Urgent and Emergency Mental Health Care for Children and Young People

Resource Pack

Contents

What support do young people want?.....3
1. Introduction 4
1.1. Background.....4
1.2. Purpose, scope and structure of this document.....5
2. A comprehensive urgent and emergency mental health care offer for children and young people.....6
2.1. What is a mental health crisis in a child or young person?.....6
2.2. What is urgent and emergency mental health care for children and young people? 6
3. A comprehensive urgent and emergency mental health care offer for children and young people.....12
3.1. Developing the offer.....12
3.2. Delivering the offer.....17
4. Children and Young People's Urgent and Emergency Mental Health Services – Positive Practice Examples 24
4.1. CYP Urgent and Emergency Mental Health Vanguards.....24
4.2. Positive Practice Example 1 – North East Lincolnshire Crisis and Intensive Home Treatment Service for Children and Young People...26
4.3. Positive Practice Example 2 – Gloucester Health and Care: Crisis Services – blended service model.....30
4.4. Positive Practice Example 3 – Children and Young People Haven (Surrey).....34
5. How was this document developed? 38
6. Other resources 39
7. Definitions of terms and abbreviations.....40
8. Sources.....42
Appendix – tools and guidance.....45

What support do young people want?

Young people who have experienced a mental health crisis developed these statements to tell us what they want and need when experiencing a mental health crisis.

"When I am in a crisis and need support, I will be taken seriously."

"When I am experiencing a crisis and I require help, my needs and those of my family or carers will be treated with as much urgency and respect as a physical health emergency."

"I will receive a compassionate and coordinated response from a service that meets my particular needs, whatever the nature of my crisis, whether I am known to services or not."

"I will be assessed and given care and support that meets my needs. This might include:

- Clear details of my further care and support, or
- Being on my way to another safe and appropriate location if needed, or
- If I feel better, I can go home at any point."

"If I have been assessed and continue to need urgent help, I will receive further care and support with an urgent and emergency mental health service."

"I will be treated with kindness, respect, and dignity."

"I will be informed of my legal rights and treated accordingly."

"Where possible, I will be treated by the same professional throughout my care, whom I can contact and who will follow-up with me after I am no longer experiencing a crisis."

"If possible, I will be given a choice of where I will be seen, and who will see me."

"If my GP or teacher phones for advice about my crisis they will receive advice immediately."

"Throughout my care I expect that professionals will communicate with me, my family, carers, and people who support me, and will include us in any decisions made about my care."

"When I experience a mental health crisis I will have access to support from services no matter where I am, what time of the day it is, or which day of the week."

"If the difficulties I am facing during a mental health crisis cannot be resolved where I am, I will be provided with the appropriate support to choose, access and travel to an appropriate and safe place that is as close to my home as possible, where help is available."

"If any of the above cannot be achieved, I will be given a clear explanation as to why and be provided with other options."

A young person's perspective: "*My life has been very up and down over the past few years. I have been admitted to an acute ward seven times and each of these has been when I am in crisis. Every time I go into crisis I'm knocked back and it generally takes me longer to get over. Friends are pushed away, my family is stretched and it gets very distressing… Going from one crisis to the next has meant that I have lost the freedom to take control of my life. I haven't been able to go to uni yet or hold down a consistent job. I haven't been able to pursue or develop hobbies that would ironically probably help keep me well and I haven't been on holiday for over three years now. It's really knocked my confidence in everything I do. The thing that I think some professionals miss out on is the fact that a crisis should not be seen as the negative situation that it so often is but as an opportunity to engage with the person and get in place all the support that they will require to make sure it doesn't happen again"*

1. Introduction

1.1. Background

Improving the experience and outcomes of children and young people experiencing a mental health crisis is a national priority. Children and young people, as well as their parents and carers, have long advocated for improvements in crisis care. This has been echoed by stakeholders such as Young Minds and the Office of the Children's Commissioner. Future in Mind and the Five Year Forward View for Mental Health highlighted the need to provide appropriate urgent and emergency mental health care for children and young people. As part of a wider mental health transformation, Clinical Commissioning Groups (CCGs) are required to improve access to crisis care to ensure that urgent and emergency mental health services for children and young people respond in the right place and at the right time.

Expanding timely, age-appropriate, comprehensive crisis and intensive home treatment services will improve the experience and outcomes for children, young people and their families. It will reduce pressures on emergency departments (ED), paediatric wards and ambulance services and will reduce admissions to children and young people's mental health inpatient services. Young people will receive care in their own community close to home, and when they need admission, length of stays will be minimised by providing appropriate alternatives to admission and step down services that are safe, effective and supportive.

The NHS Long Term Plan published in January 2019 sets out:

- An additional £2.3 billion in funding by 2023/24 committed as part of the NHS Long Term Plan to improve mental health services, with funding for children and young people's mental health services (CYPMHS) growing as a proportion of all mental health services.
- A commitment that all children and young people experiencing a mental health crisis will be able to access age-appropriate crisis care 24 hours a day, seven days a week, by 2023/24. As set out in the Mental Health Implementation Plan, there is a national trajectory to achieve 100% children and young people's crisis service coverage, which will combine crisis assessment, brief response and intensive home treatment functions.
- By 2023/24 NHS-led Provider Collaboratives will cover 100% of the country, and expand across all other appropriate specialised mental health, learning disability and autism services. Provider Collaboratives will manage whole pathways of care. Wherever possible, these collaboratives should seek to avoid inpatient admissions, and provide high quality alternatives to admission. However, where stays are required, they should be short, close to home in a high quality, safe and therapeutic service.
- A range of commitments in relation to care and support for children and young people with a learning disability, autism or both. The Learning Disability and Autism Programme will make funds additional to those set out for mental health services available to local areas in line with the commitment to increase investment in intensive, crisis and forensic community support, with

areas expected to offer a seven-day specialist multidisciplinary service and crisis care for children and young people with a learning disability, autism or both.

These commitments sit alongside those relating to adult crisis services, with a planned crisis expansion across all ages. Furthermore, the NHS Long Term Plan sets out an expectation for areas to extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults, therefore mental health crisis services will need to ensure they meet the needs of young adults.

A Clinically-led Review of NHS Access Standards published its Interim Report on 11 March 2019. The report proposed testing new standards for urgent and emergency mental health care. The proposed standards focus on ensuring that people with the most acute need will have assurance that their mental health emergency will be responded to with the same speed and tailored care as life-threatening physical conditions. For less urgent needs, these proposals will provide assurance to families and the public that they and their children will not face long waits to access support in the community. The standards are being field tested throughout 2019/20 and the information gathered through the testing will inform final recommendations and decisions around the roll-out of urgent and emergency mental health standards.

1.2. Purpose, scope and structure of this document

In Autumn 2019, local Sustainability and Transformation Partnerships set out 5-year strategic plans, with commitments to develop 24/7 age-appropriate crisis services for children and young people across all areas.

The purpose of this Resource Pack is to support local areas in developing comprehensive children and young people's urgent and emergency mental health services. It is primarily for commissioners and providers but is also relevant to other agencies such as primary care and local authorities.

It outlines:

- What constitutes a mental health crisis and sets out in more detail the comprehensive urgent and emergency mental health care offer that must be in place in all areas by 2023/24 (sections **2.1** and **2.2)**
- NHS Long Term Plan commitments in the context of current estimated provision of children and young people's urgent and emergency mental health care, as well as significant investment in CYPMHS (**2.2.5** and **2.2.7)**
- Further considerations for developing and delivering a comprehensive urgent and emergency care offer (**section 3**)
- **Learning from children and young people's Urgent and Emergency Mental Health Vanguard sites (section 4.1)**
- **Local examples of positive practice (4.2, 4.3, 4.4)**

This document should be read alongside other publications, reference documents and resources, set out in the **Appendix.**

2. A comprehensive urgent and emergency mental health care offer for children and young people

2.1. What is a mental health crisis in a child or young person?

A mental health crisis is a situation in which a child, young person, family member, carer or any other person requires immediate support, assistance and care from an urgent and emergency mental health service. This includes situations where there is significant intent or risk of harm to themselves or others. A mental health crisis can have a wide range of underlying causes, diagnoses and triggers, some of which may be longstanding, but which essentially culminate in a deterioration of an individual's mental state to the point at which they require an immediate response from mental health services.

> *"Crisis dramatically affects day to day life, but not always in the same way. It can make me quiet, scared and reclusive. It can make me reckless. It can make me angry."*
>
> Source: Young person

2.2. What is urgent and emergency mental health care for children and young people?

National guidance published in August 2018 set out **the following clinical priority types:**

Routine: where an urgent or emergency face to face response is not required, for example where telephone advice is sufficient, or the person is signposted to another service.

Urgent: situations that require a face to face response, are serious, where an individual may require timely advice, attention or treatment, but it is not immediately life-threatening.

Emergency: an unexpected, time-critical situation that may threaten the life, long-term health, or safety of an individual or others, and requires an immediate response.

Part of the field testing of the national Clinical Review of Standards will be to consider whether these clinical priority types and definitions are suitable to apply across the country.

Urgent and emergency mental health care is provided by health and care services provide to people who are experiencing a mental health crisis. Implementing a comprehensive age-appropriate CYPMH crisis offer will mean that children and young people receive a prompt, comprehensive assessment of their needs conducted by trained staff in an age-appropriate manner in a suitable setting. They will have speedy access to high-quality care to support a full recovery, have a better understanding of how to seek help if they have another crisis, and be able to access treatment in their local community. The risk of longer-term harm will be reduced and

as a result these children and young people will have better long-term health, education and employment outcomes.

2.2.1. A comprehensive urgent and emergency mental health car offer for children and young people

Comprehensive urgent and emergency mental health care offer: The NHS Long Term Plan sets out a commitment to achieve 100% coverage of 24/7 crisis provision for children and young people, which combines crisis assessment, brief response and Intensive Home Treatment (IHT) through single point of access via NHS 111 by 2023/24.

A comprehensive crisis offer for children and young people should be inclusive of the core functions set out in the table below. The type of crisis service model should be locally determined and based on local demand, the needs of children and young people, presentation rates and in alignment with wider pathways. **Section 4 of this document includes positive practice examples of mental health crisis services for children and young people in operation across the country.**

Functions of the comprehensive urgent and emergency mental health care offer for children and young people

Support, advice and triage	Providing support, advice and triage may be sufficient to address the concerns raised or can present an opportunity for signposting children and young people to a more appropriate service. Initial triage assessments identify any possible mental health problems and whether the child or young person requires a timely face-to-face crisis assessment with a specialist mental health professional. Successful implementation requires local services, including primary care, to have an agreed and clearly defined understanding of the role of each agency to support the child or young person in difficulty.
Crisis assessment	If, at the support, advice and triage stage, a more detailed biopsychosocial assessment is needed, then this should be completed face to face by professionals trained and experienced in working with children and young people. It may take place within the emergency department (ED) or in the community. The assessment should include the individual's needs, their care and support system including contact with other services, any physical health needs, any history of drug or alcohol use, and any safeguarding concerns. The child or young person, and where appropriate their family, carer or support network, should be involved in the decision-making process. Where possible, the child or young person should be given a choice in who they are seen and assessed by and then supported by the same professional. This ensures continuity of care and prevents the child or young person repeating their story to multiple people.

Brief response	Following the crisis assessment, where clinically appropriate, children and young people will also receive brief follow-on interventions over ensuing days which may take place in a clinic or in a community setting, including their home or, in the emergency department.
Intensive Home Treatment (IHT)	This includes home treatment or intensive community support, admission avoidance and/or step-down care. It is an intensive community intervention aimed at children and young people who might otherwise require inpatient care, and/or interventions that exceed the normal capability of a generic children and young people's mental health community team. The service is available seven days per week across extended hours and is capable of offering frequent support contacts - at least three times per week up to multiple occasions per day in the persons home or an appropriate community setting. Service interventions are more scheduled or planned than a general crisis response and may extend over weeks or months but are typically up to six weeks in duration (typical median 2 weeks).

2.2.2. Hours of operation

There are different ways in which urgent and emergency mental health services for children and young people can be configured to deliver a comprehensive age appropriate 24/7 service. Many services are delivered from children and young people's mental health services, some operate as part of an all-ages model. These models are not mutually exclusive, and a comprehensive system of urgent and emergency mental health care may include elements from different models. This could include collaboration between a number of community CYPMHS across geographical areas, for example across CCGs.

Blended models may also include support from inpatient care and/or existing adult team practitioners. When the response is provided by adult mental health services (AMHS), there must be an integrated approach with CYPMHS including knowledge of community pathways and systems, and appropriate admission avoidance services as well as the admission pathway for specialist inpatient mental health beds. Appropriate training should be in place to ensure the team is competent in meeting the specific mental health needs of children and young people, including an understanding of developmental and safeguarding needs and aspects such as challenging behaviour. The specific competencies expected of children and young people's urgent and emergency mental health service are outlined in **section 3.1.3.**

2.2.3. Age range

Normally, crisis services for children and young people will be aligned in age range with their mainstream mental health services. However, services may have different arrangement for young people aged 16 and 17 years old, for example they may be seen by an adult mental health services when initially presenting to an adult

emergency department or, they may have access to an (adult, 16+) crisis house or safer space. Where there are distinct arrangements for 16 and 17 year olds, these should be clear, safe and appropriate for their mental health, developmental and social needs.

Effective and flexible working arrangements will also be required between CYPMHS and AMHS to meet the needs of young adults and in line with the NHS Long Term Plan commitment to extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.

2.2.4. Additional urgent and emergency mental health care support/alternatives to admission

A comprehensive urgent and emergency mental health care offer is likely to include additional support provision which is jointly commissioned and/or delivered services with non-NHS partners such as local authorities, police and the VCSE.

- **Safe Haven, crisis café, safe zones/spaces and well-being centres.** These services offer a supportive space for anyone in mental distress. This (non-residential) facility will operate out of normal school or office hours and offers an alternative to attending A&E or potentially admission to a mental health bed. Wellbeing centres for children and young people have a wider support offer, working upstream of a potential crisis but may also offer support and access to a specialist response. **Please see section 4 for a local CYP Haven positive practice example. A Safe Zone Service Specification can also be found in section 6.**

2.2.5. Estimated provision of the comprehensive urgent and emergency mental health care offer for children and young people

Findings from the national surveys confirm that children and young people crisis service coverage continues to improve. However, significant further expansion is required to meet the commitments set out in the NHS Long Term Plan.

A second national voluntary CCG survey of children and young people's mental health crisis and intensive home treatment (IHT) services was conducted in summer 2018. 57% of CCGs reported offering the three core functions of crisis assessment, brief response and IHT service for children and young people in this survey. 24% of CCGs reported offering the comprehensive crisis offer for children and young people, which provides the following functions:

- for children and young people aged 0 up to their 18th birthday
- over extended hours on weekdays or 24 hours
- with crisis assessment and brief response available in both emergency departments and community settings

2.2.6. NHS Long Term Plan – Children and young people's urgent and emergency mental health care service expansion trajectory

The NHS Long Term Plan commitment is that by 2023/24 there will be 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions, across all CCGs in England. The Mental Health Implementation Plan set out the national trajectory to achieve 100% coverage, shown below:

Objective	2019/20	2020/21	2021/22	2022/23	2023/24
% national coverage of 24/7 crisis provision for children and young people	30%	35%	57%	79%	100%

2.2.7. NHS Long Term Plan – Children and young people's urgent and emergency mental health care service expansion trajectory

The commitments around children and young people's mental health services are underpinned by significant additional investment. The NHS Long Term Plan makes a commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.

Central transformation funding will be available for:

- Specific community expansion programmes
- Continued roll out of Mental Health Support Teams in schools and colleges

CCG baseline funding builds on the resources provided after Future in Mind for:

- Continued expansion, improvements in the quality and access to CYPMH community, crisis and Intensive Home Treatment services
- Continued implementation of evidence-based interventions, including expansion of CYPMH Community Eating Disorder Teams delivering NICE compliant interventions within the required access to treatment standard

The profile of funding over the period to 2023/24 is provided in the table below.

Five-year profile for the CYP Five Year Forward View for Mental Health and the NHS Long Term Plan

Funding Type (£ Million – Cash prices)		Baseline Year	Year 1	Year 2*	Year 3	*Year 4*	*Year 5*
		18/19	19/20	20/21	21/22	22/23	23/24
Children and Young People's Community and Crisis	Central / Transformation	65	68	49	113	150	218
	CCG baselines	170	195	231	261	319	383
	Total	235	263	280	375	469	601
Children and Young People's Eating Disorders	Central / Transformation	0	0	0	0	0	0
	CCG baselines	30	41	52	53	53	54
	Total	30	41	52	53	53	54
Mental Health Support Teams and 4 week waiting time pilots	Central / Transformation	24	76	115	136	185	249
	CCG baselines	0	0	0	0	0	0
	Total	24	76	115	136	185	249
Children and Young People's Mental Health Total	Central / Transformation	89	144	164	249	335	467
	CCG baselines	200	236	283	314	372	437
	Total	289	380	447	563	707	904

*The year the Five Year Forward View for Mental Health ends

2.2.8. Timely response – urgent and emergency mental health standards testing

The Clinically-Led Review of Access Standards proposes new standards for urgent and emergency mental health care. These are:

- Expert assessment within hours for emergency mental health referrals; and within 24 hours for urgent referrals in community mental health crisis services.

- Access within one hour of referral to liaison psychiatry services and to children and young people's equivalent services in A&E departments

The standards are being tested across 11 mental health trusts throughout 2019/20. The new standards and the testing are for all ages and the evaluation includes a specific focus on children and young people and older people.

Many areas are already working to locally agreed response time standards. All local areas should be actively monitoring local performance and response times, in readiness for the roll out of proposed urgent and emergency mental health standards.

3. A comprehensive urgent and emergency mental health care offer for children and young people

3.1. Developing the offer

3.1.1. Co-production

Services should be planned, developed and reviewed with the involvement of children, young people and their families or carers at all stages to adequately reflect the needs of the individual experiencing a mental health crisis, their support network, and the wider community. Services and commissioners should support children and young people to attend participation and engagement activities that promote their contribution to developing mental health services. A measure of success will be the extent to which children and young people and their families report positive and helpful experiences and outcomes of mental health care in a crisis.

The development of the NHS Long Term Plan included a wide range of consultations and engagement events with experts by experience. As part of this work, a group of young people, their parents and carers identified barriers that exist to undermine success for urgent and emergency care for children and young people, and what strategies can be used to prevent or overcome these barriers:

Improving crisis services from children and young people: consultation feedback

	Barriers to success	Strategies to prevent or overcome barriers
Providing timely, age-appropriate 24/7 crisis services for children and young people	• Crisis care only delivered through A&E, which is often not the best experience for children and young people, and can be strain on hospital resources • Insufficient staff numbers, or inadequately-trained staff • Insufficient funding • Unclear service pathways and how new crisis services fit in – including signposting and referral routes • Difficult to quality assure the provision of care • Crisis interventions that are not holistic – clinicians may not have the right information about what happened before crisis, and it may be difficult to ensure that the choices and wishes of the young person are upheld	• Focus on support, advice and triage to ensure the first assessment is the right assessment, i.e. seeing the right person first time round • More early intervention in the community to prevent reliance on crisis as the route to access care • Use of appropriate technology – including self-management apps and signposting, and use of tech for referrals and booking appointments • Outreach and crisis services working jointly with other services • Crisis services in more informal, community settings • Co-production and sharing of crisis and safety plans with children and young people and families. • Effective follow-on mental health care, including intensive home treatment

The YoungMinds Amplified programme is funded and supported by NHS England and NHS Improvement to support and build participation in every part of the children and young people's mental health system. **For resources that support co-production approaches please see Appendix 5.**

3.1.2. Assessing needs

The following section provides a process to assessing the needs of the local population, which can be used when developing urgent and emergency care for children and young people.

Step One: Understand local demand

An assessment of local need and demand that involves children and young people with mental health problems, their families or carers, providers of acute and mental

health services, social care and education will provide commissioners with the information required to determine how best to use local resources including those for service development. The assessment should:

- estimate the numbers of children and young people who may need urgent and emergency mental health services and patterns of presentation
- include a gap analysis
- include service development plans, which are clear about how to develop the competences of the workforce to meet the specific needs of children and young people
- include working with developing Provider Collaboratives to review the number of children and young people admitted to mental health hospitals to establish how many admissions could have been, or may in future be prevented or their length of stay reduced with appropriate alternatives in place

The local Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy and local equalities and health inequalities analysis will provide Health and Wellbeing Boards with the information needed to establish the level of service needed to address the issue of parity of esteem between children and young people's mental health, adult mental health and physical health services.

All CCGs should also be maintaining a Dynamic Support Register identifying those with a learning disability, autism or both who may also be at risk of mental health crisis.

Step Two: Identify and understand current referral pathways

This should include all referral sources, partners in service delivery, discharge pathways and local adult crisis services. Commissioners and providers should be mindful of how the urgent and emergency mental health care offer fits within the broader provision of children and young people's mental health care, and the effects this may have on access to treatment.

Please follow the link for a local example of a peer-led review of CYP crisis services.

Step Three: Develop an outline service model

Health and social care commissioners, providers and developing provider collaboratives should work together to apply the understanding of local need and current referral pathways to outline the service model. This should include consideration of access routes, including self-referral, via 111 and community access routes, in addition to emergency departments (EDs); This will include the size and number of teams, management, clinical leadership, and any specific characteristics the team will need to address local demand, including the diversity of the local population and inequalities relating to specific groups. The size of the service should be sufficient to manage staff turnover and ensure a variety of evidence-based treatments are always available.

Examples of existing service models can be found in section 4.

Tools to support analysis of local demand can be found in the Appendix 3.

3.1.3. Workforce, training and competences

The workforce of a children and young people's urgent and emergency mental health service should comprise of staff with the skills, training, competence and experience in working with children and young people. Any workforce development plans should also take account of the need to address inequalities of access and support for particularly vulnerable populations of children and young people.

The total number and mix of staff will differ across areas depending on local context, population needs and presentation rates. However, the following principles apply to all services and teams:

- workforce recruitment and development should reflect the same cultural and ethnic diversity of the area to meet the specific needs of local children and young people
- teams should be multidisciplinary. Peer Support Workers and Carer Peer Support Workers can support a diverse and representative crisis workforce
- all staff require specialist training and supervision to work with children and young people and to provide an urgent and emergency mental health service
- staff should have requisite skills, knowledge and training to:
    - work with a diverse range of needs, including the full age range of children and young people and their families, looked after children, those with specific needs – e.g. a learning disability and or autism, visual or hearing impairment
    - work within child protection and local safeguarding procedures
- where the crisis service is a blended model with adult mental health practitioners these staff will also require training that builds their understanding of the developmental needs of this age group, and knowledge of the relevant local pathways including admission to specialist in patient services

Existing workforce and skills mix are included in positive practice examples in section 4.

The University College London's (UCL) Centre for Outcomes Research and Effectiveness (CORE) has developed a competence framework specifically for children and young people's mental health services.

3.1.4. Supporting children and young people with coexisting conditions

A biopsychosocial assessment should ascertain the presence and severity of coexisting mental and physical health problems, including drug and/or alcohol misuse problems, autism and/or learning disabilities, the possibility of undiagnosed coexisting problems, (e.g. eating disorders, autism) and/or undisclosed safeguarding concerns.

Services should ensure there are reasonable adjustments in place to meet the needs of children and young people with specific coexisting conditions where evidence demonstrates they are more likely to experience mental health difficulties, e.g. learning disability, autism or both. Where specialist services are required, these should be appropriately commissioned.

Additional steps should be in place for children and young people with a learning disability, autism or both to avoid admission wherever possible. If there is a risk of admission, a Care, Education and Treatment review should always be undertaken to ensure there is a robust multi-agency review to consider if the needs of the individual could be met in the community or to ensure discharge planning begins from the point of admission.

3.1.5. Ensuring data collection

Quality and completeness of Mental Health Services Dataset (MHSDS)
All providers should ensure that they have access to and use good quality clinical and service information to support patient care and to manage and improve local services. They are required to collect and submit monthly data to the MHSDS, whilst making sure clinicians can enter data from both acute and mental health settings. Commissioners should work with providers to ensure that MHSDS data is accurate. NHS Digital guidance to improve the quality and completeness of urgent and emergency data can be found here. Resources to help improve data quality across mental health services can also be found here.

National surveys of children and young people's urgent and emergency care services

Commissioners with the support of providers are encouraged to participate in the national surveys of children and young people's Urgent & Emergency Mental Health Care and Intensive Community Support, to benchmark local progress and to continue to monitor and improve the development of the mental health crisis offer for children and young.

Routine measurement of progress and outcomes
Routine outcome measurement should be in place consistently across urgent and emergency care services on three levels.

1. Individual level: helps to empower the person, inform on progress towards their goals, monitor their symptoms and inform clinical practice

2. Service level: used to assess service users' outcomes to monitor and improve service provision and quality of care

3. National level: in time, can be used to build the evidence of expected outcomes and benchmark services

Given the rapid response required to support those experiencing a mental health crisis, there are limited outcome measures that are appropriate in the immediate crisis circumstance, however, where a service user is in receipt of ongoing care, such as home treatment, outcome measures should be used routinely. This might

include the Goal Based Outcomes measure which has been appropriately integrated into urgent and emergency clinical practice. The measurement of quality of care will therefore also be reliant on appropriate staffing and the effective application of NICE guidance. It is helpful to ask children and young people about their experience of service following any period of care, even those where there has been a rapid response.

3.1.6. Advancing mental health equality

Ensuring equal access to mental health care and reducing health inequalities for all children and young people needing mental health support as well as their families/carers is best achieved through co-production at every level, including training and supervision for staff, as well as collaboration with national, regional and local commissioners (please also see **3.1.1**).

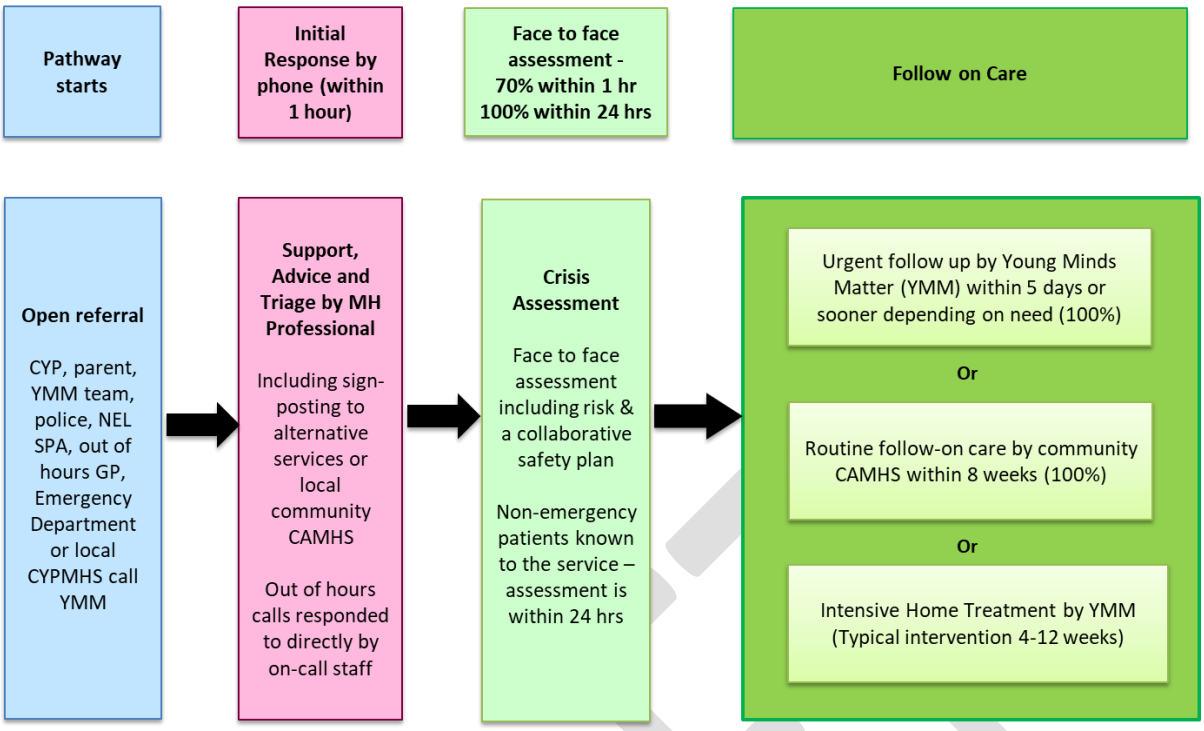
Local commissioners should be able to demonstrate the way they meet the duties placed on them under the Equality Act 2010 and the Health and Social Care Act 2012. Service design and communications should be appropriate and accessible to meet the needs of diverse communities.

The Advancing Mental Health Equalities Toolkit and Working Well Together - Evidence and Tools to Enable Co-production in Mental Health Commissioning provide commissioners and providers with further support on how to identify health inequalities within their specific footprint, and formulate localised solutions to overcoming barriers to access, experience and outcomes for groups faring worse than others.

3.2. Delivering the offer

Figure 1 provides an example of a children and young people's crisis pathway (please see **section 4** for further details and further examples of CYP crisis service models)**.** It outlines the processes and functions that occur from the point at which a child or young person presents in a mental health crisis, either in the community or at an emergency department.

Figure 1: Urgent and emergency mental health care pathway (Young Minds Matter (YMM) Service) for children and young people in North East Lincolnshire along with performance against local standards.



3.2.1. Referrals

Many children and young people who experience, or who are at risk of experiencing a mental health crisis are likely to present to a number of settings, including primary care, emergency departments or educational setting. Co-production with experts by experience will guide service design. Current comprehensive services clearly set out all routes to an urgent and emergency mental health care including self-referral. In addition to NHS 111, alternative methods of communicating with an urgent and emergency mental health service can be made available, including a local helpline or single point of access in addition to social media approaches such as texting, web-based services, or mobile applications. Alternative methods of contact may also enable children and young people for whom spoken English is not their first language and those with hearing difficulties or other impairments and disabilities to access services.

3.2.2. Providing support, advice and triage

Providing support, advice and triage may be sufficient to address the concerns raised or can present an opportunity for signposting children and young people to a more appropriate service. Children, young people and their families particularly those already known to the service, may benefit from support and advice, without the need for further immediate intervention. Such consultation advice may be of similar benefit to professionals contacting the service.

"Being able to access online, out-of-hours support was a comfort. Knowing that I could speak to someone in my own time, anonymously, made it a lot easier to seek help when I needed it."

Source: Young person

An initial triage assessment can determine if the child or young person requires a specialist mental health

crisis assessment. **A tool to support practitioners in their triage assessment can be found in section 6.**

If there is no requirement for a full assessment, but the referrer requires advice and support to manage the situation (for example, if a GP or teacher is requesting advice), this should be provided immediately. This may also include sign-posting to alternative services or local community CYPMHS providers.

If there is no need for an immediate response or intervention, nor a social care or safeguarding assessment, the child or young person can be discharged with an urgent and emergency mental health care plan and scheduled follow-up contact from the children and young people's urgent and emergency mental health service, or their GP, as soon as clinically appropriate. This follow up contact ensures that the care plan remains appropriate to meet the needs of the child or young person. If they require a social care or safeguarding assessment, then the appropriate referral should be made.

If a child or young person under the age of 18 years presents at an ED with self-harm, the children and young people's urgent and emergency mental health service should be contacted immediately to provide an expert response.

3.2.3. Location

A crisis assessment and interventions can be carried out in a variety of settings. CCGs responding to the second national children and young people's crisis survey reported the availability of the following settings:

Settings available for crisis assessments
Emergency department
Medical/paediatric ward
Children and young people's community mental health service site
Adult/all-ages community mental health service site
Health-based place of safety
Safe haven or crisis café
Multi-agency setting
School or college
GP surgery
Person's home
Other

The service should decide, in collaboration with the child or young person and their support network, whether they can be assessed in their current environment or require an alternative location, including their home. However, home may not be a safe place if there are safeguarding issues and clinicians should be mindful that the child or young person may have difficulty verbalising this.

Locations where children or young people are likely to present with a mental health crisis, should have access to a confidential, appropriate and safe environment for an assessment to take place. The clinician may need to wait, observe, and provide

support to the child or young person and their family until they are able to participate in an assessment.

Suitable alternatives to EDs should be made available for assessments, so that children and young people have a choice of safe meeting locations, which are clearly identified and made known. Whilst EDs are the right place for patients who have both physical and mental health needs and are able to meet both needs, a calmer environment in which to be assessed in the community is likely to be more beneficial for children and young people in crisis who do not have physical health needs. EDs should also strive to provide a quiet room for a young person in a mental health crisis where possible.

Commissioned places of safety should be clearly outlined and identified in the local place of safety policy. Recent changes in law to sections 135 and 136 of the Mental Health Act 1983 (s135/6 MHA) should be noted.

Where children and young people are seen within an all-ages provision, such as a section 136 suite, the environment, the protocols (including safeguarding) and staff competences should all be age-appropriate.

After the assessment, the clinician together with the child or young person and their support network should establish whether discharge or further support and care is appropriate. If care in a different location is appropriate, this should be as close to home as possible, with transport arranged.

3.2.4. Understanding legislation

Professionals working with children and young people under the age of 18 years in need of urgent and emergency mental health care should understand relevant legislation, how to assess competence and capacity, and when and how to involve parents and carers. These include Mental Health Act, Mental Health Act Code of Practice, Mental Capacity Act (MCA), and Mental Capacity Act Code of Practice the Children Acts 1989 and 2004, the Human Rights Act (HRA) 1998. They should also be aware of the United Nations Convention on the Rights of the Child (UNCRC) and keep up-to-date with relevant case law and guidance.

3.2.5. Crisis assessment

The child or young person, and their immediate support network, should be kept informed of plans while waiting for a biopsychosocial assessment. After the biopsychosocial assessment, the assessing clinician should know the following:

- the factors that may have contributed to the mental health crisis
- the physical, psychological and social consequences of the crisis
- the presence and severity of coexisting mental and physical health problems, including drug and/or alcohol misuse problems, autism, learning disability or both, and the possibility of undiagnosed coexisting problems (e.g. eating disorders, autism)
- current risk (physical and/or mental health, including self-harm) and whether intensive home treatment or inpatient stabilisation is needed

- the child or young person's history, including any current treatment for mental or physical health problems
- the child or young person's family and/or living circumstances, support and stressors, including any safeguarding concerns
- the chronological age and developmental level of the child or young person and their motivation, and that of their family or carers, to engage in treatment, including:
  - aspects of motivation that may not be immediately apparent or are hidden by feelings of despair and hopelessness
  - whether the person feels they will be able to make use of treatment offered
- any protective factors with regards to future crisis, such as the strengths, resilience and capacity of the support network to manage treatment in the community.

An integrated response or assessment should be considered if the child or young person is known to social care or other services.

3.2.6. Personalised care and shared decision-making

The principles of personal choice and shared decision-making should be embedded along with evidence-based and outcome-focused treatment to improve recovery and ensure a positive experience of care. Care plans should be developed in partnership with the child or young person and their family and/or carers and should reflect their needs and views.

In many cases it will be important to involve parents and carers along the care pathway. This should include providing both verbal and written information to help parents/carers understand their child's needs. Consideration should be given to the parent's or carer's needs that may arise in relation to the child or young person's mental health crisis. Parents and carers may also be entitled to an assessment of their own support needs in relation to the care they provide for the child or young person, as outlined in the Children and Families Act 2014.

3.2.7. Ensuring the safety of children and young people

All professionals should be alert to signs of bullying, teasing, abuse (emotional, physical and sexual) and neglect. Professionals should refer to the Child Maltreatment NICE guidelines. Safeguarding enquiries should always be undertaken as part of the assessment process, and any safeguarding concerns should be addressed in a timely manner in conjunction with social care services. Working together to safeguard children provides detailed guidance for an inter-agency approach to safeguarding.

3.2.8. Transport

If required, crisis services should arrange transport for children and people and anyone supporting them based on a personalised assessment of safety or risk and preferences of the child or young person. This should be carried out in discussion with the individual and their support network, as well as ambulance personnel and police if necessary. Children and young people should be transported in plain

vehicles where possible but in other circumstances, including occasions when ambulance or police staff are in attendance, an initial mental health assessment may take place in a familiar, appropriate community setting.

The NHS Long Term Plan commits to introducing new mental health transport vehicles to reduce inappropriate ambulance conveyance or by police to A&E. It sets out that mental health nurses will be introduced in ambulance control rooms to improve triage and response to mental health calls and increase the mental health competency of ambulance staff through an education and training programme which should include the specific needs and circumstances of children and young people. For children and young people with a learning disability, autism or both, change and being with unfamiliar people can create significant additional distress. Specific consideration should be given to the needs of this group.

3.2.9. Continuity of care

Where possible, the child or young person should be triaged, assessed and supported by the same professional throughout the pathway. This would ensure continuity of care, prevent unnecessary repetition of their circumstances to different professionals, and avoid adding to the distress already experienced.

In the Children and Young People's Urgent and Emergency Mental Health Vanguards evaluation, the importance of continuity of assessment and intervention was highlighted as a contributing factor for how children and young people and their families experienced care when in crisis. Parents felt that continuity of ongoing care from a single practitioner positively impacted upon their child's outcomes.

3.2.10. Information sharing

Good communication between agencies, professionals and the support network is essential to ensure the best outcomes for the child or young person, particularly if they require physical treatment for self-harm, intoxication, or a physical illness or injury. Consent should be obtained from the individual or a responsible adult (depending on the circumstances, competence and age of the child or young person, see also **section 3.2.4**) for medical staff and the mental health service to share information regarding the individual's care. However, when safeguarding concerns are present, active information sharing in a timely and effective manner between organisations is essential to reduce the risk of harm. Professionals should follow the Caldicott principles on information sharing, and ensure that children and young people are informed of what information will be shared with their family or carers and with other agencies.

3.2.11. Admissions to inpatient mental health care

Staff should be familiar not only with local alternatives to admission but also with the criteria, pathway and processes for admission to a nationally commissioned CYPMH bed or, where relevant, the local Provider Collaborative commissioned CYPMH inpatient provision.

Crisis services should provide all necessary information to enable a timely assessment for admission by the potential admitting service. If there is a need for an immediate admission, the assessment should commence as soon as possible, and once agreed, an admission should occur without further delay. If an immediate admission is not necessary, then the decision to admit should not be rushed. All alternatives to admission should be explored, such as support by a crisis or home treatment team or day hospital, before an admission is agreed. A planned admission, with clear goals and objectives, and a discharge plan, may result in better outcomes for the child or young person, and their family or carer.

For children and young people with a learning disability, autism or both the challenge of moving to a different environment, with new and different carers, who may often not be able to communicate effectively using familiar alternative or augmentative methods, admission may potentially inflict further harm. This may then exacerbate behaviours leading to increasingly restrictive levels of care. Thematic reviews by CQC, the Office of the Children's Commissioner, the Joint Committee on Human Rights all identified that children and young people with a learning disability, autism or both are more – and disproportionately – likely to be cared for in very restrictive settings, including seclusion and long-term segregation. Very careful planning should be undertaken to ensure that in crisis, clear consideration is given to the potential harm caused by such moves and weighed carefully. For children and young people with a learning disability, autism or both, a Care, Education and Treatment review (C(E)TR) should have been completed prior to admission. In extreme situations where this was not possible a C(E)TR should be completed within 10 working days.

3.2.12. Agreed treatment/care plan

Children and young people who are known to be at risk of or who have previously experienced a mental health crisis should have an urgent and emergency mental health care plan. Where appropriate, they should have a personalised risk management plan. At a minimum, the care plan should include what to do if the mental health crisis reoccurs, and a scheduled follow-up contact by the children and young people's urgent and emergency mental health service. This care plan should be developed with and agreed between the child or young person, their support network, and the professional, and then given or shared with the child or young person. A discharge summary should also be given and/or sent to the child or young person's parent or carer and treating GP or other relevant medical professional.

4. Children and Young People's Urgent and Emergency Mental Health Services – Positive Practice Examples

4.1. CYP Urgent and Emergency Mental Health Vanguards

Eight children and young people's Urgent and Emergency Mental Health Vanguard sites were established in summer 2016 to accelerate existing plans and test children and young people's urgent and emergency care models. This involved refining or expanding existing models, developing effective approaches to improve outcomes, clinical performance, information on a routine basis, and evaluating new models.

The sites covered a range of population and geographical areas and tested different service models. 6 sites tested a children and young people's combined crisis, liaison and intensive home treatment model. 2 sites tested an all ages urgent and emergency response, with initial assessment and intervention only, or combined with intensive home treatment.

4.1.1. Care associated with high service user satisfaction

Sites with high service user satisfaction demonstrated that care included: prompt access; individual flexible plans; choice of locations; and continuity of care – from a single practitioner where possible was highly valued particularly in brief intervention and IHT. Important components of care also included: involving families, co-produced agreed treatment options, and goal orientated approaches.

4.1.2. Partnerships and engagement

- Participation by children and young people and carers played a powerful role in shaping service vision and in supporting implementation
- Strong leadership partnerships with stakeholders, cross boundary working and a flexible approach to crisis management were crucial as success factors
- Services developing close working with 'blue light' agencies reported a reduction in ambulance transportation of children and young people – one site reported a 30% reduction in ambulance transportation of children and young people in crisis.
- Children and young people receiving IHT follow-support used crisis services less often subsequently.

4.1.3. Factors found to strengthen joint working included:

- Efficient case management and handover processes, including risk management
- Active promotion of service's aims and ways of working to stakeholders
- Robust operational processes for accessing specialist skills.

4.1.4. Response times

The sites were evaluated on crisis response within four hours as a parity of esteem benchmark against the existing national A&E standard.

Across all sites, an average of 83% of referrals to crisis & liaison services were seen within four hours of a referral being made. Fully staffed, dedicated crisis & liaison services for children and young people evidenced strong performance against the locally agreed four-hour 24/7 response standard.

4.2. Positive Practice Example 1 – North East Lincolnshire Crisis and Intensive Home Treatment Service for Children and Young People (Young Minds Matter – YMM)

4.2.1. Brief description

- North East Lincolnshire's Crisis and Intensive Home Treatment Service for children and young people was established in 2013, with the aim of supporting young people with their mental health needs in the community and helping them to stay at home
- The crisis, liaison and intensive home treatment service operates as part of an integrated model within the wider community CYPMH team
- Treatment/intervention is delivered within a small combined YMM crisis and home treatment team. Wherever possible the team endeavours to retain the same worker who originally took the referral, providing excellent continuity of care and very positive feedback from young people
- Average routine waiting time for the wider community CYPMH service from referral to treatment is 3 weeks
- YMM has employed Peer Support Workers, offering valuable additional support as part of a 'THRIVE' model to the whole CYPMHS team including the YMM crisis team. feedback from Young People who have met with the Peer Support Worker has been positive and that it effected change in their lives
- Treatment locations include: A&E, hospital ward, young person's home, YMM work base, school or other venue of young person's choice such as a café or sports facility
- Young Minds Matter was chosen by young people as the service name to reflect the broader remit of emotional wellbeing included in the mental health service

4.2.2. Context

Service provided	Crisis, liaison and intensive home treatment
Provider organisation	Lincolnshire Partnership NHS Foundation Trust
Clinical Commissioning Group/s	North East Lincolnshire CCG
0-18 population	34,252 (2016 based projection for 2018)
Service model	CCG commissioned combined crisis, liaison and home treatment service
Age range	0-17 years (i.e. up to 18 years)
Operating hours	8:40 am -7.00 pm, 7 days a week + out-of-hours on-call service 365 days

4.2.3. Service Operation and Performance

Referrals received per year	223
Assessments completed per year	223
Support, Advice and Triage	Known patients to the service will have a telephone assessment, which would include conversations with carers and health professionals and will be seen within 24 hours
% referrals 9am - 5pm	60%
% referrals 5pm – 11pm	40%
% referrals 11pm – 9am	
Response time standards	• Support Advice & Triage = 100% within 1 hour • Face to face assessment = 70% within 1 hour • Face to face assessment = 100% within 24 hours
Estimated reduction in overnight paediatric ward admissions	• 18 CYP in MH beds prior to YMM (6 years ago) • 2 admissions since inception of YMM (6 years)
Estimated cost reduction in locally commissioned healthcare	• Estimated cost of 18 episodes = £1,165,000 per annum (@mean cost £64,700*) • Estimated annual cost of 2 episodes over 5 years = £25,900 per annum • Estimated potential cost reduction = up to £1,139,000 per annum Cost reduction estimate does not include reduced locally commissioned A&E attendances, paediatric ward admissions and community CAMHS crisis response.

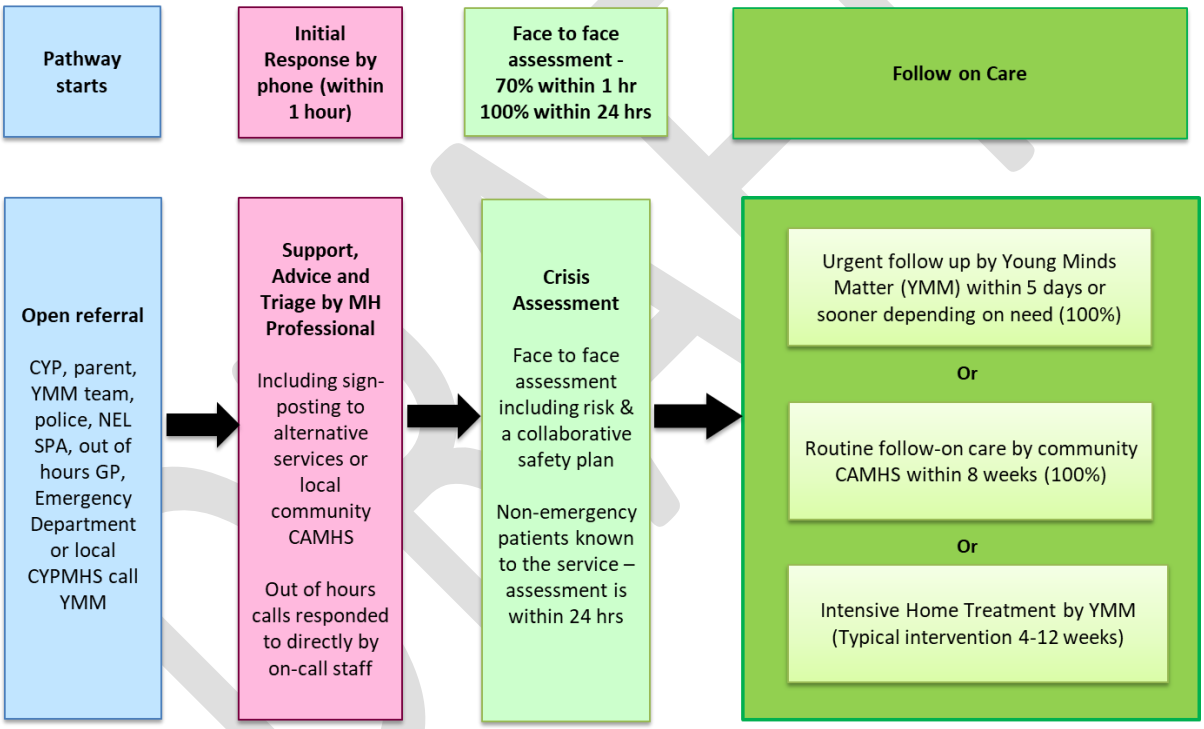
4.2.4. Team Staffing

- YMM has invested in training for the Crisis Staff in CBT, DBT and Brief Solution Focussed Therapy. Additionally, staff have developed skills in EMDR, Eating Disorders and Mental Health Recovery so that we are able to offer holistic packages of care ‘in-house’ and to ensure the continuity of care.
- YMM has Social Work Practice Educator and MH Nurse Mentors in the team. It continually has Social Workers and Nurses on placement in the YMM Crisis team to develop future workforce. Feedback on placement experiences has been extremely positive and a former trainee within the team is now a member of the workforce.
- YMM has trained school nurses and youth offending teams in CBT skills and has formalised individual and team supervision for the trainees.

- The service aims to increase the DBT expertise within the YMM team in order to better meet the needs of their population

Service workforce	1 wte band 7 team coordinator (mental health nurse) service lead 2 wte band 6 mental health nurses 4 wte band 6 social workers 1 wte band 5/6 social worker (development post) 1 wte Peer support worker (flexible hours) Access to psychiatric opinion and support is from the locality CYPMHS team psychiatrist in hours and Trust on-call psychiatrist out of hours

4.2.5. Local Pathway



4.2.6. Patient Feedback and Friends and Family Test (FFT)

Quarter 1 and 2 – 2018/19 financial year

- FFT – Percent recommending service: 97.6%

• I can't find fault with the care my son has received. I'm very thankful that the service was available to him when he needed it most

• My daughter is much better mentally

• It was worked around [daughter's] needs; she was given the support needed and signposted to extra help- psychiatrist worked with other agency to support family. Don't know what I would have done without [daughter's] workers

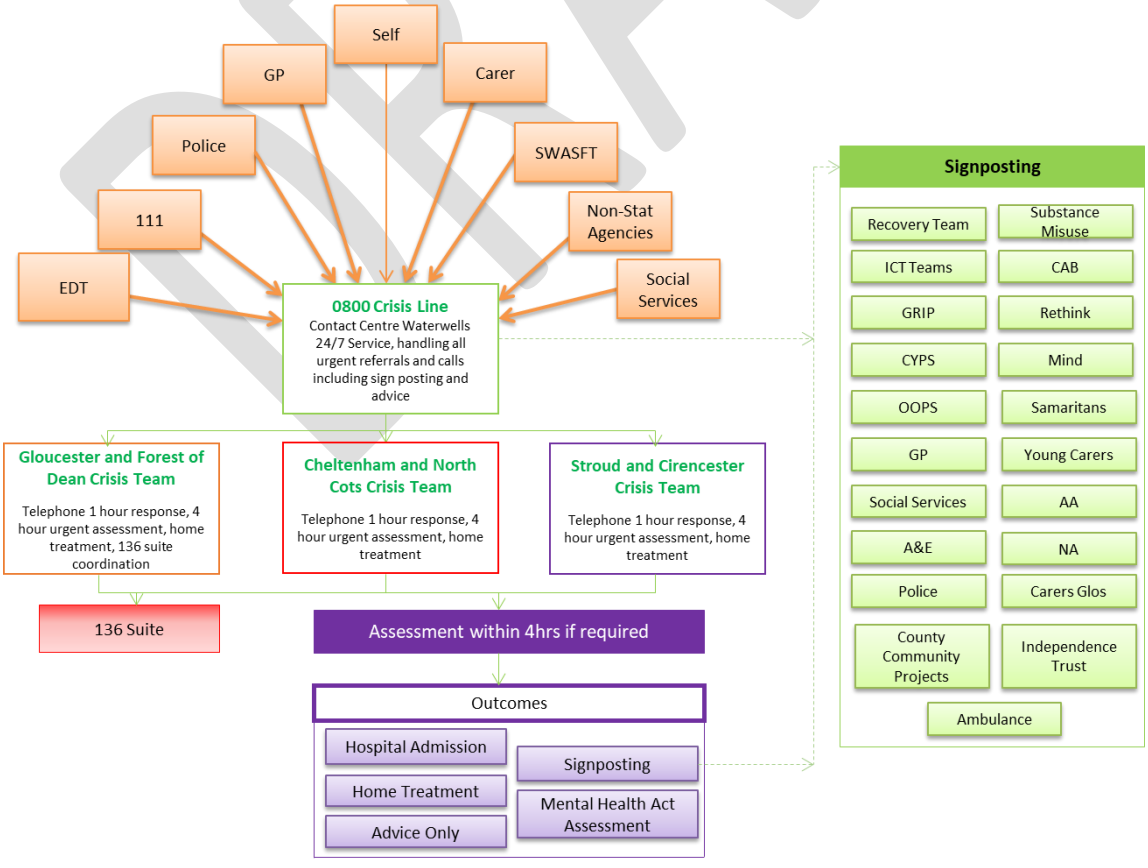
• The support given was excellent, not understanding the name change. [Daughter] felt confident telling friends she went to CAMHS but would feel less confident saying 'Young Minds Matter' as this focuses on the fact she needs mental health support

• All of the staff dealing with [daughter] have listened and supported [daughter] through a very difficult few years and I would like to thank them and let them know that I really highly appreciate all their support

4.3. Positive Practice Example 2 – Gloucester Health and Care: Crisis Services – blended service model

4.3.1. Brief description

- The crisis service for children and young people was created through the expansion of existing adult mental health crisis services, following a review carried out by CCG in 2016 and engagement with stakeholders, carers and service users
- The team have developed a gradual phased approach to implementation
- The service operates through a single point of access for those aged 11 and above in mental health crisis or acute distress
- It is open access, public facing for 24/7 referrals
- Triage is completed by senior mental health practitioner
- Access to face to face assessment within 4 hours where clinically indicated
- The team are able to avert MH inpatient admissions for CYP. The service provides 24/7 access to short term intensive treatment at home to avert hospital admission and facilitates early discharge from hospital
- The team work closely with blue light services to ensure a joined up response to crises in the community
- The model assists with transitions, young people and carers who are approaching transition get experience of what adult services provide and what other services are in the community
- The expansion of the age range to create a blended service model has also led to better awareness of children's services and pathways across crisis services.



4.3.2. Context

Service provided	Crisis and Home Treatment Services
Provider organisation	Gloucestershire Health and Care NHS Foundation Trust
Clinical Commissioning Group/s	Gloucestershire CCG
0-18 population	129,234 (2018/19)
Geographical area	3150km2
Population density	50.7 CYP per km^2
Service model	CCG commissioned Crisis Response and Home Treatment Team
Age range	11 years and up
Operating hours	24/7/365

4.3.3. Service Operation and Performance

Referrals received per year	2667 (1st April 2019 – 1st March 2020)
Assessments completed per year	2674 initial face to face crisis assessments
Support, Advice and Triage	1200-1500 calls per month requiring support, advice and signposting average duration of 18minutes
CYPMHS service users	99 (3%) under 18 service users seen over above timescale
% presented to A&E 5pm – midnight	45% (excluding community presentation)
% presented to A&E midnight – 8am	15% (excluding community presentation)
Response time standards	Telephone response = within 1 hour Face to face crisis assessment = within 4 hours where appropriate

4.3.4. Team Staffing

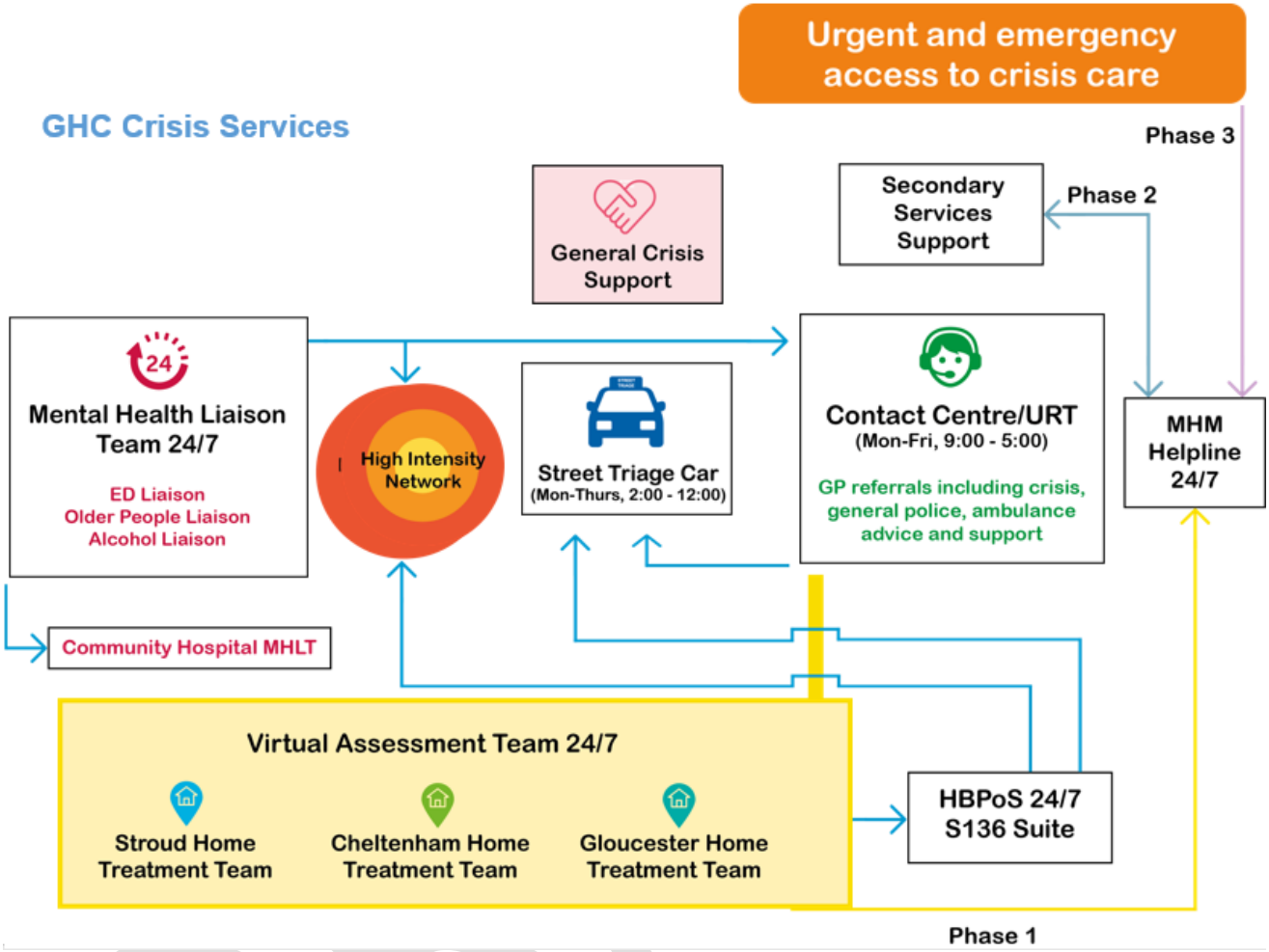
- There are 3 locality based teams across the county, service sits in Urgent Care Directorate alongside AMHP hub
- Service and overall team management is nurse led
- Single operational policy and universal procedures cover all teams
- Predominantly AMHS experienced clinicians, currently small group of staff with CYPMHS experience
- Clinical staff received 1 day in house training to expand CYPMHS knowledge
- The team also commissioned external training via Tavistock who tailor made a training programme of 1 day per week over 12 weeks alongside CYPMHS practitioners

Service workforce	1 wte Band 8a Service Manager 3 wte Band 7 Team Managers 44 wte Band 6 Senior Practitioners 14.6 wte Band 5 nurses 3.8 wte Band 3 administrators 5 wte Band 4 support workers 20 wte Band 3 support workers

Of the workforce above:

- All Service and Team Managers are MH practitioners
- Band 6 practitioners are predominantly nurses but the team also includes Social Workers and OTs
- Night shift (10pm-7am): service collapses to 3 staff covering county from HBPOS
- Currently progressing 1.4WTE Clinical Psychology appointment across 3 teams
- There is a CAMHS 'champion' in each team that has extended training via Tavistock Clinic
- The team are currently revising rolling in house training for clinicians to work across age groups

4.3.5. Local Pathway



4.4. Positive Practice Example 3 – Children and Young People Haven (Surrey)

4.4.1. Brief description

- Haven offers young people aged 10-18 a confidential non-clinical environment, where they can walk in (with or without their parents), to access mental health support, including in times of crisis and as an alternative to attending A&E
- Work within Surrey and wider surrounding areas highlighted a potential gap in service provision; with an absence of anywhere that allowed children and young people "to talk to someone in a safe space" about their mental health issues
- The first Haven opened in Guildford in May 2017 followed by three further Havens in Epsom, Staines and Redhill and are funded through CYPMH transformation funding.
- The four Havens operate out of setting such as youth centres and community settings Each operates three days per week and collectively offer a service in at least one setting across Surrey seven days a week (16:00 to 20:30 on weekdays and 12:00 to 18:00 at weekends)
- Weekend provision at each Haven includes an eight-week rolling programme of workshops, which focus on common support needs of the young people who visit. These include anxiety management, self-esteem and alternatives to self-harm / coping strategies.

4.4.2. Context

Co-production

The CCG worked with partners and children and young people to develop a model that would best meet the needs identified, enabling those between the ages of 10-18, to access support at an early stage and ideally avoid the need for more intensive health intervention. Engagement with children and young people helped to develop ownership and to agree the service name, logo and opening hours. This engagement exercise also highlighted a clear wish from children and young people to have more peer mentoring as part of recovery support available to them, with this being seen as successful in supporting dis-engaged and isolated young people to re-engage with services and recovery. Peer mentors are trained and use a strength and goal-based approach, and work with children and young people on their level, and through their knowledge and experience as 'experts by experience', and with an emphasis on the young person's perspective, and advocacy, rather than a best interest approach.

Intended outcomes

- Reduce presentations at accident & emergency departments
- Provide an opportunity for parents and carers to discuss concerns with staff and receive information on services available to them
- Development of a peer support network for young people
- Promote physical and mental health which will be heightened by access to advice and support regarding drug/alcohol services, housing advice, benefits and education.
- Provide strategic co-ordination to enable the development of a multi-agency approach to meet the needs of young people
- Provide sign posting to appropriate services
- Provide young people with information to enable positive choice and informed decision making

- Promote young people's confidence with services and support available which may encourage engagement and access to services
- Provide a service that other professionals can refer CYP to pre-crises.

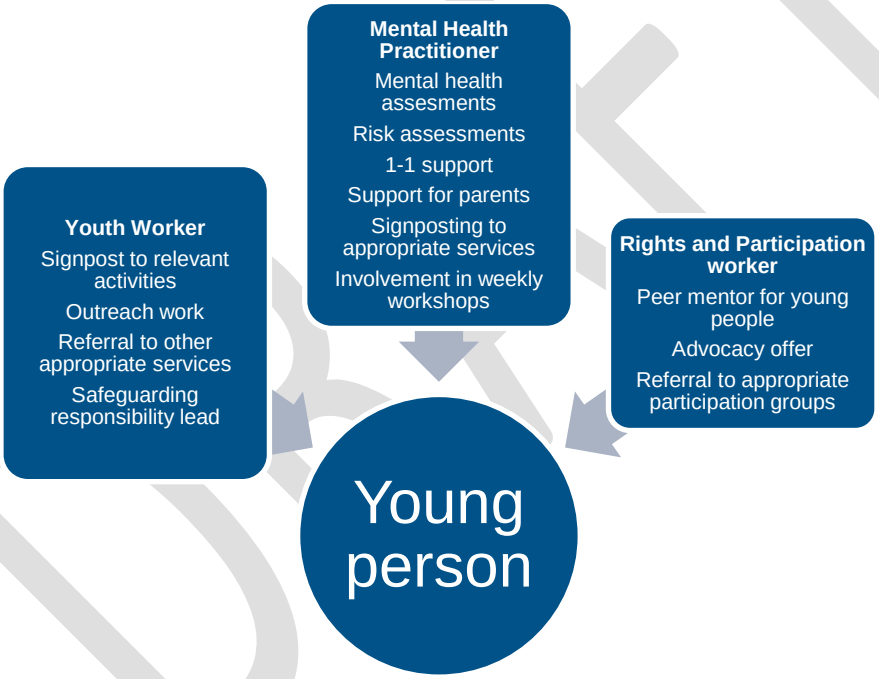
Costs

Havens receive £480,000 per annum CYPMH transformation funding to cover staffing costs only. Venues are provided by Surrey County Council.

4.4.3. Team Staffing

The Havens are a unique service with a Mental Health Practitioner, Youth Worker and Rights & Participation worker at each session offering a holistic service where young people have the opportunity for specialist CYPMH support, social care & youth support and CYPMH advocacy all in one place as equal parts of the offer:

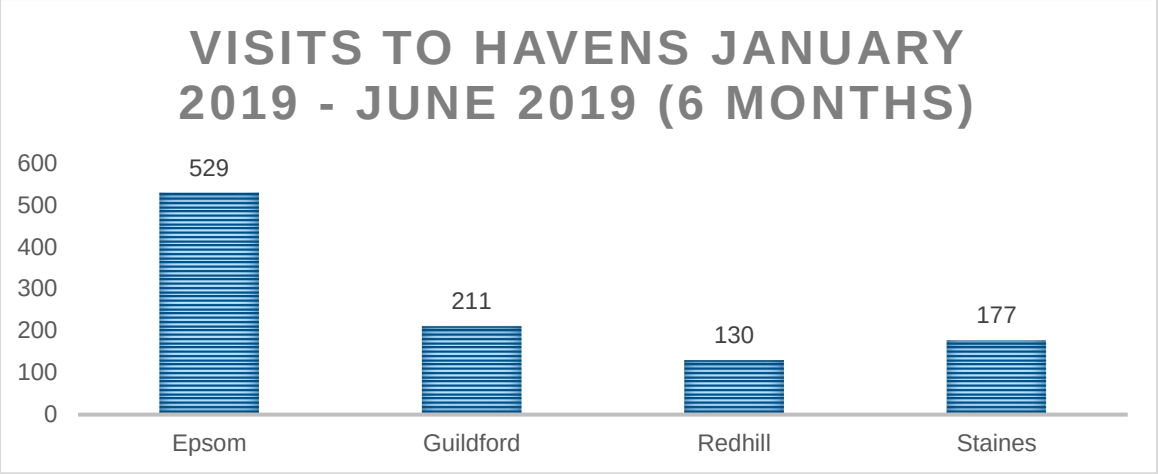
- Clinical services without it feeling like a clinic
- Wider emotional wellbeing services without it feeling like a youth club
- CYPMH Advocacy
- Social Care



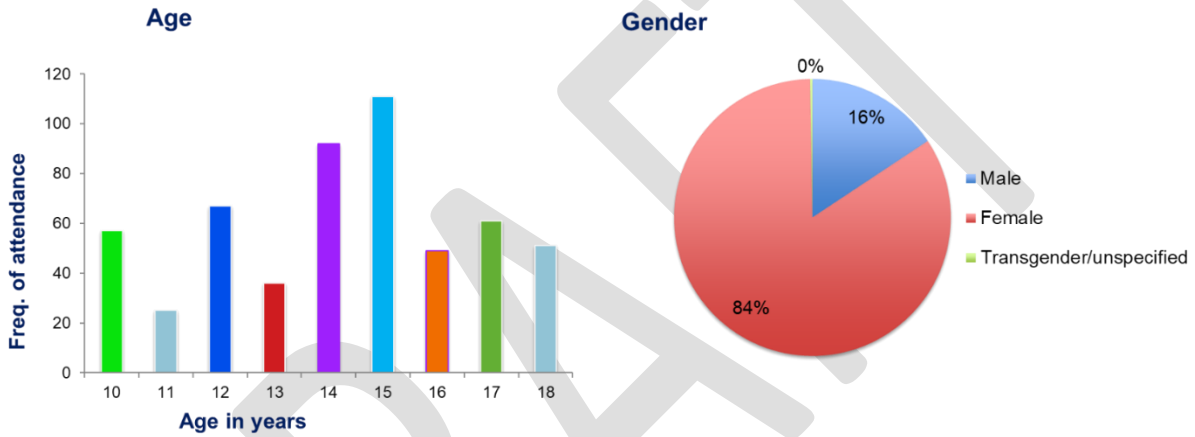
4.4.4. Service Operation and Performance

Data is collected for each young person visiting The Haven to measure and analyse service activity and outcomes.

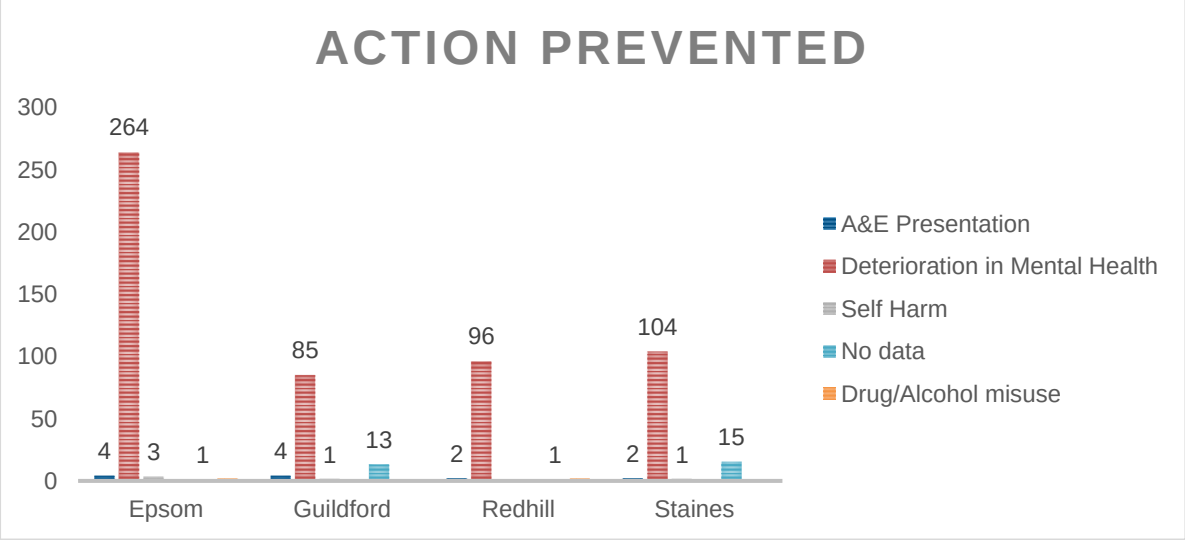
During the 6 months between January to June 2019, 1029 children and young people were seen at the CYP Havens and the number of active interventions undertaken by staff was 566. This included 12 diversions from A&E, 5 potential incidents of self-harm and 549 cases of improvement of mental and emotional wellbeing of children and young people.



Children and young people visiting the Havens – key characteristics



The chart below shows the actions prevented over three months across all locations. The majority are a prevention in deterioration in mental health with a small number of A&E attendances diverted.



4.4.5. Patient Feedback and Friends and Family Test (FFT)

For children and young people who have accessed the CYP Haven over 10 times, what they found helpful can be categorised into the following:

Environment:

- *It's an incredible place. It well and truly saved my life many times. I felt safe there. I was listened to and I was going to be okay*
- *It was a supporting service that I used as a crutch during a period of crisis where I was waiting for admission to CAMHS*
- *It is relaxed and has a good atmosphere*
- *It is an escape from life for a few hours, I feel comfortable, I get to speak my mind freely and talk*
- *It's a good distraction and always a happy environment*
- *The atmosphere is relaxing and it helps me calm down whenever I feel bad in myself and that they don't pressure you into opening up and let you open up at your own pace.*

Peer Support:

- *I really enjoy the CYP Haven and I have made many friends*
- *Socializing helped with my isolation and anxiety.*

Feedback from a Young Person

'Before I came to the CYP Haven I was at my lowest, I really struggled with friendships and was often isolated. The CYP Haven supported me through tough times and as a result I have made many friends, some I have met at the CYP Haven. After a few months of visiting the CYP Haven I was signed posted to CAMHS Youth Advisors (CYA). CYA helped me have more of a life and a purpose by letting me join in with projects such as Our Perspective and Recruit Crew. This has helped my confidence and gave me more motivation to live'.

5. How was this document developed?

This Resource Pack is informed by a range of programmes and initiatives, including:

- a comprehensive review conducted by the National Collaborating Centre for Mental Health (NCCMH), working with national experts, including people with lived experience, to inform evidence-based treatment pathways, as part of a programme of implementation support for urgent and emergency mental health care, commissioned by NHS England and delivered by NICE.
- the recommendations of other policy initiatives, reviews and publications, such as No Health Without Mental Health,[6] the Crisis Care Concordat,[7] and Right Here, Right Now,[8] all of which emphasise the need for mental health to receive the same attention as physical health (parity of esteem).
- findings from two national CYP crisis surveys
- local learning and good practice from the eight Urgent and Emergency Mental Health Vanguard sites, which received £4.8m funding in 2016/17 to test enhanced models of crisis care for children and young people
- local examples of positive practice

It builds on the commitments in Future in Mind,[1] The Five Year Forward View for Mental Health,[2] Implementing the Five Year Forward View for Mental Health,[3] the Next Steps on the NHS Five Year Forward View[4], The Five Year Forward View for Mental Health: One Year On,[5] NHS Long Term Plan and NHS Mental Health Implementation Plan to implement comprehensive, age-appropriate and evidence-based urgent and emergency mental health services for children and young people.

Future iterations of this document

This Resource Pack will be updated in future to capture additional important information and developments, including findings from the Clinical Review of Standards in Urgent and Emergency Care pilot sites.

If you have examples of positive practice or evidence which you would like to contribute to the future iterations of this pack, please get in touch with the national Children and Young People's Mental Health team in NHS England and NHS Improvement at england.cyp-mentalhealth@nhs.net.

6. Other resources

A. Greater Manchester YP Safe Zones Pilot – Service Specification

Appendix A GM YP Safe Zones Specificati

B. Self-harm presentations

Appendix B Self-harm presentations.pdf

C. Outcome measures

Appendix C Outcome measures.pdf

D. Triage aid

Appendix D Triage aid.pdf

E. Improving services for Autistic Children and young people and those with a Learning Disability - reducing reliance on inpatient care

Appendix E Improving services for

F. Transforming Care for Children and Young People: Accelerator Project Report

Appendix F Transforming Care for

G. CYP Inpatient (Tier 4 CAMHS) Pathways

Appendix G CYP Inpatient (Tier 4 CAM

H. Specialised MH Services – CAMHS Operating Handbook Protocol

Appendix H Specialised Mental He

7. Definitions of terms and abbreviations

Term	Definition
24/7	24/7 urgent and emergency mental health care is provided 24 hours a day, 7 days a week
Appropriate and safe environment	This term refers to an age-appropriate, locally agreed place in which a child or young person experiencing a mental health crisis can be taken to be supported and assessed by the appropriate professionals before the next step in their care is in place (whether this be discharge, referral or admission to a ward). An appropriate and safe environment should be a sufficiently private space, suitable for an assessment, that is safe, supportive and minimises any distress. The room should be furnished so that furniture cannot be easily used as a weapon, with canvas pictures secured to the wall and possible ligature points considered. Windows should be made of toughened glass, with privacy considerations for observational windows or panels, and doors should be inward and outward opening.
Biopsychosocial assessment	A full and comprehensive assessment that obtains information about a person's physical, psychological and social health, including any drug and/or alcohol problems, relationships, social and living circumstances and level of functioning, as well as their symptoms, behaviour, diagnosis and current treatment. Biopsychosocial assessments should be consistent with NICE guidance and quality standards
Care plan	A document put together jointly by the child or young person and healthcare professional(s), which includes details of treatment options, goals, advice, and coping and self-management strategies
Crisis plan	A document put together jointly by the child or young person and the healthcare professional(s) which outlines the plan for crisis management in the event of a mental health crisis. The plan should include advice and instructions for the child or young person, healthcare professionals, and parents/carers in supporting the child or young person when they are experiencing a crisis. It should also include identification of potential triggers that could lead to a crisis, self-management strategies, and clear information as to who the person should contact in the event of a mental health crisis.
Emergency	An unexpected, time-critical situation that may threaten the life, long-term health or safety of an individual or others, and requires an immediate response
Health and Wellbeing Boards	Statutory bodies introduced in England under the Health and Social Care Act 2012. Each upper-tier local authority in England is required to form a Health and Wellbeing Board as a committee of that authority.

Term	Definition
Mental health crisis	A situation that a child, young person, parent, carer or any other person believes requires emergency support, assistance and care to prevent an acute and immediate risk to life or mental health
Paediatric liaison mental health service	A service providing support and treatment to children and young people in acute settings at risk of mental health problems, those presenting in an ED with mental health care needs, people with comorbid physical problems, mental health problems triggered or exacerbated by drug or alcohol misuse, people whose physical health is contributing to mental health problems.
Support network	A generic term to encompass any member of a child or young person's family, care system or extended professional network who acts as a source of support to the child or young person over the course of their presentation to mental health services, or within the community. This may include a parent, foster carer, sibling, close friend or other community advocate.
Urgent	An urgent situation is a serious situation that requires a face-to-face response, where an individual may require timely advice, attention or treatment, but is not immediately life threatening
Urgent and emergency mental health care	The range of responses that health and care services provide 24/7 to people who are experiencing a mental health crisis. This can be an immediate emergency response to a situation (which may threaten life, long-term health or the safety of others), or urgent advice or treatment for situations that are not immediately life threatening.
Urgent and emergency mental health care plan	A document put together jointly by the child or young person and healthcare professional(s) during the period of crisis, which explains the support provided to the person by the urgent and emergency mental health service and the mental health care that should be provided. The plan should include goals, treatment options and advice for both the service user and the healthcare professionals supporting them in their care and recovery. It can also include coping strategies and details of self-management. A crisis plan can also be included as an element of the care plan.

8. Sources

Department of Health, NHS England. Future in Mind: Promoting, Protecting and Improving Our Children and Young People's Mental Health and Wellbeing. London: Crown; 2015

Mental Health Taskforce. The Five Year Forward View for Mental Health. England: Mental Health Taskforce; 2016.

NHS England. Implementing the Five Year Forward View for Mental Health. England: NHS England; 2016

NHS England. Next Steps on the NHS Five Year Forward View. London: NHS England; 2017.

NHS England. Five Year Forward View for Mental Health: One Year On. London: NHS England; 2017.

NHS England and NHS Improvement. NHS Long Term Plan. London: NHS England and NHS Improvement; 2019.

NHS England and NHS Improvement. NHS Mental Health Implementation Plan. London: NHS England and NHS Improvement; 2019

Her Majesty's Government, Department of Health. No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages. London: Crown; 2011.

Department of Health and Concordat Signatories. Mental Health Crisis Care Concordat: Improving Outcomes for People Experiencing Mental Health Crisis. London: Crown; 2014

Care Quality Commission. Right Here, Right Now: People's Experiences of Help, Care and Support During a Mental Health Crisis. London: Care Quality Commission; 2015

HM Treasury. Budget 2015. London: HM Treasury; 2015.

HM Treasury. Budget 2015. London: HM Treasury; 2015.

Her Majesty's Government. Children Act 1989. England Crown; 1989.

Her Majesty's Government. The Children Act 2004. England: Crown; 2004.

Her Majesty's Government. Mental Health Act 1983. England: W.J. Sharp; 1983.

HMSO. Mental Health Act. London: The Stationery Office; 2007.

HM Government. Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children. London: HM Government; 2015.

Her Majesty's Government. Equality Act 2010. United Kingdom: Crown; 2010.

Her Majesty's Government. Health and Social Care Act 2012. United Kingdom: Crown; 2012.

NHS England. Guidance for NHS Commissioners on Equality and Health Inequalities Legal Duties. England: NHS England; 2015.

Plaistow J, Masson K, Koch D, Wilson H, Stark RM, Jones PB, et al. Young People's Views of UK Mental Health Services. Early Intervention in Psychiatry. 2014;8:12-23.

Abdinasir K, & Pona, I. Access Denied: A Teenager's Pathway Through the Mental Health System. London: The Children's Society; 2015.

Abdinasir K. Children's Mental Health: Priorities for Improving Children and Adolescent Mental Health Services in England. London: The Children's Society; 2015.

Owens C, Hansford L, Sharkey S, Ford T. Needs and Fears of Young People Presenting at Accident and Emergency Department Following an Act of Self-Harm: Secondary Analysis of Qualitative Data. The British Journal of Psychiatry. 2016;208:286-91.

Joint Commissioning Panel for Mental Health. Guidance for Commissioners of Child and Adolescent Mental Health Services. England: JCPMH; 2013.

House of Commons Health Committee. Children's and Adolescents' Mental Health and CAMHS: Third Report of Session 2014-15. London: The Stationery Office Limited; 2014.

Parsonage M, Fossey M, Tutty C. Liaison Psychiatry in the Modern NHS. London: Centre for Mental Health; 2012.

CAMHS Tier 4 Report Steering Group. Child and Adolescent Mental Health Services Tier 4 Report. London: NHS England; 2014.

Newman A. Crisis and 24/7 Service Development in Child and Adolescent Mental Health Services (CAMHS). England: East Midlands Care Services Improvement Partnership; 2006.

Department of Health. Mental Health Act 1983: Code of Practice. England: The Stationery Office; 2015.

Singh S. The Great Divide: Transition of Care From Child to Adult Mental Health Services. Current Opinion in Psychiatry. 2009;22:386-90.

Her Majesty's Government. Children and Families Act 2014. England: Crown; 2014.

Her Majesty's Government. Mental Capacity Act 2005. United Kingdom: The Stationery Office Ltd.; 2005.

Her Majesty's Government. Mental Capacity Act 2005: Code of Practice. United Kingdom The Stationery Office; 2005.

Gillick v West Norfolk and Wisbeach Area Health Authority and another. 1 AC 112, 3 All ER 402, 3 WLR 830, 1 FLR 224, Crim LR 113, 2 BMLR 11. Available from:

http://www.hrcr.org/safrica/childrens_rights/Gillick_WestNorfolk.htm: House of Lords(1985).

Her Majesty's Government. Information sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers. London: Crown; 2015.

Department of Health. Information: To Share or not to Share. Government Response to the Caldicott Review. England: Department of Health; 2013.

Guy W. ECDEU Assessment Manual for Psychopharmacology. Rockville, MD.: US Department of Health, Education, and Welfare Public Health Service Alcohol, Drug Abuse, and Mental Health Administration; 1976.

Law D, Jacob J. Goals and Goal Based Outcomes (GBOs): Some Useful Information (Third Edition). London: CAMHS Press; 2015.

Roth AD, Calder F, Pilling S. A Competence Framework for Child and Adolescent Mental Health Services. Edinburgh: NHS Education for Scotland; 2011

Appendix – tools and guidance

1.National guidance

Achieving Better Access to Mental Health Services by 2020

Care and Treatment Review: Policy and Guidance

Carers and Personalisation: Improving Outcomes

The Crisis Care Concordat

Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21

Equality Act (2010)

Future in Mind (2015)

Guidance for Reporting Against Access and Waiting Time Standards: Children and Young People with an Eating Disorders and Early Intervention in Psychosis

Guidance to Support the Introduction of Access and Waiting Time Standards for Mental Health Services in 2015/16

Health and Social Care Act (2012)

Health and Wellbeing System Improvement Programme

Human Rights Act 1998

Local Government Association website

Local Transformation Plans for Children and Young People's Mental Health and Wellbeing

Mental Capacity Act (2005)

Mental Capacity Act Code of Practice (2007)

Mental Health Act (1983)

Mental Health Act 1983: implementing changes to police powers

Mental Health Act 1983: Code of Practice (2015)

Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

UK Mental Health Triage Scale and Guidelines

United Nations Convention on the Rights of the Child (UNCRC)

NHS Long Term Plan (2019)

NHS Long Term Plan Implementation Framework (2019)

NHS Mental Health Implementation Plan 2019/20 – 2023/24 (2019)

Clinically-led Review of NHS Access Standards – Interim Report (2019)

Developing support and services for children and young people with learning disabilities, autism or both (2017)

Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults (2016)

Appendices and Helpful resources (for the link above)

Right Here, Right Now (2015)

Crisis Care Concordat (2014)

2. NICE guidance and quality standards

The following NICE guidelines and quality standards are directly relevant when responding to a child or young person experiencing a mental health crisis:

- Antisocial behaviour and conduct disorders in children and young people: recognition and management (NICE clinical guideline 158)
- Bipolar disorder, psychosis and schizophrenia in children and young people (NICE quality standard 102)
- Borderline personality disorder: recognition and management (NICE clinical guideline 78)
- Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care (NICE guideline 26)
- Depression in children and young people: identification and management (NICE clinical guideline 28)
- Depression in children and young people (NICE quality standard 48)
- Psychosis and schizophrenia in children and young people: recognition and management (NICE clinical guideline 155)
- Psychosis with substance misuse in over 14s: assessment and management (NICE clinical guideline 120)
- Self-harm (NICE quality standard 34)
- Self-harm in over 8s: short-term management and prevention of recurrence (NICE clinical guideline 16)
- Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services (NICE clinical guideline 136)
- Service user experience in adult mental health services (NICE quality standard 14)
- Violence and aggression: short-term management in mental health, health and community settings (NICE guideline 10)

3. Tools to support analysis of local demand

CAMHS Integrated Workforce Planning Tool (National Child and Maternal Health Intelligence Network)

System Dynamic Modelling Tool

Fingertips Tool

4. Urgent and emergency mental health resources

Listening to Experience

Managing Urgent Mental Health Needs in the Acute Trust

Right Here, Right Now

Suicide by Children and Young People in England: National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

The Mind Guide to Crisis Services

4.1. For families, parents and carers

Coping with Self-Harm: A Guide for Parents and Carers

Mind Ed for Families – What to do in a Crisis

Triangle of Care

Young Minds: For Parents

Bringing us together - Survival Guides

5. Commissioning resources

Working well together-evidence and tools to enable coproduction in mental health commissioning

Embedding co-production in mental health - a framework for strategic leads, commissioners and managers

Skills for Care: Co-production in mental health

Better Mental Health Outcomes for Children and Young People: A Resource Directory for Commissioners

Commissioning for Effective Service Transformation: What We Have Learnt

Mental Health Crisis Care: Commissioning Excellence

Self-harm: Commissioning Guide (NICE)

Supporting People with a Learning disability and/or Autism who Display Behaviour that Challenges, Including Those with a Mental Health Condition: Service Model for Commissioners of Health and Social Care Services

6. Online/web-based crisis tools for children and young people

Big White Wall – A 24/7 anonymous online service for people in psychological distress, where individuals are supported by other members to self-manage their own mental health.

ChildLine – Service for children and young people up to the age of 19 years, with options to speak with a counsellor via free call, online chat, or email. Also has message boards for young people to share their experiences and receive support from other young people in the same situation.

The Mix – Provides support for children and young people under the age of 25 years with a variety of means to access support, including phone, email, live message, peer to peer and counselling services, or online articles and video content.

Shout Crisis Text line – A national 24/7 text service which is free on all major mobile networks.

The Seven Apps and Websites – Provides links to seven websites or mobile applications developed by Innovation Labs for children and young people.

Help for parents – For parents and carers supporting a young person with mental health problems

7. Capacity, information sharing and safeguarding resources

Brief Guide: Capacity and Competence in Under 18s

Centre of Excellence for Information Sharing - Resources

Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers

The Legal Aspects of the Care and Treatment of Children and Young People with Mental Disorder: A Guide for Professionals

Working Together to Safeguard Children

8. Competence frameworks

Core Competence Frameworks for Child and Adolescent Mental Health Services

Skills for Health Mental Health Core Skills Education and Training Framework

Skills for Health National Occupational Standards

A Competence Framework for Liaison Mental Health Nursing

9. Other useful resources

Bringing Together Physical and Mental Health

NHS Digital

Evaluation of South London and Maudsley NHS Foundation Trust's Centralised Health Based Place of Safety