

## **Making children's mental health everyone's responsibility**

### **NAC final report to Ministers (March 2011)**

#### **1.0 Introduction**

- 1.1 The National Advisory Council for Children's Mental Health and Psychological Wellbeing (NAC) was established by the previous government in February 2009 following the publication of *Children and Young People in Mind: the final report of the independent National CAMHS Review (2008)*.
- 1.2 The Council was set up for 2 years, to build on the work of the CAMHS Review and to champion children's mental health across all sector as well as to provide ongoing independent advice and feedback to government concerning progress and challenges in the field, and to recommend potential solutions.
- 1.3 The new government invited the NAC to continue this advisory role and to contribute to the development of a new cross-government mental health strategy for people of all ages (HM Government 2011).
- 1.4 This final NAC report builds upon the Council's first report ('One Year On' March 2010) which outlined 4 key areas for action: leadership; commissioning; workforce and participation and focuses on actions and next steps in taking children's mental health forward.
- 1.5 The NAC Young People's Reference group supported by BEAT, Rethink and YoungMinds has worked hard to ensure that the NAC maintained a focus on what really matters to young people; what young people said is therefore central to our views.

#### **2.0 Leadership**

- 2.1 Strong leadership and governance will need to be in place at all levels to ensure that in a life course approach, the needs of children and young people are not marginalised or overlooked.
- 2.2 The role of joined up government is crucial in delivering cross-department messages and providing clarity of purpose. This should include scrutiny of new policy and guidance to ensure that the messages in the new mental health strategy are not lost.
- 2.3 Whilst the closer working in the Department of Health between child and adult mental health sections is welcomed it will be crucial for the Department for Education to be

an equal player in supporting the delivery of the new Mental Health Strategy if the opportunities for improving mental health and reducing stigma through schools and children's social care services are not to be missed.

- 2.4 The Call for Action in reducing inequalities, stigma and discrimination in mental health is exciting but for this to really make a difference change will need to be embraced by a much wider community. This will require national investment to ensure both systematic leadership and dissemination of information at national and local levels.
- 2.5 Local leadership must combine the efforts of universal, targeted and specialist services to deliver both improved outcomes and efficiencies. Our experience is that this combined leadership in children's mental health is not always a comfortable process due to differences in agency priorities and understanding of their specific role in this agenda.
- 2.6 If the Joint Strategic Needs Assessment is to be the key lever for improvement in services, leaders across the community will need to be mandated to work together to deliver the required outcomes.

#### **Leadership: key messages**

- Leaders looking outwards from their organisations to solve problems jointly
- Embracing young people as a positive, disruptive influence
- Enabling young people and young adults to form networks and provide leadership facilitating the current social movement
- Ensuring children and young people's mental health has parity of esteem with adult mental health as well as physical health at every level

- 2.7 The new Health and Wellbeing Boards, Directors of Public Health and GP consortia must work together to ensure that improving children's mental health is high on their local agenda.
- 2.8 They will need to ensure that the knowledge and experience of children's partnerships and Safeguarding Children Boards is taken into the development of these new Boards. They should be expected to challenge systems that lead to organisations failing to collaborate, and support champions and continued innovation in the field. There is still much more to be learnt about what works.
- 2.9 Children's mental health as everyone's responsibility has been part of national policy for many years but is still far from being embedded in all universal services. Mental health should now be part of all School Improvement Programmes, a key aspect of PHSE and included both within the school inspection regime and part of Ofsted's reviews of safeguarding.

### **3.0 Commissioning**

- 3.1 Health and Wellbeing Boards should hold local commissioners to account and ensure that investment is made in early intervention in childhood; this must include schools to promote mental health and reduce stigma.

#### **Commissioning – key messages**

- Coordinate children and young people’s mental health commissioning across both multiagency children’s services, the acute sector and adult mental health
- All commissioning at local and national level to be based on a high quality Joint Strategic Needs Assessment that includes the views of young people
- CAMHS Commissioning should support all aspects of the Quality, Innovation, Productivity and Prevention (QIPP) agenda.

- 3.2 Commissioners of acute paediatrics and emergency care must include the provision of appropriate child and adolescent mental health care by these services in their contracts if young people’s poor experiences of crisis responses are to be improved.
- 3.3 Local commissioners should be expected to allocate part of their contract for:
- Work aimed at reducing stigma
  - Improving local pathway development and access
  - Ensuring participation is central to service development
- 3.4 Whilst the commissioning of inpatient care needs national oversight the responsibility for commissioning beds needs to be at the local level if efficient and seamless care is to be provided by alternative intensive local provision.
- 3.5 For the IAPT Programme for children and young people to be successful this will need to be part of the multiagency pathway of care and widely understood across the whole sector.
- 3.6 The benefits of both transparent and pooled budgets in improving outcomes for children’s mental health should be clearly laid out in any national guidance for the commissioners.
- 3.7 Annual peer review of services using nationally agreed quality standards should be taken into account as part of the annual commissioning cycle.

### **4.0 Workforce**

- 4.1 Providing training in child development and mental health to teachers is a consistent theme presented to the NAC both by young people and clinicians as well as teachers themselves. It is an area that is likely to have significant impact both on the mental wellbeing of school children but also on future society.

### **Workforce: key message**

- The universal and specialist workforce should all understand their role and responsibility for improving children's mental wellbeing and be appropriately skilled and supported to intervene.

4.2 The development of local pathways of stepped care, as described in NICE Guidance should not be theoretical but aligned with identified resources, including universal services and a trained workforce who understand the role expected of them and have the skills to play their part. This may include for example enhancing the role of staff such as classroom assistants or defining the role of the police in the pathway.

## **5.0 Participation**

5.1 The Care Quality Commission should ensure that National Healthwatch engages with a wide range of young people and with issues concerning their mental health as a priority.

5.2 Health and Wellbeing Boards will need to ensure that the voice of children and young people's mental health is expressed through their local Healthwatch representative.

5.3 The benefits of participation and listening to young people remain insufficiently understood and in many areas is still not part of mainstream services. Commissioners will need to ensure that services demonstrate active participation at the centre of both local service and pathway development.

5.4 Young people will need to be appropriately supported and trained to both lead participation and work in partnership with commissioners, providers and inspectorates.

5.5 Young people need information about participation and the ways they can do this locally. Full use should be made of modern technologies.

### **Key messages: Participation**

- Services should be incentivised to ensure participation of young people is embedded
- Young people should be actively involved in inspection, scrutiny and assessment of service performance
- Commissioners, HWB Boards and GP consortia will need to understand the central importance of children and young people's participation and commit to this at the outset
- Young people can provide reasoned and informed views that can improve services (see appendix 1 )

## 6.0 Stigma

- 6.1 In order to reduce the stigma of mental health there needs to be a sustained campaign at many levels with leadership, coordination and resource at all levels.
- 6.2 Stigma begins in early childhood and for this reason the engagement of education is imperative.

### Tackling Stigma: key messages

- The engagement of schools would underpin a social movement and impact across families and communities
- Mental health and stigma should be covered in the PHSE curriculum
- National campaigns addressing stigma need to ensure a parity of esteem and resource for children and young people
- The CAMHS Tackling Stigma Framework provides a useful approach (appendix 1)

## 7.0 Conclusion

- 7.1 Delivering the new mental health strategy to improve outcomes for children and young people will require:
- Strong governance and leadership to ensure that in a life course approach the needs of children and young people are not marginalised
  - Leaders from all disciplines to come together at local level to draw up a Joint Strategic Needs Assessment
  - Commissioners to pull together and align their resources to address the identified needs and commission services based on evidence about what works
  - All those working with children and young people having a basic understanding of child development and emotional wellbeing
- 7.2 These activities need to be based on the active participation and contribution of children and young people.
- 7.3 It will need to be everyone's responsibility to challenge discriminatory comments and behaviours that stigmatise those who are experiencing or have experience of mental health difficulties.

## What do young people tell us they want to see happen?

### Participation and Young People's Voices at the Centre of the Service

- Young people need to be empowered to produce a service annual report / quality account based on a valid cross-section of young people's views. Service must respond and where possible act on the proposals
- Participation needs to be incorporated within services improvement cycle, and not seen as periphery.

### Choice

- Services need to ensure that young people have a choice of practitioner and are encouraged to feedback on the fit between young person and therapist. If they don't get on with a practitioner, it should be seen as their right to change practitioner. They shouldn't have to be re-referred or have to wait to see a different practitioner.
- Young people need to have access to advocates to help young people to understand the choices available to them and to make their own decisions.
- Young people need to feel they have some control even at the most worrying times – staff need to ensure that this is allowed even when elements of risk appear

### Continuity of Care

- Continuity of care and building a relationship with their therapist needs to be seen as important by managers

### Training

- There needs to be training and review of worker's skills in engaging young people in therapy and supporting change
- All staff working with children and young people, including teachers and paraprofessionals, need better training and understanding of mental health issues, and empathy for young people with these problems. This shouldn't be **one-off training** since staff change, move on, and forget. Training about mental health and addressing stigma should be mainstream, part of induction and ongoing – in a similar way to safeguarding/ child protection.

## **Stigma**

- Mental health services need to be more age-appropriate e.g. for teenagers, not just for younger children, or adults. They also need to be in 'normal' locations.
- The new mental health strategy and tackling stigma is too NHS based, "too medical". Where are the schools or other services that work with children and young people? The talk in the strategy of everyone going to doctors is not helpful and reinforces idea of mental health as not normal/not positive (only an illness model is presented which can allow people to be pigeon-holed).

## **What should services look like?**

- Services need to be easily accessible – flexible with easy referral routes, 24/7 access, and you shouldn't have to wait too long.
- There needs to be equity of provision. Young people should be able to access the same level and standard of service regardless of where they live.
- Young people want to have access to a range of interventions based on their needs. They shouldn't just be offered CBT. The length of treatment should be based on needs.

## **Schools**

- There needs to be more education about mental health in schools.

## **Information**

- There needs to be high quality and accessible information (including internet) outlining what a young person can expect from the service; and help young people understand the interventions that are available.
- GPs need to be aware of all local services including voluntary sector organisations that provide help and support for young people with mental health problems
- The new Healthwatch will focus as much on mental health issues as physical health.

**NAC Young People's Reference Group  
Supported by BEAT, Rethink and YoungMinds**

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### **The Tackling Stigma Toolkit (NCSS)**

The Tackling Stigma Framework identifies eight practical priority domains for action when tackling stigma and has been shown to be beneficial in altering children and young people's beliefs about mental health

- **Mainstreaming** of programmes to tackle stigma
- **Language and definition** of mental health
- **Information** for children, families and organisations
- **Education** for children, parents/carers, professionals and the public
- **Communication** with children and families
- **Effective systems** and accessible services
- The role of **media** as allies
- **Citizenship and participation** of children and young people

Based on work by Dr Fiona Warner-Gale

[www.chimat.org.uk/tacklingstigma](http://www.chimat.org.uk/tacklingstigma)