising their local knowledge and established contacts, in particular at the early intervention stage. Where appropriate service providers should explore the possibilities of sharing best practices and/or collaborative working with relevant organisations in other jurisdictions.

- 5.3 The following diagram illustrates some of the key service areas with which CAMHS should continue to develop interface protocols. Such protocols need to be flexible rather than prescriptive.



Key service areas with which CAMHS should develop interface protocols

6.0 STEPPED CARE SERVICE MODEL

6.1 The stepped care model aims to enable children and young people to achieve their full potential by reducing the impact of mental health and emotional problems through improved provision of co-ordinated care across child health, social care and specialist CAMHS care services.

6.2 The 5 Steps within this CAMH service model are listed below:

CAMHS Stepped Care Service Model

| | |
|---------------|---|
| Step 1 | Targeted Prevention |
| Step 2 | Early Intervention |
| Step 3 | Specialised Intervention Services |
| Step 4 | Integrated Crisis Intervention Child and Family Services |
| Step 5 | Inpatient and Regional Specialist Services |

Stepped Care approaches in CAMHS

- 6.3 **Step-1 Targeted Prevention** - Step 1 focuses on targeted prevention for potentially vulnerable children and their families/carers. It requires a standardised approach to infant mental health and parenting programmes which involves the adoption of a range of services designed to create the best developmental and emotional start for all children.
- 6.4 Evidence supports the need to improve health and wellbeing by investing in the early years of childhood. Such investment can realise longer term future benefits in both health outcomes and beyond including educational attainment, employment, and reducing numbers entering the criminal justice system.
- 6.5 Step 1 interventions may be provided by a range of services including primary care, maternal care, health visiting, public health education, youth services, education and community / voluntary organisations.
- 6.6 **Step-2 Early Intervention** – This step focuses on early intervention designed to proactively support children, young people and families/carers with emerging needs. It involves early detection and provision of support to children and families/carers in need. Intervention at this step is provided to children and young people who are experiencing early developmental/behavioural difficulties and/or mental health/emotional difficulties; or engaging in risk behaviours which are progressively impacting the child's, young person's and/or families/carers psychological/ social /educational functioning. At this step structured self-help approaches, behavioural therapy, and/or family support are provided to reduce the impact of mental health and emotional problems and prevent their escalation to greater/more significant difficulties.
- 6.7 Step 2 interventions may be provided by a range of services including primary mental health services, paediatric care services, child

development services, infant mental health services, family support and social care services, LAC therapeutic services, community led mental health services, youth counselling, children's disability teams, education providers and community and voluntary sector organisations.

- 6.8 **Step-3 Specialised Intervention Services.** Step 3 involves specialist diagnostic assessment and the provision of psychological, systemic and/or pharmacological therapy. Intervention at this step is provided to children and young people who are experiencing moderate mental health and emotional difficulties which are having a significant impact on daily psychological /social/ educational functioning. Intervention at this step is normally provided through specialised/specific multidisciplinary teams, usually located in community settings.
- 6.9 Step 3 interventions may be provided by a range of services including elective CAMHS teams, CAMHS eating disorder services, Specialist Autism services, CAMHS Addictions services, Safeguarding teams, family trauma services and behaviour support for Learning Disability services.
- 6.10 **Step-4 Integrated Crisis Intervention Child and Family Services.** This involves the provision of crisis intervention and intensive home/residential/day care services designed to manage the needs of those children and young people who are at immediate risk or who need intensive therapeutic care. Meeting the needs of these children and young people through support in the community can prevent admissions to acute hospital care.
- 6.11 Step 4 interventions may be provided by a range of services including the CAMHS Crisis & Intensive Care Teams, Crisis Residential Care and Intensive Day Care Support Services.
- 6.12 **Step-5 Inpatient and Regional Specialist Services.** Care at this step is

provided for those children and young people who are experiencing highly complex, enduring mental health and emotional difficulties which severely restrict daily psychological/social functioning.

- 6.13 At this level the young person will require the input of several specialist agencies and/or acute inpatient or secure care services. It will be for Commissioners to determine how best to meet demand for these specialist services in Northern Ireland.

Principles of the Stepped Care Model

- 6.14 The following principles will underpin the implementation of the stepped care model:

- **Provision of Child, Young Person and Family Centred Care:**-In all aspects of the CAMHS Care Pathway, decisions on the provision of services will be based on the needs of the children and their families/carers as the first priority.
- **A Focus on Prevention and Early Intervention:** - Service provision will be aimed at preventing difficulties arising in the first instance and when they do, preventing their escalation through effective access to early support.
- **Provision of Recovery and Wrap around Care:** - Therapeutic intervention and services are configured on the principles of recovery which promotes resilience, builds and develops protective factors for children and young people. This is supported by active intervention from the range of services designed to 'wrap around' the needs of the individual child/young person and their respective family.
- **Embedding Co-ordinated Care Provision:** - Services will

proactively work together to provide integrated care for the child, young person and their family.

- **Active Promotion of Outreach:-** Services will respond flexibly and create opportunities for consultation that promote co-working practices between professions and organisations.
- **Ensure Services are Effective:** - Services will use the best available evidence, measure care outcomes and obtain feedback from children, young people and families/carers to help improve care.
- **Flexibility:** The Model responds to need - children and young people enter services at the appropriate level and can move up & down the steps in accordance with their needs.

7.0 WAY FORWARD

- 7.1 This policy guidance sets the direction for the future model of service provision for CAMHS within Northern Ireland. Guiding the transition process as services move towards implementation of this model will be the responsibility of the HSC Board/PHA as service commissioners. The existing Bamford Child and Adolescent Mental Health Service subgroup, which has broad representation from stakeholders and is linked in to the Children and Young People's Strategic Partnership, is seen as an appropriate vehicle for taking this work forward collaboratively.
- 7.2 The HSCB/PHA will be responsible for the development of an implementation plan to take forward the CAMHS Service Model, in conjunction with other stakeholders including HSC Trusts, service users and carers, the education and community and voluntary sectors. The HSCB/PHA will provide a report on a 6-monthly basis (initially) to assure the Department in respect of progress with implementation of this service model on a regional basis.
- 7.3 RQIA, as part of their ongoing routine monitoring of services, will provide independent assurance of progress against all the recommendations from their 2011 CAMHS report, including that for a regional model of service provision.

IMPLICATIONS FOR DELIVERY OF THIS CAMHS SERVICE MODEL

- 7.4 In developing the CAMHS Service Model Implementation Plan, the HSCB and Trusts must take account of a number of key issues including the following:

Commissioning and Resource Issues

- The development of a more defined and coherent range of services at Steps 2 & 3 and home treatment services for children and young people;
- Ensuring equity of service provision across Trust areas and promoting multi-disciplinary working;
- The provision of advocacy in line with DHSSPS commissioning guidance 'Developing Advocacy Services - A Policy Guide For Commissioners' (May 2012)
- In accordance with *Transforming Your Care* and recognising the lack of additional funding for CAMHS services in the 2011-15 Budget period, Commissioners must consider what shifts in investment need to be made to provide earlier intervention and more community-based approaches for children and families/carers.
- While the Model facilitates future service development, it is acknowledged that additional resources may be required to deliver it. This needs to be taken into account in preparation for the next Comprehensive Spending Review.

Workforce Development

HSCB/ PHA should develop a Workforce Development Strategy which addresses:

- Need to review composition and skills of CAMHS teams required to deliver interventions at various steps of care;
- Need for training / awareness in child and adolescent mental health for primary care health professionals; and
- Need for training / awareness in child and adolescent mental health for community & voluntary sector / education sector / and other step 1 & 2 participants.

Regional Referral Pathway

- An effective referral process is a key element in realising this CAMHS Model. The stepped care model creates the opportunity to streamline points of entry, define and simplify referral pathways to all specialist services and to integrate with other referral pathways, in particular to wider child and family services, which recognises the importance of providing support at transitional points. The HSCB and Trusts must develop and agree a Regional CAMHS Referral Pathway.

Partnership Working

- Better working with parents / carers, community & voluntary sector, education sector and other organisations is a key feature in delivering this Model;
- Protocols should be developed between CAMHS services, adult services, the criminal justice system, and youth services and other stakeholders.

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ANNEXE A Stepped Care - Matched Care Services

The following diagram outlines the relationship between care steps and service provision.

