Promoting improvements in mental health for children and young people

Emeritus Professor Alan Glasper, University of Southampton, discusses a report from the Care Quality Commission into the current state of services for children and young people with mental health problems.

In October 2017 the Care Quality Commission (CQC) published phase one of a thematic review on children and young people’s mental health (CQC, 2017).

This initial report represents a response to the call for a review of mental health services for children and young people in England, by the Prime Minister earlier in 2017. In compiling this initial report, the CQC has collated evidence from existing mental health reports, research and other forms of evidence, in addition to scrutinising the findings of its own inspections of children and young people’s mental health services in England. The CQC also held meetings with young people to identify the strengths and weaknesses of the current systems of care.

The report reaffirms many of the issues raised in the Five Year Forward View for Mental Health, published in 2016, but especially the difficulties children and young people have in seeking appropriate support for their mental health concerns from Child and Adolescent Mental Health Services (CAMHS), which have struggled to meet demand in recent years (Mental Health Taskforce, 2016).

The CQC report does not make recommendations as its primary goal is to identify the issues that children and young people face when engaging with mental health services. However, the CQC plans to make specific recommendations in its phase two report, scheduled for March 2018.

The CQC aspires to raise awareness of some of the deficiencies in current service provision. There is variation in the quality of care, and some parts of the service do not function optimally, allowing some children to fall through the gaps in services. Despite this, the CQC highlight several examples of good care delivery.

Background

It is widely acknowledged that emotional problems in childhood are increasingly a cause for concern, with up to 10% of children suffering from a diagnosable mental health disorder, and with half of all mental health conditions beginning before the age of 14.

Children and young people today face emotional demands that did not exist in previous generations. The growth in social media and access to the internet, for example, has led to unexpected consequences, with Hawton et al (2012) highlighting the effects of social media on self-harm and suicide rates among young people. A report from the Education Policy Institute has shown that more than a third (37.3%) of UK 15-year-olds are classed as extreme internet users who use the internet for more than six hours outside of school on a typical week day and nearly a third (27.6%) were 6 years old or younger when they first used the internet (Frith, 2017).

There is now a greater awareness of mental health problems in society and a growing expectation that mental health issues be viewed more positively. This has been helped by a high-profile royal campaign (Booth, 2017).

However, accessing appropriate care for this group of children and young people is challenging, not least because of the recruitment and retention crisis in the mental health workforce across the country. To tackle this crisis, the Government has committed to creating 2000 additional nurse, consultant and therapist posts in CAMHS (Glasper 2017a; Health Education England, 2017).

Expanding CAMHS is crucial if meeting the mental health needs of children and young people is to be achieved. However, CAMHS alone cannot meet all of the demand and it is for this reason that new initiatives—for example, giving teachers access to mental health first aid training—have been undertaken. This is because many children and young people with mental health disorders are not known to CAMHS and there is a growing recognition that schools are a fundamental route of referral to mental health services (Department of Health (DH) et al, 2017; Glasper, 2017b).

The CQC report

The report is configured into four sections:

- What can we learn from young people’s experiences of care?
- Where do services need to improve?
- What are the barriers to high-quality care?
- What good and outstanding practice can we learn from?

Learning from young people’s experiences

Children who were interviewed by the CQC indicated that their experience of care was best when staff with the optimum toolkit of skills were available. Although the majority of CQC inspections of CAMHS across England have rated services as ‘good’ or ‘outstanding’, and many children and young people use CAMHS services have a positive experience of mental health care, there remain too many variations. The CQC found that too many children and young people continue to face obstacles in accessing timely interventions, with Childline reporting a 34% increase in calls from children and young people about poor mental health services (Childline, 2017: 8).

Some of the children and young people told the CQC that there was a high turnover...
of staff, causing a lack of continuity in their relationships with members of the mental health team. Concerns were also expressed about how long they have to wait to access mental health support. In many cases this resulted in a deterioration in their mental health, with some reaching crisis point. Some children told the CQC that the care they received was not always age appropriate and that they wanted much more autonomy in decision making about their care, especially as they got older. They also said that some of the systems of care were inflexible and that informal methods of support, such as counselling groups or telephone provision, were not always available. Although the young people interviewed believed that stigma around mental ill health had improved, there were some for whom stigma was still linked to both having a diagnostic label of mental ill health and in accessing mental health services.

Families and carers expressed anxiety and frustration about the fragmented nature of services. They told the CQC that they wanted more involvement with managing their children’s mental health, particularly when self-harm was involved. Parents generally felt that communication between themselves and mental health professionals was inadequate and that information about their children’s care was sub-optimal.

Where services need to improve
Of the 101 units inspected by the CQC, only one CAMHS specialist service, an inpatient unit, was rated as outstanding for safety. In some of the services inspected, the physical care environment was judged to be unsafe. Some inpatient units were deemed unclean, putting staff and patients at risk of infection. The CQC found that there were ongoing issues with waiting times for CAMHS services. Perhaps most worrying is the lack of specialist inpatient beds, resulting in some children and young people being inappropriately admitted to adult wards. In some geographical locations specialised care for children with severe and enduring mental health problems is not available and this resulted in children being admitted to units some considerable distance from their own home or having to wait inordinate periods of time to access the specialist care and support they need. This is made worse through inadequate staffing levels and the CQC is adamant that safe, effective and compassionate care can be delivered only when there are sufficient numbers of staff with the right skill set to provide high-quality care. Young people were especially concerned that staff in emergency departments did not always have the right skills to manage them when they were experiencing a mental health crisis.

Barriers to high-quality care
The CQC found that a major barrier to the delivery of high-quality care is a lack of accurate data relating to the complexities of child mental health across the country. For example, services currently do not routinely gather data on children with mental health problems who are homeless or in relation to their sexual orientation. Such gaps in data collection make it difficult to completely capture the landscape of children’s mental health to determine, for example, if there is sufficient provision of community mental health support. Furthermore, if clinical decisions pertinent to a young person’s treatment are not fully communicated across the range of agencies that provide care, there is a danger that delays or mistakes in treatment can occur.

There has been an increase in the demand for out-of-hours and emergency mental health care for children and young people and there is no doubt that CAMHS is under strain as it tries to meet demand, often with diminishing resources (Glasper, 2017a).

Learning from good and outstanding practice
Perhaps one of the most fundamental aspects of providing good care for children and young people with mental health problems is to involve them in the design of mental health services. The DH’s Quality criteria for young people friendly health services, published in 2011, was designed to help commissioners and providers of health services to improve NHS and non-NHS health services. Services that have implemented this audit tool, which involves service users, have found it useful as a way of improving the patient experience and health outcomes for young people (Coles et al, 2013).

The CQC has also revealed that strong links between schools and mental health services are an important feature of some services. The report states that several services have introduced ‘crisis cards’ or ‘crisis plans’ to ensure that children and young people can access support quickly when their mental health deteriorates.

KEY POINTS
- In late 2017 the Care Quality Commission (CQC) published part one of a thematic review on children and young people’s mental health
- Emotional problems in childhood are increasingly a cause for concern with up to 10% of children suffering from a diagnosable mental health disorder
- The CQC aspires to raise awareness of some of the deficiencies in current service provision for children and young people with mental health problems
- The CQC found that too many children and young people continue to face obstacles in accessing timely interventions

Conclusion
This CQC report indicates that there is variation in the quality of mental health care delivered to children and young people and that there are barriers to accessing high-quality care. It will be interesting to see if the phase two CQC report will fundamentally change practice.