Transformation Partners in Health and Care

NHS

Transforming mental health services from 0-25

A case for change

Foreword by Dr Charlotte Harrison

Clinical Director, Acute and Urgent Care, South West London and St George's Mental Health Trust

I'm delighted to introduce Transformation Partners in Health and Care's case for change supporting the transformation of mental health services from 0-25. Improving support and services for children, young people and young adults is an integral part of the NHS Long Term Plan and forms part of local recovery plans following the COVID-19 pandemic. The shared ambition is to develop services which fully meet the needs of children and young people, from birth through to early adulthood. This case for change focuses on supporting local areas in developing or extending services specifically for children and young people aged 0-5 and 16-25 who, at times, struggle to access services that meet their needs.

For years, young people have told us that the transition between children and young people's mental health services, and adult mental health services, is difficult. This case for change includes written contributions from three young people about their experiences of accessing services, the difficulties they have faced and the changes they want to see. I want to thank all the young people who have supported and contributed to this case for change, for sharing their experiences and working with us towards solutions.

We also know that ensuring a good start to life is critical and has a lifelong impact on health and wellbeing. Supporting young children and families is central to this, and whilst more needs to be done to engage the views of these groups, we include here key policy background, research, and case studies to support transformation for this cohort, as well as for older young people.

Over the last few years, and throughout the COVID-19 pandemic, we have seen an increase in children and young people needing support for their mental health. Now more than ever it is important for local areas to take action and implement change. Transformation Partners in Health and Care has developed a series of resources to accompany this case for change. These include an external critical literature review (2019) and a Menu of Models paper which provides further information on case studies highlighted within this case for change. These will be published and available alongside this report.

My hope is that the information outlined in this report and associated resources will inform the decisions and actions needed for the development of 0-25 services across London, that better meet the needs of young people across the capital.

Foreword by Antonio Ferreira

My name is Antonio Ferreira. I am a 24-year-old student at the University of Essex, studying Psychology with Cognitive Neuroscience. I am also a mental health activist who campaigns for anti-racism in the mental health sector and changing how the UK views and addresses mental ill-health. I was asked to share my experiences as I have accessed both CAMHS (Child and Adolescent Mental Health Services) and AMHS (Adult Mental Health Services).

As a teenager, I was diagnosed with Undifferentiated Schizophrenia and Emotionally Unstable Personality Disorder. My almost decade-long journey in mental health services began in secondary school. Being a high achieving black male in school brought along high expectations. Unfortunately, these expectations turned into unhealthy pressure, which I put on myself. I believed I had no option but to live up to my peers', teachers', and family's expectations of me. Eventually, this unhealthy pressure led my behaviour in school to change. I became confrontational, paranoid, and delusional. At this point, I was seen by my GP who then referred me to CAMHS.

In CAMHS, I was always asked, "what can we do to help or support you?" Back then, being under the care of mental health services was entirely new for me, as was the world of mental illness. Therefore, I would never answer the question as I should have – instead, I would answer, "You are the doctor. You should know what I need to help me". Reflecting back, this also makes me realise that mental health services can only be as helpful as you are in opening up to them.

While under CAMHS, I attempted to take my own life and I was admitted into a psychiatric ward. After being discharged, I was supported by an Early Intervention Service (EIS) which really gave way to my recovery. But I found there was a lack of communication between services, which was really challenging. As a patient moving through services, you feel you are a song stuck on repeat, again and again having to explain your story to professionals. The number of people you encounter who are in charge of your care can also be incredibly overwhelming.

I was with an EIS for three years and then discharged to a community AMHS. Being under the supervision of adult services was a shock compared to CAMHS. I expected to hear the question, "what can we do to support you?" On the contrary, I was never asked this, and I was always told what I needed. Only when I would speak up would the question be asked.

Despite the challenges, being under AMHS was not all bad and I know that without the support of these services, I would not have become the resilient male I am today.

Throughout this case for change, it will become apparent that many other young people will have had a similar experience to mine. That is why I firmly believe that developing 0-25 services would make the experience of transitioning from CAMHS to AMHS a lot less overwhelming and frustrating.

Executive summary

Transformation Partners in Health and Care works with partners across London to address issues within the mental health system, in the hope this will improve the support provided to children, young people and their families.

There has been a long-term understanding that more could be done to better meet the needs of young people with mental health problems, especially those aged 0-5 and 16-25. However, developing mental health services and health and care systems that can achieve this has proved difficult.

This case for change reviews where the London health and care system is currently at, outlines the evidence for developing comprehensive 0-25 services, and explores how we can make change to better meet the needs of young people.

The first section **explores where the system is currently at**. The key relevant ambitions for mental health service transformation for children and young people (CYP), and adults, within the NHS Long Term Plan are outlined. The section also provides information around the prevalence and costs of mental ill health in CYP, the impact of the COVID-19 pandemic and outlines the scale of unmet need.

The second section **explores where we want to be**. The section focuses on what young people say and what they wish to see in 0-25 services. Two young people worked with the team to write and design the layout of this section. For 0-25 services to be successful, young people's experiences need to be understood and they should play a key role in the development of local models.

The final section **explores how we can get there**, and provides a series of resources, case studies, models and research to support the development of 0-25 mental health services. These examples capture practice and learning from international and UK services. This sections also reviews what has previously worked well and what has been difficult.

It is acknowledged that the majority of engagement undertaken with service users to inform this case for change has been with young people aged 16-25. For the 0-5 age range, we have drawn on research and policy rather than individual feedback. Local areas should consider engaging with young people and families across the 0-25 age bracket when developing services.

The hope is that this case for change will help local systems to consider what models would work best for the populations they serve, reflect on key challenges, and use this to inform their planning, development, and rollout of 0-25 services.

"All children and young people deserve to have good wellbeing and grow up equipped with the tools they need to understand and support their mental wellbeing as they move into adulthood."

State of the Nation 2019 (26)

Introduction

The NHS Long Term Plan commits to extending current service models, creating a comprehensive offer for 0-25 year olds that reaches across boundaries between mental health services for children, young people and adults, and delivers an integrated approach across health, social care, education and the voluntary sector. This is not just about transition; it is an opportunity to transform current mental health services and create seamless provision for children, young people, and young adults.

To develop a comprehensive mental health offer for 0-25 the following key service user groups have been identified:

- **0-5s, whose needs can be overlooked or not addressed in the right service**
- **Young people transitioning from child and adolescent mental health services (CAMHS) and adult mental health services (AMHS)**
- **Young people who do not meet AMHS criteria but continue to need support**
- **Young people presenting to services for the first time during young adulthood**

Whilst this case for change explores the evidence around developing 0-25 services there is a key focus on support and services for young people aged 0-5 and 16-25. Young people have consistently told us that the transition between CAMHS and AMHS is difficult and problematic. This report shares young people's lived experiences of using these services and outlines what they want services to be like in the future. It is crucial that young people's voices and input are at the heart of the design and development of new mental health care models.

For the 0-5 age group, the focus is on taking an integrated approach between health, education, local authorities, and social care. Examples of best practice in this area are emerging, and it is important that this group is not overlooked in the wider context of developing 0-25 services. Local areas should also think about gathering further input from parents and carers as part of this work.

For London, ensuring that a diverse range of young people, parents, and carers from across the capital can contribute to the development of 0-25 services will be vital. We hope that the case made in this document will further strengthen the case for local areas to invest time and resources in co-production and participation.

The journey so far

Since the NHS Long Term Plan was published, work has already begun to transform services with the 0-25 agenda in mind.

Reforms across education and social care recognise that more effective coordination of children's and adult services up to the age of 25 is required to achieve better outcomes. For example, Education, Health and Care (EHC) plans can be put in place for children and young people across the age range of 0-25 who need more help than is available through special educational needs and disability (SEND) support (1). In addition, Local Authority responsibilities to young people leaving care have progressively been extended to age 25, recognising that such a vulnerable group needs support for a longer period of time (2).

In terms of more integrated working, the recent Health and Social Care Bill places integrated care systems (ICSs) on a statutory footing to make them accountable for commissioning and delivering services to the patients in their footprint. The Bill also includes a new duty on NHS England and local authorities to collaborate on the delivery of care (3).

Over the last few years there has been significant work undertaken in the 0-25 space including a transition Commissioning for Quality and Innovation (CQUIN), Local Transformation Plans which include 0-25 models, NICE Guidelines on transitions and development of work focusing on early years.

In some areas of mental health care, particularly disorder-specific services, traditional age boundaries are being eschewed. First Episode Psychosis (FEP) programmes were initially established for 14 to 35-year-olds but the upper age limit has since been removed (4). A severe mental illness that affects up to 3% of the population, timely access to support for FEP can have a significant impact on patients' lives. Some specialist eating disorder services are also moving to bridge the CYPMHS/AMHS divide so they can provide long-term care (5).

Recognising and learning from the breadth of this earlier work should inform areas in developing their plans and strategies going forward, and the resources section of this document provides further information.

Where are we now?

Key points

- **One in six 5–16-year-olds in England have been identified as having a probable mental health disorder (6)**
- **Recent demand modelling suggests that 1.5 million children and young people (CYP) in the UK may need new or additional mental health support as a result of the pandemic (8)**
- **The treatment gap for young people aged 16-25 with a mental health issue is wider than for other age groups and is especially wide for those aged 21-25 (9)**
- **Current commissioning arrangements can present challenges to delivering appropriate levels of care for CYP and place limitations on clinicians' ability to deliver the right services**
- **Many CYP with mental health challenges do not receive effective support and interventions**

The prevalence and costs of mental ill health in those aged 0-25

What happens early in life affects our health and wellbeing in later life. Poor mental health can have a negative impact on a young person's education, career, relationships, physical health, quality of life and generally limit their opportunity to fulfil their potential. The impact on London alone is significant. A 2014 report by the Greater London Authority found that mental ill health was the single largest source of disease burden across London and estimated the wider costs from factors such as sickness absence and crime at around £26 billion (10).

“Treat mental health with the same urgency as physical health and focus more resources on early intervention.”

Grace, age 16

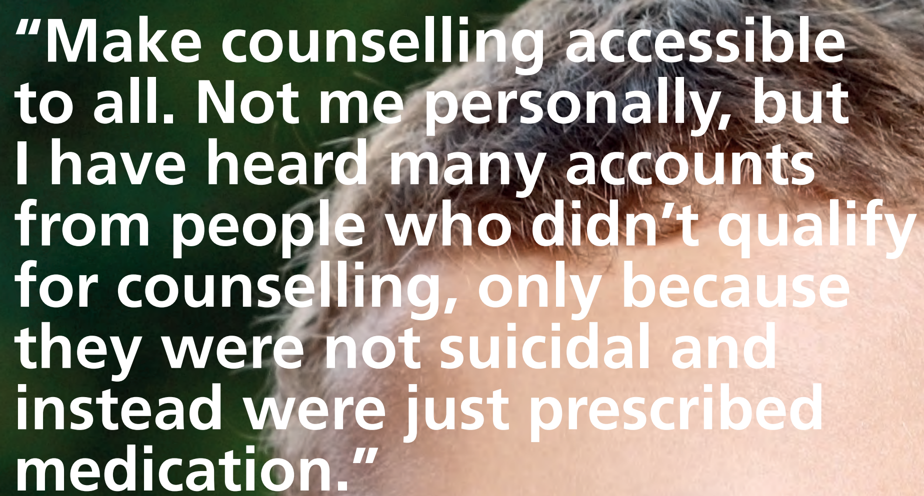
In London young people aged 0-25 make up roughly 30% of the population (11). National data from October 2020 and September 2021 has revealed that one in six 5 to 16-year-olds in England have been identified as having a probable mental health disorder. This figure has increased from one in nine in 2017 (6). This means that around four children in every classroom across London have a mental health condition.

> **The case for supporting families during the early years of a child's life, from conception to age 5, is strong. Early childhood is recognised as a critical period, determining physical, cognitive, social, and emotional, and behavioural development in ways that have lifelong effects. The right support for families during this time can fundamentally change lives.**
>
> Early Intervention Foundation, 2022

The 2017 mental health prevalence survey captured for the first time, findings on the prevalence of mental disorders in 2 to 4-year-olds. The survey found that one in eighteen (5.5%) of 2 to 4-year-olds experience a mental disorder (12). There is significant evidence of the benefits for supporting children to have a good start in life and that inaction can be costly. "The Early Intervention Foundation has estimated that in England and Wales, the cost of late intervention in 2016/17 was £17 billion, equivalent to around £300 per person, because of the need for services to address problems such as mental ill-health, youth crime and exclusion from education." (13)

The treatment gap for young people aged 16-25 with a mental health issue is wider than for other age groups and is especially wide for those aged 21-25, with a recent study finding that 64% of this group were not receiving any mental health services (9). In addition, it is estimated that more than 25,000 young people across the UK transition from CYPMHS to AMHS each year. Although there is legislation and guidance in place to support this process, only 4% of young adults receive "ideal" transition (14).

With one in six adults in London experiencing mental ill health in any week, many 18- to 25-year-olds also need support (15). Suicide among young Londoners aged 10 to 24 rose by 85% between 2013 and 2016 (14) (16) and there were also significant increases in cases of anxiety and self-harm (17).



"Make counselling accessible to all. Not me personally, but I have heard many accounts from people who didn't qualify for counselling, only because they were not suicidal and instead were just prescribed medication."

Brad, age 14

Whilst London is a diverse, inclusive, and prosperous city there are still significant inequalities that need to be addressed. To take just one example, the Mayor of London's inclusion and diversity strategy found that children living in deprived areas and children who are Black and LGBTQ+ are at particular risk of suffering from low life satisfaction (18).

The impact of the COVID-19 pandemic on those aged 0-25

The impact of the COVID-19 pandemic on young people's mental health and wellbeing is well documented. We know that some young people have encountered new emotional difficulties or have experienced a deterioration in pre-existing mental health issues. In the recent report, Mapping Young London, 79.3% of young people said that Covid and lockdown had a negative impact on their mental health.

For many children and young people, their emotional health will improve as society recovers. However, for some the negative impact on their wellbeing will be more severe and long-lasting.

We also know that social and health inequalities have meant some communities were more impacted by the pandemic than others. This includes children experiencing care and care leavers, disabled young people, young people living in deprived areas and young people from racialised communities.

These factors have led to a rise in demand for mental health services for young people. This has been seen across services, from primary care to NHS specialist mental health services, voluntary sector, independent sector, and digital providers. Pressures on acute trusts and local authorities have also risen. A recent report from NHS Confederation on the impact of the COVID-19 pandemic stated that demand modelling suggests 1.5 million children and young people across the UK may need new or additional mental health support as a result of the pandemic (8).

Current models of care for those aged 0-25

Current commissioning arrangements can present challenges to delivering appropriate levels of care for young people and place limitations on clinicians' ability to deliver the right services. In line with age boundaries across the wider health, education and social care system, mental health services for children and young people (CAMHS) are generally currently commissioned and provided separately from adult mental health services (AMHS). There is also variation in support for children under 5-years-old with many families not able to access support.

Effectively supporting the 0-5 cohort is dependent on developing integrated approaches with social care, education, and local authorities. There are also strong recommendations to focus on early years intervention for under 5's and for developing support for parents.

For young people over 16, access to mental health services has been driven by a historical paediatric-adult division, with a transition age of 16 or 18. The majority of CAMHS in England deliver care up to the age of 18; some services stop at 16; others have already expanded their services up to the age of 25. There is growing concern, however, that the current age boundaries and care model are failing to meet the needs of children and young people and that some young adults are not ready for adult services, or are getting lost in the transition between CAMHS and AMHS (5). Although a young person becomes an adult in law at the age of 18, key elements of their development, particularly brain and emotional development, continue until the early 20s. It has therefore been suggested that the period of adolescence has lengthened from 10-19 to 10-24 (19).

"Whatever the age at which a young person leaves one mental health system for another, the transition must be carefully planned with the young person and, where appropriate, their family."

NHS England's Model Specification for Transitions from Child to Adolescent Mental Health Services, 2015 (32)

There is a significant peak in referrals to mental health services between the ages of 17 and 25. In addition, it is estimated that more than 25,000 young people across the UK transition from CAMHS to AMHS each year. Although there is legislation and guidance in place to support this process, only 4% of young adults receive "ideal" transition. Many do not have a positive CAMHS to AMHS transition experience; it has been described as "overwhelming" and "being dropped", where many disengage from services, putting their health and wellbeing at risk (20).

> **"I had a very bad transition from CAMHS to adult services. One day I was in CAMHS with plenty of support and then the next, the only support I knew of was a crisis number."**
>
> **Young person (16)**

The scale of unmet need in those aged 0-25

> **"Many mental health conditions in adulthood show their first signs in childhood and, if left untreated, can develop into conditions which need regular care... But too often children's and young people's emotional wellbeing is not given the attention it needs."**
>
> **Future in Mind, 2015 (16)**

Although many children and young people with mental health problems get excellent support, others do not receive effective intervention. Until recently, as few as one in four were thought to be receiving support with latest estimates having risen to around one in three (21).

There are several reasons for this treatment gap. Some children and young people might not seek help; a recent review demonstrated that adolescents and young adults hold "uninformed and stigmatising views" of mental health services. Others might face barriers to accessing support, such as long waiting times or not fitting diagnostic categories or delays to initial treatment. In terms of unmet need, more input and focus is needed to develop effective approaches for the age groups 0-5 and 18-25 (22).

Looked-after children, those leaving care and those with special educational needs and disabilities may face additional pressures during the transition to AMHS (23).

> **"I wish services were a lot more available and easier for carers and financially unstable parents to access for free, so that every child gets treated. Maybe putting up leaflets and posters in hospitals, alongside workshops at schools, unis, and colleges."**

Molly, age 13

Where do we want to be?

Key points

- **Young people have provided clear feedback on their experiences and what they want to see in services. It is strongly recommended local areas further engage with young people to co-produce services**
- **Under the NHS Long Term Plan, local areas must develop integrated 0-25 services by 2023/24. This must be locally determined, led, and owned**
- **Further engagement is needed with parents and carers to develop support for children aged 0-5**

What do young people tell us they want from mental health services?

This section of the case for change has been written by two young people, Shelby (age 19) and Katie (age 19). They have also pulled together quotes, feedback, and input from other young people which are peppered throughout this report. We are grateful to Katie, Shelby and all the young people who have contributed.

We acknowledge that much of the lived experience input within this case for change has come from young people aged 16-25. For the 0-5 age range we have drawn on research and policy. We recommend areas engage with young people including children, parents, and carers in the 0-5 age range as part of any co-production work.

From Shelby and Katie

We wanted to share our experiences here and pull together quotes and stories from other young people. It is great that developing 0-25 services is part of the NHS Long Term Plan. We strongly believe that young people should have a say in their health and in developing services. We hope developing 0-25 services will provide a safe and accessible space for every young person to be heard and supported.

Shelby says: “I supported Katie when she was in crisis. As a young couple, with one in mental health crisis, and the other providing intensive daily support, we knew it was our time to reach out for help. Upon asking our local services for support we not only hit a barrier, we were knocked off the road entirely. My partner’s depression had worsened, but in response she was told that the Cognitive Behavioural Therapy (CBT) list was 9-months long. She then went to the Crisis Team explaining her intent to act that very day however was still told ‘to go home and ring if things worsen’. We were left confused, and it resulted in my girlfriend being transported to an adult inpatient ward. Not long turned 19 years old, only a few months ago she could have used child services, but instead she was placed under the adult services, an intimidating experience and one that did not meet her needs as a young adult.

0-25 services would allow all children and young people to be supported by staff who are adequately trained in caring for some of the scariest stages of transition. Starting school, moving up to secondary school, selecting a post-16 pathway, a post-18 pathway and taking on the pressure of being referred to as an adult; all huge changes that occur in the 0-25 age bracket. If services could provide one piece of stability through these times it would make a world of difference. We both felt ignored and helpless, hence our determination to improve the services young people can access, so that the numbers of people who need early intervention or are close to hitting crisis are reduced; and for those that do, they will not be turned away. To still be cared for in the earliest stages of adulthood, where inside you often feel so young and unprepared, would be far more comforting than worrying about child services closing the door in your face without a goodbye, and adult services having too long a waiting list to ever say hello.”

Katie says: "With services split into child/adolescent and adult sectors, my experience in under 18 services was patronising and I felt I was treated as though I was too young to know what is best for my own health. In over 18 services I was told that everything is 'strict procedure' and unchangeable. Neither age group is therefore able to have input in their care, which was especially evident in my own experience of an informal inpatient stay.

When I agreed to go into hospital, the word 'informal' was specifically explained to me as meaning that I was 'completely in control of my care' and could choose whether or not I wanted to take any of the medication offered and could leave whenever I wanted. When I actually arrived at hospital, the exact opposite occurred: every day I was given medication that I felt obliged to take as the nurses would stand next to you and check you had swallowed it, and I had to ask repeatedly just to be told the name of it. Furthermore, when I asked to use my right as an informal patient and leave, I was threatened with sectioning and given no further information of how I could get home.

In the end I had to just keep asking every day until a doctor finally spoke with me and discharged me, but throughout my entire stay, not once was I given any legal information, shown a care plan, or told what was happening. I felt constantly on edge and never knew what was going to happen next, I was anything but 'completely in control of my care."

Shelby says: "The best way to maintain a high level of service user satisfaction is by involving the service users at every stage of development and continuously taking on board their feedback. As Youth Access recognises, 'Participation should be at the heart of improving services. Not only is it an empowering experience but building services with young people should increase engagement and therefore improve health outcomes – something that benefits everyone! (20)

From my own perspective as a young person who has participated in youth forums across many of the physical health services I have accessed, my opinions have been heard and valued. Participation has allowed me to change policy and practice within the delivery and design of these services. Seeing these changes come to life has given me an increased sense of self-worth as I am able to recognise the impact I had. By contrast, in current mental health services the participation opportunities are sparse and inadequate, leaving service users to feeling overlooked."

SPEAKING OUT ABOUT MY CARE

THE WORDS OF YOUNG PEOPLE

"My mental health kept getting worse because of having to constantly retell my traumatic story to then only be told that a service couldn't help my specialist need." (Minding our Future, 2018)

"AMHS treated me like an adult straight away. I didn't know how to do that." (Young Minds / North West London STP, 2019)

"I had to make my own decisions, create my own care plan. I wasn't used to making these decisions." (Young Minds / North West London STP, 2019)

"Mental health isn't a one size fits all treatment, it really depends on the person." (Future in Mind, 2015)

"You have to fit into their paths and none of their paths fit you." (Future in Mind, 2015)

"After I was discharged from home services, I had no mental health or GP support while I was back during the holidays. Since I was home for four weeks at Christmas, and another four at Easter, this was a problem!" (Minding our Future, 2018)

Key themes

> **"(A) clearer system, under one service. It gets overwhelming being under various services and means my story must constantly be retold."**
>
> **Dale, age 19**

Across both the 0-5 and 16-25 age ranges, there are clear themes emerging from what the research and what young people themselves tell us they want from services. A focus group by the Healthcare Safety Investigation Branch (HSIB) revealed several key themes which build upon the experiences shared by young people in this report. Together with the information young people have provided to Healthy London Partnership (24) and key work by Youth Access (20) outlining what young people want to see from services, the following key themes have been identified:

Services should:

- have an integrated child, youth, and family-friendly approach
- recognise children and young people's needs as they see them
- make young people feel supported
- emphasise the positives
- help young people cope
- help young people feel comfortable
- be free
- be confidential
- be free from discrimination
- have the ability to self-refer
- have short waiting lists
- have a longer transition planning process
- enable involvement in decisions
- have one designated person in charge of the transition process
- have a peer network (buddy) system

How do we get there?

Key points

- **There are guiding principles and recommendations for areas to consider when developing services to meet the needs of those aged 0-25**
- **Local areas that have implemented 0-25 services have done so by drawing on a combination of existing models**
- **Case studies and resources have been developed which review different care models in more detail and outline learning from areas which have developed 0-25 services**

Challenges and opportunities

There is a clear opportunity for areas to develop services and models which meet the needs of young people aged 0-5 and 16-25. The NHS Long Term Plan has not specified how local areas implement 0-25 services. This gives areas the opportunity and flexibility to develop models that meet the needs of their local populations. In many areas there are already services providing excellent support for families and young people, and there is therefore and opportunity to extend services that already exist and work with young people and families to co-develop any additional services or models. This work must be locally led, determined, and owned. It is important that local areas work to ensure buy in from CAMHS and AMHS, as well as involving wider partners within the voluntary sector, local authorities, and education. However, the move towards a whole system approach for mental health services for 0 to 25-year-olds is not without its challenges.

Challenges

- Reluctance of young people to seek help through current CAMHS/AMHS service provision
- Need to be flexible with the way we categorise young people (not just by age)
- Transition from CAMHS to AMHS can be difficult for some young people
- Service design must take into account local context and existing services
- Engaging other services to ensure joined up thinking and delivery can be problematic
- Different funding streams for children and young people and adults
- Additional issues for some communities (eg racialised young people, LGBTQ+, young carers, SEND, looked-after children)

Opportunities

- Involve young people and parents/carers in design and decisions
- Gain a better understanding of need through data collection and information sharing
- Redefine the age brackets into which individuals fall into relevant services
- Learn from accelerator sites and existing 0-25 services (see positive practice examples on page 34)
- Identify and receive additional baseline funding
- Pool resources and join up services through collaborative commissioning between ICSs, Local Authorities, and other partners
- Create single integrated care plans
- Base transition on need rather than age (person-centred care)

Guiding principles for transforming 0-25 mental health services

Based on recommendations from the National Collaborating Centre for Mental Health report (NCCMH, 2019) and NICE guidance on transitions (NICE, 2016), the following principles are suggested in the transformation of services to meet the needs of those aged 0-25:

Co-production
Work with children and young people, and their carers, to design, develop and evaluate services.

Age-appropriate care
Ensure that services have the right skills, competence, and knowledge to provide age-appropriate care from birth to 25 that considers other aspects of the young person's life, such as education and family.

Need and complexity-based care that is person-centred
Understand everyone's specific needs rather than focusing on population-level needs. Treat the young person as an equal partner in their care.

Youth-friendly and non-stigmatising
Create spaces in which young people feel welcome and safe.

Early identification
Determine mental health needs early and intervene quickly.

Early access, flexibility, and choice
Consider things like opening hours, communication channels and care settings.

Partnerships and integrated working
Work with a range of organisations, including primary care, physical health care, youth and criminal justice, education providers, social care, adult mental health services and the voluntary and community (VCSE) sector.

Effective management of transitions
Ensure that transitions work well to improve engagement and long-term outcomes and that transition support is developmentally appropriate based on the young person's maturity, personal circumstances, communication needs and other factors.

New models of care

Children and young people's mental health services have traditionally been organised around a four-tier system. However, as outlined in Future in Mind, this means that children and young people have to fit the services offered rather than the services fitting their changing needs. In recent years, some services in England have moved away from the tiers model and begun experimenting with new models for delivering mental health services (16). Outlined below are some examples of evidenced based models from the UK which can support local areas in deciding what might work for their population. Areas that have developed 0-25 services have drawn on a combination of models and services.

There are further case studies and resources in the following section of this report.

Model	Description	Example service	Age range
0-25 Integrated services	One service covering 0-25 age range	Forward Thinking Birmingham	0-25
Services configured based on need	Ensuring needs-based approach	I-Thrive model	0-25
Disorder specific services	Services eschewing traditional age boundaries	All age eating disorder service, Early intervention in Psychosis (EIP)	Varies by service
Young adults mental health service	Service covering 16-25 that meets the needs of young adults	The Hive	16-25
Bridging the gap between CAMHS and AMHS	Developing single front door approach	Minding the Gap transition meetings	16-25
Flexible age boundary	Model allows flexibility around age boundaries	Greenwich Time to Talk	16-25
Perinatal Mental Health service	Support parental mental health and developing relationship between parent and baby	Perinatal Services	0-2
Family hubs	Providing joined up, whole family support services	Family Hub Network	0-19 (up to 25 for young people with send or disabilities

Resources

Case study 1: Young Adult Mental Health & Wellbeing Partnership (YAP) Model

North West London has developed a model for young adults aged 16-25 focusing on partnership working. It has been set up to better meet the needs of young adults including providing flexible service entry/exit points and a no-bounce and no-thresholds policy.

Overview

The Young Adult (YA) Mental Health & Wellbeing Partnership Model centres around the development of borough-based young adult mental health and wellbeing partnerships. These will be formalised between NHS, Local Authority, Higher Education and and Voluntary, Community and Social Enterprise (VCSE), bringing together expertise, values and wealth of experience along with young adult and family involvement. The aims are to address inequalities and better identify unmet need, to improve equality of access to early intervention, and to improve engagement and navigation of services. A Young Adult Protocol (YAP) has been developed to improve the interface between adolescent and adult services and provide more flexibility.

The YAP 16-26 model includes seven components of care:

1. Multi-agency YA Partnership forum
2. Dedicated support for YA moving from CAMHS to AMHS
3. Continuity of support for YA who have experienced adversity including young people who have experience being in care, of youth violence, have long term conditions and being a carer
4. YA focused therapies and service adaptations
5. Mental health in-reach service
6. YA mental health wellbeing and recovery pre and post treatment support
7. Promotion of good mental health outcomes

Progress to date

The model has been developed with input from young people, service users, VCSE, NHS and local authorities. The borough-based partnerships have now been sent up and grants have gone to VCSE, universities and colleges to support partnership working and expand the mental health and wellbeing offer for young adults. New young adult clinical and non-clinical roles have been introduced to support this work.

Case Study 2: Greenwich Time to Talk

Greenwich Time to Talk (GTTT) is an NHS Talking Therapy service, formerly known as IAPT (Improving Access to Psychological Therapies), that provides psychological treatment for people aged 16 and above, living and/or working in the borough of Greenwich with common concerns such as anxiety or depression.

Overview

Since November 2014 the service has extended its remit to work with 16–17-year-olds. It has fully accredited clinicians who provide a specialist service for young people aged 16 to 17, which was developed in partnership with their local Greenwich CAMHS colleagues. The team's staff structure includes an 0.8 FTE Band 8a Clinical Psychologist who is also involved in senior management at wider service level, a 1.0 FTE Band 7 Psychology / CBT therapist and 0.25 FTE Assistant Psychologist.

Service model

The service has an interface with CAMHS which includes:

- CAMHS Supervision to service lead
- Monthly Case discussion opportunity to team members with CAMHS Early intervention Team
- Awareness of local CAMHS structure & good working relationships
- Awareness of adult secondary care structure & good working relationships
- Lead clinician reviews referrals for IAPT suitability if recent CAMHS history
- Lead clinician joins monthly transition meeting between CAMHS and AMHS
- 16-17 Team communicates service remit / criteria to CAMHS teams, GPs, schools etc.

Referrals are received via young people, GPs, CAMHS and schools. The service finds that referrals signposted by CAMHS at point of triage or assessment tend to be more suitable than those who have accessed CAMHS for intervention.

Those who are 17.5 years and present with risk are greatest challenge around interface and appropriate service – case discussion between services is encouraged particularly for these young people.

Extra thought is given to risk, sharing of information, relational context, and stage of development.

Interventions offered by 16-17 GTTT Service:

- Primarily individual CBT (supervision supports adaptations for young people taking into account evidence base and development)
- Small provision for IPT-A and DIT
- Workshops via Assistant Psychologist: Exam stress, BA for adolescents, Intro to CBT
- CBT informed Self-esteem online group
- Silvercloud

Key background documents

- **The Mental Health Implementation Plan** provides a framework to deliver the mental health commitments of the NHS Long Term Plan – NHS England.

- **Time for action**, published by Centre for Mental Health and the Children and Young People's Mental Health Coalition, December 2021, highlights the historic underinvestment in children and young people's mental health, and the postcode lottery of support which has resulted. Public spending on children's mental health lags behind investment in adult mental health services and there is wide variation in the amount spent per child in different areas. The report calls for a comprehensive mental health investment strategy for 0–25-year-olds.

- **0-25 Children and Young People's Mental Health Services Presentation** from October 2019 by NHS England.

- **Missed Opportunities** – a review of recent evidence into children and young people's mental health by the Centre of Mental Health 2016. Provides a comprehensive overview of mental health from ages 0-25, there are separate downloads looking at 0–4-year-olds, 5–10-year-olds, 11–15-year-olds and 16–25-year-olds.

- **Good Mental Health Services for Young People** by the Royal College of Psychiatrists 2017 aims to outline the principles that underpin effective services for young people, summarise the evidence base, provide information about a range of service models and offer some comparison of the different models. It also highlights the key training concerns in providing services for young people (defined in this report as 14–25 years of age) and offers suggestions for the roles that psychiatrists can play in the effective implementation of good mental health services for young people. It can be used by clinicians, service managers, commissioners, young people, and carers to help refine existing services and develop new services.

- **i-THRIVE**: Originally developed in 2014 by The Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families, the THRIVE framework is "an integrated, person-centred, and needs-led approach to delivering mental health services for children, young people and families". The national i-THRIVE programme, which translates the principles of the THRIVE framework into local models of care, has been endorsed by the NHS Long Term Plan. It is being implemented in 70+ sites across England, including Camden, Lewisham, and Merton.

0–5-year-olds

- **Early Years in Mind** is a free online network for early years practitioners. It provides easy to read and easy to use guidance on supporting the mental health of babies, young children, and their families. The network was developed by mental health experts at the Anna Freud National Centre for Children and Families.

16–25-year-olds

- **Improving transition from children to adult mental health services:** Early in 2019, the Local Government Association held an event to discuss improving transition from children and young peoples to adult mental health services. The event provoked a rich discussion, and this write-up sets out the recommendations, opinions and suggestions of good practice offered by the delegates.

- **Mental Health Service Delivery for 16-25 Birmingham University 2019**: Birmingham researchers have worked with colleagues at the University of Melbourne to research mental health policy and service delivery models for 16–25-year-olds in the UK and Australia.

- **The NICE guidance (Transition from children's to adults' services for young people using health or social care services")** covers the period before, during and after a young person moves from children's to adults' services and is wider than mental health. It aims to help young people and their carers have a better experience of transition by improving the way it is planned and carried out. It covers both health and social care.

- **The NHS England Model Specification for Transitions from Child and Adolescent Mental Health Services 2015** aims to support commissioners and is non-mandatory. The specification can be appended to the NHS Contract.

Positive practice examples – London

- **The impact of the COVID-19 pandemic on the mental health of children and young people in London:** London Assembly Health Committee.
- **JSNA Health and Wellbeing Needs of Young Adults age 18–25. Royal Borough of Kensington and Chelsea:** The City of Westminster, January 2017.
- **Improving Young Adult Mental Health in North West London:** a new model of care is ready for local implementation, NHS Central and Northwest London NHS Foundation Trust, October 2021 – news article about new models of care.
- **Good Thinking:** launched in 2017, Good Thinking was the first city-wide digital mental wellbeing service in the world. It promotes proactive self-care for the four most common mental health conditions: anxiety, low mood, sleeping difficulties and stress. So far, more than 250,000 Londoners have used the service, including many who have used the self-assessment tool. Good Thinking was developed through a partnership of local authorities (led by Directors of Public Health), NHS England – London, Public Health England, supported by the Mayor of London and is delivered by Transformation Partners in Health and Care.

Positive practice examples – UK

- **Central Norfolk EIT** allows young people to receive a service for five years to enable a smooth transition to AMHS or to primary care.
- **Leeds Transition Service** increased the age of CAMHS service users from 17 to 18. CAMHS and AMHS managers and clinicians meet regularly to review their transition protocols and to practice.
- **Birmingham Forward Thinking** provides mental health services for people between 0 and 25, it is a partnership of four organisations including the voluntary and community sector.
- **Just One Norfolk** created by Norfolk & Waveney Children & Young People's Services which is provided by Cambridgeshire Community Services NHS Trust has a 0-25 offer.
- **Liverpool** has an Integrated comprehensive CAMHS Offer above is delivered by a range of providers from the voluntary and statutory sector age 0-25. This promotes the message that mental health is everyone's business.
- **Bee U** is the emotional health and wellbeing service for people, up to the age of 25, living in Shropshire and Telford & Wrekin.
- Lambeth Alliance **Job description for Alliance Mental Health Transitions Worker**. This role supports the successful CAMHS transition for young people to adult mental health services or other services and support as appropriate.
- **Camden Mind the Gap Transitions Team** – Camden and Islington NHS Foundation Trust. The service is for 16–24-year-olds who are complex and/or where staff are unsure of the appropriate adult service to approach. The Transitions Team will also review cases in adult services where there is concern about disengagement. It provides outcome focused interventions based on the young person's goals and aspirations and facilitate transition to adult services.
- **Norfolk Youth Service** provided by Norfolk and Waveney Mind is for young people from the age of 14 to 25 living in the boroughs of Great Yarmouth and Waveney. They work in collaboration with young people to look at all the biopsychosocial elements, influences and contributing factors and help find ways of supporting their overall wellbeing.

Positive practice examples – international

- **ACCESS Open Minds** is a network providing mental health services for 12 to 25-year-olds across Canada. It was developed with a diverse range of young people, families, service providers, researchers and policy makers and builds on local strengths.
- **Headspace:** formally the National Youth Mental Health Foundation, which was established by the Australian Government in 2006, Headspace provides a 'one-stop shop' for 12 to 25-year-olds. Headspace focuses on early intervention and provides tailored, holistic mental health support.

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