The Regulation and Quality Improvement Authority

RQIA Independent Review of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland

February 2011

informing and improving health and social care
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Contents

Acknowledgements

The Regulation and Quality Improvement Authority wishes to thank the members of the Independent Review Team for their expertise, time and commitment to this review.

We would also like to thank all chief executives, managers and members of staff who contributed to the review for their cooperation.

A key part of our review has been to gather the views and experiences of children, young people and their parents or carers which feature throughout our report. We also thank Voice of Young People in Care (VOYPIC) for undertaking the consultation exercise on our behalf, and most importantly to those who shared their experiences of the service.

Executive Summary

Context

The review of Child and Mental Health Services (CAMHS) in Northern Ireland was conducted by RQIA in July 2010. The review examined the quality and availability of a range of services and professional groups involved in the delivery of specialist mental health care for children and young people in hospital and community settings.

Over 25 per cent of the population in Northern Ireland are children and young people. Epidemiological evidence would suggest that 20 per cent of children will develop a significant mental health problem. Child and adolescent mental health services in Northern Ireland are provided through a four tiered system which includes a network of all children's services.

Due to the complexity of CAMHS, a wide range of systems, reports, services and professional groups were assessed in the review. Services at Tier 1 (primary healthcare - universal services) are acknowledged for their importance in early identification and intervention in mental health problems. Tier 1 services are excluded in this review as they are outside the management and scope of mental health services within HSC Trusts.

The first review of CAMHS in Northern Ireland by Professor Bamford (see section 1.4 page 10) in 2006, reported that CAMHS in Northern Ireland was consistently viewed as under resourced, fragmented and lacking in a strategic approach.

Bamford's view was partly due to the variability and availability of specialist services and timely access to inpatient CAMHS. This has resulted in a number of children going for treatment outside of Northern Ireland and to young people being admitted to adult psychiatric wards. The impact of the underdevelopment of community CAMHS, was described at that time by Bamford, as resulting in long waiting times, delayed discharge from inpatient facilities and a recognition that support is provided too late in the development of a mental disorder.

Progress has been made since the Bamford review in 2006. The development of a purpose-built inpatient service has increased capacity for young people requiring admission to hospital. Services have been developed in areas such as eating disorders and crisis intervention and this has contributed to improvements in the range and availability of CAMHS.

Despite this, young people continue to be admitted to adult mental health wards. The review team considered that admission of young people to an adult ward is an admission to an inappropriate environment. However it was noted throughout the review that significant safeguards have been developed and implemented in the way young people are managed and accommodated in this adult wards.

Training frameworks for Child protection were reviewed using principles outlined in Cooperating to Safeguard Children (DHSSPS, 2003). The review identified that all CAMHS staff involved in looking after children and young people should be trained to a minimum of Child Protection Stage 2.

The review team found a committed workforce aiming to provide a service which meets the mental health needs of the children and young people. This was supported by the positive experiences of CAMHS documented in the consultation with young people and their parents, providing further evidence of a developing service.

Despite this, the review identified that more work needs to be done to ensure that children and young people with mental health needs will be seen by the right person at the right time in the right place. At present the absence of extant guidance for CAMHS in Northern Ireland has resulted in each trust area developing services differently.

Due to the absence of policy guidance and model for service provision, the terms of reference were developed using current Northern Ireland reports, inquiries and Departmental circulars. The review primarily assessed the progress of recommendations set out in the Bamford review. RQIA recognises that the recommendations of the Bamford sub group on CAMHS were based on a longer term vision and investment plan. This review provides a baseline assessment of progress against that vision. The review team also considered the recommendations from the McCartan Report as they relate to CAMHS and the interface with adult mental health services.

At the request of the Department of Health, Social Services and Public Safety (DHSSPS) the review team also undertook to assess the implementation of recent departmental guidelines on the assessment and management of risk in CAMHS. The publication of Promoting Quality Care introduced the application of a risk assessment tool, Functional Assessment of the Care Environment (FACE) in CAMHS, which was still at an early stage of implementation during the review. An overview of this is provided as part of this report.

The terms of reference for the review examined the availability of services for children and young people in Northern Ireland, the safeguards in place when a child is placed on an adult psychiatric ward and the transitional arrangements between CAMHS and adult mental health services.

Findings

- Staff in each of the five trust areas throughout Northern Ireland demonstrated a strong commitment delivering safe, evidence based and effective care.

- Patients and staff advised the review team that CAMHS across Northern Ireland are held in high regard. This was supported by the large number of parents and young people in the VOYPIC consultation. All of the young people surveyed in three trusts and 75 per cent in the other trust that reported that they had benefited from receiving CAMHS.

DHSSPS

- The review team found an absence of policy guidance and model of service provision for CAMHS.

HSC Board

- The developments and improvements of specialist CAMHS on the part of both the commissioner and trust have been both substantial and commendable.
- The review team found that the modelling in Tier 2 and Tier 3 services (specialised and targeted services) was not consistent across the Trusts.
- The review team found the HSC Board had identified the need to develop home treatment and day care services to complement existing inpatient care provision.
- The review team found that access to inpatient provision did not appear equitable across the trusts.

Trusts

Term of Reference 1 Commissioning and provision of services:

- Additional investment over the last two years has led to the development of specialist eating disorder teams in all areas.

- The provision of a new purpose-built child and adolescent inpatient facility (Beechcroft) has increased bed capacity. There are now 18 adolescent beds (including 2 intensive nursing beds) and 15 children's beds.

- The creation of crisis intervention teams has provided some improvements in the development of alternatives to hospital admission and early intervention with serious mental disorder. The review team found that access to such services was not equally distributed across Northern Ireland.

- During the time of the review all trusts had achieved the waiting time target of nine weeks. However, some CAMHS staff suggested this has become the sole benchmark and is not, of itself, a true indicator of the quality of care. Achieving this target in some trusts was said to have resulted in a reduction in the range of services available.

- The consultation with young people by VOYPIC indicated that young people and parents were satisfied with the length of time they waited for access to services.

- the development of CAMHS liaison and help lines for self harm and suicide was notable in some trusts.

Alongside these improvements the review highlighted;

- The absence of an overall CAMHS strategy has resulted in inconsistency in the interpretation of the four tiered model across Northern Ireland.

- Some services are not accessible in particular areas, e.g. in the Northern Trust children and young people do not have access to any crisis intervention or alcohol services.

- Access to community and early intervention services are underdeveloped, especially in the provision of Community CAMHS at Tier 2. The lack of primary mental health workers to support the entire children's community network and offer advice regarding referrals and mental health concerns limits the accessibility of CAMHS. The Belfast Trust and Northern Trust have no access to a primary mental health worker.

- Development at Tiers 3 and 4 (highly specialised services) would ensure specialist interventions and alternatives to hospital admission can be offered and facilitation of every discharge can occur.

- Access to the inpatient CAMHS facility in Belfast requires monitoring to ensure equity of access for all trusts' children and young people.

- The involvement of young people and their families in the planning and evaluation of services is limited and ad hoc.

- Not all young people who require access to an independent advocate are able to avail of this service.

- The VOYPIC consultation highlighted that not all young people were aware of the availability of advocacy and some young people did not understand the relevance of this service.

Terms of Reference 2 Risk Assessment and management:

- Most of the trusts were introducing a regional tool for risk assessment. The risk assessment tool, FACE, is now accepted as contributing to the management of risk in CAMHS.

- Further development of a strategic approach to audit and ensuring clinical and social care governance is required by all areas. Throughout the review it was clear that many attempts have been made but this has not developed routinely to inform current practice or development.

- The intervention of a new risk assessment tool is accepted as contributing to the management of risk in CAMHS. Some trust staff indicated that the risk assessment tool was not suitable for the younger child, however the expert reviewers support the introduction of FACE.

- High rates of did not attend (DNA) at first appointment and could not attend (CNA) were reported. This should be reviewed by the trusts and the commissioning body to maximise efficiency.

- The VOYPIC consultation highlighted that a limited number of young people had been made aware of help lines and other support networks. Of those who had been made aware of help lines, Lifeline was mentioned most frequently. Some young people stated that they did not feel well enough informed about alternatives to CAMHS.

Terms of Reference 2 Young people on adult wards:

- Within an 30 month period between 1 April 2007 and 30 September 2009, 197 young people had been admitted onto an adult ward.

- A significant number of children continue to be admitted to adult wards. It is not clear what impact the new purpose built inpatient facility will have on reducing unavoidable admissions to adult wards.

- The review team found that all facilities demonstrated adherence to DHSSPS circulars for the admission of young people to adult wards and most of the trusts have strong interfaces between CAMHS and adult services.

- The VOYPIC consultation highlighted that a large percentage of young people had been seen by community CAMHS whilst on an adult ward.

Terms of Reference 3 Transitional arrangements:

- The review team found that most trusts had a policy or protocol in place to ensure smooth transitional arrangements from CAMHS to adult services.

- All areas suggested that transitional arrangements would be considered prior to transfer to adult services.

- The VOYPIC consultation with young people highlighted that a number of young people had experience of moving from CAMHS to adult services. Seven young people reported a positive experience during the transition. Two of the participants felt that they had been unsupported during this time.

RQIA has made 21 regional recommendations to the five trusts for improvement to the organisation and delivery to CAMH services. Nine recommendations are made to the Health and Social Care Board. One recommendation has been made to the Department of Health, Social Services and Public Safety.

CHAPTER 1: Context of the Review

1.1 The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the and quality of health and social care services in Northern Ireland, and encouraging improvement in the quality of those services.

RQIA's main functions are:

- To inspect the quality of health and social care provided by health and social care (HSC) bodies in Northern Ireland through reviews of clinical and social care governance arrangements within these bodies.

- To regulate (register and inspect) a wide range of health and social care services delivered by HSC bodies and by the independent sector. The regulation of services is based on minimum care standards, which ensure that service users know what quality of services they can expect to receive, and service providers have a benchmark against which to measure quality.

RQIA's Corporate Strategy 2009-12 provides the context for the representation of RQIA's strategic priorities. Four core activities which are integral components of what the organisation does and are critical to the success of the strategy are:

- improving care
- informing the population
- safeguarding rights
- influencing policy

From 1 April 2009 RQIA assumed responsibility for a range of functions under The Mental Health (Northern Ireland) Order 1986. These include making an inquiry into a case where it appears that there may be ill-treatment, deficiency in care or treatment, improper detention in hospital or reception into guardianship of any patient, or where the property of any patient may, by reason of his mental disorder, be exposed to loss or damage.

1.2 Context of the Children and Adolescent Mental Health Services (CAMHS) review

Increasing awareness of the needs of children and adolescents with mental health problems in Northern Ireland has informed the following publications:

- A Vision of a Comprehensive Child And Adolescent Mental Health Service (The Bamford Review of Mental Health and Learning Disability (NI) 2006)
- Delivering the Bamford Vision (DHSSPS) (2008)
- Delivering the Bamford Vision: Action Plan 2009-11(DHSSPS) (2009)
- Final Report of Independent Review Panel of the Eastern Health and Social Services Board (McCartan Report)
- Policy directives and guidance letters from NI Department of Health, Social Services in Public Safety (DHSSPS)
- Promoting Quality Care; Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services, September 2009
- Priorities for Action 2009-10, DHSSPS
- Our Children and Young People - Our Pledge, A Ten Year Strategy for Children and Young People in NI 2006-2016.

In the absence of specific regional CAMHS standards and an operational CAMH Service Framework in Northern Ireland, the standards produced by the Royal College of Psychiatrists (RCP), the National Service Framework for England (DoH) and the Final Review of CAMHS for England provided the review team with a means of measurement of best practice.

Additional measurements and best practice guidance can be obtained from the following publications/documents/quality standards:

- The Mental Health and Wellbeing of Children and Young People, Standard 9, National Service Framework
- Children and Young People in Mind: The final report of the National CAMHS Review. November 2008
- Safe and Appropriate Care for Young People on Adult Mental Health Wards. January 2009 Royal College of Psychiatrists
- Quality Network for Inpatient CAMHS (QNIC) Service Standards, 4th Edition Royal College of Psychiatrists (RCP)
- 'Pushed Into the Shadows' - Young Peoples experience of adult mental health facilities. The Children's Commissioner for England, January 2007
- 11 million 'Out of the Shadows', Children's Commissioner for England, October 2008
- Quality Improvement Network for Multiagency CAMHS (QINMAC) (2008) Services Standard, 2nd Edition RCP
- Think Child, Think Parent, Think Family: A Guide to Parental Mental Health and Child Welfare, (SCIE) (2009)

1.3 Relevant legislation

The following legislation is used to provide a backdrop to the review and in some instances elements of the legislation have been used as part of the assessment framework. The Mental Health (Northern Ireland) Order (1986) (hereafter, the Mental Health Order) and The Children (Northern Ireland) Order (1995) (hereafter, the Children Order) provided the underpinning legislation throughout the review. Recognition of the rights of the child under the United Nations' Convention on the Rights of the Child (UNCRC) also provided the context of a rights based approach for the RQIA's review of CAMHS in Northern Ireland.

The Children Order (1995) is the primary legislation governing the care, upbringing and protection of children, including children with a disability, in Northern Ireland. It affects all those who work with and care for children, whether parents, paid carers or volunteers. It has established a basis for compulsory care and supervision, whilst introducing new procedures for supporting and protecting children within the family. The Children Order (1995) ensures that the needs and welfare of the child are paramount.

The Mental Health Order (NI) 1986 is the primary legislation for the care and treatment of individuals suffering from a mental health disorder. In the majority of cases children and young people referred to CAMHS are not suffering from severe mental disorder which requires their detention and treatment under the Mental Health Order. However, in some cases, it forms a vital part of the effective treatment and care of children and young people with acute mental disorder. Article 118 (4) of the Mental Health Order includes a requirement that each HSC Board is expected to maintain a register of all persons under 18 years, who are receiving treatment for a mental illness as inpatients. In addition, a copy of this register must be sent to the Mental Health Commission, whose functions have now been transferred to RQIA.

The United Nations' Convention on the Rights of the Child (UNCRC) obliges the United Kingdom's (UK) government to ensure that the human rights of a child are paramount, by upholding a set of principles and standards in respect of all aspects of children's lives.

Article 24 of the UNCRC requires the UK government to ensure that all children have the right to the highest standard of health and medical care attainable and to strive to ensure that no child is deprived of their right of access to such health care services.
In addition, Article 37 (c) of the UNCRC states: "Every child deprived of liberty, shall be separated from adults unless it is considered in the child's best interest not to do so".

1.4 Reports used in Formulating the Assessment Framework

The recommendations made in the following reports were used to provide the focus of the self assessment framework.

A Vision of a Comprehensive Child and Adolescent Mental Health Service The Bamford Review of Mental Health and Learning Disability (NI) 2006

The first review of Mental Health and Learning Disability (MHLD) in Northern Ireland, produced a sub-report, A Vision of a Comprehensive Child and Adolescent Mental Health Service in 2006. This report sets out a strategic vision for the development of a service for children and young people with mental health problems. It was based on wider principles such as the promotion of good mental health, the prevention of mental ill health and the provision of accessible and effective treatments. The report contained 51 recommendations, and provided a framework for the future provision of robust and high quality mental health services for children and young people. The Bamford review suggests that a Child and Adolescent Mental Health Service (CAMHS) has responsibilities to children who experience, or are at risk of experiencing mental ill health. RQIA recognise that the recommendations of the Bamford sub group on CAMHS were based on a longer term vision and investment plan. This review provides a baseline assessment of progress against that vision.

The findings and recommendations were aimed at targeting:

- variation in the range of service provision between regions and local areas, leading to inequalities in the level and type of support offered to children and young people with similar needs
- identifiable gaps in service provision for specific vulnerable groups
- need for improvement of interfaces and, transitional arrangements CAMHS and adult mental health services, Youth Justice Agency, voluntary service providers and the four tiers of CAMHS provision
- need to develop effective governance and quality mechanisms in CAMHS

McCartan Report (2007)

The McCartan Report and its associated recommendations are the result of a complaint by Mr and Mrs McCartan regarding the death of their son, Danny McCartan in April 2005.

The investigation panel was asked to examine the treatment and care offered to Danny McCartan and his family by the health and social care system and to review the management and subsequent issues leading to his death.

Key areas for improvement identified in the McCartan Report include:

- unavailability of regional inpatient beds in emergency situation for children and adolescents
- management of self-harm and children and adolescents at risk of suicide
- transitional/interface arrangements between CAMHS and adult mental health services
- governance arrangements
- lack of user and carer involvement

Key recommendations of the report highlight that all practicable steps should be taken to avoid admission to adult wards and that policies and protocols for this occurrence should be developed.

This review gave consideration to the recommendations and lessons learned from the McCartan report, as they relate to CAMHS and the interface with adult mental health services.

Circulars from DHSSPS

The DHSSPS Deputy Secretary's (Primary, Secondary and Community Care Group) Circular (13 March 2006) set down six specific directives for the four health and social service boards and trusts to implement when children and adolescents are admitted to adult wards. These directives were developed to ensure safe and needs-led care of children and adolescents admitted to adult wards.

In a circular dated 28 April 2006, DHSSPS Director of Mental Health and Disability Services sought further assurances from trusts and HSC Board that protocols had been developed to deliver on all the directives issued by the circular of 13 March 2006.

Further considerations were identified in respect of medical, educational, social and leisure needs of young patients, alongside the identification of risks and how they are managed.

An assessment of progress made by trusts and the HSC Board in regard to the implementation of the above directives was central in examining the quality and safety of services provided to children and young people in adult wards.

Promoting Quality Care Report

The significance to CAMHS of this guidance report, published in 2009, is twofold. Firstly it provides the fundamental principles of risk assessment of a child who is at risk to him/herself or others and, secondly it highlights additional responsibilities and obligations for all staff in responding effectively to suspected child abuse.

The guidance recommends that children and young people who attend CAMHS should initially be subject to a brief risk screening as well as a mental state assessment. If a more detailed assessment or long term work is required a full assessment of the risk to self or others should be undertaken.

Safeguarding

The Area Child Protection Committee's Regional Policy and Procedures (2005) developed by the health and social services boards' area child protection committees (ACPC) sets out policies and responsibilities for all agencies, professional staff and services working with children to assist with the recognition of potential indicators of abuse. It includes the need to be aware of the roles and responsibilities associated with the protection of children.

The Standards for Child Protection Services (2008) apply to all public bodies, organisations, professionals and other persons who provide statutory services to children. These standards also establish a framework of best child protection practice for voluntary, community and independent sector organisations and practitioners. The standards should also help families and members of the public understand how services work to protect children and the important contribution they make to safeguard children and young people.

The Area Child Protection Committee's Regional Policy and Procedures (2005) acknowledges that child protection services must be part of a continuum of services available to children and their families.

Quality Network for Inpatient CAMHS (QNIC) service standards, 4th edition

The QNIC Service Standards published in 2008 are set against the Healthcare Commission’s Standards for Better Health (2005). The standards provide information on the inpatient CAMH service that children and young people should expect.

The tool identifies seven overarching areas and associated standards to ensure appropriate care is delivered in a safe and age appropriate environment. These are:

- staffing and training
- access admission and discharge
- environment and facilities
- care and treatment
- information
- consent and confidentially
- safeguarding young people and their rights and clinical governance

Quality Improvement Network for Multi-Agency CAMHS (QINMAC) service standards 2nd Edition

The QINMAC service standards published in 2008 focus on standards for the activities of specialist CAMHS in the community. The service standards represent only one part of the QINMAC audit cycle which aims to improve the overall quality of the service provision through an iterative review process. The standards are represented under nine headings these include:

- referral and access
- environment and facilities
- information consent and confidentiality
- care and intervention
- rights safeguards and child protection
- transitions
- enabling front line staff
- multiagency working
- commissioning

1.5 CAMHS Tiered Model used in Formulating the Assessment Framework

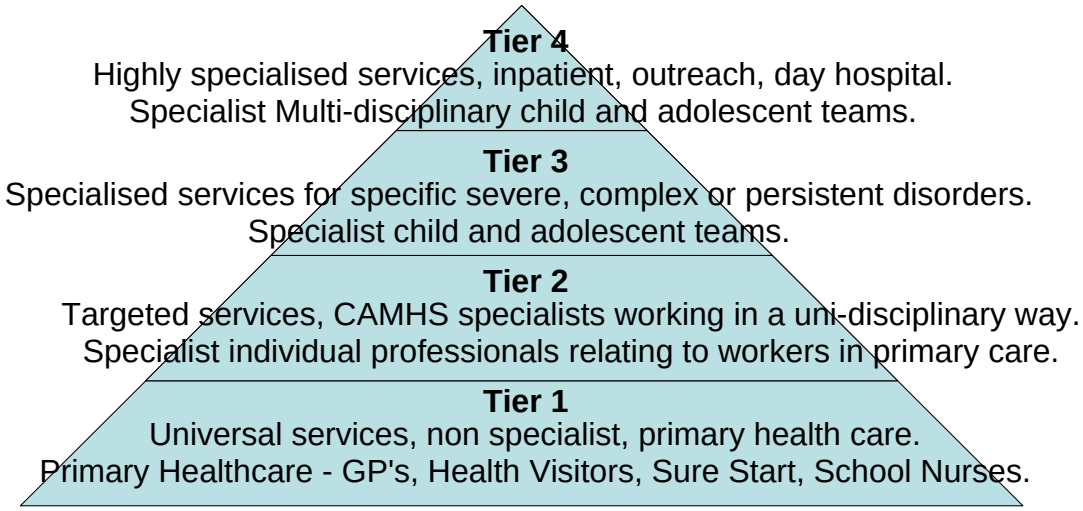


Diagram 1 shows The 4 Tier Model for CAMHS

The review team was exposed to a range of specialist services in each of the 4 trusts, however as outlined above the nature of these services spanned tiers 2, 3 & 4 and specialist services varied within and between each trust.

A lack of uniformity across all trusts in the tiers prevents an accurate comparison on a trust by trust basis due to the significant differentials between practitioner roles and service configuration.

Chapter 2: Methodology

2.1 Terms of Reference

The terms of reference were established as:

1. Profile the availability of Tier 2, 3 and 4 CAMH services and review the current policy in the commissioning and provision of services to meet the health and social care needs of children and young people experiencing mental health needs, including links with education and any other agencies.

2. Conduct a baseline review of the risk assessment and management in CAMHS to include the provision of care to children and young people on adult wards.

3. Assess the quality and safety of existing transitional arrangements between CAMHS and adult services and the strategies to improve these, where necessary.

Outside the remit of the review - the review recognises the importance of Tier 1 and its significance in early intervention. However, the review excluded the services provided at Tier 1, that are beyond the scope of mental health services.

2.2 Methodology - Profiling

A profiling questionnaire was completed by each service to provide information on the following topics:

- CAMH services provided by trust
- CAMHS demographics
- interface with external agencies and service users
- gaps in service
- extra contractual referrals
- plans and development
- workforce
- transitional arrangements

Self-assessment

The five trusts and HSC Board completed a self-assessment against a range of criteria, using themes that were identified following a literature review by the project team. The process of establishing these themes in the absence of any existing standards for Northern Ireland was to extract all recommendations from the documents listed in chapter 1, section 1.2. The individual recommendations were grouped into similar subject areas. Duplicate recommendations and those of a similar nature were combined to produce the agreed themes. These were quality assured by other members of the project team.

Validation Visits

The validation visits were conducted from 28 June to 2 July 2010. The format for each visit included meetings with senior staff to validate information supplied in the profile questionnaire and self-assessment tool, along with visits to the individual CAMH services. The site visits covered the range of services provided by the trusts. The final day was spent visiting Beechcroft, the child and adolescent psychiatric inpatient unit in Belfast and a meeting with the Health and Social Care Board to validate the responses to the self-assessment.

Consultation

Consultation with service users formed an integral part of the CAMHS review process. The HSC trusts were asked to identify young people and parents/carers who were willing to participate in the survey. With their expertise in advocating and consulting with young people Voice of Young People in Care (VOYPIC) was chosen to consult with 64 young people and 40 parents and carers with experience of CAMHS. The findings of the VOYPIC survey are included at chapter 4 of this report.

2.3 Independent Reviewers

RQIA recruited independent and experienced reviewers from England and Scotland. RQIA sought to recruit a multidisciplinary panel of leading experts in the appropriate fields relevant to this CAMHS review.

Review Team

The Review team membership:

Sarah Brennan	Chief Executive, Young Minds - Chairperson for the review, and independent reviewer
Ian Cairns	Social Worker Officer, Mental Welfare Commission Scotland - Independent reviewer
Steve Jones	Director of Psychological Services and Consultant Clinical Psychologist, Sheffield Children's NHS Foundation Trust - Independent reviewer
Janet McCusker	Mental Health Officer, RQIA - Independent reviewer
Tim McDougall	Nurse Consultant, Cheshire & Wirral NHS Foundation Trust - Independent reviewer
Phelim Quinn	Director of Operations, and Chief Nurse Advisor, RQIA - Independent reviewer
Greg Richardson	Consultant in Child and Adolescent Psychiatry, North Yorkshire and York Primary Care Trust - Independent reviewer
Gemma Trainor	Nurse Consultant, Greater Manchester West Mental Health NHS Foundation Trust - Independent reviewer
David Philpot	Project Manager, RQIA

Chapter 3: Profile of CAMHS in Northern Ireland

3.1 Profile of Belfast and South Eastern HSC Trusts

The Belfast Health and Social Care Trust became operational on 1 April 2007, following a merger of six community and hospital trusts. CAMHS in the south eastern area is also managed by the Belfast Trust. Belfast has a total population of 334,528 and it is estimated that 75,194 are under the age of 18 years. The South Eastern Trust has an estimated under 18 population of 80,778 (Source: Northern Ireland Statistical Research Agency (NISRA)).

The Belfast/South Eastern CAMHS provide a service for age groups 0-18 years. Beechcroft, the regional adolescent and children's unit is the only tier 4 inpatient service in Northern Ireland and is located within the Belfast Trust. This is a new campus which opened in May 2010 on the Foster Green Hospital site. Prior to the opening of this facility adolescents were placed in Donard Ward, Knockbracken Healthcare Park, and children where admitted to Minnowburn child and family centre based in Belfast. This new facility has increased the capacity for admission from 12 to 18 adolescent inpatients beds, including two intensive nursing support beds. In addition there are also 15 children's beds but these may be used for younger adolescents where developmentally appropriate, the cut off age between the two wards being 14/15 years. Children and young people are admitted to the regional inpatient unit from across Northern Ireland for assessment and management of complex mental health problems, uncontainable risk and for children and young people that cannot be assessed or safely treated in the community. The trust accepts emergency and elective referrals from age 0-18 years.

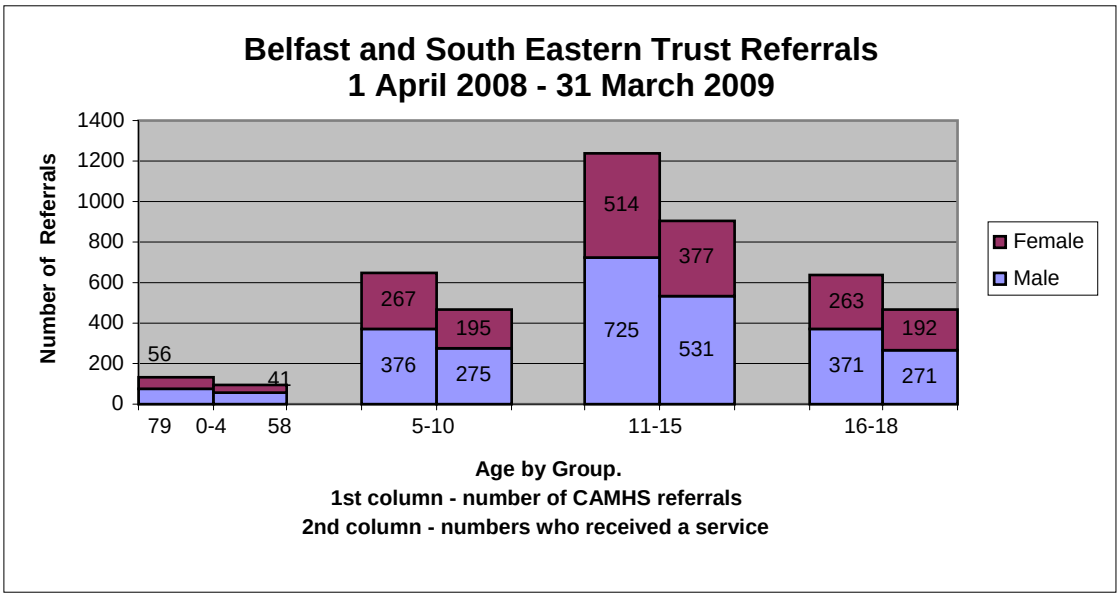
Community CAMH services at tier 3 include a specialist Eating Disorder Team, Crisis Assessment and Intervention Team (CAIT) and an Addictions Team. CAIT provides rapid assessment and intervention to children and young people with acute mental disorder, self harm or suicidal ideation, who present at accident and emergency departments or to their general practitioner. This service is available between 9.00am-9.00pm and includes a partnership with all emergency departments in the Belfast and South Eastern area for same day/next day assessments of those aged 0-18 years. The eating disorder service is a specialist CAMH service providing treatment and family support for young people who reside in Belfast and South Eastern Health and Social Care Trusts. The Eating Disorder Team also provides a consultation service to community and in-patient CAMHS.

The addiction service Drug and Alcohol Mental Health Service (DAMHS) is a specialist CAMH service for Belfast and South Eastern Trusts providing a range of services for young people who have a significant substance misuse and/or mental health difficulty (aged from 0-18).

Community CAMHS in the Belfast and South Eastern area have four outpatient teams which include: a clinic at Royal Victoria Hospital, for those aged 0-14; a young person's centre at College Gardens and at 88 Lisburn

Road Belfast, for children aged 14-18 year; services in Lisburn and North Down for those aged 0-18. They offer a range of services including mental health assessment and specialist therapeutic care by a multidisciplinary team for children. Work also includes consultation, teaching, research and audit.

Belfast and South Eastern Trusts have seen an increase in demand for CAMH services. The total number of referrals in 2009-10 was 2,958 compared with 2,249 in 2007-08. The reason for referral was not provided in the review profiling questionnaire. Graph 1 outlines the pattern of referrals in the Belfast and South Eastern Trusts. In summary there are more male than female referrals to CAMHS. Across the three age ranges: 5-10, 11-15 and 16-17 years, 73 per cent of children referred received a service.



Graph 1: Belfast and South Eastern Trust Referrals

Trust	Number of Admissions	Age Range		Length of Stay (LoS) (days)		Average LoS (days)
		From	To	Min	Max	
Belfast	47	16	17	1	89	22
South Eastern	24	15	17	1	30	10

Table 1: Young people admitted to adult wards 1 April 2007 - 30 September 2009.

When inpatient CAMHS or an alternative is not available, adolescents who require hospital admission have been admitted onto an adult ward. Table 1 provides an overview of the young people in the Belfast and South Eastern area who have been admitted to an adult ward within an 30 month period.

When a young person requires access to specialist services which are not currently available in Northern Ireland, the Belfast Trust asks the HSC Board to meet the cost of these services. These are known as extra contractual referrals (ECRs). Within a three year period (2006-09) Belfast Trust had 20 ECRs for specialist services such as intensive care and eating disorders. Belfast Trust did not provide information on waiting times for ECRs, however the average length of stay was 24 weeks, ranging from three-116 weeks. There are no formal processes to measure the quality or effectiveness of these high cost, externally commissioned services. The HSC Board has suggested that a more formal and systematic approach will be used in the future to commission services outside Northern Ireland.

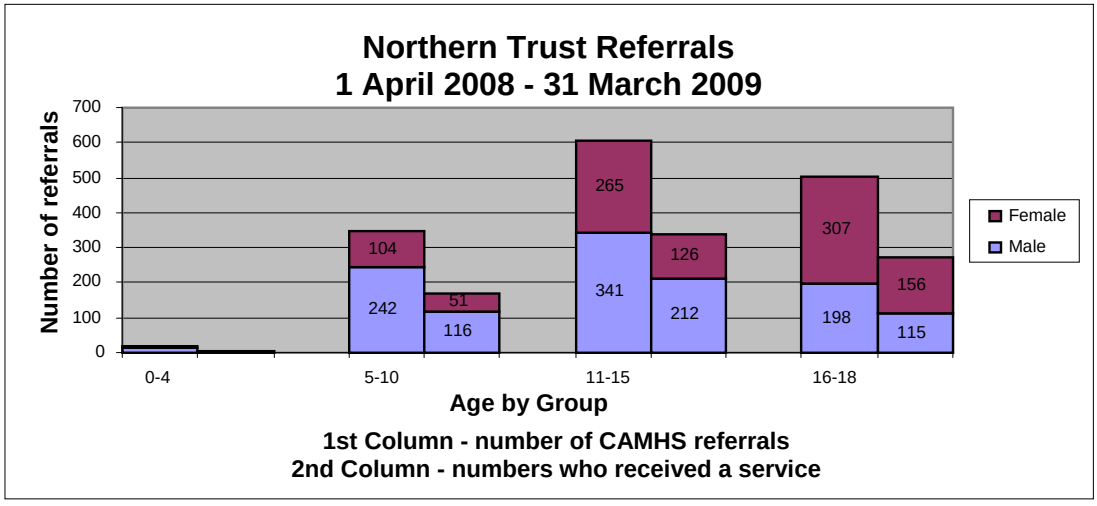
The Belfast Trust reported a low level of complaints about the CAMH service during 2009. There were five complaints about treatment and care quality; two complaints regarding treatment and care; and, one regarding clinical diagnosis discharge/transfer. As part of the review process children and young people told VOYPIC that they were not aware of the complaints procedure, however a number of parents suggested that they were aware of the complaints procedure.

3.2 Profile of Northern HSC Trust

The Northern Health and Social Care Trust became operational on 1 April 2007 following a merger of three trusts. The northern area has a total population is 453,824 (NISRA) and it is estimated 80,778 are aged under 18 years. The Northern Trust covers a large geographical area and provides a service from 0-18 years.

CAMH services in the Northern Trust are delivered from a range of community settings. CAMHS in the Northern Trust comprise three locality based CAMHS teams providing assessment and treatment from ages 0-18 years. Eating disorders are assessed by a trust-wide specialist Tier 3 service. In addition, CAMHS has access to a regional trauma service and a range of voluntary and other statutory services, including education and family centres at tier 2.

Northern Trust reported the second highest number of referrals per trust in Northern Ireland and the highest weekly referral pattern. In addition they have the highest number of referrals for the age range 11-15 years. There are more male than female referrals at every age group and a high percentage of referrals are followed up. Graph 2 outlines the pattern of referrals in the Northern Trust. Across the three age ranges: 5-10, 11-15 and 16-17 years, the number of children receiving a service after referral is 53 per cent, the lowest rate of the four CAMH services.



Graph 2: Northern Trust Referrals

Trust	Number of Admissions	Age Range (years)		Length of Stay (LoS) (days)		Average LoS (days)
		from	to	min	max	
Northern	40	14	17	1	116	20

Table 2: Young people admitted to adult wards
1 April 2007 - 30 September 2009

When inpatient CAMHS or an alternative is not available, adolescents who require hospital admission have been admitted to an adult ward. Table 2 provides an overview of the young people in the Northern area who have been admitted to an adult ward within an 30 month period. The Northern Trust has admitted the youngest person, aged 14, to an adult ward.

The total number of ECRs from the Northern Trust was four. Children and young people were admitted to specialist facilities outside Northern Ireland, in the absence of appropriate service provision to meet their needs. These were reported to be for complex behavioural difficulties, specialist drug assessment and personality disorder assessment. Waiting time prior to commencement of ECR treatment ranged from 20 to 32 weeks. The average ECR length of admission was 97 weeks.

The Northern Trust received a low level of complaints for CAMHS. The response from the user consultation in the Northern Trust indicated that young people were not aware how to make a complaint. However, the consultation highlighted that parents were more likely to be aware of the complaints procedure.

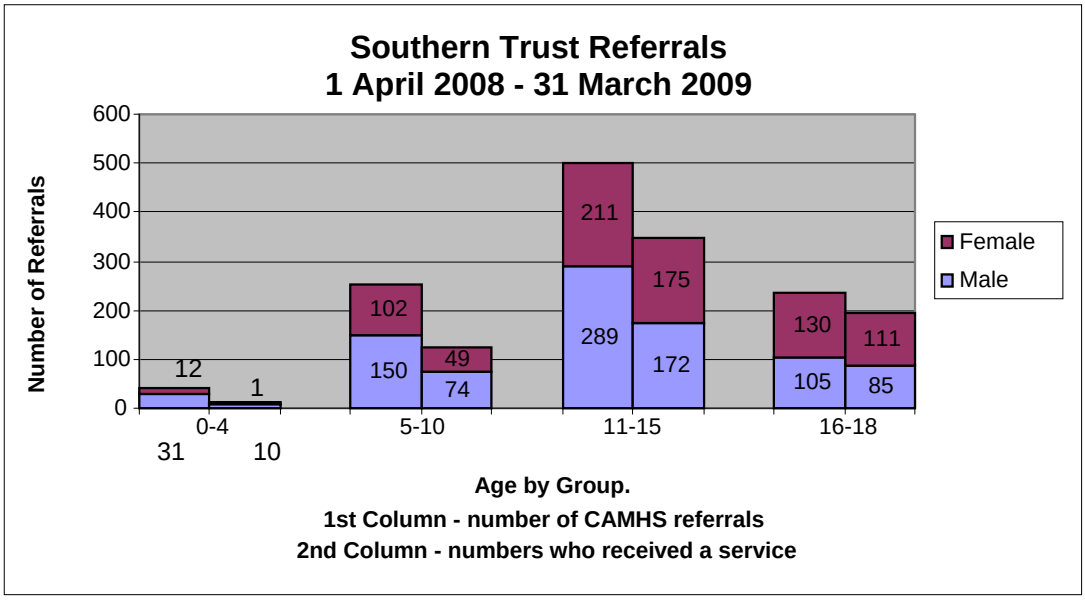
3.3 Profile of Southern HSC Trust

The Southern HSC Trust became operational on the 1 April 2007 following a merger of three former trusts, and covers five council areas which are both rural and suburban communities. The Southern Trust has a total population of 348,665 (NISRA) and it is estimated that 90,673 are under 18 years.

CAMHS teams provide services to children and young people and their families who present with mild to severe mental health problems at tier 3. They offer a range of therapeutic interventions on a clinic and community basis for those aged 0-18 years. There are three locality based clinics providing a full range of child and adolescent mental health services. Emergency and routine responses are available Monday to Friday, and emergency responses are available over weekends and public holidays. Each locality team has one mental health practitioner who provides community intensive short-term interventions for young people who would otherwise be admitted to hospital. In addition, the Southern Trust has access to a regional trauma service and a range of voluntary and statutory organisations.

A trust-wide specialist eating disorder service for those aged 0-18 at tier 3 consists of a multidisciplinary team who provide assessment and management of young people and support to their families. An out-of-hours hospital liaison service at tier 3 is available to young people who attend accident & emergency and require a mental health risk assessment following an act of self-harm. This service is provided at weekends and public holidays.

Graph 3 outlines the pattern of referrals in the Southern Trust and indicates that the largest referral group is male and aged between 11 and 15 years. The Southern Trust was able to provide information on the background of referrals. Across the three age ranges: 5-10, 11-15 and 16-17 years old, the number of children receiving a service after referral is 67 per cent.



Graph 3: Southern Trust referrals

Trust	Number of Admissions	Age Range (years)		Length of Stay (LoS) (days)		Average LoS (days)
		from	to	min	Max	
Southern	46	15	17	1	258	28

Table 3: Young people admitted to adult wards
1 April 2007 - 30 September 2009

When inpatient CAMHS or an alternative is not available, adolescents who require hospital admission have been admitted to an adult ward. Table 3 provides an overview of the young people in the Southern area who have been admitted to an adult ward within an 30 month period.

The Southern Trust had one complaint made during 2009 which related to appointment delays. It was highlighted that the consultation with young people indicated that they were not aware of the complaints procedure. Parents were better informed of this process.

The Southern Trust referred one young person for specialist treatment outside Northern Ireland through an ECR. The waiting time for the ECR was two weeks and the length of treatment was 25 weeks.

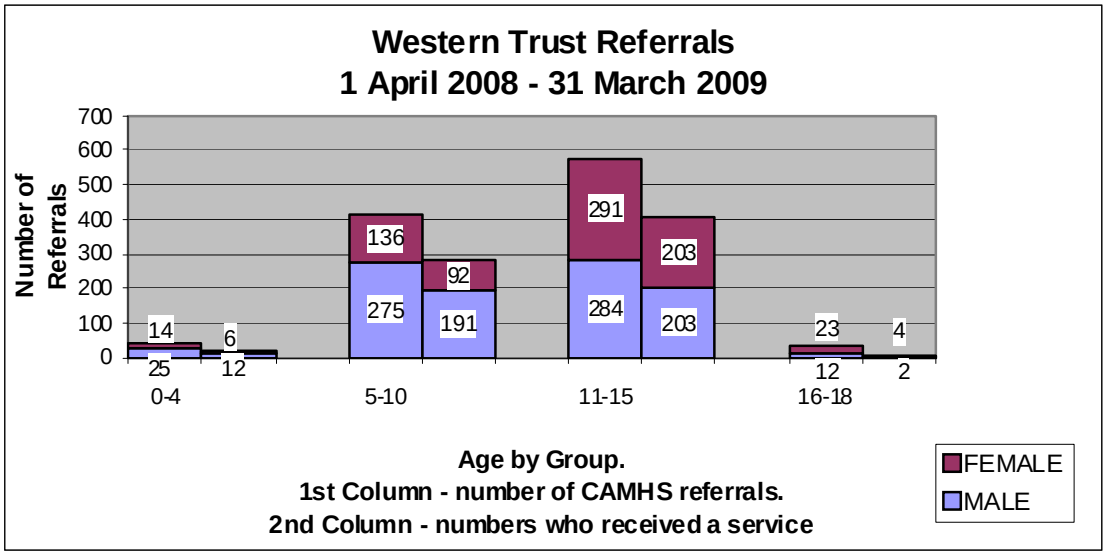
3.4 Profile of the Western Trust

The Western Trust was established on the 1 April 2007 following merger of three trusts. The Western Trust covers a large geographical area including Londonderry, Limavady, Strabane, Omagh and Enniskillen. The population of the trust is 296,909 with 28 per cent of population under 18 (source NISRS). From 1 January 2010 Western Trust included 16 and 17 year olds within their CAMH service.

CAMHS provision includes a primary mental health service at tier 2 dealing with mild to moderate mental health problems. A consultation service is provided by referral coordinators. CAMHS provide assessment and planned intervention with complex mental health problems.

Community CAMHS include teams which provide assessment and treatment for young people with moderate to severe mental health issues. In addition, an eating disorder service is also provided at tier 3 which offer an assessment and management service for young people with a recognised eating disorder. An intensive care management service is a community-based service providing assessment and treatment for young people with severe psychiatric and psychological difficulties at tier 3. The Western Trust has access to a range of voluntary and statutory services and the regional trauma service.

The Western Trust has reported a year-on-year increase in referrals, peaking in March 2010. Western Trust was the only trust to receive more female referrals than males in the 11-15 age range (see graph 4). For age group 16-18 years the Western Trust has the lowest percentage rate for referral. CAMHS did not provide a service to those aged over 16 until January 2010. The Western Trust was able to provide background information in relation to the referrals received. Referrals of disabled children, children on the child protection register and Looked After Children (LAC) had been received. No referrals had come from the youth justice system. Across the three age ranges: 5-10, 11-15 and 16-17 years, the number of children receiving a service after referral was 67 per cent.



Graph 4: Western Trust referrals

Trust	Number of Admissions	Age Range (years)		Length of Stay (LoS) (days)		Average LoS (days)
		from	to	min	max	
Western	40	14	17	1	126	15

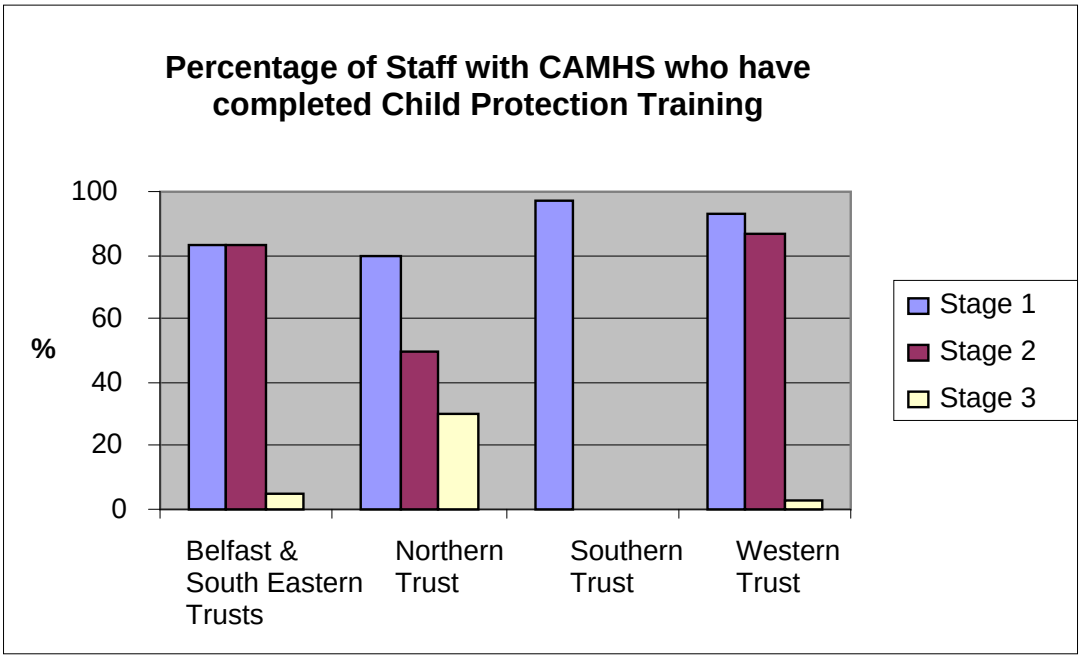
Table 4: Young people admitted to adult wards between 1 April 2007 - 30 September 2009

When inpatient CAMHS, or an alternative is not available, adolescents who require hospital admission have been admitted onto an adult ward. Table 1 provides an overview of the young people in the Western Trust who have been admitted to an adult ward within an 30 month period.

The Western Trust received one complaint during 2009. This was made in relation to staff attitude. The consultation from VOYPIC indicated that a significant amount of children were not aware of the complaints procedure. Parents had more information in relation to this.

3.5 Child Protection Training

The profile questionnaire requested information on the percentage of CAMHS staff who have completed child protection training. Graph 5 outlines the percentages of staff trained at each level by individual trust.



Graph 5: Child protection training for CAMHS staff by trust

Definitions of Stages of Child Protection Training	
Stage 1	Introduction to the safeguarding of children, having regular contact with children and/or parents
Stage 2	Foundation training for staff working with children and families, where there may be a high risk of significant harm, but the staff are not involved directly in child protection services.
Stage 3	Specialist training for staff directly involved in investigation, assessment and intervention to protect children considered to be at risk of significant harm.
Source: Cooperating to Safeguard Children (DHSSPS, 2003)	

All trusts have achieved a high level of compliance with child protection training at stage 1 e.g. Southern Trust have 97 per cent of their staff trained to Stage 1. All other trusts have achieved at least 80 per cent.

The review team noted the framework for training outlined. All CAMHS staff should be trained to a minimum of Child Protection Stage 2. This conclusion is based on training definitions and principles outlined in Cooperating to Safeguard Children (Interagency Training) (DHSSPS, 2003).

3.6 HSC Board profiling

Following the review of public administration (RPA) the HSC Board became operational on 1 April 2009. The organisation structure consists of a Director of Social Care and Children Services in partnership with directors of commissioning, and performance. The HSC Board though the Children's Mental Health Commissioning teams, in partnership with local commissioning groups has responsibility for the commissioning of CAMHS. This is supported by a recently established Bamford Implementation Group.

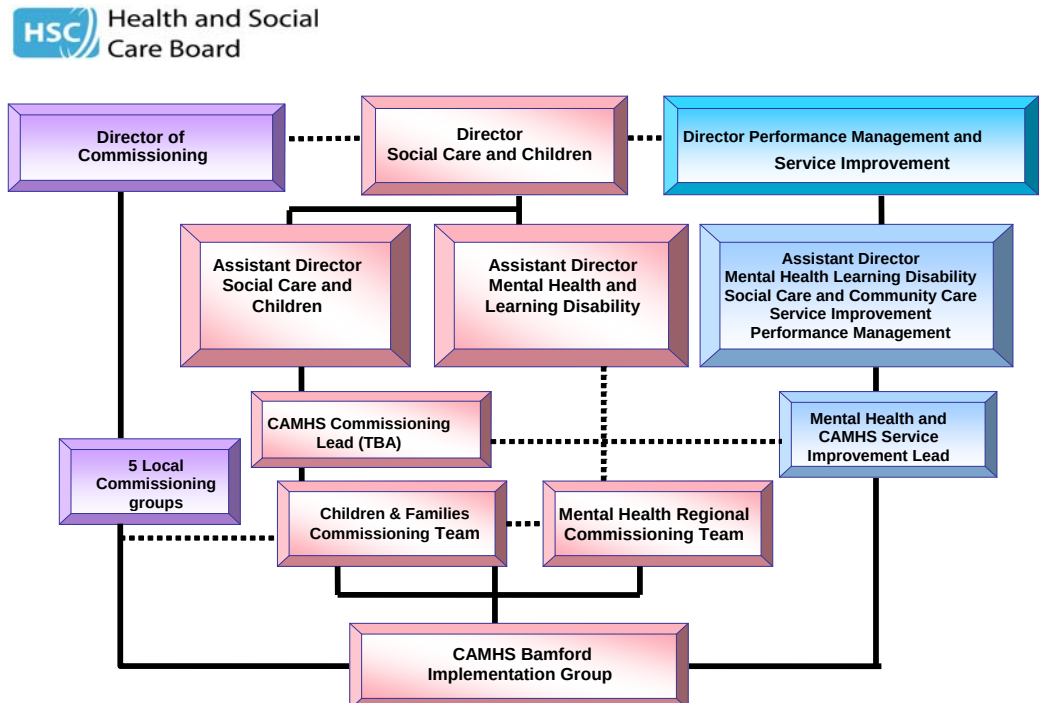


Diagram 2 HSC Social Care Board Commissioning Structure

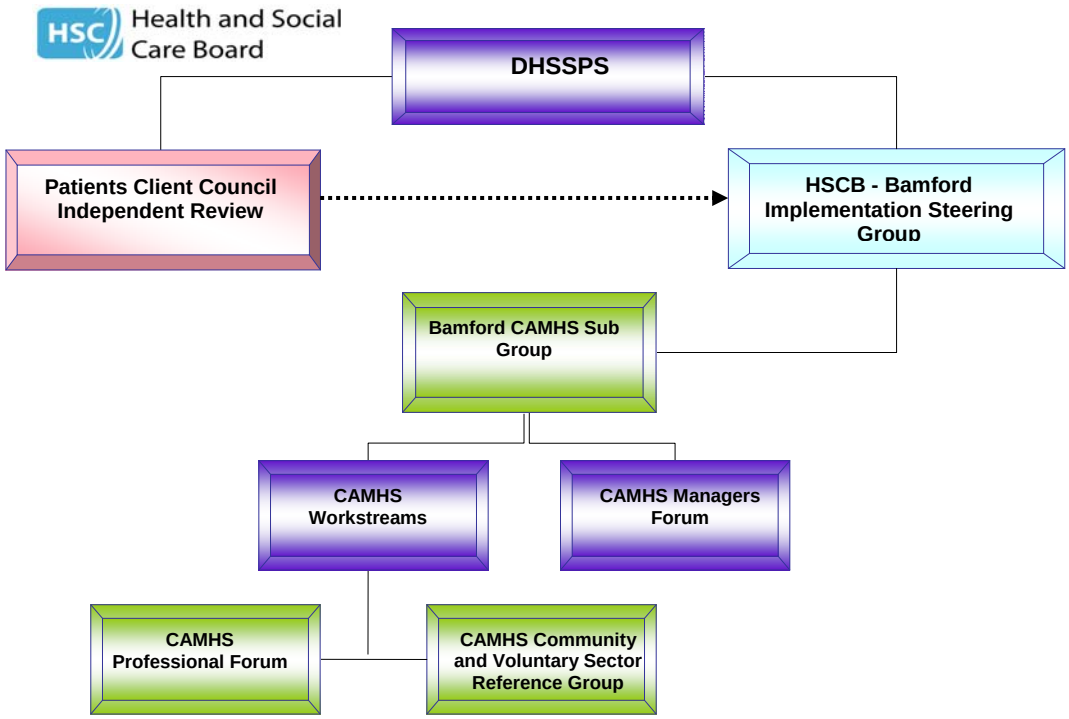


Diagram 3 Bamford Task Force Implementation Framework - CAMHS

The primary mechanism for the commissioning of CAMHS in the HSC Board has been driven by the Bamford Review (2006). The reform and modernisation of the services is the responsibility of the Bamford Implementation Group. This group is the network for the development of CAMHS and works in partnership with local commissioning groups on identifying needs and developing services and supporting service improvement at regional and local level. This has resulted in significant investment over the last three years. These include: investment of £2.5 million in areas such as eating disorder services; development of crisis assessment and intervention teams providing same or next day assessment; development of addiction services; development of primary mental health workers; and, enhancement of youth counselling in schools.

In addition, Beechcroft on the Foster Green site, which cost £16 million, provides a purpose-built inpatient service for children and young people, significantly increasing the total number of available inpatient beds for Northern Ireland.

When completing the profile questionnaire the HSC Board was in the process of developing a minimum data set, which would review the range and scope of CAMHS in Northern Ireland. This data had not routinely been collected and will support the monitoring of services. This information is planned to standardise the collection of data across all trusts, which will enable the HSC Board to identify more effectively the needs of children and young people in Northern Ireland and aim to consistently evaluate and benchmark CAMHS.

Since April 2008 the HSC Board has funded over 18 ECRs at a cost of approximately £2.9 million. Funding for these ECRs was based on the clinical assessment of the young persons needs presented by the trusts. These have been approved on the basis that the young person's needs could not be safely or effectively met in Northern Ireland as the service or expertise required is not available in Northern Ireland. The HSC Board reported that ECRs were funded by legacy boards on a non-recurrent basis. There is no dedicated budget for ECRs which continue to be funded on a non-recurring basis. Effectiveness of the care and treatment of young people who are the subject of ECRs is required by the trusts, in the absence of a formal review of clinical progress and the need for a placement outside of Northern Ireland. The HSC Board states that they are currently reviewing these arrangements to monitor the process more tightly.

In the NI Children Services Plan 2008-11 the HSC Board reported that the response to the growing demand for specialist intervention from the legacy boards was an investment of £1.6 million. This investment was focused on

- developing capacity within the existing CAMHS teams
- establishing eating disorder services
- establishing crisis assessment.

Chapter 4: Regional Views of Service Users VOYPIC Consultation

An integral part of the review of CAMHS was to obtain the views of service users and their families and carers across Northern Ireland. RQIA commissioned an independent organisation - Voice of Young People in Care (VOYPIC) to consult with a group of young people and parents from across the five health and social care trusts in Northern Ireland. This was carried out by advocates working with children and young people.

4.1 VOYPIC Mission Statement

VOYPIC is an independent, regional organisation that seeks to empower and enable children and young people with an experience of care to participate fully in decisions affecting their lives. Its aim is to improve life chances through working in partnership with children, young people, staff, managers, agencies and government. VOYPIC does this through listening and learning and facilitating change, which aims to impact and influence legislation, policy and practice.

4.2 Aims of the Consultation

- to obtain the views of young people on the quality, accessibility and availability of CAMH service provided
- to consult with young people who have experience of admission to adult wards
- to consult with young people and young adults who are in the process of, or have experienced transitions from CAMHS to adult mental health services
- to consult with young people who have experience of CAMHS to obtain their views in relation to risk assessment and management
- to consult with parents whose children have accessed CAMHS concerning their experience of service provision in Northern Ireland.

4.3 Methodology

This consultation was carried out with 64 young people and 41 parents across the five trust areas.

An information flyer and letter for young people and their parents was subsequently produced for the trust affiliates to distribute to the trust staff who led this consultation in their locality. VOYPIC appointed an advocacy worker for each trust area to conduct the consultation. The flyers for young people and parents were adapted to include contact information in relation to complaints procedures in each trust area.

Further meetings between YOYPIC and trust staff formalised how contact could be made with the young people and parents. Agreement was reached whereby the affiliate made contact with the trust who would disseminate the

information. It was agreed that the affiliate in each trust would seek consent from the young people and parents and return the names of the young people and parents willing to participate, forwarding on the relevant information to the advocate.

The format for the two questionnaires directly reflect the themes identified by RQIA. The young people's questionnaire contained 28 questions and the parent's questionnaire contained 14 questions. All the responses were recorded and clarified by the advocate to reflect accuracy.

Initially it was envisaged that the young people would participate in a group work session, but when making the arrangements most of the young people expressed a concern in relation to discussing their CAMHS experience in front of other young people. Each of the advocates employed different strategies by which to engage young people. This is outlined in the table 5.

Sixty one young people participated in the initial consultation, and to gain the views of young people who had experienced transfer to adult services, advocates undertook three additional interviews with young people from the Belfast, Western and Northern trusts.

HSC Trusts	Group	Individual	Small group (2)
Belfast	9	8	-
Northern	-	6	6
South Eastern	-	8	-
Southern	-	12	-
Western	-	12	-

Table 5: Breakdown of method by which young people engaged

The Belfast Trust held one group consultation in Beechcroft, an adolescent unit, where the young people resided together. The Northern Trust held three small group consultations each attended by two young people.

The interview approach was flexible to enable young people to share details about their experience. Interviews with young people lasted from 15 minutes to one hour and mainly took place in their own home.

The consultation with parents had 41 responses from a possible 82 parents who were identified. It was anticipated eight parents would participate from each trust area, and a breakdown of responses by trust area is highlighted in table 6.

HSC Trusts	Participating parents
Belfast	5
Northern	8
South Eastern	9
Southern	11
Western	4

Table 6: Participating Parents by HSC trust

It was agreed that the consultation would take the form of two regional focus groups for parents. The purpose was to enable parents to express their views across the range of issues and questions. All parents were telephoned to invite them to a scheduled focus group.

Focus groups did not work for the majority of parent's due to time constraints arising from employment and childcare arrangements. The project team then revisited how best to engage parents, and it was agreed that a postal questionnaire would be the most efficient model by which to consult the parents.

All the young people and parents were informed by the advocate of the reason the information was being collected and how the results would be beneficial to other young people who may use CAMHS in the future.

Results

In total 64 young people and 41 parents participated in the consultation. The results of the consultation are presented in two sections.

4.4 Consultation with Young People

All trusts recruited at least 12 young people apart from the South Eastern Trust. The reason for this was due to the young people being unwell or not able to participate due to other commitments. The Belfast Trust had the most participants at 18; this was due to a group consultation being undertaken in Beechcroft Adolescent unit. The population of Beechcroft came from across the five trusts including Belfast. More females, 34, participated in the consultation than males, 30.

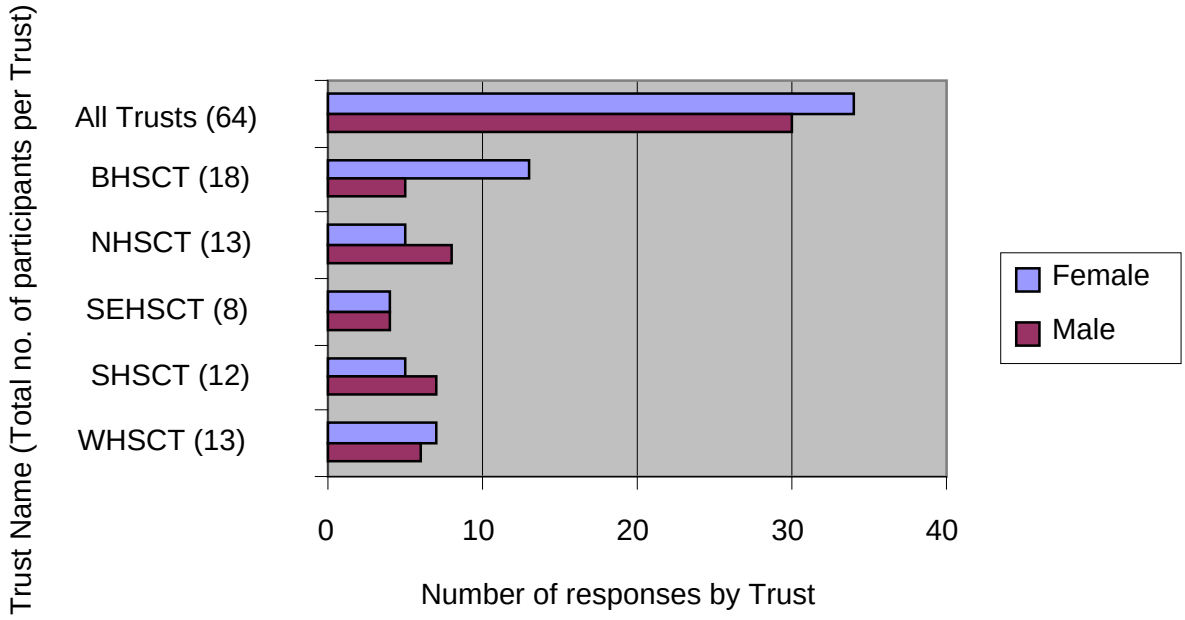


Figure 1: Number of participants showing gender breakdown

The young people surveyed had a wide and diverse experience of CAMHS, 37 young people had contact with community team CAMHS and 23 young people had experience of inpatient care.

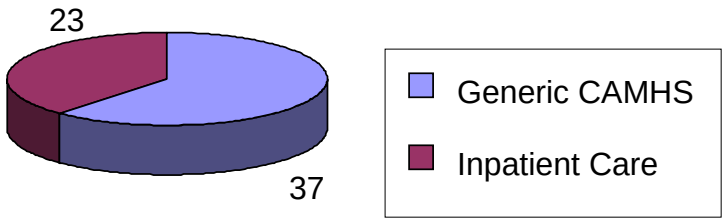


Figure 2: Participants' experience of CAMHS

Young people also had experience of staying on adult wards and transferring to adult services, only three young people had received overseas placement (as outlined in table 3).

HSC Trusts	Experience of adult ward	Experience of adult services	Treatment outside Northern Ireland
All Trusts	10	8	3
Belfast	3	1	0
Northern	1	1	1
South Eastern	2	2	2
Southern	2	3	0
Western	3	1	0

Table 7: Location of experience

Young people were asked to rate their overall involvement with CAMHS. Eighty-nine per cent felt that their involvement with CAMHS was useful. They commented that it had improved their confidence and helped to overcome their problems. Young people cited a range of problems including anxiety, difficulties at school, staying safe, coping strategies, getting treatment. Young people commented on how easy it was to talk to their CAMHS worker and how important it was to be able to talk to someone.

Young people commented:

"(CAMHS Worker) oh my goodness he has kept our family together, he is our rock. CAMHS have been there for us to lean on for many years and we genuinely could not have coped without them." Western Trust

"One of the most beneficial things I have ever experience." (sic) Northern Trust

"The outpatient staff could not do enough for us." South Eastern Trust

"Really good service the people I met were really nice." Southern Trust

"It has kept me safe; I'd probably be long dead by now." Belfast Trust

Of the young people who did not find the service useful, some were still receiving treatment and others commented specifically on being unhappy with their detention.

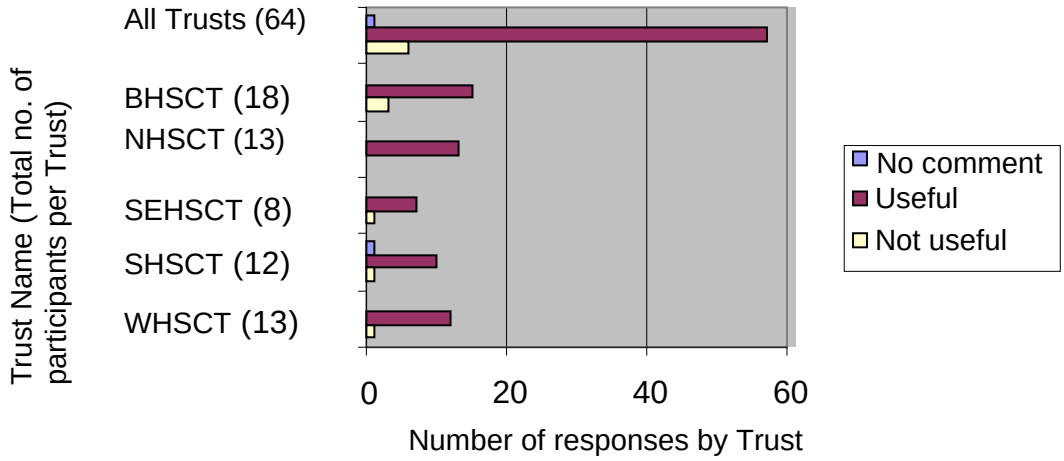


Figure 3: Participants' Views on Their Involvement with CAMHS

Waiting times

The majority of young people, 78 per cent, were satisfied with the time they had to wait to access CAMHS. All the trusts with the exception of the Western Trust had more young people satisfied than not satisfied. Overall the responses with respect to the waiting times varied from one day to several months.

Young people commented:

"A couple of days it was an emergency appointment" Belfast Trust

"I did not have to wait long at all, probably a week or two." South Eastern Trust

Within three of the trusts (Northern, Western, Belfast) young people raised the issue of delay in GP referral to CAMHS.

One young person stated:

"It took eight months to convince the GP to make a referral but it only took CAMHS about two weeks to give me an appointment." Northern Trust

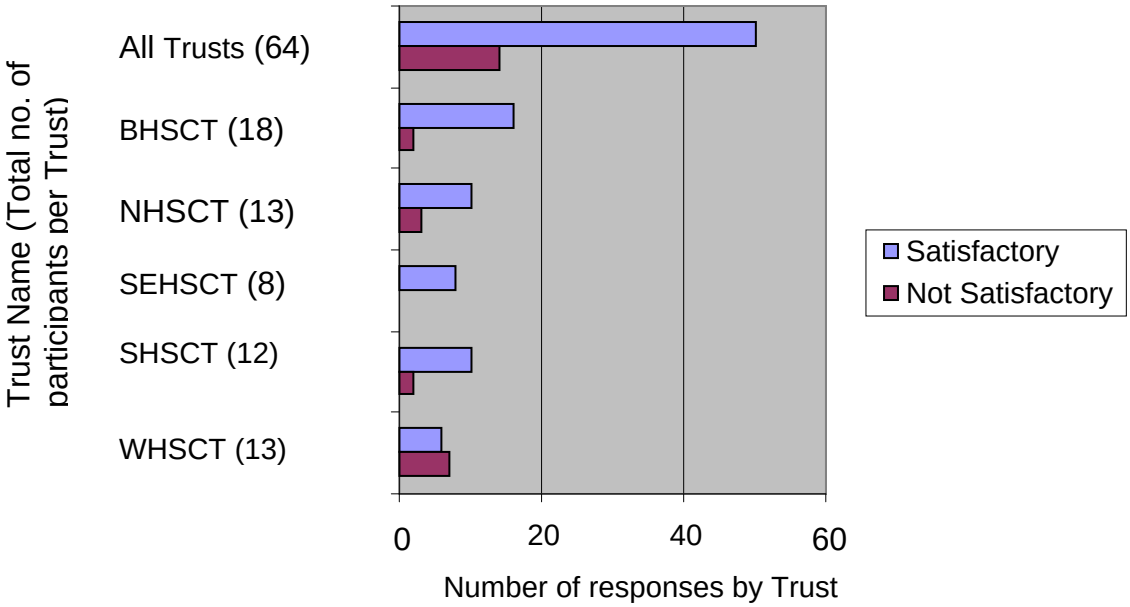


Figure 4: Participants' Views on Waiting Times

Other issues that were identified in causing delay included, one young person was changing trusts which took up to a year, and young people experienced delay whilst trying to access treatment outside of Northern Ireland.

Accessibility of CAMHS

When commenting on how accessible the CAMHS was to young people, 44 per cent described it as very accessible, with 34 per cent stating that it was okay and 22 per cent stated that they found it difficult to access. The general themes across the trusts were that, if you did not have a car it was difficult to access; some young people commented that the CAMH service was not on the bus route and they had to get two buses.

Young people commented:

"Brilliant." Northern Trust

"Very accessible" Northern Trust

"I live in a rural location, there are very few buses, mum had to bring me and when we got there, there were very few car parking spaces. So quite stressful before you got to the appointment." Southern Trust

"When I was in England it obviously wasn't convenient at all, but the trust paid for my family's travel costs so that helped." South Eastern Trust

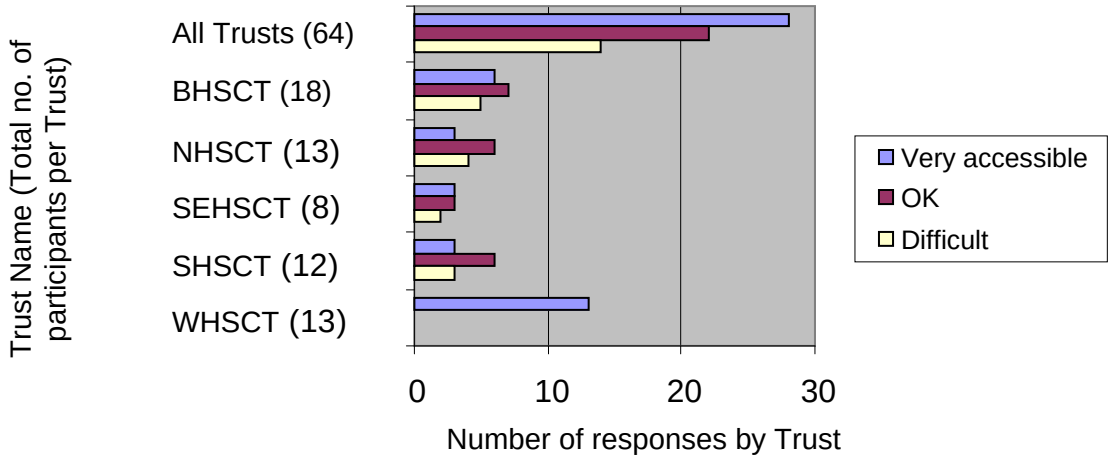


Figure 5: Participants' Views on Accessibility

Young people in the Belfast and Western trusts commented that the trust had supported them through arranging taxis, although this is now restricted in the Belfast area. It was noted that this arrangement was withdrawn in the Western Trust and therefore had an impact on low income families, who then found it costly to access CAMHS.

Information

Only 56 per cent of young people surveyed stated that someone from CAMHS spoke to them or provided them with information on the service. Forty one per cent stated they did not receive any information with three per cent were unable to remember if provided with information. In the Belfast and South Eastern Trusts the majority of participants stated they had received information, in contrast to Southern Trust whereby 83 per cent stated they received no information.

Young people stated that:

"I was invited in for a quick chat and to have a look around. The (worker) explained everything to me, which really made me feel at ease." Western Trust

"Yes, she (nurse) spoke with me directly and went through the programme with me." Belfast Trust

"I'm not really sure I fully understood the information as I was not that focused at the time." Southern Trust

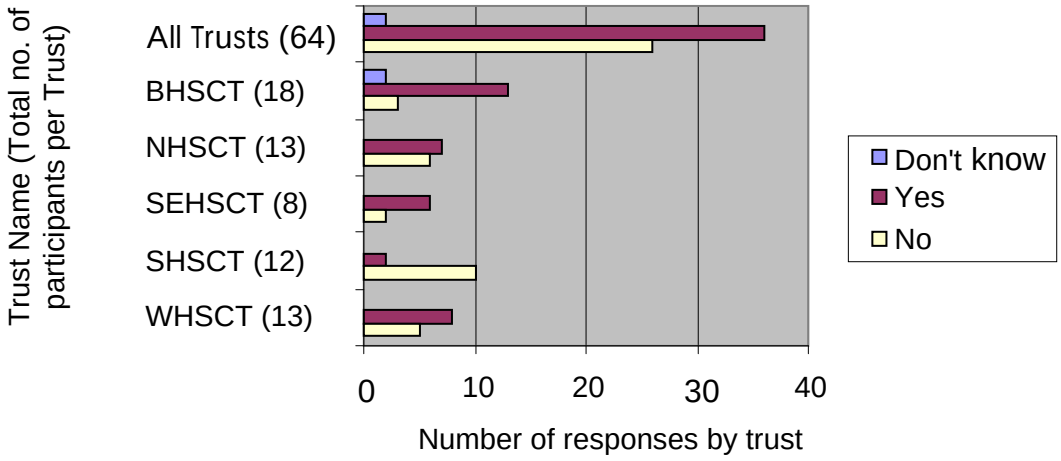


Figure 6: Participants Comments on Whether They had Received Information on CAMHS

Young people commented that the lack of information heightened their anxiety when accessing the service. Young people noted that when a CAMHS worker came out to explain the service this reduced anxiety for the young person.

Young people were then asked to comment on how useful they found this information. The majority of the young people found the information useful. Two young people stated that they were very young and their parents had received information on their behalf, which was later explained to them. Two other young people commented that they had been too distressed to receive the information but this was later explained to them.

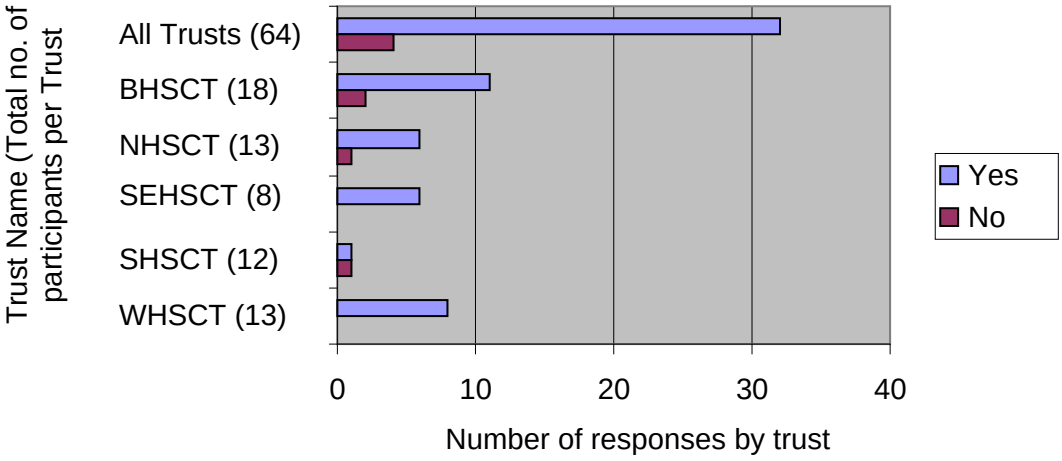


Figure 7: Graph to show if information was useful for the participants

Information Regarding Treatment

Seventy-seven per cent of young people felt that they were kept informed about their treatment. Young people stated that they were informed of

medication changes. In the Belfast Trust young people gave examples of how they were updated weekly and described a success chart that enabled their receiving information. In the Western Trust, young people commented that their length of treatment was generally longer than initially anticipated and highlighted that changes to treatment would have gone ahead without consulting the young person.

Some young people felt that they were not involved and they received information only after making a complaint.

Young people stated that:

"Yes, although at the start we thought the treatment would be quite short but it turned out to be quite a long time." Western Trust

"Yes, at every stage of the treatment I was kept updated. There was a particular nurse from here (Northern Ireland) who called me once a week to check how I was getting on. This was really helpful as it felt like there was continuity with my treatment between here and England." South Eastern Trust

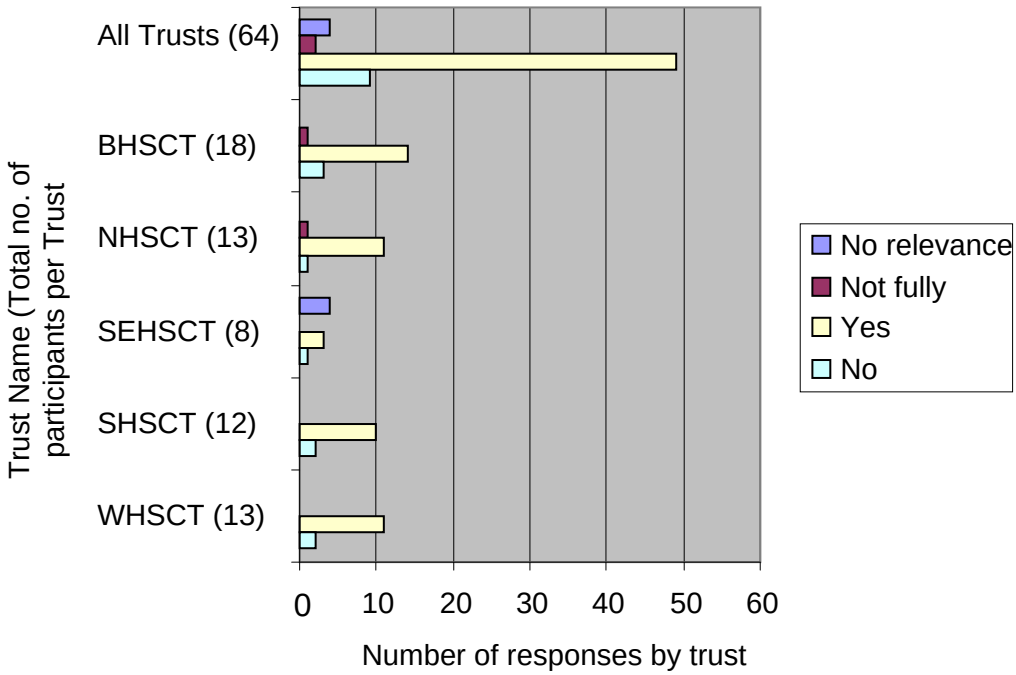


Figure 8: Participants were asked if they were given information regarding their treatment

Confidentiality

The majority of young people interviewed understood the issue of confidentiality and had it explained to them. Young people in the Belfast Trust were able to explain the parameters of confidentiality when there are child protection concerns. In the Belfast Trust young people noted that they felt that the staff in CAMHS were very mindful of confidentiality. It is of concern that in the Northern Trust half of the participants were not sure if they had confidentiality explained to them.

Young people stated that:

> "No, you just go into a clinical room, there are introductions and they begin the session."
> Southern Trust

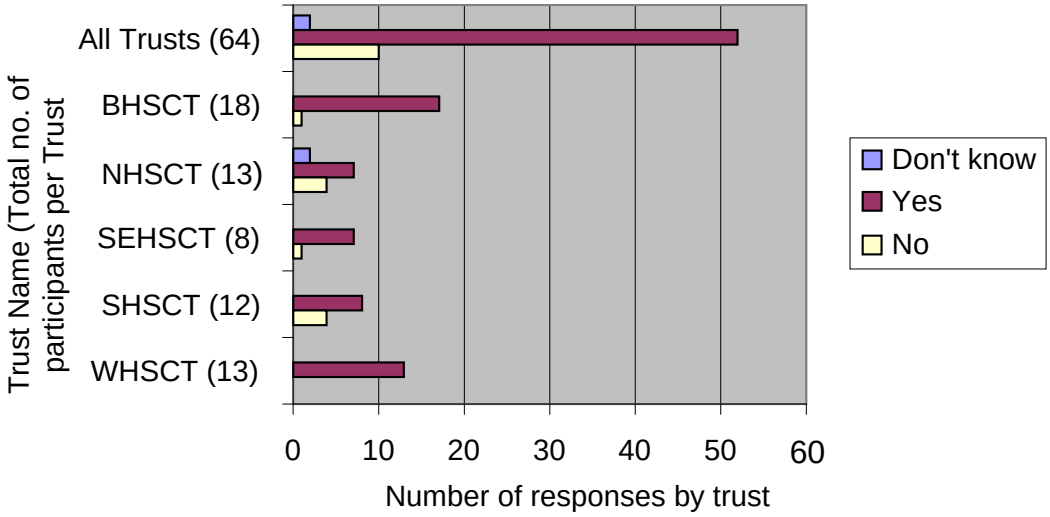
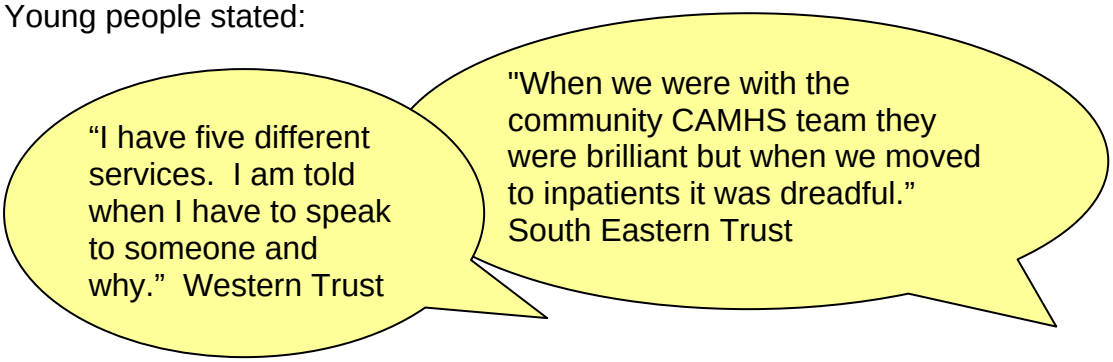


Figure 9: Participants' responses when asked if the issue of confidentiality was explained

Involvement In More Than One Service Within CAMHS

Twenty-one of 64 young people had been involved with more than one service. Nine of these young people were from the Belfast Trust and they had transferred to the inpatient service at Beechcroft. Of these, only three young people cited a positive experience with the remaining six young people describing the experience as negative, using words such as scary, quite bad, quick. One young person stated that the impact on them of their detention was not positive. There was a mix of feelings regarding the transition across services in the other trust areas. Two young people who accessed support outside Northern Ireland had a very positive transition, whereas generally young people described their move to CAMHS inpatient services in negative terms. Some of the young people who moved to adult services described it as a scary and distressing experience.

Young people stated:



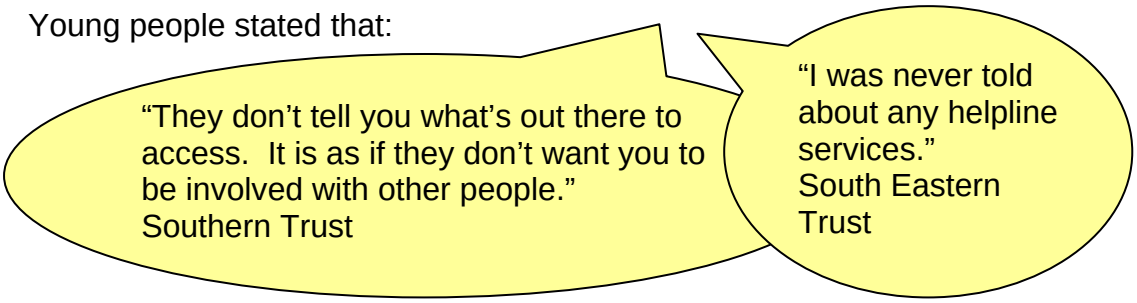
Furthermore, young people were asked if they met CAMHS staff prior to their move, only five of the 21 young people stated that this had occurred.

Advocacy Services and Help Lines

Sixty-seven per cent of young people had not or did not know if they had received information on advocacy services or other help lines.

Young people reported they were not informed; they had not heard of advocacy, and they did not understand the relevance to them. Of those who had been made aware of help lines, Lifeline was mentioned most frequently and VOYPIC's advocacy service had been utilised by some young people. It is worthy of note that all young people who were resident in Beechcroft had been made aware of advocacy and other help lines.

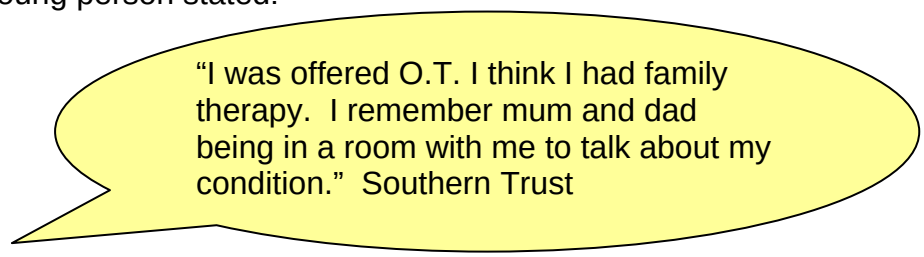
Young people stated that:



Specialised Treatments

Fifty-nine per cent of young people stated that they had been offered services which included family therapy, cognitive behavioural therapy, group therapy, speech therapy, art therapy. Generally those who had been offered specialist services had found them very useful and a positive experience. Three young people commented negatively about family therapy, stating that they did not find it beneficial and thought it was intrusive.

One young person stated:



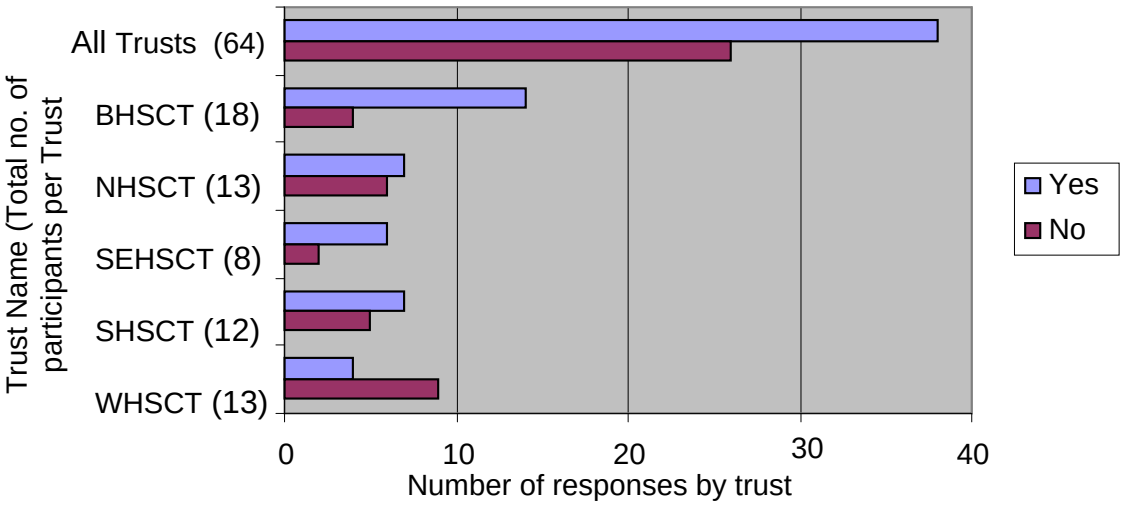


Figure10: Participants' responses when asked if they had been offered specialist services

CAMHS Facilities

Young people were asked to comment on the facilities that were offered to them during their involvement with CAMHS. The graph below highlights their responses.

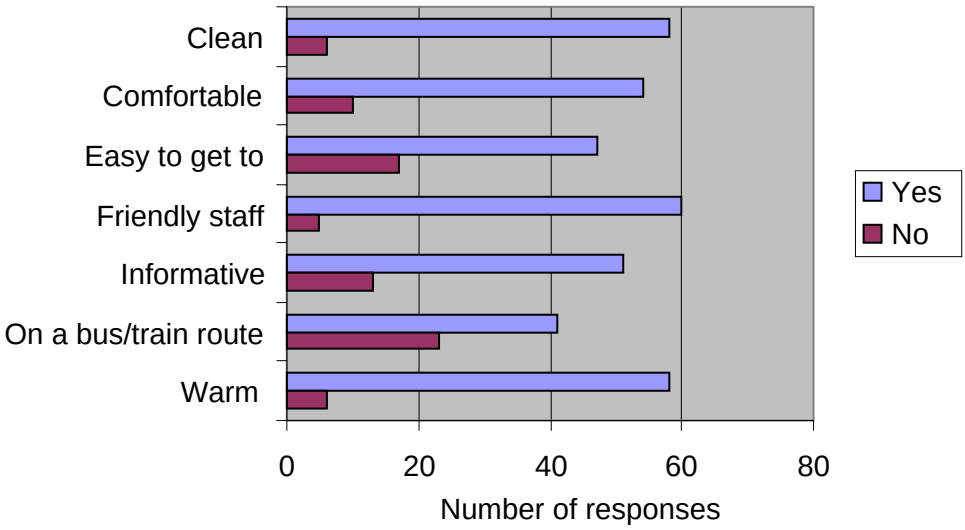


Figure 11: Participants' comments on facilities

Young people stated that:

"Facilities were clean and bright."
South Eastern Trust

"The place was very clinical, not comfortable."
Southern Trust

Care Plan

Young people were asked about their care plan and their involvement in it. The table below outlines the results.

	All trusts			
	Yes	No	Don't know	Total
Did you have an individual care plan?	22	15	27	64
Did you know what was written in your care plan?	18	7	39	64
Did you understand your care plan?	17	7	40	64
Were you and your family involved in what was in your care plan?	15	6	43	64
Do you feel your care plan was shared by the right people?	16	2	46	64
Was your care plan reviewed quickly/often enough?	16	4	44	64
Did your care plan include education/leisure/contact?	16	6	42	64
Did you feel involved/ included in the decision-making about your care plan?	16	6	42	64
Were you given a copy of your care plan?	14	6	44	64

Table 8: Participants' responses to care planning questions

Only 34 per cent of young people were aware they had a care plan. When this was further explored with young people it became apparent that very limited numbers of young people had been involved in the planning process.

Inpatient Services

Young people were asked to comment on their experiences of inpatient services using themes from the QNIC standards. Twenty three young people had experience of adolescent in-patient services (Beechcroft Adolescent Unit and Donard); 10 young people had experience of stays on adult wards; and, three young people had been inpatient in Great Britain treatment centres. The graph below outlines young people's experience of this provision.

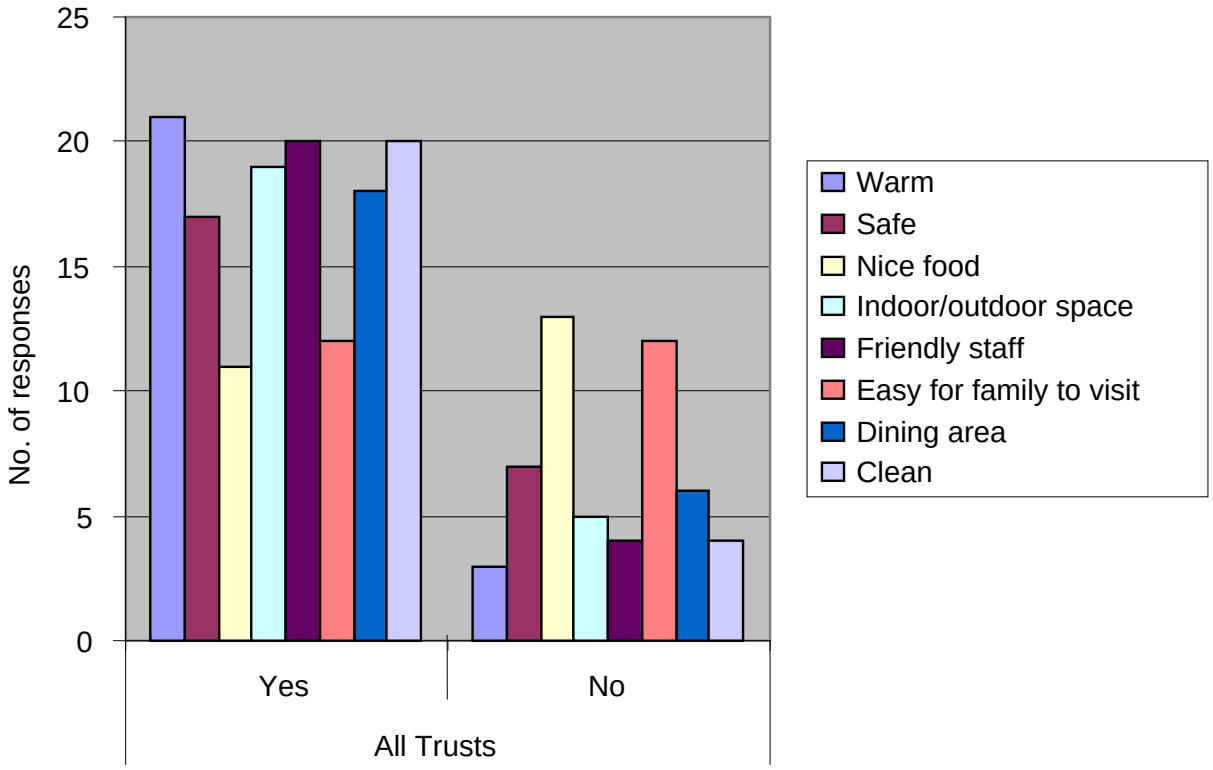


Figure 12: Participants' views on inpatient facilities

Young people stated that:

"The place was not warm or comfortable at all and was not easy for my family to get to." Northern Trust

"Didn't like everyone knowing my business, someone from my school seen me there and told others." Southern Trust

"I think that in-patient units should be less like a prison. A lot of young people smoke and you can get stressed. The food should be improved. There should be more equipment for the young people and a bit more freedom. There should be more trips to shopping centres etc. instead of sitting all day. Visiting times only at half five there should be more times during the day." Belfast Trust, (Beechcroft resident)

Young people discussed a range of experiences when they were asked how often they were seen by a doctor. Below shows the young people's experiences:

HSC Trust	Didn't answer	Never	Daily	1-2 a week	Every week	Every fort-night	Every month	Total
Belfast	2	2	1	2	1		2	10
Northern			2		1			3
Southern					2			2
South Eastern		1			3			4
Western				2	1		1	4

Table 9 - Young People's comments on the frequency to see a doctor

One young person stated:

"Can get an appointment when you want, Doctor doesn't make you wait." Western Trust

Two young people from the Belfast Trust commented that they had never seen a doctor. Young people were then asked to comment on how often they had seen a nurse. Again the young people's experience varied, including:

- 24 hour watch
- daily
- every 1 or 2 days
- every week

The young people residing in Beechcroft stated that they all could see a nurse at anytime, but at times were frustrated that they were not seeing their primary care nurse, as this was shift dependant.

Young People on Adult Wards

Of the 10 young people who had been admitted to an adult ward, eight of them had been seen by community CAMHS whilst on the ward. Young people commented on how important this was. These young people had varying experiences of length of stay on adult wards, ranging from one day to almost six months.

One young person commented:

"I do not think any child or young person should be placed on the adult ward as they are having to mix with people from all ages." Belfast Trust

Out-of-Hours/ Crisis Response Service

The Western Trust was the only trust where all the young people interviewed were aware of out-of-hours or crisis response service. Sixty-four per cent of participants were unaware of the service. Across the five trusts only five young people had accessed this service. One young person from the Western Trust stated they had a very positive experience of out-of-hours, where a CAMHS worker came out to them in the middle of the night and remained with them until the next morning when a doctor became available. One young person in the Northern Trust stated they had tried to access out-of-hours / crisis response services but had been unable to get through.

Young people stated that:

"(the service) was second to none." Western Trust

"No experience of it but I was given a number by someone, not sure who." Southern Trust

"Never heard of out-of-hours or crisis response." Southern Trust

"I saw the CAIT team in College Gardens which was a crisis intervention team, that only happened once." Belfast Trust

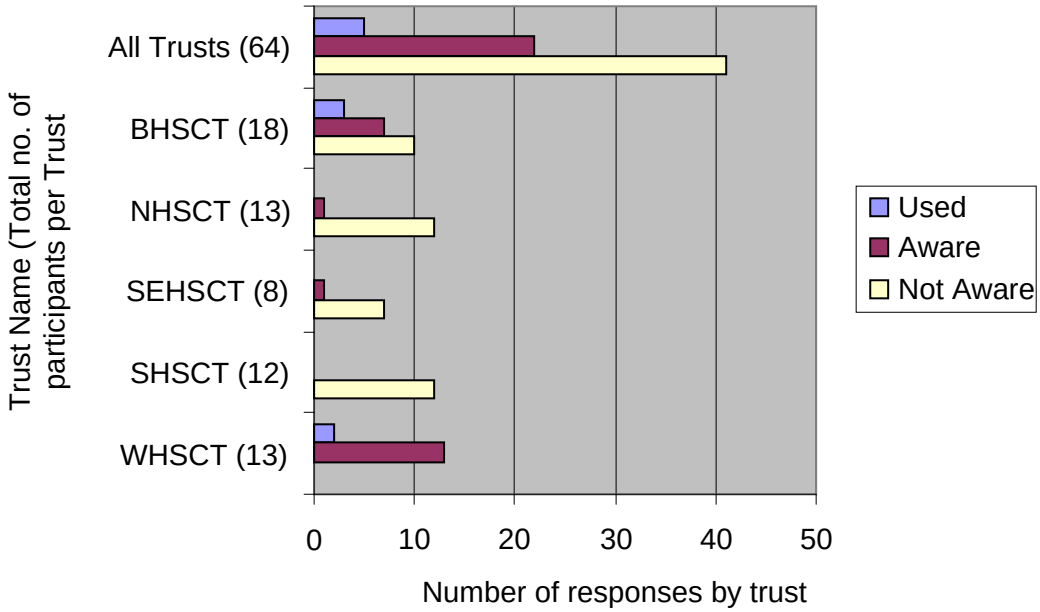


Figure 13: Participants' experiences of Out-of-Hours/Crisis Response Service

CAMHS Worker

The majority of young people, 91 per cent, did not get an opportunity to choose their CAMHS worker. Young people commented on the positive relationship they had with their CAMHS worker. One young person stated

that they did not have a good relationship but this was acted upon and the young person changed worker. Only 30 per cent of young people stated that they would like the choice to pick their own worker.

Young people stated that:

"No experience of it but I was given a number by someone, not sure who." Southern Trust

"I was assigned a key worker but changed upon my request." Northern Trust

"I would like to have a choice. I would have felt more comfortable speaking to a male." Southern Trust

Family Support

Sixty-seven per cent of young people felt that their families received support during the time involved with CAMHS. Young people stated that this was an aid to their own treatment.

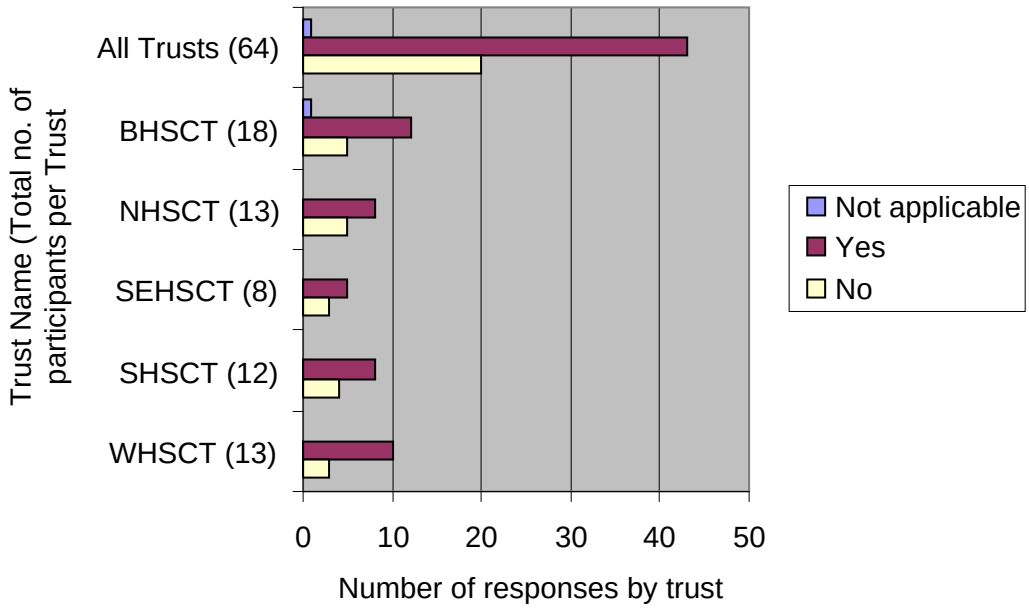


Figure 14: Family support received by participants during process

Young people stated that:

"Yes, they let my family know how to handle me and told them to ring if they needed help." Belfast Trust

"Yes, although I wasn't speaking to my mum at the time as I thought she had signed me in." Western Trust

"I don't think Mum got as much support as she could have got, it was a very stressful time for her." Southern Trust

Consent

The majority of young people, 78 per cent, consented to their treatment. Of the remaining 22 per cent the reasons for not giving consent included:

- detention
- consent was given by the parents due to their age
- young person was unable

Discharge from CAMHS

In regard to their discharge from CAMHS, only 27 per cent of participants had experience of being discharged from CAMHS. Young people had mixed responses. This depended on their level of readiness for discharge. One young person stated that they were able to return to the service after their discharge.

Transition to Adult Services

Only 10 young people interviewed were involved in moving from CAMHS to adult mental health services. Two of these young people where still in the transition process and had not fully moved. Seven young people stated that the move had been positive. Young people highlighted a twin track approach that had been used, where adult mental health and CAMHS worked together to support the young person. Of the two young people who had a negative experience, one stated that they did not receive any support during the transition. The other young person who was still in the transition process, stated that they felt unsupported and did not know what was happening in relation to their plan. Another young person commented that because the transition was to a service in England they received little support.
Young people were asked if they met a professional from adult mental health services in advance of their transition. Five young people stated that this had occurred. The young people cited this as extremely helpful.

Aftercare Support

This was not applicable to all young people. Only one young person had received aftercare support.

Complaints

Fifty-six per cent of young people across the five trusts did not know how to make a complaint. In the South Eastern Trust none of the young people who participated knew how to make a complaint, and only one young person within the Northern Trust. This was in contrast to the Belfast Trust where all 17 young people were aware of how to make a complaint.

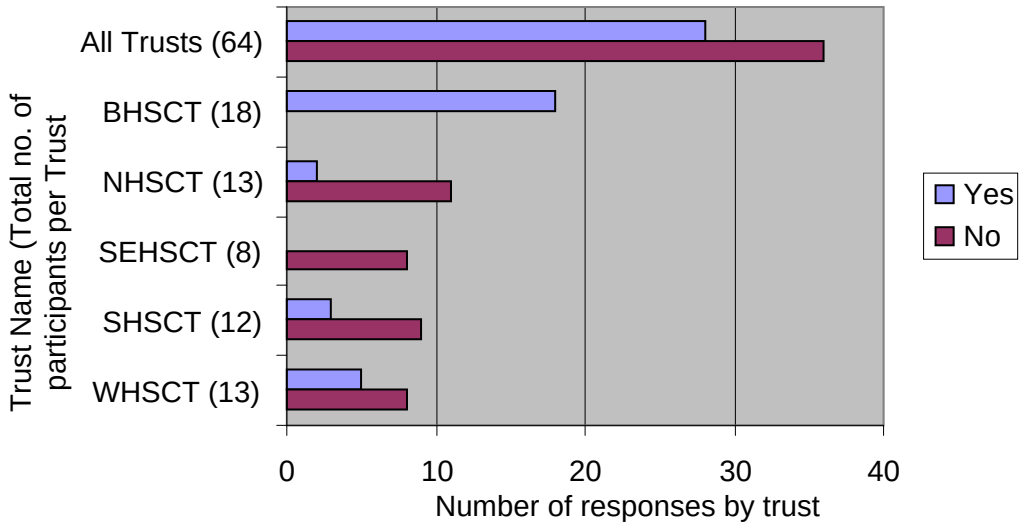


Figure 15: Did participants know how to make a complaint?

4.5 Parents' Results

Thirty-seven questionnaires were returned by parents within the specified timeframe, with a further four shortly after the deadline, a total of 41 responses. The Southern Trust had the highest number of responses with 11 questionnaires being returned. The South Eastern Trust had nine questionnaires returned, and the Northern Trust had eight questionnaires returned. The Belfast Trust had five questionnaires returned and the Western Trust had four returned.

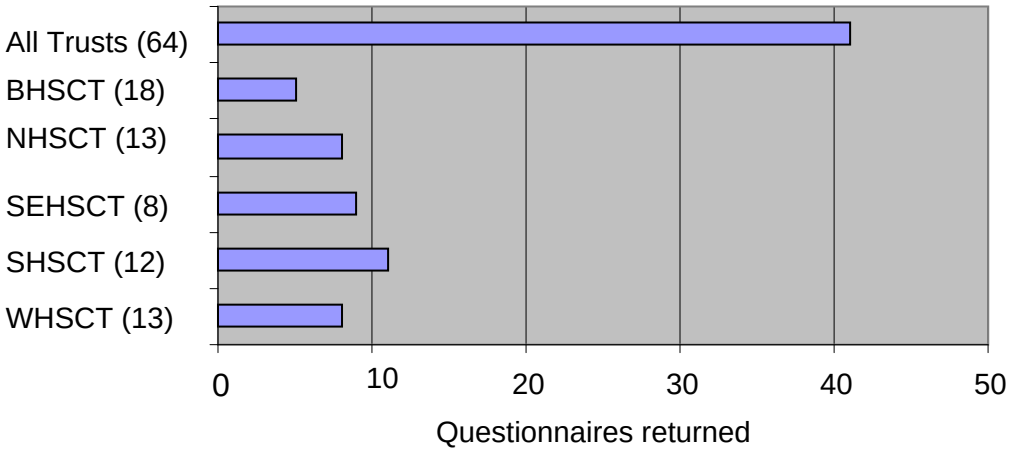


Figure 16: Questionnaire responses per trust area

Accessibility

Parents were asked if they felt that the CAMHS were easily accessible. Across the trusts, 73 per cent (30 parents) indicated that they felt that CAMHS were accessible.

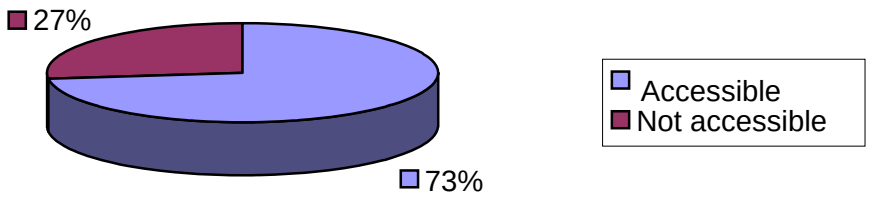


Figure 17: Parents' views on accessibility of CAMHS services across all trusts

Twenty-seven per cent (11 parents) indicated that the service was not accessible. There appeared to be problems with referrals from GPs to the service across many of the trusts. This is cited as an issue in the qualitative feedback below.

HSC Trust	CAMHS service accessible	CAMHS service inaccessible
Belfast	60%	40%
Northern	60%	40%
South Eastern	75%	25%
Southern	70%	30%
Western	100%	0%

Table 10: Accessibility breakdown per HSC Trust

Parent's Comments

"Yes - it was the doctor who arranged the appointment for my son."

"Once the doctor referred it was easy enough."

"We were not referred on our first visit to the GP. We had two appointments for our daughter without referral. The GP was sensitive but did not suggest or appear to consider any mental health issue."

"I wouldn't say it was easy - I had never heard of CAMHS before. It took a couple of doctor's appointments for the doctor to send a referral off. After that however as we are on their books it is easy to get in touch."

There was a clear message from parents that once referred into CAMHS they found the service very accessible. Parents highlighted that obtaining either a referral or diagnosis from a GP was difficult.

Waiting Times

Parents were asked if they felt the length of time that they had to wait to access services/treatment for their child was reasonable. Across the trusts 78 per cent (32) parents consulted felt that the length of time that they had to wait to access services/treatment for their child was reasonable. Twenty-two per cent (nine) parents felt that the waiting times for treatment were unreasonable.

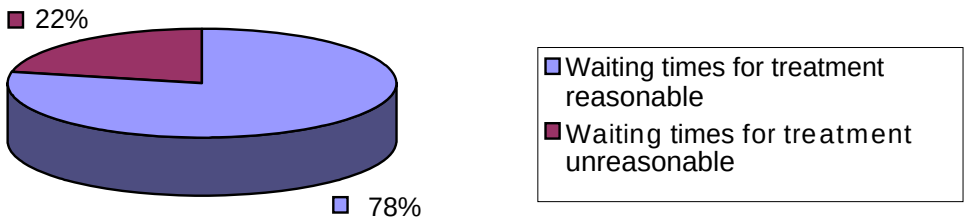


Figure 18: Parents' views on waiting times across all trusts

The majority of parents displayed a good level of satisfaction with the waiting times for access to services/treatment.

Trust	Waiting Times Reasonable	Waiting Times Unreasonable
Belfast	80%	20%
Northern	60%	40%
South Eastern	87.5%	12.5%
Southern	80%	20%
Western	87.5%	12.5%

Table 11: Waiting times per HSC Trust area

Parent's comments:

"Yes we did not have to wait long."

"Very reasonable. We got our appointments as and when we needed them."

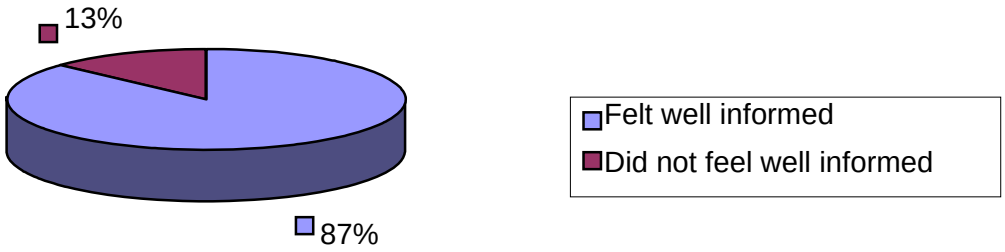
"No given the reasons my child needed treatment, the wait was too long."

Information

During the consultation parents were asked to comment if they were kept well informed about the services/treatment their child was receiving. Eighty-seven per cent (38) of responses from parents across the trusts indicated that they

felt well informed about the services and treatment their child was receiving. The Belfast, Northern and Western trusts had 100 per cent of responses indicating that they were kept well informed.

Figure 19: Parents' views on the information received about CAMHS



HSC Trusts	Parents who felt well informed	Parents who did not feel well informed
Belfast	100%	0%
Northern	100%	0%
South Eastern	60%	40%
Southern	75%	25%
Western	100%	0%

Table 12: Information breakdown per HSC Trust area

Parent's Comments

"Yes, very good indeed. The quality of the care delivered was first-class."

"Very much so. We are informed weekly regarding care planning."

"Yes - attended all appointments with my son and was very well informed."

Support

The vast majority of parents who participated in the consultation indicated that they felt very much supported during their child's treatment. Across the five trusts 87 per cent of parents indicated that they felt supported as parents during their child's treatment.

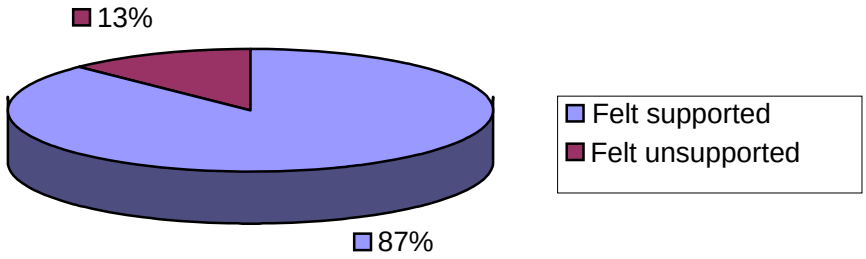


Figure 20: Parents' views on support received during their child's treatment

HSC Trusts	Parents who feel supported	Parents who do not feel supported
Belfast	100%	0%
Northern	80%	20%
South Eastern	87.5%	12.5%
Southern	70%	30%
Western	100%	0%

Table 13: Support breakdown per HSC Trust area

Parent's Comments

"Yes, staff are always willing to listen and talk."

"Yes, I always felt I could contact them if we had particular problems."

"Yes - all the CAMHS team have been very supportive. They really listen to where we are coming from/about our worries."

Parents' View On A Beneficial CAMH Service

Parents were asked if they felt that their child had benefited from the services/treatment that they received from CAMHS. Across the five trusts 95 per cent of responses (35) indicated that parents felt that their children had benefited from involvement with CAMHS.

It should be noted that 100 per cent of responses from the Belfast, Northern, Southern and Western trusts felt that they had benefited. Only one of the 11 parents in the South Eastern trust area did not find CAMHS beneficial.

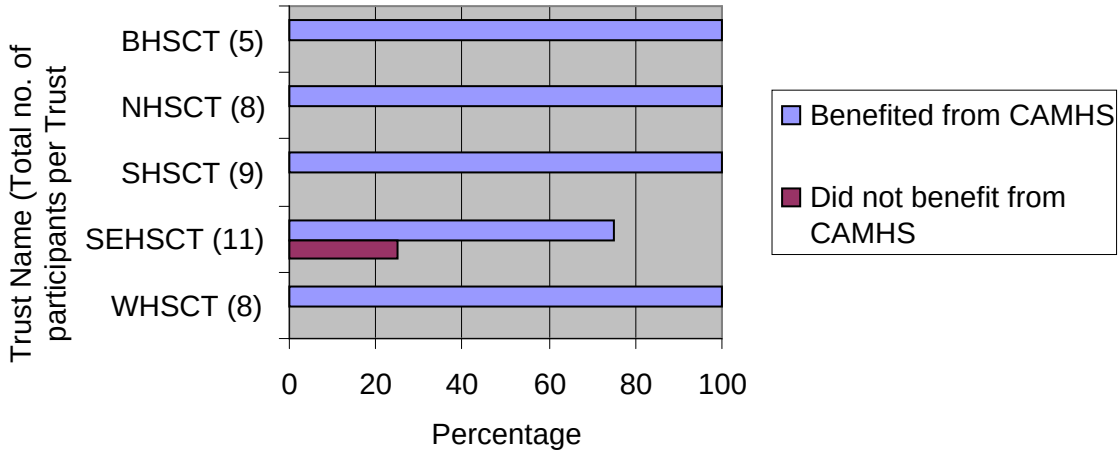
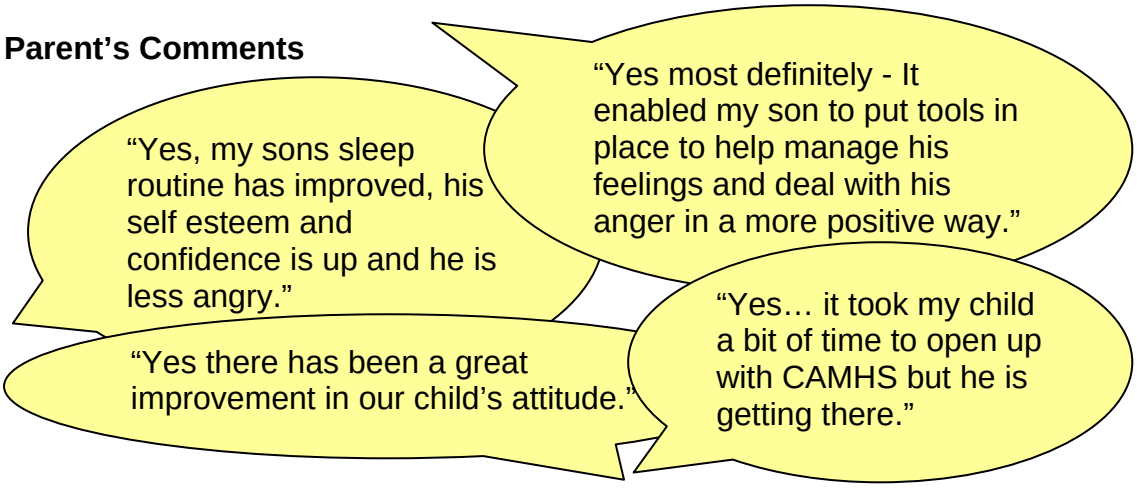


Figure 21: Parents' views on how whether their child had benefited from CAMHS treatment

HSC Trusts	Benefited from CAMHS	Did not benefit from CAMHS
Belfast	100%	0%
Northern	100%	0%
South Eastern	75%	25%
Southern	100%	0%
Western	100%	0%

Table 14: Benefit Breakdown per HSC Trust Area

Parent's Comments



Discharge

Parents were asked two questions in relation to discharge arrangements. The majority of responses indicated that the questions on discharge were not applicable as their children were still receiving the services/treatment from CAMHS.

Parents were asked if they felt their child's discharge from CAMHS was timely and adequate. This only applied to 19 of the parents consulted, of whom 16 parents felt that discharge from CAMHS was timely and adequate.

Parents were asked if they felt involved in discharge arrangements. Of the 13 parents who felt this was applicable, all 13 indicated that they felt involved in the discharge arrangements.

Two parent's responses indicated that they were not discharged and were transferred to adult services from CAMHS.

Crisis Response

Parents were asked, if applicable, how adequate was CAMHS response to crisis situations. Figure 17 shows parents responses. Thirty-two per cent (13 parents) felt the question was not applicable, 63 per cent (26 parents) were happy with CAMHS response in a crisis. Five per cent (two parents) were unhappy with CAMHS response in a crisis.

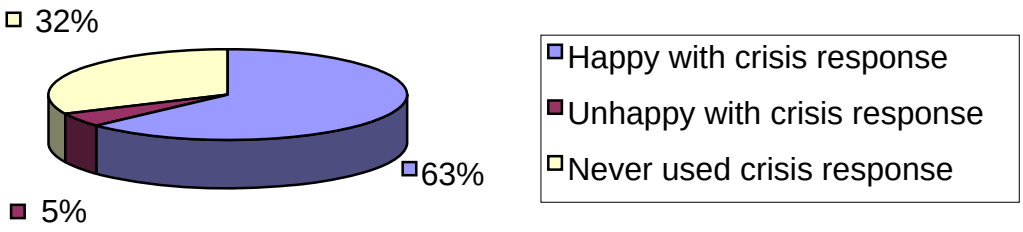


Figure 22: Parents' views on the adequacy of CAMHS response to crisis situations

Parent's Comments

"Very adequate as our son's condition was becoming very serious and we needed help urgently."

"Response was very good - available over the phone or we could have an emergency appointment within 24 hours."

"They were great, at the end of the phone weekdays and weekends. They even rang me on Saturday and Sundays and came to my home to see my son."

Convenience

Parents were asked how convenient the location of their child's service/treatment, including inpatient facilities was for them and their families. Ninety per cent of responses indicated that the service was convenient, with 10 per cent saying it was inconvenient.

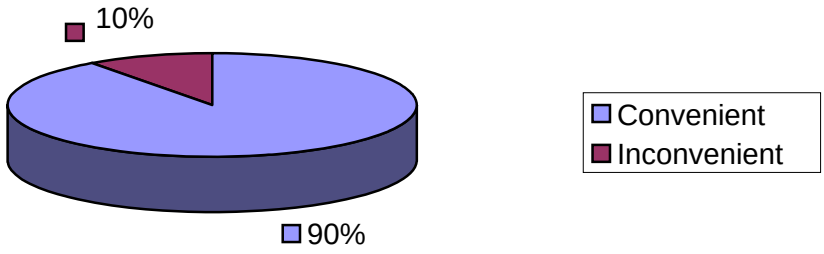


Figure 23: Parents' views on the convenience of CAMHS location

The qualitative data below indicates travel was not an undue problem for some parents. Some other parents indicated that they lived quite close to services.

Parent's comments

"It was half an hour's drive away which was good."

"We are about 17 miles away, but when you are getting good treatment you will travel any distance."

"Considering where we live we I wouldn't of expected anything closer."

Inpatient Services

Belfast	Northern	South Eastern	Southern	Western
0	0	2	2	1

Table 15: Involvement with inpatient services per HSC Trust Area

Only five responses to the consultation indicated an involvement with inpatient services.

Parents were asked for their comments on their child's experience on an adult ward (including admission and discharge arrangements). Below are selections of comments that parents made.

"Excellent staff, too many patients, not private."

"While in an adult ward the waiting time was nil. When transferred the facilities were excellent, but staff in Beechcroft should of tried harder as my child was able to leave."

"Negative - at times there were no other children there and she had adults all around her."

"Positive - because staff were trained for adolescents specifically and she had one nurse with her at all times during the first six weeks of admission."

Parents were also consulted on how long their child waited in an adult ward before a more appropriate placement became available to suit their needs. A selection of parents comments are highlighted below.

"She was not transferred out from this ward at all - her admission lasted 14 weeks."

"Almost eight weeks… far too long, we were told two days. As a result the move to adolescent was very difficult. More beds need to be available."

Of the parents surveyed only two had an experience of their child transferring to Adult Services. They found the transition process positive.

"Yes, the transfer from CAMHS to adult services I was very happy with. They also attended his first meeting with him."

"Yes, transfer was very smooth with no time delay between services."

Complaints

During the consultation parents were asked if they were advised about their right to make a complaint and how to go about doing so. Sixty four per cent of responses across the five trust areas indicated that they were informed of the complaints procedure.

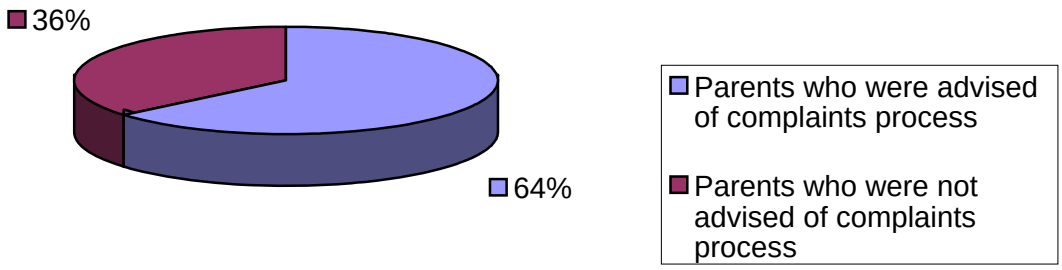


Figure 24: Parents' awareness of complaints process

HSC Trusts	Informed of complaints	Not informed of complaints	Not Applicable
Belfast	80%	20%	0%
Northern	80%	20%	0%
South Eastern	50%	50%	0%
Southern	10%	40%	50%
Western	62.5%	37.5%	0%

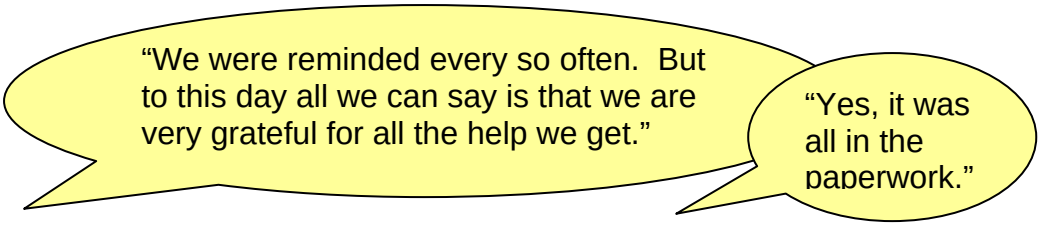
Table 16: Parents' complaints process awareness per HSC Trust Area

A significant number of parents (50 per cent) in the Southern Trust deemed the question not to be applicable. The parents offered no explanation for their answer.

The qualitative responses from parents also indicate a high level of satisfaction with the service.

Parent's Comments

"I would never need to make a complaint. I couldn't have made it without the support I received."

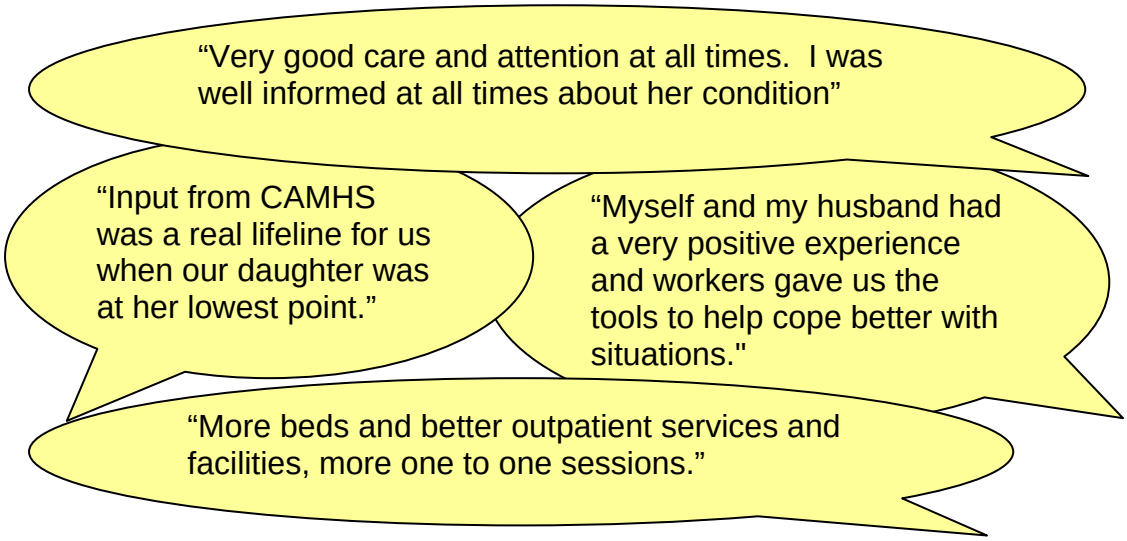


Final Comments from Parents

Parents were given the opportunity to have any final comments that they would like to make, highlighting the positives and negatives, strengths and weaknesses of their experience in CAMHS.

It should be noted that comments across all trust areas were very positive and generally parents were happy with the intervention that CAMHS had with their families.

Parent's Comments



Chapter 5: Access and Availability

Term of Reference 1

The review team identified five key themes to evaluate access to mental health services. Theme one focused on the organisational structures aimed at addressing selected recommendations from the Bamford Review of Child and Adolescent Mental Health Services (2006).

5.1 Theme 1: Organisational Structures

Criterion 1.1.1 - Organisational structures are in place to ensure a comprehensive service is provided

Most trusts provided evidence of leadership and a clear management structure. Each area had a full-time CAMHS manager, in keeping with Bamford recommendations. The Northern Trust indicated that the CAMHS manager had a range of other responsibilities. Bamford recommended that a comprehensive CAMH service be provided to populations of between 250,000 - 300,000. Some trusts' populations were in excess of this figure. The Western Trust was the exception, as they met this recommendation, as their service covered a smaller population.

Most of the trusts outlined a strategy for improvement in service provision and were focused on developing new ways of working within financial constraints.

Criterion 1.1.2 - The organisational structure includes CAMHS within children's services directorate

There have been significant changes to trust structures in the last three years. This can be attributed to the Review of Public Administration (RPA). Amalgamating smaller trusts and aligning CAMHS and management has resulted in closer integration of CAMH services within trust structures. Overall, these changes have resulted in improvement to the ways in which CAMH services are arranged across Northern Ireland.

Three of the trusts clearly demonstrated that children's services, including CAMHS, are integrated and managed within one structure. In all trusts CAMHS is arranged as a distinct service within this structure, in keeping with the Bamford recommendations. The independent reviewers believe that strategic leadership for CAMHS is a particular challenge for the Northern Trust. Consideration should be given to the development of closer links with the Trust Board so that the service receives a higher profile.

The review team found that the strategic vision for CAMHS in the Western Trust required further development. Implementation of the draft operational policy and raising the profile of CAMHS vision with the Trust's Board are the main challenges.
The Belfast Trust, which includes responsibility for CAMH services provided in the South Eastern Trust area has a clear documented strategy entitled "The Belfast Way" which provides direction for the next three to five years. The review team found that the title "The Belfast Way" may have led South Eastern Trust staff to be unsure of its relevance to them. One specific challenge for the Belfast Trust in meeting this criterion is the need to be clear as to which directorate CAMHS is currently placed. In the self assessment the Belfast Trust indicated that it was placed in the Social and Primary Care Directorate. The trust also reported that CAMHS remains a discreet service for children and young people with mental health needs within the Primary Care Directorate. The review team found that the structure did not conform to the Bamford recommendation.

The Southern Trust displayed strong leadership and direction, with strong links to children's services and a high profile for CAMHS within the Trust Board.

Criterion 1.1.3 - Bamford states that CAMHS should have their own identifiable budget

All trusts highlighted a desire for increased funding and resources for CAMHS. Most trusts reported that budgets are managed locally. One trust indicated that they have experienced difficulty with alignment of budgets. Other trusts referred to attempting to find new ways of working to manage current budget and resources.

Criterion 1.1.4 - Service delivery strategy meets the mental health needs of children and young people from ethnic and other minority groups in the community.

This recommendation enabled the Review Team to establish if equitable access to services for children and young people from ethnic and other minority groups was achieved. Other recommendations considered in this area included services provided to children with physical and sensory disability.

All trusts confirmed that they were proactive in pursuit of equality and inclusiveness. However, only the Southern and Western trusts were able to provide details of the ethnic background of the young people using their CAMH services. Belfast and Northern trusts do not routinely collect this information. All trusts had access to an interpreting service in order to assess children and young people from ethnic minorities.

The Northern Trust reported that a staff member was being trained to provide a service for young people with hearing impairment.

All areas have access to a regional service for young people who have hearing difficulties. The range and scope of this is currently being reviewed by the HSC Board.

Criterion 1.1.5 - Methods and organisational structures are established to ensure user/carer involvement in the future shaping and monitoring of CAMHS

All trusts recognised the importance of ensuring young people and their carers were involved in the shaping and monitoring of CAMHS however there was a general lack of service user involvement in strategic planning, service development and evaluation. Three of the trusts had used an independent organisation to attain the views of young people and carers.

None of the trusts had a high-level strategic CAMHS plan.

However, all trusts displayed some evidence of user and carer involvement and were able to provide an example of which users and carers had contributed to the development of CAMH services.

All trusts had a good understanding of the barriers that hinder user and carer involvement and are equally willing to develop opportunities for involvement. An example of good practice was the Southern Trust was the introduction of a post aimed at the integration of user/carer opinion in the planning of services. The review team believed this would proactively engage many of the service users and carers in meaningful participation.

The need for an independent advocate was also considered. Whilst Belfast and Southern trusts have engaged with independent services for user/carer feedback none of the trusts had an independent advocacy service for children or young people.

The following scoring system has been used to assess the trusts level of achievement against the stated criteria:

Level of Achievement	Definition
Unlikely to be Achieved	The recommendation is unlikely to ever be implemented (A reason must be stated clearly in the trust response).
Not achieved	The recommendation is likely to be implemented in full but after July 2010. For example, the trust has only started to develop a policy and implementation will not take place until after July 2010.
Partially achieved	Work has been progressing satisfactorily and the trust is likely to have implemented the recommendation by July 2010. For example, the trust has developed a policy and will have completed implementation throughout the trust by July 2010.
Substantially achieved	A significant proportion of action has been completed to ensure the trust performance is in line with the recommendation. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
Fully achieved	Action has been completed that ensures the trust performance is fully in line with the recommendation. For example, a policy has been developed, implemented, monitored and an ongoing programme is in place to review its effectiveness.

Term of Reference 1 Theme 1. Organisational structures				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
1.1.1. Organisational structures are in place to provide a comprehensive CAMH service and are included within children's services directorate. (Bamford)	The organisational chart provided by the Belfast Trust indicates that CAMHS is part of the social services, family and child care directorate. But, the self-assessment provided by the trust reports that CAMHS is part of the Primary Care directorate. The review team was unclear if CAMHS is managed alongside all other children's services in the Belfast and South Eastern trusts. During the course of the review, plans for internal restructuring which would result in CAMHS being organised within the mental health directorate were discussed with the review team. This planned	The organisational chart provided by the Northern Trust outlined that CAMHS is placed in the Children's Service directorate, integrated within a wider children's services network. The review team felt that the development of a clear and strategic vision for future services was a particular challenge for the Northern Trust and leadership in CAMHS needed to be strengthened to enable any vision to be realised. In the validation visit a senior clinician outlined a vision for the development of future services, however, it was clear that any further development	The organisational chart outlines that CAMHS is placed in the Children's Service directorate, integrated within a wider children's services network. The Southern Trust demonstrated strategic leadership which attempted to address current financial challenges through creative thinking and service redesign. The Southern Trust outlined a clear and ambitious vision for future services. The review team found that this may be an over ambitious plan, however it was evident that recent changes to service delivery had been managed effectively. Some further strategic	The organisational chart provided by the Western Trust outlines that CAMHS is placed in the Women and Children's directorate and integrated within a wider children's services network. The review team found that the Western Trust demonstrated strong leadership and cohesiveness within the CAMHS management structure. The trust's strategic vision is clearly outlined in its draft corporate plan. The plan provided evidence of a good strategic approach and analysis of need. Many of the areas for development were outlined as work in progress; however, the review team found that many areas have continued to

Term of Reference 1 Theme 1. Organisational structures				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
	approach is a variance with all other trusts and contrary to the recommendations outlined in Bamford. There are strong links with other children's services at senior management level and links with the Belfast Trust board which is maintained on a regular basis to ensure the profile of CAMHS is maintained. Senior management presented a strategic and strong vision for services over the next three to five years in a presentation of the trust's strategic document "The Belfast Way". Staff in the South Eastern area were unaware of the document and vision for future services.	would be largely dependent on future investment. The review team believed that the development of services in this area would be unlikely due to the current financial constraints. CAMHS did not provide evidence that they maintained regular links with the trust board. Northern Trust has a full time senior manager with a range of responsibilities, one of which is CAMHS. The review team were concerned that that they found limited evidence of leadership. Clinical leadership and direction was provided by the consultant child and	development and vision is required to ensure that the focus of services must aim to provide alternatives to hospital admission and reduce the number of young people in adult wards. CAMHS senior manager outlined that CAMHS issues are presented to trust board on a regular basis and strong links are maintained. A full time CAMHS manager is in post. The catchment's population is slightly larger than the population Bamford recommends for a single manager.	develop beyond this. CAMHS in the Western Trust do not maintain links at trust board level. These links would ensure the profile of CAMHS within the trust is maintained. A full time CAMHS manager is in post. The catchment population is in keeping with the recommendations outlined in Bamford.

Term of Reference 1 Theme 1. Organisational structures				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
	The review team found that there was lack of communication sharing and information between the Belfast and south eastern areas. The review team found that a particular challenge to the Belfast Trust was to ensure good communication between all areas. The CAMHS clinical services manager's post was vacant at the time of the review. The catchment population is slightly larger than the population Bamford recommends for a single manager.	adolescent psychiatrist, however the review team found there was a deficit in strategic leadership in the service.		
Assessment by review team	Partially achieved	Partially achieved	Substantially achieved	Substantially achieved

Term of Reference 1 Theme 1. Organisational structures				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
1.1.2 Service delivery strategy meets the mental health needs of children and young people from ethnic and other minority groups in the community.	The review team found no service delivery strategy in place for ethnic and minority groups. The trust reports that the service is accessible to all ethnic and other minority groups. The trust provides an interpreting service if necessary and there is a range of translated information available to attempt to met the mental health needs of young people from all ethnic groups. The trust indicated in the profile questionnaire that it does not routinely collect baseline information which outlines the different ethnic and minority groups referred into the service.	The review team found no service delivery strategy in place for ethnic or other minority groups. The trust reports that services are accessible to all ethnic and minority groups. The Northern Trust has a CAMHS member of staff training in sign language to make CAMHS more accessible to young people with hearing difficulties. The trust indicated in the profile questionnaire that it does not routinely collect baseline information which outlines the different ethnic and minority groups referred into the service.	The review team found no service delivery strategy in place for ethnic or other minority groups. The trust reports that the services are accessible to all ethnic and minority groups The trust provides a range of translated information and an interpreting service is available, when necessary. The trust does not routinely collate such baseline information.	The review team found no service delivery plan in place for ethnic or other minority groups The trust reports that services are accessible to all ethnic and minority groups and this is included within a draft operational policy. The trust provides a range of translated information and an interpreting service is available, when necessary. The trust indicated in the profile questionnaire that it does not routinely collect baseline information which outlines the different ethnic and minority groups referred into the service.
Assessment by review team	Partially achieved	Partially achieved	Partially achieved	Partially achieved

Term of Reference 1 Theme 1. Organisational structures				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
1.1.3. CAMHS budget should be managed locally (Bamford)	The budget for CAMHS is held in the Belfast Trust locally. The trust reported that each service has an allocated budget which is managed locally. Some specialist services with specific budgets are within the overall CAMHS budget.	The budget for CAMHS in the Northern Trust is managed locally however the trust reported difficulty with alignment of budgets. The trust reported under funding in terms of professional CAMHS staff employed within the trust.	The budget for CAMHS in the Southern Trust is managed locally. The trust reported having attempted to develop CAMH services in the absence of an adequate budget by developing new ways of working. However, it was reported that further development will require additional investment.	The budget for CAMHS in the Western Trust is locally managed locally. The trust reported that they will continue to need further investment to extend crisis service provision.
Assessment by Review Team	Substantially achieved	Substantially achieved	Substantially achieved	Substantially achieved

Term of Reference 1 Theme 1. Organisational structures				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
1.1.4. Methods and organisational structures are established to ensure user/carer involvement in the future shaping and monitoring of CAMHS. (Bamford)	The Belfast Trust provided evidence of service user involvement in the future shaping and monitoring of CAMHS. This was often through the use of questionnaires issued to young people to evaluate treatment. The trust has used an independent organisation; VOYPIC, to gain user views regarding the design of the regional unit. The trust facilitates user involvement through the use of questionnaires and satisfaction surveys. The trust does not have a coordinated and systematic approach to obtaining service users and providing regular input into the future	The Northern Trust provided evidence of user involvement in the form of feedback from children who have been admitted to an adult ward, and service user involvement in the design of leaflets for the eating disorder service. The trust facilitates user involvement level through use of questionnaires and satisfaction surveys. The trust does not have a coordinated and systematic approach to obtaining the views of service users and providing regular input into the future planning and monitoring of CAMHS, from a service user perspective. The Northern Trust reported that user/carer involvement is not embedded into	The Southern Trust has a support worker post which was developed to actively seek the views of service users and carers to help shape and monitor services. The views of service users regarding design of CAMHS unit were obtained through the support worker's engagement with young people. The trust facilitates user involvement through the use of questionnaires and satisfaction surveys. The trust does not have a coordinated and systematic approach to user and carer involvement but plans to develop and expand the support worker role in an attempt to address this. This was exemplar practice.	The Western Trust provided the review team with a CAMHS involvement strategy and action plan which is to be implemented this year. The trust facilitates user involvement through the use of questionnaires and evaluations. The trust has plans to develop a coordinated and systematic approach to user and carer involvement and provided the review team with an outline of the timetable for this. This is currently a work in progress. The Western Trust reported that there is a need to change the culture to ensure that user and carer involvement becomes routine practice.

Term of Reference 1 Theme 1. Organisational structures				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
	planning and monitoring of CAMHS, from a service user perspective. The Belfast Trust reported that the barriers to user and carer involvement were often due to the lack of independent advocates available to take on this type of work. At present children and young people's access to independent advocacy services is ad hoc. There is no regularly commissioned advocacy service available to young people in Belfast and South East Trust.	everyday practice. At present children and young people's access to independent advocacy services is ad hoc. There is no regularly commissioned advocacy service available to young people in Northern Trust.	The Southern Trust reported that it would like to have independent advocates and plans introduce an advocacy service. At present children and young people's access to independent advocacy services is ad hoc. There is no regularly commissioned advocacy service available to young people in Southern Trust.	At present children and young people's access to independent advocacy services is ad hoc. There is no regularly commissioned advocacy service available to young people in Western Trust.
Assessment by review team	Partially achieved	Partially achieved	Substantially achieved	Partially achieved

5.2 Theme 2: Information and Communication

Providing information regarding access and availability of services were recommendations made in both the McCartan report and the Bamford Review. This theme examined whether up-to-date information, in a range of formats, about mental health and psychological wellbeing, is available locally. In addition, information regarding conditions and diagnosis to assist young people and their families understand the nature of mental health problems was also included in the assessment.

Criterion 1.2.1 - An information strategy is in place that targets those with mental health issues and their families (McCartan Report)

None of the trusts had a specific information strategy in place. However, all trusts recognised the need to keep young people and their families informed about the range and availability of services. The provision of information on mental health, aimed specifically at young people and their families, was regarded as important component of an information strategy, which will target those who would not ordinarily access such services.

All trusts provided a range of information about services via leaflets and "Mind your Head" self-help information on trust websites.

Criterion 1.2.2 - Information for users, carers and others explaining the range and scope of CAMHS is required

This criterion addressed how useful and relevant young people and their parents found the information to be. The review team considered that the best way to validate the trusts' performance was to obtain feedback from young people and their parents.

Term of Reference 1 Theme 2. Information				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
1.2.1 An information strategy is in place that targets those with mental health issues and their families. (McCartan)	The Belfast and South Eastern trusts provide a range of information about services via leaflets, website and through the provision of help lines. A leaflet provided by the trauma team was identified as a good example of information for children and young people. Currently there is no specific strategy ensuring that information provided to children, young people and their families is accessible and understandable and kept under regular review. Mental health education material is routinely provided by trust.	The Northern Trust provides a range of information about CAMHS via leaflets and through the Northern Trust website. An information leaflet about eating disorders was identified by the review team as an example of relevant information for children and young people. Currently there is no specific strategy ensuring that information provided to children, young people and their families is accessible and understandable and kept under regular review. Mental health education material is routinely provided by trust.	The Southern Trust has a communication strategy for children and young people's services. CAMHS provide a range of information leaflets and facilitate service users groups. Validation visits confirmed provision of information in waiting areas at trust facilities. Currently there is no specific strategy ensuring that information provided to children, young people and their families is accessible and understandable and kept under regular review. Mental health education material is routinely provided by trust.	The Western Trust provides a range of information via leaflets and links to the Western Trust website. In addition, they provide information on specialist services. Validation visits confirmed provision of information in waiting areas and at trust facilities. Currently there is no specific strategy ensuring that information provided to children, young people and their families is accessible and understandable and kept under regular review. Mental health education material is routinely provided by trust.
Assessment by review team	Not achieved	Not achieved	Not achieved	Not achieved

Term of Reference 1 Theme 2. Information				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
1.2.2. Information appropriate for young people and their parents should be provided (Bamford).	The response from VOYPIC indicated how well informed the young people and their families felt about the service: The majority of respondents received information about the range and scope of services in the Belfast Trust and south eastern areas, and found it useful. **VOYPIC RESPONSE Belfast** Eighty eight per cent of young people received information prior to an initial appointment. Seventy per cent found this information useful. Fifty-eight per cent found it easy to understand. Twelve per cent did not find the	The response from VOYPIC indicated how well informed the young people and their families felt about the service: Half of the respondents in the Northern Trust suggested that they had received information about the service and the majority found it useful. **VOYPIC RESPONSE** Fifty per cent of young people received information prior to an initial appointment. Eighty-three per cent of young people found it useful and easy to understand. Eighty-four per cent of	The response from VOYPIC indicated how well informed the young people and their families felt about the service: The majority of the respondents in the Southern Trust did not feel they were well informed about the service. **VOYPIC RESPONSE** Seventeen per cent of young people received information prior to an initial appointment. It was reported that they had received this information from other sources, such as a GP, and not from CAMHS. The young people who report having received	The response from VOYPIC indicated how well informed the young people and their families felt about the service: Over half of the respondents in the Western Trust had received appropriate information about CAMHS and found it useful. **VOYPIC RESPONSE** Sixty-six per cent of young people received information prior to an initial appointment. Sixty-six per cent found the information useful and easy to understand. Eighty-three per cent of young people stated they felt

Term of Reference 1 Theme 2. Information				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
	information useful. **South Eastern** Eighty seven per cent of young people reported they had been given information explaining the service. Sixty-two per cent of young people reported that the information they had been given was useful. Eighty-seven per cent of young people reported they had been well informed about their treatments.	young people felt well informed about their treatment.	information found it useful and easy to understand.	well informed about their treatment.
Assessment by review team	Substantially achieved	Substantially achieved	Partially achieved	Substantially achieved

5.3 Theme 3: Access and Availability

This theme is based on Bamford recommendations aimed at addressing the range and scope of services which are required to help prevent mental health problems. This would include services aimed at early intervention and considers whether there is an appropriate level of support for children and young people accessing CAMHS. An analysis of the information provided by trusts was systematically captured by the independent review team in order to evaluate the Did not Attend (DNA) and Could not Attend (CNA) ie. missed appointments. In addition, the DHSSPS "Card Before You Leave" scheme has been included in this section, as it applied to children and young people who self-harm or have emotional problems accessing services via accident and emergency departments. The rationale of "Card Before You Leave" is to ensure all young people and adults who have self-harmed have contact with a professional in the days following discharge from hospital or the accident and emergency department.

Criterion 1.3.1- CAMHS should provide cover up to the young person's 18th birthday. At all times they should be located in developmentally appropriate settings.

Bamford suggests that the upper age limit for access to services has led to difficulties for some young people accessing a comprehensive service. Historically, not all areas provided CAMHS up to 18th birthday. For example, the Western Trust has only provided this service since 1 January 2010. This resulted in inequality of access to CAMHS for some young people between 16 and 18.

Two of the trusts' CAMH services indicated that a referral to adult mental health services is appropriate if a young person in their 17th year requires ongoing expertise and long-term intervention. The rationale is that their needs can be best met if provided by adult mental health services.

All trusts have now achieved this recommendation.

Criterion 1.3.2 - The model of service provision in community CAMHS is effective and coherent, in keeping with the 4 Tier model, incorporating the original design and flexibility within the tiers.
Included in this criterion are two recommendations from Bamford. In addition, the DHSSPS initiative "Card Before You Leave" is assessed in this criteria.

- The role and complement of Primary Mental Health workers should be expanded in Northern Ireland.
- Mental health promotion and prevention in the school setting should be developed across all schools.
- Introduction of "Card Before You Leave" scheme.

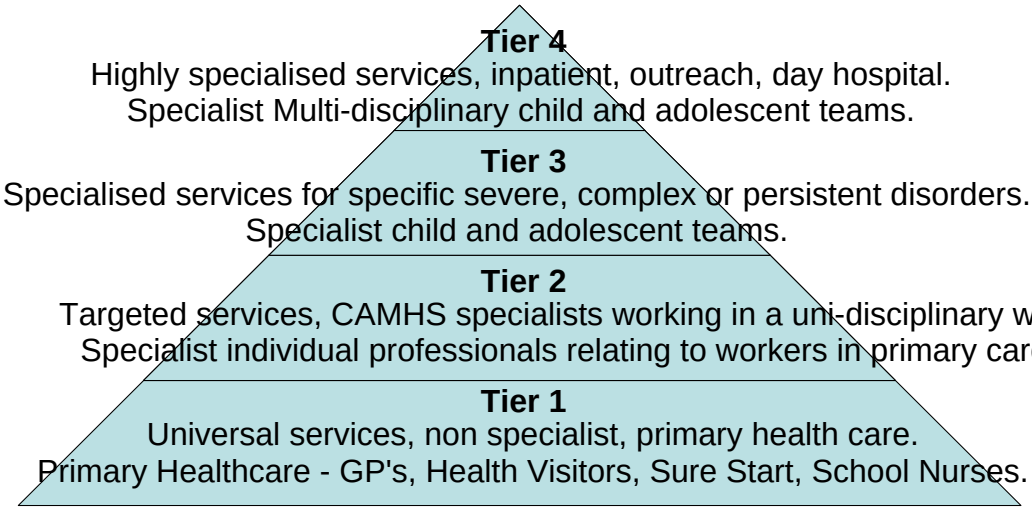


Diagram 3 shows The 4 Tier Model for CAMHS

The review team found that The 4 Tier model was referred to and adopted in all trusts. The 4 Tier model was subject to local interpretation in each trust area, and particular differences in the understanding were identified around Tier 2 and Tier 3. Tier 3

specialist CAMHS in some areas practiced as a generic team dealing with all CAMHS referrals coming into the service. This was evident in the Northern, Southern and Western Trusts. Belfast Trust had a clearer interpretation of the role and function of Tier 3 CAMHS. It would be useful if there was a regional blueprint promoted at commissioning level, to reach a consensus across all children's services in order that greater consistency and clarity is achieved in relation to language, and approach to service delivery model. The review team noted that underdevelopment of the tiered model was partly due to lack of resources.

The role of the Primary Mental Health worker (PMHW) is to provide training, advice, triage and prevent escalation of referrals. The PMHW helps other professionals who have routine contact with children and young people who are at risk of developing mental health problems. Bamford recommended that the role of the PMHW should be implemented and expanded.

Two trusts have developed the PMHW role. The Southern Trust has PMHWs however, the post holders have a caseload of young people requiring ongoing clinical input. The Western Trust has PMHWs who work to the brief outlined above. However, they also provide 8-10 sessions of therapeutic interventions and only refer to Tier 3 specialist CAMH services if longer term intervention is deemed necessary. The referral coordinator in all trusts provides advice to referrers. The Belfast and Northern Trusts do not have any PMHWs.

All trusts stated that they would like to develop the consultative role of the Primary Mental Health worker. All trusts indicated that they are constrained by lack of investment and by the increasing demand for services which brings with it the need to deploy staff in specialist assessment and treatment.

CAMHS have links with education services providing support, in educational settings with aspects of children and young people's learning and development. Three trusts (not Southern) have links with teams who provided a supporting role to CAMHS.

Two trusts are currently using the "Card Before You Leave" scheme for young people and adults. This is a new scheme supported by the DHSSPS aimed at helping reduce the level of self harm and suicide used at the point of discharge from accident and emergency departments and acute wards. The Southern Trust currently provides a direct emergency assessment by a CAMHS practitioner to the young person in the accident and emergency department within 24 hours, during week days, weekends and public holidays. Hence it is not recommended that any child or young person be sent home from the Southern Accident and Emergency Departments if they require an emergency mental health assessment within 24 hours. Southern Trust arrangements go further than the current "Card Before You Leave" scheme by providing a direct mental health assessment to children and young

people before they are discharged from acute hospitals. This assessment also includes agreed follow up arrangements with CAMHS. In the Western Trust young people presenting at accident and emergency are given an appointment with their local CAMHS and details of contact numbers for support.

Criterion 1.3.3 - Young people should receive access to specialist CAMHS in a timely manner.

In Priorities for Action 2009-2010 the DHSSPS set a target of nine weeks for a maximum waiting time from referral to the commencement of treatment. All trusts have made significant progress in this area and have reduced waiting times in some instances from approximately six months to nine weeks. At the time of the review all trusts reported that they were reaching this target. The introduction of service models to improve efficiency such as Choice and Partnership Approach (CAPA) and implementation of posts such as referral co-ordinators have assisted with achievement of the target. Despite this, all trusts reported that striving to achieve the waiting times target has affected service delivery in varying ways e.g. reducing the diversity of responses and some targeted services. In addition, the VOYPIC consultation with parents highlighted the delay in accessing CAMH support. Parents suggested that it took multiple visits to the GP and it was primarily at the request of the parent that a referral to CAMHS was made. Each trust reported that the CAMH services accepted referrals from other agencies. However, families not in contact with other services may only access CAMHS via the GP referral route. The consultation with young people and parents by VOYPIC highlighted that GP referrals can be difficult to obtain.

Term of Reference 1 Theme 3. Access & availability to CAMH services				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
1.3.1. CAMH services should ordinarily cover Children and young people up to their 18 birthday. (Bamford)	The Belfast & South Eastern area have always provided CAMHS for young people up to age of 18. During the validation visit, CAMHS staff in the focus group indicated that adult mental health services will not accept a young person until they are aged 18, even if it is clear that they will remain on the CAMHS waiting list past their 18 Birthday and treatment will most likely commence when the young person is 18 or over.	The Northern Trust has always provided CAMHS for young people up to age of 18. The protocol for referral indicates that a referral to adult services may be made for a young person in their 17 year who requires long term intervention.	The Southern Trust has always provided CAMHS for young people up to the age of 18. CAMHS staff in the focus group indicated that a referral to adult services may be made for a young person in their 17 year who requires longer term intervention.	The Western Trust has provided CAMHS for young people up to the age of 18 since January 2010. During the validation visit the review team felt that it was not clear what the impact of taking young people up to the age of 18 is on resources and interface arrangements. The review team found that this will need to be continually monitored and reviewed.
Assessment by review team	Fully achieved	Fully achieved	Fully achieved	Fully achieved

Term of Reference 1 Theme 3. Access & availability to CAMH services				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
1.3.2 The model of service provision in CAMHS is effective and coherent, in keeping with the four Tiered Model incorporating the original design and flexibility within the Tiers.	The review team found that the design of service delivery in the Belfast Trust indicated a good understanding of the tiered model. However, the current design will not facilitate all the functions of the tiered model. The review team found that the current operation of the tiers will not reduce the need for referrals into CAMHS at Tier 3 or Tier 4. At present the model is partially implemented and developed, as there is no PMHT worker at Tier 2, to facilitate early intervention and signposting and Tier 3 is under developed. The trust reported that they have no Tier 2 but maintain links with a range of voluntary and community	The design of services indicated there was some recognition of the Tiered model; however it was under developed and only partially implemented. It was evident that the present design does not facilitate all the functions of the tiered model, as it was originally intended, and will not facilitate reducing the need for referrals into CAMHS at Tiers 3 or 4. At present there is no PMHW, the trust reported they have provided Tier 2 via family centres and that they have a referral coordinator who provides advice and support for referring agents. The Northern Trust reported having three, Tier 3 generic mental health teams. The	The design of the service indicated that there is good understanding of the tiered model and some compliance with the system. This design will partially facilitate each of all the functions of the tiered model as was originally intended. At present the Southern Trust has a Referrals Co-ordinator in each of the Tier 3 clinics. These practitioners co-ordinate referrals but also have some clinical responsibilities and undertake casework, depending on their capacity. Tier 3 services in the Southern Trust consists of the Eating Disorder service,	The design of the service indicated that there is a good understanding of the tiered model and attempts to ensure compliance. This design will facilitate the tiered model as was originally intended in some of the areas in the Western Trust. The Western Trust has a PMHW providing an educative, consultative and therapeutic role, providing 8-10 sessions of short-term interventions. The initial Primary Mental Health pilot proved effective in gate keeping GP referrals from specialist CAMHS. The Western Trust reported that the Primary Mental Health worker service has been

Term of Reference 1 Theme 3. Access & availability to CAMH services				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
	services which provides this function. The teams working in Belfast and the South Eastern trust area are Tier 3 as per the Tiered Care Model. The trust and the review team recognised that part of the reason for the demand at Tier 4 is due to the underdevelopment of the other tiers. Services provided by the Belfast Trust in specialist areas included; the eating disorder, Drug and Alcohol service and CAIT. The Trust has reported links with Healthy Child, Health Future - link with schools emotional health and wellbeing.	review team found these should be at Tier 2 if they are to follow the original design, as they are not specifically geared towards a specialist area of need. The review team noted that Tier 3 in the Northern Trust was underdeveloped as there was a single specialist (the eating disorder service). The Northern Trust reported having previously attempted to implement the tiered model by introducing a PMHW, however this post had to be discontinued to facilitate the workload in CAMHS and ensure that the 9 week waiting target was met. The review team found that CAMHS community support was provided by and impressive service known as	which engages with moderate to severe mental health difficulties, which has a significant impact on functioning and capacity. The Southern trust has links with Education both on a case by case basis, and also through committee membership (e.g. Children Service Planning. Child Protection Committee. Adolescent Partnerships). A support service known as (ACE) was developed but primarily related to physical and not emotional need of children in schools, this may be developed further in future.	extended to a compliment of 4 but as yet the service is not accessible to all areas of the Western Trust. Community support is offered via referral co-ordinators who will provide advice to Tier 1, including schools. This is seen as a role of PMHW in the original design. Services provided by the Western Trust in specialist areas of need are; the eating disorder service, Drug and Alcohol Service and the Intensive Integrated Treatment for Teenagers Service. The Western Trust outlined the “Chance for Change” service, where the majority of referrals are from schools. This supports

Term of Reference 1 Theme 3. Access & availability to CAMH services				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
		the Multi Agency Support Team to Schools (MAST) which has strong links with schools and referral coordinator.		children with emotional/ behavioural problems aged 7-11 years.
Assessment by review team	Partially achieved	Partially achieved	Partially achieved	Partially achieved

Term of Reference 1 Theme 3. Access and availability to CAMHS				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
1.3.3 Young people have timely access to CAMHS	Young people gain access to CAMH services usually via GP or community health and social care staff. A team member from Tier 3 will prioritise the referral, with support from a consultant. Referrals are classified as either urgent or non urgent, which will determine how quickly the young person is seen. The review team noted that without a referral coordinator/ PMHW the provision of a referral pathway culture of right person seen at right time in right place, may not be fully implemented. The trust reported having introduced CAPA to help reduce referral rate, however demand has	Young people gain access to services usually via a referral from a GP or from community health and social care. The trust will accept self referrals, however they are usually asked for a GP referral. Referrals are prioritised by the referral co-ordinator into: emergency - seen within 24 hrs via a two hour slot provision from the community teams; urgent - seen within six weeks; and routine - seen within nine weeks. Good links with Community services especially Multi-Agency Support Team (MAST) with emphasis on early year's involvement.	Clinical referral co-ordinators are in place to ensure timely access to referrals which originate from a GP or community health and social care staff. There are clear and direct access routes to CAMHS. The trust plans to have one access system for all new referrals. The trust reported that this will provide an opportunity to match the needs of young people to most appropriate clinician and will incorporate a culture of being seen by the right person at the right time in the right environment. The review team noted that clinical referral co-ordinators appear to be doing the job of PMHW, as they are networking with GPs, voluntary and statutory agencies to ensure	There is a range of referral entry points, GPs are largest group of referrers to CAMHS. All potential referrers can discuss referrals with CAMHS staff in order to facilitate appropriate pathways and ensure the most beneficial route is accessed. However, there appears to be a less proactive and more informal approach to referrals from schools and other potential referral sources. The trusts has developed a referral pathway from A&E to CAMHS. The trust reported having weekly multi disciplinary discussions re priority of referrals ensuring timely

	increased. The trust reported an increase in referral rate over the last number of years. The review team estimated the combined DNA and CNA rate for the Belfast Trust is 26 per cent (South Eastern is 16 per cent). The DNA first appointment rate was estimated at nine per cent for Belfast and 24 per cent for South Eastern. In the validation visits staff expressed concern that treatment and follow up are compromised by waiting list pressures. Staff reported that there is reduced follow on appointments, due to CAPA, and increase in sign posting. Concern that treatment follow ups are comprised by waiting list pressures of (CSR)	The trust reported the highest referral rate and indicated that this has increased year on year. The review team estimated the combined DNA and CNA rate for the Northern Trust is six per cent. The DNA first appointment rate was estimated at 25 per cent. The focus group indicated that the current target waiting time of nine weeks has reduced opportunity for service development: (e.g. setting up a group service) and has reduced opportunities for further training and development. The trust reported that CAMHS will have links with a wraparound service for Looked After Children (LAC) which is being developed by	appropriate referrals. Clinical referral co-ordinators have established a good interface with GPs to ensure a seamless pathway. Referrals can be categorised as emergency, urgent and routine, whilst some referrals are signposted to other services. The trust reported an increase in referrals year on year. The DNA rate is six per cent for new assessments (first appointments). The total DNA/CNA rate is 25 per cent. The focus group described "impact of targets as having potential to create a bottle neck in follow on appointment" and advised that it may ultimately have an impact on quality and treatment. The trust reported that the Choice and Partnership Approach (CAPA) principles	and appropriate access to services. Referrals can be classed as emergency, urgent and routine. The trust reported having a 60 per cent increase in referrals. The review team estimated the combined DNA and CNA rate for the Western Trust is 31 per cent. The DNA first appointment rate was estimated at 15 per cent. Independent reviewers raised a concern regarding the trusts lack of planning for a potential resource implication, following the introduction in January 2010 of an extended service for 16-18 year olds. The trust introduced the CAPA Model in 2007 to assist in the management of referrals.

	comprehensive spending review. The trust report that no initial referral is waiting longer than nine weeks, in keeping with PFA targets. Clinical staff reported that much work is undertaken to pick up children and young people who present at A&E and the Trust has implemented the "Card Before You Leave" scheme.	Children's Services. The trust reported that no initial referral waits longer than nine weeks, in keeping with PFA targets. The trust report that "Card Before You Leave" operates Monday to Friday, with young people being seen the next day by CAMHS. Since the validation visit a weekend service is being provided by a voluntary organisation which sees young people the next day.	are currently employed for management of referrals but the principles are not always applied, e.g. choice of first appointment venue The trust reported that no initial referral waits longer than nine weeks, in keeping with PFA targets. The trust follows DHSSPS Integrative Elective Access Protocol on the management of referrals and appointments. The trust reported having not introduced "Card Before You Leave" scheme, but have a weekend and out-of-hours response which, they feel adequately covers children and young people presenting out-of-hours.	The trust reported that the nine week target has been reached and maintained for assessment and routine referrals. However, staff suggested that the treatment quality may be compromised as a result of a follow up appointments and the pressure of maintaining the target. The trust reported having introduced "Card Before You Leave" scheme with the out-of-hours services.
Assessment by review team	Substantially achieved	Substantially achieved	Substantially achieved	Substantially achieved

5.4 Theme 4: Access to specialist CAHMS.

This standard examines the range and availability of community specialised service provision between trust and within local areas, and considers whether there are inequalities in the level and type of support offered to children and young people with similar needs (Bamford). The fourth theme assesses whether improvements have been made to ensure children and young people have timely access to community specialist services, according to their need. Access to inpatient services is also evaluated within this standard. Several recommendations from Bamford are used in these assessment criteria. Each has identified specific gaps in specialist service provision. In addition, recommendations in the McCartan report have been incorporated, namely that each area should investigate the need for a specific crisis intervention service.

Criterion 1.4.1 - Young people have timely access to inpatient provision.

Access to inpatient provision is problematic. All of the trusts outside Belfast reported that they did not feel that young people in their areas had timely access to inpatient provision. Given the continued level of young people admitted to adult wards it would appear that thee is not enough access to the regional unit available to the Northern and Southern Trusts.

Criterion 1.4.2 - Young people gain access to services according to their need.

This criterion is an overarching statement which refers to many of the specialist services which have been highlighted in the Bamford review. Traditionally, access to specialised CAMHS has been limited in Northern Ireland.

- Models of assertive outreach/intensive treatment/day unit treatment for young people with complex needs should be developed and implemented by commissioners and providers. (Bamford)

- Models of intensive treatment have been applied in three of the trust areas. Each area has incorporated this differently and have used different names.

- Each trust should investigate the need for specific crisis intervention.

It would appear that all trusts attempted to develop a specific crisis intervention service. At the time of the review Northern Trust did not provide this service. It was reported that an attempt had been made to offer this service however this was discontinued due to lack of resources to implement this service. The Belfast and Western Trusts have developed a service which operates on a weekday basis whilst the Southern Trust has developed a weekend and bank holiday service.

- The development and expansion of evidence based services to address psychological trauma in children should be taken forward. The expertise gained in all sectors should inform the process. (Bamford)

All trusts reported that they have access to the regional trauma service for children and young people, however this was not assessed

- Specialist CAMHS should develop close working relationships with the Youth Justice System (Bamford).

None of the trusts have developed co-ordinated working relationships with Youth Justice. The Southern and Western Trust indicated they liaise with Youth Justice when a patient is already known to the service. The Northern Trust has a locum forensic psychiatrist working one day per week with young offenders. These sessions are funded by Youth Justice and do not form part of identified CAMH services.

Specialist child and adolescent outpatient services for feeding and eating disorders should be developed in NI (Bamford).

- All trusts have developed specialist eating disorder services in their areas.

Prevention and treatment strategies for alcohol and substance misuse should be incorporated together in a co-ordinated multi agency and specific strategy (Bamford).

- The Belfast and the Western Trusts are the only trusts providing a dedicated service for young people with dual diagnosis. All trusts have links with the voluntary service for alcohol and substance misuse for young people.

- Each trust should have a service development and service delivery plan for children and young people with eating disorders, Attention Deficit Disorders (ADD) and Autism Spectrum Disorders (ASD) (Bamford).

Eating disorders specialist teams have been developed throughout the region. With reference to ADD and ASD the Northern Trust identified service developments but no service delivery plan was outlined. The Southern Trust indicated that CAMHS do not have a specific remit for specialist management of behavioural problems associated with autism; however the child and family clinics will assess and treat co-morbid psychiatric disorders. The Western Trust women and Children's Directorate has developed a plan which includes ADD and ASD. Belfast Trust indicated that children with co-morbidity are seen within CAMHS but no specific service development plan or service delivery plan is in place. Until a specific Tier 3 team is developed these young people are being managed within the generic CAMH service.

Term of Reference 1 Theme 4 Access to specialized services				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
1.4.1. Provision and procedures are in place to ensure that appropriate and timely inpatient care is available for young people.	The Belfast Trust provides the regional inpatient service. The review team found that the regional inpatient beds appear to be disproportionately used by Belfast and South Eastern Trust, although access by other trusts has improved in the past two years. The review team found that at present there is an over-reliance on the provision of inpatient treatment. It was found that the development of alternatives to hospital admission and community services via outreach, early intervention and day services would reduce the need for in-patient beds. In turn, the regional unit may then have sufficient places to avoid the need for children and young people in Northern Ireland to be placed on an adult ward.	Senior management reported difficulties in accessing regional inpatient beds. The Northern Trust reports it has been allocated 1.5 adolescents beds in the regional unit, however a bed is not always available when needed and young people are often placed in an adult ward. The review team highlighted this as a particular challenge as the trust does not have access to alternatives to hospital admission.	Senior management reported difficulties in accessing regional inpatient beds. The Southern Trust reports it has been allocated approximately two adolescents beds in the regional inpatient unit. However, they stated that they rarely have two patients using the unit. It was reported that 28 patients have been referred within the last year and only three have been admitted. The review team noted that alternatives to hospital admission are limited.	Senior management reported difficulty accessing regional inpatient beds for children and young people. In addition the trust reported that young people and their families feel that the regional unit is inaccessible due to geographical distance from the Western area to Belfast.
Assessment by review team	Partially achieved	Not achieved	Not achieved	Not achieved

Term of Reference 1 Theme 4 Access to specialized services				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
1.4.2. Young people gain referral to specialist CAMHS according to their need.	The Belfast Trust provides a range of specialist community CAMH services. The range and provision of specialist CAMHS in SEHSCT was not always evident. Validation visits confirmed clear referral pathways and easy access to the specialist eating disorder service. The review team found there was good integration with other CAMH services. The trust reported having good access to the regional trauma service. Validation visits also confirmed that clear referral pathways are in place for the specialist drug and alcohol service in Belfast (DART). Young people with ADD, ASD	The Northern Trust provides a limited range of specialist CAMHS. The eating disorder team is the single specialist CAMHS provision. Validation visits confirmed clear referral pathways and easy access to the eating disorder service. If an inpatient admission is required the team has developed a pathway where young people will be admitted to a paediatric ward. The Northern Trust provided evidence of clear protocols and plans for management of individuals with an eating disorder. The Northern Trust reported having access to the regional trauma centre. The trust confirmed that they have no CAMHS substance	The Southern Trust has attempted to provide a range of specialist CAMHS. The eating disorder service operates across the Southern Trust. There are clear referral pathways for this service. The Southern Trust reported having access to the regional trauma centre, with good links with CAMHS. A substance misuse practitioner provides assessment, treatment and liaison to community supports. The Southern Trust reported not having developed a specific crisis service but having used funding to develop a community intensive intervention service and out-of-hours hospital liaison	The Western Trust has a proactive approach to specialist CAMHS but needs to make sure that services are accessible throughout all areas. The Western Trust provides an eating disorder service at community and in-patient level. Validation visits confirmed good access to Intensive treatment, an alternative to hospital admission and a preferable option to young people and

Term of Reference 1 Theme 4 Access to specialized services				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
	with co-morbid mental health problems can access the adolescent mental health service. Children can access CAMHS, subject to criteria related to functional ability. The Belfast and South Eastern areas have developed an out-of-hour's crisis assessment and response service (CAIT). The review team found this was a model of good practice. Plans are in place to develop a home treatment team as an appropriate and alternative to hospital. Plans are also in place to develop an intensive day service, which is not currently operational.	misuse worker currently in post. At the time the trust was waiting for a replacement. This is at variance with the other trust areas. When a young person requires referral to the addictions service the Northern Trust will make use of voluntary and community groups such as Dunlewey substance advice centre, which provides a service for 8 to 18 years. The trust does not currently provide crisis intervention or out-of-hours provision. A crisis service was initially developed but had to be withdrawn as the staff member needed to be redeployed to other duties.	service for same or next day hospital liaisons. The Southern Trust reported having a community intensive intervention service, which has been developed and utilised as a step down process for discharge from in-patient care. This is provided by one staff member in each CAMHS team. An out-of-hour's liaison service is provided to acute hospitals at weekends and bank holidays. The liaison officer contacts wards and departments in all the acute hospitals and actively seeks new referrals. The review team found that this may not be the most cost effective option but was assured that the time is used effectively.	families due to the distance from the regional in-patient facility. Service descriptions known as intensive care management system and home treatment appear to be used interchangeably. The Trust provides a drug and alcohol service with good links to the community service.
Assessment by review team	Substantially achieved	Partially achieved	Substantially achieved	Substantially achieved

5.5 Theme 5: CAMHS Facilities

In order to be able to access and avail of CAMHS the quality of the environment must also be considered. Quality of the environment is integral to how well CAMHS meet the needs of the children and young people accessing services. As there are no guidelines or standards which assist in the systemic evaluation of therapeutic environment in Northern Ireland, a standard from QINMAC (Royal College of Psychiatrists) was used to provide a means of measurable assessment.

The self-assessment included reference to the physical environment. The review team was limited in its ability to comprehensively validate the quality of the physical environment. The review team found that the children and young people who have accessed services at these facilities should be invited to comment. In light of this, issues such as the distance people needed to travel to access the facilities and evaluation of quality of the environment was addressed in the VOYPIC consultation.

Term of Reference 1 Theme 5 CAMHS facilities				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
1.5.1. CAMHS facilities are well designed and have the necessary facilities to meet service needs.	The review team found that the new purpose built inpatient facility was impressive and well designed. The review team found that space within the unit was underused. This was especially evident in the gymnasium area, as equipment is not in place and some of the outside facilities are not in use. At the time of the review the trust was awaiting delivery of pre-ordered equipment. Renovation work is required in some other facilities. Waiting areas/ rooms available at each venue.	The trust reported that only one out of its four designated facilities is well designed. Renovation has occurred to Larne/Carrick site which has made it more acceptable. Some facilities including Ballymoney and Magherafelt / Cookstown are both in a serious state of disrepair.	The design of CAMHS facilities varies. Some recent investment in the physical environments has resulted in improvements. One clinic requires updating. The reviewers observed the design and location of the adult ward which admits young people. The review team found it was modern and spacious, with the ability to meet the educational and recreational needs of the young person.	CAMHS provide necessary facilities to support individuals and family interviews. The independent reviewers observed good waiting and treatment areas in the Gransha area.
Assessment by review team	Partially achieved	Partially achieved	Substantially achieved	Partially achieved

Chapter 6 Risk assessment and management in CAMHS

6.1 Term of Reference 2
Theme 1: Risk assessment for children and young people

In 2011 RQIA will review the implementation of guidance issued by the DHSSPS (2009) on risk assessment and management in adult mental health and learning disability settings. In planning the review of mental health services for children and young people, it was agreed that a baseline analysis of the risk assessment and management tool which implements the guidance would be conducted.

A regionally agreed assessment tool, Functional Assessment of the Care Environment (FACE) was to be implemented throughout community and inpatient settings by 1 June 2010. Whilst PQC was issued in Sept 2009, the CAMHS addendum relating to FACE was only issued in May 2010 after the ToR were agreed. As this review was conducted in June 2010, the implementation of the tool was incomplete, therefore it would not provide sufficient information to indicate how well the guidance was embedded into daily practice. Alternatively, an overview of the initial stages of the implementation of risk assessment and management derived from the information from the focus groups with clinicians and management in the four trust areas is provided. In addition, the theme of clinical and social care governance has been based on recommendations made in Bamford and compliance with the Mental Health Order is assessed under a human rights approach.

In the future RQIA will carry out a file audit for further review to provide DHSSPS assurance that risk assessment and management, using the regional core guidance and regionally agreed tools, is effectively used to ensure the quality and safety of risk assessment for children and young people accessing CAMHS.

Criterion 2.1 A baseline review of the risk assessment and management in CAMHS

All trusts were aware of the implementation of the FACE tool. Three of the trusts had commenced building it into assessment and management plans for children and young people. The Northern Trust has not implemented FACE.

Theme 2: Clinical and Social Care Governance Arrangements

Criterion 2.2 Governance and quality mechanisms in CAMHS should be further developed and implemented across NI.

- Service users and carers are involved in the feedback of complaints and management of serious adverse incidents and its impact on service planning.

All trusts were able to identify that improvement in this area was required. It was agreed that none of the trusts had a programme of audit or evaluation which could consistently measure effectiveness, however all trusts did provide evidence of some audit and feedback activity. All trusts indicated that they are using SDQ questionnaires and no other validated tool was identified. Whilst access to clinical supervision and appraisal mechanisms are relevant robust governance arrangements, this was not validated during the course of this review.

Two of the trusts appeared over reliant on the complaints procedure as a measure of quality. Each trust highlighted that they had a low complaints record within CAMHS. This was validated by information provided in the profiling questionnaire.

It was highlighted in each validation visit that the VOYPIC consultation had indicated that children and young people were not aware of the complaints procedure. Feedback from the trusts indicated that complaints posters and information which is regionally used is not child friendly and may not facilitate the young person wishing to make a complaint.

In addition access to independent advocacy was not apparent in any of the trusts. Some trusts report this is a work in progress.

Theme 3 Human Rights

Criterion 2.3. Under Article 118 (4) of the Mental Health Order a register is maintained of all persons under the age of 18 who are receiving medical treatment for mental disorder and at intervals of three months this is forwarded to RQIA.

All trusts should ensure compliance with Article 118 to maintain a register of all under 18 admissions. This should include information regarding human rights considerations of the young person. The third theme attempted to review if trusts provided the relevant information on how the human rights of children and young people are being addressed. The majority of the trusts are required to improve the timely provision of this information.

Term of Reference 2 Theme 1 Risk Assessment & Management				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
2.1 A baseline review of the risk assessment and management in CAMHS.	The focus groups provided information that clinicians were aware of the introduction of the FACE tool to implement guidance issued by the department. Overall, staff members indicated that it is anticipated FACE could be a useful tool. Staff members indicated that implementation was a unilateral decision, with no consultation with front line staff, although there was evidence of consultation about the introduction of FACE. Staff members report that this risk assessment is helpful and systematic approach, especially for adolescents. However it does not apply to all age groups, especially to the younger age group.	The focus group suggested that the FACE tool has not been implemented and found that they may not use it in future as it does not meet the needs for risk assessment for all age groups. FACE is not relevant for a proportion of children accessing CAMHS, especially those under 11. The trust is currently looking at an alternative. Staff suggested that it is "good for young people who have taken an overdose for example, but that is it".	The focus group suggested that clinicians are aware of FACE and have started using it. Overall the trust provided positive comments regarding the tool and feel that it formalised previous methods of risk assessment. "It is a way of collating all the risk information in one place". Staff members reported that this tool includes questions which are not applicable to younger children.	The trust reported that FACE had been used by the intensive treatment group, prior to June 2010. Now rolled out to other teams. Not undertaken alone and used alongside clinical assessment. "Good for young people who self harm". "Would be helpful if young people had a therapeutic aim, not a primary risk assessment aim". Comments from the report of the focus group evaluation regarding the "FACE" risk assessment.
Assessment by review team	*	*	*	*

*** Not formally assessed and scored by review team as trusts continue to implement at this stage.**

6.2 Theme 2: Clinical and Social Care Governance Arrangements

Term of Reference 2 Theme 2 Clinical and Social Care Governance Arrangements				
Criterion	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
2.2. Governance and quality mechanisms in CAMHS should be further developed and implemented across NI.	Effectiveness is measured through use team audits. Audit meetings are usually held once per month. However, audits are undertaken on an ad hoc basis, without a systematic or structured driver for the areas which require attention. At present the trust does not have a programme for monitoring clinical and social care governance. The trust indicated that there is regular implementation of Strengths and Difficulties Questionnaire (SDQ) and ongoing monitoring of patient satisfaction. The trust reported that	Effectiveness is usually measured by the number and nature of complaints via "Tell me what you think". This method of capturing information about complaints from children does not appear to be 'young person' friendly. This was reflected in the response from VOYPIC, where only a few young people knew how to make a complaint. Despite this, the review team found that the Northern Trust appeared to rely on this as an indicator of quality. The Northern Trust does not have a current programme for measurement of clinical and social care governance. The trust had previously developed a core audit	Effectiveness is measured through various methods including use of SDQ, audits and learning from SAI reports. The trust has used QINMAC to assist the process. Identified need for systematic outcome reporting. In addition the trust reported having a CAMHS team member looking at the application of standards such as NICE guidelines. The review team noted that there is no organised and structured approach to measuring outcomes and no systematic programme for measurement of clinical and social care governance. The trust undertakes regular audits every year. However	Effectiveness is measured via a trust wide clinical audit taking account of six service standards developed by the Western Trust. The review team identified some evidence of scrutiny of information, but found that a systematic programme would greatly strengthen the approach. It was reported that recent audits have been completed by students working within the trust. The review team noted that measurement of clinical and social care governance is reliant on the complaints procedure which may not be the

	CAMHS is linked to a risk register which is formally reviewed as part of the governance arrangements. A serious adverse incident policy and procedures are in place. The trust reported that performance is measured via PFA targets in waiting times.	group with one representative from each discipline. However members of staff reported that they were unable to sustain this due to workload pressures. The trust reported that they are currently attempting to ensure that SDQ is used across the trust but there did not appear to be any routine or systematic approach to monitor this. The review team noted little evidence of strategic and joined up approach to clinical governance. The trust reported that performance is also measured via the PFA target in respect of waiting times.	CAMHS has not been included in the audit programme. Senior management reported that they intend to include CAMHS in the future audit programmes. The trust reported that performance is measured via the PFA target on waiting times.	most effective measurement, given the results of the VOYPIC consultation. The review team found that there was little evidence of outcome measurement tools being used on a regular basis. The trust reported performance measured via PFA targets on waiting times.
Assessment by review team	Partially achieved	Partially achieved	Partially achieved	Partially achieved

6.3 Theme 3: Human Rights

Term of Reference 2 Theme 3 Human Rights Approach.				
Criterion	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
2.3. Under Article 118 (4) of the Mental Health Order a register is maintained of all persons under the age of 18 who are receiving medical treatment for mental disorder and at intervals of three months this is forwarded to RQIA.	Belfast Trust provides a register of under 18's on a three monthly basis. This information has been partially completed and in the past has not been kept up to date. The South Eastern Trust provides information about under 18s admitted to adult wards but has not provided a cumulative report to date.	The Northern Trust provides a register of all children and young people who are in-patients and receiving medical treatment for mental disorder. The information provided has in the past not been accurate or up to date.	The Southern Trust provides a register of all children and young people who are in-patients and receiving medical treatment for mental disorder. This has not been completed on a three monthly basis in the past.	The Western Trust provides a register with relevant details of children and young people who are in-patients and are receiving medical treatment for mental disorder. The information that the Western Trust provided RQIA under Article 118 (4), was found to be comprehensive.
Assessment by review team	Partially achieved	Partially achieved	Partially achieved	Fully achieved

Chapter 7 Young people on adult wards

7.1 Term of Reference 2

Theme 4: Young people on adult wards

Admission to the regional inpatient psychiatric hospital for children and young people has often been limited due to insufficient number of beds available in Northern Ireland. When a placement is not available in the regional facility and no other service can be provided a young person aged 16 or 17 may be placed on an adult psychiatric ward. This is an ad hoc process rather than a care pathway orientated approach. As the care and treatment of young people admitted onto an adult ward is paramount the DHSSPS issued circulars to trusts outlining what the trusts should include in protocols for the management of young people on adult wards. Guidelines have also been issued by the Royal College of Psychiatrists and by the Mental Health Commission (function now transferred to RQIA) in relation to reporting of these admissions. In order to monitor this process RQIA should be sent notification of each admission to the adult ward and outline how the guidance by the DHSSPS is being met.

During a period of 30 months from April 2007-September 2009 a total of 197 young people were admitted onto an adult ward in Northern Ireland. Many of these admissions were of short duration and some young people were transferred to the regional adolescent inpatient unit.

A new purpose built inpatient unit for children and young people, Beechcroft, was opened in May 2010 and the number of beds available to children and young people has increased from 12 to 18 and from 10 to 15 in the children's facility. It is unclear what impact the new regional facility at Beechcroft will have on the number of children admitted to adult wards. At the time of the review the Belfast Trust was developing admission criteria for the facility.

The review team visited three adult wards in the Belfast Trust, Southern Trust and Northern Trust, where young people have been placed and interviewed staff who are responsible for the effective care and treatment of the young people in these facilities. Due to time constraints the review team was unable to view an adult ward in the WHSCT, however was able to speak with members of the adult ward nursing team. The areas addressed by the review team focused primarily on how safe and developmentally

appropriate care was delivered on the adult ward. The review team looked at policies and procedures to substantiate observation practices, single room availability and access to education. In addition the review team were keen to find out the trusts' approaches on the placement of young people on an adult ward. We were interested in the efforts made to prevent admission and also to see if the trusts had made attempts to develop services which could provide alternatives to hospital admission.

The review team considered that admission of the young person to an adult ward is an inappropriate environment. However it was noted that significant safeguards have been developed and implemented in the way young people are managed and accommodated in this environment.

Criterion 2.4.1 - Prompt response by community CAMHS to those at risk of admission to inpatient facilities and thus prevent avoidable admissions.

All trusts provided evidence that there is a prompt response by CAMHS. Many of the staff in the Belfast and South Eastern Trusts found that they were managing young people in the community who would in the past have been admitted to the inpatient facility.

Criterion 2.4.2 - Adult wards have appropriate in-reach support by local CAMHS professionals to assist the management of young people.

In all trusts a CAMHS Consultant remains the responsible psychiatrist for all young people admitted to an in-patient bed and acts as the medical liaison person with the nursing staff.

All trusts provided evidence that in-reach support was available. The joint working in the Belfast Trust and Southern Trust was particular evidence of a good shared care model.

Criterion 2.4.3 - Training opportunities should be facilitated for adult mental health staff in relation to the needs of young people who they may have to look after.

Such training was evident in the Belfast, Southern and Northern trusts. Western and South Eastern Trusts training arrangements were not validated. The review team had some concerns that the South Eastern trust was not able to fully answer questions in relation to training of mental health staff, as adult inpatient units have only recently started taking admissions of young people.

Criterion 2.4.4 - Trusts should develop protocols to ensure the best interest of the young person on the adult ward: including access to separate bedroom accommodation, with supervision according to assessed risk, completed risk assessment and identification of how risks will be managed: This should also include care and treatment planning, including educational and leisure activities.

All trusts had developed protocols. Southern and Western Trusts provided the most comprehensive protocols in relation to this and provided evidence of good practice. All trust protocols reflected the guidance issued and this was validated through visits to three adult wards. The Northern and Southern Trusts reported that the older adolescent admitted to adult wards may not be placed on observation throughout their stay in hospital. However, a risk assessment is completed, in accordance with DHSSPS guidance letters, to ensure a joint risk assessment informs this decision.

Criterion 2.4.5 - Proactive consideration of specialist adolescent inpatient units elsewhere to facilitate young people who may require inpatient care for prolonged periods.

All trusts indicated that young people in an adult unit would be considered for specialised care in an area which provides the service required. The Northern Trust were able to provide an example of when this happened in a recent admission of a young person who required secure care.

Criterion 2.4.6 - Evidence of facilitated early discharge from inpatient facilities with provision of appropriate care package in the community.

Trusts identified that discharge was considered at the earliest possible point in admission. This would be discussed at an initial meeting in the Northern and Western Trust areas.

Criterion 2.4.7 - Discharge planning should be initiated as soon as possible after the service user is admitted to an inpatient psychiatric facility.

All trusts suggest they are compliant with this and protocols often indicate that discharge planning starts from admission.

Criterion 2.4.8 - All incidents of under 18 admission to adult mental health facilities are reported to RQIA: outlining why the admission to an adult facility was unavoidable; details of consideration given to placing the young person in more suitable accommodation; the length of time it is expected that the young person will be in the facility; and confirmation that a full risk assessment has been undertaken and the details of the precautions being taken to protect the young person within the adult facility.

All trusts appear to use different processes and formats of reporting to RQIA. The Western Trust provides a comprehensive policy indicating how the trust will ensure the safety and developmentally appropriate care in accordance with circulars from DHSSPS. This is to be commended.

Term of Reference 2 Theme 4 Young people on adult wards				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
2.4.1. Prompt response by community CAMHS to those at risk of admission to inpatient facilities and thus prevent avoidable admissions.	The Belfast Trust protocol states that all available options be considered prior to admission to adult ward. The trust has made attempts to introduce alternatives to hospital admission with introduction of CAIT. The Belfast protocol indicates that young people should not ordinarily be admitted to an adult ward. CAMHS provide care for high number of young people who are at risk of requiring admission to hospital. The focus group with front line staff suggested that they are increasingly carrying a caseload of people who would ordinarily be treated in	The Northern Trust attempt to prioritise young people at risk of admission and aim to provide more intensive support. The review team found that in the absence of an alternative to hospital support or crisis management this cannot be fully achieved.	The Southern Trust has a policy which clearly documents that community supports should be available to prevent hospital admission. There is one intensive intervention worker per team to provide intensive support for those at risk of admission and prevent avoidable admissions. The review team found that this could be developed further. The Southern Trust reported that they have weekend and bank holiday cover for children admitted to hospital, requiring psychiatric assessment. The Southern Trust has 3 practitioners engaged in intensive support provision	Access to specialist CAMHS by adult ward staff is limited out-of-hours and staff in adult wards are concerned about their skills to look after this age range. Those under 16 have the highest priority for transfer to an adolescent unit. The review team noted that the youngest are going to be the furthest from home and family. The Western Trust provides intensive care management as an alternative to hospital admission.

	hospital. They stated that at times they found this was unsafe practice. It was not made clear why staff felt this was happening, however the review team found that the lack of developments in Tier 4 services have contributed to this. CAIT team provide a same or next day crisis service.		as an alternative to hospital admission, however this would seem limited.	
Assessment by review team	Partially achieved	Partially achieved	Substantially achieved	Substantially achieved

Term of Reference 2 Theme 4 Young people on adult wards				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
2.4.2. Adult wards have appropriate in-reach support by local CAMHS professionals to assist the management of young people.	The Belfast Trust provided a protocol which sets out requirements for support by CAMHS in management of young people on adult ward. The review team visited an adult ward in the Belfast Trust. Discussion with staff indicated that young people receive sufficient in-reach support from CAMHS. At the time of the review there were no young people admitted to the adult ward. Validation from staff nurses working on adult wards of regular involvement. Evidence of effective co working with CAMHS and adult ward. CAMHS take lead in development of care plan.	The review team visited an adult ward in the Northern Trust and were able to validate that CAMHS staff provide sufficient in reach and support for young people admitted to this ward. At the time of the review there were no young people on the adult ward. In addition, the review team found that CAMHS staff are involved with care planning and monitoring the young person's mental state and staff on the ward confirmed with reviewer that they can phone CAMH staff for advice. It was confirmed that CAMHS consultant retains medical responsibility and will regularly visit the young	The review team visited an adult ward in the Southern Trust. It was clear that young people in the ward have access to their CAMHS consultant. At the time of the review there was one young person on the ward. It was confirmed by a member of staff that CAMHS provide regular and sufficient in-reach into the adult ward. In addition, a member of staff from the ward is completing a CAMHS course and will often be the primary nurse for the young people admitted to the ward. It was reported that CAMHS review every young person twice weekly, or when requested.	The Western Trust provided the review team with a policy which indicates that adult wards have in reach support by ICMS from CAMHS. This was confirmed by the team. The trust report that regular meetings between staff in adult wards and CAMHS in reach teams take place on a regular basis. In reach CAMHS professionals also provide training and supervision with adult colleagues. CAMHS in reach support at weekends can be provided, however adult staff in the focus group suggested difficult to access at time.

	Documented protocol indicated shared responsibility between CAMHS and adult consultant (shared care approach). Shared care planning meeting on regular basis.	person on the adult ward. The trust reported that it has a strategy meeting each week with all members of the team involved with the young person.		Report strong relationship with adult colleagues.
Assessment by review team	Fully achieved	Fully achieved	Fully achieved	Fully achieved

Term of Reference 2 Theme 4 Young people on adult wards				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
2.4.3. Training opportunities should be facilitated for adult mental health staff in relation to CAMHS.	There are opportunities for staff in adult mental health services to develop skills in CAMHS. Insufficient information about the level of training adult staff have in relation to CAMHS. It was suggested that some have background in CAMHS via work experience or training. Child protection training is provided. The review team was unable to validate the number of staff who have had additional training in relation to CAMHS.	The trust attempts to locate all admissions of young people within one allocated ward. Another two adult psychiatric wards can be used if necessary. Two of the wards have nurses who have had training in CAMHS.	The trust provides training opportunities for adult mental health staff in relation to CAMHS. The staff nurses who have been trained in CAMHS from the adult ward have moved out into the community CAMH service. At present, another staff nurse has commenced training in CAMHS.	The focus group advised that the staff in the adult ward would benefit from more training in this area. The trust also reported that adult ward staff have had some training from the Intensive Care Management team in CAMHS which can be accessed for advice.
Assessment by review team	Unable to assess	Substantially achieved	Partially achieved	Partially achieved

Term of Reference 2 Theme 4 Young people on adult wards				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
2.4.4. Trusts should develop protocols to ensure the best interest of the young person in the adult ward.	The trust has developed a protocol for the best interest of the young person on the adult ward. This is a joint protocol between both services. All young people in the Belfast Trust are admitted to a designated adult ward in Knockbracken. The CAMH service, prior to moving to Beechcroft, would often use Dorothy Gardner or Rathlin Wards on the Knockbracken site for the South Eastern trust resident children and young people. Belfast Trust confirmed that the protocol is transferable to adult wards in South Eastern area.	The trust has a protocol for the best interest of the young person on the adult ward. Joint protocol from CAMHS and Adult Mental Health. Protocol outlines that young person be given a single room. Validated during visit by review team. During the first 24 hours all under 18 inpatients will be placed on supportive observation, reviewed daily via daily monitoring of risk. This may be stopped if the young person is over 17 and validated in visit and focus groups. If under 16 the young person will remain on close observation, trust suggests that the young person is able to determine if they can maintain their own	The trust has a comprehensive protocol to ensure the best interests of the young person on the adult ward. This protocol has just recently been revised to include recent developments within CAMHS and within the trust. Joint protocol from CAMHS and Adult Mental Health. The protocol indicates that a young person is always placed in single room with en suite bathroom facilities (when available) in keeping with the Department guidance. The protocol also indicates that risk Assessment is completed on admission. FACE risk assessment in	The trust provided a comprehensive protocol to ensure the best interest of the young person on the adult ward. This protocol highlights the need for risk assessment and supervision. The focus group validated that staff are aware of current protocol. The trust has included some of the recommendations outlined in the Department's guidance. This includes issues such as young people having single room and one to one supervision

Term of Reference 2 Theme 4 Young people on adult wards				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
	No information provided about how Belfast Trust ensured that the correct policy is being used. Validation visit confirmed that young people have single room and one to one observation is commenced on admission but not clear if it continues throughout admission. CAMHS risk assessment (FACE) tool not currently used by ward staff. Alternative risk assessment is completed as part of overall assessment. Protocol does not indicate how educational and recreational needs of young people should be met. Policy indicates that	safety. CAMHS risk assessment FACE tool not currently used as risk assessment. Adult risk assessment tool used. The protocol does not indicate how the educational and recreational needs will be met. Protocol indicates that family are involved in care planning. Discussion with staff nurses on the ward indicated that a person has never stayed long enough or been well enough to consider education needs whilst in the adult ward. Policy indicates that the	keeping with department's guidelines recently introduced. The protocol outlines that all young people are placed on supervision, when deemed necessary. Focus group reported that practice is to ensure safety and the young person is always supervised when in area with adults. Evidence that care plans included information on social and educational needs was outlined. Education and social needs referenced on policy, as requirement. Ability for young people to access ward facilities eg gym, supervised access to internet. Can access arts	provided. Protocol indicates education needs to be addressed whilst the young person is on the adult ward and the young person and family involved in pre admission strategy meeting. The policy regarding medical responsibility has not been updated regarding CAMHS now taking referrals of over 16 since January 2010. The protocol is not explicit in ensuring documentation and management of risk of others in the ward is managed. No information in protocol regarding the

Term of Reference 2 Theme 4 Young people on adult wards				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
	parents and carer and young person should be involved in care and care planning.	multidisciplinary team will take into consideration the different needs of young person and make sure that services are sensitive to their needs i.e. race, gender, religion and disability. Parents/ carers are involved in care.	and crafts materials. Able to go outside under supervision. Protocol indicates that care plan involves patients and carers. Staff Nurse reports that patients receive copy of care plan. Protocol states staff with experience in adolescents compiles care plan which is then validated with staff nurse on ward. Protocol states discharge planning begins on admission. Protocols outlines that care plans must consider the risk other patients pose to the young person and document how this is to be managed.	wards ability to meet social needs whilst on the ward.
Assessment by review team	Substantially achieved	Substantially achieved	Substantially achieved	Partially achieved

Term of Reference 2 Theme 4 Young people on adult wards				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
2.4.5. Proactive consideration of specialist adolescent inpatient units elsewhere to facilitate young people who may require inpatient care for prolonged periods (6 months).	Not clear from protocol. In the information provided by the trust in the RQIA profiling questionnaire the trust reported longest length of stay in an adult ward was 89 days.	In the validation visit to the adult ward, team members discussed relevant case where this did happen and young person was appropriately transferred to specialist unit in England. In the information provided by the trust in the RQIA profiling questionnaire, the trust reported that the longest length of stay in an adult ward was 116 days.	In the information provided in the RQIA profile questionnaire the trust indicated that the longest stay in adult ward was 258 days. The validation visits confirmed that specialist facilities were considered. Protocol states that Director of Children's Services is informed if child remains on ward more than 3 months.	The Western Trust protocol states that the Director of Children's Services is informed if a child remains on an adult ward more than 3 months. In the information provided in the RQIA profile questionnaire the trust indicated that the longest stay in an adult ward in this area was 126 days.
Assessment by review team	Not known	Substantially achieved	Partially achieved	Partially achieved

Term of Reference 2 Theme 4 Young people on adult wards				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
2.4.6. Evidence of facilitated early discharge from inpatient facilities with provision of appropriate care package in the community.	Protocol indicates that early discharge should be facilitated and planned for at early stage of admission. The Belfast Trust reported that shared care planning meeting, following admission, includes discharge.	The Northern Trust reported that an initial, meeting following admission, takes place to initiate discharge discussion. Regular meetings to discuss discharge. May have difficulty facilitating early discharge due to lack of resources.	The Nursing team stated that a twice weekly meeting is aimed at ensuring appropriate discharge. Southern Trust reports that intensive care team is directed to facilitate early discharge.	The Western Trust provided a protocol which contains comprehensive information about discharge planning for young people on adult wards. This protocol indicates that discharge planning is identified at the outset.
Assessment by review team	Not known	Not known	Not known	Not known

Due to the lack of evidence provided to the review team no specific achievement scores are provided in this table.

Term of Reference 2 Theme 4 Young people on adult wards				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
2.4.7. Discharge planning should be initiated as soon as possible after the service user is admitted to inpatient psychiatric facility.	Shared care planning following admission includes discussion on discharge arrangements. The trust highlighted in the self assessment that discharges can be delayed on occasions when community supports are unavailable. This is routinely monitored by the trust.	The trust holds regular interface meetings between adult and CAMHS to discuss discharge. A detailed summary is agreed with all staff involved.	Admission bed days are monitored. Policy clearly states that discharge planning starts from admission.	Have review meeting five working days after admission, discharge arrangements discussed. Policy clear.
Assessment by review team	Substantially achieved	Substantially achieved	Substantially achieved	Substantially achieved

Term of Reference 2 Theme 4 Young people on adult wards				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
2.4.8. All incidents of under 18 admission to adult mental health facilities are reported to RQIA.	The Belfast Trust notification to RQIA is timely and appropriate. Report contains assurance of necessary safeguards in place, in keeping with the DHSSPS guidelines. South Eastern Trust's medical records inform RQIA that a young person has been admitted, they do not routinely provide information to RQIA assuring necessary safeguards are in place in keeping with the DHSSPS guidelines.	The Northern Trust does not routinely provide all the information required to provide RQIA assurance that the necessary safeguards are in place and are in accordance with DHSSPS guidelines.	At the time of review the Southern Trust did not provide the relevant information providing assurance of the necessary safeguards in place in accordance with DHSSPS guidelines. This has recently been addressed with the Southern Trust and a template of the details required has been suggested.	The Western Trust notification to RQIA is timely and appropriate. From May 2010 report contains assurance of necessary safeguards in place, in keeping with guidance from DHSSPS. Template of information used has been recommended as an exemplar of good practice to other trusts.
Assessment by review team	Partially achieved	Partially achieved	Partially achieved	Fully achieved

Chapter 8 Arrangements in place to transfer service users from CAMHS to adult mental health services

8.1 Term of Reference 3

Theme 1 - Transition to Adult Mental Health

A significant finding in the McCartan report highlighted the risks involved in poor communication and poor transitional arrangements for young people moving into adult mental health services. It also highlighted that patients were not always engaged in the process or involved in the decisions surrounding transfer.

The Bamford Review recommended that care pathways and protocols should be developed to ensure optimal patient care between CAMHS and adult services. In addition, the review identified that transfer to adult services will usually occur around the eighteenth birthday, however flexibility is required to ensure the best interest of the young person is considered. The review also indicated that effective collaboration between adult and CAMHS will also ensure that the mental health and any other relevant family circumstance will be considered. This has recently been taken forward through the SCIE initiative "Think Parent, Think Child, Think Family" which provides a guide to parental mental health and child well being. All trusts reported they have engaged with this initiative.

All trusts are aware of the importance of ensuring smooth transitions for young people into adult services. Three of the trusts identified within a policy or draft policy that consideration of a transfer is made in advance of the young person's 18th birthday. The Western Trust did not refer to this directly in its transfer policy. All of the trusts indicated that the need for transfer would be agreed and discussed with the young person and their parents or carers and highlighted that there would be face to face contact with the young person and adult services prior to transfer. The Northern and the Southern Trust highlighted arrangements to co-work to provide a seamless service. The Belfast Trust indicated plans to arrange regular meetings with adult colleagues to improve transitional arrangements.

All of the trusts indicated that they would continue with the young person in CAMHS for a short period, if required, past their 18 birthday. Three of the trusts indicated that adult mental health services would accept referrals of those under 18 if it was assessed that the needs of the young person would be better met by them.

Criterion 3.1.1 - Young people with ongoing mental health needs should be guaranteed a smooth transition into adult mental health services

Protocols governing the movement of service users between CAMHS and adult services should be developed:

- The interface between CAMHS and adult mental health must be addressed
- More effective collaboration arrangements established to ensure that the suffering in a child or parent does not go undetected or untreated

Term of Reference 3 Theme 1 Transition to adult mental health				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT.**	**WHSCT**
3.1.1. Young people with ongoing mental health needs should be guaranteed a smooth transition into adult mental health services.	The Belfast Trust outlined a protocol not yet fully implemented; the initial draft protocol indicates that transfer should appear seamless and should be identified no later than 17 years 6 months. The review team found that there was not always a smooth transfer to adult services in the Belfast	The Northern Trust provided a policy which outlines that CAMHS will consider transfer three months prior to the young person's 18 birthday. This was confirmed in the validation visit. The protocol indicates that during the three month period between young persons 18	The Southern Trust protocol indicates that transfer to adult services is commenced well in advance, to allow for appropriate planning. The multidisciplinary team discusses and agrees the transfer to adult services in advance of 17 years 9 months.	The Western Trust Self assessment reported that they achieve this via interface meetings at managerial and clinical level. Draft case summaries are written and shared with relevant parties.

Term of Reference 3 Theme 1 Transition to adult mental health				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT.**	**WHSCT**
	Trust. Following the validation visits staff suggested that there appeared to be some disparity between the two areas when agreeing to transfer a patient. To overcome this the Belfast Trust has set up regular interface meetings which aim to assist in the resolution of differences of opinion regarding ongoing need for psychiatric intervention in adult mental health. New referral of an older adolescent will not be considered prior to 18 birthday.	birthday and first appointment with adult services, CAMHS will continue to work with young person to ensure that a seamless service is provided. This was confirmed at the validation meeting with members of the CAMHS team.	Complex cases considered transfer before 17 years and 9 months. Where CAMHS referral co-ordinators receive a new under 18 referral this referral will be directed to adult mental health team booking and triage. Focus group indicated that referral from CAMHS to adult services goes through triage system in adult services.	
Assessment by Review Team	Partially achieved	Substantially achieved	Substantially achieved	Partially achieved

Term of Reference 3 Theme 1 Transition to adult mental health				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
3.1.2. Protocols governing the movement of service users between (CAMHS) and adult services should be developed.	Initial draft joint protocol between CAMHS and adult mental health services in place. To be reviewed in one year. Focus group indicated that the quarterly meeting was to develop stronger relationships with adult mental health services. No flexibility when young person in seventeenth year is first referred and requires long term work beyond that which CAMHS could provide. The quarterly meeting aims to resolve issues regarding ongoing need for psychiatric intervention in adult mental health. Protocol has flow chart which identifies pathway from referral to adult services to agreement to transfer.	Protocol in place for transfer of CAMHS to adult mental health services. Focus group indicated good working relationships with adult colleagues and identified flexibility for young people in the seventeenth year who require long term work beyond that which could be completed by CAMHS.	Joint protocol exists which outlines how transfer should take place. Strong relationships with adult colleagues. Adult colleagues will aim to work with young person in seventeenth year, with longer term difficulty than CAMHS can provide for. Protocol clearly outlines escalation if disagreement occurs re: suitability of transfer.	No protocol at time of review. Have submitted outline of draft protocol. Work underway to complete joint transitional protocol between CAMHS and adult mental health service.
Assessment by review team	Partially achieved	Substantially achieved	Substantially achieved	Partially achieved

Term of Reference 3 Theme 1 Transition to adult mental health				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
3.1.3. There is a need for explicit policies regarding the process for transfer of clinical responsibility.	Protocol indicates that a quarterly transition panel will meet regarding transfer of clinical responsibility. This will be operational by September 2010.	Protocol not specific around transfer of clinical responsibility or roles and responsibilities but highlights the steps in transfer and who is involved at each stage.	Protocol outlines all roles and responsibilities in relation to transfer of care to adult services. This includes the role of consultant psychiatrist.	An internal proforma used to indicate transfer of consultant psychiatric responsibility, but does not have a policy to formalise implementation. Information requested is demographics, diagnosis, medication, date of discharge, date of last contact and other information.
Assessment by review team	Not achieved	Fully achieved	Fully achieved	Partially achieved

Term of Reference 3 Theme 1 Transition to adult mental health				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
3.1.4. All service users, their families and carers are introduced to and linked properly with continuing care and support services prior to moving from one form of care to another.	Protocol indicates that CAMHS and AMH clinicians meet to agree transition plan and consult young person. This is not yet in place. Trust has plans to implement. Review team found poor relationships between child and adolescent psychiatrists prevent smooth transitions.	Protocol indicates that a discussion should take place between CAMHS worker, the young person and family regarding the need to transfer. Agreement is sought at this stage.	Protocol indicates that CAMHS and AMH clinicians meet to agree transition plan and consult young person.	Informal process in place. Some evidence from staff that transitional planning takes place. Overview indicates this should happen.
Assessment by review team	Partially achieved	Substantially achieved	Substantially achieved	Partially achieved

Term of Reference 3 Theme 1 Transition to adult mental health				
Criterion:	**BHSCT & SEHSCT**	**NHSCT**	**SHSCT**	**WHSCT**
3.1.5. Information relevant to the risk assessment and management plan must be transferred, as should patient records and other relevant documentation, to ensure the effective exchange of information.	Current protocol does not outline how this is to be achieved. Interview with staff in validation visit suggests that all relevant information is shared and is easily accessible.	Protocol indicates that a detailed summary is provided to adult colleagues. No specific reference to risk assessment.	Protocol in keeping with Department's guidelines for risk assessment. Protocol outlines the correct procedures for flow of documentation and exchange of information.	No evidence of formal or documented evidence to ensure process in place for this. Self assessment indicates efforts are made on an individual basis to ensure this is carried out.
Assessment by review team	Partially achieved	Not achieved	Fully achieved	Not achieved

Chapter 9 Assessment of HSC Board

9.1 Terms of Reference 1

CAMHS Information

The initial recommendations made by Bamford highlighted the need for a systematic approach to collecting information about the nature and extent of the public health and mental health needs of children and young people in Northern Ireland. The contention is that services can be planned and delivered more effectively when commissioners and service providers have accurate information to target specific areas of need and to, identify trends and gaps in service provision. In addition, the review team would suggest that this will be significant in times of financial restraint as it can provide information which could impact on the efficiency of service delivery.

Term of Reference 1 Theme 1 CAMHS Information		
Assessment Criterion	**HSC Board**	**Level of Achievement**
1.1.1 A study of the mental health needs of children and young people should be commissioned.	The HSC Board in partnership with the Public Health Agency (PHA), Education and Youth Justice will explore options for collating existing information on the mental health needs of children and young people. It is unlikely that any study will be commissioned until 2011.	Not achieved
1.1.2 A CAMHS mapping exercise should be carried out across all sectors by an independent research institute and should be repeated at regular intervals.	The minimum data set recently collected by the HSC Board provides the basis of a comprehensive CAMHS mapping exercise. The review team is aware that this is not complete and has not been carried out by an independent research institute. However, the current method of data collection is useful and offers an opportunity to validate how the data is used by commissioners to identify issues within CAMHS. In addition, it would appear that a system has been put in place to ensure this information is	Substantially achieved

	provided at regular intervals. The minimum data set has also outlined a high DNA rate. The reviewers would suggest that analysis of this information would help to reduce DNA rates by making services more user friendly and facilitate development of patient, service partnerships.	

9.2 Access TO CAMHS

Term of Reference 1 Theme 2 Access to CAMHS		
Assessment Criterion	**HSC Board**	**Level of achievement**
1.2.1 The 4 Tier model should be developed in NI, re-emphasising the flexibility and the need to devote the most resources to those with greatest need.	The HSC Board has endorsed the 4 Tier model and outlined that the primary focus of commissioning has recently been on specialist Tier 3. The HSC Board recognises that development of Tier 2 services and of integrated care pathways between Tiers 2 and 3 is required to facilitate service improvement. It is suggested that work will form part of the work stream for one of the recently formed Bamford Implementation groups and for children's service planning. It is recognised that the availability and accessibility of specialist Tier 3 service is a priority, given the low baseline of provision of these services. The developments and improvements in specialist CAMHS on the part of both the Commissioner and trusts have been substantial and commendable. However, the review team found that the modelling Tier 2 and 3 services was not consistent across the trusts, although it is recognised that the description of the 4 Tiers model has not been applied consistently across the trust.	Partially achieved

Term of Reference 1 Theme 2 Access to CAMHS		
Assessment Criterion	**HSC Board**	**Level of achievement**
	The limited development and lack of focus on primary mental health workers restricts capacity. This means that the community support function and the capacity to ensure that children and young people have access to appropriate intervention at an early stage to prevent deterioration are also compromised.	
1.2.2 The development of a comprehensive CAMH service should be facilitated by establishing a structured implementation process and addressed across health and social services, education and youth justice services.	The Bamford implementation group has developed a service improvement programme aimed at delivering the actions recommended by the review. The HSC Board suggested that the recently published Health Future Strategy 2010 -2015 will provide a framework for the early identification of the public health needs for children and for families in need of early intervention. A draft protocol for outreach with Youth Justice has been developed. Consultation will begin in September 2010 however the impact may be constrained by the current resource position. The HSC Board acknowledges there is still significant joint working required across Health, Social Services, Education and Youth Justice services. The establishment of the Bamford Task group provides a structure for taking this forward. The review team identify that the current post funded by Youth Justice was able to provide some CAMHS in reach and asked the HSC Board had there been consideration given to extending this. The HSC Board suggested that this may be looked at further.	Partially achieved

Term of Reference 1 Theme 2 Access to CAMHS		
Assessment Criterion	**HSC Board**	**Level of achievement**
1.2.3 A regional forensic CAMH service should be developed in NI.	No progress has been made on developing dedicated CAMHS forensic service which continues to be provided through ECR arrangements. This is not likely to change during 2010-2011. The Bamford Implementation Group will review arrangement for the provision of forensic CAMHS.	Not achieved
1.2.4 Specialist child and adolescent outpatient services for eating disorders should be developed in NI.	Dedicated CAMHS eating disorder teams are now commissioned and established in all trust areas. Evidence of comprehensive and effective teams were provided by each of the trusts which are to be commended by achieving this service in a relatively short space of time.	Fully achieved
1.2.5 Mental health services should be provided to children with physical and sensory disability.	The HSC Board, through the Belfast Trust, commissions on a regional basis a dedicated service for children and young people with hearing impairments. The scope and range of this service is under review. The HSC Board did not provide any information to suggest that availability of services for children with a disability was monitored by them or they were aware of the how many children and young people with a disability required and were able to access the CAMH services commissioned by them. Trusts indicated that they treat all children and young people regardless of background or disability.	Partially achieved
1.2.6 Prevention and treatment strategies for	The HSC Board outlined that two of the four CAMH services have a dedicated treatment service for alcohol and substance misuse	Partially achieved

Term of Reference 1 Theme 2 Access to CAMHS		
Assessment Criterion	**HSC Board**	**Level of achievement**
alcohol and substance misuse should be incorporated together in a co-ordinated multi-agency and specific strategy for the long term.	for children and young people. The HSC Board and Primary Health Agency has a drug and alcohol co-ordination team which have funded a range of initiatives aimed at addressing the specific needs of young people with alcohol and substance misuse. DHSSPS has a new strategic direction strategy, the range, scope and profile of the substance misuse service for young people is being reviewed, with the aim of developing clearer more co-ordinated and integrated care pathways between services.	
1.2.7 CAMHS Clinical psychology (Community development) service should be developed regionally via CAMHS network.	Clinical Psychology is one of the core disciplines within CAMHS. Currently there are 19 psychologists representing 11 per cent of the workforce. This was evident throughout the trust areas. Additional psychologists are working at Tier 4 and some at Tier 2, the latter working with non CAMHS teams, outside of the traditional CAMHS framework.	Substantially achieved
1.2.8 The development of infant mental health and early intervention services should be pursued as a preventative strategy throughout NI.	The PHA and HSC Board suggest that this will be addressed via the Bamford implementation subgroup to support the development of coherent services. Training in infant mental health approaches is currently underway.	Not achieved
1.2.9 Investigate the need for a specific crisis service for adolescent and young people at risk of suicide.	The HSC Board commissioned a regional 24/7 helpline designed to support young people at risk of self harm. Evaluation of this service has not been provided. £1m has been invested into establishing crisis intervention services.	Partially achieved

Term of Reference 1 Theme 2 Access to CAMHS		
Assessment Criterion	**HSC Board**	**Level of achievement**
	Crisis service provision has been developed in different ways throughout the trusts and the terminology is different for each area. In addition, it would appear that some trusts are aiming to provide intensive home treatment services to enhance of crisis service provision, to assist with prevention and alternatives to hospital admission. Investment in this type of service would be in keeping with the HSC Boards recognition of a need to develop alternate community based services to complement existing inpatient provision. However not all trusts have developed this type of service. One trust has used the resource to bolster its Tier 3 service.	
1.2.10 Models of assertive/outreach treatment/day unit treatment for young people with complex needs should be developed and implemented by commissioners and providers.	Unlikely to be achieved 2010-2011. The HSC Board recognised in a review of Tier 4 services the need to develop home treatment and day care services to complement existing inpatient care provision. The review team found that the provision of these services would not just complement the provision of Tier 4 but would prevent what would appear to be a heavy reliance on Tier 4 hospital admissions for complex cases.	Not achieved
1.2.11 Specialist mental health services for children and adolescents with learning disabilities should be commissioned as part of	The HSC Board recognised that further work is required to support the development of joint working arrangements between mainstream CAMHS and Learning Disability services. It is anticipated that this will be addressed through the Bamford implementation sub group.	Not achieved

Term of Reference 1 Theme 2 Access to CAMHS		
Assessment Criterion	**HSC Board**	**Level of achievement**
specialist mental health services for all children.		
1.2.12 Additional revenue funding should be provided on an incremental basis to ensure that a workforce is developed to provide the range of services recommended with the four Tier model in CAMHS.	The HSC Board has reported that investment over the last 2-3 years has reached 3 million incrementally in the development of specialist CAMHS. This investment has substantially improved Northern Ireland CAMHS from a very low baseline and represents a rapid 'catch-up' in Northern Ireland's response to the mental health needs of its children and young people. The HSC Board and trusts have worked hard to develop and implement improved services within a very short period. The review team recognised that there is still much more to do - both in investment and in achieving efficiency and effectiveness.	Partially achieved

9.3 Commissioning Arrangements

Term of Reference 1 Theme 3 Commissioning arrangements		
Criterion	**HSC Board**	**Level of Achievement**
1.3.1 Managed networks both local and regional should be developed. A CAMHS development co-ordinator should be appointed.	The HSC Board reported that the network for the development of CAMHS is the Bamford Implementation sub group which will work in partnership with children's' planning forums and local commissioning groups. There are networks between different people and organisations in each trust, but are neither uniform nor comprehensive. The HSC Board reported it is anticipated that two core staff members with responsibility for leading service improvement and commissioning will support the development of local networks. The review team noted the early progress despite vacancies at HSC Board level. Throughout the review, trusts discussed being part of a managed network however it was not clear how developed this was. Since the review, the HSC Board has confirmed that the posts of Commissioning Lead and Service Improvement Lead have now been filled.	Fully achieved
1.3.2 Young people and parents are involved in commissioning the local service and are consulted about service delivery.	Engagement of children and young people is limited. Over the last two years the development of CAMHS has been influenced by the McCartan recommendations. The Bamford implementation sub group is addressing the recommendations in each trust area and the development of 'card before you leave' scheme. Plans are underway to develop a young person's sub-group with a view to establishing a young persons and parent's reference group.	Partially achieved

The review team found these initiatives are aimed to ensure the influence of parents and young people in the development of policies in the commissioning of services.

Term of Reference 1 Theme 3 Commissioning arrangements		
Criterion	**HSC Board**	**Level of Achievement**
1.3.3 There is a clear framework for service review and performance management that is agreed between the HSC Board and provider agencies.	At present, elective targets outlined in Priorities for Action are the only framework for performance management. The HSC Board indicated that CAMHS will be required to implement a mental health access protocol, which sets out core standards and requirements for the management of care. The review found that the elective targets had made other impacts on the service and the HSC Board should consider whether to continue using this as the only measure of performance management. These comments were made by trust staff in relation to the further developments of innovative models of service delivery. This was further reinforced by experience across the rest of the UK, as outlined by the review team. Performance targets should reflect effectiveness and outcomes of CAMHS for diverse user groups. However it was clear to the review team that the performance target of 9 weeks waiting time had been met by all the trusts involved. The review team was advised of the HSC Board's intention to develop outcome measures to compliment the minimum data set which evaluates performance across a broader range of indicators.	Partially achieved

9.4 Inpatient provision

Term of Reference 2 Theme1 Inpatient provision		
Criterion	**HSC Board**	**Level of achievement**
2.1.1 The HSC Board should review the provision of community and inpatient services to ensure that provision is effective, coherent and flexible in meeting identified need.	The HSC Board highlighted the investment made to specialist CAMHS following the trusts' review of services. Also highlighted was the need to embrace integration and co-working across and between other agencies and develop new ways of working - which the trusts have already begun doing. The review team saw this as a key task for the HSC Board over the coming years - to ensure that the increased provision is indeed coherent, flexible and effective/efficient. This will require sufficient, skilled leadership capacity.	Partially achieved
2.1.2 The need for inpatient provision should be kept under continuing review.	A high level review of the inpatient service has just been completed. The review acknowledged the need to create intensive treatment and day care services. The number of young people admitted to adult wards should also be included in the discussion around review of inpatient provision. The review team suggested that the number of inpatient beds currently available in the regional unit was adequate for the population. However, there continues to be an over reliance on inpatient beds. The number of young people admitted to adult wards could be reduced significantly if local community services, including home treatment and intensive care, are developed. The review team also found that access to inpatient provision did not appear equitable across the trusts; all of the trusts outside	Partially achieved

	Belfast reported they had poor access to inpatient beds. The HSC Board highlighted that discussions were being held about this matter with the trusts involved. This was not reported by any of the trusts who had difficulty accessing beds. In addition, two trusts highlighted that young people and parents found it difficult to access the Belfast based provision from a geographical and transport perspective.	

Chapter 10 Recommendations

10.1 Department of Health, Social Services and Public Safety Recommendations

1. The Department of Health, Social Services and Public Safety should confirm through policy guidance a model for service provision in Northern Ireland.

10.2 Health and Social Care Board Recommendations

The Health and Social Care Board should:

1. Investigate and address the high combined 'Did Not Attend' rate and cancellation rates.

2. Routinely measure service user and carer experience and outcomes using consistent methods across all trusts.

3. Ensure a collaborative and pragmatic approach is taken by all trusts to managing access to the regional child and adolescent in-patient facility.

4. Ensure all young people who present in a crisis have access to emergency or intensive support services.

5. As part of it's commissioning plan clarify and specify the core model for CAMHS, outlining the specific service definitions for tiers 2 to 4.

6. Examine the reasons for the variation in referral rates to all tiers across Northern Ireland.

7. Work towards the cessation of the admission of young people to adult wards through development of alternative community

based services and interventions.

8. Ensure that the role of a primary mental health worker is available in all trusts.

9. Collect and monitor demographic information to ensure that CAMH services continue to meet the needs of the young people and their families.

10.3 Regional Recommendations for all Trusts

Theme 1: CAMHS Organisational Structures (Reporting and Accountability Arrangements)

1. A clearly developed operational strategy for CAMHS should be in place, and communicated to all staff working within CAMHS.

2. Strategies should be developed to overcome high DNA and CNA rates to ensure maximum efficiencies in service delivery.

Theme 2: Information and Communication

3. Young people and parents should be included in the processes of planning, delivering and evaluating services.

4. Young people should have access to a range of age appropriate resources including the internet, to promote participation and engagement strategies for CAMHS.

5. Complaints information should be more accessible in a user friendly format for children and young people to ensure they know of how to make a complaint.

6. Children and young people should be able to access advocacy services and trusts should provide appropriate advocacy support.

7. Information provided to children and young people about the range and scope of services should be clear, concise and easy to understand.

Theme 3: Access and Availability

8. The role of the Primary Mental Health Worker should be developed, in keeping with the Bamford recommendations, to ensure a substantial element of triage and provision of advice and support of Tier 1.

9. CAMHS should be fully integrated within the wider network of children's services across the trust to ensure better links and communication across services.

10. Trusts should collect and monitor demographic information to ensure that CAMH services continue to meet the needs of the young people and their families.

Theme 4: Access to specialist Services

11. Further development of specialist Tier 3 services will ensure that the particular needs of children and young people with complex and severe conditions requiring a more specialised response will continue to be met.

12. Young people who present with acute mental health problems, or in an emergency, or who require intensive support should be managed in the community wherever possible.

13. There should be a clear regional protocol for admission and discharge planning from the regional inpatient unit.

Theme 5: CAMHS Facilities

No recommendation for theme 5.

Theme 6: Risk Assessment

14. Staff working in CAMHS should have a clear understanding of the use of the risk assessment (FACE) tool in line with DHSSPS guidance.

15. The use and effectiveness of the FACE risk assessment tool should be subject of regular audits.

Theme 7: Governance Arrangements

16. Health and Social Care Trusts should ensure the profile of CAMHS is maintained at trust board level.

17. CAMHS should be fully included and supported by trusts clinical and social care governance arrangements. This should address audit, and the monitoring of complaints, adverse events and risk.

Theme 8: Human Rights Approach

No recommendation for theme 8.

Theme 9: Young people in Adult Wards

18. The Director of Children's Services should be formally notified on the admission of a child to an adult ward and thereafter if a child remains on an adult ward for more than 3 months.

19. A young person should only be placed on an adult ward when all other CAMHS alternatives have been considered and deemed less appropriate.

20. Arrangements should be put in place to meet the educational and recreational needs of young people who are admitted to adult wards.

Theme 10: Transitional arrangements to adult mental health services from CAMHS

21. Operational protocols should be in place for the seamless transfer of young people from CAMHS to adult services. There should be routine evaluation of how these arrangements are working, ensuring that the views of the young people are collected and considered.

10.4 Trust Specific Recommendations

Belfast and South Eastern - Recommendations

Theme: CAMHS facilities	1. The Belfast Trust should ensure that the use of the facilities in the regional inpatient unit are utilised for maximum benefit.
Theme: Transitional Arrangements	2. The Belfast Trust should finalise their protocol for transitional arrangements to adult services, which includes arrangements for ongoing monitoring and evaluation.

Northern Trust - Recommendations

Theme: Risk Assessment	1. The Northern Trust should implement the regional risk assessment tool - FACE and continue to monitor and audit its use in accordance with DHSSPS guidelines.
Theme: Specialist Services	2. The Northern Trust in conjunction with the HSC Board should consider the development of crisis services for children and young people.
	3. The Northern Trust should implement 'Card Before You Leave' scheme, or a similar initiative.

Southern Trust - Recommendations

Theme: Information and Communication	1. The Southern Trust should provide information to children and young people, and to their families about the nature and scope of CAMHS. 2. The Southern Trust should ensure that all staff engaged in direct therapeutic contact with children and young people should be trained to Stage 2 in line with Cooperating to Safeguard (DHSSPS 2003).

Western Trust - Recommendations

Theme: Access to Services	1. The Western Trust, in conjunction with HSC Board, should review the potential resource implications following the introduction of referrals up to 18 years.
Theme: Transitional Arrangements	2. The Western Trust should develop an operational protocol for transitional arrangements to adult services.

Appendix A

GLOSSARY OF TERMS

Term	Definition
ADD	Attention Deficit Disorder
AMH	Adult Mental Health
ASD	Autism Spectrum Disorder
Bamford	The Bamford Review of Mental Health and Learning Disability (named after Professor David Bamford)
CAIT	Crisis Assessment & Invention Team
CAMHS	Children Adolescent Mental Health Services
CAPA	Choice and Partnership Approach
Card Before You Leave	A new scheme aimed at helping to reduce levels of self-harm and suicide on discharge from A&E and acute impatient wards
Chance for Change	Service in Western Trust which provides group work programme to children and families experiencing emotional difficulties
CNA	Could Not Attend
CSR	Comprehensive Spending Review

DAMHS	Drug and Alcohol Mental Health Service
DART	Drug & Alcohol Service
DHSSPS	Department of Health, Social Services and Pubic Safety
DNA	Did Not Attend
ECRs	Extra Contractual referrals
FACE	Functional assessment of the care environment
Four Tiers	This refers to the structure and organisation of CAMH services where Tier 1 relates to primary care interface with Tier 4 being specialist services, (see page 74)
HSCB	Health and Social Care Board responsible for Commissioning Health and Social Care
Independent Advocate	An advocate who is not directly employed by the HSC Trust
LAC	Looked after children
Lifeline	Lifeline is the Northern Ireland crisis response helpline service for people who are experiencing distress or despair
Mind Your Head	DHSSPS health promotion strategy aimed at better mental health and awareness of symptoms
MAST	Multi Agency Support Team to Schools - an early intervention service in the Northern Trust.
National Institute for Health and Clinical Excellence (NICE)	A special health authority producing guidance for the NHS and patients on medicines, medical equipment and clinical procedures.

Out-of-hours/Crisis Response Service	Service provided outside the normal working day and weekends and bank holidays
PFA	Priority for Action - DHSSPS led commissioning framework
PHA	Public Health Agency
PMHW	Primary Mental Health Worker - acts as an interface between universal first contact services for children and families. Primary Mental Health Workers work with other professionals to continue to provide services and offer consultation.
QNIC	Standards published in 2008 set against the Healthcare Commission's Standards for Better Health (2005), published by The Royal College of Psychiatrists.
QINMAC	Standards published in 2008 which focus on standards for the activities of specialist CAMHS in the community, published by The Royal College of Psychiatrists.
RPA	Review of Public of Administration
SAI	Serious Adverse Incidents
SCIE	Social Care Institute for Excellence
SDQ	Strengths and Difficulties Questionnaire
Tier 1	Primary Healthcare - GP's, Health Visitors, Sure Start, School Nurses. (See diagram 3, page 75)
Tier 2	Specialist individual professionals relating to workers in primary care. (See diagram 3, page 75)
Tier 3	Specialist child and adolescent teams. (See diagram 3, page 75)

Tier 4	Specialist Multi-disciplinary child and adolescent teams. (See diagram 3, page 75)
Think Parent, Think Child, Think Family	SCIE Project to address child protection issues in relation to mental health
Validation Visits	Visits which verify data collection for accuracy
VOYPIC	Voice of Young People In Care

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