

THE VALUES-BASED CHILD AND ADOLESCENT
MENTAL HEALTH SYSTEM COMMISSION

rose 485

Mental Health

Well being

What really matters in children and young people's mental health

Life is
Commitment.

Some people
have Problems
with living
in a house
with other
people.

Some times
things can
be hard

Some people
get ill from
Plants and
Pollution.

Some people
have issues
with their
Heart.

Different
illnesses

Some people
get ill from
Plants and
Pollution.

Some people
have issues
with their
Heart.



SUMMARY DOCUMENT

About this report

This is the summary report of the Values-Based Child and Adolescent Mental Health System Commission. The Commission looked at the children and young people's mental health system from many perspectives and recommends significant and far-reaching changes. The Commission was supported by the Dinwoodie Settlement, the Faculty of Child and Adolescent Psychiatry of the Royal College of Psychiatrists, the Children and Young People's Mental Health Coalition and Young Minds.

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Commission terms of reference

- 1 To examine the role of values (what is most important to children and young people, parents and carers, service providers, referrers and service commissioners) in child and adolescent mental health services (CAMHS).
- 2 To examine how any differences in the implicit values of the different constituents of CAMHS (see above) affect the commissioning of CAMHS.
- 3 To examine how any differences in the implicit values of the different constituents of CAMHS (see above) affect the development and delivery of CAMHS.
- 4 To seek best practice as to how working with these differences can lead to better commissioning and provision of CAMHS.
- 5 To examine evidence of why and how service providers use children and young people's participation to improve service development and service delivery.
- 6 To examine evidence of why and how service providers use parents' and carers' participation to improve service development and service delivery.
- 7 To examine evidence of why and how commissioners and managers use children and young people's participation to improve the management and commissioning of CAMHS.
- 8 To examine evidence of why and how commissioners and managers use parents' and carers' participation to improve the commissioning and management of CAMHS.

- 9 To develop recommendations for service providers, commissioners and managers to use working with differences in values to improve service.
- 10 To develop recommendations for training for service providers, commissioners and managers.
- 11 To develop recommendations for the education and training of CAMHS staff.
- 12 To develop recommendations to key organisations (Department of Health, NHS England, Directorate of Health and Social Care (Scotland), Department of Health and Social Services (Wales), Department of Health (Northern Ireland), etc.).

Context: why another commission?

The mental health and well-being of children and young people has never been of greater concern. Nearly every day a new story breaks: concerns about rising levels of self-harm, eating disorders and depression; concerns from head teachers that schools are struggling to support pupils with mental health problems and are unable to access advice; difficulties in accessing mental healthcare; and fears that the internet acts as a malign force in children's lives. Perhaps of greatest concern, however, is the fact that these challenges have persisted despite a series of national reports highlighting the problems and offering well-considered solutions: 'Just one more report and we'll get it right', seems to have been the strategy.

Over the past 5 years major reports from England, Wales, Northern Ireland and Scotland have catalogued concerns and suggested solutions.¹ A little further back, the *National Service Framework for Children, Young People and Maternity Services* (Department of Health, 2004) set out solutions to many of the same problems. Reports on child welfare and protection have highlighted similar issues.

An important theme that stands out from these reports is the need to consider services for children and young people with mental health problems within the wider system in and by which they are supported: families and communities, schools, health and social care, and the voluntary sector.

This was the key starting point for the Values-Based Child and Adolescent Mental Health System Commission. In taking a whole-system approach we wanted to explore and understand how different values might drive decision-making, behaviours and practice within and between the various components of this wider system.

Our Commission therefore aimed to look at the issues through a different lens. While the findings we set out here are broadly consistent

1. In England, *Future in Mind* (Department of Health & NHS England, 2015), *The Five Year Forward View for Mental Health* (Mental Health Taskforce, 2016) and *Implementing the Five Year Forward View for Mental Health* (NHS England, 2016). In Wales, the Together for Children and Young People multi-agency programme (Welsh Government, 2015). In Northern Ireland, the *RQIA Independent Review of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland* (Regulation and Quality Improvement Authority, 2011). In Scotland, the mental health of children and young people was included in the Scottish Mental Health Strategy 2012–2015 as part of the overall plan (The Scottish Government, 2012), which informed the Children and Young People's Act (Scotland) 2014.

with those of our predecessors, we have adopted an explicitly values-based approach to the issues. In doing so, we have sought to build on earlier reports by considering how a values-based approach can help to achieve our shared aspiration – improvements in the mental health and well-being of children and young people. It is hoped that our recommendations will help to bridge the gap between the challenges consistently identified by other reports, and successful realisation of their recommended actions.



A key challenge for anyone working in contemporary health and social care provision is 'initiative fatigue'. It seems there is always someone eager to urge us to adopt this or that new approach, with the implication that everything that has been done to date has at best been imperfect, if not wrong altogether. By contrast, values-based practice in the model adopted by the Commission is about empowering both service providers and service users to understand and build on their own and others' good practice.

The Commission took as its starting point a recognition that tensions within and between stakeholders arise in part, but very importantly, from differences in the values inherent in their working processes and approach. To address these, the Commission drew on the resources of values-based practice.

What is a values-based approach?

By 'values' in this context we mean 'what matters' or 'what is important' to those concerned. The tensions can thus be understood as arising from differences between stakeholders in what matters or is important from their particular perspectives, such as ease of access to services and evidence of their effectiveness. Unacknowledged, such differences can lead to failures of communication and other barriers to joined-up care provision. These same differences though, if understood as differences of perspective on what matters, are not irreconcilable. Rather, they can usefully be regarded as differences of emphasis. When they are openly acknowledged and understood by all parts of the system, it is possible to develop a framework of shared values within which balanced decisions can be made in partnership between those involved, acting in the best interests of children and young people and meeting their mental health needs.

This is where values-based practice is important. Always working in partnership with evidence-based practice, values-based practice provides the skills and other resources needed to support balanced decision-making between stakeholders, within a framework of shared values (valuesbasedpractice.org).

Methodology

The Commission brought together individual, professional and sector representatives from across the child and adolescent mental health system: young people, parents, education, social care, child and adolescent mental health services (CAMHS), commissioners and voluntary organisations. Almost 120 submissions were received in response to our call for evidence and from all four jurisdictions of the UK. The Commission also took five sessions of oral evidence, and the Commission Chair and the convenor spoke to key individuals. In addition, the Commission convenor and one of the young people carried out a site visit to Liverpool CAMHS, which provides comprehensive services from tier 2 to tier 4, with close links to schools and primary care. The Commission convenor also spoke to a wide range of individuals who had submitted written evidence.

We applied values-based thinking to all aspects of the Commission. Its work as a whole was informed by an extended period of preparatory research, including a structured literature review and qualitative primary research on stakeholders' values.

At the Commission's first meeting, the Commission members participated in a brief training exercise to develop their awareness of differences in values, which helped to shape our later lines of questioning. For example, we focused more than previous commissions on staff values and on evidence of what works well, as well as what hinders the most effective practice. This in turn guided our findings and recommendations.

Our inquiry gathered examples of practice which, in the view of the Commission, demonstrated successful whole-system support for children and young people's mental health and well-being. Our analysis of the written and oral evidence has identified practical solutions to the problems that face this complex system, and some of the values-based approaches that could be adopted to support their successful implementation.

Our report is a synthesis of this information, not a systematic review. It reflects the diversity of practice across the system and provides examples of how a wide range of stakeholders are working to solve the problems that confront them. We found many individual examples of best practice in joined-up, whole-system approaches. Yet, a striking finding was the overall sense of disjunction between different services and the wider system, particularly in the relationships between schools and between education and other parts of the system.



Key findings

- 1 The lack of a shared language and approach for describing outcomes for children and young people is hampering inter-agency working.
- 2 Schools and the wider education sector are a key component of the child and adolescent mental health system, but they feel disconnected from other parts of the system.
- 3 There were several examples of whole-system transformation, but there were also persistent concerns that these are not adequately funded.
- 4 Whole-system leadership is crucial to delivering system transformation, but is not always encouraged and nurtured.
- 5 The workforce is vital for realising effective service transformation, but often feels excluded and devalued.
- 6 Co-production with children, young people, parents and carers is not only good for services, it is also good for children and young people and helps them to achieve optimal outcomes.
- 7 In-patient services need to be managed and commissioned as part of a whole system, and should include the full range of crisis services and alternatives to in-patient treatment.
- 8 Long-term, sustainable relationships between service providers, commissioners, and children and young people are crucial to delivering effective service transformation.

In the implementation-oriented model adopted by the Commission, shared values are important as the starting point for values-based practice and for addressing our key findings. These are underpinned by the 'best interests' principle enshrined in the Children Act 1989, which remains vital and itself embodies welfare and human rights-based values that are undoubtedly shared by all stakeholders.

Values

The Commission recommends that the following values should be shared, and explicitly adopted, by all those working in the child and adolescent mental health system.

Equal partnership We value children, young people and parents as partners with an equal voice.

Empowerment We value empowering children and young people to understand their mental health as a critical contribution to their health and well-being.

Workforce We value the workforce who are providing the services, care and support.

Whole system We value working together across sectors, recognising that we all have responsibility for the mental health of children and young people – no one sector, or part of society, can do this alone.

Leadership We value leadership at all levels, especially system leadership.

Long-term relationships We value the power of long-term relationships as a critical factor in promoting and supporting children and young people's mental health.



Challenges of adopting a values-based approach

The overall purpose of the Commission in exploring a values-based child and adolescent mental health system was to promote good outcomes for children and young people's mental health. As already noted, however, there can be tensions between stakeholders arising from unacknowledged differences in values. In other words, while all stakeholders have a shared values base for promoting good outcomes for children and young people's mental health, they have different perspectives on what matters or is important in achieving these.

The Commission believes that the development and application of values-based practice within the wider child and adolescent mental health system provides a new opportunity to transform our shared aspirations into sustainable improvements in practice. It further recognises the need for values-based thinking to be applied across the system as a whole for effective implementation of a values-based approach.



Recommendations

The Commission recommends the following actions as a series of concrete steps necessary for achieving the adoption of these values across the system of services and government.

- 1 **Establish a values-based child and adolescent mental health system network.** The workforce needs opportunities to share and explore their values and their practice implications, and the ability to exchange best practice in a safe space. The network would bring together all parts of the system to achieve this.
- 2 **Adopt shared values for the child and adolescent mental health system.** The departments of state of national administrations and jurisdictions should consider whether they could adopt the Commission's proposed shared values as the basis of a common set of shared outcomes expressed in a common language to guide their work with children and young people.
- 3 **Recognise the role of schools and fund them appropriately.** Governments should formally recognise schools as a crucial component of the child and adolescent mental health system, in the following ways.
 - Undertake mental health impact assessments to ensure that both schools/education policy and wider government policy and legislation are not detrimental to children and young people's mental health.
 - Help schools to develop a framework for empowering and enabling children and young people to better understand their own mental health and to advocate for themselves. Schools should be able to teach children and young people about mental health in the same way they teach them about literacy or numeracy.
 - Ensure that schools are able to identify mental health issues and can easily signpost pupils to relevant support, either within the school or their local community, and have the accountability to do this.

Training

- 4 **All training for the children's workforce – from clinicians to youth workers – should include training in values-based theory and practice**, including an exploration of what matters to clinicians and patients, with the aim of developing a community of shared practice.

Service improvement

- 5 **Co-production with young people and parents** should be at the heart of all recovery, service redesign, commissioning and training.
- 6 **Single point of access referral systems** should be appropriately resourced to provide access to the full range of services, from support through to diagnosis and specialist intervention.
- 7 **Clinical pathways to and from in-patient admission should include access to alternatives to admission**, such as crisis intervention teams and home treatment teams. These should be jointly commissioned or managed with in-patient care.
- 8 **Commissioners of CAMHs should establish sustainable relationships** with provider partners and young people.
- 9 **Whole-system leadership** should be characterised by a collaborative and mutually respectful approach, and include the active participation of clinicians from specialist services.

Research to support development of a values-based child and adolescent mental health system

- 10 Further research is needed in the following areas:
 - the relationship between co-production, values (what matters) and recovery in children and young people with mental health problems
 - staff values (what matters): this is an important and under-researched contribution to understanding why co-production and other aspects of service improvement have proved so difficult to implement in a sustainable way.

Next steps

Subject to continued funding, members of the Commission plan to work with others on implementation plans that include the role of staff recruitment and staff training in developing a values-based child and adolescent mental health system.

References

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