Children and Young People's Emotional Wellbeing and Mental Health National Support Team

The learning: 'What good looks like'

Introduction to Public Health National Support Teams

National Support Teams (NSTs) were established by the Department of Health from 2006 to support local areas – including Local Authorities, Primary Care Trusts (PCTs) and their partners – to tackle complex public health issues more effectively, using the best available evidence. By undertaking intensive, 'diagnostic' visits to local areas, spending time with key leaders (commissioners and providers) including clinicians and front-line staff, the ten NSTs provided intelligence, support and challenge to local areas to assist in their achieving better public health outcomes. The programme finished in March 2011.

The ten subject specific teams (Sexual Health, Tobacco Control, Health Inequalities, Teenage Pregnancy, Childhood Obesity, Alcohol Harm Reduction, Infant Mortality, Response to Sexual Violence, Vaccination and Immunisation and Children and Young People's Emotional Wellbeing and Mental Health) were commissioned and established with a focus on improving health and reducing health inequalities.

The ten teams undertook more than 480 visits to local partnerships during the course of the programme and their findings and successes have been documented in a range of Knowledge Management and Evaluation reports.

The NST process involved a desk review of key documentation and data-based intelligence, and interviews with key informants, often in combination with a series of workshops or focus groups. Collation and analysis of findings was immediate, and the findings, including strengths and recommendations, were fed back straight away and on site to the key local players and leadership. Recommendations were accompanied by offers of support, either at the time of reporting, or as part of follow-up activity.

The NST's approach, based on principles of change management, has been about performance development, rather than performance management, with an ethos of 'high challenge, high support'.

The Department of Health is publishing a number of reports which distil the learning from the overall NST programme, and exemplify the methodology employed.

Children and Young People's Emotional Wellbeing and Mental Health National Support Team

The Children and Young People's Emotional Wellbeing and Mental Health National Support Team (EWMH NST) helped Local Authorities, Primary Care Trusts, health organisations, Children's Trusts and other statutory and voluntary partners to a) identify opportunities in relation to improving their commissioning and delivery systems to achieve better outcomes for children and young people (C&YP) with respect to emotional well-being and mental health, and b) review the whole system from prevention through to specialist services. This document is based on the learning from the Team's visits as well as the evidence of what works. It outlines the key elements of 'What good looks like' in terms of improving outcomes locally for the emotional wellbeing of all children and young people and children and young people with a specific mental health need.

Key elements of 'What good looks like'

1. **Jointly commission a mix of provision** (a whole system approach to EWMH), and treat specialist Child and Adolescent Mental Health Service (CAMHS) as one component part of the system, interdependent with others. Ensure that the specialist CAMH service is responsive and supportive of the broader system, providing a clear service offer, yet remaining flexible to change.

2. **Strong partnership** commissioning drives this approach, and both commissioning and delivery **roles and responsibilities are specified**. A good joint plan or strategy should guide the commissioning activity now and in the future as the commissioning architecture changes.

3. Partnership commissioning and service improvements are informed by a **'performance dashboard'** which is analysed and priorities summarised, including:
    a. CAMHS activity data including analysis of referral routes, presenting issues, Did Not Attend (DNA), etc, to establish access issues and the need for 'upstream' service improvements
    b. One-off audits e.g. on safeguarding issues
    c. Service user experience e.g. feedback, outcomes

4. Staff at every level of all services have a good understanding of evidence based, practical approaches to **strengthening resilience and promoting mental health (MH)**, particularly in deprived areas and with high risk groups, and are able to easily access a range of training on mental health problems. Staff resilience is also supported, particularly for those working with complex, vulnerable families.

5. **Access to Mental Health services** is provided through a range of 'doors' including Common Assessment, Targeted Mental Health in Schools programmes, and Primary Mental Health staff. This is

supplemented by easy access to advice direct from specialist CAMHS, for example, a telephone number for brief guidance from clinicians which can be accessed by GPs, teachers, etc. Developing a Single Point of Access is helpful when it better co-ordinates pathways, however this should not be the only point of access.

6. **Primary Mental Health Service** easily accessible and consistently provided across the local area – ideally provided by the specialist CAMHS provider and part of the broader CAMHS team but based out in the community e.g. schools, integrated teams. This is an extremely effective way of increasing access to Mental Health services whilst also increasing the skills of the broader workforce. This service could be jointly commissioned in future by schools and GPs.

7. **Joint pathway development, for example Autistic Spectrum Disorder, Attention Deficit and Hyperactivity Disorder,** is driven through children's trusts/partnerships, facilitating the integration of educational and clinical approaches and resource allocation to provide streamlined services. Pathways are easily communicated and widely disseminated, and include school and GP roles.

8. **Participation** is valued, and commissioners and senior leads are informed through case studies, user voice, participation and advocacy workers, parents, complaints, and direct contact with service users.

9. **Schools** are guided about the 'menu' of approaches to strengthening emotional wellbeing and resilience, and CAMHS referral data is analysed to identify which schools/areas may need more support. The best most cost effective elements from local Targeted Mental Health in Schools projects are rolled out with schools.

10. **Specialist CAMHS has highly developed relationships/networks** which enable case level discussion and co-ordinated planning with key services such as educational psychology, behaviour support, learning disability services, and paediatricians. This can be formalised so it is not dependent on individuals, and co-location of staff/services also helps.

11. **Information on services** is communicated coherently to C&YP, parents and a range of professionals in a variety of media e.g. websites with links.

12. **Early years intervention** – Children Centres have access to specialist MH guidance and advice e.g. CAMHS clinician, Adult Mental Health (AMHS) community mental health worker. The use of centres to run clinics and/or groups also helps.

13. **Peri-natal Mental Health services** that go beyond direct provision to mothers who meet clinical criteria but also offer consultation and guidance to midwifes, children's centre staff, and health visitors.