



Department
of Health

Key Findings from the Professionals' Engagement Exercise

The Children and Young People's Mental Health
and Wellbeing Taskforce

Data collected by
Department of Health

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Executive summary

The Children and Young People's Mental Health and Wellbeing Taskforce has been set up to consider some of the biggest challenges facing mental health services for children and young people, and ways to tackle these problems across the system. In order to consider some of the potential solutions, an engagement exercise has been undertaken with professional's who work with children and young people, across a range of sectors.

This report outlines the key findings from a qualitative online survey and three independently facilitated engagement events, undertaken during November and December 2014. In all, 764 professionals from across the country took part in the engagement exercise, 610 submitted responses to the survey and 164 attended the engagement events. Those who participated represented a diverse range of organisations that work with children and young people, including professionals from Health and Social Care, specialist Child and Adolescent Mental Health Services, from across Education, and from Community, Voluntary and Youth Services.

The professionals' engagement exercise focused on finding solutions and identifying practical actions in four key areas that the Taskforce has identified:

- Prevention and Access
- A co-ordinated system
- Vulnerable groups
- Data and Standards

Summary of the Key Findings

The key findings show that respondents have a real passion and motivation for seeking solutions where they think change can happen. They have identified that there are many issues and challenges in the system that could impact upon the children and young people they work with, if solutions are not found.

Six common themes emerged through-out the whole data set: **Stigma** has been raised as a specific issue that needs to be tackled, as it impacts on individuals and their families and operates within the systems around them. This can significantly reduce their ability to seek help early and can prevent access to services and can impact on progress and recovery. In addition, respondents have called for **children's mental health to become a national priority** in order to support the change that needs to happen. The key to building resilience, prevention and early recognition of mental health issues and the reduction of stigma is **the vital role that schools can play** around children's mental health and the need to have mental health on the national curriculum.

In order to achieve effective support and intervention for children and young people with mental health problems, respondents identified that services needs to be **jointly commissioned** across the whole pathway, with defined funding streams and commitment from all agencies that work with children regarding their responsibilities to provide appropriate support. Integral to this must be the **participation of children, young people and their families** in the transformation of services that are right for them, and the assurance of a **skilled and sufficient workforce** that can meet their needs.

In addition to these common themes, there are a number of key findings that have emerged in the four areas identified by the Taskforce. The themes that have been proposed by respondents as places for action are summarised below:

<p>Prevention and Access</p>	<p>The need to tackle stigma and raise awareness</p> <p>The key role for schools</p> <p>Developing the workforce</p> <p>An early start for mental health – antenatally or from birth</p> <p>Working with young children – offering parenting support</p> <p>Easier access – streamlined referral systems and proactive support in the community</p> <p>Transparent referral criteria and service thresholds</p> <p>Immediate access and a prompt response for those in a crisis</p> <p>Tier 3 plus and Tier 4 outreach – alternatives to hospital admission</p> <p>Rapid admission and locally available in-patient beds</p>
<p>Data and Standards</p>	<p>Investment in IT systems that work</p> <p>Standardising the data to be collected</p> <p>Develop clinical and user-friendly records and data collection methods</p> <p>Increase professionals’ knowledge and understanding of data</p> <p>Formalising collaborative practice across agencies</p> <p>Develop shared databases across agencies</p> <p>Make use of technology</p> <p>Increase the amount of administration support</p>
<p>A co-ordinated system</p>	<p>Mainstreaming and ring-fencing funding for CAMHS</p> <p>Joint commissioning for an integrated service across the Tiers</p> <p>Better informed commissioners in children and young people’s mental health</p> <p>Children, young people and parents at the heart of commissioning and designing their services</p> <p>National development of standards and performance indicators</p> <p>Local commissioning governance and accountability</p> <p>Investment in the early years – recognising the evidence base</p> <p>Commissioning of early years provision across Universal services</p> <p>Integrating the Tiers</p>

	<p>Commissioning for transition – services form 0-25 years</p> <p>Joint protocols- defining the roles and responsibilities of agencies</p> <p>Shared learning networks</p>
<p>Vulnerable Groups and Inequalities</p>	<p>No child should be overlooked</p> <p>Fast track support and accessibility</p> <p>Joined up services, visible in the community, with access to specialist support</p> <p>Multiagency working for hard to reach children</p> <p>Involving the Voluntary and Community sector</p>

Introduction

The Children and Young People's Mental Health and Wellbeing Taskforce has been set up to consider some of the biggest challenges facing mental health services for children and young people, and to find ways to tackle these problems across the system.

An important part of finding solutions is speaking with professionals who work with children and young people across a diverse range of sectors. As part of the engagement of professionals, a survey and three independently facilitated regional engagement events have been undertaken during November and December 2014. The engagement exercise called for professionals working with children and young people to give their views around finding feasible solutions and practical steps that government, the NHS, voluntary organisations, local authorities and individual providers could take to improve children and young people's mental health outcomes.

Methodology

The professionals' engagement exercise included a survey and three facilitated engagement events, which were held in Leeds, London and Taunton.

The survey ran from 18th November to 12th December 2014 and responses were gathered online and by email and postal submissions. The original survey was scheduled to close on 5th December 2014, but was extended for a further week due to demand.

The survey contained 11 qualitative questions, focusing on 4 key areas identified by the Taskforce:

- Access and prevention
- Data and standards
- A coordinated system
- Vulnerable groups and inequalities

An outline of the survey questions can be found in Appendix 1.

Each of these areas focused on questions around finding solutions to some of the key issues in providing comprehensive and effective mental health services for children and young people.

The facilitated events were half day workshops attended by a wide range of professionals that work with children and young people. They focused on the following objectives:

- To contribute to the thinking of the four Taskforce Task and Finish Groups by working on the key questions identified by them
- To identify what practical action could be taken at a local level to improve outcomes
- To understand what the next steps and timescales are likely to be for this work

Analysis

The survey responses and reports from the facilitated events were analysed thematically.

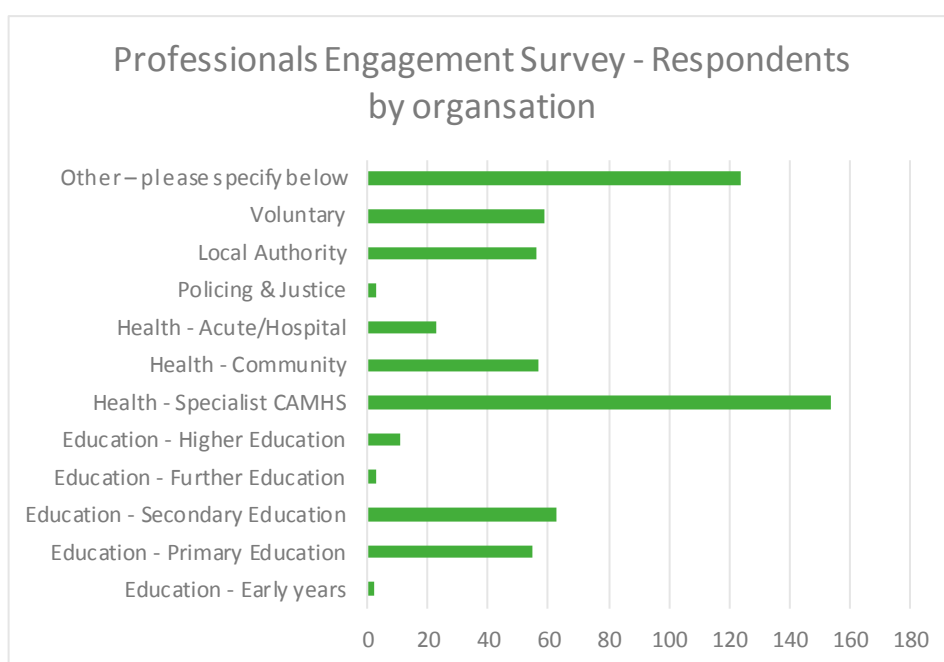
This report outlines the findings from both the professionals' survey and facilitated events across the whole data set and for the 4 key areas highlighted in Section 4.

Direct quotes and some examples of practice highlighted by respondents have been used to illustrate the findings.

Respondents

The engagement exercise has seen an overwhelming response from professionals around the country, with over 764 people contributing their views. Not every respondent answered every question, with some of the Taskforce themes receiving much higher volumes of data, especially 'Prevention and Access' and 'A Coordinated System.'

The professionals' survey has received 610 responses in total, from a wide range of organisations and individuals. The majority of responses have been from professionals working in specialist Child and Adolescent Mental Health Services (CAMHS) (25%), followed by staff from across Education (22%), with a fairly even split between responses from both Primary and Secondary education, and from 'other' organisations (20%). The Voluntary Sector, Local Authorities and Health professionals in Community and in Hospital settings, each returned around 8-10% of the responses. The table below outlines the responses by organisation.



Many respondents were either counsellors (16%) or psychologists (13%), however the majority of respondents were in the 'other' category (39%). Nurses, Teachers and Doctors (including GPs) each submitted around 6-8% of the responses. 4.5% of respondents were from a social work background and commissioners participating in the survey accounted for 2.5% of all respondents. The respondents within the 'other' category represent the diversity of roles from a large range of the professionals who work with children and young people across statutory and non-statutory agencies.

A total of 154 professionals also attended the facilitated regional events.

Key findings

Common themes emerging across the engagement exercise

Many responses focused on the issues in the system, and solutions have been hard to identify for some of the key areas of interest for the Taskforce, within this engagement exercise. Respondents showed a real passion and motivation to highlight where change could happen, and a clear understanding of the issues facing them in their work with children and young people and the impact the challenges could have, if solutions were not found. Across the whole data set six common themes were identified that have re-occurred in each of the four key areas that the Taskforce has focused on:

Stigma

The need to tackle stigma has, by far, attracted the highest emphasis within the responses gathered. Respondents have called for this to be a priority as it not only impacts on the individual, but also on their ability to seek help early, to access services and on progress and recovery. Respondents feel that approaches to tackle stigma must begin early, but should be systemic, and mainstreamed.

Children's mental health as a National priority

Many respondents have called for children and young people's mental health to become a nationally supported priority and believe that change will happen if it is given such an emphasis. It seems that they feel direction from a national perspective around the areas highlighted in the key themes that follow in this report is required, along with investment, standardised approaches, guidelines and indicators around performance. They have suggested that until such an emphasis is secured, then parity with other services will not be within reach.

Joined up commissioning at a national and local level

Respondents have suggested that the commissioning of services across the tiers becomes joined up, so that responsibility for the design and development of robust, multi-agency pathways and services is determined more formally, and that funding, commitment and contributions to the care of children and young people with mental health needs are clearly defined for each agency.

Schools and mental health on the curriculum

The role of schools in the reduction of stigma, prevention, early recognition of mental health problems, early intervention and the promotion of recovery is seen to be key to the future mental health and well-being of children and young people. Respondents have called for the inclusion of mental health in the National Curriculum so that children and young people might be able to take ownership of their mental health, and that they might improve awareness and remove the stigma associated with it. Schools have also been suggested to be a potential hub for mental health that will promote the engagement of families and communities.

Participation

The participation of children, young people and their families in the design, review and transformation of their services has been suggested to be a cornerstone of change. Respondents have suggested that it needs to be an integral part of the transformation of services going forward.

Skilled and Sufficient Workforce

The need for a skilled, competent and sufficient workforce has emerged through-out the data. The emphasis is on ensuring that the workforce is of a sufficient size to meet the mental health needs of children and young people across the tiers, and that there is a commitment to enhancing the skills and capacity in services that have a prevention and early intervention focus.

The following sections of this report outline the themes that have been identified within the four specific areas of this engagement exercise.

Findings related to Prevention and Access

This key area focused on finding solutions to providing early intervention, supporting young children, getting support to children who need it at the right time and improving hospital and crisis services.

Professionals highlighted that they want children's and young people's mental health and well-being to continue to be 'Everyone's Business', calling for it to receive as high a priority as safeguarding.

In general, respondents suggested that services for children and young people with mental health problems are fragmented and largely disengaged from one another. This disjointed picture can cause children, young people and families to be bounced around the system and can cause undue stress for families. As a result children, young people and their families are said to feel unsupported, judged or treated negatively or made to feel stigmatised or discriminated against. Their problems can be trivialised or medicalised, and they often fail to get help at the right time.

The need to tackle the stigma surrounding mental health was a recurring feature of responses to this key area. One respondent summed up the experience of children and families:

'When your child suffers mental illness, the entire family enters another world where parents give up work, businesses fail, siblings have to be ignored and support is utterly non-existent. Parents suddenly have to become experts in their child's particular issue or diagnosis, fight for attention and the ear of specialists, and endure the stigma and isolation evoked by mental illness.'

Specialist CAMHS respondent

It has been suggested that children and young people who have experienced newly emerging or acute mental health problems, or have been in a mental health crisis need to have an early response, where they are able to talk about their experiences in partnership with professionals. Routine screening and mental health checks for children and young people on entry to school could help in recognising and monitoring early signs.

The findings within this theme have also suggested an emphasis on the environment, suggesting that services need to be child friendly, accessible, non-stigmatising, and age appropriate, in places that children and young people want to be seen, with flexible opening times.

Funding cuts have been highlighted as a significant problem, and have been reported to have had specific impact on early help services.

Specialist CAMHS thresholds are reported to be high, with a lack of clarity around referral pathways, making services difficult to access.

In addition, it was suggested that there needs to be a mechanism in place where children and young people can feedback their experiences of services, in order to help improve them.

Respondents offered solutions to Prevention and Access that are reflected in the following key themes:

The need to tackle mental health stigma and raise awareness

'When a child becomes known to services, they may live their life with a stigma of being labelled of a mental illness. Publicity that it is ok to have a mental illness can make a huge impact on the quality of this child's life.'

Children's Advocacy professional

'Young people are experiencing unprecedented challenges e.g. social media, cyberbullying, 'have it all' social culture, and a significant proportion are not equipped to manage the associated emotional experiences.'

Psychologist – Specialist CAMHS

'De-stigmatise mental health from Primary schools upwards, give mental health and physical health parity at a society level. Young people will see this and be highly influenced by the standards being set.'

GP respondent

This key theme is one of the largest across the whole data set. Professionals have suggested that there should be a programme of awareness raising with children, young people and families, and that it should have a focus on schools in particular. However, stigma was also felt to be a big issue amongst medical professionals, with a lot of judgemental attitudes identified toward young people who self-harm or attempt suicide and their parents. It was suggested that a programme to tackle stigma should attempt to work on organisational culture change and education, and should focus on:

- educating children (including younger children) and young people about what mental health is and how to help themselves and each other
- including learning about mental health within the national curriculum
- raising awareness of mental health amongst staff in all organisations
- preventative strategies and resilience building in schools
- re-branding mental health and campaigning in places where children and young people are – schools, youth groups, shopping centres, libraries etc.
- peer mentor programmes that help young people to empower one another and to seek help earlier
- increased presence of mental health and service information through use of social media, apps and websites
- a programme to tackle stigma and stigma awareness amongst health professionals, particularly targeting medical staff
- community education initiatives that enable parents, children and professionals to own their mental health problems together
- provision of support in non-threatening environments for newly emerging mental health problems

Practice Examples – increasing access to mental health information and support

Professional and IT/Internet experts have worked with children and families to put resources and information about mental health on the internet, so that all can understand what services are available and how to access them.

Attendee at facilitated event

Some of the examples highlighted were:

- Buddy App (being used in Nottinghamshire, Kent, West London) – a digital tool to support therapy services. Young People use text messaging to keep a daily diary of what they are doing and how they are feeling. <https://www.buddyapp.co.uk/>
- My Mind (Cheshire and the Wirral CAMHS website) – information about services and downloads and activities for children and young people. http://cwpcamhscentre.mymind.org.uk/?page_id=59
- Well informed – provides accurate and reliable information about emotional wellbeing and mental health <http://wellinformed.org.uk/>

The key role for schools

'Recognition that schools' role in emotional wellbeing is key – schools are more than 'education'.'

Attendee at facilitated event

Schools were suggested to have a key role in prevention and early recognition of mental health problems, but there was also an emphasis on the need to increase knowledge and capacity in teachers around mental health issues, and to provide them with support from qualified mental health professionals. One teacher reflected comments from many of the respondents:

'Often when we refer students to mental health services with a genuine need, the referrals are not taken up and we are told to deal with it in school. Staff within school are dealing with increasingly difficult mental health issues daily with no training or support from external services. Staff need the appropriate training and skills in order to deal with these issues but struggle to do so within the school environment, which is so exams and results dependant that many issues are just left, when an early intervention could prevent costly and complicated issues later in the child's life.'

School Inclusion Officer

Many respondents stated that mental health should be a key part of the national curriculum and that it should be taught within PSHE lessons for all age groups, as it played a big part in preparing children for the future.

'Mental Health is a subject which should be a permanent feature of the national schools curriculum, Children need go through school life with an understanding of mental ill health, the signs of potential ill health in oneself and others. Young people should be able to expect if a parent/sibling is suffering from mental ill health, how to seek support and advice. The same should be provided and enabled in colleges, youth services. Youth workers, primary care workers should be adequately trained on Mental Health illness. We have to lose the taboo and the only way is to start early, in the same way as sexual health teaching is a part of school life and sex is a part and fact of life so too should mental health teaching and mental health itself. It's a fact.'

Regeneration Consultant

'I am passionate about the value of early intervention and believe that education, with the support of mental health services, has a key role to play in the development of essential 'life skills' related to emotional wellbeing.'

Specialist CAMHS respondent

Schools are also suggested to be a key place within which to provide parenting support. This approach could make parenting support more accessible and create opportunities for families to take part in community peer support through trained parent mentor schemes.

It was suggested that there is could a key part to play for teachers who are in pastoral roles, within every school. These teachers could provide a vital link with parents.

Educational psychologists were identified as having a key role to play in the early identification of children with emerging mental health needs.

Practice Examples – Collaborative Support for Schools

One example of excellent integration is eating disorders specialists liaising with the school, to educate them, explain how they can support a child in their studies and at lunchtime, facilitate a gradual return to school etc. In our case, it transformed our school, which went from stigmatising to very collaborative.

Respondent with special interest in Eating Disorders

The Taunton Deane partnership has committed to supporting young people and schools with mental health, and has employed mental health specialists within education.

Attendee at facilitated event

Developing the workforce

'First, improve the size and skills of the CAMHS workforce, and then improve the shared care with the School Health workforce.'

Public Health professional

Providing a skilled and capable workforce was a significant element of the comments received through-out the engagement exercise. Respondents called for investment and sustainability around robust training programmes and mandatory core elements for all professionals across the tiers and agencies that work with children and their families. The emphasis of responses in this key area was around ensuring that front-line staff had access to support and skills to enhance their capacity, and it was suggested that the following areas are vital to having a skilled workforce:

- Access to trained mental health professionals in schools
- Funding to have relevantly trained staff to support the early years
- Increasing the numbers of staff at the frontline to offer lower level interventions
- Increasing Primary Mental Health Workers, especially to link in with schools
- Involving and investing in the Voluntary Sector
- Educating existing staff in universal services (especially teachers and social care staff) on early recognition of mental health problems and early intervention
- Ensuring that there are adequate levels of trained staff in all tiers of CAMHS, who can offer a range of evidence based interventions.

- Development and delivery of cross-agency, multi-disciplinary modules as part of a rolling programme of training, to focus on:
 - Attachment
 - Recognition and preliminary assessment of mental health problems
 - CBT skills
 - Helping the workforce to commit to making use of initiatives like MindEd
 - Specific training around the mental health needs of vulnerable children

This comment sums up suggestions about learning together and ensuring a standardised approach to training:

'[We need] cross-disciplinary modules - preferably delivered in a multi-professional arena, but at least ensuring that in all pre-registration or pre-qualification courses for the Children's Workforce, the same curriculum is covered - attachment theory being a fundamental component.'

Specialist CAMHS respondent

An early start for mental health- joining up adult and children's services

Respondents highlighted that it is important to start as early as possible, preferably antenatally or at birth. An early relationship with parents and support through the early days could have significant impact on both parent's and children's mental well-being.

It was suggested that there should also be a focus on perinatal and postnatal support for parents, especially those with mental health problems, and through Infant Mental Health interventions.

'Many services for adults are crisis led services and don't address the needs of babies and children. Perinatal services are a good example of this - relating to recent news report of mentally unwell mother whose baby tragically died as well as the mother, this could have been possibly prevented with dual assessments and collaboration between baby and adult experts.'

Child and Adolescent Psychotherapist

Some GPs, in particular, emphasised the need to recognise and support parents with postnatal depression, especially in terms of nurturing children's mental health and well-being in the early years:

'...Greater recognition and support of post-natal depression, by the NHS and society, and greater support with childcare so men and women can support their families, keep active and interested themselves.'

GP respondent

Working with young children – parenting support

It was suggested that work with young children should be carried out through nurseries and Health Visitors. It should focus particularly around positive parenting and resilience building. In addition, Adult Mental Health Services should address parenting issues and empower communities to seek help, when needed.

Outreach work from nurseries and schools could help where early issues are identified, including offering multi-agency support for struggling families. Children's Centres should provide access to Infant Mental Health and parenting specialists.

Investment in robust, evidence based parenting interventions should be targeted at families who have a higher chance of developing mental health problems due to their circumstances or vulnerabilities:

'Offering individual counselling to the parent, family therapy to the parent and child plus providing training to develop parents' understanding of the problems seem to contribute to efforts to reduce the mental health issues, creating hope for the young generation.'

Secondary school counsellor

Again schools were suggested to be a potential hub for the provision of parenting support, with parenting classes provided on a rolling programme being seen as a way to prevent crisis and bring communities together.

Easier access to streamlined referral systems and pro-active mental health support in the community

Respondents felt that easier access to mental health support should be available in schools and community centres. More streamlined, direct referral systems, including through self-referral, would make it easier for children and young people to access help when they need it. The development of a Single Point of Referral and self-referral clinics could reduce the amount of times children and young people fall through the net or have to wait for help. However, it was also suggested that primary care and early intervention services need to be better resourced, with increased staff capacity and skills. The provision of counselling services as a first line of support were felt to be a key aspect of provision:

'Investment in counselling services that are easy to access, in schools, VCS or youth organisations – they are an important part of the pathway.'

Attendee at facilitated event

Making use of alternative approaches to face-to-face support could increase access to services, i.e. communication and support via the internet, apps or by text messaging.

It was also suggested that there is a crucial role for GPs in recognising and acting on mental health needs in children and young people, and that this required support and training.

A greater investment in a Primary Mental Health workforce that is available in accessible places would help to maintain better links between health and other agencies. This would also reduce the gap between services and build capacity in frontline professionals.

Practice Example – Easier access and support in the community

Bristol CAMHS is embedded in wider networks of agencies and charities to signpost and establish comprehensive support structures that include education, vocational support, counselling services, youth projects... Wellbeing and mental health is not the same as mental illness, but recovery is about supporting a child/young person to have experiences that further their self-confidence, self-worth, agency and motivation.

Transparent referral criteria and service thresholds

A greater clarity and standardisation of referral criteria and service thresholds was called for. The present systems are said to be variable and hard to understand for both professionals and families alike. Current specialist CAMHS thresholds are reported to be so high that it feels difficult to get children and young people seen when they need support;

'Easier access - currently too many children do not reach the thresholds for intervention or there simply aren't services. Hard to know sometimes how to access appropriate intervention. Children get refused because they have other medical issues.'

Paediatrician

Immediate access to support and a prompt response for children and young people in crisis

Respondents were clear that support in a crisis should be available in A&E though specific mental health services that are based within them, or on a 24 hour basis in CAMHS through a specific crisis team. Access to dedicated mental health support is also needed in Paediatric wards. However, there was concern that currently there is not enough capacity in the workforce to provide this, and that it also needed to be a shared responsibility with adult crisis teams:

'Again there is a need for funding to increase capacity of CAMHS teams to offer 24/7 crisis support. This could mean either an increase in the resource, or training within adult crisis teams...'

Specialist CAMHS respondent

It was suggested that clear protocols should be developed to avoid unnecessary delays in A&E, and disagreements between paediatrics, children's mental health services and adult mental health provision.

'Mental health workers experienced in child and adolescent care should be available in A&E. Move towards round the clock care rather than 9-5 (meaning out of hours care is difficult to access). Training of A&E staff in awareness of mental health and clear information on how to find care in emergencies - rather than via police or A&E.'

Community Health - Advisor

Tier 3 plus and Tier 4 outreach – alternatives to hospital admissions

Respondents felt that Tier 3 plus and Tier 4 outreach models should be developed to assist clear pathways back to the community and to support recovery, also reducing the need for admissions, or reducing length of stay in hospital beds. This approach should be systemic, working with the whole family.

It was suggested that this may not involve increased investment, but rather rethinking of current approaches, and perhaps retraining professionals to focus on recovery based, rather than symptom based models.

Alternatives to hospital admission, such as jointly funded (health and social care) crisis or 'crash beds' for short term use, could provide support to families and provide a safe space for young people:

'Develop alternatives to hospital admissions- I suggest jointly (health and social care) funded crisis/ 'crash' beds for short term use for young people, to support families and to provide some safe space and support for young people.'

Specialist CAMHS Service manager

These services should ideally be linked into the mental health services that young people are familiar with, but must be developed to reflect a homely environment rather than an institution. Some respondents suggested they were currently referred to as 'containment units';

'Paying attention to the environment, to make it as homely as possible and to minimise the clinical nature of the setting; get young people involved to create the kind of environment they would be comfortable in.'

Local Authority respondent

Crisis units should also offer support to parents/carers and the family to enable them to remain around the child or young person while they attend the service.

Rapid admission and locally available in-patient beds (Tier 4)

'A rapid response to admission with assessments being carried out by clinicians who are CAMHS trained, have access to supervision from a CAMHS clinician or advice from a CAMHS consultant and can help diffuse tension and calm the family situation.'

Health – Acute Hospital professional

Respondents suggested that the process of identifying inpatient beds can be slow and centralising the process might help with this. They also felt there was a need to ensure that there are beds available locally, and that they were supported by trained specialist staff. They also emphasised that children and young people should not be moved to care settings away from their families and friends:

'If admission to a specialist mental health bed is required, the process of finding and accessing this is slow and unwieldy. It would help to have a centralised bed manager who you phone to ask where has vacancies, rather than individual clinicians having to telephone every unit on the list to find somewhere before applying for funding for that unit.'

Health- Acute Hospital Professional

It may help to have family accommodation when young people are away from home, so that the family may be present during times of crisis.

'Making sure there are enough beds locally so that young people don't have to go out of area and lose support from family and friends that may have trouble travelling.'

Voluntary sector - Counsellor

Findings related to Data and Standards

This key area asked respondents to consider practical steps to improve the processes of data collection and to improving information sharing between professionals and across organisational boundaries.

Respondents highlighted that data collection requirements are overwhelming and the collection of data can be time consuming, often with no read-across to its purpose or how it might feed into clinical or therapeutic work and making improvements to this. Professionals felt that the data they collected needed to offer value to their work:

'Not only is the collection of data a time burden but currently professionals do not receive anything back from it. If they are spending time inputting data they need to be able to see it and track clients' data, so it can have an impact on their practice. Inputting into a system and never seeing the data has no benefit to the clinician and makes the time burden even more frustrating.'

Good practice examples and solutions to help improve information sharing were distinct in their absence from the data, indicating the need for further exploration of how a co-ordinated approach could be achieved. Currently a lot rests with individual professional's ability to share information and co-ordinate care.

It was suggested that if information sharing cannot be supported nationally, then local commissioners and providers must appreciate the importance of sharing data between agencies – not just between the NHS and social care, but also including education. One respondent highlight the complexities of data sharing, calling for support at a national level:

'Data sharing is more difficult to achieve across partnerships e.g. health and local authority. The issue of consent is difficult. This must be resolved at national level as it is not only time consuming, but difficult for children and families to keep repeating their stories.'

GP respondent

The following themes, focusing on potential data solutions, have emerged in this section.

Investment in IT systems that work – CAMHS specific databases

Many current systems are not effective in collecting the data sets that are required to support service transformation, nor do they provide effective outcome monitoring. Ultimately they do not help children and families to see progress around their mental health:

'Invest in IT systems which work and provide the appropriate funding to implement them. Services need automated systems which work through tablets - where all software and hardware can work together, instead of having to do double entry or develop systems like the shard. You need integrated and accessible systems.'

Participation Worker

Many respondents outlined that the systems currently being used were not effective and often based on adult mental health models. A simple system that understands and reflects the nature of CAMHS work and reduces time spent on administration has been called for:

'I have been trained on over 5 new computer systems [...] brought in to capture data for CAMHS [...] None of them has been proven to be effective, many are based on adult mental health and do not transfer to CAMHS well and we spend long periods updating the system so the correct tick boxes are picked up by the reports run to gather our data for commissioners, despite the fact it continues to be incorrect even when we have done what is required.'

Specialist CAMHS respondent

Standardise the data to be collected

Many respondents suggested that a nationally led, standardised approach to data collection could offer a solution. This would allow for benchmarking and sharing of databases across agencies, and also would inform national information about need, service provision and cost of services.

'Standardise and reduce paperwork so that we do not have to complete several sets of forms for one child for different agencies.'

Primary School – Special Education Needs Co-ordinator

Develop clinical and user friendly records and data collection methods

It was suggested that electronic records should be developed that are clinician and user friendly, as well as performance and team friendly. This will also help to integrate data collection into clinical or therapeutic work.

'Having a fabulous IT/ electronic patient record which is both clinician/ user friendly and information/ performance team friendly!! No double inputting to a range of programmes, clarity about what to record when and how.'

Voluntary Sector – Manager

Increase professionals' knowledge and understanding of data

Respondents suggested that making data collection meaningful and having a standardised format for required information would support their work. This should include clarity about what to record and when, and how data supports needs analysis and outcomes measurement, as well as performance management.

Increasing professionals' skills around data interpretation would also enable them to make sense of the data collected within the clinical setting and to support improvement of the service.

Collaborative practice across agencies

The most effective examples of collaborative information sharing were cited as the Team around the Child (TAC) and Common Assessment Framework (CAF) models. It was felt that these approaches should be considered when modelling an information sharing framework for CAMHS. This and the co-location of services would go a long way to strengthening of integrated approaches to supporting children and young people:

'Co-location or use of shared venues to work can help with building relationships and improve the service to young people because different agencies are working together.'

Local Authority - Offender Management Professional

Develop shared databases across agencies

Electronic Information and Record sharing between services and agencies was suggested to be an effective approach to communication.

Information could be stored on a protected Cloud-based site to ensure productive information sharing between agencies. Information sharing and communication protocols should be developed to enable this:

'Some LAs are looking at 'clouds' or databases where education, health and social care can 'talk' to each other.'

Educational Psychology respondent

It was also recommended that Schools should be kept in the feedback loop to ensure that they can support on-going recovery.

Practice Example – Shared databases

'It's very helpful to see all the entries from other health professionals on our clinical systems. This has extended to my local substance misuse workers too.'

We also have a LA community support worker who has a contract with a health trust so can look at and add to, our records too-this is really helpful [...]

The information the police gave was invaluable in building a picture of my patients' problems and I was able to explain that there were genuine health issues so that a more supportive approach was taken in managing a complex situation.'

GP Respondent

Make use of technology

Making use of technology featured highly amongst responses to this key area. Technology should enable rapid download and upload of information. Data should be accessible via tablets and smart phones, including the use of hand-held devices in the therapeutic setting, with children and young people. Paper forms are suggested to take too long and are not user friendly. One respondent sums up the issues related to traditional forms of data collection:

'...I think this needs to be looked at as a priority as I feel paperwork takes up far too much time, and unnecessarily reduces clinical capacity. I think there are two steps 1) reducing the amount of information we need to collect 2) making it easier to record information more quickly (e.g. improving software and technology to record data on the move).'

Specialist CAMHS respondent

It was also suggested that technology should also be made available in waiting areas for children and young people to complete satisfaction surveys or initial assessments. This would enable them to have more of a say about how their services work and develop.

Increase the amount of administration support

Administration support is suggested to be greatly under capacity, and needs to be invested in to reduce the burden on professionals' time.

Findings related to having a Co-ordinated System

This key area of the engagement exercise focused on commissioning, transition, shared outcomes and integrated services. There was a general consensus amongst respondents that CAMHS continues to be 'the Cinderella of Cinderella Services'. It was suggested that there has been a huge impact from the cuts in funding, as well as from funding and initiatives that are short-term or not mainstreamed. CAMHS has continued to fall behind as a priority, and is a long way off having a parity of esteem with physical health services and also adult mental health.

Integration, shared information, and shared outcomes for children and young people's mental health are impacted upon by organisations working in silos, but could be improved by participation of children, young people and their families in the design of services; clear and joint protocols; mandated funding and outcomes, and by reducing the current competitive landscape for providing services.

Professionals have called for a whole system approach to commissioning, with strong local leadership and the involvement of children and their families in the review, re-design and transformation of their services.

The key themes emerging in this key area are as follows.

Mainstreaming and ring-fencing funding for CAMHS

By far the largest occurring theme, professionals have called for funding for children's and young people's mental health to be allocated centrally, and for CCGs or Health and Well-being Boards to be accountable for the way that money is spent. There was particular concern

about how the money allocated to providers was being spent, and that it was often diverted to other services that have no input into CAMHS or part of a block contract with other services.

'There has to be joined up budgets between adult and children services, which enables Children's Services to plan effectively for the children in their care. Ring-fenced budgets with shared commissioning criteria and clear priorities, which state emotional wellbeing of children is everyone's business.'

Adoption Panel Chair

Respondents have called for children's and young people's mental health to be given a higher priority both nationally and locally – they say that it should be as important as physical health. Emotional well-being should be recognised as the pre-condition for good physical health, attainment, participation and citizenship.

An increasing awareness of resources needed is imperative and comparisons between both physical and mental health should be drawn when thinking about this. This should also include an examination of the inequalities between adult mental health and children's funding streams.

The focus on investment should include an offer for the Voluntary and Community Sector (VCS), recognising their contribution to children and young people's mental health.

'Looking at new models of delivery especially, through the VCS, which is significantly more cost effective and can meet need in a variety of ways rather than the "one size fits all" approach of CAMHS.'

Voluntary Sector – Senior Professional

Practice Example – Better Services, Equitable funding

The South West Clinical Network Guidelines 'Commissioning better CAMHS in the South West' has built upon a regional mapping and have linked this to investment and joint budgets. <http://www.swscn.org.uk/wp/wp-content/uploads/2014/10/commissioning-better-camhs-final-draft.pdf>

Facilitated event attendee

Joint commissioning for an integrated service across the tiers

Respondents emphasised that services should be jointly commissioned, consulted upon and re-designed. Commissioning strategies should recognise there are responsibilities for mental health in all agencies. This should include joint commissioning agreements for CAMHS and Adult Mental Health, as well as for vulnerable children.

'Joint commissioning and joint working should be strengthened between health, children's services, schools and educational settings. This will ensure that children and young people's mental health is high on everyone's agenda.'

Facilitated event attendee

The development of pooled or single budgets was suggested as a way to get services to commit to integrating and streamlining provision.

Routinely engaging in longer term planning cycles would assist in demonstrating longer term benefits for the future.

The responsibility for jointly commissioning specialised services for children and young people with specific needs should be developed further, in order to acknowledge the responsibilities of

all agencies where there are complex and severe needs – for example: children in care, children with learning disabilities and mental health problems, young offenders and those who have faced adversity such as sexual exploitation:

‘Serious consideration should be given to joint commissioning arrangements between social care and health for CAMHS services to promote better understanding, better allocation of resource and reduce the futile arguments about - is it social care or mental health- which is really about who will pay and rarely about the needs of the child.’

Specialist CAMHS – Team Manager

Better informed commissioners in children and young people’s mental health

Developing commissioning expertise and strong leadership of the commissioning process was suggested, with increased Clinical involvement and service provision knowledge, and the development of understanding the benefits of investment:

‘The views of clinicians to be heard loud and clear, not a manager’s interpretation of what is going on. At times, the commissioners are asking for unrealistic targets, when there is not enough workforce or not enough EBP training being offered to clinicians.’

Specialist CAMHS respondent

Children, young people and parents at the heart of commissioning and designing their services

‘Children and young people have no voice. They are rarely involved in decision making. The focus of health policy, strategy and conversation is almost wholly on the health needs of adults and communities. Children and young people do not figure in the system.’

Health - Commissioner

Respondents have advocated that children and families’ participation should be a fundamental element for the commissioning and design of services and is key to ensuring that services are right for them.

Participation features highly across the whole data set, with respondents supporting the requirement for the child/young person and their parents to be at the centre of the commissioning process and decision-making about their services.

National development of standards and performance indicators

Respondents suggested the need for development of standards and a minimum set of performance indicators, as well as exemplar service specifications and service level agreements, on a national basis.

‘...A mandatory service specification – with clear budgetary guidance – from DoH.’

Specialist CAMHS respondent

There was also a call for a set of clear targets and a review of outcomes and experience data – in order for services to provide evidence that they have effected change.

Local commissioning governance and accountability

It was suggested that Children’s services commissioners and Health and Well-being Boards should take a lead on ensuring that all partners come together to develop joint strategies, discuss service provision, gaps and emerging priorities for children’s mental health. They should also provide governance around the effectiveness of services being provided:

'It should be mandatory for Health & Wellbeing Boards to include children's Mental Health as a priority within their Joint Health & Wellbeing Strategies, as very few do so in line with adult priorities.'

Policing and Justice professional

Investment in the early years – recognising the evidence base

Many respondents highlighted the need to recognise the evidence base and benefits of commissioning for early intervention, for both younger children and earlier in the emergence of mental health problems.

A cost-benefit analysis of early intervention is needed to provide firm evidence to inform commissioners and also service providers about delivery models.

'[There is] Clear evidence about the cost of long term inpatient care (emotionally as well as financially) and how this could in some/many cases be much reduced if young people and families had more skill in managing emotional distress and had quick access to appropriate services, e.g. early intervention in psychosis family services etc.'

Commissioning for equitable early years provision across Universal Services

As with the earlier theme on Prevention and Access, respondents have called for commissioning of equitable provision for early years within universal services that extends across boundaries. This should include parenting support for behavioural problems in early childhood, which could be delivered through Health Visitors or in Children's Centres.

'I do not think that the agendas for different agencies working with children are equivalent and yet the commissioning arrangements are often based on the assumption that there is a shared agreement about this area. Social care, for example, will prioritise different issues to the mental health needs of children, when looking into cutting costs, which everyone working with children and young people are having to do in an ongoing way. The cross competition for resources exacerbates this problem.'

Specialist CAMHS respondent

Integrating the Tiers

The re-design of Tiers 2 and 3 to become an integrated service was suggested, and felt to be key in providing robust services that are designed to meet needs effectively, therefore removing the gaps between services that currently exist. It was highlighted that the current provision of services through a tiered model caused fragmentation and added complexity to the care pathway that was unnecessary and that also takes the emphasis away from the preventative agenda. Professionals attending the engagement events suggested:

'The tiered system makes things fragmented and too complex, a hierarchical system that funnels things upwards to a specialist end point, whereas most specific support and interventions can be delivered at home.'

Facilitated event attendee

Commissioning for transition – services from 0-25 years

Many respondents have highlighted the need for services to be jointly commissioned and delivered that recognise all transition points for children. However, the preference was for services that span the 0-25 age group. This approach should include defining the

responsibilities of Adult Mental Health Services, and an examination and re-alignment of the thresholds of both CAMHS and AMHS.

'Children's mental health services require transition services, ideally 16-25 yrs services that support young people into adulthood. Crisis often happens at the point that CAMHS work ends due to the young person being 18 yrs old and the very different care and support they face in adult services, where threshold criteria and resources are more restricted.'

Specialist CAMHS respondent

Engagement with Adult Mental Health Services needs to begin early, with an agreed transition protocol and staff to support the transition process. It was suggested that provision should be made for young people to have a choice about when they transition to adult services

'Health and wellbeing boards must insist that a local transition protocol is applied, and commissioners must commission against service specifications that require the delivery of young-person centred transition services. The clinical and managerial supervision role must not be underestimated as it is a quality check on current practice.'

Health Policy professional

Joint protocols- defining roles and responsibilities

Joint working protocols between agencies that clearly define responsibilities were called for, to improve collaboration, communication and shared responsibility for outcomes around children's mental health.

Named care co-ordinators for each child could help to reduce fragmentation, improve communication and provide more responsive care:

'Support multi agency working with the staffing and funding it needs to function effectively. Have a clear chain of command that manages the smooth running and follow up of interventions, with clear communication between all parties.'

Primary Education – Special needs support

Shared learning

Shared learning initiatives and communities of practice, both online and in facilitated networks, would bring people and information together in one place. This would build capacity and collaborative practice in the whole workforce and assist in providing integrated networks of care.

Respondents emphasised the importance of learning from the Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) and the benefits it has brought to collaborative learning.

Findings related to Vulnerable Groups and Inequalities

This key theme received fewer responses than other elements of the survey, with some respondents choosing not to complete the questions. The questions focused on practical steps that could be taken to help particularly vulnerable children to access mental health services. The data included few examples of practice, but overall there was agreement that services for vulnerable groups should be made more visible and less stigmatising. Where possible services should be taken outside of clinical or hospital settings and provided in the community, working with agencies that are familiar with the specific needs of these children.

Respondents recommended that there is an urgent need to normalise mental health, especially for these groups of children and young people. This can be achieved through adequate

provision of mental health support through all sectors – education, health, social care and youth and voluntary services, especially those services that can assist with early identification of mental health problems for vulnerable groups:

‘Services to be located in community centres rather than in clinics, more outreach services, better training for practitioners in working with these groups and in particular in managing the challenging behaviours demonstrated by many children and young people with Learning Disability and Autistic Spectrum Disorders.’

Specialist CAMHS Manager

The following themes highlight possible approaches to support children and young people in vulnerable groups.

No child should be overlooked

Respondents urged that children who have greater needs in relation to their circumstances should not be overlooked because they do not meet the criteria for CAMHS. Services should be responsive to all children’s mental health needs and provide services that can respond at the right time – comments from respondents highlighted the following examples:

- the threshold should be changed for access to services, it often seems like vulnerable children have to ‘qualify’ to get help.
- children in care are often excluded from a service until they are ‘settled in’.
- there is a need for investment in specific resources for adopted children’s emotional well-being.
- children with learning disabilities do not have their mental health needs provided for in mainstream CAMHS, and they seem to be under-resourced and not skilled to be able to work with them.
- children and young people who are deaf do not receive accessible support – there are specific training needs for mainstream practitioners around providing appropriate support for them.
- care pathways are needed for children with complex needs, especially for those who don’t fit into a single care pathway.
- frontline staff need to be better trained to recognise difficulties that need intervention, specifically regarding early intervention for children with Autism or Asperger’s.
- often on-going support for children with autism/autistic spectrum disorders falls outside of the responsibility of services, there needs to be a joined up protocol of support for them.

Respondents recommend that it is important to undertake some work on defining the mental health needs of specific groups of vulnerable children in more detail, and to develop model care pathways that recognise the complexity of support that may be required.

Fast track support and accessibility

It was suggested that waiting times should be reduced for these children and there should be easier and swifter access to the first line of support, through employment of a range of approaches:

‘Offering specialist help lines and services that are discrete and strongly promote confidentiality. These services also need to be made as accessible as possible e.g. free phone numbers, counsellors/advisors that can be accessed online or by text etc. As previously stating providing

nurses, psychologists etc. at places children frequent like schools and ensuring there is a way they can freely access these professionals through drop-in services etc.'

Local Authority – Social Worker

'Lots of these groups of young people won't sit around and wait for their name to reach the top of a waiting list but if they can be connected with the service by someone who they do work with it would make a huge difference.'

Voluntary Sector – Youth Worker

Practice Examples – Fast tracking support and accessibility

'At Dudley CAMHS there is a very streamlined service combining CAMHS and their Learning Disability team. They offer a 'whole person' services and the family therefore see them as a seamless group.

In Bedford, the Special Educational Needs and Disability (SEND) model has been adapted to include a needs assessment form that incorporates both child and family needs – this has also been combined with a website.

In Somerset, a Virtual Patient tool around behaviour has helped professionals working with younger children to know what to do.'

Facilitated event attendees

Joined-up services, visible in the community, with access to specialist support

Respondents suggest that CAMHS for vulnerable children should be more visible in the community, incorporating a range of interventions within local facilities –youth friendly services where young people are likely to go. They should be delivered by a range of people who are familiar to the young person and who can support engagement and greater flexibility to access services people, i.e. Offer drop-in centres:

'The services have to be there: local, available to drop in, well-staffed. They need to be available alongside other services each group will need or wish to access, part of a whole package, and there needs to be front-line professionals who have a sufficient awareness of mental health issues to know when a referral may be appropriate. Training and support for these groups (substance abuse workers, disability workers, probation, foster carers youth workers, etc.) is essential. If the services are complicated to access, if services users and their carers are unaware of where to find them, then it will be harder for those in need to access them.'

Voluntary and statutory services – Children's Guardians

However, it was recommended that there should be clear pathways for provision that are flexible and responsive to individual needs and include access to more specialist support, when required. This could include outreach models, which could increase engagement. Care could be coordinated by someone that young people trust, and they should continue to have a named point of contact.

Practice Example - Looked After Children (LAC)

Looked after children are the focus of our work and are particularly vulnerable because of frequent histories of abuse or neglect, experience of multiple caregivers, dislocation from local community services. [There are] various ways in which our team attempts to address their needs in previous responses i.e. through: having a flexible and accessible service, in part co-

located with social care; working closely with Social Workers and foster carers who have day to day responsibility for and access to the young people; joining with social care colleagues on specific projects e.g. life story work; being proactive and preventative e.g. through a screening programme and offering groups for foster carers rather than waiting for crises to arise; identifying areas of unmet need e.g. for older adolescents and trying to develop services to meet them.

Local Authority - Psychology

Multi-agency working for hard to reach children

Respondents also suggested that services should collaborate for hard to reach children from an early age, and should focus on the whole family, particularly the parent's mental health, indicating Adult Mental Health Services need to be part of the offer. It was also suggested that collaborative pathways should incorporate Education, Local Authorities, Police and Youth services, where applicable.

Involving the Voluntary and Community Sector

Many respondents felt that the VCS could have a greater involvement in joint pathways. They often have greater involvement and experience in working with these children, and can provide services that they feel able to access in a non-stigmatising setting.

Appendix 1: Professionals' survey – qualitative questions

Prevention and access to support

Early intervention

We know that early intervention can reduce the risk of mental health difficulties later in life, with long term benefits to the child and wider society.

Question: How can early intervention to prevent mental health difficulties be supported and improved? (across early years, schools, colleges, youth services, primary care services, and all health services).

Family in early years

Much of the evidence we have seen so far has been around the role of the family in early years.

Question: How can families of young children be supported to nurture their child's mental health and wellbeing early, and avoid problems arising?

Access

We know that not all children and young people who need mental health services are accessing them.

Question: How can we get the right support to children and young people who need it, and at the right time?

Hospital and crisis services

Even with effective early intervention and prevention, we know that some young people will require intensive support such as hospital treatment or crisis care.

Question: What practical steps could be taken to improve their experience of hospital and crisis care?

How the system works

Commissioning

Despite the obvious importance of children and young people's mental health, CAMHS has been described as a 'Cinderella service'.

Question: How can it be ensured that children and young people's mental health and wellbeing is prioritised in strategic planning and commissioning?

Transition

We know transition, both from CAMHS to Adult Mental Health Services and across different parts of the system, is a problem for many young people.

Question: What practical steps can be taken to improve this?

Shared outcomes

Feedback suggests there is often broad consensus about what we want to achieve for children and young people, but confusion about where responsibility lies.

Question: How can we achieve shared ownership of children and young people's mental health outcomes across the system?

Integration

We know that there are sometimes problems in the way that services addressing mental health issues in children and young people work together.

Question: What practical steps can be taken to improve integration across services working with children and young people's mental health issues?

Data and standards

Data collection

We have received feedback that the collection of data can be a significant time burden on professionals.

Question: What practical steps could be taken to improve the process of collection?

Information sharing

We know that there are sometimes barriers to timely and appropriate sharing of information between professionals and organisations at local level.

Question: Can you point to any good practice and/or innovative solutions in your area?

Vulnerable groups

Extra barriers for vulnerable groups

We know that there are some groups of children and young people who are particularly vulnerable and find it harder to access mental health services (e.g. victims of sexual exploitation, learning disabled children, looked after/adopted children, young offenders).

Question: What practical steps could be taken to help particularly vulnerable children and young people to access mental health services?