Review of children and young people's mental health services

PHASE ONE REPORT

OCTOBER 2017

About the Care Quality Commission

Our purpose

The Care Quality Commission is the independent regulator of health and adult social care in England. We make sure that health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role

We register health and adult social care providers.

We monitor and inspect services to see whether they are safe, effective, caring, responsive and well-led, and we publish what we find, including quality ratings.

We use our legal powers to take action where we identify poor care.

We speak independently, publishing regional and national views of the major quality issues in health and social care, and encouraging improvement by highlighting good practice.

Our values

Excellence – being a high-performing organisation

Caring – treating everyone with dignity and respect

Integrity – doing the right thing

Teamwork – learning from each other to be the best we can

Contents

Foreword

All children and young people should be able to access the right support at the right time when they experience a mental health problem. Unfortunately, all too often, children and young people have a poor experience of care or they struggle to get timely and appropriate help that meets their needs.

The system that supports the mental health of children and young people is complex and fragmented. Many different organisations and services are involved in identifying children and young people's mental health needs, helping them to access care, and providing care and treatment. As this report sets out, there are examples of good and outstanding practice that we should celebrate and learn from. However, there is also variation in the quality of care, and different parts of the system do not always work together in a joined-up way. As a result, too many children, young people, families and carers experience care that does not meet the standard of quality that we would want for ourselves or our own children, and some children and young people fall through the gaps. In the next phase of our work, we want to explore why this is the case and how the situation can be improved.
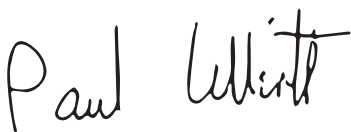
Childhood and adolescence is a period of physical, emotional, social and psychological development. It also has a great influence on our lifelong mental health. Around half of all people who have a mental health problem at some point in their life will experience their first symptoms before they are 14 years old. This means that it is vitally important that children and young people have timely access to high-quality care that is person-centred and tailored to meet the unique needs of each child or young person at each stage of their development.

Society's understanding of mental health and mental health problems has changed over time and it continues to evolve. Children and young people today face new emotional demands due to, for example, social media. Some of the experiences and behaviours that are treated as a mental health problem today may not have been considered in the same way two decades ago. Greater awareness of mental health problems and a growing expectation that mental health be viewed as a positive asset mean that more children, young people, their families and carers seek help for mental health problems. This means that mental health services and the people who work in them are dealing with a 'moving target', as the scale and nature of mental health problems constantly change.

This report offers a picture of the current state of the accessibility and quality of mental health services for children and young people. It is the work of many people, including our inspectors, our Expert Advisory Group, the children and young people who spoke with us, and countless other people and organisations that produced evidence and shared experience about the mental health system. It also draws on findings from our inspections of specialist child and adolescent mental health services.

This report is also just the beginning. It simply lays the foundations for the next phase of our review, and in doing so it poses as least as many questions as it answers. We will attempt to answer some of those questions in the next phase of our work by looking at how local partners are working together. Our goal is to learn more about how local systems are overcoming the barriers to high-quality mental health care for children and young people – and what else might help them to make progress.

Paul Lelliott
Deputy Chief Inspector
(lead for mental health)

Ursula Gallagher
Deputy Chief Inspector
(lead for children)

Summary

This report summarises the current state of knowledge about the quality and accessibility of mental health services for children and young people. It draws on existing research and evidence, as well as input from children and young people, and the findings of our inspections of specialist child and adolescent mental health services.

These sources indicate that children and young people's mental health is marked by variation. There is variation in the needs of children in different circumstances and at different stages of their development. There is variation in the availability and quality of services. And there is variation in the way different parts of the system are commissioned, funded and overseen.

Society's understanding of what constitutes a mental health problem has changed over time. Some of the traits and behaviours that may be considered a mental health problem today may not have been seen in the same way a few decades ago, and more children and young people are being diagnosed with some types of mental health problems than in the past.

Those who work with children and young people – in schools, GP practices and A&E, for example – do not always have the skills or capacity to identify mental health problems or help children and young people access the right support at the right time. Heavy workloads, difficulty in recruiting and retaining staff, and gaps in knowledge and skills all contribute to a situation where services miss opportunities to support children and young people's mental health and detect mental health problems.

When children, young people, their families and carers first try to access help for a mental health problem, many struggle to get timely and appropriate care. The availability of services provided by schools, local authorities, and voluntary and community organisations varies from one part of the country to the next, depending on what is commissioned locally, and there are gaps in our understanding of the quality and availability of some of these services. Children and young people in vulnerable circumstances, such as children in care and those with a learning disability, can find it particularly hard to access care.

For those children and young people who need more intensive and specialist care, there are significant challenges in accessing services. There are long waiting lists for many of the services that provide specialist mental health care in the community, and the imbalance between demand and capacity in inpatient care means that children and young people cannot always find an appropriate bed in an inpatient ward close to home.

The system as a whole is complex and fragmented. Mental health care is planned, funded, commissioned, provided and overseen

by many different organisations, that do not always work together in a joined-up way. Poor collaboration and communication between agencies can lead to fragmented care, create inefficiencies in the system, and impede efforts to improve the quality of care.

As a result, too many children and young people have a poor experience of care and some are simply unable to access timely and appropriate support. Most services are rated as good or outstanding and across all services there are examples of good and outstanding practice, but there is also variation in the quality of care.

In the next phase of our review, we will explore why this is the case and what could be done to make it easier to improve access and quality. We will visit 10 local areas to carry out fieldwork, where we will ask how we can ensure that all partners make their unique contribution and work together so that children, young people, their families and carers have timely access to high-quality mental health care.

Introduction

In January 2017, the Prime Minister set out a range of measures to improve mental health support, including a CQC review of quality and access across the system of mental health services for children and young people. This report marks the first phase of that review. It brings together the insights and experiences of many different people and organisations. It summarises the current state of knowledge, the problems and challenges, and the effect of these problems and challenges on children and young people and their families and carers.

The next phase of our work will build on this report by carrying out fieldwork in 10 areas of England to look at what helps and what makes it harder to improve quality and access in children and young people's mental health care.

Our methodology

This report is based on information from three sources, which we will make available on our website:

- Analysis of a sample of 101 CQC inspection reports of specialist child and adolescent mental health services (CAMHS) that provide inpatient care or care in the community. This includes services provided by NHS trusts and foundation trusts as well as independent providers.
- A review of recent policy and evidence about children and young people's mental health services.

- Engagement with people who have expert knowledge and experience of children and young people's mental health services, including:
  – Our Expert Advisory Group
  – Our Children and Young People's Advisory Group
  – A workshop with children in care and recent care leavers, facilitated by the Social Care Institute for Excellence.

This is not the first report to describe the current picture of children and young people's mental health services. Many others have done this already, including major recent initiatives such as *The Five Year Forward View for Mental Health* and *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing,* which not only described the current system but also established plans to improve it.[1,2]

This report draws on the existing evidence base as well as the knowledge and experiences of the children, young people and other experts we have spoken to.

Our work also adds to the evidence base. Our unique contribution comes from the inspections we have carried out in the specialist CAMHS services that provide inpatient care and care in the community for children and young people. This report draws on findings from a qualitative analysis of a sample of these inspection reports,

which were published from 2014 to 2017. Our analysis has found not only where some of the challenges lie, but also how some services have demonstrated good or outstanding practice that others can learn from.

Children and young people's mental health

Mental health problems in children and young people are common and account for a significant proportion of the burden of ill-health in this age range. Estimates suggest that mental health problems affect approximately one in 10 children.[3,4] However, these figures are drawn from a survey conducted in 2004 which looked only at people aged 5 to 15 years, so this is likely to underestimate the current position for children and young people of all ages.

There appears to be regional variation in the estimated prevalence of mental health problems in children and young people. In the Thames Valley area, an estimated 7.7% of children aged 5 to 16 years old have a mental health condition, compared with 11% in London.[5]

Mental health problems experienced by children and young people can range from temporary episodes of anxiety, behavioural problems or depression, to severe and enduring conditions, which may include eating disorders, persistent self-harm and conduct disorders.[6]

Society's understanding of what constitutes a mental health problem has changed over time. There is a greater awareness of mental health problems and campaigns such as *Time to Change* have sought to challenge stigma and misunderstanding.[7] Some of the traits and behaviours that may be considered a mental health problem today may not have been seen in the same way a few decades ago, and more children and young people are being diagnosed with some types of mental health problems than in the past.[8,9] For example, some research suggests that around one in 100 children are now thought to have an autistic spectrum disorder compared with one in 2,500 in 1966.[10]

Some children and young people are more vulnerable to mental health problems due to their circumstances.[11] This can include looked after children, care leavers, young people in the criminal justice system, lesbian, gay, bisexual and trans children and young people, and those with physical disabilities or learning disabilities.[12] Fewer than 0.1% of children in England are in care, but 4% of children referred to specialist CAMHS services are in care.[13] A third of people in the youth justice system are estimated to have a mental health problem.[14] Children who have experienced stressful life events such as parental mental illness, neglect, abuse, sexual exploitation, bereavement or conflict are also thought to be more vulnerable to mental health problems.[15,16]

Self-harm among children and young people is a significant concern.[17,18] It is difficult to get a clear picture of the actual prevalence of self-harm, as many children and young people may not disclose self-harming behaviours to anyone.[19] Available data suggests that rates of admission to hospital following self-harm have increased, and helplines have reported a significant increase in children and young people contacting them with issues around self-harm and suicidal thoughts.[20,21]

Suicide is one of the leading causes of death in young people in the UK. Data on suicide by children and young people published in 2017 showed that there were 922 suicides and probable suicides by people aged under 25 in England and Wales from January 2014 to December 2015.[22] Just over half (54%) of children and young people who died by suicide in England had previously self-harmed, and bereavement, existing mental health issues and contact with the youth justice system are also common among children and young people who die by suicide.[23,24] Most people (60%) under the age of 20 who die by suicide had previously been in contact with some part of the mental health system for children and young people.[25] Boys, young men, and older teenagers are more likely to die by suicide than girls, young women, and younger children.[26] Lesbian, gay, bisexual and trans children and young people are at significantly higher risk of depression, self-harm and suicide. This risk increases further in Black and minority ethnic lesbian, gay, bisexual and trans young people.[27]

Technology and digital culture are increasingly important in children and young people's lives. Many children and young people prefer to use websites, online forums or apps for support with their mental health rather than seeking help from professionals. Some services are starting to harness this trend by developing age-appropriate online information on children and young people's mental health.[28]

As well as being a source of support, digital culture can also be a source of stress for children and young people.[29,30] Concerns have been raised about online bullying and the effect of children and young people accessing inappropriate websites, such as those that may promote eating disorders, self-harm, suicide or other harmful behaviours.[31,32]

A complex system

Many different organisations have responsibility for commissioning, delivering and overseeing the services that support children and young people's mental health – from local authorities, schools and health services, to voluntary and community organisations and the criminal justice system.

In this report, when we talk about children and young people's mental health services we are referring to the whole system of care and support available. These services can include – for example – specialist mental health community services and inpatient wards, counselling provided through schools or GP practices, youth services that foster good mental health, voluntary sector advice and support services, as well as universal healthcare services like health visitors who also play a role in supporting children and young people's mental health.

Schools, health visitors and GPs are often involved in identifying that a child or young person is developing a mental health problem. These services are sometimes called 'universal services' or 'Tier 1 services' as they are available to everyone, although there have been calls to move away from the model of care that uses different 'tiers' as it can create unintended barriers between services and fragment children and young people's care.[33]
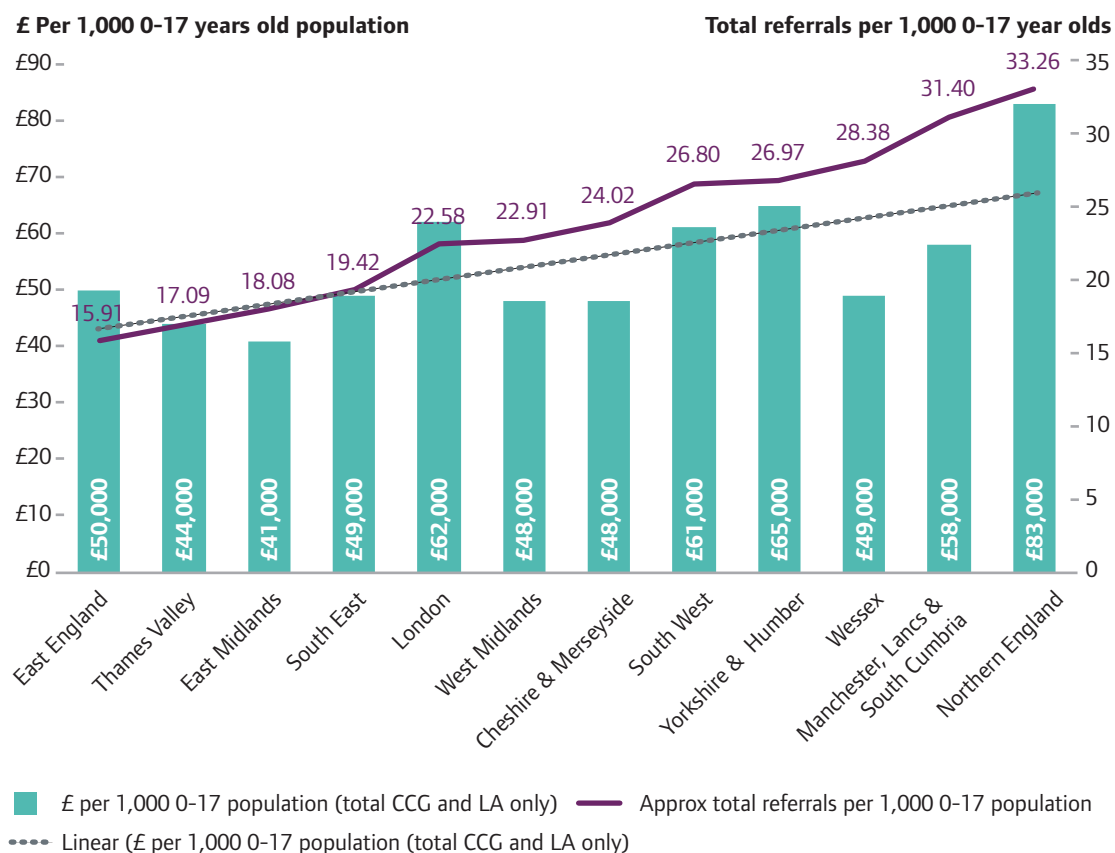
When children, young people, their families and carers look to access support for a mental health problem, they may do so through schools, GP practices, local authorities, or voluntary sector services such as helplines, websites and support groups. Children living in care may access help through their social worker or looked after children nurse. Some young people may first access mental health support through substance misuse services or youth offending services. All of these services are sometimes called 'targeted services' or 'Tier 2' services as they offer more tailored help specifically for children and young people with a mental health problem. Many of these services are commissioned by local authorities, clinical commissioning groups and schools.

Some children and young people need more intensive specialist care for their mental health problems. Specialist child and adolescent mental health services (CAMHS) are provided by NHS trusts and independent health providers. These services offer specialist care in the community (Tier 3), which is commissioned by clinical commissioning groups (sometimes with support from local authorities), and inpatient care (Tier 4), which is commissioned by NHS England. In this report, when we talk about these specialist services we refer to them as CAMHS. Some of these services are tailored to meet the needs of people with a particular diagnosis, such as autism or an eating disorder.

Significant gaps in the availability of data mean it is difficult to get a clear picture of what services are available to children and young people across the country, although differences in local commissioning priorities and practices mean that the availability of services varies from one area of the country to the next.[34]

NHS England has estimated that 46% of expenditure on targeted community mental health services for children and young people (Tiers 2 and 3) comes from clinical commissioning groups, 38% from NHS England, and 16% from local authorities. There is variation in the level of funding for these services in different regions of the country, and different levels of referrals to these services .

FIGURE 1: ANNUAL TOTAL REFERRALS TO CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES COMPARED WITH EXPENDITURE PER 1,000 0-17 GENERAL POPULATION

£ Per 1,000 0-17 years old population

Total referrals per 1,000 0-17 year olds

Legend:
- £ per 1,000 0-17 population (total CCG and LA only)
- Approx total referrals per 1,000 0-17 population
- Linear (£ per 1,000 0-17 population (total CCG and LA only))

Source: NHS England

Note: 2015 data (includes services commissioned by clinical commissioning groups (CCGs) and local authorities (LAs) only).[35] Each area collected, broke down and interpreted data in different ways. This makes it more difficult to make comparisons and undersand trends.

At a national level, the Department of Health and the Department for Education and their arms-length bodies play a role in overseeing and regulating mental health services for children and young people. NHS England assures local commissioning by clinical commissioning groups. Health Education England oversees workforce planning. Ofsted regulates education and care services for children and young people and the Independent Schools Inspectorate monitors independent schools. HM Inspectorate of Probation and HM Inspectorate of Prisons scrutinise the criminal justice system. The Care Quality Commission regulates the quality of health and social care services and, as part of this role, reviews how effectively health services safeguard children and promote the wellbeing of looked after children and care leavers.

Though the prevention of mental illness is beyond the scope of our review, it is an important function of Public Health England, local authorities, schools and voluntary and community organisations, all of which work to promote positive mental health and prevent mental ill-health.

Evidence suggests that the demand for mental health care for children and young people is increasing (see page 22). What is less clear is whether the capacity of services is also changing, as there is no reliable data to tell us how many children and young people can be cared for across the mental health system. Nonetheless, *The Five Year Forward View for Mental Health* has described a system under pressure, leading to long waiting times, appointments being

cancelled, and some children being unable to access timely and appropriate help.[36]

Next steps for our review

During the next phase of our work, we will visit 10 areas of the country to explore how local partners are working together across the system of children and young people's mental health services.

We will speak to people who commission, fund, oversee and work in mental health services for children and young people. We will talk to children, young people, families and carers who have used mental health services – or tried to use them. We will look at data and evidence about access and quality. And we will track how children and young people have moved through the system. This will culminate in a final report in spring 2018 that will set out what we found through our fieldwork and make recommendations to encourage improvement.
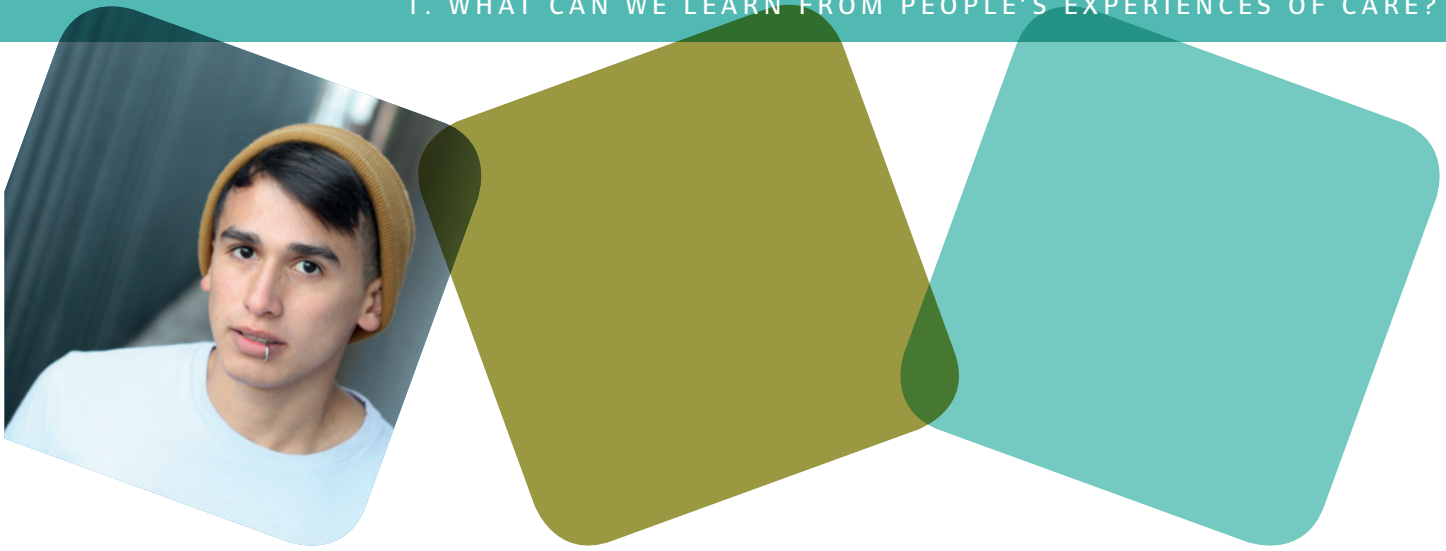
1. What can we learn from people's experiences of care?

Children and young people who took part in an Advisory Group for this review have told us that their experience of care is best "when you get the right people who have the right experience around you".

The majority of specialist child and adolescent mental health services (CAMHS) are rated as good or outstanding overall by CQC following their latest inspection (73% of specialist inpatient services and 59% of specialist community services are rated as good, and 7% of specialist inpatient services and 9% of specialist community services are rated as outstanding) **(FIGURE 2, PAGE 12)**. This means that many of those children and young people who use specialist CAMHS services have a positive experience of mental health care. However, this is just a small part of a much bigger picture. Problems across the system can lead to a poor experience of care and challenges in accessing timely and appropriate support.
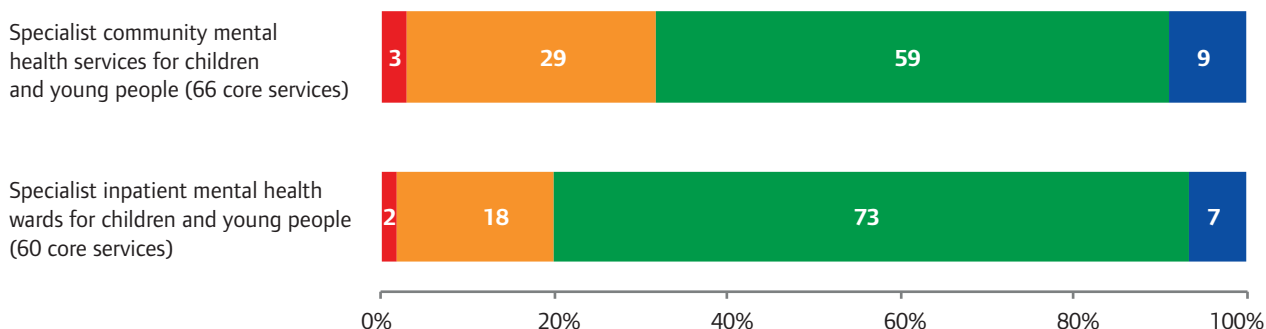
The work we have done so far has found that there is variation in children and young people's overall experience of the mental health system, and too many children and young people struggle to access the right care at the right time. Childline has seen a 34% increase in calls from children and young people expressing dissatisfaction with mental health services.[37]

So, although there is good and outstanding practice that we should celebrate and learn from, there is also too much care across the system that does not meet the overall standard of quality that most of us would want for ourselves or our own children.
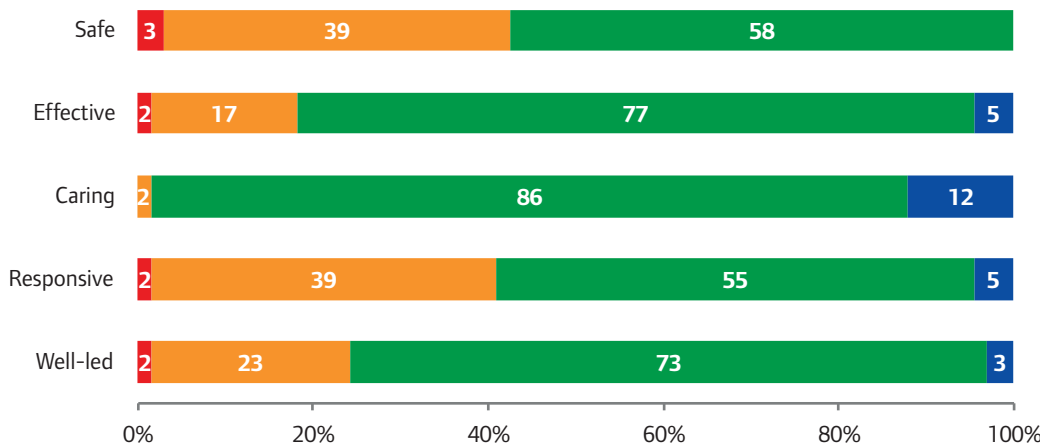
This chapter describes what children, young people, their families, carers and the organisations that represent their interests have said about their experience of navigating and using the mental health system for children and young people.
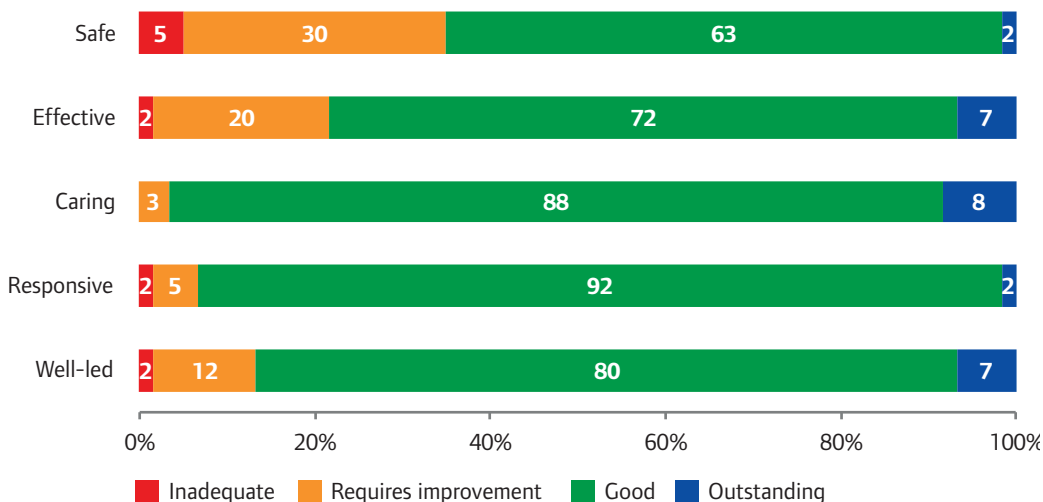
FIGURE 2: CQC RATINGS OF SPECIALIST CAMHS SERVICES

Specialist community mental health services for children and young people (66 core services): 3 | 29 | 59 | 9

Specialist inpatient mental health wards for children and young people (60 core services): 2 | 18 | 73 | 7

FIGURE 3: CQC RATINGS OF SPECIALIST COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE BY KEY QUESTION

Safe: 3 | 39 | 58

Effective: 2 | 17 | 77 | 5

Caring: 2 | 86 | 12

Responsive: 2 | 39 | 55 | 5

Well-led: 2 | 23 | 73 | 3

FIGURE 4: CQC RATINGS OF SPECIALIST INPATIENT WARDS FOR CHILDREN AND YOUNG PEOPLE BY KEY QUESTION

Safe: 5 | 30 | 63 | 2

Effective: 2 | 20 | 72 | 7

Caring: 3 | 88 | 8

Responsive: 2 | 5 | 92 | 2

Well-led: 2 | 12 | 80 | 7

Legend: Inadequate | Requires improvement | Good | Outstanding

Source for figures 2 to 4: CQC ratings data, 22 August 2017.

Note: Percentages may not add up to 100% due to rounding.

Working with staff and professionals

For the children and young people we spoke with, relationships with professionals and staff were the most important factor in their experience of care. Relationships with staff working in schools, GP practices, acute hospitals, specialist CAMHS services and other parts of the mental health system were important. All too often, we heard that children's experience of care suffered as a result of staffing changes, perceived gaps in staff skills, or a feeling that staff are too busy.

Some children and young people expressed concerns about the lack of continuity in their relationships with staff and professionals when people moved to new jobs or staff responsibilities changed for other reasons. Other evidence has also found there is a high turnover of staff in some parts of the system (such as primary care) and health and social care providers are increasingly using temporary staff to fill recruitment gaps.[38,39] Children and young people told us they found these changes very frustrating and it could make it hard to build trust with staff. They did not want to have to tell their story to someone new or have to build a relationship from scratch. As one young person told us, "When someone leaves this has a major effect on my wellbeing."

Children and young people told us that they also had concerns about the skills of some of the staff and professionals they worked with – a concern echoed by parents too.[40] They felt that some staff, particularly those working in schools and GP practices, were not adequately trained to work with people their age with mental health needs, and this had a negative effect on their experience of care.

Even where children and young people felt that staff did have appropriate skills and training, there was a common perception that staff did not have enough time to provide the quality of care they would like. One young person told us that they "don't have time to build a relationship" with their looked after children nurse. Another

told us, "Sometimes staff are good… but they are overwhelmed and over worked."

Waiting times

Children and young people have expressed major concerns about how long they waited to access mental health support. One young person told us they waited 18 months to get the help they needed. Childline has received an increased volume of calls from children struggling to access mental health services or facing long waiting lists, and the Education Policy Institute has found that some children and young people who have been referred to specialist CAMHS services are waiting a long time to be assessed, before facing a further wait for treatment.[41,42] Thirty-nine per cent of specialist community CAMHS services are rated as requires improvement and 2% are rated as inadequate against CQC's responsive key question, which looks at whether people access care and treatment in a timely way **(FIGURE 3, PAGE 12)**.

During prolonged waits for an assessment or treatment, children and young people told us they could not access the support they needed. Without support to manage their mental health, some children and young people found their mental health deteriorated and some found they reached crisis point.

Person-centred care

We also heard that mental health care did not always feel person-centred and responsive to children and young people's needs. Some reported that their care was not always age-appropriate or tailored to their stage of development, and many talked about wanting to be more involved in decisions about their care as they got older.

Children and young people told us they lacked choice in how, where and when they could access help. They wanted more flexibility in the way care is delivered and access to more 'informal' support – such as counselling groups or support over the phone – but this was hard to find.[43] YoungMinds has also found that children and young people often look for support and advice

online for their mental health – young men and boys in particular have said they would prefer online support, advice and counselling – but this support is not always available.[44]

Stigma

Stigma – or fear of being stigmatised – can mean that children and young people and their families and carers do not seek help for mental health problems.[45] This leaves children and young people without the support they need at a crucially important developmental phase of life, and can mean that their problems become more severe or harder to address. This has been identified as a particular challenge for children and young people from Black and minority ethnic communities and their families, for whom stigma can be a major barrier to accessing mental health services.[46]

The children and young people we spoke with had mixed views about stigma. Some felt that there was less stigma about having a mental health problem than there used to be. Others told us that stigma was still a significant problem and it had an adverse effect on their experience of care.

Members of our Children and Young People Advisory Group felt there was a stigma not only in having a mental health problem but also in accessing mental health services. They wanted to see more done to raise awareness and promote a positive image of mental health services and people who use them.

Work by the Centre for Mental Health has found that some families also have concerns about stigma. They feared their parenting or their own behaviour may be judged negatively if their child has a mental health problem.[47]

Listening to and involving children, young people, their families and carers

The fact that so many children and young people voice a desire for more flexible services that are tailored to their needs may partly reflect that some services do not always engage children,

young people and their families effectively in designing services or planning care.[48] This is a question we will explore in the next phase of our review.

Some of the children and young people we spoke with told us that they wanted to be much more involved in planning their own care. In a survey of children and young people, YoungMinds also found that people are not consistently and meaningfully involved in their own care:

"They didn't support me in the decisions I wanted to make. CAMHS could have listened to me and not spoke over me and tell me how I am feeling."

"They should listen to young people instead of thinking they know what's best for you when they really don't."

"I felt I wasn't listened to and they didn't really understand me or my illness."

Families and carers also talked about wanting to be more involved in children and young people's mental health care. In the YoungMinds survey, parents said they lacked information about how to support their child when they are self-harming or struggling with their mental health. Parents reported poor communication and a lack of information about their child's care. This is a particular challenge for services, as parents' wish to be involved may sometimes be in conflict with a child or young person's preferences.

Some parents expressed concern that mental health care services did not take their concerns seriously, complaining that teachers and GPs can fail to acknowledge the signs of a mental health problem or parents' anxieties about their child's mental health. As one parent said, "GPs are just very dismissive of parents and parental concerns."

Fragmented care

Families and carers voice anxiety and frustration over how disjointed the system of children and young people's mental health care can be.[49] The lack of joined-up working between organisations can have an adverse effect on children and young people's experience of care and the experience of their families and carers. Poor alignment between services can leave children and young people without the right support at the right time. It can lead families to feel that they have to wait for a child or young person's mental health to reach crisis point before they can get support.[50] There can also be a failure to keep the child or young person and their family informed as to what is happening with their care.[51,52]

In the next phase of our review we will be looking at how partners across the whole system of mental health care for children and young people work together locally, to understand the enablers and barriers to joined-up care.

Transition from children's services to adults' services

Many children will move on from the services that provide mental health care for children as they reach their mid- to late-teens. The transition from children's services to adults' services happens at an important time in young people's lives. They may be leaving school, leaving care or beginning to live more independently from their families and carers. Some young people may transition to adult care at 17 or 18. Young people with a learning disability may remain under the care of children's services until the age of 25.[53] Good practice in transition involves providing care that is appropriate to each individual child's social and emotional development, rather than focusing solely on the age at which transition occurs.[54]

Our previous work on children and young people with complex physical health needs showed that the transition between children's and adults' mental health services is not always planned and delivered effectively, leaving some young people without appropriate or reliable support.[55,56] Poor

planning and poor engagement with young people and their families and carers are common problems that lead to badly-managed transitions to adults' services.[57] Children's and adults' mental health services use different care planning frameworks and the structures, funding and type of care on offer are different too. This can leave gaps in the continuity of care – a major concern for the children and young people we spoke with. Some young people may even find they are no longer eligible for mental health care when they move to adults' services.[58] As one young person who gave feedback to *Future in Mind* put it, "One day I was in CAMHS with plenty of support and then the next, the only support I knew of was a crisis number."[59]

We also heard concerns from looked after children and recent care leavers about the reduced level of mental health support on offer after they leave care: "When you reach the age of 17, young people are not able to access the type of mental health services that are available [to younger children and teenagers]."

Accessing appropriate mental health support

In a complex and fragmented system, where responsibility for meeting children and young people's mental health needs is divided up between multiple different organisations, some children and young people simply cannot access appropriate support for their mental health. There has been a 87% increase in Childline counselling sessions with children and young people who are struggling to access local mental health services.[60] Public Health England estimates suggest that only 25% of children and young people who need treatment for a mental health problem are able to access it.[61] The next phase of our review will look at how local systems work together to identify and act on this unmet need.

Specialist CAMHS services tend to provide care for children and young people with more severe mental health problems.[62] Eligibility criteria for specialist CAMHS services tend to be set locally, and there is significant regional variation in the number of children and young people referred

to specialist CAMHS and the proportion of those children and young people who are accepted into specialist CAMHS following a referral.[63] There is also local variation in the availability of other care and support services such as counselling provided by schools or the voluntary sector.[64]

While not all children and young people with a mental health problem require care from specialist CAMHS services, we heard from our Expert Advisory Group that the system could seem to use eligibility criteria as a way to 'protect' services for children and young people with the greatest need by setting a high threshold for people to access services. As not all children and young people who have mental health problems will meet that threshold, and other types of support might not be readily available or appropriate, some children and young people in some areas of England find they cannot access the care and support they need.[65] Sometimes, children and young people are repeatedly referred to different parts of the system after several services tell them they fail to meet the threshold for support.[66] For children and young people who urgently need specialist inpatient CAMHS care, it can be very difficult to find an available bed – particularly one that is close to their home.[67]

We also found that some children and young people in vulnerable circumstances found it very hard to access help, including children in the criminal justice system, child refugees, unaccompanied asylum seekers, and children in care.[68,69,70] Ofsted has expressed concerns about the quality and timeliness of specialist CAMHS support for looked after children in a third of local authority areas.[71] And although 85% of local areas identify that looked after children should be prioritised for mental health support, some services do not accept referrals for looked after children unless they are in a permanent placement.[72,73] For example, one young person in care who attended the Social Care Institute for Excellence workshop told us about their younger brother, who was hearing voices and experiencing other mental health problems but who could not access help because he was not in 'settled' accommodation. He was living in residential care after a number of his previous care placements had broken down.

In the next stage of our work, we will be exploring whether children and young people in different circumstances have a different experience of care, and how organisations work together to meet the unique needs of children and young people in different circumstances.

2. Where do services need to improve?

Although there are many examples of good and outstanding practice in specialist children and young people's mental health care, there are also areas where it does not meet the standard of high-quality, person-centred care that most of us would want for the people we care about. This means there is variation in the quality of care.

This chapter draws on a qualitative analysis of a sample of 101 CQC inspection reports of child and adolescent mental health services (CAMHS). It describes some of the areas where specialist CAMHS services need to focus their improvement. The following chapter considers how organisations across the wider mental health system need to work together to improve children and young people's experience of care.

Safety

Safe care is care that protects children and young people from abuse and avoidable harm. In specialist CAMHS services, safety is the greatest overall area of concern. Following their latest CQC inspections, 5% of specialist inpatient services and 3% of specialist community services were rated as inadequate for safety, and 30% of specialist inpatient services and 39% of specialist community services were rated as requires improvement for safety **(FIGURES 3 AND 4, PAGE 12)**.

Only one specialist CAMHS service – an inpatient unit – was rated as outstanding for safety. Our inspectors found that this service continually managed risks to children and young people, and involved patients in managing their own risks. There was a clear culture of positive risk-taking to minimise restrictive practices, and a supportive culture of openness, transparency and learning when something went wrong.

Where services had breached the regulations that require them to provide safe care and treatment, there were typically concerns about the way risks to children and young people were being managed. For example, some services had no system to review the risks posed to children and young people who were on the waiting list to access care. Others were failing to take action to mitigate risks to safety.

In some services, the physical environment was unsafe.[74] Children and young people were at risk of harm as a result. Equipment was not checked regularly to make sure it was safe and functioning appropriately. Inpatient services were not always clean, meaning that – as one inspection found – "young people and staff were not being adequately protected against the risk of infection".

Access to timely care and support

The work we have done so far suggests there are widespread issues with the accessibility of specialist CAMHS services.

CQC inspections commonly find that specialist CAMHS services that provide care in the community need to take action to improve waiting times. Most of the children and young people we spoke with also expressed major concerns about waiting times and the Education Policy Institute has highlighted variation in waiting times for specialist CAMHS, with some services reporting very long average waiting times for assessments and treatment.[75]

Average waiting times vary significantly according to local processes, systems, targets and how severe each child's or young person's needs are perceived to be. A child or young person whose mental health needs are not deemed to be urgent may face a prolonged wait to access appropriate care.[76]

Many specialist community CAMHS services have set their own waiting time targets. There is significant variation in these targets. For example, a child or young person who is deemed to have 'non-urgent' mental health needs may be seen within 35 days or 18 weeks, depending on which service they are referred to. Although most of the services we looked at in our sample of 101 inspection reports were meeting their own targets, some had long average waiting times or breached their own targets. For example, one service had a target to assess children and young people within 28 days of referral, but the average waiting time in one part of the service was 75 days.

Some children and young people are waiting an extremely long time to access the specialist care and support they need. In one service that we inspected, there was a 493-day wait for cognitive behavioural therapy and a 610-day wait for family systemic therapy.

In other cases, inspectors found that crisis care was limited, for instance because the crisis team was available only during normal office hours (9am to 5pm) or because out-of-hours crisis support was provided by adult psychiatrists who did not specialise in children and young people's mental health.

In inpatient services, our inspectors found that children and young people could not always be placed in the setting that would best meet their needs. The demand for inpatient beds outstrips availability in some parts of the country where fewer beds are available.[77] As a result, some children and young people are being admitted to adult wards as there are no beds available in wards for people their age.

In other cases, specialist inpatient CAMHS services did not offer the support that children and young people needed in their local area.[78,79] For instance, some services do not offer the more highly-specialised care that some children need, such as a psychiatric intensive care unit (PICU) for children and young people. This has resulted in some children and young people being admitted to a PICU in other services which are a considerable distance away from their home, school and family.

There are also particular challenges for children with the most complex needs. A review by the Council for Disabled Children found that there were no inpatient mental health beds suitable for children and young people with a learning disability in London, the south east and south west of England.[80] More generally, it is widely acknowledged that the geographical spread of inpatient care for children and young people does not meet current needs.[81,82] As a result, some children and young people are admitted to wards far away from their homes or cared for in places such as police cells or adult wards that may not meet their needs.[83]

Staffing

Safe, effective and compassionate care requires staff and professionals with the right skills, in appropriate numbers, who are supported with training and supervision to provide high-quality care.

In some specialist CAMHS services, our inspectors witnessed low levels of staffing and

inadequate staff training. In our sample of 101 inspection reports of specialist CAMHS services, 14 providers had breached the regulation that requires them to deploy enough suitably qualified, competent and experienced staff.

We found that staff did not always have an adequate understanding of important guidance and legislation such as the Mental Health Act and Mental Capacity Act. In some cases, even those members of staff who did know about this legislation did not understand what it meant for their role as a mental health professional.

Children and young people told us that they also had concerns that staff were not adequately trained to meet their needs. This was a particular problem for children and young people who had sought help from A&E when they were experiencing a mental health crisis.

In some services, staff were not being offered appropriate support or regular supervision. This is crucially important for both clinical and administrative staff, to make sure that people are supported to deliver their role effectively.

Person-centred care

Most specialist CAMHS services are caring, meaning that they involve children and young people and treat them with compassion, kindness, dignity and respect. Following their latest CQC inspections, 88% of specialist inpatient services and 86% of specialist community services were rated as good for the caring key question, and 8% of specialist inpatient services and 12% of specialist community services were rated as outstanding for the caring key question **(FIGURES 3 AND 4, PAGE 12)**. Nonetheless, there are still some services that are failing to provide person-centred care that meets the specific needs of children and young people.

Some inpatient services were breaching the regulation that requires them to provide personalised care and treatment that meets the needs of people using the service. In these cases, our inspectors commonly found that services were not adequately assessing the physical health needs of children and young people.

Poorly maintained or inappropriate facilities were also common issues for inpatient services.[84] We came across a service where the facilities failed to provide dignity and privacy when children and young people were using the bathroom. In another, one of the two showers on the ward had been broken for over a year. Another had therapy rooms that were not sufficiently soundproofed to preserve confidentiality for the children and young people using the service.

Governance

In some services, children and young people are being put at risk of harm as a result of poor governance. This is reflected in the latest CQC ratings for the well-led key question, where 2% of specialist inpatient services and 2% of specialist community services are rated as inadequate and 12% of specialist inpatient services and 23% of specialist community services are rated as requires improvement **(FIGURES 3 AND 4, PAGE 12)**.

CQC inspections found that some specialist CAMHS services were using out-of-date or poorly-implemented policies on important aspects of care. For example, one inpatient service needed to do more to make sure that staff were complying with the Mental Health Act. Another service that provided care for people in the community needed to make sure staff were following safeguarding policies correctly.

A small number of services had failed to carry out the Disclosure and Barring Service check that would verify whether staff had a criminal record that prevents them from working with children. In these cases, services had put children and young people at risk of harm and breached the regulation that requires them to employ 'fit and proper' people.

Recording and reporting information

Accurate, complete and detailed records enable services to keep people safe, provide person-centred care, and identify and share learning.

Maintaining such records is also a fundamental standard of care.

We found gaps in the recording and reporting of important information that is necessary to make sure that care is safe, effective and compassionate. Care plans and other records relating to incidents, restraint, consent, risks and mental capacity were sometimes found to be inaccurate or incomplete. A number of services had breached the regulation that requires them to maintain accurate and complete records on the children and young people in their care.

3. What are the barriers to high-quality care?

Specialist child and adolescent mental health services (CAMHS) have an important role to play in supporting children and young people, but they are only one part of a much larger and more complex system of mental health care for children and young people. Many different organisations need to work together to make sure that children and young people get the right care at the right time – including schools, GP practices, hospitals, social care, youth services, commissioners and regulators.

Across this whole system of mental health services for children and young people, there are problems that pose a barrier to high-quality care. Drawing on existing policy, research and evidence, this chapter describes some of these barriers and their impact on the quality and accessibility of care.

Gaps in the availability of data

The lack of accurate and comprehensive data undermines attempts to provide care that meets the mental health needs of children and young people. The latest data on the prevalence of mental health problems in children and young people is based on research from 2004 (this is due to be updated in 2018).[85]

This means that the organisations that commission, fund and provide mental health care are using incomplete and out-of-date information about the scale and nature of children and young people's mental health needs.[86,87,88,89] NHS Digital is developing a new data set which will provide more information about the number of children and young people accessing NHS-funded mental health care and the outcomes of their treatment. However, this will not include information about other types of mental health services.[90]

There may also be particularly significant gaps in our understanding of the mental health needs of children and young people in certain circumstances. For example, routinely collected data does not identify some groups of children and young people, such as those who are homeless or those who are lesbian, gay, bisexual or trans.[91] In turn, this risks exacerbating inequalities in children and young people's access to and experience of care because services are unable to draw on accurate information to design and deliver services to meet the needs of children and young people in different circumstances.

Gaps in data mean it is also difficult to get a clear picture of what services are available in different parts of the country and whether these services

adequately meet the demand for mental health care. Work by the Education Policy Institute suggests that there may be gaps in some areas of the country, particularly in 'Tier 2' services that provide mental health support in the community for children and young people with less intensive needs than those who are referred to specialist CAMHS.[92]

Poor sharing of information between the different services and organisations involved in children and young people's mental health can also be a barrier to high-quality care. Incompatible IT systems, fears about breaching data protection laws or confidentiality protocols, and different governance and record-keeping systems can all pose a barrier to sharing information.[93] As a result, services may not always have access to the information they need to provide safe, effective, compassionate care.

This poses a risk to the quality and safety of care.[94] For example, if safeguarding concerns are not shared then the organisations involved in a child or young person's care cannot take action to protect them from harm. Similarly, if decisions about a child's or young person's treatment provided by one service are not communicated effectively to the other services involved in their care, delays or mistakes in treatment may be more likely.

Problems with the availability of data mean that there are some gaps in our understanding of the quality of many mental health services for children and young people or the effectiveness of some types of support. This is an issue in many parts of the system of mental health care for children and young people. For example, national data to help build a picture of the quality of mental health services for children and young people is currently limited. This is because even though some quality measures such as violence, ligature incidents and restraint are reported to NHS Benchmarking, data on children and young people is reliant on voluntary self-reporting from providers. Therefore, the available data may not be representative of all providers, including voluntary sector, social care and independent organisations.[95,96]

There is a similar story to tell when we look at data about the medicines prescribed to children and young people with a mental health problem. There is limited information available about prescribing patterns and there is variation in whether and how this data is published in different parts of the system (for instance, in GP practices compared to community paediatric services). There have been relatively few randomised placebo-controlled studies of the potential benefits and risks of many types of psychotropic drug treatment in younger people, and little is known about the benefits and risks of long-term treatment.[97] From the available data, it seems that the use of antidepressants in children and young people is rising, as is the use of a drug called methylphenidate, which is used for ADHD.[98,99]

Increasing levels of demand for care and support

Several sources describe a system that is under strain as demand for mental health care and support increases. For instance, Childline, the telephone and online advice service for children, reports that calls related to mental health problems have increased year-on-year. One in three counselling sessions provided by Childline are mental health-related, and counselling for suicidal feelings has reached its highest levels.[100] The House of Commons Health Committee has reported an increase in the demand for out-of-hours care and urgent and emergency mental health care for children and young people.[101] Official data also shows that the number of children and young people attending A&E for mental health problems more than doubled from 2010 to 2014.[102] The independent Mental Health Taskforce reported in *The Five Year Forward View for Mental Health* that referrals to specialist mental health services for children and young people grew five times faster than the workforce in those services from 2013/14 to 2014/15.[103] There are similar challenges in primary care too, where GPs report seeing increased numbers of children and young people with self-harm and other signs and symptoms of poor mental health.[104,105]

It is unclear whether demand is increasing because more people have mental health problems, or because a changing understanding of mental health problems and increased awareness of the support that is available are leading to greater numbers of referrals and diagnoses.[106] Gaps in data about services mean it is also unclear whether the capacity of the mental health care system is changing to meet increasing demand.

Whatever the cause, the impact of increased demand for mental health care is affecting the whole system of mental health services for children and young people and the workload and wellbeing of people who work in those services. *The Five Year Forward View for Mental Health* described a system under pressure, leading to long waiting times, appointments being cancelled, and some children being unable to access timely and appropriate help.[107]

Workforce skills, numbers and capacity

Workforce planning aims to ensure that services can employ appropriate numbers of suitably skilled staff. Workforce planning is also particularly complex in children and young people's mental health services because there are many different organisations involved in planning and providing care.[108]

Recruitment and retention are significant challenges across the entire range of mental health services for children and young people, from schools to specialist mental health wards. Schools play a crucially important role in identifying and responding to pupils' mental health needs, and 62% of school leaders report difficulties in recruiting and retaining teachers.[109] In primary care, an increasing proportion of GPs are reaching the end of their careers or taking early retirement.[110] Despite efforts to address the potential shortage of GPs, there are ongoing concerns that there may not be sufficient numbers of GPs in future as GP training numbers are still below the target.[111,112] Providers are also struggling to recruit psychiatrists, and the Royal College of Psychiatrists reports that psychiatry has the slowest growth in new recruits

and the highest drop-out rate of any clinical specialty.[113,114] Mental health nurses and learning disability nurses are also among the professions that providers find hardest to recruit.[115]

There are also concerns about whether people working in mental health services for children and young people are appropriately skilled. Many teachers report feeling unprepared to manage mental health problems.[116,117] Children and young people told us they felt that some schools staff did not have appropriate training to support children and young people with their mental health. We also heard specific concerns about whether GPs had the right skills in children and young people's mental health care.

The independent Mental Health Taskforce highlighted concerns about the pressure that mental health staff are under and the negative effect this is having on the wellbeing of people working in mental health care.[118] Teachers are also facing heavy workloads that can make it harder for school staff to support children and young people with mental health problems.[119,120]

Schools-based mental health support

There is wide recognition of the vital role that schools play in supporting the mental health of their pupils. From tackling bullying, to identifying the early signs of mental health problems, to promoting wellbeing through all aspects of school life, schools are well-placed to support children and young people with their social, emotional and mental wellbeing.[121,122] Positive relationships between staff and pupils are also important, as teachers may be among the first adults to notice the signs that a child or young person's mental health is deteriorating.[123,124]

Some sources suggest that schools are doing this well in some areas, and many schools offer mental health services in the schools environment. Around 70% of secondary schools and 52% of primary schools in England offer counselling services.[125,126] When children and young people can access high-quality counselling through their schools, it can be an effective form of early intervention.[127,128]

Schools-based mental health support is valued by children, young people, their families and carers, but it is not always available.[129] A lack of support in schools is one of the key concerns that children and young people have raised.[130] Children and young people say they want schools-based counselling to be available and they want it to be offered in a more flexible way. For example, some children and young people would prefer online counselling support, and some would like counselling sessions to be offered outside of normal school hours so it does not have a detrimental effect on their participation in lessons and other school activities.[131]

Even where support is available in schools, there are concerns about the quality of support on offer. School leaders report they do not always have the expertise or time to assure themselves that the schools-based counselling services they commission offer high-quality support.[132]

Many children and young people want schools to offer more information and education about mental health, earlier on in pupils' school years. They want schools to take action to reduce stigma and improve teachers' and pupils' understanding of mental health problems so that they can identify and act on the early signs of poor mental health.[133]

A fragmented system

Mental health care for children and young people is delivered by several different organisations, including – for example – schools, GP practices, voluntary sector organisations, local authorities, youth offending services, looked after children's services, hospital A&E departments and paediatric services, and specialist CAMHS services. When these organisations work together well, children, young people, their families and carers say they have a better experience of care and they do not have to rely as much on crisis care or A&E for help.[134]

Existing policy and research suggest these different services do not always work together in a joined-up way.[135] CQC inspections also found examples of poor collaboration between different

agencies, such as one specialist inpatient CAMHS service that had "limited" working relationships with any other teams or services.

Poor collaboration between organisations can lead to fragmented care that fails to address children and young people's needs as a whole. Individual teams and services may focus narrowly on the one aspect of care that falls in their remit, rather than working in partnership with others to provide joined-up, person-centred care.[136,137]

Mental health care providers are not the only part of the system that can be disjointed. The commissioning, funding and regulation of these services is not always joined-up either. Multiple different organisations commission and fund care, including local authorities, clinical commissioning groups and NHS England. Some providers may be commissioned by more than one organisation. Concerns about the variable quality of commissioning have been raised by the House of Commons Health Committee, and our Expert Advisory Group raised concerns that funding and commissioning arrangements did not enable services to join-up in new or creative ways.[138]

There are also several different regulators, including: Ofsted, which regulates education and care services for children and young people; the Independent Schools Inspectorate, which regulates private schools; NHS Improvement, which regulates the governance, leadership and finances of NHS trusts and foundation trusts; HM Inspectorate of Prisons and HM Inspectorate of Probation, which scrutinise the criminal justice system; and the Care Quality Commission, which regulates the quality of health and social care services and encourages them to improve. Professional regulators such as the Health and Care Professions Council, the Nursing and Midwifery Council and the General Medical Council oversee professional standards, and commissioners also play a role in overseeing the quality of care they fund.

Although regulation is an important lever to improve the quality and safety of care, there are also concerns that the regulatory and oversight regime itself needs to improve.[139] In some areas there is a call to strengthen regulation. For

example, some types of talking therapy provided to children and young people by local authorities or voluntary and community organisations are not currently regulated.[140] There are also calls for regulators and commissioners to establish a single shared view of quality so they have a more joined-up approach that is more aligned and has less duplication.[141,142]

As a whole, this fragmented system of providers, commissioners, funders and regulators can impede efforts to improve the quality of care and provide high-quality, person-centred care. Poor collaboration between organisations creates inefficiencies in the system and can make it harder for children and young people to access the right care at the right time.[143]

4. What good and outstanding practice can we learn from?

The work we have done so far suggests that there is variation in the quality of care and there are barriers to high-quality care across the whole system of children and young people's mental health. But we have also found many examples of good and outstanding practice in children and young people's mental health care that we should celebrate and learn form.

The majority of specialist child and adolescent mental health (CAMHS) services offer high-quality care overall, with 73% of specialist inpatient services and 59% of specialist community services rated as good and 7% of specialist inpatient services and 9% of specialist community services rated as outstanding, following their latest CQC inspection **(FIGURE 2, PAGE 12)**. We have also seen examples of good or outstanding practice in services that were rated as requires improvement or inadequate overall.

This chapter draws on our analysis of a sample of 101 inspections report to highlight some of the ways specialist CAMHS services have delivered good or outstanding care. These range from involving children and young people

meaningfully in the design of mental health services, to taking steps to actively manage waiting lists and reduce the length of time that children and young people wait for care.

Involving children, young people, families and carers

Listening to children and young people and valuing their input can help improve the way services are designed. It can also be an empowering experience that has a positive effect on children and young people's wellbeing.[144] The value and importance of involving children, young people, their families and carers in designing and delivering care is widely recognised.

This is an area where some services excel. CQC inspections have found that the most common area of good and outstanding practice in specialist CAMHS is the involvement of people who use services and their families and carers. CQC has found a range of examples where services have done this well by, for example:

- Encouraging children, young people and their families to take part in ward round activities, meetings and other events to gather their input to help shape the way the service operated.
- Enabling children and young people to be involved in the recruitment of new members of staff by developing interview questions on the issues that mattered most to them.
- Using 'review sheets' to encourage children and young people and their families to give regular feedback about their care. Giving children and young people the opportunity to create online information about self-help resources, what services were available, and what to expect from mental health services.
- Involving children and young people and their families in multidisciplinary team meetings.

Involvement is important not only in individual services but also across the wider system of mental health care for children and young people. Many of the Local Transformation Plans which have been recognised as excellent have involved children and young people in a "full and meaningful" way.[145]

Collaboration between teams and professionals in services

High-quality mental health care for children and young people can often need input from a range of different professionals with different expertise.

CQC has found that many specialist CAMHS services collaborate well across teams and professions. These services tend to have regular multidisciplinary team meetings, which offer an opportunity to discuss new referrals, complex cases and risks. For example, some services held weekly meetings that brought together nursing staff, occupational therapists, teachers, consultant psychiatrists, social workers and psychologists.

As well as providing an opportunity to coordinate care and draw on a range of expertise, multidisciplinary team meetings can also offer a way for staff to support each other and share learning. Staff we spoke with during one inspection told us these meetings were an

opportunity to "seek help, advice and support… share experiences and knowledge which included lessons learned and reflections of incidents".

Collaboration between different organisations and services

There are also good and outstanding examples of close working between different organisations. There are some particularly strong working relationships between the services that provide specialist inpatient CAMHS and specialist mental health care in the community. Importantly, there are also examples where partners across the wider system are working well together. This is particularly important as children and young people with different needs often need support from multiple different organisations, including schools, GP practices, local authorities, voluntary sector organisations, acute hospitals and specialist mental health services. Some services also collaborate and share learning with each other through quality improvement networks, such as the Quality Improvement Network for Inpatient CAMHS and Quality Network for Community CAMHS. Some services use a joined-up approach to care planning, bringing in a wide range of different people and organisations to coordinate care and support for a child or young person. This may include, for example, social workers from the local authority, people working in schools, hospital staff, community mental health workers, and other organisations that commission or oversee care.

Some services are 'co-located' with other parts of the mental health system, meaning that they are based in the same building or office. In our inspections we found that this could help to foster good working relationships between some of the partners involved in supporting children and young people's mental health, such as a local authority's educational psychology services and a specialist CAMHS service that provided care in the community.

Strong links between schools and mental health services were an important feature of some good or outstanding practice. This reflects the crucially important role of schools in identifying and responding to children and young people's

mental health needs. For example, one school had link workers who had been trained by the local specialist CAMHS service and who could refer pupils directly into specialist care. Similarly, another school hosted 'primary health workers' who could carry out mental health assessments and refer children and young people into appropriate services. Some schools also held joint meetings with specialist CAMHS services to help manage risks and offer interventions to support pupils' mental health in the school environment.

Innovative ways of providing person-centred care

Creative approaches have helped some services to provide good or outstanding examples of person-centred care.

In some cases, services worked in a more flexible way to meet the needs and preferences of children and young people. One service has used Skype appointments so children and young people could talk to their psychiatrist at a time of day that suited them, their families and other professionals involved in their care, such as teachers. Other services provided facilities for families to stay overnight near to children and young people who were admitted as inpatients onto specialist CAMHS wards.

Children and young people also told us about examples when staff had provided support in a place that suited their needs and preferences. For example, we were told that some therapists would travel to a child or young person's home or school to provide talking therapy in a location that felt familiar and comfortable.

One inpatient service had 'employed' a dog. Staff and people who used the service told us that children and young people responded positively to the dog. Our inspectors found that interactions with the dog could defuse difficult situations and help children and young people to engage in their own care.

Improving access to services

Although some children and young people can struggle to access timely and appropriate care for their mental health, some services are working to make it quicker and easier to get the right help at the right time.

Crisis care is one area where some services have made support more easily accessible to children and young people. One specialist community CAMHS service has installed a team in the emergency department of the local acute hospital. This team operates seven days a week, from 8am to 11pm, to ensure that children and young people in severe distress who arrive at A&E do not have to wait a long time for specialist mental health support. Another specialist community CAMHS service operated a telephone service to support children, young people, their families and carers during a mental health crisis.

Several services used 'crisis cards' or 'crisis plans' that made sure children and young people knew where and how to get support if their mental health deteriorated. For example, one service created plans for children and young people that included telephone numbers of trusted adults, the Childline telephone number, and a clear plan about what a child or young person should do in a mental health emergency. Copies of the plans were also given to families along with advice about how to manage crisis situations.

We also came across services that were working to reduce the length of time that children and young people were waiting for an appointment with specialist community CAMHS services. One service ran a Saturday morning clinic to reduce the waiting time for an initial assessment. In other examples, services were taking steps to support the children and young people who were on their waiting lists. They kept children and young people updated about their status on the waiting list, they monitored the risk posed to children and young people who were waiting for care, or they supported children and young people to access schools-based counselling or other services while they waited to access specialist CAMHS.

Education and training for staff, children and young people and their families

There are examples of good and outstanding practice in education and training. For example, some services had ensured staff were equipped to understand some of the wider social and health issues that may affect the children and young people in their care, such as female genital mutilation or substance misuse.

In other cases, services had provided training for children and young people and their families to support their development and recovery. Some services offered work experience on site for young people or provided information about apprenticeships. Others worked with children, young people and their families on topics such as parenting skills and family relationships.

Several services provided mental health education and training in schools. One specialist CAMHS service provided training to school staff, focusing particularly on how to support children and young people with moderate mental health needs who did not meet the eligibility threshold for specialist CAMHS care.

School staff told us that CAMHS staff helped them to understand new ways and strategies to support a young person. These made a large difference to how they could support young people and families through school. School staff felt that they could better support those young people that did not meet the threshold for a CAMHS service.

Sometimes children and young people were involved in training schools staff. In one example there was a peer education service that involved Year 12 pupils providing education and mentoring, supported by local mental health services, to raise awareness of mental health problems and reduce the stigma that can accompany them.

Next steps for our review

The work we have done so far tells us there is much variation in children and young people's experience of care. Some children and young people have a poor overall experience of care, some can struggle to access the right support at the right time, and some simply fall through the gaps in a complex and fragmented system. Nonetheless, there are examples of good and outstanding practice that we can celebrate and learn from.

The next phase of our review will build on this by exploring the barriers and enablers to improving quality and access in children's mental health services. We will ask how we can ensure that all partners make their unique contribution and work together so that children, young people, their families and carers have timely access to high-quality mental health care. To do this, we will visit ten areas of the country to find out what local systems are doing, how they have managed to overcome challenges, and where they are struggling with barriers to improvement.

On our visits we will speak to people who commission, fund, oversee and work in mental health services for children and young people. We will talk to children, young people, families and carers who have used mental health services – or tried to use them. We will look at data and evidence about access and quality. And we will track how children and young people have moved through the system. This will culminate in a final report in spring 2018 that will set out what we found through our fieldwork and make recommendations to encourage improvement.

Appendix: Expert Advisory Group Members

Association for Young People's Health

Association of Directors of Children's Services

Association of Independent Local Safeguarding Children Board Chairs

Association of Mental Health Providers

Association of School and College Leaders

Barnet Enfield and Haringey Mental Health NHS Trust

British Association for Counselling and Psychotherapy

British Psychological Society

Brooklands Hospital

Centre for Mental Health

The Challenging Behaviour Foundation

Children and Young People's Mental Health Coalition

Children's Commissioner

Children's Society

Council for Disabled Children

Department for Education

Department of Health

Education Policy Institute

Healthwatch England

Healthwatch Hillingdon

Healthwatch Rotherham

Healthwatch Suffolk

Healthwatch Wakefield

Involve

King's College London

Local Government Association

Mencap

National Association of Head Teachers

The National Autistic Society

National Children's Bureau

NHS Confederation

NHS England

NHS Providers

NHS Improvement

NSPCC

Ofsted

Place2be

Public Health England

Race Equality Foundation

Royal College of General Practitioners

Royal College of Nursing

Royal College of Paediatrics and Child Health

Royal College of Psychiatrists

STR Humber Mental Health

University College London

YoungMinds

Youth Access

REVIEW OF CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES

References

1   The Independent Mental Health Taskforce to the NHS in England, *The Five Year Forward View for Mental Health*, NHS England, 2016

2   Department of Health and NHS England, *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*, 2015

3   Department of Health and NHS England, *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*, 2015

4   NHS England, *Five Year Forward View for Mental Health: One Year On*, 2017

5   NHS England, *Children and Young People's Mental Health Services Baselining Report: Local Transformation Plans Review 2015*, 2016

6   Department of Health and NHS England, *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*, 2015

7   www.time-to-change.org.uk

8   Manderscheid R, Ryff C, Freeman E, McKnight-Eily L, Dhingra S, and Strine T, 'Evolving Definitions of Mental Health and Wellness', Preventative Chronic Disease 7(1), 2010

9   Stein D, Phillips K, Bolton D, Fulford K, Sadler J, Kendler K, 'What is a Mental/Psychiatric Disorder? From DSM-IV to DSM-V', Psychological Medicine 40(11), 2011

10   Russell G, Collishaw S, Golding J, Kelly S E, and Ford T, 'Changes in diagnoses rates and behavioural traits of autism spectrum disorder over time', British Journal of Psychiatry, 1(2), 2015

11   House of Commons Health Committee, *Children's and adolescents' mental health and CAMHS: Third Report of Session 2014-15*, 2014

12   NHS England, *Five Year Forward View for Mental Health: One Year On*, 2017

13   Children's Commissioner, *Lightning Review: Access to Child and Adolescent Mental Health Services,* May 2016

14   British Medical Association, *The health and human rights of children and young people detained in the criminal justice system*, 2014

15   The Children's Society, *Children's mental health: Priorities for improving children and adolescent mental health services in England,* June 2015

16   National Children's Bureau, *Delivering mental health transformation for all children: Findings from the engagement with the children and young people's voluntary sector in Autumn 2016*, 2016

17   University of Manchester, National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, *Suicide by children and young people in England*, 2016

18   HM Government, *The Government's response to the Five Year Forward View for Mental Health*, 2017

19   Khan L, *Missed opportunities: A review of recent evidence into children and young people's mental health*, Centre for Mental Health, 2016

20   The Children's Society, *Access Denied: A teenager's pathway through the mental health system,* 2015

21   Thorley C, Institute for Public Policy Research, *Education, Education, Mental Health: Supporting secondary schools to play a central role in early intervention mental health services*, 2016

22   National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, *Suicide by children and young people*, University of Manchester, 2017

23   National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, *Suicide by children and young people in England*, University of Manchester, 2016

24   Rodway C, Tham S G, Ibrahim S, Turnbull P, Windfuhr K, Shaw J, Kapur N, Appleby L, 'Lancet Psychiatry, *Suicide in children and young people in England: a consecutive case series'*. 3, 2016

25   National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, *Suicide by children and young people in England*, University of Manchester, 2016

26   National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, *Suicide by children and young people*, University of Manchester, 2017

27   Public Health England, *Preventing suicide among lesbian, gay and bisexual young people: A toolkit for nurses*, 2015

28   YoungMinds, *Report on Children, Young People and Family Engagement for The Children and Young People's Mental Health and Wellbeing Taskforce*, 2014

29   Department of Health and NHS England, *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*, 2015

30   The Children's Society, *Children's mental health: Priorities for improving children and adolescent mental health services in England*, June 2015

31   National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, *Suicide by children and young people*, University of Manchester, 2017

32   Frith E, *Progress and challenges in the transformation of children and young people's mental health care: a report of the Education Policy Institute's Mental Health Commission*, Education Policy Institute, 2016

33   Department of Health and NHS England, *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*, 2015

34   Frith E, *Access and waiting times in children and young people's mental health services*, Education Policy Institute, 2017

35   NHS England, *Children and Young People's Mental Health Services Baselining Report: Local Transformation Plans Review 2015*, 2016

36   The Independent Mental Health Taskforce to the NHS in England, *The Five Year Forward View for Mental Health*, NHS England, 2016

37   Childline, *It turned out someone did care: Childline Annual Review 2015/16*, NSPCC, 2016

38   Health Education England, *Workforce Plan for England: Proposed Education and Training Commissions for 2016/17*, 2016

39   Frith E, *Progress and challenges in the transformation of children and young people's mental health care: a report of the Education Policy Institute's Mental Health Commission*, Education Policy Institute, 2016

40   YoungMinds, *Report on Children, Young People and Family Engagement for The Children and Young People's Mental Health and Wellbeing Taskforce*, 2014

41   Childline, *It turned out someone did care: Childline Annual Review 2015/16*, NSPCC, 2016

42   Frith E, *Access and waiting times in children and young people's mental health services*, Education Policy Institute, 2017

43   YoungMinds, *Report on Children, Young People and Family Engagement for The Children and Young People's Mental Health and Wellbeing Taskforce, 2014, Mental Health and Wellbeing Taskforce*, 2014

44   YoungMinds, *Report on Children, Young People and Family Engagement for The Children and Young People's Mental Health and Wellbeing Taskforce,* 2014

45   NHS England, *Children and young people's mental health Local Transformation Plans – a summary of key themes*, 2016

46   Lavis P, *The importance of promoting mental health in children and young people from black and minority ethnic communities*, Race Equality Foundation, 2014

47   Khan L, *Missed opportunities: A review of recent evidence into children and young people's mental health*, Centre for Mental Health, 2016

48   Frith E, *Progress and challenges in the transformation of children and young people's mental health care: a report of the Education Policy Institute's Mental Health Commission*, Education Policy Institute, 2016

49   YoungMinds, *Report on Children, Young People and Family Engagement for The Children and Young People's Mental Health and Wellbeing Taskforce*, 2014

50   YoungMinds, *Report on Children, Young People and Family Engagement for The Children and Young People's Mental Health and Wellbeing Taskforce*, 2014

51   Heathwatch England, *Children and young people's mental health and wellbeing: An overview of the work carried out by Healthwatch England and local Healthwatch*, 2015

52   Department of Health, Children and Young People's Mental Health and Wellbeing Taskforce, *Vulnerable Groups and Inequalities Task and Finish group Report*, 2015

53   Department of Health and NHS England, *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*, Department of Health, 2015

54   National Institute for Health and Care Excellence, *Transition from children's to adults' services for young people using health or social care services. NICE guideline: Full version*, 2016

55   Care Quality Commission, *From the pond into the sea: Children's transition to adult health service*s, June 2014

56   Joint Commissioning Panel for Mental Health, *Guidance for commissioners of mental health services for young people making the transition from child and adolescent to adult services,* 2013

57   The Children's Society, *Access Denied: A teenager's pathway through the mental health system*, 2015

58   Joint Commissioning Panel for Mental Health, *Guidance for commissioners of mental health services for young people making the transition from child and adolescent to adult services*, 2013

59   Department of Health, *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing,* 2015

60   Childline, *It turned out someone did care: Childline Annual Review 2015/16*, NSPCC, 2016

61   Public Health England, *The mental health of children and young people in England*, 2016

62   Department of Health, *Closing the Gap: Priorities for essential change in mental health*, 2014

63   Frith E, *Access and waiting times in children and young people's mental health services*, Education Policy Institute, 2017

64   Department for Education, *Counselling in schools: a blueprint for the future: Departmental advice for school leaders and counsellors*, 2016

65   Frith E, *Access and waiting times in children and young people's mental health services*, Education Policy Institute, 2017

66   Frith E, *Progress and challenges in the transformation of children and young people's mental health care: a report of the Education Policy Institute's Mental Health Commission*, Education Policy Institute, 2016

67   Faculty of Child and Adolescent Psychiatry, *Survey of in-patient admissions for children and young people with mental health problems*, Royal College of Psychiatrists, 2015

68   Taylor C, *Review of the Youth Justice System in England and Wales*, Ministry of Justice, 2016

69   Mind, *A civilised society: Mental health provision for refugees and asylum-seekers in England and Wales*, 2009

70   House of Commons Education Committee, *Mental health and well-being of looked-after children*, 2016

71   Ofsted, *The report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2016: Social care*, 2016

72   NHS England, *Children and young people's mental health Local Transformation Plans – a summary of key themes*, 2016

73   House of Commons Education Committee, *Mental health and well-being of looked-after children*, 2016

74   Frith E, *Inpatient provision for children and young people with mental health problems*, Education Policy Institute, 2017

75   Frith E, Education Policy Institute, *Access and waiting times in children and young people's mental health services*, 2017

76   Children's Commissioner, *Lightning Review: Access to Child and Adolescent Mental Health Services, May 2016*, 2016

77   Frith E, *Inpatient provision for children and young people with mental health problems*, Education Policy Institute, 2017

78   Frith E, *Inpatient provision for children and young people with mental health problems*, Education Policy Institute, 2017

79   NHS England, *Child and adolescent mental health services tier 4 report*, 2014

80   Council for disabled children, *These are our children*, National Children's Bureau, 2017

81   NHS England, *Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report*, 2014

82   Frith E, *Inpatient provision for children and young people with mental health problems*, Education Policy Institute, 2017

83   Department of Health and NHS England, *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*, 2015

84   Frith E, *Inpatient provision for children and young people with mental health problems*, Education Policy Institute, 2017

85   Frith E, *The performance of the NHS in England in transforming children's mental health services*, Education Policy Institute, 2017

86   Frith E, *Progress and challenges in the transformation of children and young people's mental health care*, Education Policy Institute, 2016

87   National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, *Suicide by children and young people in England*, University of Manchester, 2016

88   NHS England, *Children and young people's mental health Local Transformation Plans – a summary of key themes*, 2016

89   NHS England, The Independent Mental Health Taskforce to the NHS in England, *The Five Year Forward View for Mental Health*, 2016

90   NHS England, *Five Year Forward View for Mental Health: One Year On*, 2017

91   Public Health England, *Measuring Mental Wellbeing in Children and Young People*, 2015

92   Frith E, *Access and waiting times in children and young people's mental health services*, Education Policy Institute, 2017

93   NHS England, The Independent Mental Health Taskforce to the NHS in England, *The Five Year Forward View for Mental Health*, 2016

94   NHS England, *Five Year Forward View for Mental Health: One Year On*, 2017

95   Frith E, Commission on Children and Young People's Mental Health: State of the Nation, CentreForum, 2016

96   Frith E, Inpatient Provision for Children and Young People with Mental Health Problems, Education Policy Institute, 2017

97   House of Commons Health Committee, *Children's and adolescents' mental health and CAMHS: Third Report of Session 2014-15*, 2014

98   Ofsted, *Early help: whose responsibility?* 2015

99   HM Government, *The Government's response to the Five Year Forward View for Mental Health*, 2017

100   Childline, *It turned out someone did care: Childline Annual Review 2015/16*, NSPCC, 2016

101   House of Commons Health Committee, *Children's and adolescents' mental health and CAMHS: Third Report of Session 2014-15*, 2014

102   House of Commons Written Answer: http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2016-02-01/25146

103   NHS England, *The Five Year Forward View for Mental Health*, The Independent Mental Health Taskforce to the NHS in England, 2016

104   stem4, *A Time Bomb Waiting to Explode: A Survey of GPs' Concerns about Mental Health Services for Children and Young People*, 2016

105   The King's Fund, *Understanding pressures in general practice*, 2016

106   Frith E, *Commission on Children and Young People's Mental Health: State of the Nation*, CentreForum, 2016

107   NHS England, *The Five Year Forward View for Mental Health*, The Independent Mental Health Taskforce to the NHS in England, 2016

108   Department of Health, National Audit Office, *Managing the supply of NHS clinical staff in England*, 2016

109   The Key, *State of Education Survey Report 2016 – Spotlight on schools: illuminating the challenges and priorities in school leadership today*, 2016

110   The King's Fund, *Understanding pressures in general practice*, 2016

111   The King's Fund, *Understanding pressures in general practice,* 2016

112   Gershlick B, Roberts A, Charlesworth A, Tholby R, and Jones H, Health Foundation *Election briefing: A sustainable workforce – the lifeblood of the NHS and social care*, 2017

113   National Children's Bureau, Council for disabled children, *These are our children*, 2017

114 Royal College of Psychiatrists, *Census 2015: Workforce Figures for Consultant and Staff and Associate Specialist Grade Psychiatrists*, 2015

115 National Children's Bureau, Council for disabled children, *These are our children*, 2017

116 Frith E, *Progress and challenges in the transformation of children and young people's mental health care*, Education Policy Institute, 2016

117 Parkin E, House of Commons Library, *Children and young people's mental health – policy, services, funding and education*, 2016

118 NHS England, The Independent Mental Health Taskforce to the NHS in England, *The Five Year Forward View for Mental Health*, 2016

119 Day L, Blades R, Spence C, Ronicle J, Department for Education, *Mental Health Services and Schools Link Pilots: Evaluation report*, 2017

120 Parkin E, House of Commons Library, *Children and young people's mental health – policy, services, funding and education*, 2016

121 Day L, Blades R, Spence C, Ronicle J, Department for Education, *Mental Health Services and Schools Link Pilots: Evaluation report*, 2017

122 Department for Education, *Mental health and behaviour in schools: Departmental advice for school staff*, 2016

123 Parkin E, House of Commons Library *Children and young people's mental health – policy, services, funding and education*, 2016

124 Royal College of Psychiatrists, *Managing self-harm in young people*, 2014

125 Department for Education, *Counselling in schools: a blueprint for the future: Departmental advice for school leaders and counsellors*, 2016

126 Place2Be and National Association of Head Teachers, *Children's Mental Health Matters: Provision of Primary School Counselling*, 2016

127 Department for Education, *Counselling in schools: a blueprint for the future: Departmental advice for school leaders and counsellors*, 2016

128 Department for Education, *Mental health and behaviour in schools: Departmental advice for school staff*, 2016

129 YoungMinds, *Report on Children, Young People and Family Engagement for The Children and Young People's Mental Health and Wellbeing Taskforce*, 2014

130 YoungMinds, *Report on Children, Young People and Family Engagement for The Children and Young People's Mental Health and Wellbeing Taskforce*, 2014

131 Heathwatch England, *Children and young people's mental health and wellbeing: An overview of the work carried out by Healthwatch England and local Healthwatch*, 2015

132 Frith E, *Progress and challenges in the transformation of children and young people's mental health care*, Education Policy Institute, 2016

133 Heathwatch England, *Children and young people's mental health and wellbeing: An overview of the work carried out by Healthwatch England and local Healthwatch*, 2015

134 YoungMinds, *Report on Children, Young People and Family Engagement for The Children and Young People's Mental Health and Wellbeing Taskforce*, 2014

135 Frith E, *Progress and challenges in the transformation of children and young people's mental health care*, Education Policy Institute, 2016

136 Department of Health and NHS England, *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing,* 2015

137 National Children's Bureau, *Delivering mental health transformation for all children: Findings from the engagement with the children and young people's voluntary sector in Autumn 2016,* 2016

138 House of Commons Health Committee, *Children's and adolescents' mental health and CAMHS: Third Report of Session 2014-15*, 2014

139 NHS England, *The Five Year Forward View for Mental Health*, The Independent Mental Health Taskforce to the NHS in England, 2016

140 HM Government, *The Government's response to the Five Year Forward View for Mental Health*, 2017

141 Department of Health, NHS Improvement, Health Education England, NHS Leadership Academy, NHS England, Public Health England, NICE, Care Quality Commission, Skills for Care, Local Government Association, NHS Providers, NHS Clinical Commissioners, and NHS Confederation, *Developing People – Improving Care: A national framework for action on improvement and leadership development in NHS-funded services*, 2016

142 NHS England, NHS Improvement, Department of Health, Care Quality Commission, Health Education England, NICE, Public Health England, *Shared commitment to quality from the National Quality Board*, 2016

143 Frith E, *Progress and challenges in the transformation of children and young people's mental health care*, Education Policy Institute, 2016

144 Frith E, *Progress and challenges in the transformation of children and young people's mental health care: a report of the Education Policy Institute's Mental Health Commission*, Education Policy Institute, 2016

145 Frith E, *Progress and challenges in the transformation of children and young people's mental health care: a report of the Education Policy Institute's Mental Health Commission*, Education Policy Institute, 2016

How to contact us

Call us on > 03000 616161

Email us at > enquiries@cqc.org.uk

Look at our website > www.cqc.org.uk

Write to us at >

Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Follow us on Twitter >
@CareQualityComm

Please contact us if you would like a summary
of this report in another language or format.