



■ **Children and Young People's**

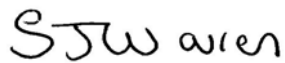
■ **Mental Health Strategy**

■ **2008-2011**

SIGNATURES

This strategy for commissioning and planning services has been agreed by the members of the Wandsworth CAMHS Strategy & Commissioning Partnership.

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1. INTRODUCTION

This document outlines the strategic priorities for promoting and improving the mental health and emotional well-being of children and young people in Wandsworth over the next three years. It has been developed and agreed by all key partners involved in commissioning and providing child and adolescent mental health services (CAMHS) in line with national expectations and local need. It takes into account the views of children and young people, their families and carers and builds on the excellent practice already demonstrated locally.

In this strategy we adopt a broad definition of CAMHS, taking it to mean
“all types of provision and intervention from mental health promotion and primary prevention, specialist community based services through to very specialist care as provided by in-patient units for young people with mental illness.”

National Service Framework, 2004

Throughout the strategy, we use the national four-tier framework of CAMHS and understand that many children and young people will require interventions at different levels if effective and long-lasting outcomes are to be achieved.

Tier 1: primary care

Practitioners (not mental health specialists) working in universal services offering:

- mental health promotion and prevention
- general advice
- identification of mental health problems early in their development
- referral to more specialist services

For example:

- voluntary agencies
- GPs
- health visitors and school nurses
- teachers
- social workers
- youth justice workers

Tier 2: professionals networked to primary care

Mental health professionals working in community and primary care settings offering:

- consultation to families and other practitioners
- outreach and assessment, possibly leading to treatment at a different tier
- training to practitioners at Tier 1

For example:

- primary mental health workers
- psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services

Tier 3: specialist teams of CAMHS professionals

Multi-disciplinary specialist teams for those with more severe, complex or persistent disorders offering:

- assessment and treatment
- assessment for referral to Tier 4
- contribution to services, consultation and training of Tiers 1-2

Team members may include:

- child and adolescent psychiatrists
- clinical psychologists
- community psychiatric nurses
- child psychotherapists
- social workers
- occupational therapists
- speech and language therapists
- art, music and drama therapists

Tier 4: tertiary services

Highly-specialised out-patient teams, day units and in-patient units offering:

- assessment and treatment
- in-patient units
- secure forensic units
- eating disorder units
- specialist services (eg for sexual abuse or neuro-psychiatric problems)

2. VISION, MISSION AND VALUES

We want children and young people in Wandsworth to achieve their full potential and enjoy a healthy, safe, stable and happy life. In addition, we want them to be active citizens who take responsibility for their actions and who respect others. To help achieve this we want to deliver accessible, responsive and integrated services of a high quality. There should also be well-targeted early intervention and support for all those who need it.

Good mental health is important in helping to strengthen families, improve educational attainment, promote social inclusion, tackle antisocial and offending behaviour, expand individuals' opportunities and improve their general health and well-being. Our mission is therefore:

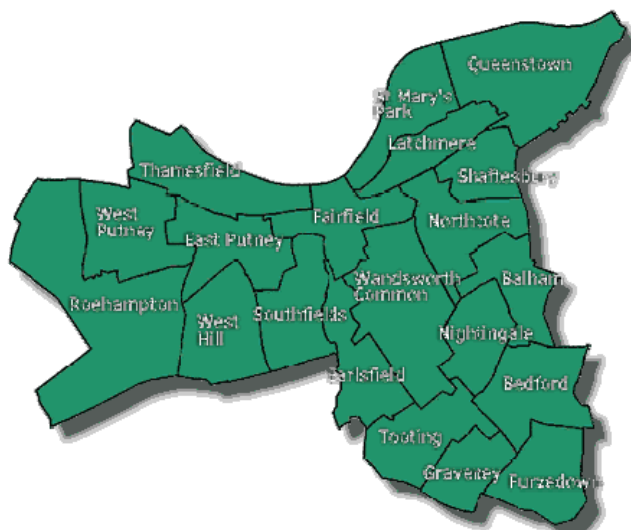
- To improve the mental health of all children, young people and their families.
- For children and young people's services to work in partnership with families and each other to:
 - promote the mental health and emotional well-being of all children and young people;
 - provide early intervention; and
 - meet the needs of children and young people with established or complex problems.
- To ensure that all children, young people and their families have access to a comprehensive range of appropriate, prompt and effective CAMHS delivered by a workforce with the right skills and competencies.

In order to achieve this, we will:

- enable children and young people to make informed decisions and life choices
- support parents to ensure the best outcomes for their children
- involve parents, carers, children and young people in the development and delivery of services
- promote equality of opportunity and access for all children and young people
- prioritise early intervention and prevention based on need
- promote choice wherever possible
- safeguard the welfare of children and young people
- work in partnership to improve services
- ensure accessible, well-coordinated and integrated services
- recognise and develop the valuable contribution of all staff in the children's workforce
- attract and retain staff to deliver the highest quality of service
- make effective use of resources
- monitor performance and focus on achieving improved outcomes

3. WANDSWORTH'S CHILDREN AND YOUNG PEOPLE

Wandsworth is the largest of the inner London boroughs and is rich in diversity, containing areas of inner-urban industrial and commercial activity, areas of relative affluence and high-density residential areas with multiple deprivation. It is home to 58,000 children and young people, concentrated in Roehampton, West Hill and Furzedown (except very young children whose proportionate numbers are higher in Northcote, Southfields and Wandsworth Common)¹.



The under 19 population is growing; between 2007 and 2011, it is expected to increase at nearly three times the rate of the Wandsworth population in general. This trend is expected to continue over the next 10 years with the school-aged population set to increase by 22.5%². We need to begin planning now for this growth in the younger population in order to have the capacity to continue to improve their mental health and emotional wellbeing.

There is growing evidence nationally that childhood mental health problems are on the increase but are often

hidden, with only around 40% of children with a mental health disorder reaching the attention of specialist services. National prevalence rates suggest that 10% of children aged 5-16 have a clinically diagnosed mental disorder³. Locally this means that approximately:

- 3,200 have a clinically diagnosed mental disorder
- 1,450 have conduct disorder
- 1,050 have an anxiety disorder
- 1,000 have an emotional disorder
- 575 have a hyperkinetic disorder
- 300 have depression
- 300 have an autistic spectrum disorder
- 65 have obsessive-compulsive disorder

However, there are a number of risk factors which impact on the prevalence of mental health difficulties.

Individual / child level

- low IQ and learning disability ⇒ rate of disorder doubled
- language and related problems ⇒ 4 times rate of disorder
- sensory impairment ⇒ 2 to 3 times rate of disorder
- physical illness: chronic health problems ⇒ 3 times rate of disorder
- physical illness: brain damage ⇒ 4 to 8 times rate of disorder

¹ ONS 2005 mid year population estimates

² GLA 2007 round population projections (PLP low)

³ ONS 2004 Mental health of children and young people in Great Britain

Family level

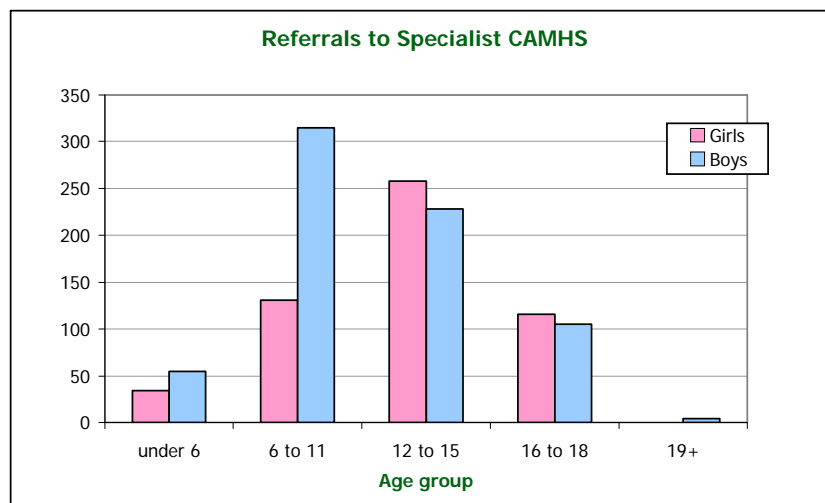
- family breakdown ⇒ increase in depression and anxiety
- abuse (physical, sexual or emotional) ⇒ 2 to 3 times rate of disorder
- parental psychiatric illness ⇒ 1 to 4 times rate of disorder
 - parental schizophrenia ⇒ 4 to 8 times rate of disorder
- parental criminality, alcohol and personality disorder ⇒ 2 to 3 times rate of delinquency

Community level

- socio-economic disadvantage ⇒ rate of disorder doubled
- homelessness ⇒ emotional/behavioural problems increased
- traumatic life events ⇒ 3 to 5 times rate of disorder
- urban environment ⇒ 1.5 to 2 times rate of conduct disorder and educational difficulties

In 2007, 35% of younger residents were from black and minority ethnic (BME) communities. A large proportion of Wandsworth's Asian population resides in Tooting and Graveney and a large proportion of the Black population resides in Latchmere and Queenstown. The least ethnically diverse population is in Thamesfield where over 90% of the population is white⁴. Children from BME communities are exposed to all the stresses that can affect any child and may also experience two other sources of stress – one related to inequality of opportunity and the other to migration and the disruption of emotional support from the extended family.

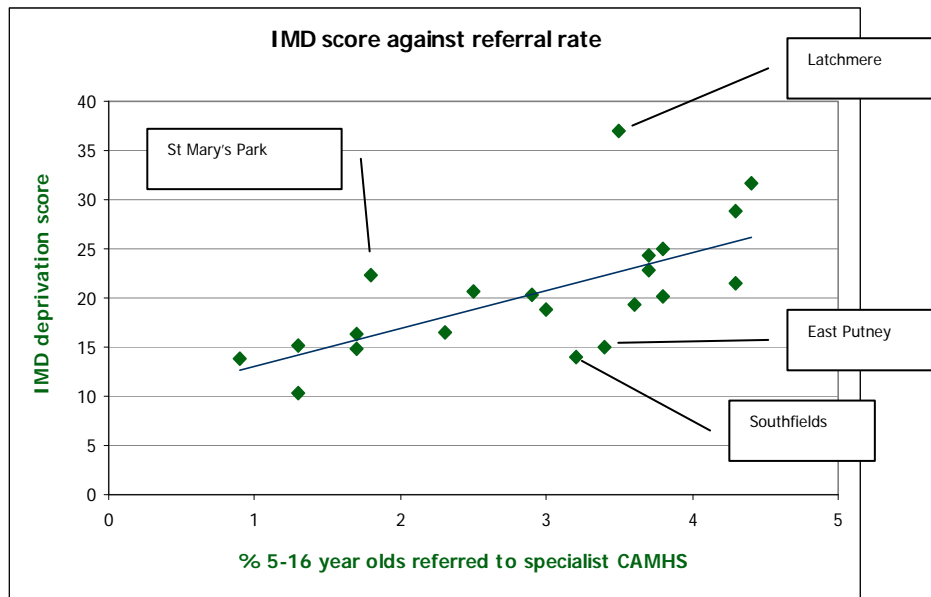
Comparing the ethnic profile of young people resident in Wandsworth and those known to specialist CAMHS, it would appear that Asian children are under-represented among service users and children of mixed heritage are over-represented. As the chart shows, differences also emerge in terms of age and gender with boys making up 57% of all referrals to specialist CAMHS.



Deprivation and social exclusion are major risk factors for mental ill health. Wandsworth ranks 144th out of 354 local authorities in England in terms of average deprivation. However, in terms of child deprivation, many parts of Roehampton, St Mary's Park, Queenstown, Tooting and Graveney are considered deprived⁵. The chart below shows the strong association between mental health problems and deprivation locally with some notable exceptions: Latchmere and St Mary's Park have lower than expected referral rates whereas Southfields and East Putney have higher than expected rates.

⁴ GLA 2007 round population projections (PLP low)

⁵ CLG 2007 Index of Multiple Deprivation



In 2008 there were 3,770 Wandsworth pupils with an identified special educational need requiring specialist support. Of these, 31.5% had a primary need of behavioural, emotional or social difficulty. Children and young people looked after experience significantly higher levels of mental health problems; 45% have a mental health disorder (rising to 75% for those in residential care) and 37% having clinically significant conduct disorders⁶. Wandsworth has around 250 children looked after⁷.

⁶ DH 2003 Mental health of young people looked after by local authorities in England

⁷ 2007 SSSA 903 return

4. PLANNING AND COMMISSIONING PRIORITIES

The aims of the CAMHS Strategy & Commissioning Partnership are to:

- develop an integrated assessment and care planning pathway for children and young people with emotional and mental health needs
- develop the capacity of Tier 1 services and practitioners to promote emotional well-being and identify and respond appropriately to needs at an earlier stage
- broaden the range and spread of high quality preventative services at Tier 2
- ensure the continuing provision of an appropriate range of good quality Tier 3 and Tier 4 services

Within these aims, a number of priorities have been agreed on the basis of:

- evidence of need, giving significant attention to equality and diversity issues
- analysis of our performance
- a mapping of current services and the extent to which they meet national standards
- independent reviews and inspections of our services
- the views of service users and stakeholder groups

We recognise that we cannot achieve everything at once and that, in some cases, strong foundations need to be laid before we can begin building service improvements. With this in mind, we have identified specific objectives we want to achieve each year and a detailed implementation plan for the first year.

1 DEVELOP INTEGRATED ASSESSMENT AND CARE PLANNING PATHWAYS

We want to ensure that a comprehensive range of effective services is available to meet local needs. In order to achieve this, we need better information about local needs and the effectiveness of our services. We also need to ensure that children and young people, their parents, carers and those working with them know how to access the right services at the right time.

1.1 Adopt an evidence-based approach to commissioning focused on outcomes

Why this is a priority

- 2008 update of Mental Health Needs Assessment
- 2007 Adolescent Service Review
- 2006 Joint Planning and Commissioning Framework for Children, Young People and Maternity Services
- 2004 National Service Framework

What we hope to achieve	
Year 1	<ul style="list-style-type: none">• A draft outcomes framework to evaluate the effectiveness of interventions• Service mapping of all Tier 2 services
Year 2	<ul style="list-style-type: none">• Trial of new outcomes framework• More cost-effective commissioning of Tier 2 services• Better local data through the development of a joint classification system for mental health disorders across Tier 3 services
Year 3	<ul style="list-style-type: none">• Outcomes framework established across all services• Better local data through the development of a core dataset for Tiers 1 and 2

1.2 Improve understanding of thresholds for CAMHS across partner agencies

Why this is a priority

- 2008 Joint Strategic Needs Assessment
- 2008 Joint Area Review
- 2008 update of Mental Health Needs Assessment
- 2007-08 Annual Delivery Plan monitoring report
- 2007-08 Tier 3 performance report
- 2007 Adolescent Service Review
- 2007 Brighter Futures consultation

What we hope to achieve	
Year 1	<ul style="list-style-type: none">• Publish information about the services available at each tier and the pathways between them• Develop and deliver an awareness-raising programme about the available services and referral routes between the tiers• Develop systems to monitor inappropriate referrals to Tier 3
Year 2	<ul style="list-style-type: none">• Better and more appropriate use of the range of services available• Better use of the Common Assessment Framework to access Tier 2 services
Year 3	<ul style="list-style-type: none">• Improved satisfaction among service users and providers with the ability of local services to meet the mental health needs of children and young people

2 DEVELOP SKILLS WITHIN TIER 1 SERVICES

We want to provide services in such a way that children and young people, their families and communities develop the resilience to withstand the risk factors set out above (cf p3 / p4). We also want to ensure that, where emotional, behavioural or psychological problems begin to emerge, staff within mainstream services recognise the signs and act to halt their development. In this way, we hope to reduce the number of children requiring intervention from more specialist services.

2.1 Improve support offered to parents and carers

Why this is a priority

- 2008 Wandsworth Parenting Strategy
- 2008 Wandsworth Parent / Carer Survey
- 2008 Trust for the Study of Adolescence
- 2007 Adolescent Service Review
- 2004 National Service Framework
- 2003 Every Child Matters

What we hope to achieve	
Year 1	<ul style="list-style-type: none">• Involve parents and carers in the design of new services
Year 2	<ul style="list-style-type: none">• Better information for parents and carers on the services available• Better parenting skills and greater ability to meet children's developmental and emotional needs
Year 3	<ul style="list-style-type: none">• Involve parents / carers in review of services• Greater resilience among children whose parents suffer from mental health, drug or alcohol problems

2.2 Promote emotional well-being and strengthen prevention

Why this is a priority

- 2008 Very Important Kids
- 2008 update of Mental Health Needs Assessment
- 2007-08 Annual Delivery Plan monitoring report
- 2007 TellUs2 Survey
- 2007 Adolescent Service Review
- 2007 Brighter Futures consultation
- 2006-08 Children & Young People's Plan

What we hope to achieve	
Year 1	<ul style="list-style-type: none"> • A reduction in the incidence of bullying and the promotion of positive, trusting relationships and safe environments • Co-ordinated approach to mental health promotion across early years and primary schools • Improved targeted support services (inc those funded by the Children's Fund) • Staff in primary schools better able to identify emotional problems earlier and intervene appropriately
Year 2	<ul style="list-style-type: none"> • Co-ordinated approach to mental health promotion across other universal / community settings • Staff across other universal / community settings better able to identify emotional problems earlier and intervene appropriately • Better understanding of the under-representation of Asian children among Tier 3 service users
Year 3	<ul style="list-style-type: none"> • Integrated plans to develop the workforce across Tier 1 services

3 STRENGTHEN TIER 2 SERVICES

We know that children spend a lot of time at school and that children's centres are key to reducing child poverty and inequality. We also know that over half the referrals to specialist services come from GPs. So, as a first step, we want to bridge the service gap between universal and specialist services in these settings. We must also continue to improve the support offered to specific at-risk groups of children and young people.

3.1 Improve Tier 2 provision in early years, schools and primary health care

Why this is a priority

- 2008 Joint Strategic Needs Assessment
- 2007-08 Tier 3 performance report
- 2007 Self Assessment
- 2006 and 2007 Audit Commission National School Survey
- 2006-07 CAMHS Mapping Exercise
- 2005 CAMHS School Survey
- 2003 Every Child Matters

What we hope to achieve	
Year 1	<ul style="list-style-type: none"> • Better understanding of where additional Tier 2 resources needed • Evaluated model of joint working for primary PRU pupils • Modular training programme to increase skills in providing mental health interventions
Year 2	<ul style="list-style-type: none"> • Additional Tier 2 provision in early years and school settings • Wider pool of staff with mental health intervention skills • Better consultation and advice available to Tier 1 staff
Year 3	<ul style="list-style-type: none"> • Development of Tier 2 services within primary health care

	<ul style="list-style-type: none"> • Wider pool of staff with mental health intervention skills
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3.2 Strengthen support / access for vulnerable groups of children and young people

Why this is a priority

- 2007 Adolescent Service Review
- 2007 APA performance
- 2007 Self Assessment
- 2006-07 Report on mental health service within YOT
- 2004 National Service Framework

What we hope to achieve	
Year 1	<ul style="list-style-type: none"> • Better support for children and young people who self harm • Better support for young offenders • An evaluated model of support for vulnerable young people
Year 2	<ul style="list-style-type: none"> • Better understanding of the difficulties children with physical disabilities and chronic health problems face in accessing services • Improved support for vulnerable young people
Year 3	<ul style="list-style-type: none"> • Improved access for children with physical disabilities and chronic health problems

4 CONTINUE TO PROVIDE GOOD QUALITY TIER 3/4 SERVICES

Wandsworth has a very good range of Tier 3 services with prompt access available. However, some are over-stretched and don't have the capacity to offer support to Tiers 1 and 2. We need to make better use of the expertise available at Tier 3 and also ensure our Tier 3 / 4 services offer choice, involve service users and are in accessible and appropriate settings.

4.1 Improve user involvement in service design and evaluation

Why this is a priority

- 2008 Joint Area Review
- 2008 Very Important Kids
- 2007-08 Tier 3 performance report
- 2007-08 Annual Delivery Plan monitoring report
- 2007 You're Welcome Quality Criteria
- 2007 Self Assessment
- 2007 Adolescent Service Review
- 2006-08 Children & Young People's Plan
- 2005 Minority Voices

What we hope to achieve	
Year 1	<ul style="list-style-type: none"> • Ongoing mechanisms to engage children and young people in Tier 3 service design and evaluation • Better user involvement in Tier 4 service planning and commissioning • Children and young people involved in fundamentally reviewing the information available to them
Year 2	<ul style="list-style-type: none"> • Improved service user satisfaction • Fewer children and young people who fail to turn up for appointments • Better information available for children and young people
Year 3	<ul style="list-style-type: none"> • As for Year 2

4.2 Improve support offered to parents and carers

Why this is a priority

- 2008 Wandsworth Parenting Strategy
- 2008 Wandsworth Parent / Carer Survey
- 2008 Trust for the Study of Adolescence
- 2007 Adolescent Service Review
- 2004 National Service Framework

What we hope to achieve	
Year 1	<ul style="list-style-type: none"> • Await outcome of 2.1
Year 2	<ul style="list-style-type: none"> • Better support for parents and carers using Tier 3 services
Year 3	<ul style="list-style-type: none"> • Ongoing involvement of parents / carers in design and evaluation of Tier 3 services

4.3 Improve efficiency and quality of Tier 3 and Tier 4 services

Why this is a priority

- 2008-09 Tier 4 CAMHS Workplan
- 2008 QNIC Audit Child and Adolescent Eating Disorder Service
- 2007-08 Tier 3 performance report
- 2007 Self Assessment
- 2007 Adolescent Service Review
- 2007 APA performance

What we hope to achieve	
Year 1	<ul style="list-style-type: none"> • Comprehensive review of Tier 3 services • Better understanding of the skill mix and interventions required for different mental health problems • Agreed mechanism for jointly procuring high-cost care / education packages • Clear service standards for Tier 4 services
Year 2	<ul style="list-style-type: none"> • Better capacity among Tier 3 staff to provide advice, consultation and training to Tiers 1 and 2 • More cost-effective commissioning arrangements for Tier 4 in-patient care • A new service model for Tier 4 eating disorders
Year 3	<ul style="list-style-type: none"> • More cost-effective commissioning of Tier 3 services • Reduction in the need for Tier 4 beds through the development of community approaches to eating disorders

5. RESOURCES

The agreement to commit resources towards achieving shared outcomes can help shape local services so they better meet the needs of children and young people. Joint commissioning priorities provide scope for innovation and integration, creating opportunities to reduce duplication and overheads, to generate economies of scale and to redevelop and re-invest around prevention.

The re-shaping of services will also have an impact on our workforce. As we develop a stronger focus on prevention and reconfigure services around children's centres and extended schools, the workforce may need to change significantly.

Wandsworth's CAMHS Strategy & Commissioning Partnership is responsible for ensuring that this strategy is underpinned by effective commissioning arrangements and that existing services are fit for purpose. Key to enabling the Partnership to fulfil this role is the availability of local activity data and systems to measure and evaluate outcomes.

Area Based Grant

Up until 2007-08, the Department of Health issued a specific CAMHS grant to support integrated CAMHS across health and social care. Funding for CAMHS is now routed through the Area Based Grant, providing an opportunity for longer-term strategic development. The allocation over the next three years is £672k in 2008-09, £721k in 2009-10 and £770k in 2010-11.

Wandsworth Teaching Primary Care Trust

PCT funding for CAMHS is expected to total £3.77m in 2008-09, comprising:

- £1m contribution to consortia arrangements for Tier 4 services
- £2.23m on a service level agreement with South West London & St George's Mental Health Trust (incl. additional investment this year of £85k to establish a paediatric liaison service at St George's and £50k for adolescent learning disability services)
- £363k for services outside of the service level agreement
- £180k on CAMHS improvements (incl. £60k to enhance CAMHS provision within the Youth Offending Team)

Wandsworth Borough Council

The Council's contribution towards comprehensive CAMHS is more difficult to quantify as many of its services include elements of mental health promotion and prevention (see Appendix 5 for further detail). In terms of those budgets which can be disaggregated, Council funding is expected to total £2.33m in 2008-09 (including the Area Based Grant allocation), 68% of which is allocated to Tier 2 provision and the remainder to specialist mental health placements.

There is no current indication of increased investment in CAMHS so future developments will have to be funded within existing resources, through either efficiencies or changes to the priorities of existing services.

	£000			
	2007-08	2008-09	2009-10	2010-11
Wandsworth PCT	3,366	3,774	3,861	3,950
Wandsworth Borough Council	2,262	2,326	2,423	2,520
TOTAL	5,628	6,100	6,284	6,470

6. MEASURING SUCCESS

The CAMHS National Service Framework recognises that the processes for evaluating CAMHS are complex and involve several parties. The use of detailed outcome measures requires the availability of basic throughput information on services (for example, number of referrals, new and ongoing cases, number of staff available, etc). In addition, resources, including administrative time and IT, must be made available so that routine evaluation of outcomes can be carried out in all services. It is recognised, therefore, that tools and methods will need to be developed over the next few years.

DCSF are working to develop an outcome measure for CAMHS from 2009 onward. Until a robust measure is implemented, NI 51 will continue to serve as an interim measure. The full set of CAMHS-related indicators from the various performance frameworks are set out below.

Healthcare Commission:

- effectiveness of CAMHS
 - services for children and young people with a learning disability
 - services for 16 and 17 year olds
 - 24-hour cover
 - full range of early intervention support

2008 Ofsted inspection framework:

- waiting time targets
- effectiveness of CAMHS
- proportion of those in substance misuse treatment aged under 18
- substance misuse related admissions to hospital, aged under 20

Performance Framework for Local Authorities and Local Authority Partnerships:

- NI 50: emotional health of children
- NI 51: effectiveness of CAMHS
- NI 58: emotional and behavioural health of children in care

In line with other children's services across Wandsworth, the CAMHS Strategy & Commissioning Partnership is committed to developing more outcome-focused approaches. In the interim, it will continue to carry out an annual self-assessment against the standards set out in the National Service Framework and to monitor performance against each of the above measures. The Partnership is also responsible for reviewing progress and agreeing any remedial action required to ensure its objectives are met. It will use the following local indicators to assist in this:

Local indicators:

- school participation in SEAL and national Healthy Schools programme
- NI 69: CYP who have experienced bullying
- CAMHS satisfaction score in the Audit Commission School Survey
- use of the CAF and lead professional role
- inappropriate referrals to Tier 3 services and appointments attended
- waiting times for acute / non-acute mental health assessments
- service user satisfaction and involvement in service design
- cost effectiveness of Tier 3 / 4 services

APPENDIX 1: POLICY & PLANNING CONTEXT

National Drivers

Public Service Agreement

CAMHS were first included in the Department of Health's Public Service Agreement (PSA) in 2002. This was subsequently reinforced in the DH *Priorities and Planning Framework 2003-2006*, with a requirement for local authorities and health services to provide a comprehensive range of CAMHS including mental health promotion and early intervention by December 2006. Underpinning these policy objectives was the 'national capacity assumption' that services would grow by at least 10% each year according to agreed local priorities, demonstrated by increased staffing, patient contact and/or investment. PCTs were also required to undertake an annual CAMHS needs assessment. The most recent Comprehensive Spending Review (2007) included a PSA to improve the health and wellbeing (including mental and emotional) of children and young people with a focus on prevention, early intervention and enabling children, young people and their families to make healthy choices.

National Service Framework (NSF)

In 2004, the Government introduced major policy guidance in the form of a *National Service Framework for Children, Young People and Maternity Services*. Standard 9 set out the vision for the mental health and psychological well-being of children and young people and markers of good practice to be achieved over a 10-year period (see Appendix 6). Key features of this standard include the requirement for comprehensive CAMHS from 0-18 years of age, via four tiers of service to provide timely, integrated, high quality, multi-disciplinary mental health services for children and young people. In taking forward the NSF, it is accepted that local CAMHS commissioners and providers are starting from different bases and that priorities will differ accordingly.

Every Child Matters (ECM)

The ECM agenda is important in providing a framework within which mental health and psychological well-being, as envisaged in the NSF, can be promoted. The Children Act 2004, which provides the legal underpinning for ECM, requires local authorities to lead in the development of children's trust arrangements to facilitate integration at every level – from front line delivery through to governance arrangements and pooled or merged budgets.

Joint Planning and Commissioning Framework

In 2006, the Government published a framework for children's trusts to use in planning and commissioning a comprehensive and integrated system of support for children, young people and their families. It introduces a nine-step process for creating a clear picture of what children and young people need, making best use of resources and joining up services so they provide better outcomes than they can on their own.

World Class Commissioning

The world class commissioning programme aims to transform the way health and care services are commissioned through a more strategic and long-term approach to commissioning services, with a clear focus on delivering improved health outcomes. There are four key elements to the programme; a vision for world class commissioning, a set of world class commissioning competencies, an assurance system and a support and development framework.

You're Welcome

You're Welcome sets out principles to help health services (including non-NHS provision) become young people friendly. It covers issues such as accessibility, the environment, publicity, staff attitudes, user involvement, confidentiality and consent. The second edition published in 2007 includes a new section on CAMHS.

Child Health Promotion Programme (CHPP): Pregnancy and the first five years of life

Published in March 2008, the new CHPP aims to address growing public health pressures such as the rise in childhood obesity and the increase in emotional and behavioural problems among children and young people. In terms of mental health, the CHPP adopts a proactive approach to the promotion of attachment and the prevention of behavioural problems. It seeks to strengthen parent-child attachments and positive parenting in order to bring about better social and emotional wellbeing among children.

Healthy Schools

Removing Barriers to Achievement (2004) made explicit the links between good mental health and achievement. These links are also clear within the National Healthy Schools agenda and the Social and Emotional Aspects of Learning (SEAL) curriculum. The recently published guidance on promoting children's social and emotional wellbeing in primary education (NICE, 2008) highlighted that this aspect of a child's development is also important in helping to protect children against poor physical health, emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol.

Local Drivers

Governance, Commissioning and Accountability

A number of changes have been made to strengthen local arrangements for planning and commissioning comprehensive CAMHS to safeguard the mental health and emotional wellbeing of children and young people in Wandsworth.

Wandsworth PCT and Wandsworth Borough Council are responsible for commissioning comprehensive CAMHS using both mainstream and CAMHS-specific funds. Both agencies are committed to working in partnership with providers, and have developed a CAMHS Strategy & Commissioning Partnership (see Appendix 4) as part of the governance arrangements for Wandsworth Children's Trust.

The CAMHS Commissioning Partnership holds overall responsibility for the strategic plan to develop comprehensive CAMHS in line with the National Service Framework and to ensure that the strategy is underpinned with effective commissioning arrangements. The CAMHS Partnership Strategy Implementation Group will oversee operational planning and service development in line with the Partnership's strategic objectives and priorities.

Integrated and Comprehensive CAMHS

Because services that contribute towards the mental health and psychological wellbeing of children are provided by so many agencies, the effective commissioning of CAMHS is inescapably a multi-agency activity. The CAMHS Strategy & Commissioning Partnership is committed to the development of integrated working at all levels. This approach can improve cost-effectiveness, facilitate better co-ordinated services, closer working between different professional groups, and create better and more effective pathways of care for children and young people.

In order to ensure a comprehensive range of services is available to meet the mental health needs of all children and young people locally, commissioners are committed to working with service providers and service users to ensure that there are agreed and

accessible pathways of care through the tiers and, where necessary, to extend the range and quality of services available.

In order to realise both integrated and comprehensive CAMHS, the following are required:

- a joint needs assessment
- shared agreement and decision-making on strategic and local priorities based on the above and government guidance
- identification of all available resources
- joint strategic and operational plans

Children and Young People's Plan

Wandsworth's overarching [Children and Young People's Plan](#) (CYPP) is in place to guide and deliver on the ECM agenda. The 2008-11 CYPP includes a priority to ensure all children and young people have access to comprehensive and integrated mental health services. It also identifies priorities for service development and improvement across all children's services and sets out the more generic national and local drivers for change such as:

- developing community services (eg extended schools), locality working (eg youth support teams) and multi-agency teams (eg integrated children's centres)
- a focus on prevention and early intervention
- a new cross-cutting theme of supporting parents
- the importance of engaging children, young people, parents and carers in the design and evaluation of services
- the critical role of Information Sharing and Assessment in the development of more integrated working

APPENDIX 2: EVIDENCE OF NEED

2008 Joint Strategic Needs Assessment (JSNA)

The 2008 JSNA identified children and young people's mental health as a commissioning priority. In particular, it recognised the need to:

- strengthen services for children and young people at the less severe end of the spectrum of mental illness
- make improvements to the awareness that staff have of the range of mental health services that are available
- provide a bridge between universal and specialist CAMHS
- make improvements in planning for the move from young people's mental health services to adult services

2008 Joint Area Review (JAR)

The JAR found a very good range of local CAMHS provision with evidence of effective action to promote mental health and an effective, timely service provided for the most vulnerable (including those looked after and those with learning difficulties and disabilities). Although children and young people with lower priority needs were seen within the 11-week target, this was felt to be too long by some. The strong multi-agency planning for CAMHS was commended, as was the way in which resources had been redirected from Tier 4 to Tiers 2 and 3. The one weakness identified was the lack of understanding about thresholds for CAMHS across partner agencies. Not specific to CAMHS but of relevance to it, they found under-developed integrated strategic commissioning and a lack of involvement by children, young people, parents and carers in decision-making at a strategic level.

2008 Update of Mental Health Needs Assessment

As well as the picture of local need summarised in Section 3, the report contained a number of evidence-based recommendations set out below alongside those outstanding from the original 2004-05 needs assessment:

- recruit primary mental health workers to support groups of professionals at Tier 1
- augment Tier 1 and 2 services
- establish whether Tier 3 staff have capacity to train Tier 1 and 2 services
- ensure full referral pathways are available to the main referrers
- conduct an audit of inappropriate referrals to Tier 3
- prioritise and agree Tier 3 input to differing agencies
- establish an agreed coding system for diagnosis and core data set (incorporated into contracts / service level agreements with providers) in order to improve the availability of local data
- ensure services are provided across the borough according to need
- establish locally-agreed outcomes against which services can be monitored
- obtain service user opinions to contribute to future needs assessments

2008 QNIC Audit of Child and Adolescent Eating Disorder Service

QNIC (Quality Network for Inpatient CAMHS) undertook a review of the Unit in January 2008. They concluded that the Unit performed reasonably well and had made improvements in the areas of Staffing & Training; Young People's Rights & Safeguarding Children; and Clinical Governance. Their major concern was the position of the main entrance to the unit and they advised that the opening of the parent suite should be treated as a priority.

2007-08 Annual Delivery Plan monitoring report

Across all the priorities, five objectives were achieved, ten were partly achieved and three were not achieved. Those not achieved were:

- Map and review referral pathways to Tier 3 in line with NSF Standard 9 and Working Together to Safeguard Children
- Explore potential for developments in, and improved liaison with, practice-based commissioning arrangements
- Revise mental health promotion strategy

2007-08 Tier 3 performance report

A number of performance measures are monitored and reported on a quarterly basis to the CAMHS Strategy & Commissioning Partnership. Some key trends to emerge are:

- 51% of referrals are from GPs.
- There is wide disparity in terms of referral source between referrals and cases suggesting a high number of inappropriate referrals. For example, social workers are the source of 11% of referrals but only 4% of cases.
- The average wait across teams between referral and assessment varied across the quarters from 5.2 weeks to 6.9 weeks (all well within the 11-week national target).
- There was a 20% DNA (did not attend) rate for appointments across the year with variation between 16% and 26% across the teams.
- There is significant variation across teams in terms of average caseloads.

2006-08 Children & Young People's Plan (CYPP) monitoring report

Against the five CAMHS-related, CYPP performance indicators, two were rated green and the following three rated amber:

- establish a training programme for all children's services
- introduce a contract to provide comprehensive CAMHS and publish care pathways
- establish mechanisms to involve young people, parents and carers fully and ensure routine evaluation of services in place

2007 Review of Adolescent Service

An independent review of the Tier 3 Adolescent Service was conducted in 2006-07.

Findings from the review included:

- as an effective and well-regarded service, it should be maintained and built upon
- lack of clarity between agencies about their respective roles in supporting mental health and how those roles inter-related
- because of capacity issues, the service needed to focus on its core functions
- need to increase the skills and capacity at Tiers 1 and 2
- any resulting increase in capacity to be used to support inter-agency network meetings
- need to commission a paediatric liaison service for young people with mental health needs attending A&E at St George's
- need for supportive accommodation for young people with mental health problems
- need for a young person's advocacy and user involvement service
- lack of dedicated support for parents / carers of young people with mental health problems
- lack of readily available and commonly agreed data for the service

2007 CAMHS Self Assessment Matrix

The matrix is intended to assist in reviewing and planning local priorities, investment and services. It enables us to evaluate our progress towards achieving relevant Every Child Matters outcomes and the standards set out in the NSF. In 2007 Wandsworth achieved at least 80% against all but one of the ten dimensions. Our weakest area (and the only one below the London average) concerned service users finding our services appropriate and acceptable to their needs. We felt we merited a score of only '1: started working towards' against the following:

- mechanisms to fully involve young people, parents / carers in development and evaluation in place
- views of service users taken into account when revising or planning services
- young people with physical disabilities / ill health able to receive a full service
- services for those in transition (refugee / asylum seekers, homeless and travellers)
- services for those whose belonging to a particular BME group causes specific disadvantage in gaining access to services
- specialist staff able to provide support, consultation and face-to-face work in primary care settings

2007 Audit Commission National School Survey

This survey captures schools' perceptions of their council's services and the services provided locally for children and young people. As in 2006, the most negatively rated area both nationally and locally concerned the ability of local services to meet the mental health needs of children and young people. Locally, this was the only question given a 'below satisfactory' rating with the average score in secondary schools being worse than in primary schools (3.75 vs 3.17 where 3 is satisfactory and a higher score indicates worse performance).

2007 Annual Performance Assessment (APA) performance

Wandsworth's 2007 APA performance was on the whole very good. The CAMHS-related areas where performance was judged below average were:

- increased capacity within Tier 3 services – the MHT reported a reduction in new cases whereas 79% of trusts reported at least a 1% increase
- although numbers are very small and therefore less reliable, our performance in terms of timely CAMHS assessments of young offenders is below that of our statistical neighbours

2006-07 CAMHS Mapping

Begun in 2002, the annual mapping exercise helps to monitor the expansion and development of mental health service development for children and adolescents. Essentially the mapping creates a database of what services there are in specific areas and describes the services in terms of type, cost, staffing and workload. For example, there has been a 43% increase in primary mental health workers (PMHW) between 2004 and 2006. The role of PMHW was advocated in the 1995 Health Advisory Service report, *Together We Stand*. Wandsworth is one of only a quarter of trusts without PMHWs (Academic Unit of Child & Adolescent Psychiatry, Imperial College London 2008).

2006-07 Report on mental health service within the Youth Offending Team (YOT)

This annual report on the Tier 2 service within the YOT highlighted a number of capacity issues. The service, initially intended to cover all the work of the YOT, has had to be restricted to its core statutory role. Additional resources would allow a more flexible response to referrals, improved performance against waiting time targets, the service to be extended to cover prevention work and better engagement with young people and their families leading to improved attendance rates.

APPENDIX 3: SERVICE USER AND STAKEHOLDER VIEWS

2008 Wandsworth Parent / Carer Survey

Parents responded to a questionnaire about the draft Parenting Support Strategy and their support needs for children with emotional difficulties. Key findings included:

- parents most frequently use GP and library services
- word-of-mouth is how most parents find out about services
- lack of awareness is the main reason parents do not make use of existing services
- parents would particularly like support at transition points, in improving their confidence around parenting and in managing their children's behaviour
- should their child be going through emotional difficulties, parents:
 - need to know what services are available and where to go for information
 - would find face-to-face advice most useful
 - and would prefer to access support through their GP

2008 Very Important Kids

Very Important Kids advises YoungMinds on improving the mental health and emotional well-being of children and young people. In March they presented their views to over 60 decision makers about the changes they felt were needed to improve CAMHS. Some of the key findings include:

- problems at home, bullying at school and difficulty talking about feelings are major contributors to mental health problems
- children and young people want age-appropriate services; child-friendly environments where they are treated with respect; access to information and advocacy; involvement in care decisions; and access to education, activities and life-skills training on in-patient units.

2008 Trust for the Study of Adolescence

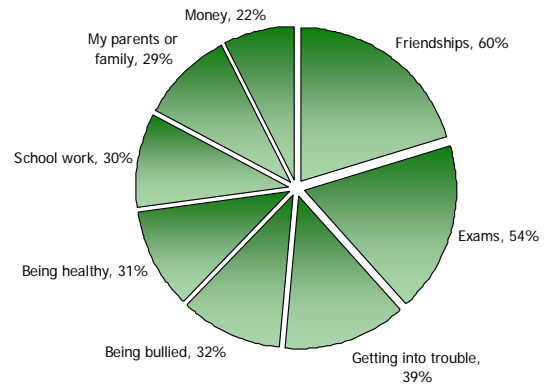
Sixty five percent of callers to ParentlinePlus are concerned about their children's emotional wellbeing and 22% about mental health specifically (Thomas Coram Research Unit, 2003). The research report, *Needs and experiences of parents of young people who have mental health difficulties*, makes the following recommendations for practice:

- take account of the emotional impact on parents and offer parents support for this in their own right
- be aware of the possible impact on the rest of the family and if possible address the support needs of other siblings
- give clear information to parents about mental health and young people and about support available to them from the outset
- be careful not to dismiss parents' concerns about their young person as just 'normal' adolescent development
- be sensitive to the stigma surrounding mental health difficulties and the issues of self-blame that parents may feel
- support parents to support their young people through development of parenting skills, active listening and awareness of risk
- encourage parents to seek support from other parents – this can be via groups, helplines or internet sites.

What Year 6 Pupils Worry About

2007 TellUs2 Survey

The TellUs2 survey is a national survey of children and young people administered by local schools. As can be seen from the accompanying chart, 60% of Year 6 pupils (aged 10 and 11) in Wandsworth worry about their friendships and 54% about exams.



2007 Brighter Futures consultation

In July 2007, the Mental Health Trust hosted a consultation event for all staff working with children and young people about the future of CAMHS. When asked about their top three priorities, the development of child-centred services was the clear winner. The key issues identified were:

- lack of clear information about the range of services available
- confusion about referral criteria
- access to guidance about appropriate referrals is limited
- provision for emotional and mental health in early years settings is variable, and more preventative activity, including building resilience and support for attachment, is needed across the borough
- primary schools need more services to address mental health issues such as encouraging self esteem, managing behaviour and counselling
- the excellent practice to be found in some services needs to extend across all children's services
- training and development required to improve the knowledge, skills and competence of the workforce to enable them to identify problems earlier and intervene appropriately

2005 Minority Voices

Young Minds undertook a national research project examining access issues among young people from BME (black and minority ethnic) communities. Many concerns were not specific to BME communities - eg fear of talking about experiences, concerns about confidentiality, insufficient time to get to know and trust staff and the stigma attached to mental health services. Many also had very limited understanding of mental health issues and services with specialist CAMHS often accessed either through luck or in crisis.

Young people's suggestions for service improvements included:

- more flexible hours, choice of venue and opportunities to drop-in or self-refer
- more interpreters/resources for those who do not read/speak English
- greater professional awareness of the cultural context of issues that impact on young people from BME groups
- better knowledge of CAMHS among staff and skills to support them in seeking help
- better information sharing (especially through non-traditional routes such as the radio, media or church/faith groups) on self-help and about CAMHS and the use of peer support in raising awareness
- the need for provision for young people to address issues of grief, past loss, trauma and bereavement

The study also highlighted the need to work with and provide better information for parents and communities as their perceptions of a child's difficulties and of CAMHS were an important influence in children's lives.

2005 Wandsworth CAMHS School Survey

In March 2005, a survey of head teachers / SENCOs was undertaken on the links between the schools and specialist CAMHS. A total of 45 nurseries / schools responded. The key issues raised were:

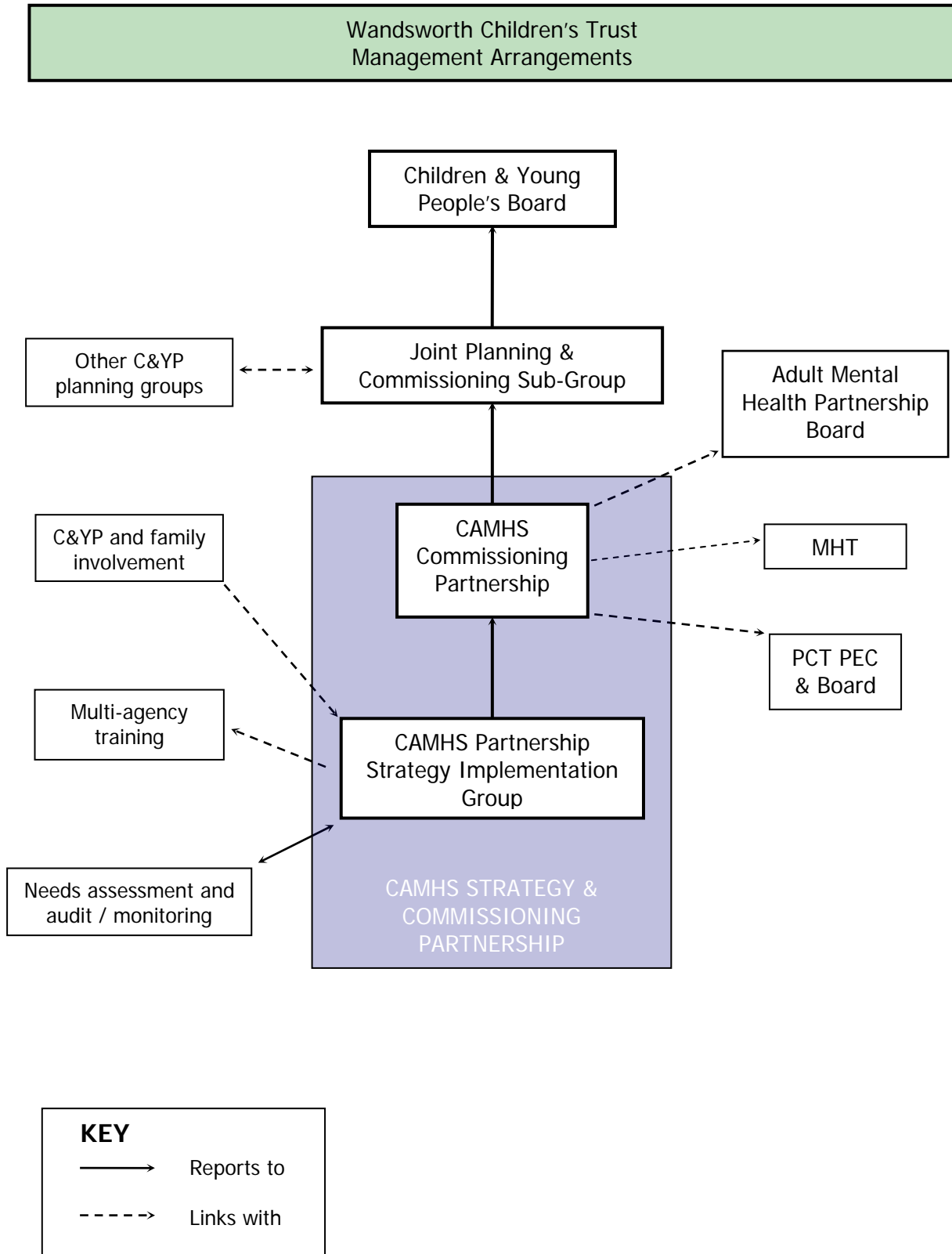
- need for better communication / interface between schools and specialist services
- need for advice, support and consultation around children experiencing complex behavioural, emotional, social and developmental difficulties
- need for greater specialist input / availability for schools-based interventions and inter-agency network meetings
- need for support at a systemic level (eg training and development)

2004-05 Local Mental Health Needs Assessment

Key stakeholders were interviewed as part of the needs assessment in order to obtain individual and group perceptions of current CAMHS. Key issues still of relevance include:

- the need to strengthen Tier 1/2 services in order to relieve the pressure on Tier 3
- transport links, socio-demographic factors and historic reasons lie behind differences in the way Tier 3 services function
- the need for a paediatric liaison service at St George's Hospital
- the lack of an agreed coding system for recording mental health problems and no nationally-agreed outcome measures
- the need to review professional training and career pathways to develop a more dynamic and flexible workforce
- the need for evidence-based intervention in line with national guidance
- the need for comprehensive service mapping and wide dissemination of information about service and appropriate referral pathways
- the need for better management information and clearer priorities
- more user-friendly facilities for young people to encourage participation and recovery
- the need for better attendance by all parties at multi-agency case discussion forums
- the difficulties of managing children on the autistic spectrum, with ADHD and less severe learning disabilities
- the need for better understanding of mental health issues among Tier 1 / 2 staff

APPENDIX 4: CAMHS COMMISSIONING AND PLANNING



APPENDIX 5: SERVICE MAPPING

The following CAMHS services are available locally and demonstrate clear progress towards fully comprehensive and integrated CAMHS.

Tier 1	Provision
	<p>Parents and families are a strong influence on the mental health and emotional wellbeing of their children. They are supported by a network of agencies that promote mental health and support children when they experience problems. These include community health services, children's centres, schools and their extended services, the voluntary and community sector, youth services and specialist children's services. Set out below are those programmes and services which have an explicit mental health component.</p>
Social and emotional aspects of learning (SEAL)	<p>Primary SEAL offers a whole-school framework for promoting the social and emotional aspects of learning: self-awareness, managing feelings, motivation, empathy and social skills. Secondary SEAL focuses more on positive behaviour, regular attendance, staff effectiveness and the emotional health and wellbeing of all who learn and work in schools.</p>
Personal, social and health education (PSHE)	<p>PSHE promotes pupils' personal, social and emotional development, as well as their health and wellbeing. It is backed by the National Healthy Schools Programme and helps to give children the knowledge and skills they need to lead confident, healthy and independent lives. It aims to help them understand how they are developing personally and socially, and tackles many of the moral, social and cultural issues that are part of growing up.</p>
National Healthy Schools Programme	<p>This is a long-term initiative based on a whole-school approach to physical and emotional wellbeing focused on PSHE, healthy eating, physical activity and emotional health and wellbeing.</p>
Children's Fund	<p>The Children's Fund is a targeted programme of prevention and early intervention for children aged 5 to 13. Commissioned projects have a broad focus on supporting both children and their parents / families to enhance children's social and emotional development.</p>

Tier 2	Provision
School-based services	Place2Be works in a number of primary schools in the Borough to promote emotional well-being and, in addition, offers a direct therapeutic intervention service for children experiencing social, emotional and psychological problems at school. A specialist school nurse provides support to children and young people with emotional and behavioural difficulties.
Educational Psychology Service	This service works across all maintained educational establishments to promote psychological well-being and support children experiencing significant barriers to their social, emotional, learning and behavioural development. Training, consultation and advice is also provided to schools, Children's Specialist Services and parents.
Behaviour and Education Support Team – Behaviour Improvement Programme (BEST-BIP)	<p>The BEST-BIP works across a wide range of schools and can offer whole school support, group support to children and their parents and intensive support to individual children and their families.</p> <p>Its aim is to promote emotional well-being, positive behaviour and school attendance. The team includes teachers, educational psychologists, a social services family worker, an art therapist and an educational welfare officer. It has links with the MHT Adolescent Service and provides Pyramid Clubs for BIP primary schools in collaboration with the Family Welfare Association.</p>
Children's Unified Multidisciplinary Service (ChUMS)	<p>Mental Health Trust and BLSS (primary PRU) jointly-provided service aiming to:</p> <ul style="list-style-type: none"> • provide a range of interventions in a holistic way • offer support for early intervention with children and families • enable a child with significant needs to be supported in the community, reducing the need for hospitalisation or care provision or residential school provision. <p>The service also has a secondary aim of reducing primary school pupils' need for special school provision.</p>
TH@W (Total Health @ Wandsworth)	Free confidential service for young people aged 11-19 to answer questions and help raise awareness around sexual health, pregnancy, alcohol, drugs and emotional health
Targeted Youth Support Team (TYST)	A small 'core' team of staff from Children's Specialist Services and the youth service supported by a wider group of agencies – referred to as the extended team – consisting of link workers from Educational Psychology, the Mental Health Trust, Connexions and the Teenage Pregnancy Team amongst others. The aim is to ensure provision of better co-ordinated and more creative packages of support tailored to a young person's and their family's needs.
Children with disabilities	<p>1 x social worker working across the Children with Disabilities and CAMHS Learning Disabilities teams</p> <p>1 x clinical psychologist working across the Early Years Centre and Child Development Centre</p>

Children in need	0.5 x family therapist + 0.5 clinical psychologist in the Battersea-based family resource centre providing residential parenting assessments, teaching, support and advice
Looked after children	2 x clinical psychologists working within the Fostering Service and providing intensive support to foster carers, children and young people whose placements are at risk of breaking down as a result of challenging behaviour. 1 x clinical psychologist working within the Independent Living Scheme to support young people leaving care
Young offenders	1 x clinical psychologist working with the Youth Offending Team

Tier 3 **Provision**

St George's Hospital Team	Tooting-based multi-disciplinary service provided by the Mental Health Trust offering specialist child mental health interventions for 1-13 year olds and their families.
William Harvey Child and Family Clinic	Putney-based multi-disciplinary service provided by the Mental Health Trust providing a range of outpatient services for 0-13 year olds and their families, including those of concern to social services.
Adolescent Service	Battersea-based multi-disciplinary service for 14-18 year olds and their families provided by the Mental Health Trust. The clinic assesses and treats adolescents experiencing mental health problems and provides support for their families. Includes a specialist substance misuse worker who works across Tier 3.
CAMHS Learning Disabilities Team	A multi-disciplinary service accepting nationwide referrals provided by the Mental Health Trust from Queen Mary's Hospital. The service provides assessment and treatment for 0-18 year olds with severe learning disabilities and mental health problems, and their families.
Treatment Foster Care (TFC)	A specialist CAMHS team co-located with the Children Looked After Education Support Service in Wandsworth. The service aims to reduce the need for residential provision for children unable to settle in normal family placement provision. The team is multi-disciplinary with staff from social services, health and education.

Tier 4 **Provision**

Adolescent Resource Centre – Assertive Outreach Team	Commissioned through the South West London Consortium, the service offers assertive outreach and consultation to those aged 12-17 with severe mental illness presenting in a crisis that would require hospital admission.
Child & Adolescent Eating Disorders Unit	This service for local and national patients offers assessment and treatment of those aged 8-18 with an eating disorder. All treatment programmes have a focus on family interventions.
Adolescent Resource Centre – Aquarius Unit	Commissioned through the South West London Consortium but accepting out-of-area referrals by arrangement, this service offers day and inpatient care for those aged 12-17 with severe mental illness presenting in a crisis that requires hospital admission.
Corner House	This nationwide service offers assessment and inpatient treatment for deaf children with mental health or behavioural problems.

Facilitative processes

Provision

Common Assessment Framework (CAF)	The CAF is a nationally standardised approach to conducting an assessment of the needs of a child and deciding how they can best be met. As such it is key to accessing targeted (ie Tier 2) services and intervention.
Early Years Multi Agency Panels (EYMAP)	Each of the three early years localities regularly hold EYMAPs to agree or recommend packages of support for children under 5 on the basis of a completed CAF. EYMAPs include professionals from a range of disciplines and agencies.
Multi-Agency Planning Meetings	Similar to the EYMAP, MAP meetings are held half-termly by schools to put together multi-agency packages of support for vulnerable children of school age.

APPENDIX 6: NSF MARKERS OF GOOD PRACTICE

Extract from National Services Framework for Children, Young People and Maternity Services (Standard 9) 'The Mental Health and Psychological Well-being of Children and Young People'

- All staff working directly with children and young people have sufficient knowledge, training and support to promote the psychological well-being of children, young people and their families and to identify early indicators of difficulty.
- Protocols for referral, support and early intervention are agreed between all agencies.
- Child and adolescent mental health (CAMH) professionals provide a balance of direct and indirect services and are flexible about where children, young people and families are seen in order to improve access to high levels of CAMH expertise.
- Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.
- Child and adolescent mental health services are able to meet the needs of all young people including those aged sixteen and seventeen.
- All children and young people with both a learning disability and a mental health disorder have access to appropriate child and adolescent mental health services.
- The needs of children and young people with complex, severe and persistent behavioural and mental health needs are met through a multi-agency approach. Contingency arrangements are agreed at senior officer levels between health, social services and education to meet the needs and manage the risks associated with this particular group.
- Arrangements are in place to ensure that specialist multi-disciplinary teams are of sufficient size and have an appropriate skill-mix, training and support to function effectively.
- Children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.
- When children and young people are discharged from in-patient services into the community and when young people are transferred from child to adult services, their continuity of care is ensured by use of the 'care programme approach'.

APPENDIX 7: DEFINITIONS AND GLOSSARY

Age Range

For the purpose of this strategy, children and young people fall between the ages of 0 to 19 years. Flexibility at the upper age limit is expected within all children's services, as transition arrangements should be made on an individual basis.

What is Mental Health?

Mental health might usefully be viewed as a continuum of experience, from mental well-being through to a severe and enduring mental illness. Mental health is not just the absence of a diagnosable disorder, it is about capacity. The 1995 Health Advisory Service review of CAMHS, *Together We Stand*, described children who are mentally healthy as having the ability to;

- develop psychologically, emotionally, creatively, intellectually and spiritually
- initiate, develop and sustain mutually satisfying relationships
- use and enjoy solitude
- become aware of others and empathise with them
- play and learn
- develop a sense of right and wrong
- resolve (face) problems and set backs and learn from them

Everyone has an emotional life and, for many of us, this is rich, varied and manageable. Everyone experiences instances where emotions become overwhelming, or begin to get in the way of living our lives in the way we wish to. In most cases, help from family or friends is sufficient to get us through those difficult times. In some cases, professional help, such as counselling, is needed. For a few people, problems can be more serious, and require medical or psychological treatment. This is the spectrum of mental health that is referred to within this strategy – from the emergence of an emotional problem for which a child or young person might require some short term support; through to more severe mental disorder requiring a medical service.

The Language of Mental Health

It is not just the definition of mental health that can be interpreted in a range of ways. Much of the language associated with mental health is open to differing interpretations. Words such as 'assessment', 'diagnosis', 'therapy', and 'treatment' are used to mean different things within different children's services. Practitioners can find themselves misunderstood or open to differing interpretation when trying to communicate with others. Of course, the use of terms with a range of meanings is also a major challenge for service users and their carers, especially when understanding one definition can be daunting enough. This means that terminology must be explained and understanding checked out, both among professionals, and with service users, their families and carers.

Glossary

A&E	Accident & Emergency
ADHD	Attention deficit hyperactivity disorder
APA	Annual Performance Assessment
BME	Black and minority ethnic
C&YP	Children and young people
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CF	Children's Fund
CHPP	Child Health Promotion Programme
ChUMS	Children's Unified Multidisciplinary Service
CSIP	Care Services Improvement Partnership
CYPP	Children and Young People's Plan
DCSF	Department for Children, Schools & Families
DH	Department of Health
DNA	Did not attend
ECM	Every Child Matters
HoNOSCA	Health of the Nation Outcome Scales for Children and Adolescents
IAPT	Improving Access to Psychological Therapies
JAR	Joint Area Review
JSNA	Joint Strategic Needs Assessment
LAC	Looked after children
LGBT	Lesbian, gay, bisexual and transgender / transexual
MHT	Mental Health Trust
MAAG	Multi-Agency Advisory Group
NI	National indicator
NICE	National Institute for Health and Clinical Excellence
NSF	National Service Framework
PCT	Primary Care Trust
PEC	Professional Executive Committee
PMHW	Primary mental health worker
PRU	Pupil Referral Unit
PSA	Public Service Agreement
PSHE	Personal, social and health education
QNIC	Quality Network for Inpatient CAMHS
RiO	London's mental health IT system
SEAL	Social and emotional aspects of learning
SENCO	Special educational needs co-ordinator
SIG	Strategy Implementation Group
TYST	Targeted Youth Support Team
WBC	Wandsworth Borough Council
YOT	Youth Offending Team

APPENDIX 8: REFERENCES

National Frameworks and Guidance

- PSA Delivery Agreement 12
HM Treasury
www.hm-treasury.gov.uk/media/C/F/pbr_csr07_psa12.pdf
- National Service Framework For Children, Young People And Maternity Services
Standard 9: The Mental Health and Psychological Well-being of Young People
Department of Health / Department for Children, Schools and Families
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/fs/en
- Report on the Implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services
Department of Health / Department for Children, Schools and Families
www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=115713&Rendition=Web
- Every Child Matters
Department for Children, Schools and Families
www.everychildmatters.gov.uk/publications
- Joint Planning & Commissioning Framework
Department for Education and Skills / Department of Health
www.everychildmatters.gov.uk/planningandcommissioning
- World Class Commissioning
Department of Health
www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index.htm
- You're Welcome
Department of Health
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073586
- Child Health Promotion Programme: Pregnancy and the first five years
Department for Children, Schools and Families / Department of Health
www.dcsf.gov.uk/publications/pregnancyandthefirstfiveyears/
- National Healthy Schools Programme
www.healthyschools.gov.uk
- Social & Emotional Aspects of Learning (SEAL)
www.bandapilot.org.uk
- NICE Clinical Guidelines
National Institute for Health and Clinical Excellence
www.nice.org.uk

Local Plans

- Wandsworth Children and Young People's Plan
Wandsworth Borough Council
www.wandsworth.gov.uk/Home/Childrenandyoungpeople/ChangeChildren/cypplan.htm
- Commissioning Strategy Plan
Wandsworth Teaching Primary Care Trust
www.wandsworth.nhs.uk/about/Ourplans/default.asp