

# Are we listening? Review of children's and young people's mental health issues

## Introduction and background

In January 2017, the Care Quality Commission (CQC) was asked to undertake a review of the quality of and access to mental health services for children and young people. Phase 1 of the review, which was published in October 2017, found that the system is complex, fragmented and variable across different areas. This new report is the culmination of phase 2 of the review. It draws on evidence gathered through fieldwork in 10 areas of England. In total the CQC spoke to more than 1,300 people through a series of focus groups and interviews. There were also visits to schools, hospitals, voluntary organisations and other services. 'Case tracking' was used to examine how individuals moved through the system. The review looked at 3 main aspects of the mental health system for children and young people: experiences of and involvement in care; how partners in the system plan and deliver high quality care which can be accessed in a timely fashion; and how partners in the local area identify mental health needs and start the support process.

## Key points

### Person-centred experience: Children and young people's experience of care

- Children and young people stated that they were not always involved in choices about their treatment and that they felt frustrated and disappointed when decisions were made without their input.
- By contrast, the fieldwork highlighted the considerable benefits when they are involved. Mental health staff reported that children and young people were more likely to engage effectively in their treatment if they were given choices about their care.
- Children and young people spoke positively about flexible care. For example, one local area was piloting the use of personalised budgets which facilitated non-clinical interventions such as gym membership.
- Parents, carers and families all felt that they could support a child or young person more effectively when they were involved in care. In some cases, parents were able to attend therapy sessions with their children or they were provided with relevant tools and specialist training.
- Effective person-centred approaches proved to have benefits which went beyond mental health and led to better family relationships, better examination results and better career opportunities.
- Some children and young people were not satisfied with the relationships they had with staff, either because they felt that staff were impersonal or patronising, or because of a lack of consistency. In order to combat this, one area had set up a 'keyworker' approach. This provided a central relationship with one person who could then establish links with other professionals.
- Some children and young people spoke about stigma, i.e. a fear that they would be judged. They also expressed concerns about stereotyping. Some reported that their mental health problems were not always taken seriously because they were dismissed as 'just being teenagers'. Other young people with autism felt that they were excluded from conversations about their care because staff considered that they 'didn't know what was going on'.
- On the other hand, some children and young people cited examples of excellent relationships and good practice. They felt valued when reception staff were friendly, or when their names and interests were remembered by therapists. The children and young people who achieved the best outcomes had mostly built a strong relationship with at least one key person on their journey.
- One of the biggest concerns expressed by young people was a lack of information and support while waiting for their care, although there were examples where good contact was maintained during wait times. One service offered telephone support from a mental health nurse during the waiting period.
- There were issues with the transition from children's to adult's mental health services. Where there was poor transition planning, some young people reported an escalation in their mental health problems after they were discharged from children's mental health services. However, there were areas in which a gradual transition with good communication between services was achieved. In one area, for example, young people were able to keep the same support worker. In other cases, psychiatrists who usually worked with adults were deployed to work with teenagers during and after their transition.

### Person-centred access: Providing timely access to appropriate care

- Up to 50 per cent of children and young people who are referred to specialist children's and adult mental health services (CAHMS) are not accepted for treatment. The fieldwork in this study found that inappropriately high eligibility thresholds can sometimes create an unhelpful



barrier which prevents children and young people from getting the right support at the right time. They can wait a long time before being told that their needs cannot be met.

- In some areas visited, the Commission was told that eligibility criteria were becoming more restricted because of increased demand and lack of local capacity. The high criteria could, however, lead in the end to increased costs because young people who are turned away are then often referred back at a later date when their mental health has deteriorated further.
- Confusing and unclear referral routes could make it harder for individuals to find the right support at the right time. Children and young people can end up being bounced around between different parts of the system. This not only causes delays, but also increases anxiety for families.
- By contrast, there were examples of successful approaches. Some areas had introduced a 'single point of access' which aimed to funnel all referrals through a central process. Where this system worked well, the Commission found clear systems with timely referrals and signposting to services.
- During the fieldwork, it was found that low staffing levels was the most common reason for delayed access to services. High levels of staff turnover and vacancies along with reductions in funding all contributed to this.
- The location of mental health services was a concern in more rural areas, where children and young people faced longer travel times due to the distances between services or where they were placed in inpatient beds far from home.
- The geographical distribution of services also affected how accessible and flexible the care was. For example, in one area, staff generally avoided home visits as the travel times between visits would have limited the overall number of appointments they could offer.
- Some areas had developed strategies to combat the issues caused by travel. One clinical commissioning group has introduced an online counselling service to provide free support to children and young people.

#### **Person-centred services: Working together to deliver care**

- The mental health system for children and young people is complex and fragmented, with disconnections between schools, CAMHS, social care and emergency departments.
- On the other hand, examples of good practice were found. These included: panels composed of key decision-makers; nominated mental health 'champions' linked to schools; and a multi-agency partnership bringing together 15 parts of the system. Commissioners in one local area issued weekly bulletins to a range of agencies to highlight any risks to children and young people. There were other examples of staff working hard to build relationships with colleagues in other teams.
- One of the most significant barriers to joined-up care was the fact that staff in different parts of the system had different ideas about mental health and that they used different terminology. There were, however, places where the young person was put at the centre. This enabled staff and teams to work together to overcome these difficulties. In one area, the Commission heard that whenever different teams found that their policies and procedures diverged, staff could reach a solution if they put the child or young person at the centre of their discussion.

#### **Person-centred services: Planning and commissioning**

- In some cases, the Commission found that local leaders did not have a unified strategy for how the mental health system should work for children and young people in their area. For example, in one area with a large number of free

schools and academies, which are not accountable to the local authority, the Commission were told that the lack of oversight and coordination of schools was causing variation in the availability and quality of care and support for pupils. Provision varied across schools and there was no clear standard set across the borough.

- In contrast, the Commission also found examples of good, joined-up working between system leaders. Joint strategies, plans and quality monitoring all contributed to effective collaboration.
- There is a lack of clear and reliable data about how many children and young people access mental health services, how they are referred to these services, and whether they are accepted for treatment. Much data which does exist is unreliable, often because some mental health providers do not submit their data.
- There are gaps in the data where the needs of specific groups of children and young people (e.g. different ethnic groups or sexualities) are not recorded.

#### **Recommendations**

- To complement the proposal in the Green Paper to strengthen the link between schools and mental health services, the Commission recommends that the Secretary of State for Health and Social Care drives joint action across government to improve the wider system of mental health support for children and young people through the inter-ministerial group on mental health.
- Government, employers and schools must make sure that everyone who works, volunteers or cares for children and young people is trained in mental health awareness.
- The Commission recommends that Ofsted and other schools inspectorates recognise and assess schools' role in supporting children and young people's mental health.
- Sustainability and transformation partnerships and integrated care systems must collaborate beyond the boundaries of health and social care to oversee joined-up improvement with education, police, probation and the third sector.
- Local systems must be given greater power and responsibility to plan, publish and deliver a shared 'local offer' that sets out how each part of the system will make their individual contribution, and ensures the system as a whole can collectively meet the needs of all children and young people in their area.
- Commissioners and providers across education, local authorities and the NHS must work with NHS Digital to drive cross-sector improvement in the quality and availability of data, information and intelligence.
- Commissioners, providers and staff must draw on evidence and good practice to drive local improvement.
- The Commission welcomes the recent announcement by the National Audit Office that it is going to carry out a value for money study focusing on mental health services for children and young people, and that this will include looking at interventions by schools and local authorities, as well as services provided by the NHS.

The full document can be downloaded from:

[https://www.cqc.org.uk/sites/default/files/20180308\\_arewelisting\\_engagement.pdf](https://www.cqc.org.uk/sites/default/files/20180308_arewelisting_engagement.pdf)