

Item 6: Child and Adolescent Mental Health Services (CAMHS)

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 31 January 2014

Subject: Child and Adolescent Mental Health Services (CAMHS)

---

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided on Child and Adolescent Mental Health Services (CAMHS)

It provides additional background information which may prove useful to Members.

---

## 1. Introduction

- (a) There are a number of items on today's Agenda related to mental health services. General information on mental health services is included in the covering report to this item as the first of these. This will be useful background for all the mental health items.
- (b) Mental health and mental health services are both terms with a very wide scope:
1. Nearly 11% of England's annual secondary care health budget is spent on mental health.
  2. More than £2 billion is spent annually on social care for people with mental health problems.
  3. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time.<sup>1</sup>
  4. The wider economic costs of mental illness have been estimated at around £105 billion a year.<sup>2</sup>
- (c) Mental health problems have traditionally been divided in several ways, but are not necessarily mutually exclusive where an individual person is concerned:
1. Organic (identifiable brain malfunction) or functional (not due to structural abnormalities of the brain) illness.

---

<sup>1</sup> HM Government, *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*, February 2011, pp.8, 10, [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_124058.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf)

<sup>2</sup> NHS Choices, <http://www.nhs.uk/nhsengland/nsf/pages/mentalhealth.aspx>

2. Neurosis (severe forms of normal experiences such as a low mood, anxiety) or psychosis (severe distortion of a person's perception of reality).<sup>3</sup>

## 2. Mental Health Services – Overview<sup>4</sup>

- (a) Historically, there has been a relatively clear-cut divide between 'front-line' mental health services delivered by professionals such as GPs and community mental health nurses and the more 'specialised' services delivered by professionals such as psychiatrists and clinical psychiatrists, largely working out of psychiatric units. More recent developments in mental health services have emphasised a shift to providing specialised services in community settings.
- (b) GPs treat many patients, and usually refer where appropriate directly to community mental health teams (CMHTs) or psychiatric outpatient clinics. CMHTs are the main source of specialist help for mental health problems. These teams can include social workers, community psychiatric nurses, doctors, psychologists, occupational therapists and support workers.
- (c) Some of the ways in which mental health services have been developed in the community include:<sup>5</sup>
  1. Early intervention teams which aim to treat psychotic illness during its early onset.
  2. Assertive outreach teams to provide intensive support for those difficult to engage in traditional services.
- (d) There is a range of health services involved in urgent and emergency care for people with mental health problems – including crisis resolution home treatment teams (CRHT) and liaison psychiatry services.
- (e) CRHT teams provide treatment at home for those who are acutely unwell but do not require A&E admission.<sup>6</sup>
- (f) Liaison psychiatry provides psychiatric treatment to patients attending general hospitals, whether they attend out-patient clinics, accident & emergency departments or are admitted to in-patient wards.<sup>7</sup>

---

<sup>3</sup> Adapted from definitions produced by the London Health Observatory (LHO), [http://www.lho.org.uk/LHO\\_Topics/Health\\_Topics/Diseases/MentalHealth.aspx](http://www.lho.org.uk/LHO_Topics/Health_Topics/Diseases/MentalHealth.aspx)

<sup>4</sup> Information in this section mainly adapted from *The NHS Handbook* and <http://www.nhs.uk/NHSEngland/AboutNHSservices/mentalhealthservices/Pages/Availableservices.aspx>

<sup>5</sup> NB: The names given to services can vary between areas of the country.

<sup>6</sup> Royal College of Psychiatrists, Acute mental health care: briefing note, November 2009, p.5, <http://www.rcpsych.ac.uk/Docs/Acute%20mental%20health%20care%20briefing%20final%2097-03%20version.doc>

<sup>7</sup> Royal College of Psychiatrists, Faculty of Liaison Psychiatry,

Item 6: Child and Adolescent Mental Health Services (CAMHS)

- (g) Recent years have also seen the development of the Improving Access to Psychological Therapies (IAPT) programme aimed at extending 'talking therapies' and encouraging provision outside hospitals.
- (h) In the acute sector, acute admission wards provide inpatient care with intensive support for patients in periods of acute psychiatric illness. Inpatient Assessment Units assess functional and organic type illness in older adults, and take referrals from Community Mental Health Teams for Older People, GPs and Consultant Psychiatrists.
- (i) Other mental health inpatient services aim to provide rehabilitation services and provide care to people with an enduring mental illness and for whom a residential placement in the community has been judged to be unsuitable.
- (j) Patients who are in an acutely disturbed phase of a serious mental health disorder are detained in Psychiatric Intensive Care Unit (PICU) facilities.
- (k) Forensic mental health services are there to deal with patients whose behaviour is beyond the scope of general psychiatric services and who may require a degree of physical security. Patients in secure care will be detained under the Mental Health Act; some may have committed an offence.<sup>8</sup> These services fall into three categories:
  1. Low-security services, often near general psychiatric wards in NHS hospitals.
  2. Medium secure services operating regionally with locked wards.
  3. High-security services provided by the three specialist hospitals of Ashworth, Broadmoor and Rampton.
- (l) CAMHS services are arranged in four linked tiers:
  - **“Tier 1** - provides treatment for less severe mental health conditions, such as mild depression, while also offering an assessment service for children and young people who would benefit from referral to more specialist services. Services at this level are not just provided by mental health professionals, but also by GPs, health visitors, school nurses, teachers, social workers, youth justice workers, and voluntary agencies.

---

<http://www.rcpsych.ac.uk/specialties/faculties/liaison.aspx>

<sup>8</sup> NHS Confederation, *Defining mental health services. Promoting effective commissioning and supporting QIPP*, January 2012, p. 11,

<http://www.nhsconfed.org/Publications/reports/Pages/Defining-mental-health-services-QIPP.aspx>

## Item 6: Child and Adolescent Mental Health Services (CAMHS)

- **Tier 2** - provides assessment and interventions for children and young people with more severe or complex health care needs, such as severe depression. Services at this level are provided by community mental health nurses, psychologists, and counsellors.
- **Tier 3** - provides services for children and young people with severe, complex and persistent mental health conditions, such as obsessive compulsive disorder (OCD), bipolar disorder, and schizophrenia. Services at this level are provided by a team of different professionals working together (a multi-disciplinary team), such as a psychiatrist, social worker, educational psychologist, and occupational therapist.
- **Tier 4** - provides specialist services for children and young people with the most serious problems, such as violent behaviour, a serious and life-threatening eating disorder, or a history of physical and/or sexual abuse. Tier four services are usually provided in specialist units, which can either be day units (where a patient can visit during the day), or in-patient units (where a patient will need to stay.) Depending on the nature of the condition this could be a stay of several days to several months.<sup>9</sup>

### 3. Mental Health and Payment by Results<sup>10</sup>

- (a) The year 2012/13 saw the beginnings of a major shift in the way mental health services are funded, from block contracts towards Payment by Results (PbR) currencies relating directly to individual service users accessing services. It was the introductory year for mental health care clusters to be introduced with local prices.
- (b) The clusters cover most mental health services for working age adults and older people.<sup>11</sup> Pilot work is taking place with CAMHS providers currently to develop a suitable approach for PbR for CAMHS.
- (c) The care clusters as a unit of currency are based primarily on the characteristics of a service user, rather than on their diagnosis alone. There are 21 clusters in use.
- (d) A distinction is made between currencies and tariffs in NHS finances. A currency is the unit of healthcare for which a payment is made and the tariff is the price paid for that unit of healthcare.

---

<sup>9</sup> NHS Choices, *Mental health Services Available*, <http://www.nhs.uk/NHSEngland/AboutNHSservices/mentalhealthservices/Pages/Availableservices.aspx>

<sup>10</sup> Information for this section sourced from: NHS England and Monitor, *Draft guidance on mental health currencies and payment*, <http://www.monitor-nhsft.gov.uk/sites/default/files/publications/Draft%20guidance%20on%20mental%20health%20currencies%20and%20payment.pdf>

<sup>11</sup> A list of exclusions can be found: *Ibid.*, Annex A.

Item 6: Child and Adolescent Mental Health Services (CAMHS)

- (e) Work by NHS England and Monitor is continuing on the development of a long-term payment system for mental health services.

**2. Recommendation**

Members of the Health Overview and Scrutiny Committee are asked to consider and comment on the reports on Child and Adolescent Mental Health Services (CAMHS).

**Background Documents**

None.

**Contact Details**

Lizzy Adam  
Scrutiny Research Officer  
[lizzy.adam@kent.gov.uk](mailto:lizzy.adam@kent.gov.uk)  
Internal: 4196  
External: 01622 694196