

Evidence Brief: Children and Young People’s Mental Health

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Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research, and evidence on a workforce-related topic.

Evidence Brief: Children and Young People's Mental Health

Date of publication: February 2023

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- [Complete Evidence Brief list – link for HEE staff](#)
- [Complete Evidence Brief list – link for External staff](#)

Key publications – the big picture

[Progress in improving mental health services in England](#)

Source: National Audit Office

Publication date: February 2023

Many people will experience mental health problems in their lives. Around one in six adults in England have a common mental health disorder, and around half of mental health problems start by the age of 14. The proportion of young people estimated to have a probable mental disorder rose between 2017 and 2022, following the COVID-19 pandemic: for example, among 17- to 19-year-olds, the proportion went up from 10% to 26%.

See Part Three: increasing mental health service workforce, funding and information

[State of the nation 2022: children and young people's wellbeing](#)

Source: Department for Education

Publication date: February 2023

The wellbeing of children and young people has been a focus of Government policy for a number of years. The impact of the coronavirus (COVID-19) pandemic has further emphasised the importance of supporting our children and young people's wellbeing, which is why it remains a central part of the Department for Education's plans for recovery. This report, the fourth State of the Nation, focuses on trends in mental health and wellbeing over the 2021/22 academic year, when a range of recovery-focused activity was in place across Government, which included the Department for Education's education recovery programme.

[Children and Young People's Mental Health Workforce Census](#)

Source: Health Education England and NHS Benchmarking

Publication date: January 2023

This report details the findings from the fourth national stocktake of the Children and Young People's Mental Health (CYPMH) workforce across England. The report builds on the previous collections undertaken by NHSBN on behalf of Health Education England, which were undertaken in 2016, 2019 and 2021. As such there was a three-year gap between the 2016 and 2019 census, a two-year gap between the 2019 and 2021 census and only a one-year gap between the 2021 and the 2022 census this year. The 2016 and 2019 censuses covered the 2015 and 2018 calendar years respectively, both with a census date of the 31st December. The 2021 census covered the financial year 2020/21, with a census date of the 31st March 2021. The census this year collates data from the 2021/22 financial year with a census date of 31st March 2022.

['It's Hard to talk': Expanding Mental Health Support Teams in Education](#)

Source: Barnado's

Publication date: December 2022

Approximately one in six children and young people between the ages of 6-16 have a diagnosable mental health condition¹. This rises to one in four for young people aged 17-19². 50% of mental health issues are established by the age of fourteen³, with long term health, social and economic impacts across the life course⁴. The crisis in children and young people's mental health, threatens the prospects of a generation.

[Supporting children and young people \(CYP\) with mental health needs in acute paediatric settings: a frameworks for systems](#)

Source: NHS England

Publication date: November 2022

Over the past decade, there has been increasing need for mental health services to support children and young people (CYP). The pandemic resulted in a greater number of CYP presenting with mental health disorders, often with complex

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needs requiring care or medical stabilisation, within a paediatric or acute setting. Increasing need, coupled with winter pressures, has put a strain on systems. We need to work together to ensure CYP, and those who look after them, are supported. The commitments outlined in the NHS Long Term Plan (LTP) make clear that achieving parity of esteem – valuing mental health equally with physical health – is a key priority, though we acknowledge there is still some way to go in meeting this challenge. For services to be delivered effectively and for patients to feel supported and staff to feel confident, we need to facilitate better integration of physical and mental health for CYP.

Commission on Young Lives Thematic Report 4 - Heads up: Rethinking mental health services for vulnerably young people

Source: Children & Young People's Mental Health Coalition and Centre for Mental Health

Publication date: July 2022

It reviews the latest data on mental health among children and young people with a focus on those who are at higher risk, including young people from racialised communities, lower socioeconomic backgrounds, young people with SEND, those who have been in contact with the criminal justice and care systems as well as LGBTQI+ communities. It brings together the views of young people and mental health practitioners, setting out the barriers to accessing mental health care and making clear recommendations for change.

See p. 29 Workforce expansion

Briefing: Improving children and young people's mental health services

Source: Health Foundation

Publication date: July 2022

In this briefing, we present analysis from the Networked Data Lab (NDL). Led by the Health Foundation, the NDL is a

collaborative network of local analytical teams across England, Scotland and Wales. These teams analysed local, linked data sources to explore trends in mental health presentations across primary, specialist and acute services.

Children and Young People's Mental Health Services: GIRFT Programme National Specialty Report Free FutureNHS log in required to view

Source: Getting It Right First Time (GIRFT)

Publication date: April 2022

Children and Young People's Mental Health Services (CYPMHS) is the fastest growing area of healthcare across the country with resulting increases in resources. There are a multitude of national drivers and programmes to ensure this resource is targeted, valued and effective. Significant changes in the commissioning arrangements are taking place through the NHS-led provider collaborative programme. The Getting It Right First Time (GIRFT) report looks to support and enhance these national programmes, while allowing a clearer focus in identifying unwarranted variation or improvement requirements in unexpected or unexplained areas. I am honoured to be in a position where, through careful analysis of data and many clinically-led conversations, we can influence how resources can be used to provide best outcomes not only for Children and Young People (CYP), but also reduce their future needs for adult mental health services.

See p. 70 for Workforce

A revolution in mindset: addressing the youth mental crisis after the pandemic

Author(s): Rees and King

Source: Reform

Publication date: April 2022

See part 3.4.3 Developing a skilled workforce

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The COVID-19 pandemic has taken a significant toll on the mental health and wellbeing of the nation. However, its impacts have been particularly severe for teenagers. Disruptions to everyday routines, lost opportunities to learn, and limited chances to socialise have left many feeling isolated and anxious. Alarmingly, by late 2021 more than one in six 11–19-year-olds had a probable mental health condition, up from one in nine before the pandemic.

This research puts forward practical recommendations — from improving the use of data to better understand young people's mental health needs, to enhancing the supporting role that schools can play — to put young people's mental health at the heart of the recovery.

[Strategic Framework: Children and Young People's Mental Health \(CYPMH\) Inpatient Workforce Development](#)

Source: Health Education England
Health Education England, along with NHSE, NWSDU and Experts by Experience, has launched a new strategic framework.

This framework outlines the vision for the children and young people's mental health inpatient services workforce and sets out clearly how that vision can be achieved by developing a sustainable and consistent approach.

[The government's response to the Health and Social Care Committee report: children and young people's mental health](#)

Source: Department of Health & Social Care
Publication date: March 2022

1. This is the government's formal response to the recommendations made by the Health and Social Care Committee in its report, Children and young people's mental health.

[Time for action: investing in comprehensive mental health support for children and young people](#)

Author(s): O'Shea and McHayle
Source: Centre for Mental Health
Publication date: December 2021

Time for action, published by Centre for Mental Health and the Children and Young People's Mental Health Coalition, highlights the historic underinvestment in children and young people's mental health, and the postcode lottery of support which has resulted. Public spending on children's mental health lags behind investment in adult mental health services and there is wide variation in the amount spent per child in different areas.

The report calls for a comprehensive mental health investment strategy for 0-25 year olds.

['Feeling heard': partner agencies working together to make a difference for children with mental ill health](#)

Authors: Office for Standards in Education, Children's Services and Skills (Ofsted) and al, Et
Publication Date: 2021

, pp. 43

Abstract: Summarises the findings from the joint targeted area inspections (JTAs) of how multi-agency partnerships identify and respond to children with mental ill health. Includes a deep dive investigation into the experiences of children in need, including children in care and those on child protection plans. Draws on: inspections in six English local authorities; data analysis; focus groups; a literature review; and a survey carried out by Young Minds. Looks how agencies work with partners to identify children with mental ill health and highlights the barriers to children's needs being identified. Discusses the need to engage and support children focusing on: establishing trusting relationships; the role of a 'trusted adult' in school; the wider role of schools in meeting; engagement with social workers and

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youth offending teams (YOTs); and hearing the child's voice. Looks at access to mental health services and the capacity to increase children's access to support, particularly in times of crisis. Highlights delays in accessing specialist CAMHS and the lack of directories of services. Describes strategic partnership working to meet the needs of children with mental ill health, working practices and early intervention measures. Highlights the role of Health and Wellbeing Boards, safeguarding partners, the voluntary and community sector and schools. Shows that when partners work collaboratively and effectively to understand children's needs and identify and support children living with mental ill health, this improves children's access to support.

[Building resilience: how local partnerships are supporting children and young people's mental health and emotional wellbeing](#)

Source: Local Government Association

Publication date: February 2020

The purpose of this research is, firstly, to explore some of the factors which are contributing to this nationally challenging context and, secondly, to develop an evidence base for how local government and its partners can work most effectively together to deliver a coherent and joined-up offer of support for children and young people's mental health. The research is based on a review of the existing evidence base, workshops with around 80 participants from councils and their partners in health and in-depth engagements with eight fieldwork areas.

[Children and young people's mental health](#)

Source: Health and Social Care Committee House of Commons

Publication date: November 2021

See p. 22 for "workforce pressures"

According to NHS data, the mental health of children and young people in England has worsened since 2017.¹ Even before the

pandemic, children and young people were facing a mental health crisis. Although children and young people under 25 have always had to deal with personal identity issues in formative years, risks to mental health have been greatly exacerbated by heightened academic expectations and the ubiquity of social media. Three lockdowns and the social distancing requirements of the pandemic have made the situation worse. Children and young people have struggled with the loss of normal social structures, being unable to socialise in person with peers and not being able to attend school or university. The need for teaching and assessment to take place virtually led to further stress because of the uncertainty it created about people's futures.² Research from the Centre of Mental Health shows that, in England, 1.5 million children and young people under 18 will need new or additional mental health support as a direct consequence of the coronavirus pandemic.

[Reaching the tipping point: children and young people's mental health](#)

Source: NHS Confederation

Publication date: August 2021

What impact has the pandemic had on children and young people's mental health and the services that support them?

See p. 28 Workforce

[What does the Long Term plan say about children and young people's mental health?](#)

Source: NHS Long Term Plan

The Long Term Plan explains what the NHS will do over the next 10 years to expand mental health services for children and young people, reduce unnecessary delays and deliver care in ways that young people, their families and carers have told us work better for them. Its commitments are based on the views of patients, staff, experts and stakeholders, including the young

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people who joined NHS England and YoungMinds at an event in 2018 to get their views on what the future of mental health services should look like.

Case Studies

Mental health Covid-19 children and young people case studies

Source: NHS England

- [Sussex Partnership NHS FT – Expansion of virtual consultation capacity](#)
- [Rotherham Doncaster and South Humber NHS FT](#)
- [Liverpool Children and Adolescent Mental Health Services \(CAMHS\) Partnership – Adaptations to COVID-19](#)

Supporting Children and Young People's Mental Health in Schools and Colleges

Source: Lancaster University

Publication date: June 2021

Aims: To provide training and support to staff in schools and colleges in Lancashire to help them better understand and support the mental health of pupils.

The NHS Confederation's report "[Reaching the tipping point](#)" (2021) includes case studies – look for the yellow boxes

The Local Government Association report [Building resilience: how local partnerships are supporting children and young people's mental health and emotional wellbeing](#) (2020) includes case studies - look for the boxes

Early Intervention in Psychosis Service provides support to children and young people

Source: NHS Long Term Plan

Publication date: January 2019

Children and young people's mental health is a top priority of the NHS Long Term Plan. 75% of mental health problems in adult life (excluding dementia) start by the age of 18. Failure to support our youth with mental health needs costs lives and money. Since 2016, NHS England has committed to increase access to high quality mental health care for children and young people. We are on track to deliver community-based treatment to at least 70,000 additional children and young people each year by 2020/21. And with the Long Term Plan, we aim to give even more of them the mental health support they need, in their community and at school, so that they can achieve their goal in life.

Integrated care in action – children and young people

Source: NHS Long Term Plan

Publication date: January 2019

This case study shows how integrated care systems are supporting children and young people.

The Hive: a coordinated approach to support young people's mental health

Source: NHS Long Term Plan

Publication date: January 2019

The Hive is a free health and wellbeing service which also offers employment, training and personal development support as well as social activities. The hub is part of the Minding the Gap service developed by the local council, NHS, partner organisations and young people in North London to improve the mental health and wellbeing of young people aged from 16-25, particularly those who are making the transition from children and young people's mental health services to adult services.

[Local leadership and accountability for children and young people's mental health and wellbeing services](#)

Source: Local Government Association

Publication date: October 2018

We want all our children to have bright futures. Key to that is ensuring that they have the emotional resilience and tools to make good choices, overcome challenges and move confidently towards where they want to be in adulthood. The current system cannot deliver that – so how can we ensure that it does?

HEE Star

More resources and tools are available in the **Mental Health and Learning Disability** and **Maternity and Children's** section of the [HEE Star](#)

Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and use the “**Mental Health and Dementia**” filter

Include any other useful relevant sources to statistics

HEE National Data Programme

HEE staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Workforce

[Building a Child Mental Health Workforce for the 21st Century: Closing the Training Gap](#) Abstract only*

Item Type: Journal Article

Authors: Delaney, Kathleen R. and Karnik, Niranjan S.

Publication Date: 2019

Journal: Journal of Professional Nursing : Official Journal of the American Association of Colleges of Nursing 35(2), pp. 133-137

Abstract: Of the children and adolescents with mental health concerns who receive treatment, most do so in outpatient community mental health service sites, systems of care which have largely failed to produce significant clinical outcomes. Suggested strategies to improve care in child mental health treatment include improving families' access to services, increasing use of evidence-based practices (EBPs), and holding service sites accountable for demonstrating outcomes. Producing a workforce to implement these strategies will require cultivating providers who have developed specific competencies within a range of agencies that naturally interface with the daily lives of families and their children. The authors report on a recently developed interprofessional child community fellowship for psychiatry residents and psychiatric mental health nurse practitioners aimed at training providers to deliver child mental health services in a variety of community settings. Activities that focus the fellowship are outlined along with the development of the related competencies: EBP translation, collaboration skills, and outcome measurement. Evaluation strategies for fellows' competency development are discussed. Copyright © 2018 Elsevier Inc. All rights reserved.

Nurses, midwives, and allied health professionals

Towards an Understanding of Successes of the Psychiatric Nurses in Caring for Children with Mental Health Problems: An Appreciative Inquiry

Item Type: Journal Article

Authors: Machailo, Rorisang Mary;Koen, Daleen and Matsipane, Molekodi

Publication Date: 2023

Journal: International Journal of Environmental Research and Public Health 20(3)

Abstract: INTRODUCTION: Psychiatric nurses have a specialized body of knowledge and skills in providing care to persons with mental health challenges. The literature provides scanty evidence on child psychiatric nursing practices. This paper explored the successes of psychiatric nurses in caring for children with mental health problems using appreciative inquiry (AI)., DESIGN: A qualitative exploratory and descriptive design was used to allow for new ideas that can fundamentally reshape the practice of child psychiatric nursing. Purposive sampling was used to select psychiatric nurses caring for children with mental health problems. Focus groups were used to generate data., FINDINGS: The results indicate both positive and negative prospects for psychiatric nursing practice. The positive possibilities included commitment, passion and dedication of staff to the children. The negative aspects that need urgent attention include lack of specific, integrated child mental health within the mental health care services, shortage of resources and not-fit-for purpose infrastructure., CONCLUSION: Appreciative inquiry verified the commitment of psychiatric nurses in caring for children with mental health problems and the potential for dedicated child psychiatric institutions in realizing the needs of such children. The needs of children with mental health problems must be addressed through positive care in the health system.

Receiving thank you letters in inpatient child and adolescent mental health services (CAMHS): A qualitative study of nurse's experiences

Item Type: Journal Article

Authors: Stirling, Fiona J.;Monteux, Sebastian and Stoll, Marcia

Publication Date: 2023

Journal: Journal of Psychiatric and Mental Health Nursing

Abstract: INTRODUCTION: Previous research has found that nurses in inpatient CAMHS can struggle to define their role and contribution to patient care. While gratitude has received increased attention in relation to subjective well-being in healthcare settings, the receipt of gratitude in the form of thank you letters is currently unexplored in the CAMHS context., AIM/QUESTION: To gain an understanding of how inpatient CAMHS nursing staff experience receiving expressions of gratitude from patients., METHOD: Adopting an exploratory qualitative approach, two focus group interviews were conducted. Participants completed a brief online follow-up questionnaire. Data were examined using thematic analysis., RESULTS: Reflecting on expressions of gratitude improved understanding of professional identity, enhanced reflexivity, enhanced team cohesion and increased professional and personal confidence and motivation., DISCUSSION: Expressions of gratitude appear to offer meaningful sources of feedback for nurses and support a greater sense of personal accomplishment, professional role and the relational impact of care for patients. When nurses share and discuss expressions of gratitude with colleagues this brings benefits additional to the initial receipt., IMPLICATIONS FOR MENTAL HEALTH NURSING: Nurses should be supported to engage in discussing and reflecting upon receiving thank you letters and other tokens of gratitude although care should be taken to support those who might experience unease or increased self-doubt. Copyright © 2023 The Authors. Journal of Psychiatric

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and Mental Health Nursing published by John Wiley & Sons Ltd.

[Therapeutic relationships within child and adolescent mental health inpatient services: A qualitative exploration of the experiences of young people, family members and nursing staff](#)

Item Type: Journal Article

Authors: Hartley, Samantha; Redmond, Tomos and Berry, Katherine

Publication Date: 2022

Journal: PloS One 17(1), pp. e0262070

Abstract: Child and adolescent mental health services (CAMHS), especially inpatient units, have arguably never been more in demand and yet more in need of reform. Progress in psychotherapy and more broadly in mental health care is strongly predicted by the therapeutic relationship between professional and service user. This link is particularly pertinent in child and adolescent mental health inpatient services where relationships are especially complex and difficult to develop and maintain. This article describes a qualitative exploration of the lived experience of 24 participants (8 young people, 8 family members/carers and 8 nursing staff) within inpatient CAMHS across four sites in the UK. We interviewed participants individually and analysed the transcripts using thematic analysis within a critical realist framework. We synthesised data across groups and present six themes, encapsulating the intricacies and impact of therapeutic relationships; their development and maintenance: Therapeutic relationships are the treatment, Cultivating connection, Knowledge is power, Being human, The dance, and It's tough for all of us in here. We hope these findings can be used to improve quality of care by providing a blueprint for policy, training, systemic structures and staff support.

[The Changing Role of the Music Therapist in an Educational Setting for Young People Experiencing Mental Health](#)

[Challenges](#)

Item Type: Journal Article

Authors: McIntyre, J.

Publication Date: 2022

Journal: Australian Journal of Music Therapy 33(2), pp. 57-65

Abstract: At a school in Sydney's north, young people experiencing mental health challenges are changing the way music therapy is conducted within an educational setting. The reach of music therapy has extended to their everyday life and, as a result, there has been a change in my role as music therapist, and in the way music therapy is conducted and perceived by the participants. There has been a re-evaluation of methodology, philosophy, and outcomes, as the participants have progressed in their own wellness. The evolution of my role as a therapist in this setting has achieved outcomes that have gone beyond what I have previously experienced when working in other schools. This paper will detail the gradual change in the therapist's role by discussing students' responses to music therapy, and the therapist's responses to the students' outcomes. It will also discuss how these changes have assisted participants in self-determining their journey with music, their wellbeing and their educational outcomes.

[Occupational therapy interventions in child and adolescent mental health to increase participation: A mixed methods systematic review](#)

Item Type: Journal Article

Authors: Brooks, R. and Bannigan, K.

Publication Date: 2021

Journal: British Journal of Occupational Therapy

Abstract: Introduction: Mental health disorders and low levels of mental well-being can have a lasting effect on life satisfaction and contribution to society for children and adolescents, yet the

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effectiveness of occupational therapy interventions is unknown. Method(s): A mixed methods systematic review was conducted including studies with children and adolescents aged 5-16 years, who had mental health difficulties, that evaluated occupational therapy interventions and focused on participation in everyday occupations as an outcome. Result(s): The nine included studies were generally very low quality. The results could not be pooled due to heterogeneity. For children with Asperger's syndrome, the Cognitive Orientation to Daily Occupational Performance intervention had clinically significant improvements on occupational performance and social skills. For children with attention deficit hyperactivity disorder, the Ultimate Guide to Play, Language and Friendship intervention improved playfulness and the Cognitive-Functional intervention had a statistically significant improvement on occupational performance and behaviour. Conclusion(s): One intervention used by occupational therapists with children with Asperger's syndrome and two interventions used with children with attention deficit hyperactivity disorder had some evidence of effect. No evidence was identified for the effectiveness of occupational therapy interventions for children and adolescents with other common mental health conditions. Copyright © The Author(s) 2021.

Nurses' experiences of working in the community with adolescents who self-harm: A qualitative exploration

Item Type: Journal Article

Authors: Leddie, G.; Fox, C. and Simmonds, S.

Publication Date: 2021

Journal: Journal of Psychiatric and Mental Health Nursing

Abstract: What is known on the subject?: Nurses' experience challenges of managing risk, boundaries and emotional responses when working with people who self-harm.

Adolescent self-harm is a growing problem, with rates increasing in the UK. Existing research has failed to

differentiate and specifically explore nurses' experiences of working with adolescents who self-harm. What the paper adds to existing knowledge?: This paper provides an understanding of the impact of working with adolescents who self-harm in the community on nurses, and highlights recommendations to improve staff and patient experiences and care. Community CAMHS nurses experience personal and professional conflicts when working with adolescents who self-harm. They experience interpersonal conflicts balancing the needs of adolescents with the needs of the systems around them, and intrapersonal conflicts regarding experiencing mixed emotions, and balancing the care they want to provide with service pressures. Community CAMHS nurses experience feelings of self-doubt and shame due to their emotional responses, self-care behaviours, personal and professional boundaries. They use their feelings of pride, honour and enjoyment to manage these experiences. What are the implications for practice?: Nurses working in CAMHS should be provided with more opportunities for reflective practice and self-care, to enable reflection and learning regarding the emotional impacts and working with systems. Managerial investment is required to facilitate this. Nurses working with adolescents who self-harm in CAMHS could benefit from training regarding understanding and managing self-harm (such as dialectical behavioural therapy), and effectively working with families and people who support these adolescents (such as attachment-based family therapy). Abstract: Introduction Nurses often work in the community with adolescents who self-harm. There is a lack of qualitative research exploring nurses' experiences of working with adolescents who self-harm. Aim This study aimed to gain an understanding of community nurses' experiences of working with adolescents who self-harm. Method Ten semi-structured interviews were conducted with registered nurses working in Child and Adolescent Mental Health Services (CAMHS) in the United Kingdom (UK). Results Data were analysed using

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interpretative phenomenological analysis (IPA). Two superordinate themes were identified, each consisting of two subordinate themes: personal and professional conflicts, describing interpersonal and intrapersonal conflicts the nurses experienced working with adolescents who self-harm and the systems around them, and personal and professional development, outlining processes of management of conflicts and development. Discussion Nurses feel conflicted about working with adolescents who self-harm within the context of working with systems surrounding the adolescent. They report positive experiences, which they use to reframe their experiences and feelings of shame as a result of their emotional responses, self-care behaviours and personal and professional boundaries. Implications for Practice Nurses working with adolescents who self-harm would benefit from training, reflective practice and self-care. CAMHS managers should encourage and invest in these areas. Copyright © 2021 John Wiley & Sons Ltd

Undergraduate nursing and midwifery student's attitudes to mental illness

Item Type: Journal Article

Authors: Hawthorne, A.;Fagan, R.;Leaver, E.;Baxter, J.;Logan, P. and Snowden, A.

Publication Date: 2020

Journal: Nursing Open 7(4), pp. 1118-1128

Abstract: Aim: To explore levels of stigma in students of all fields of nursing and midwifery at different years and examine the impact of exposure to people with mental illness. Design(s): A cross-sectional survey was used. Method(s): The Community Attitudes to Mental Illness questionnaire was administered to all branches of student nurses (adult health, mental health, child health and learning disability) and midwives in all three years in one Higher Education Institution (HEI) in Scotland. Result(s): Mental health nursing students scored significantly better on all

stigma subscales. Stigma worsened with a little professional exposure to people with mental illness but then improved with increasing exposure. Both personal exposure and professional exposure to people with mental illness change perceptions. The professional results follow a J-curve. Current plans for cross-field experience involving short or virtual placements during student nurse training are likely to worsen stigma rather than improve it. Copyright © 2020 The Authors. Nursing Open published by John Wiley & Sons Ltd.

Clinical psychologists

Experiences of newly qualified clinical psychologists in CAMHS

Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Levinson, Simon;Nel, Pieter Willem and Conlan, Louise-Margaret

Publication Date: 2021

Journal: Journal of Mental Health Training, Education & Practice 16(3), pp. 187-199

Abstract: Purpose: There is a gap in the literature regarding the experiences of newly qualified Clinical Psychologists (NQCPs) working within Child and Adolescent Mental Health Services (CAMHS) in the National Health Service (NHS). This paper aims to explore three aspects of newly qualified Clinical Psychologists' experiences: their transition and development; working in multi-disciplinary teams located in large organisations; and support and coping in the role.

Design/methodology/approach: Seven participants each engaged in one semi-structured interview, and an interpretative phenomenological analysis was conducted. Findings: Three super-ordinate themes emerged from the analysis: A big jump, the transition from trainee to NQCP; The support of home comforts, old and new; and Acknowledging and desiring ongoing development. Originality/value: Implications and

recommendations for both Clinical Psychology training programmes and NHS employers are discussed, to support the development and wellbeing of this staff group, and in turn the clinical population they serve. These include gradually increasing caseloads on training, a staggered workload at the outset of the transition, and CAMHS teams ensuring appropriate supervision for NQCPs.

Pharmacists

Collaboration Between Child and Adolescent Psychiatrists and Mental Health Pharmacists to Improve Treatment Outcomes

Abstract only*

Item Type: Journal Article

Authors: Lu, Debbie H.;Dopheide, Julie A.;Wang, Dri;Jeffrey, Jessica K. and Chen, Steven

Publication Date: 2021

Journal: Child and Adolescent Psychiatric Clinics of North America 30(4), pp. 797-808

Abstract: Access to mental health care is a long-standing challenge. The high, rising prevalence of mental health disorders and a shortage of mental health professionals has further strained an already fragile system. The clinical pharmacy is underutilized within the mental health space. Interdisciplinary collaboration between child psychiatrists and mental health pharmacists gives the psychiatrist more time for patient evaluation and treatment, while the psychiatric pharmacist provides drug monitoring, medication coordination, and education for providers. This collaborative approach improves outcomes, prevents adverse drug events, reduces hospital stays, lessens emergency department visits, and improves engagement and adherence. Copyright © 2021 Elsevier Inc. All rights reserved.

General Practitioners

Role of the general practitioner in providing early intervention for youth mental health: a mixed methods investigation Abstract only*

Item Type: Journal Article

Authors: Leahy, Dorothy;Schaffalitzky, Elisabeth;Saunders, Jean;Armstrong, Claire;Meagher, David;Ryan, Patrick;Dooley, Barbara;McNicholas, Fiona;McGorry, Patrick and Cullen, Walter
Publication Date: 2018

Journal: Early Intervention in Psychiatry 12(2), pp. 202-216

Abstract: INTRODUCTION: Youth suicide in Ireland is now the second highest in the European Union. General practitioners (GPs), as the health-care professional most often consulted by young people, have a central role in early detection of youth mental health problems. However, evidence regarding the perspectives of young people and health-care workers towards screening and treatment for such issues in primary care in Ireland is lacking., AIM: This study aimed to examine the role of GP in providing early intervention and treatment for youth mental health problems., METHODS: A mixed methods study that involved qualitative interviews with health-care workers from primary care, secondary care and community agencies (n = 37) and young people (n = 20) in two of Ireland's most socioeconomically disadvantaged areas and a national cross-sectional survey of GPs (n = 175) were carried out., RESULTS: GP satisfaction rates were low in regard to postgraduate training received in child and adolescent mental health (17%) and substance use (21%). Key barriers to treatment included the attitude of patients/families, lack of specialist staff, poor service availability and time. Access to services (66%), knowing which interventions can be initiated in primary care (44%), having appropriate time and space (47%) and access to a youth worker (42%) were the interventions most commonly identified that would facilitate screening and treatment., CONCLUSION:

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The research outlined potential implications for clinical practice, research and education such as promoting awareness of mental health and the role of the GP in helping these issues, education of practitioners and improving access to psychological treatments. Copyright © 2015 Wiley Publishing Asia Pty Ltd.

Schools

[Teachers' perceptions of the barriers to assessment of mental health in schools with implications for educational policy: A systematic review](#) Abstract only*

Item Type: Journal Article

Authors: O'Farrell, Pia; Wilson, Charlotte and Shiel, Gerry

Publication Date: 2023

Journal: The British Journal of Educational Psychology 93(1), pp. 262-282

Abstract: BACKGROUND: Assessment of mental health in schools has garnered increased interest in recent years. Children spend a large proportion of their waking hours in schools. Teachers can act as gatekeepers by playing a key role in identifying children with mental health difficulties in the classroom and making the necessary onward referrals to external services. The prevalence of mental health difficulties, their impact on schooling (and beyond) and the importance of early intervention means that it is incumbent on schools to identify and support potentially affected children., AIMS: Previous reviews focused on mental health interventions in schools; however, this review focuses on the assessment of mental health in schools and on teachers' perceptions of this, as such a review is still lacking. Therefore, the study fills a gap in the existing literature while also providing new, highly relevant evidence that may inform policy making in this area., COMPOSITION OF STUDIES INCLUDED IN THIS REVIEW: This review included 19 studies. Five studied teachers

exclusively at primary/elementary level, and seven focused on secondary level, while six included both primary and secondary teachers. Three studies employed mixed methods, ten were primarily qualitative studies, and five were primarily quantitative., METHODS: Bronfenbrenner's (The ecology of human development: Experiments by nature and design, Harvard University Press, 1979) framework, adapted by Harvest (How can EPs best support secondary school staff to work effectively with children and young people who experience social, emotional and mental health difficulties? 2018), which includes the mature version of the theory (Tudge et al., 2009, J. Fam. Theory Rev., 1, 198), was used to analyse the literature., RESULTS: Results found that lack of training in assessment of mental health and 'role conflict' were key barriers; some teachers attributed this to their lack of knowledge, skills and confidence in the area., CONCLUSION: Implications for practice and research are discussed in relation to the importance of sustained training both pre-service and in-service. Copyright © 2022 The Authors. British Journal of Educational Psychology published by John Wiley & Sons Ltd on behalf of British Psychological Society.

[Supporting school nurses to deliver emotional and mental health interventions: a service evaluation](#) Abstract only*

Item Type: Journal Article

Authors: Ratter, Keri

Publication Date: 2023

Journal: Primary Health Care , pp. 20-26

Abstract: Why you should read this article: • To better understand the role of school nurses as first point of contact for emotional and mental health issues • To recognise that school nurses need appropriate support for managing potentially distressing situations • To explore school nurses' views on the support they receive for delivering emotional and mental health interventions School nurses often encounter children and young

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people with emotional and mental health needs and therefore need to be able to manage potentially distressing situations. A service evaluation explored the experiences and perceptions of a small school nursing team of the support they receive to deliver emotional and mental health interventions. Three school nurses and one child and adolescent mental health services (CAMHS) practitioner, all working in a remote and rural area of Scotland, took part in individual semi-structured interviews. Peer support emerged as the most important facilitator but participants lacked time to access it. Training was identified as another crucial source of support, but again time for it was lacking. Moreover, limited access to further support services for children and young people, and a lack of recognition and understanding of participants' role by others, made it more challenging for participants to deliver emotional and mental health interventions. School nurses could be better supported in that aspect of their role by ensuring they have time for reflection and learning; by enhancing the training, tools and resources available to them; and by improving their professional recognition within and outside the NHS.

An Untenable Burden: Exploring Experiences of Secondary School Nurses Who Encounter Young People with Mental Health Problems Abstract only*

Item Type: Journal Article

Authors: Moyes, Anita;McGough, Shirley and Wynaden, Dianne

Publication Date: 2022

Journal: The Journal of School Nursing : The Official Publication of the National Association of School Nurses , pp. 10598405221088957

Abstract: School nurses have reported stress and worry caring for young people experiencing mental health problems, but why this occurs and how they respond has not been well-explored. In this study researchers generated a substantive theory of the experiences of secondary school nurses who encountered

young people with mental health problems using the original method of grounded theory. Thirty-one Western Australian school nurse participants reported that students presented with complex mental and social health needs that were not easily resolved. This was conceptualized as an untenable burden. Participants countered this by engaging in the three-stage process of tactical prioritizing. During an initial period of strategic assimilation into the school and broader community, participants referred students to external service providers. This was frequently inadequate, and participants found themselves grappling with unmet student mental health needs. Participants responded by implementing nursing strategies for optimizing outcomes in the lives of young people, while simultaneously engaging in managing self to support their own well-being.

Impact of counselling provision in primary schools on child and adolescent mental health service referral rates: a longitudinal observational cohort study

Item Type: Journal Article

Authors: Grant, Claire;Blackburn, Ruth;Harding, Duncan;Golden, Sarah;Toth, Katalin;Scott, Stephen;Ford, Tamsin and Downs, Johnny

Publication Date: 2021

Journal: Child and Adolescent Mental Health

Abstract: BACKGROUND: In the United Kingdom, schools play an increasingly important role in supporting young peoples' mental health. While there is a growing evidence base to support the effectiveness of school-based interventions, less is known about how these provisions impact on local Child and Adolescent Mental Health Service (CAMHS) referral rates. There is a concern that an increase in school-based provision might lead to an increase in CAMHS referrals and overwhelm services. We aimed to examine the longitudinal association between Place2Be counselling provision in primary schools on CAMHS referral rates in South London., METHOD: This was a

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retrospective cohort study using linked data from the National Pupil Database (NPD) and CAMHS referrals to the South London and Maudsley's NHS Foundation Trust (SLaM) identified through the Clinical Record Interactive Search (CRIS) tool. The cohort included a total of 285 state-maintained primary schools in four London boroughs for the academic years of 2007-2012. During the study period, 23 of these schools received school-based mental health provision from Place2Be. The primary outcome was the incident rate ratio (IRR) of school-level accepted CAMHS referrals in 2012/13 in schools with, or without, Place2Be provision., RESULTS: There was no significant association between elevated rates of CAMHS referral and Place2Be provision, even after comprehensive adjustment for school-level and pupil characteristics (IRR 0.91 (0.67-1.23)). School-level characteristics, including higher proportion of white-British pupils (IRR 1.009 (1.002-1.02)), medical staff ratio (IRR 6.49 (2.05-20.6)) and poorer Ofsted school inspection ratings (e.g. IRR 1.58 (1.06-2.34) for 'Requires Improvement' vs. 'Outstanding') were associated with increased CAMHS referral rates., CONCLUSIONS: Place2Be provision did not result in increased specialist mental health referrals; however, other school-level characteristics did. Future research should investigate pupils' Place2Be clinical outcomes, as well the outcomes of individuals referred to CAMHS to better understand which needs are being met by which services. Copyright © 2021 The Authors. Child and Adolescent Mental Health published by John Wiley & Sons Ltd on behalf of Association for Child and Adolescent Mental Health.

[Educators' perceived mental health literacy and capacity to support students' mental health: associations with school-level characteristics and provision in England](#)

Item Type: Journal Article

Authors: Mansfield, Rosie;Humphrey, Neil and Patalay, Praveetha

Publication Date: 2021

Journal: Health Promotion International 36(6), pp. 1621-1632

Abstract: Conceptual frameworks for school-based, preventive interventions recognise that educators' capacity is, in part, dependent on school-level characteristics. This study aimed to (i) examine the factor structure and internal consistency of the Mental Health Literacy and Capacity Survey for Educators (MHLCS); (ii) assess responses in relation to supporting students' mental health; (iii) describe schools' mental health provision in terms of designated roles, training offered, and perceived barriers; (iv) investigate variance in MHLCS outcomes explained by schools; and, (v) explore school-level predictors of educators' perceived MHL and capacity after controlling for individual-level characteristics. A multi-level, cross-sectional design involving 710 educators across 248 schools in England was used, and secondary analyses of baseline data collected as part of the Education for Wellbeing Programme were conducted. Mental health provision data was available for 206 schools, of which 95% offered training to some staff, and 71% had a designated mental health lead. Secondary schools offered significantly more training than primary schools. Significant barriers included lack of capacity in Child and Adolescent Mental Health Services (CAMHS) and within school, and communication challenges between agencies. The amount of training offered by schools significantly predicted educators' awareness and knowledge of mental health issues, treatments and services, legislation and processes for supporting students' mental health and comfort providing active support, with increased training predicting higher scores. However, little variance was explained by schools (1.7-12.1%) and school-level variables (0.7-1.2%). Results are discussed in relation to current mental health and education policy in England. Copyright © The Author(s) 2021. Published by Oxford University Press.

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Good interaction skills are not enough - competency in mental health issues in child health clinics and school health services

Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Putkuri, Tiina;Salminen, Leena;Axelin, Anna and Lahti, Mari

Publication Date: 2021

Journal: Scandinavian Journal of Caring Sciences 35(3), pp. 988-997

Abstract: BACKGROUND: Mental health problems among children and adolescents are a worldwide issue of concern. Health professionals who have sufficient competency in mental health issues are crucial for responding to this situation., AIM: The aim of the study was to describe the competency in mental health issues required by the work of public health nurses in child health clinics and school health services., METHODS: This qualitative, descriptive study was conducted with focus group interviews in March 2018. The sample consisted of public health nurses (n = 24) who were working in child health clinics or school health services in Finland. The data were analysed using inductive and deductive content analysis., RESULTS: The competency in mental health issues required by the work of public health nurses was formulated from the identified strengths and topics required in continuing education. In total, 18 competencies were identified as covering mental health promotion, as well as the alleviation and treatment of symptoms and disorders. Intuitive and interpersonal competency was identified as the main strength of public health nurses. The theoretical and evidence-based competency regarding mental health issues was identified as a main topic needed in continuing education., CONCLUSION: Public health nurses in child health clinics and school health services need competency in mental health issues for the promotion of mental health, the alleviation of symptoms and treatment of disorders. The results indicate that good interactional skills are not enough: the

current competency of public health nurses in mental health issues is insufficient and does not meet the requirements of the work. The results were consistent with existing knowledge, but also provide a more comprehensive and precise insight into the current situation. In the future, the results should be verified with more studies. There is also a need for intervention studies aiming to improve competency in mental health issues. Copyright © 2021 Nordic College of Caring Science.

Role of school nurses in identifying and supporting children and young people with mental health issues Abstract only*

Item Type: Journal Article

Authors: Smith, Sara and Bevan, Ann

Publication Date: 2020

Journal: Nursing Children and Young People 32(2), pp. 23-28

Abstract: School nurses have an important role in the provision of mental health services because of their expertise in healthcare and education. The aim of this literature review was to explore research about school nurses' ability to identify and support children and young people in secondary education with mental health issues. A search of healthcare-related databases was undertaken using search terms such as 'specialist community public health nurse' (SCPHN), 'school nurses', 'young people', 'mental health' and 'adolescent mental health' to identify relevant research. The literature review found that school nurses perform various activities for children and young people, for example promoting optimal mental health, identifying concerns and initiating early interventions. However, the literature review also suggests that unless school nurses receive further education in mental health they will be unable to develop the necessary skills required to improve outcomes for children and young people in secondary education. Copyright © 2020 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part,

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Wellbeing, burnout, and stress

Professional wellbeing and turnover intention among child therapists: a comparison between therapists trained and untrained in Trauma-Focused Cognitive Behavioral Therapy

Item Type: Journal Article

Authors: Aminihaajbashi, Samira;Skar, Ane-Marthe Solheim and Jensen, Tine K.

Publication Date: 2022

Journal: BMC Health Services Research 22(1), pp. 1328

Abstract: BACKGROUND: Poor professional wellbeing and job turnover is challenging for child mental health clinics and despite an increasing interest in implementing evidence-based practices (EBPs) in mental health services, little is known about if and how using EBPs may influence therapists' professional wellbeing and turnover intention. To investigate this, we compare the average level of compassion satisfaction, burnout, secondary traumatic stress, and turnover intention between therapists trained in an EBP (Trauma-Focused Cognitive Behavioral Therapy - TF-CBT) and untrained therapists. We also explore the prevalence of and the associations between these personal and organizational outcomes., METHOD: In this cross-sectional study, the data is collected from a national sample of 373 therapists 5 years after an implementation program began (i.e., in the sustainment phase). The variables were measured by the Professional Quality of Life and the Turnover Intention Scales. The Evidence-Based Practice Attitude Scale was also used to measure therapists' attitudes toward EBPs., RESULTS: Over 70% of the respondents reported medium to high levels of burnout, secondary traumatic stress symptoms, and compassion satisfaction, whereas one-third of the respondents reported a high level of intention to leave their job in the current or near future. Higher ratings on

burnout and secondary traumatic stress were significantly associated with lower compassion satisfaction and higher turnover intention. Finally, we found significantly lower degree of burnout and turnover intention along with higher compassion satisfaction among TF-CBT therapists (n = 96), compared to other therapists who were not trained in TF-CBT (n = 231). These differences could not be explained by between-group differences in age, job tenure, educational background, or therapists' attitudes towards EBPs. However, mean differences in ratings on secondary traumatic stress symptoms were not statistically significant., CONCLUSION: Although the prevalence findings are in general alarming, the present study provides the first empirical evidence for a potential positive effect of being trained in TF-CBT on therapists' wellbeing and turnover intention. We discuss these findings in the light of self-efficacy theory and the job demands-resources model. Copyright © 2022. The Author(s).

Consultant psychiatrists' perspectives on occupational stress in child and adolescent mental health services (CAMHS)

Item Type: Journal Article

Authors: Doody, Niamh;O'Connor, Cliodhna and McNicholas, Fiona

Publication Date: 2022

Journal: Irish Journal of Medical Science 191(3), pp. 1105-1113

Abstract: BACKGROUND: Occupational stress is increasingly recognised as key factor contributing to service quality, safety, and worker wellbeing, with clinician providers most at high risk., OBJECTIVES: To explore work-related stressors among consultant child and adolescent psychiatrists working in CAMHS., METHODS: Fifty-two consultants completed an online questionnaire with free-text entries describing factors contributing to occupational stress in CAMHS in Ireland., RESULTS: Content analysis indicated that consultants' perception of working conditions revolved around six factors:

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organisational factors, human resources, adequacy of services, professional relationships, socio-political factors, and public perception. Both adequate skilled staff and funding, identified by 54% and 34% of respondents, were viewed as essential factors associated with occupational wellbeing, the most often cited concern (raised by 56% consultants) which contributed to occupational stress was of widespread public misunderstanding of CAMHS' remit., CONCLUSIONS: Given decades of under-resourcing, ensuring adequate levels and expertise of staffing in the post-COVID-19 era must become a reality. However, less obvious and equally important is that of correcting any public misperceptions regarding CAMHS "core" business to ensure that available scarce resources are utilised most effectively, and that staff stress levels are minimised. To achieve this, active engagement between service users, providers and planners must be undertaken. Copyright © 2021. The Author(s).

"The team needs to feel cared for": staff perceptions of compassionate care, aids and barriers in adolescent mental health wards

Item Type: Journal Article

Authors: Maddox, L. and Barreto, M.

Publication Date: 2022

Journal: BMC Nursing 21(1), pp. 206

Abstract: Background: Compassion is vital in healthcare.

Current understandings of the nature of compassionate care, its aids and barriers, are more theoretically developed than grounded in staff experience. This study explores staff perceptions of compassionate care in child and adolescent mental health wards. Method(s): Three focus groups were conducted with a total of 35 staff from adolescent mental health wards (10-12 people in each group), on the nature of compassionate care, aids and barriers. Transcripts were analysed using thematic analysis. A follow-up survey with 36 workers from other UK child and adolescent mental health

wards was completed and means and standard deviations of responses were analysed to confirm wider resonance of themes. Result(s): Elements of compassionate care fell into six themes relating to individual, team and organisational factors: emotional connection, sense of being valued, attention to the whole person, understanding, good communication, and practical help/resources. Aids and barriers mirrored each other, and showed that what staff think is key to the nature of compassionate care for patients is also what they feel they need to receive to be able to show compassionate care. Conclusion(s): This study suggests that staff need the same elements of compassion as those which they seek to provide. A greater emphasis needs to be placed on providing staff with individual, team and organisational level resources which help them to feel compassionately held within the interconnected systems in which they work, in order to be able to continue to provide high level compassionate care. Staff need to be nourished, valued and compassionately cared for in order to be able to care compassionately for the patients they look after. Copyright © 2022, The Author(s).

Occupational stress in clinical and non-clinical staff in Child and Adolescent Mental Health Services (CAMHS): a cross-sectional study Abstract only*

Item Type: Journal Article

Authors: McNicholas, F.; Adamis, D.; Minihan, E.; Doody, N. and Gavin, B.

Publication Date: 2022

Journal: Irish Journal of Psychological Medicine , pp. 1-7

Abstract: BACKGROUND: Previous literature has highlighted high rates of burnout among doctors and nurses in healthcare settings. Non-clinical and support staff such as administrative, housekeeping and managerial staff are also exposed to the stressors of a health care setting, but fewer studies report on their experiences. Therefore, the aim of this research is to

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examine occupational stress in all staff working in Child and Adolescent Mental Health Services (CAMHS) in Ireland and identify risk and protective factors., METHOD: Fifty-nine clinical and non-clinical staff (44% response rate) were surveyed. Participants completed the Copenhagen Burnout Inventory (CBI) and the Effort Reward Imbalance scale, as well as survey-specific questions., RESULTS: Both clinical and non-clinical staff were found to experience moderate or high rates of work-related, personal and patient-related burnout (57.6%, 52.2% and 50.8%, respectively). Univariate general linear modelling showed an association between total CBI scores and effort reward index ($B = 64.306$, $t = 3.430$, $p = 0.001$); overcommitment ($B = 1.963$, $t = 3.061$, $p = 0.003$); and an unwillingness to work in CAMHS ($B = 28.429$, $t = 3.247$, $p = 0.002$)., CONCLUSION: Pre-pandemic levels of stress were high among clinical and non-clinical staff surveyed. Given the anticipated increased demand on CAMHS post COVID-19, urgent action is needed to protect all staff from intolerable levels of occupational stress and burnout.

Wellbeing of CAMHS staff and changes in working practices during the COVID-19 pandemic

Item Type: Journal Article

Authors: Bentham, C.;Driver, K. and Stark, D.

Publication Date: 2021

Journal: Journal of Child and Adolescent Psychiatric Nursing

Abstract: Introduction: The coronavirus disease 2019 pandemic has necessitated significant changes in working practices across healthcare services. The current study aimed to assess the wellbeing of health professionals and quantify the adaptations to working practices in a Child and Adolescent Mental Health Service (CAMHS) during the pandemic.

Method(s): The study was conducted in a UK CAMH team six weeks into lockdown measures. All clinicians were invited to complete a survey eliciting their experiences of working

practices during the pandemic, degree of worry about the virus and mental wellbeing. Result(s): Clinicians had significantly lower levels of mental wellbeing during the pandemic than population normative data, to the extent that some clinicians were classified as at heightened risk of depression. A significant shift to remote working, reduction in face-to-face appointments, and decrease in clinicians' perceived ability to undertake clinical tasks was observed. Themes emerging from clinicians' experiences of working during the pandemic include being supported within the team, providing a service, working adaptations, and working as a team. A further theme highlights the needs of clinicians to complete their clinical role effectively.

Conclusion(s): CAMHS clinicians require additional support, training, and guidance during a pandemic to promote mental wellbeing and effectiveness in completing clinical tasks.

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Stress and burnout in Improving Access to Psychological Therapies (IAPT) trainees: A systematic review

Item Type: Journal Article

Authors: Owen, Joel;Crouch-Read, Louise;Smith, Matthew and Fisher, Paul

Publication Date: 2021

Journal: The Cognitive Behaviour Therapist 14

Abstract: For more than a decade, Improving Access to Psychological Therapies (IAPT) has been training a new workforce of psychological therapists. Despite evidence of stress and burnout both in trainee mental health professionals, and qualified IAPT clinicians, little is known about these topics in IAPT trainees. Consequently, this systematic review sought to establish the current state of the literature regarding stress and burnout in IAPT trainees. Electronic databases were searched to identify all published and available unpublished work relating to the topic. On the basis of pre-established

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eligibility criteria, eight studies (including six unpublished doctoral theses) were identified and assessed for quality. This review identifies that research into the experience of IAPT trainees is under-developed. Existing evidence tentatively suggests that IAPT trainees may experience levels of stress and burnout that are higher than their qualified peers and among the higher end of healthcare professionals more generally. The experience of fulfilling dual roles as mental health professionals and university students concurrently appears to be a significant source of stress for IAPT trainees. More research regarding the levels and sources of stress and burnout in IAPT trainees is urgently needed to confirm and extend these findings. Recommendations for future research in the area are given. Key learning aims: (1) To establish the current state of the literature regarding stress and burnout in IAPT trainees. (2) To raise practitioner, service and education-provider awareness regarding the levels and perceived sources of stress and burnout in IAPT trainees. (3) To make recommendations regarding future research on the topic. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

IAPT (now NHS Talking Therapies)

Views of services users and staff on a combined money advice and psychological therapy service within IAPT

Item Type: Journal Article

Authors: Belcher, Hannah L.; Evans, Joanne; Bond, Nikki; Darcy, Conor; Hatch, Melissa; Preece, Georgia and Wykes, Til
Publication Date: 2022

Journal: Journal of Mental Health (Abingdon, England) , pp. 1-9
Abstract: BACKGROUND: Research has indicated that having financial difficulties may increase mental health problems and prevent recovery when receiving psychological treatment. A combined approach within the Improving Access to

Psychological Therapies (IAPT) service could help clients by tackling their financial difficulties alongside supporting their mental health., AIMS: We aimed to explore the experiences and views of a potential combined intervention by speaking to IAPT service users who have/had experiences of money worries, as well as IAPT therapists and Citizen's Advice (CA) money advisers., METHOD: We conducted online semi-structured interviews with 16 IAPT service users, 14 IAPT therapists/practitioners, and 6 CA money advisors. Interviews were transcribed verbatim and analysed thematically., RESULTS: Themes discussed including the impact of money worries and mental health, the benefits of a combined intervention, how and when it should be introduced to clients and delivered, and how information should be shared between the services. It was felt by most participants that such an intervention would improve mental health and provide a more holistic service with a better referral pathway., CONCLUSIONS: Our findings provide a blueprint for a combined money advice and psychological therapy service within IAPT, which both service users and staff identified would be beneficial.

Adapting IAPT services to support frontline NHS staff during the Covid-19 pandemic: the Homerton Covid Psychological Support (HCPS) pathway

Item Type: Journal Article

Authors: Cole, C. L.; Waterman, S.; Stott, J.; Saunders, R.; Buckman, J. E. J.; Pilling, S. and Wheatley, J.
Publication Date: 2020

Journal: Cognitive Behaviour Therapist 13, pp. e12

Abstract: The Coronavirus (Covid-19) pandemic is exerting unprecedented pressure on NHS Health and Social Care provisions, with frontline staff, such as those of critical care units, encountering vast practical and emotional challenges on a daily basis. Although staff are being supported through organisational provisions, facilitated by those in leadership

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roles, the emergence of mental health difficulties or the exacerbation of existing ones amongst these members of staff is a cause for concern. Acknowledging this, academics and healthcare professionals alike are calling for psychological support for frontline staff, which not only addresses distress during the initial phases of the outbreak but also over the months, if not years, that follow. Fortunately, mental health services and psychology professional bodies across the United Kingdom have issued guidance to meet these needs. An attempt has been made to translate these sets of guidance into clinical provisions via the recently established Homerton Covid Psychological Support (HCPS) pathway delivered by Talk Changes (Hackney & City IAPT). This article describes the phased, stepped-care and evidence-based approach that has been adopted by the service to support local frontline NHS staff. We wish to share our service design and pathway of care with other Improving Access to Psychological Therapies (IAPT) services who may also seek to support hospital frontline staff within their associated NHS Trusts and in doing so, lay the foundations of a coordinated response., KEY LEARNING AIMS: (1)To understand the ways staff can be psychologically and emotionally impacted by working on the frontline of disease outbreaks.(2)To understand the ways in which IAPT services have previously supported populations exposed to crises.(3)To learn ways of delivering psychological support and interventions during a pandemic context based on existing guidance and research. Copyright © British Association for Behavioural and Cognitive Psychotherapies 2020.

[A current review of the children and young people's improving access to psychological therapies \(Cyp iapt\) program: Perspectives on developing an accessible workforce](#)

Item Type: Journal Article

Authors: Ludlow, C.;Hurn, R. and Lansdell, S.

Publication Date: 2020

Journal: Adolescent Health, Medicine and Therapeutics 11, pp. 21-28

Abstract: The CYP IAPT program has played a leading role in workforce development in the Child and Adolescent Mental Health Service (CAMHS) in England since its inception in 2011. Despite promising evidence of CYP IAPT's benefits, significant wait times for CAMHS have convinced policy makers that a new direction for CYP IAPT is required. Since 2017, the CYP IAPT program has changed its aim from workforce development to workforce expansion, with the project aiming to train 1700 new psychological practitioners by 2021. The CYP IAPT program now consists of three training streams (a) a low-intensity workforce, (b) a schools-based workforce, and (c) a high-intensity workforce based on the original CYP IAPT curriculum. The purpose of this paper is to outline the three CYP IAPT workforce streams. As will be reviewed, changes to CYP IAPT have occurred within the context of emerging ideas from dissemination science and government reviews that outline the shortcomings of traditional service models. Consequently, CYP IAPT practitioners are now increasingly being trained in the delivery of novel psychological interventions to address some of these shortcomings. A range of low-intensity interventions are being deployed by CYP IAPT practitioners to target mild-to-moderate anxiety, depression, and conduct. A recent meta-analysis indicates that low-intensity psychological interventions show promise for children and adolescents in efficacy trials. Nevertheless, further research is required to understand its effectiveness in real-world settings and to see if treatment effects are sustained over time. As such, this paper recommends that CYP IAPT services evaluate the long-term effectiveness of low-intensity work and subject their methods and findings to peer review. Copyright © 2020 Ludlow et al.

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Beyond the COVID-19 pandemic: 'Learning the hard way' - adapting long-term IAPT service provision using lessons from past outbreaks

Item Type: Journal Article

Authors: Skilbeck, Lillian; Spanton, Christopher and Roylance, Ian

Publication Date: 2020

Journal: Cognitive Behaviour Therapist 13, pp. e34

Abstract: Infectious disease outbreaks have occurred sporadically over the centuries. The most significant ones of this century, as reported by the World Health Organization, include the EVD epidemic, SARS pandemic, Swine Flu pandemic and MERS pandemic. The long-term mental health consequences of outbreaks are as profound as physical ones and can last for years post-outbreak. This highlights the need for enhancing the preparedness of pragmatic mental health service provision. Due to its magnitude, the novel COVID-19 pandemic has proven to be the most impactful. Compared with previous outbreaks, COVID-19 has also occurred at higher rates in frontline staff in addition to patients. As COVID-19 is more contagious than earlier outbreaks, there is a need to identify infected people quickly and isolate them and their contacts. This is the current context in which mental health services including IAPT have had to operate. Evidently, Improving Access to Psychological Therapies (IAPT) services are a major mental health service provider in the UK that have demonstrated variability in their response to COVID-19. While some IAPT services quickly adapted their existing strengths and resources (e.g. remote working), other services were less prepared. To date, there are no clear unitary guidelines on how IAPT services can use their pre-existing resources to respond to the long-term effects of outbreaks. In light of this, the current paper aims to reflect on the lessons learned from past outbreaks in order to consider how an enhanced remit of IAPT might integrate with other services to meet the long-term needs

of patients and staff affected by COVID-19., KEY LEARNING AIMS: (1)To understand the development of IAPT within the NHS mental health services.(2)To understand the nature of past outbreaks and COVID-19.(3)To reflect on lessons from past outbreaks in order to understand how IAPT can respond to the long-term effects of COVID-19. Copyright © British Association for Behavioural and Cognitive Psychotherapies 2020.

IAPT and the internet: the current and future role of therapist-guided internet interventions within routine care settings

Item Type: Journal Article

Authors: Thew, Graham R.

Publication Date: 2020

Journal: Cognitive Behaviour Therapist 13, pp. e4

Abstract: Compared with the traditional face-to-face format, therapist-guided internet interventions offer a different approach to supporting clients in learning skills to manage and overcome mental health difficulties. Such interventions are already in use within IAPT (Improving Access to Psychological Therapies) and other routine care settings, but given their potential to deliver treatment more efficiently and therefore increase availability and access to evidence-based interventions, their use is likely to increase significantly over the coming years. This article outlines what is meant by therapist-guided internet interventions and why an online format is thought to be advantageous for clients, therapists, services, and communities more broadly. It reviews the current evidence in the context of common therapist beliefs about internet-based treatment. It aims to identify gaps where further research is required, particularly in relation to the broader implementation of these treatments in IAPT and other routine clinical services. Specifically, it emphasises the importance of choosing the right programmes, providing adequate therapist training in their use, and considering practical and organisational issues, all of which are likely to

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determine the success of implementation efforts., KEY LEARNING AIMS: To understand what therapist-guided internet interventions are and their potential advantages. To understand the current evidence base for these interventions. To learn where further research is needed with regard to both the interventions themselves, and to their broader implementation in IAPT. Copyright © British Association for Behavioural and Cognitive Psychotherapies 2020.

[Multi-professional IAPT CBT training: clinical competence and patient outcomes](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Liness, Sheena; Beale, Sarah; Lea, Susan; Byrne, Suzanne; Hirsch, Colette R. and Clark, David M.

Publication Date: 2019

Journal: Behavioural and Cognitive Psychotherapy 47(6), pp. 672-685

Abstract: BACKGROUND: There is international interest in the training of psychological therapists to deliver evidence-based treatment for common mental health problems. The UK Improving Access to Psychological Therapies (IAPT) programme, one of the largest training initiatives, relies on competent therapists to successfully deliver cognitive behaviour therapy (CBT) and promote good patient outcome., AIMS: To evaluate an IAPT CBT training course by assessing if trainees' clinical skills improve during training and reach competency standards, and to report patient outcome for submitted training cases. To investigate a possible relationship between trainee competence and patient outcome. To explore professional differences during training., METHOD: CBT trainee (n = 252) competence was assessed via audio recordings of therapy sessions at the beginning, middle and end of training. Patient pre- to post-treatment outcomes were extracted from submitted training cases (n = 1927). Differences in professional

background were examined across competence, academic final grade and tutorial support., RESULTS: CBT trainees attained competence by the end of the course with 77% (anxiety recordings) and 72% (depression recordings) improving reliably. Training cases reported pre- to post-treatment effect sizes of 1.08-2.26 across disorders. CBT competence predicted a small variance in clinical outcome for depression cases. Differences in professional background emerged, with clinical psychologists demonstrating greater competence and higher academic grades. Trainees without a core professional background required more additional support to achieve competence., CONCLUSIONS: Part of a new CBT therapist workforce was successfully trained to deliver relatively brief treatment effectively. Trainees without a core profession can be successfully trained to competence, but may need additional support. This has implications for workforce training.

[A case of misalignment: the perspectives of local and national decision-makers on the implementation of psychological treatment by telephone in the Improving Access to Psychological Therapies Service](#)

Item Type: Journal Article

Authors: Rushton, Kelly; Fraser, Claire; Gellatly, Judith; Brooks, Helen; Bower, Peter; Armitage, Christopher J.; Faija, Cintia; Welsh, Charlotte and Bee, Penny

Publication Date: 2019

Journal: BMC Health Services Research 19(1), pp. 997

Abstract: BACKGROUND: Psychological treatment delivered by telephone is recommended by the National Institute for Health and Care Excellence (NICE) for mild to moderate depression and anxiety, and forms a key part of the Improving Access to Psychological Therapy (IAPT) programme in the UK. Despite evidence of clinical effectiveness, patient engagement is often not maintained and psychological wellbeing practitioners (PWP) report lacking confidence and training to deliver

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treatment by telephone. This study aimed to explore the perspectives of professional decision makers (both local and national) on the barriers and facilitators to the implementation of telephone treatment in IAPT., METHODS: Sixteen semi-structured qualitative telephone interviews and one focus group were carried out with decision makers (n = 21) who were involved locally and nationally in policy, practice and research. The interviews and focus group were coded thematically, and then mapped onto the four core constructs of Normalisation Process Theory (NPT)., RESULTS: The use of telephone for psychological treatment was universally recognised amongst participants as beneficial for improving patient choice and access to treatment. However, at service level, motives for the implementation of telephone treatments are often misaligned with national objectives. Pressure to meet performance targets has become a key driver for the use of telephone treatment, with promises of increased efficiency and cost savings. These service-focussed objectives challenge the integration of telephone treatments, and PWP acceptance of telephone treatments as non-inferior to face-to-face. Ambivalence among a workforce often lacking the confidence to deliver telephone treatments leads to reluctance among PWPs to 'sell' treatments to a patient population who are not generally expecting treatment in this form., CONCLUSIONS: Perceptions of a need to 'sell' telephone treatment in IAPT persist from top-level decision makers down to frontline practitioners, despite their conflicting motives for the use of telephone. The need for advocacy to highlight the clinical benefit of telephone treatment, along with adequate workforce support and guidance on best practice for implementation is critical to the ongoing success and sustainability of telephone treatment in primary care mental health programmes.

[Training therapists to work with people with intellectual disability in Improving Access to Psychological Therapies \(IAPT\) services](#)

Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Dagnan, D.;Masson, J.;Thwaites, R.;James, A. and Hatton, C.

Publication Date: 2018

Journal: Journal of Applied Research in Intellectual Disabilities 31(5), pp. 760-767

Abstract: Background: Current policy in the England suggests that people with intellectual disabilities should, where possible, access mainstream mental health services; this should include access to mainstream therapy services. It is likely that mainstream therapists will need training and support to work with people with intellectual disabilities. Method(s): Sixty-eight therapists working in an English Improving Access to Psychological Therapies (IAPT) service received one- or 2-day training on working with people with intellectual disabilities. Measures of confidence, general therapeutic self-efficacy and attitudes to people with intellectual disabilities' use of mainstream mental health services were completed pre-training, post-training and at 3-month follow-up; at which time, 12 participants were interviewed about the impact of the training on their practice. Result(s): There was a significant positive change in all measures immediately post-training which was maintained at 3-month follow-up. Conclusion(s): Training considerations for mainstream therapists who may work with people with intellectual disabilities are discussed. Copyright © 2017 John Wiley & Sons Ltd

[An exploration of how working in the Improving Access to Psychological Therapies \(IAPT\) programme might affect the personal and professional development of counsellors: an analytical autoethnographic study](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Mason, Richard and Reeves, Andrew

Publication Date: 2018

Journal: British Journal of Guidance & Counselling 46(6), pp. 669-678

Abstract: Since implementing the Improving Access to Psychological Therapies (IAPT) programme in 2008, provision of counselling and other idiographic approaches to psychological therapy in the English National Health Service (NHS) has been reduced to several manualised therapies supported by National Institute of Health and Care Excellence (NICE) guidelines for depression and anxiety. Many counsellors who previously provided psychological therapies in the NHS subsequently left or retrained in IAPT compliant models of treatment. This study explores the effect that working in IAPT services over an eight-year period had on the professional and personal development of the primary author, resulting in a strong exhortation for counsellors to take advantage of, and influence the professional development opportunities it presents. This study takes an analytical autoethnographic approach, undertaking the thematic analysis of naturally occurring data, taken from previously published opinion columns in a professional journal, and an unpublished doctoral assignment to illuminate previously unrecognised narrative. Themes of ideological resistance, and being out-group resulting in a sense of professional loss, uncertainty and cessation of professional development preceded acceptance of the IAPT nomothetic ideology. After which, a sense of being in-group facilitated a sense of gain, certainty, and the re-implementation of professional growth. Counsellors in IAPT may be prejudiced by their idiographic ideology. Professional uncertainty and a sense of loss could inhibit professional development. Development of a pluralistic ideological stance, and integrative approach to treatment is encouraged. Counsellors who accept a Cinderella like status in IAPT, are exhorted to adapt, influence from within, and thrive in IAPT.

Peer support

[A systematic review exploring youth peer support for young people with mental health problems](#)

Item Type: Journal Article

Authors: de Beer, C. R. M.; Nooteboom, L. A.; van Domburgh, L.; de Vreugd, M.; Schoones, J. W. and Vermeiren, R. R. J. M.

Publication Date: 2022

Journal: European Child & Adolescent Psychiatry

Abstract: Youth peer support workers (YPSWs) are young adults with lived experience of mental illness during childhood or adolescence who support young people receiving treatment in mental health services. The contributions made by YPSWs are a promising development to facilitate consumer-centered and recovery-oriented care. Although the youth peer support workforce is expanding rapidly, structurally embedding YPSWs in practice is challenging. To overcome these challenges and thereby improve care for young people, insight into YPSW roles, barriers and facilitators for implementing and pursuing youth peer support (YPS) is a necessity. This systematic review examined the published literature to identify existing knowledge on YPSW roles in treatment settings, and the barriers and facilitators for implementing and pursuing YPS in practice. A total of 24 studies from a variety of youth serving contexts were included in this review. Thematic synthesis resulted in six YPSW roles and five themes with barriers and facilitators. The roles included the: engagement role, emotional support role, navigating and planning role, advocacy role, research role and the educational role. The themes explored the needs of YPSWs, experiences of YPSWs, relationships between service users and YPSWs, the collaboration process between YPSWs and non-peer staff, and organizational readiness. This review underlines that YPSWs likely are a valuable addition to numerous youth treatment contexts. Overall, the implementation of YPSWs is a multifaceted operation that

requires careful planning. We recommend services to set clear and realistic expectations for YPSWs, to consider potential power imbalances between YPSWs and non-peer staff, to provide adequate resources to pursue YPS, and to approach the implementation of YPSWs with a growth mindset. Copyright © 2022. The Author(s).

Supervision

Implementing a supervision model in community children's mental health: Experiences of supervisors and practitioners

Abstract only*

Item Type: Journal Article

Authors: Sewell, Karen M. and Ederer, Rebekah

Publication Date: 2022

Journal: Psychological Services

Abstract: Supervision of staff in the helping professions is valued and considered important for effective service delivery, with expert consensus that the delivery of high-quality supervision strengthens the social service workforce. The demands of publicly funded settings provide compelling rationale for supervision to protect marginalized clients, while ensuring staff are supported in delivering quality services. As conceptual frameworks, models of supervision are one way to strengthen supervision through intentionally incorporating theory, best practices, and research. Theoretically grounded and integrative, the Stop Now and Plan (SNAP) clinical supervision model incorporates best practices, guidelines, and techniques informed by explanatory and practice theories, and research. This article presents a qualitative study exploring the experiences of supervisors and supervisees in children's mental health settings implementing this model of supervision for an evidence-based intervention. Reflexive thematic analysis was conducted using qualitative data collected from participant interviews (N = 20) directly following the completion of a 6-

month implementation of the SNAP model of clinical supervision. Identified themes demonstrate the value of a structured model of supervision in supporting practitioner confidence, accountability, and professional development, while allowing supervisors to meet their responsibilities to their team and their organizations. The challenges associated with implementing a supervision model within publicly funded settings are highlighted, with suggestions for overcoming these challenges provided. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

Remote provision of services

'Space to hide': experiences of remote provision across child and adolescent mental health services (CAMHS)

Item Type: Journal Article

Authors: Worsley, J.;Hassan, S.;Nolan, L. and Corcoran, R.

Publication Date: 2022

Journal: BMC Health Services Research 22(1), pp. 1350

Abstract: Background: The global COVID-19 pandemic necessitated rapid adoption of remote provision across child and adolescent mental health services (CAMHS). The study aimed to understand young people's, parents'/carers', and professionals' experiences of remote provision across CAMHS in one NHS Trust in the North West of England to inform future recovery practice so that remote sessions can continue where they have been well received but re-thought or replaced where they have not. Method(s): The study sample comprised three groups: (i) young people, (ii) parents/carers, and (iii) clinical staff. Semi-structured interviews and focus groups were used to collect data. Data were analysed using thematic analysis. Result(s): Three overarching themes were identified: 'Remote therapeutic experiences'; 'Spaces and places of therapy'; and 'Future of CAMHS'. Although remote appointments increased flexibility within the service, the quality of the relational

experience was altered, typically for the worse. Clinicians felt less able to examine vital forms of non-verbal communication, which were considered instrumental in assessing and engaging people experiencing difficulties, leaving some questioning their professionalism. Although some young people suggested that remote provision increased comfort levels, others felt their place of comfort and safety was invaded. Conclusion(s): Reduced travel time for both clinicians and families may increase capacity, enabling the service to meet the increased demand if clinical effectiveness can be preserved. In considering future models of provision, assessing clinical need, patient and family preference, and access to space and hardware are all critical when deciding which modality to use for the best outcomes for each individual. Copyright © 2022, The Author(s).

Education and training

[Delivering and implementing child and adolescent mental health training for mental health and allied professionals: a systematic review and qualitative meta-aggregation](#)

Item Type: Journal Article

Authors: Banwell, E.;Humphrey, N. and Qualter, P.

Publication Date: 2021

Journal: BMC Medical Education 21(1), pp. 103

Abstract: Background: The increasing prevalence of mental health difficulties among children and young people (CYP) suggests that early intervention is vital. A comprehensive system of care and support requires the involvement of mental health professionals, including psychologists and psychiatrists, and allied professionals, including teachers, police, and youth workers. A critical starting point is the provision of effective training, in order that these professionals can better support the mental health needs of the CYP that they encounter.

Objective(s): Given the primacy of training in the CYP mental health support system, understanding the factors that maximise

potential gains and facilitate uptake is pertinent. The current review therefore located and explored qualitative research evidence, to identify the barriers and facilitators underpinning successful delivery and implementation of training focussed on the mental health of CYP, for both mental health and allied professionals. Method(s): A systematic review and qualitative meta-aggregation were conducted. Systematic searches were carried out using ASSIA, EMBASE, MEDLINE, NICE Evidence, PsycINFO, and Scopus databases, for papers published between 2000 and 2020. Twelve thousand four hundred forty-eight records were identified, of which 39 were eligible for review. The records were appraised for quality using the Joanna Briggs Institute Critical Appraisal Checklist for Qualitative Research, and synthesised using the qualitative meta-aggregation method. Result(s): One hundred eighty-two raw findings were extracted from the 39 papers, which were condensed into 47 sub-categories, 19 categories, and finally 5 synthesis statements. These synthesis statements reflected the barriers and facilitators influencing the training delivery process ("support"; "content, design, and planning"), and the implementation of training into the workplace ("context"; "perceived value"; "organisational factors"). Conclusion(s): The synthesis statements and underlying categories provide practical recommendations for those designing, delivering, or implementing CYP mental health training. Recommendations ranged from facilitating peer support during training, to the idea that training will be better implemented when perceived need is high. The review provides a robust evidence-based foundation to "common-sense" principles, drawing them into a coherent and organised framework using a synthesis method grounded in pragmatism. Protocol registration number: PROSPERO reference ID: CRD42020162876. Copyright © 2021, The Author(s).

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[Supporting minority groups in schools – reflections on training education mental health practitioners](#) Full text available with

NHS OpenAthens account*

Item Type: Journal Article

Authors: Woodley, Helen

Publication Date: 2021

Journal: Journal of Mental Health Training, Education & Practice 16(6), pp. 468-479

Abstract: Purpose: This study aims to reflect upon the first wave of training of Education Mental Health Practitioners (EMHPs), a new National Health Service role to provide support for Children and Young People (CYP) with low and moderate mental health needs in education settings in England. The study specifically focusses on the training for EMHPs in relation to their support for CYP who identify themselves as Black, Asian or Minority Ethnic (BAME), refugees or from the traveller community.

Design/methodology/approach: A brief review of the policy and literature on the role and remit of EMHPs was undertaken, including an exploration of the current status of BAME, refugee and traveller community CYP in schools in England. The review was then related to the specific experience of the author within the context of teaching EMHP trainees in a higher educational setting and evaluated as developing outcomes in low-intensity school-based practice. Findings: There are benefits for trainee EMHPs to have an understanding of the minority groups of CYP attending schools in the area their Mental Health Support Team (MHST) covers. There are benefits for the MHST to form relationships with minority groups at an early stage in the MHST formation. Adapting the EMHP curriculum at a local level to include specific training on the needs of minority groups supports the development of relationships between schools and the communities they engage with locally. Ongoing training should be provided by services focussing on the specific needs of minority groups in their MHST area. Originality/value:

Involving minority groups in education in the formation of MHST

and the training of EMHPs may improve outcomes in developing therapeutic relationships with CYP. Developing engagement practices in MHSTs with higher education providers, begins the process early in the experience of EMHP trainees, providing a safe environment in which to develop engagement skills.

[Knowledge and confidence of clinicians in Irish CAMHS when working with transgender youth; and the factors clinicians report will assist them in this work](#) Abstract only*

Item Type: Journal Article

Authors: Hodgins, Sinead;Byrne, Triona;Spies, Marelise and Madigan, Kevin

Publication Date: 2020

Journal: Irish Journal of Psychological Medicine , pp. 1-10

Abstract: OBJECTIVES: The Health Service Executive (HSE) Quality Improvement Division (2016) report states that young people who identify as transgender are one of the highest risk groups for suicidal ideation, self-harm, and completed suicides and may require significant input in Irish Child and Adolescent Mental Health Services (CAMHS). This research represents the first exploration of CAMHS staff's capacity within an Irish mental health service to support transgender youth by considering their knowledge about and confidence in working with these youth., METHOD: A multi-method design was used to evaluate the knowledge and confidence levels of CAMHS clinicians in supporting transgender youth and to identify what factors would enable them to conduct this work. A questionnaire and a survey about supporting transgender youth were distributed to all clinicians in five Irish-based CAMHS services (N = 71), using an online platform. Additionally, semi-structured interviews were conducted with six clinicians. Quantitative, content, and thematic analyses were performed., RESULTS: CAMHS staff reported limited knowledge and experience about supporting transgender youth. Findings indicated that both of these factors

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undermined their confidence in supporting these youths. Clinicians expressed a need for additional clinical education delivered through expert consultation, presentations, and learning from 'experts by experience'. CONCLUSION: CAMHS clinicians need and want further clinical education about supporting transgender youth and their families. Recommendations are made for enhancing the knowledge, confidence, and competence of CAMHS clinicians using methods identified as acceptable by clinicians, in order to best support these youths.

[The talking cure-building the core skills and the confidence of counsellors and psychotherapists to work effectively with multilingual patients through training and supervision](#) Full text

available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Costa, B. and Dewaele, J. -M

Publication Date: 2019

Journal: Counselling and Psychotherapy Research 19(3), pp. 231-240

Abstract: Background: Increasing numbers of multilingual people seek counselling and psychotherapy in a system that is rooted in a monolingual ideology. Despite these numbers, there is very little training for therapists and counsellors equipping them to treat multilingual patients. This is strange given that therapeutic treatment is known as the "talking cure." Research with therapists and counsellors about their beliefs and behaviour with multilingual patients revealed that therapists were anxious about their ability to work with multilingual patients. Mother tongue multiethnic counselling service, a small NGO based in the UK, developed and delivered training for counsellors and therapists and culturally and linguistically sensitive supervision groups for counsellors and therapists working in their local NHS Improving Access to Psychological Therapies Service. They also developed and delivered a

module on culturally and linguistically sensitive supervision for IAPT supervision courses. Aim(s): An evaluation of these initiatives was conducted, to explore whether they would improve therapists' core skills in working with multilingual clients. Method(s): A combination of questionnaires, which employed Likert scales and Open Boxes, and face-to-face interviews were conducted with trainees and supervisees who had participated in these training and supervision initiatives. Result(s): After the training and supervision, the confidence and multilingual awareness of counsellors and therapists improved, with an average score of improvement of 4 points on a 10-point scale. All seven of the interviewed counsellors and therapists said they felt more able to use multilingualism as a therapeutic asset in the treatment of trauma and other presenting issues. Conclusions and implications: This type of training and supervision has the potential to change counsellors' and therapists' thinking and behaviour, enhance their core skills and impact directly on mental health practice and the reduction in health inequalities. As a result of these sessions over the past decade, and the evidence from the evaluations, linguistically and culturally sensitive supervision is now being embedded into the structures of one local NHS service. Copyright © 2018 British Association for Counselling and Psychotherapy

[How well equipped are children's nurses to deal with mental health conditions? Literature review examines experiences of children's nurses and the effect mental health training can have on care](#) Abstract only*

Item Type: Journal Article

Authors: Grieve, Rachel

Publication Date: 2019

Journal: Nursing Children & Young People 31(2), pp. 18

Abstract: The article reports on a literature review that explores the experiences of children's nurses and the impact of mental

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health training on care, with topics mentioned such as mental health of children, healthcare, and nurses and nursing.

Young people and social networking sites: exploring the views and training opportunities of CAMHS social workers in Ireland

Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Somerville, L. and Brady, E.

Publication Date: 2019

Journal: Journal of Social Work Practice 33(2), pp. 141-155

Abstract: Social Networking Sites (SNS) (e.g. Facebook, Instagram) have become a fundamental part of the daily lives of many young people. SNS engagement has been associated with a number of risks and benefits, some of which are particularly relevant to young people who access child and adolescent mental health services (CAMHS). Consequently, understanding how and why young people engage with SNS, and the associated risks and benefits, may become an increasingly important part of CAMHS social work. This small-scale study (n = 15) utilised an online survey to explore the importance that a sample of Irish CAMHS social workers attribute to maintaining an awareness of how young people use SNS, whether they, in their professional lives, have been offered the opportunity to learn about SNS engagement among young people, and whether they have taken it upon themselves to learn about this topic. Findings suggest that participants consider an understanding of SNS to be an important part of CAMHS practice. However, participants report that they do not feel sufficiently aware of SNS trends among young people, suggesting that there is scope for SNS-focused training/learning opportunities among this sample of CAMHS social workers. Implications for practice and suggestions for future research are outlined. Copyright © 2019, © 2019 GAPS.

The effect of a training programme on school nurses' knowledge, attitudes, and depression recognition skills: The QUEST cluster randomised controlled trial

Item Type: Journal Article

Authors: Haddad, Mark;Pinfold, Vanessa;Ford, Tamsin;Walsh, Brendan and Tylee, Andre

Publication Date: 2018

Journal: International Journal of Nursing Studies 83, pp. 1-10

Abstract: Background: Mental health problems in children and young people are a vital public health issue. Only 25% of British school children with diagnosed mental health problems have specialist mental health services contact; front-line staff such as school nurses play a vital role in identifying and managing these problems, and accessing additional services for children, but there appears limited specific training and support for this aspect of their role. Objectives: To evaluate the effectiveness of a bespoke short training programme, which incorporated interactive and didactic teaching with printed and electronic resources. Hypothesized outcomes were improvements in school nurses' knowledge, attitudes, and recognition skills for depression. Design: A cluster-randomised controlled trial. Participants and setting: 146 school nurses from 13 Primary Care Trusts (PCTs) in London were randomly allocated to receive the training programme. Methods: School nurses from 7 PCTs (n = 81) were randomly allocated to receive the training intervention and from 6 PCTs (n = 65) for waiting list control. Depression detection was measured by response to vignettes, attitudes measured with the Depression Attitude Questionnaire, and knowledge by the QUEST knowledge measure. These outcomes were measured at baseline and (following training) 3 months and nine months later, after which nurses in the control group received the training programme. Results: At 3 months, 115 nurses completed outcome measures. Training was associated with significant improvements in the specificity of depression judgements (52.0% for the intervention group and

47.2% for the control group, $P = 0.039$), and there was a non-significant increase in sensitivity (64.5% compared to 61.5% $P = 0.25$). Nurses' knowledge about depression improved (standardised mean difference = 0.97 [95% CI 0.58 to 1.35], $P < 0.001$); and confidence about their professional role in relation to depression increased. There was also a significant change in optimism about depression outcomes, but no change in tendency to defer depression management to specialists. At 9-month follow-up, improved specificity in depression identification and improved knowledge were maintained. Conclusions: This school nurse development programme, designed to convey best practice for the identification and care of depression, delivered significant improvements in some aspects of depression recognition and understanding, and was associated with increased confidence in working with young people experiencing mental health problems. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

Service transformation

[How does reorganisation in child and adolescent mental health services affect access to services? An observational study of two services in England](#)

Item Type: Journal Article

Authors: Fazel, M.;Rocks, S.;Glogowska, M.;Stepney, M. and Tsiachristas, A.

Publication Date: 2021

Journal: PLoS ONE 16(5), pp. e0250691

Abstract: Background Child and Adolescent Mental Health Services (CAMHS) in England are making significant changes to improve access and effectiveness. This 'transformation' variously involves easier access to services through a Single Point of Access (SPA), more integrated services within CAMHS and enhanced co-provision across education and third sector or

non-profit organisations. Methods A mixed-methods observational study was conducted to explore the process and impact of transformation over four years in two services. Ethnographic observations and in-depth interviews were conducted and Electronic Patient Records with over one million contacts analysed. Difference-in-differences analysis with propensity score matching to estimate the causal impact of the transformation on patient access was utilised. Outcomes Spend and staffing increased across both CAMHS. The SPA had growing rates of self-referral and new care pathways were seeing patients according to expected degree of psychopathology. Third sector partners were providing increasing numbers of low-intensity interventions. Although the majority of staff were supportive of the changes, the process of transformation led to service tensions. In the first year after transformation there was no change in the rate of new patients accessing services or new spells (episodes of care) in the services. However, by year three, the number of new patients accessing CAMHS was 19% higher (Incidence Rate Ratio: 1.19, CI: 1.16, 1.21) and the rate of new spells was 12% higher (Incidence Rate Ratio: 1.12, CI: 1.05, 1.20). Interpretation Transformation investment, both financial and intellectual, can help to increase access to CAMHS in England, but time is needed to realise the benefits of reorganisation. Copyright: © 2021 Fazel et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

[Implementation of significant mental health service change: perceptions and concerns of a mental health workforce in the context of transformation](#)

Item Type: Journal Article

Authors: Glogowska, M.;Stepney, M.;Rocks, S. and Fazel, M.

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Publication Date: 2021

Journal: Journal of Health Organization and Management 36(9), pp. 66-78

Abstract: Purpose: As part of an evaluation of the nationally mandated Child and Adolescent Mental Health Services (CAMHS) "transformation" in one foundation NHS trust, the authors explored the experiences of mental health staff involved in the transformation. Design/methodology/approach: The authors employed a qualitative methodology and followed an ethnographic approach. This included observation of mental health staff involved in the transformation and informal interviews (80 h). The authors also undertook semi-structured interviews with key staff members (n = 16). Data were analysed thematically. Finding(s): The findings fall into three thematic areas around the transformation, namely (1) rationale; (2) implementation; and (3) maintenance. Staff members were supportive of the rationale for the changes, but implementation was affected by perceived poor communication, resulting in experiences of unpreparedness and de-stabilisation. Staff members lacked time to set up the necessary processes, meaning that changes were not always implemented smoothly. Recruiting and retaining the right staff, a consistent challenge throughout the transformation, was crucial for maintaining the service changes. Originality/value: There is little published on the perceptions and experiences of mental health workforces around the CAMHS transformations across the UK. This paper presents the perceptions of mental health staff, whose organisation underwent significant "transformational" change. Staff demonstrated considerable resilience in the change process, but better recognition of their needs might have improved retention and satisfaction. Time for planning and training would enable staff members to better develop the processes and resources necessary in the context of significant service change. Developing ways for services to compare changes they are implementing and sharing good practice

around implementation with each other are also vital. Copyright © 2021, Margaret Glogowska, Melissa Stepney, Stephen Rocks and Mina Fazel.

[Evaluating the CYP-IAPT transformation of child and adolescent mental health services in Cambridgeshire, UK: a qualitative implementation study](#)

Item Type: Journal Article

Authors: Burn, Anne-Marie; Vainre, Maris; Humphrey, Ayla and Howarth, Emma

Publication Date: 2020

Journal: Implementation Science Communications 1, pp. 89

Abstract: BACKGROUND: The Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT) programme was introduced to transform Child and Adolescent Mental Health Services (CAMHS) across England. The programme comprised a set of principles that local CAMHS partnerships were expected to operationalise and embed with the aim of increasing access to services and improving the quality of care. This study explored how the implementation of the CYP-IAPT programme was executed and experienced by CAMHS professionals in the county of Cambridgeshire (UK), and the extent to which the CYP-IAPT principles were perceived to be successfully embedded into everyday practice. METHODS: We analysed 275 documents relating to the CYP-IAPT programme issued between 2011 and 2015. We also conducted a thematic analysis of 20 qualitative interviews, undertaken at two time points, with professionals from three CAMHS teams in Cambridgeshire. Analysis was informed by implementation science frameworks. RESULTS: Document analysis suggested that the CYP-IAPT programme was initially not clearly defined and lacked guidance on how to operationalise key programme principles and apply them in everyday practice. There was also a degree of programme evolution over time, which made it difficult for local stakeholders

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to understand the scope and aims of CYP-IAPT. Interviews with staff showed low coherent understanding of the programme, variable levels of investment among stakeholders and difficulties in collaborative working. Barriers and facilitators to programme implementation were identified at individual, service and strategic levels. These in turn impacted the local implementation efforts and sustainability of the programme in Cambridgeshire., CONCLUSIONS: We identified factors relating to programme design and national and local implementation planning, as well as features of inner and outer context, which impacted on the delivery and sustainability of the programme. These findings can be drawn upon to inform the development and delivery of other local and national quality improvement (QI) initiatives relating to children and young people's mental health. Copyright © The Author(s) 2020.

New ways of working

[Evaluating the effects of appointing an associate nurse consultant to a CAMHS team](#) Abstract only*

Item Type: Journal Article

Authors: Currah, K.

Publication Date: 2020

Journal: Mental Health Practice 23(6)

Abstract: Nurse consultants have an important role in strengthening the capacity and productivity of the workforce in child and adolescent mental health services (CAMHS). An associate nurse consultant (ANC) was appointed to a local CAMHS team in County Durham, primarily to support the medical staff. A service evaluation of the effects of the newly developed post on the team, particularly the medical staff, showed that it had reduced the medical staff's workload. The evaluation further showed that the ANC had enhanced the support available to nursing staff and that there may be scope for another similar role to provide better coverage of the locality

and respond to all healthcare disciplines' needs. A major benefit of the appointment of an ANC is that it has developed another route for nurse career progression, thereby providing a means of improving staff recruitment and retention. Copyright © 2020 RCN Publishing Company Ltd.. All rights reserved.

[Introducing a single point of access \(SPA\) to child and adolescent mental health services in England: A mixed-methods observational study](#)

Item Type: Journal Article

Authors: Rocks, S.;Glogowska, M.;Stepney, M.;Tsiachristas, A. and Fazel, M.

Publication Date: 2020

Journal: BMC Health Services Research 20(1), pp. 623

Abstract: Background: In many high-income countries, primary care practitioners are the main point of referral for specialist mental health services. In England, Child and Adolescent Mental Health Services (CAMHS) are increasingly adopting a Single Point of Access (SPA) to streamline referrals and introduce self and parent/carer-referrals. This involves a significant shift of responsibility from primary care towards CAMHS who adopt a more active role as gatekeeper for their service. This study evaluates the adoption of a SPA in CAMHS across a large region in England. Method(s): We conducted an observational mixed methods study in two CAMHS from January 2018 to March 2019 to evaluate the adoption of a SPA. We collected quantitative data from electronic patient records and qualitative data through ethnographic observation and in-depth interviews of staff and stakeholders with experience of using CAMHS. Additional data on volumes was shared directly from the SPAs and a further snapshot of 1 week's users was collected. Result(s): A similar SPA model emerged across the two services. Staff were positive about what the model could achieve and access rates grew quickly following awareness-raising activities. Despite the initial focus being on a telephone

line, online referrals became the more regularly used referral method. Increased access brought challenges in terms of resourcing, including identifying the right staff for the role of call handlers. A further challenge was to impose consistency on triage decisions, which required structured information collection during the assessment process. Similar to GP referrals, those self-referring via the SPA were mainly from the least deprived areas. Conclusion(s): The introduction of a SPA has the potential to improve young people's access to mental health services. By addressing some of the barriers to access, simplifying where to go to get help and making it easier to contact the service directly, a SPA can help more individuals and families access timely support. However, the introduction of a SPA does not in itself expand the capacity of CAMHS, and therefore expectations within services and across sectors need to be tempered accordingly. SPA services providing different referral approaches can further improve access for the harder to reach populations. Copyright © 2020 The Author(s).

[Improving access and flow within Child and Adolescent Mental Health Services: a collaborative learning system approach](#)

Item Type: Journal Article

Authors: Stafford, Jamie;Aurelio, Marco and Shah, Amar

Publication Date: 2020

Journal: BMJ Open Quality 9(4)

Abstract: Long waiting times for Child and Adolescent Mental Health Services (CAMHS) have been linked to poorer outcomes for those seeking care. CAMHS teams in England have seen recent increases in referrals, resulting in challenging waiting times nationally. Although recent health policy has brought an increase in funding and staffing, it is believed that only 25% of those needing care receive it. Between trusts, there is considerable variation in waiting times, leaving many waiting longer than others waiting for care. East London Foundation Trust has been seen to have higher waiting times for CAMHS

than other organisations across the country between June 2017 and September 2018, seven CAMHS teams were supported to use quality improvement (QI) as part of a collaborative learning system with the aim of improving access and flow. Each team was encouraged to understand their system using basic demand and capacity modelling alongside process mapping. From this teams created project aims, driver diagrams and used Plan Do Study Act cycles to test changes iteratively. Measurement and data were displayed on control charts to help teams learn from changes. Teams were brought together to help learn from each other and accelerate change through a facilitated collaborative learning system. Of the seven teams that began the collaborative learning system, six completed a project. Across the collaborative learning system collectively there were improvements in average waiting times for first, second and third appointments, and an improvement in the number of appointments cancelled. For the individual teams involved, three saw an improvement in their project outcome measures, two just saw improvements in their process measures and one did not see an improvement in any measure. In addition to service improvements, teams used the process to learn more about their pathway, engage with service users and staff, build QI capability and learn together. Copyright © Author(s) (or their employer(s)) 2020. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

[Delphi study to identify key features of community-based child and adolescent mental health services in the East of England](#)

Item Type: Journal Article

Authors: Howarth, Emma;Vainre, Maris;Humphrey, Ayla;Lombardo, Chiara;Hanafiah, Ainul Nadhirah;Anderson, Joanna K. and Jones, Peter B.

Publication Date: 2019

Journal: BMJ Open 9(6), pp. e022936

Abstract: OBJECTIVE: To identify priorities for the delivery of community-based Child and Adolescent Mental health Services (CAMHS)., DESIGN: (1) Qualitative methods to gather public and professional opinions regarding the key principles and components of effective service delivery. (2) Two-round, two-panel adapted Delphi study. The Delphi method was adapted so professionals received additional feedback about the public panel scores. Descriptive statistics were computed. Items rated 8-10 on a scale of importance by $\geq 80\%$ of both panels were identified as shared priorities., SETTING: Eastern region of England., PARTICIPANTS: (1) 53 members of the public; 95 professionals from the children's workforce. (2) Two panels. Public panel: round 1, n=23; round 2, n=16. Professional panel: round 1, n=44; round 2, n=33., RESULTS: 51 items met the criterion for between group consensus. Thematic grouping of these items revealed three key findings: the perceived importance of schools in mental health promotion and prevention of mental illness; an emphasis on how specialist mental health services are delivered rather than what is delivered (ie, specific treatments/programmes), and the need to monitor and evaluate service impact against shared outcomes that reflect well-being and function, in addition to the mere absence of mental health symptoms or disorders., CONCLUSIONS: Areas of consensus represent shared priorities for service provision in the East of England. These findings help to operationalise high level plans for service transformation in line with the goals and needs of those using and working in the local system and may be particularly useful for identifying gaps in ongoing transformation efforts. More broadly, the method used here offers a blueprint that could be replicated by other areas to support the ongoing transformation of CAMHS. Copyright © Author(s) (or their employer(s)) 2019. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

New roles

[My trainee nursing associate journey](#) Abstract only*

Item Type: Journal Article

Authors: Davey, Martyn

Publication Date: 2019

Journal: British Journal of Healthcare Assistants 13(3), pp. 131-133

Abstract: A personal narrative is presented which explores the author's experiences in the care industry before becoming a nursing associate with the National Health Service, with topics mentioned such as Wessex House, child and adolescent mental health service, and the Nursing and Midwifery Council.

Competency Frameworks and Curriculums

[Delivering inpatient children and young people's mental health care](#)

Source: UCL

Welcome to the multidisciplinary competence framework for staff working in children and young people's inpatient mental health services.

[Senior Wellbeing Practitioner Role \(for EMHPs and CWP\) Graduate/ Post-Graduate Diploma Training](#)

Source: Health Education England

Publication date: December 2022

Ensuring the supply of staff trained to deliver high quality care for children and young people's mental health (CYP MH) is critical to delivering the NHS Long Term Plan (LTP) commitments. The availability of appropriate CYP MH supervision is emerging as a key limiting factor for any options

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of expansion of MHSTs and other CYP MH services beyond current plans. It is also becoming increasingly clear that in order to reach the access target of 345,000 by 23/24, and 100% coverage by the end of the LTP period, we will need to equip our workforce to offer a broader range of interventions to children, young people and families from a wider range of backgrounds and in spaces beyond the clinic and educational settings. The CYP MH low intensity psychological professions workforce is critical to achieving these commitments.

Competencies for work with children and young people (4-18 years)

Source: British Association for Counselling and Psychotherapy
Publication date: August 2022

A map of core competencies for work with children and young people.

Module Aims and Content of Wellbeing Practitioners for Children and Young People Curriculum (CWP)

Source: Health Education England

The Five Year Forward View report (2016) provided an indicative trajectory for increased access to services recognising that this will require a significant expansion of the workforce. It made clear that the CYPMH workforce needed an additional 1700 practitioners over the next four years to close the gap between demand and provision for evidence-based mental health treatments for children and young people.

The NHS Long Term Plan and Implementation plan (2019) and Mental Health Implementation Plan further outline this need for the ongoing expansion of the CYPMH workforce.

These reports challenge us to ensure there is step-change in the accessibility of support for children young people and their families, to tackle mild to moderate presentations in a timely and effective manner and to accelerate the identification and triaging of more complex cases for appropriate treatment.

Children and young people's mental health & wellbeing: a knowledge and skills framework for the Scottish workforce

Source: NHS Education for Scotland

Publication date: April 2021

For everyone working with children and young people, we hope this framework provides a common language and shared understanding of the mental health and wellbeing needs of children and how this links with staff learning and development. The framework sets out the different levels of knowledge and skills required by members of the Scottish workforce to promote positive wellbeing and good mental health for children and young people. It is part of our wider work to improve the mental health care for children and young people.

The framework has been written in collaboration with partners across the Scottish workforce including health, education, social care and third sector organisations, and involved listening to what young people want and need from the adults that support them.

Children's Wellbeing Practitioner (CWP) Supervisor Training – Competency Assessment and Development Framework Curriculum

Source: Health Education England

Publication date: October 2020

The Children's Wellbeing Practitioner (CWP) role was developed in direct response to the Government's Five Year Forward View report (2016) which provided an indicative trajectory for increased access to services, recognising that this would require a significant expansion of the workforce. It made clear that the CYPMHS workforce needed an additional 1700 practitioners up to 2020/21 to close the gap between demand and provision for evidence-based mental health treatments for children and young people. The NHS Long Term Plan and Implementation plan (2019) further outlines this need and the ongoing expansion of the CYPMHS workforce. These reports

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challenge us to ensure there is step-change in the accessibility of support for children young people and their families, to tackle mild to moderate presentations in a timely and effective manner and to accelerate the identification and triaging of more complex cases for appropriate treatment.

Education Mental Health Practitioner (EMHP) Supervisor Training Competency Assessment and Development Framework

Source: Health Education England

Publication date: October 2020

The new Education Mental Health Practitioner (EMHP) role is in direct response to the Government's green paper. As this document and the government response to it outlines, the aim is to develop Mental Health Support Teams (MHST) to deliver mental health provision to local education clusters. The EMHP forms part of the MHSTs, alongside other senior mental health practitioners and specialist supervisors. These specialist EMHP supervisor roles are in place to provide safe and effective practice during both the EMHP training year and once qualified. As part of the MHST and EMHP programme, participating Higher Education Institutions (HEIs) are commissioned to deliver EMHP supervisor training and assurance and challenge support to facilitate effective and robust supervisory practice.

Inpatient CAHMS CYP whole team training specification

Source: Health Education England

The key aim of this programme is to transform existing inpatient services for children and young people by adopting and adapting where necessary, those elements of the CYP IAPT programme that will help improve outcomes for children and young people, and by providing treatment which is based on best evidence, outcomes focused and client informed. Improving the mental health and well-being of all CYP is a national priority. In most cases, mental health needs can be met

through community services however a small number of young people have needs which can only be met through highly specialised inpatient care. Residential psychiatric provision for children and young people has a complicated history spanning 60 years, but notably over the past thirty years there has been a dramatic reduction in inpatient beds, resulting in inpatient psychiatry becoming a low volume, high cost, 'supra district' service (Green & Jacobs, 1998).

Module aims and content of Education Mental Health Practitioner for Children and Young People Curriculum (EMHP)

Source: Health Education England

This EMHP role is in direct response to the government's green paper (Department of Health and Social Care (DHSC) and Department for Education (DfE), 2017) on improving the access to, and quality of, mental health support for children and young people, with a particular focus on access within education settings. As the green paper, and the government response (DHSC and DfE, 2018) to it outlines, the aim is to develop Mental Health Support Teams (MHSTs) that will deliver mental health provision to local education settings, with each participating school and college having a designated mental health lead. It is proposed that the new EMHPs will form a core part of these teams, alongside other MH practitioners and specialist supervisors, and will be employed by local participating mental health services. These Health Education England (HEE) commissioned EMHPs will undertake a Postgraduate/Graduate Diploma at participating Higher Education Institutions (HEIs). They will be trained to delivery low intensity interventions both face to face and remotely (see modules 1, 2, 3, 5 and 6) with children, young people and their parents/carers for common mental health problems (anxiety, low mood and behavioural difficulties). They will also be taught the necessary knowledge and skills to work effectively in education settings and to support whole school approaches to

mental health (see modules 4, 5 and 6). They will need to evidence their knowledge, skills and attributes through the specified assessments and clinical practice requirements.

Children and Young People's Improving Access to Psychological Therapies Programme

Source: NHS IAPT

Publication date: December 2014

This second national curriculum for CYP IAPT was drafted by the Children and Young People's IAPT Programme's Education and Curriculum Task and Finish Group, chaired by Professor Peter Fonagy. The group acknowledges its indebtedness to the authors of the Adult IAPT curriculum, to Anthony Roth and Stephen Pilling, the authors of the adult CBT competencies, and to Anthony Roth, Fiona Calder and Stephen Pilling, the authors of the child and adolescent competencies. The group would also like to thank colleagues from the other Children and Young People's IAPT Task and Finish Groups and colleagues in the academic and Child and Adolescent Mental Health Services (CAMHS) community for their comments on the draft specification for this curriculum.

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