



Infrastructure, Policies and Practices in Child and Adolescents' Mental Health

CAMHEE PROJECT –

COUNTRY PROFILES QUESTIONNAIRE¹

1. BACKGROUND INFORMATION

1.1 Details of Project Co-ordinator (person with overall responsibility for co-ordinating the completion of the Country Profile)

Name	Rachel Jenkins		
Country	England		
Area of work	<input type="checkbox"/> Government <input type="checkbox"/> NGO <input checked="" type="checkbox"/> Academic <input type="checkbox"/> Other _____		
Profession			
Please specify if your work entails the following (please tick all that apply)	<input checked="" type="checkbox"/> Mental health care	<input checked="" type="checkbox"/> Mental disorders prevention 	<input checked="" type="checkbox"/> Mental health promotion 
Position and Title	Director of WHO Collaborating Centre and Head of section on mental health policy		
Organisation	Institute of Psychiatry, Kings College London		
Contact Address	De Crespigny Park, London SE 5 8AF		
Phone	44 207 274 4445		
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E-mail	r.jenkins@iop.kcl.ac.uk ; Rachel@olan.org		

1.2 Inclusive dates of data entry (dd/mm/yy through dd/mm/yy): __23.7.08-

1.3 Will this questionnaire describe the situation at the national or a regional level?

X National – Go to 1.4

Regional only – If regional only, please specify which region or regions are covered?

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¹ This questionnaire is based and adapted mainly from Imhpa + HP-source questionnaire for Prevention and Promotion in Mental Health and the Mental and Neurological Health Policy and Services Development Country Profiles Questionnaire

1.4 Details of members involved in the working group.

Name	Area of work (e.g. Govt, NGO, academic etc)	Profession	Position and Title	Organisation	Contact e-mail Address
Rachel Jenkins	Academic	Psychiatrist	Director of WHO Collabora ting Centre and Head of section on mental health policy	Institute of Psychiatry, Kings College London	r.jenkins@iop.kcl.ac.uk
Howard Meltzer	Academic	Statistician/Su rvey Expert	Professor of Mental Health and Disability	University of Leicester	hm74@leicester.ac.uk
Brian Jacobs	Health Service	Psychiatrist		Institute of Psychiatry	Brian.Jacobs@iop.kcl.ac .uk
Tami Kramer	Academic	Psychiatrist	Senior Clinical Research Fellow	Imperial College	t.kramer@imperial.ac.uk
Marjorie Smith	Academic		Co- director	Thomas Coram Research Unit	m.smith@ioe.ac.uk
Morris Zwi	Government	Psychiatrist		Department of Health	morris.zwi@dh.gsi.gov.uk
Dawn Rees	Government			Care Service Improvement Partnership (CSIP)	dawn.rees@csip.org.uk
Eric Taylor	Academic	Psychiatrist	Professor of Child & Adolesce nt Psychiatry	Dept of Child & Adolescent Psychiatry at the Institute of Psychiatry	eric.taylor@iop.kcl.ac.uk
Deborah Hart			Head of Communi cations and policy	The Royal College of Psychiatrists	dhart@rcpsych.ac.uk

2. POLITICS, POLICIES AND PRIORITIES

This covers public policy and judicial enactments, which may impact on children's and adolescents' mental health (CAMH) in either a positive or negative way, including general public health measures, taxation, general legislation, equity and human rights. Please indicate the presence or absence of each policy and the year it was made.

- 2.1 Have **national (or regional) level**², governmental policy documents for children and adolescents' mental health been published (available in paper or electronic format) in any of the following areas?

Please tick if any policies available, even if not all in a category are available, and give specifications of each policy as a separate document reference.

Please specify if all or some of these are at regional level rather than national level:

NB. This document is filled in for the national level.

2.1.1. GENERAL POLICIES related to CAMH

[Every Child Matters, the Children Act 2004](#) and parts of the [National Service Framework \(NSF\) for children, young people and maternity services](#). All relevant to most of what is below

National **Regional**

- (i) Poverty and social exclusion **[Document Reference]**

DCSF - <http://www.dfes.gov.uk/>

Social Exclusion Task Force http://www.cabinetoffice.gov.uk/social_exclusion_task_force/

Social Inclusion Programme – [Reaching Out: An Action Plan on Social Inclusion](#)

[www.cabinetoffice.gov.uk/social_exclusion_task_force/publications/Tackling health inequalities](http://www.cabinetoffice.gov.uk/social_exclusion_task_force/publications/Tackling_health_inequalities)

- (ii) Social welfare (e.g. benefits and payments for disabled) **[Document Reference]**

DWP

Children Young People and Families Programme - [Aiming High for Disabled Children: Short breaks implementation guidance](#)

- (iii) Child protection **[Document Reference]**

Direct gov - <http://www.direct.gov.uk/en/index.htm>

Save the Children - <http://www.savethechildren.org.uk/>

Teachernet - [Safeguarding Children and Safer Recruitment in Education](#)

- (iv) Education and school programmes[⊗] (e.g., school age, availability) **[Document Reference]**

DCSF - <http://www.dfes.gov.uk/>

- (v) Day care legislation/policy for pre-school children **[Document Reference]**

DCSF - <http://www.dfes.gov.uk/>

- (vi) Family friendly workplace policies **[Document Reference]**

DCSF - <http://www.dfes.gov.uk/>

- (vii) Adoption, fostering policies **[Document Reference]**

DCSF - <http://www.dfes.gov.uk/>

- (vii) Divorce and custody policies **[Document Reference]**

DCSF - <http://www.dfes.gov.uk/>

² If you are answering the questionnaire for a region rather than at the national level, please indicate for which region on p.1 of the questionnaire

- (viii) Industrialisation policies (e.g. building & expansion causing displacement) **[Document Reference]**
- ?
- (ix) Urbanisation policies (e.g. growth & expansion rates of towns, cities & their infrastructure) **[Document Reference]**
- ?
- (x) Housing (e.g. state provided housing for certain groups, etc.) **[Document Reference]**

Communities and Local Government - Housing reform, strategy and performance
<http://www.communities.gov.uk/housing/strategiesandreviews/>

- (xi) Anti discrimination (e.g., race, gender, disability, etc.) **[Document Reference]**

DCSF - <http://www.dfes.gov.uk/>

- (xii) Other that apply directly or indirectly to CAMH **[Document Reference]**

2.1.2. SPECIFIC POLICIES and LARGE-SCALE PROGRAMMES for CAMH

Please tick as appropriate to indicate the scale of the policies/programmes and whether the action has gone beyond the stage of approval to be allocated a budget and implemented.

Every Child Matters

National Service Framework for Children and Adolescent Mental health

Both these are relevant to several issues below

National	Regional	Budgeted + Implemented	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Programmes for <u>infants and toddlers</u> <input checked="" type="checkbox"/> [Document Reference] Sure start http://www.surestart.gov.uk/publicationsandresources/
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ii) Parenting support provision [Document Reference] ET - National Academy of Parenting Practitioners - http://www.parentingacademy.org/ www.resepect.gov.uk/members/article
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iii) ET - To create a provision of skilled practitioners who can train parents in evidence based procedures [Document Reference] Sure start http://www.surestart.gov.uk/publicationsandresources/ Connexions http://www.connexions.gov.uk/
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iv) To prevent depression and anxiety [Document Reference] ??
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(v) To prevent suicide and self-harm/mutilation [Document Reference] National Suicide Prevention Strategy http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009474
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(vi) To prevent violence and aggression towards children/adolescents [Document Reference] ??
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(vii) To prevent violence and aggression perpetrated by children/adolescents [Document Reference] Respect Action plan is in www.homeoffice.gov.uk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(viii) To prevent criminal detention [Document Reference] Youth Justice Board - Youth Offender teams - http://www.crimereduction.homeoffice.gov.uk/crpinit/crpinit.htm Home Office - On Track - http://www.crimereduction.homeoffice.gov.uk/crpinit/crpinit.htm Home office policy is on www.homeoffice.gov.uk Youth Crime Action plan is on www.homeoffice.gov.uk/documents/youth-crime-action-plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ix) To reduce stigma and discrimination (racism, bullying, homophobia) [Document Reference] Disability discrimination Act - http://www.opsi.gov.uk/acts/acts1995/ukpga_19950050_en_1 DCSF – 'Don't Suffer in Silence' - http://www.dcsf.gov.uk/bullying/

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(x) To prevent disorders in children associated with parental mental health problems **[Document Reference]**

National Service Framework for CAMH - http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4094607

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(xi) To prevent disorders in children associated with parental alcohol and drug problems **[Document Reference]**

National Service Framework for CAMH http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4094607

2.2. Please summarise the key points of the most important mental health policies for the improvement of mental health of children and adolescents and when they were enacted (put into action). Describe briefly how implementation has proceeded, and any problems/obstacles that have emerged in the course of implementation

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009474

Most important mental health policies etc	When enacted (put into action)	Key points of implementation process and obstacles to implementation.
Our Healthier Nation http://www.archive.official-documents.co.uk/document/cm43/4386/4386.htm	Since 1992 (Health of the Nation), 1999 Our Healthier nation, and	Covers children and young people as well as adults. The increasing rates in young men have turned down since the strategy started.
National Suicide prevention Strategy http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009474	2001 National Suicide Strategy	Liaison with media to prevent glamourisation of suicide and reporting of the method has fallen by the wayside in recent years; otherwise implementation going well .
Every child matters http://www.everychildmatters.gov.uk/publications-and-resources/ Every Child Matters – New approach to the well-being of children and young people from birth to age 19. The Government's aim is for every child, whatever their background or their circumstances, to have the support they need to: <ul style="list-style-type: none"> • Be healthy • Stay safe • Enjoy and achieve • Make a positive contribution • Achieve economic well-being <p>This means that the organisations involved with providing services to children - from hospitals and schools, to police and voluntary</p>	Several documents published late 2004 – see www.everychildmatters.gov.uk	Over the next few years, every local authority will be working with its partners, through children's trusts, to find out what works best for children and young people in its area and act on it. In March 2005, the first Children's Commissioner for England was appointed, to give children and young people a voice in government and in public life. The Commissioner will pay particular attention to gathering and putting forward the views of the most vulnerable children and young people in society, and will promote their involvement in the work of

groups - will be teaming up in new ways, sharing information and working together, to protect children and young people from harm and help them achieve what they want in life. Children and young people will have far more say about issues that affect them as individuals and collectively.		organisations whose decisions and actions affect them.
<p>National service Framework for CAMHS http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4094607</p> <p>National Service Framework for Children, Young People and Maternity Services – Standard 9 – The Mental Health and Psychological Well-being of Children and Young People – All children and young people, from birth to eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.</p> <p>National Service Framework for Children, Young People and Maternity Services – Standard 1 – Promoting Health and Well-being. Identifying needs and intervening early. Updated by Child Health Promotion Programme Guide (CHPP) – Is an early intervention and prevention evidence based public health programme that lies at the heart of all universal services for children and families. Update strengthens delivery in pregnancy and the first five years of life. Effective implementation should lead to strong parent-child attachments and positive parenting, resulting in better social and emotional wellbeing among children.</p>	<p>Published October 2004 – on www.dh.gov.uk</p> <p>Child Health Promotion Programme Guide, March 2008 on www.dh.gov.uk</p>	<p>A Progress Report in November 2006 noted that there had been significant advances in a relatively short period of time and set out recommendations concerning the planning of medium term service improvements.</p> <p>The Family Nurse Partnership programme is an integral part of CHPP and is being tested in 30 sites in England. It is an evidence based programme which has been developed over 30 years in the US with three randomised control trials demonstrating significant impacts on children's wellbeing at 15 years compared to control groups.</p>
Mental Health Act 2007 – amends Mental Health Act 1983. Changes to consent provisions, age appropriate environment for under 18s, introduction of supervised community treatment	Provisions being commenced 2008 through to 2010	Age appropriate environment for under 18s provision not due to be commenced until April 2010 to allow NHS time to develop sufficient facilities etc.
National Suicide Prevention Strategy	Since 1992 (Health of the Nation), 1999 Our Healthier Nation, and 2001 National Suicide Strategy - on www.dh.gov.uk	Covers children and young people as well as adults. The increasing rates in young men have turned down since the strategy started. Liaison with media to prevent glamourisation of suicide and reporting of the method has fallen by the wayside in recent years; otherwise implementation going well
Social exclusion task force - http://www.cabinetoffice.gov.uk/social_exclusion_task_force/ - The role of the Task Force is to coordinate the Government's drive against	Social Exclusion Action Plan published September 2006.	Family Intervention Projects (FIPs) have been established in areas of sufficient need. There are now 53 FIPs

<p>social exclusion, ensuring that the cross-departmental approach delivers for those most in need. The Task Force champions the needs of the most disadvantaged members of society within Government, ensuring that as with the rest of the public service reform agenda, we put people first.</p>	<p>Progress made by the Social Exclusion Task Force is detailed at www.cabinetoffice.gov.uk/social_exclusion_task_force/context.aspx</p>	<p>nationally with 67 due to be operational by the end of 2008. Following successful outcomes of the FIPs, in July 2008 the Government made a commitment in the Youth Crime Action Plan to extend FIPs to every local authority in England by 2010.</p> <p>Child Poverty FIPs – There is also a commitment and drive from the Prime Minister to roll out 10 child poverty FIPs in autumn 2008, with a strong emphasis on parental mental health, alcohol and drug abuse, and work to get parents into employment.</p> <p>Multi-systemic Therapy (MST) – 10 pilot sites announced November 2007. Families at Risk Review – first stage of Review 'Reaching Out: Think Family' published June 2007.</p>
<p>SEAL (Social and Emotional aspects of Learning) - a comprehensive approach to promoting the social and emotional skills that underpin effective learning, positive behaviour, regular attendance, staff effectiveness and the emotional health and well-being of all who learn and work in schools. It proposes that the skills will be most effectively developed by pupils and staff through a whole-school approach to create the climate and conditions that implicitly promote the skills and allow these to be practised and consolidated, direct and focused learning opportunities (during tutor time, across the curriculum, in focus groups and outside formal lessons), learning and teaching approaches that support pupils to learn social and emotional skills and consolidate those already learnt, continuing professional development for the whole staff of a school.</p>	<p>SEAL – guidance published August 2007. See www.standrads.dfes.gov.uk</p>	
<p>Sure Start - Sure Start is a government programme which aims to achieve better outcomes for children, parents and communities by increasing the availability of childcare for all children, improving health and emotional development for young children, supporting parents as parents and in their aspirations towards employment.</p>	<p>The first Sure Start local programmes were set up in 1999. See www.surestart.gov.uk</p>	
<p>Think Family initiative - http://www.cabinetoffice.gov.uk/social</p>	<p>July 2008</p>	

_exclusion_task_force/families_at_risk/~ /media/assets/www.cabinetoffice.gov. uk/social_exclusion_task_force/think_fa milies/think_families%20pdf.ashx		
Think Research: Using research evidence to inform service development for vulnerable groups http://www.cabinetoffice.gov.uk/~media/as sets/www.cabinetoffice.gov.uk/social exclusion_task_force/think_research/thi nk_research%20pdf.ashx (with Barnados)	June 2008	

2.3. Have non-governmental (private enterprise, research institute, NGO, etc) policy documents on child and adolescents' mental health been published?

- Yes – if yes, please specify below: (a)
- No – Go to 2.4
- Don't Know/Unsure – Go to 2.4

(a) Please provide the origin, content area and **[Document Reference]** for of the policy document.

	Non-governmental bodies	Content area of policy document	Document reference
1	Royal College of Psychiatrists	Policies on CAMHS Policies on Prevention	FOCUS - http://www.rcpsych.ac.uk/researchandtrainingunit/focus.aspx Mental Health and Growing Up Series - http://www.rcpsych.ac.uk/mentalhealthinformation/mentalhealthandgrowingup.aspx QINMAC: a Quality Improvement Network for Multi-agency Child and Adolescent Mental Health Services (CAMHS) - http://www.rcpsych.ac.uk/researchandtrainingunit/centreforqualityimprovement/qinmaccamhs.aspx Quality Network for Inpatient CAMHS (QNIC) http://www.rcpsych.ac.uk/researchandtrainingunit/centreforqualityimprovement/qnic.aspx Publications for Professionals - http://www.rcpsych.ac.uk/publications/books/titlesa-z.aspx
3	Young Minds	Lots...	http://www.youngminds.org.uk/publications/ In conjunction with CSIP: 'knowing where to look' http://www.youngminds.org.uk/publications/all-publications/knowing-where-to-look-how-to-find-the-evidence-you-need/
3	Mental Health Foundation	Lots...	http://www.mentalhealth.org.uk/publications/
4	11 million	Young people's experiences of adult MH wards	Pushed into the Shadows - http://www.11million.org.uk/resource/m8vtedhs9cbqx3aid5stkdrk.pdf
5	Samaritans	Suicide & Self Harm; Emotional Health	Suicide and Self Harm Response Kit – contact Tonja Schmidt t.schmidt@samaritans DEAL – youth emotional health - http://www.samaritans.org/your_emotional_health/work_in_schools.aspx
6	Family and Parenting Institute	'Children at Risk'	'Children at Risk' - Children at Risk 2002-2003: Government initiatives and commentaries on Government policies
7	National	Families	CAPE Project -

	Children's Bureau	where parent/carer has mental illness	http://www.ncb.org.uk/Page.asp?originx_9664ph_9328391788962h1s_2007525258h
8	Kings Fund		- paying the price - http://www.kingsfund.org.uk/document.rm?id=7665
9	Joseph Rowntree Foundation		- 'Resilience and Young People Leaving Care' - http://www.jrf.org.uk/bookshop/eBooks/185935369X.pdf - 'The relationship between poverty and parenting' - http://www.jrf.org.uk/bookshop/ebooks/parenting-poverty.pdf
10	University of Oxford Centre for Suicide Research	Suicide and Self Harm	http://www.oup.com/uk/catalogue/?ci=9780198529767
11	Mind	Self harm	Self-harm: understanding the NICE guideline (information for young people - http://www.mind.org.uk/NR/rdonlyres/20E3E70B-B597-4C3E-AC10-2E777795E5F9/2673/SelfharmunderstandingtheNICEguidelineinformationo.pdf
12	NSPCC	CAMHS generally	CAMHS Review 2008: The NSPCC's response to the Call for Evidence http://www.nspcc.org.uk/Inform/policyandpublicaffairs/ppa_wda48585.html (not online yet, but posted there soon)

2.4. Is there an ombudsman for children's rights in your country/region?

Yes – Please give details as an **[Organisational Reference(s)]**

Yes Children's Commissioner

<http://www.11million.org.uk/commissioner/>

No – please state here which department/body is responsible for children's rights, if any

3. MONITORING, SURVEILLANCE AND EVALUATION

This section covers the monitoring and assessment of trends in children's and adolescents' mental health (CAMH) – both positive and negative – and the evaluation of policies and action aimed at improving or maintaining CAMH.

3.1 Is there information on the prevalence of mental disorders among children and young people (e.g. MH disorder prevalence rates) in young country?

- Yes – go to part (a) **Yes**
- No – go to section 3.3

(a) Is the information available at a nation or regional level?

- National – go to part (b) **National and regional**
- Regional (specify)____- **through national CAMHS mapping - www.childhealthmapping.org.uk**_____ - go to part (b)

(b) What are the sources of data of prevalence rates of childhood mental disorders?
(Please tick all that apply)

- National surveys carried out for the National office of statistics or National Statistical Institutes (NSIs) **Yes plus national CAMHS mapping - www.childhealthmapping.org.uk programme**
- Administrative data (GP records, Hospital records, registries) **we have this but its not a good source for prevalence at population level**

3.2 Using what you regard as the best source of data, please give prevalence rates for the following child/adolescent mental disorders:

Where data is not available, please use the following codes to specify:

- The data is not collected – N/C
- The data is available but not in the detail or categories specified here – N/Spec
- The data is available but you do not have access to it – N/Acc
- The data is available but there are concerns over its quality – C/Q
- You do not know if the data is collected – N/K


Disorder	Prevalence (%) to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.1 <u>Anxiety disorders</u>	3.3%	5-16	Current	SDQ, DAWBA	2004
3.2.2 Depression (moderate to severe diagnosis)	0.9%	5-16	Current	SDQ, DAWBA	2004
3.2.3 Bipolar disorder (Manic-depressive)	N/K but extremely small				
3.2.4 Attention-Deficit/Hyperactivity Disorder (ADHD)	Hyperkinetic disorder 1.5%, wider ADHD XX ET – 2.5%	5-16	Current	SDQ/DAWBA	2004
3.2.5 <u>Learning disorders</u>	N/SPEC				
3.2.6 Conduct disorder (act out their feelings or impulses in destructive ways)	5.8%	5-16	Current	DAWBA	2004
3.2.7 Eating disorders	0.3%	5-16	Current	DAWBA	2004

3.2.8	Autism and pervasive developmental disorders	0.9%	5-16	Current	DAWBA	2004
3.2.9	Schizophrenia	N/K Psychosis – infinitesimally small		There are some small scale studies		
3.2.10	Self-mutilation or self harm	3% by parents reports , 7% by young persons reports	11-16		DAWBA	2004
	Disorder	Prevalence (%) to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.11	Childhood/Adolescent suicide attempt	See above				
3.2.12	Childhood/Adolescent Suicide	Attach DH time trend graphs by age group 8 per 100,000 M and 3 per 100,000 F	15-19	Incidence	Death registration	2000-update for 20006
3.2.13	Other common disorder in your country (please specify): alcohol Drugs tobacco	Alcohol and substance abuse in teenagers _Eileen Goddard DH				


3.3 Please give the percentage of the following child population (if available).

Where data is not available, please use the following codes to specify:

- The data is not collected – N/C
- The data is available but not in the detail or categories specified here – N/Spec
- The data is available but you do not have access to it – N/Acc
- The data is available but there are concerns over its quality – C/Q
- You do not know if the data is collected – N/K

Vulnerable child populations	% of child population (or not available code)	Age-range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Description of the data given (e.g. region/ city data applies to, qualitative explanatory information, Year, accurate reflection? etc.)
3.3.1 Children living in poverty	27-31%	0-18			60% below mean household income; national data DWP
3.3.2 Homeless children	110,360 Living in temporary accommodation (absolute number)	Dependent Children' – up to 16, or 18 if in full time education			Shelter
3.3.3 Early school leavers  (Please	Specify 16-17 year olds Ask DFEs for	15-16			PUPIL ABSENCE IN SECONDARY SCHOOLS IN ENGLAND, 2005/06 http://www.dcsf.gov.uk/rsgate

specify age range)	<p>children not attending school ie persistent truanter.</p> <p>Find nos leaving with no qualifications</p> <p>11.7% of Year 11s (15-16) persistent absentees = >63 half days of absence/year (= approximately >20% absent)</p>				way/DB/SFR/s000718/SFR11-2007_3.pdf
3.3.4 Children experiencing bullying	<p>SDQ question re bullying could be analysed but hasn't been yet</p> <p>A couple of times in the last four weeks 17%</p> <p>About once a week 4 %</p> <p>Two or three times a week 3%</p> <p>Most days 5%</p>	Year 8,6,10 (12-15 yr olds)		Survey	Tellus 3 Survey - http://www.ofsted.gov.uk/assets/Internet_Content/CSID/files/National_Summary.pdf
3.3.5 Youth unemployment	25.10%	16-17	March to May 2008		Labour Force Survey – http://www.statistics.gov.uk/StatBase/expodata/files/679190494.csv
3.3.6 Children in care (living in any residential places other than families)	0.5% of children in England of whom 18% are in residential places ie 0.1%	0-18	Past year	DCSF statistical reports	Accurate data . trend falling
3.3.7 Asylum seeker children	<p>MS - 2,965 from applications from unaccompanied under 18s</p> <p>2,560 decisions made: 5% granted asylum; 1% granted humanitarian protection;</p>	Home office	2005		

	15% refused; 69% granted discretionary leave (mostly up to 18 th birthday) =incidence of c. 2000 in 2005				
3.3.8 Traveller children. 	No Robust Figures				Spoke to save the children - says Scotland does annual headcount, but v. inaccurate. National Literacy trust says 8,000 in school system - but unclear how they get this figure, and doesn't include those not in school system Ormiston Trust, Suffolk have done a national study on traveller children Deanna.reid@ormiston.org.uk NOTE – DIANA REID NOT DEANNA Emailed, and was referred to their expert on Gypsies and Travellers jacqueline.bolton@ormiston.org She is away this week but I sent her an email asking if she would reply to you (you are copied in)
3.3.9 Juvenile offenders (cautioned or prosecute d)	ONS 1999 Prisoners - 1.6thousand in juvenile institutions, 5.2 in young offenders institutions		1999 prison populati on		ONS - http://www.statistics.gov.uk/StatBase/expodata/files/679190494.csv
3.3.10 Children abandone d due to parental migration for employe nt	Not known ? Boarding schools –British tradition!				
3.3.11 Other Vulnerable population s: 3.3.12 Disabled children	Mild disability - 19% boys, 17% girls; Severe disability - 11 per 10,000 boys, 5 per 10,000 girls	Under 20	2000		ONS - http://www.statistics.gov.uk/cci/nuget.asp?id=795
3.3.13 Child abuse					
3.3.14 Adolescents at transition from CAMHS to	Very little very good data available but				Reference: Singh S, Paul M, Ford T, Kramer T, & Weaver T.

adolescent mental health service	the TRACK study (which I am involved in) surveyed CAMHS teams in greater London area. Estimated annual average number of cases considered suitable for transfer to AMHS, per CAMHS team (mean 12.3, range 0–70, SD 14.5, n = 37) was greater than the annual average number of cases actually accepted by AMHS (mean 8.3, range 0–50, SD 9.5, n = 33).				<p>Transitions of Care from Child and Adolescent Mental Health Services to Adult Mental Health Services (TRACK Study): A study of protocols in Greater London. BMC Health Services Research (2008) http://www.biomedcentral.com/1472-6963/8/135</p> <p>We are currently analysing data in which we attempted to ascertain rates more rigorously but in reality clinicians estimates turned out the best way of assessing numbers – data bases were less reliable. Current work will also describe the young people most at risk of no continuing psychiatric care</p>
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3.4 Is there information on national or regional child and adolescents' positive mental health (e.g. children's wellbeing, self-esteem, quality of life, resilience, etc) collected through monitoring and/or surveillance activities (tick one)?

- Yes – please provide **[Document Reference]** for the most recent report
- No – Please use coding for not available as above (NC, N/Acc etc): _____ - Go to 3.6

3.5 Using what you regard as the best source of data, please give prevalence rates for the following aspects monitored for positive CAMH:

Positive child and adolescent mental health	Prevalence (%) to 1 decimal place or N/A (not available)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.5.1 Wellbeing/self-esteem Percentage of young people rating their health as 'fair or poor', aged 11, 13 and 15: 2001	83.5 – UNICEF report http://www.unicef.org/media/files/ChildPovertyReport.pdf	11, 13, 15			2001
3.5.2 Quality of Life _____ _____	Got Hold of results of Tell Us 3 for 2005/6 (as in 3.3.4)– nothing of real use http://www.ofsted.gov.uk/assets/Internet_Content/CSID/files/National_Summary.pdf				

3.5.3	Resilience _____ _____	Social aptitudes and children's strengths in 2004 children's psych morbidity survey- but the data cannot be used to produce a prevalence rate .			
3.5.4	Other (please specify) _____ _____				

3.6 Are policies for children and adolescents evaluated and reported in the following areas (tick all that apply)?

- (i) Mental health service and care policies **[Document Reference]**
CAMHS review chaired by Jo Davidson and Bob Jeppard-due to report soon
CAMHS mapping - www.childhealthmapping.org.uk - www.childhealthmapping.org.uk
Service targets-PSAs
- (ii) Mental health promotion policies (evaluation and/or reporting) **[Document Reference]**
[SEAL](#) is being evaluated locally
[Every child matters](#) and NSF both set out a framework for monitoring , but not yet implemented
- (iii) Mental disorder prevention (evaluation and/or reporting) **[Document Reference]**
PSA target for 2008-09 to commission early intervention, prevention and promotion services
- None of the above

Where applicable comment on evaluation and/or reporting process, methods, variables, etc using the table below.

Policy	Evaluation methodology	Reporting process including Document Reference
(i) Mental health service and care policies		National CAMHS support service http://www.cypf.csip.org.uk/silo/files/ncss-learning-perspectives.pdf
(ii) Mental health promotion policies (evaluation and/or reporting)		
(iii) Mental disorder prevention (evaluation and/or reporting)		

Also NICE guidelines on prevention of substance abuse; prevention of conduct disorders; prevention of impact of parental mental disorder -

<http://www.nice.org.uk/guidance/index.jsp?action=byTopic&o=7281&set=true>

Evaluation of Sure start

Work of drug action teams to prevent drug abuse.

ASSET assessment tool undertaken in youth justice system

4. IMPLEMENTATION

TRIED PHONING BRIAN JACOBS BUT NO ANSWER. SENT EMAIL TO WHICH YOU ARE COPIED IN Brian.Jacobs@iop.kcl.ac.uk

This covers initiatives and capacity for public health action aimed at improving, maintaining or promoting CAMH. Providers of services and programmes should be included in this section. Please indicate the availability of services and programmes as the percentage of the relevant child population with access to the specified action (whether it is universal, targeted or indicated).

- 4.1. Please provide names and **[Organisational Reference(s)]** for the principal bodies (main providers) that are involved in implementing programmes and other action (such as helpline initiatives, services and legislation affecting MH) for children and adolescents:

4.1.1. Mental health care and services **Department of Health and Department for Children, Schools and Families** - <http://www.dfes.gov.uk/>

4.1.2. Mental health promotion and mental disorder prevention: **Department of Health and Department for Children, Schools and Families** - <http://www.dfes.gov.uk/>
NGOs

- 4.2 How available are services for child and adolescents' mental health care and treatment? (Please circle the category that best applies).

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). If you do not know the approximate availability, please write D/K in the quantification column.

Where service availability varies in different parts of your country, please try to take the country or region as a whole. The term "appointment" also includes telephone consultations.

Services are patchily available across the country. Colleagues were not happy to assign percentages as below. See www.childhealthmapping.org.uk

Services	Not available ↓				Widely available ↓	Quant. or D/K ↓
	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.1 Child Psychiatric appointments	0%	1-25%	26-50%	51-75%	76-100%	_____
CMHS mapping for consultations						
4.2.2 Psychologist appointments	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.3 Social service appointments for children (e.g. child protection)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.4 Family therapy/counselling appointments	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.5 Infant-specific services (e.g. early intervention services)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.6 Adolescent-specific services (e.g. outpatient centres)	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.7 Group therapy	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.8 School counselling	0%	1-25%	26-50%	51-75%	76-100%	_____
Often provided by charities						
4.2.9 Pharmacological treatment	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.10 Psychosocial rehabilitation centres for adolescents	0%	1-25%	26-50%	51-75%	76-100%	_____

Oxford

4.2.11 in-patient beds on general psychiatric ward 0% 1-25% 26-50% 51-75% 76-100% _____

College research unit and monitored under the mental Health act

4.2.12 in-patient beds on child psychiatric ward 0% 1-25% 26-50% 51-75% 76-100% _____

Other (please specify):

4.2.13 ___school nurses _____ 0% 1-25% 26-50% 51-75% 76-100% _____

4.2.14 ___paediatricians _____ 0% 1-25% 26-50% 51-75% 76-100% _____

Hospital liaison services for CAMHS
 CAMHSA workes in other teams
 Split chdilren and adolescents in relation to beds

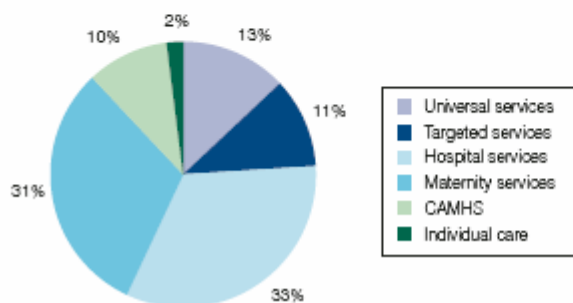
4.2 Agreed – it is not possible to derive this information from the CAMHS mapping as far as I can see.

Possibly worth noting CAMHS expenditure of £461M compared to hospital paediatrics of £1372M

Expenditure on different service areas indicated that children’s hospital services accounted for £1,502M, 33% of the total budget in 2005/6, maternity services for £1,372M (31% of the total budget), universal services £563M (13%), targeted services £496M (11%) and CAMHS £461M (10%) (Fig. 2.2).

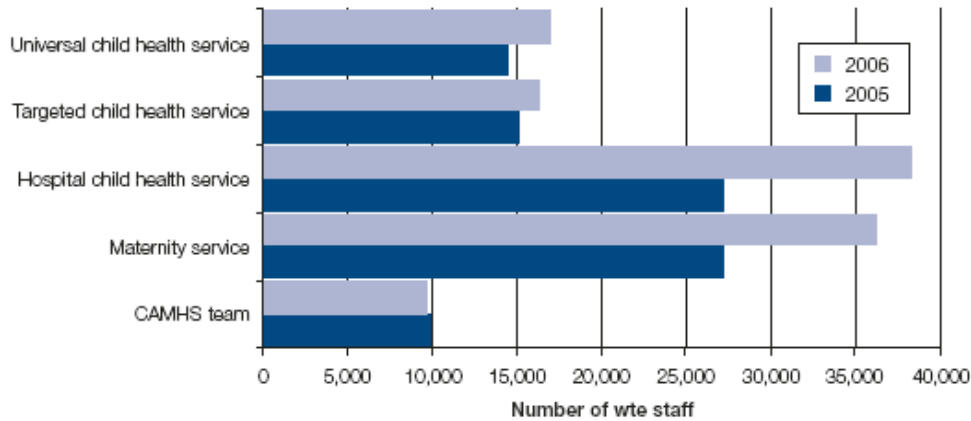
Expenditure on individual care, or spot purchasing for children and young people with complex needs accounted for £110M, 2% of the total budget.

Fig. 2.2: 2005/06 child health, CAMHS and maternity service expenditure by service area



The workforce trend is telling and reflects what I was saying at the meeting:

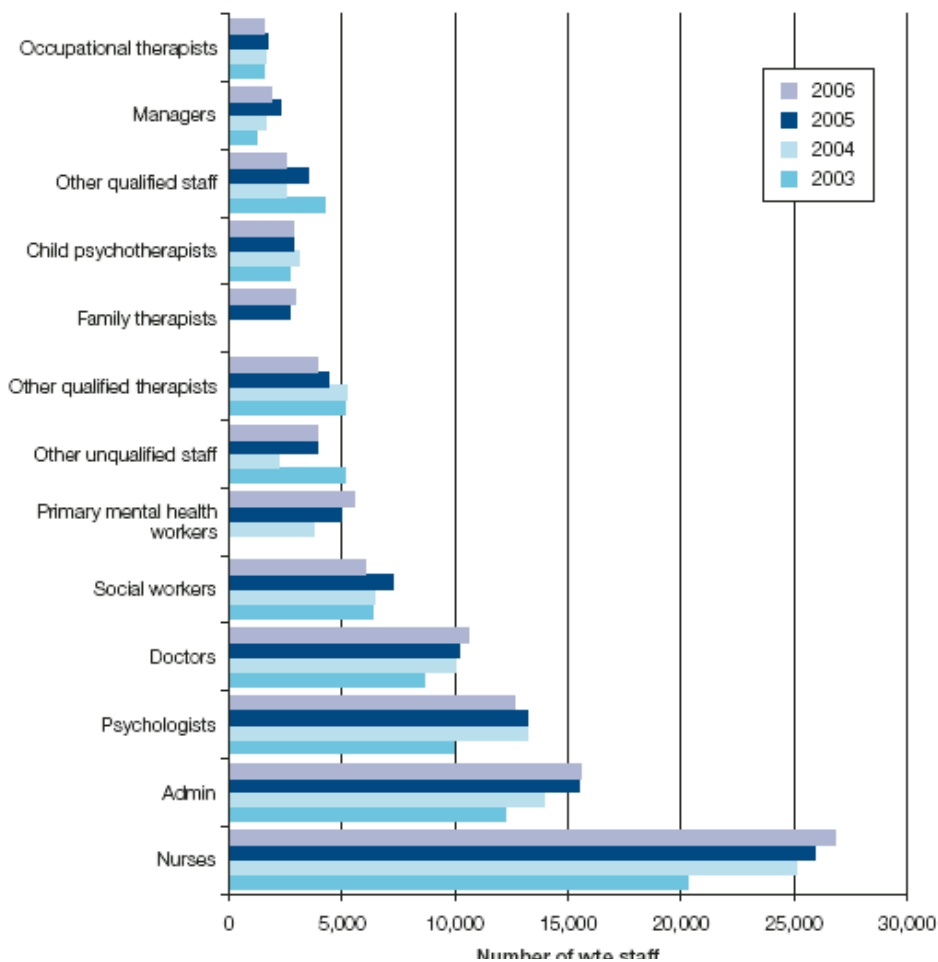
Fig. 3.1: Trends in total workforce 2005 to 2006 (wte)



CAMHS is the only area with a drop 2005 to 2006

I have copied the workforce figures. Here I am somewhat sceptical of the supposed numbers of doctors involved as I think there are about 600-700 Consultant Child & Adolescent Psychiatrists in the country and the figure for doctors is in excess of 10,000. I do not see 10 other doctors working alongside me even at The Maudsley, let alone elsewhere in the UK.

Fig. 3.3: Trends in CAMHS workforce by professional group 2003 to 2006



4.3. How available are programmes for child and adolescents' mental health promotion and mental disorder prevention? (Please circle the category that best applies).

see www.childhealthmapping.org.uk

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). Please also provide **[Document Reference(s)]** and include a few lines describing some of the key programmes that exemplify high quality in your country of region.

If you do not know the approximate availability, please write D/K in the quantification column

Programmes	Not available ↓					Widely available ↓	Quant. or D/K ↓
	0%	1-25%	26-50%	51-75%	76-100%		
4.3.1 Home-based for infants	0%	1-25%	26-50%	51-75%	76-100%	_____	
4.3.2 Home-based for children	0%	1-25%	26-50%	51-75%	76-100%	_____	
4.3.3 Parenting programmes (general population)	0%	1-25%	26-50%	51-75%	76-100%	_____	
4.3.4 Parenting programmes (specified at risk population)	0%	1-25%	26-50%	51-75%	76-100%	_____	
4.3.5 School mental health promotion (e.g. teaching well-being life skills)	0%	1-25%	26-50%	51-75%	76-100%	_____	

Friends

SEAL - <http://www.standards.dfes.gov.uk/primary/publications/banda/seal/>

DCSF <http://www.dfes.gov.uk/>

4.3.6 School targeted preventive programmes (e.g. anti-bullying)	0%	1-25%	26-50%	51-75%	76-100%	_____
--	----	-------	--------	--------	---------	-------

DCSF - <http://www.dfes.gov.uk/>

4.3.7 Drug and alcohol abuse prevention	0%	1-25%	26-50%	51-75%	76-100%	_____
---	----	-------	--------	--------	---------	-------

Mostly in voluntary sector funded by Gov money

4.3.8 Promotion/prevention at hospital/clinic	0%	1-25%	26-50%	51-75%	76-100%	_____
---	----	-------	--------	--------	---------	-------

4.3.9 In Churches, clubs, recreation centres	0%	1-25%	26-50%	51-75%	76-100%	_____
--	----	-------	--------	--------	---------	-------

4.3.10 Promotion/prevention via Internet	0%	1-25%	26-50%	51-75%	76-100%	_____
--	----	-------	--------	--------	---------	-------

NHS direct - <http://www.nhsdirect.nhs.uk/>

NGO websites

NHS electronic library - <http://www.library.nhs.uk/Default.aspx>

RCPSych website - <http://www.rcpsych.ac.uk/>

4.3.11 Protective services	0%	1-25%	26-50%	51-75%	76-100%	_____
----------------------------	----	-------	--------	--------	---------	-------

DCSF - <http://www.dfes.gov.uk/>

4.3.12 Custodial settings (detention centres)	0%	1-25%	26-50%	51-75%	76-100%	_____
---	----	-------	--------	--------	---------	-------

Home Office - <http://www.homeoffice.gov.uk/>

Youth Justice Board - <http://www.yjb.gov.uk/en-gb/>

4.3.13 Community settings	0%	1-25%	26-50%	51-75%	76-100%	_____
---------------------------	----	-------	--------	--------	---------	-------

Sure Start - <http://www.surestart.gov.uk/publicationsandresources/>

Childrens centres

4.3.14 telephone counselling 0% 1-25% 26-50% 51-75% 76-100% _____

Trained counsellor

child Line - www.childline.org.uk

Young Minds - <http://www.youngminds.org.uk/>

Samaritans - <http://www.samaritans.org/>

Other (please specify):

4.3.15 **Primary mental health workers (PMHW's)** 0% 1-25% 26-50% 51-75% 76-100% see below

2004→ 362 whole time equivalents (from CAMHS mapping - www.childhealthmapping.org.uk)

2005→ 562 whole time equivalents (from CAMHS mapping - www.childhealthmapping.org.uk)

2006→ 664 POSTHOLDERS – different from whole time equivalents → from our national survey (see below)– but overall a big increase over recent years

In terms of distribution nearly ¾ trusts providing CAMHS services had them in 2006 as opposed to 1/3 trusts in 2003.

They are scattered throughout the RHA's (table 1 page 9 of report quoted below)

Further possible relevant info regarding PMHW's is that promotion and early intervention are core aims of this group of workers. We didn't ask specifically about how much promotion and prevention they do but when they listed interventions they offered, 'parent training' was most frequently offered therapy, and training of 'tier 1 professionals' ie all those working with children (in which they included about emotional wellbeing) is one of their core roles.

More detail can be found in the full report although one limitation is that it only reflects PMHW views on what they do!

Hickey N, Kramer T, Garralda M (2007) Primary Mental Health Workers (PMHWs) in Child and Adolescent Mental Health Services: A survey of organisation, management and role. DOH, www.csip.org.uk/~cypf/camhs/primary-mental-health-workers.html

One member of our group thought this model of service delivery (in which specific workers linked with CAMHS support frontline professionals in other settings) has improved access to CAMHS (at community level and for certain vulnerable groups) and as such this might be an important recent advance in terms of promotion and prevention for **Q 8.2.** But another senior consultant member of our group considered that in some areas, there is a pressure to get less professionally qualified people to manage very complex cases. Contrary to "popular" wish (ie among some managers) complex cases do present in very significant numbers at tier two and access may be being mistaken for competence to manage what presents appropriately.

4.3.16 _____ 0% 1-25% 26-50% 51-75% 76-100% _____

Key barrier is human resources - and curriculum development to support a modern workforce, and post graduate training plus funding from Trusts for training

Policy shift to promotion and prevention so care services have been drained of skilled staff

People being pushed to deal with things above their level of competency

- 4.4. In addition, are there specific subgroups of children and adolescents that have access to specially designated mental health services or promotion/preventive action, tailored to the subgroup's unique needs?³

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). Please also provide **[Document Reference(s)]** and include a few lines describing some of the key programmes that exemplify high quality in your country of region.

If you do not know the approximate availability, please write D/K in the quantification column **We can't do rates because we don't know denominators.**

PO Svanberg (DH Psychologist) - England is currently testing the US Nurse Family Partnership in 10 pilot sites, shortly to increase to 30 to also include a comprehensive RCT. The target group is first time mothers under 20 years of age which does include mothers from migrant populations, living in poverty etc although they are not identified as such as a criteria for joining.

Subgroups	Specially designed services					Quant. or D/K ↓
	Not available ↓	1-25%	26-50%	51-75%	76-100%	
4.4.1 Minority groups	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.2 Migrant populations	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.3 Orphans	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.4 Children living in poverty	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.5 Runaways/homeless	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.6 Refugees/disaster-affected populations	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.7 "Seriously emotionally disturbed"	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.8 Victims of bullying	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.9 Early school leavers	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.10 Unemployed youth	0%	1-25%	26-50%	51-75%	76-100%	_____
Other (Please specify):						
4.4.11 <u>looked after children</u>	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.12 <u>Children permanently excluded from school</u>	0%	1-25%	26-50%	51-75%	76-100%	_____

Teenage mothers

³ Question adapted from WHO MH Atlas on children and adolescents (2005)

5. KNOWLEDGE DEVELOPMENT, RESEARCH AND INFORMATION DISSEMINATION

This section covers country or regional initiatives to develop the knowledge base and disseminate knowledge in the area of children's and adolescents' mental health.

Please indicate and give details in an accompanying reference sheet for key research and dissemination activities and the organisations which carry this out.

5.1 Provide **[Document or Organisational Reference(s)]** of up to 3 key research projects being conducted in your country into:

5.1.1 Child and adolescent psychiatric disorders

- (i) **National psychiatric morbidity surveys**
- (ii) **Caspi et al studies of genetic and social influences**
- (iii) **Longitudinal studies – ETALSPAC**
- (iv) **Multisystem treatment trial-UCL / - cathy.james@dh.gsi.gov.uk leads on this** _____
ET - Children's theme of NIHR Biomedical Research Centre

5.1.2 Care related issues

- (i) **CAMHS mapping - www.childhealthmapping.org.uk**
- (ii) **ET -Therapeutic foster care project (Green; Manchester/York)**
- (iii) _____

5.1.3 Prevention of mental disorders

- (i) **Stephen Scott research, and Sarah Stewart Brown** _____
- (ii) _____

5.1.4 Promotion of mental health

- (i) **Nuffield resilience studies** _____
- (ii) **Stephen Scott** _____
- (iii) **Social pedagogy research** _____
- (iv) **Describe safety nets for housing, benefits, etc** _____

5.2 What are the principal bodies involved in information dissemination to keep health care professionals informed about children's and adolescents':

5.2.1 Mental health care and services provision? Please provide **[Organisational Reference(s)]** and include a few lines describing the organisation's dissemination activities.

ACAMH (association of child and adolescent mental health) <http://www.acamh.org.uk/>
British Psychological Society <http://www.bps.org.uk/>
CSIP -Care Services Improvement Partnership <http://www.cypf.csip.org.uk/camhs>
DCSF <http://www.dfes.gov.uk/>
Department of Health <http://www.dh.gov.uk/>
NICE <http://www.nice.org.uk/>
Royal College of GPs <http://www.rcgp.org.uk/>
Royal College of Psychiatrists <http://www.rcpsych.ac.uk/>
SANE <http://www.sane.org.uk/>
Social Care Institute of Excellence <http://www.scie.org.uk/>
Social Exclusion Task Force http://www.cabinetoffice.gov.uk/social_exclusion_task_force/
UK Cochrane Centre www.cochrane.co.uk

5.2.2 Mental health promotion and mental disorder prevention? Please provide **[Organisational Reference(s)]** and include a few lines describing the organisation's dissemination activities.

____ ?? _____

6. YOUTH INVOLVEMENT

Here, we are interested in how children and adolescents are included in the process of policy decision-making and programme planning and implementation, which aims to affect their mental health and well being. This includes means by which children are consulted, through surveys or focus groups for opinion and information as well as their involvement as active agents in programme implementation (e.g. in peer-led initiatives).

6.1 Are children and adolescents involved in: **Yes they are but not systematically. for more information contact roz.rosppopa@csip.org.uk who leads on CAMHS service user participation**

6.1.1 Implementing national, regional and municipal programmes in the field of CAMH and related fields?

Yes – provide **[Document Reference]** and briefly describe _

1 or 2 in Leeds very patchy. More in local authorities who do focus groups.

____ **CAMHS review-first section is for children's input**

____ **National children's bureau and young minds has children on the board.**

-National Children's Bureau and Young Minds has children on the board. _____ National CAMHS Support Service in CSIP has a user participation lead see above

No

6.1.2 Programme design and implementation of mental health promotion and/or mental disorder prevention programmes?

Yes – provide **[Document Reference]** and briefly describe
____ ??

No

6.1.3 Decision-making processes?

Yes – provide **[Document Reference]** and briefly describe __ ??

No

6.1.4 Development of CAMH policies?

Yes – provide **[Document Reference]** and briefly describe **_no but included in the CAMHS review_**

11 million

Child Line reports on young runaways

Young Minds SARAH.BRENNAN@YOUNGMINDS.ORG.UK - <http://www.youngminds.org.uk/publications/>

NSPCC - <http://www.nspcc.org.uk/>

No

6.2 In your opinion, what could be done in your country to increase participation of children and adolescents in the development of action for mental health?

Most successful example is looked after children. Otherwise currently tokenism rather than serious consultation. Need more evaluative research on best methods.

Young Minds had a children and young people participation officer until recently sarah.brennan@youngminds.org.uk

_New mental health code of practice insists on user representation for children

Advocacy for looked after children is statutory– funding for qualification in children’s advocacy is being funded by National CAMHS Support Service and developed by Welsh Assembly

kathryn.pugh@dh.gsi.gov.uk leads on CAMHS elements of MHAct and Mental Capacity

7. HUMAN AND FINANCIAL RESOURCES

This section asks about professional resources and financial resources, looking at the provision mechanisms, distribution and availability as well as the quality of human resources (specialisation and training) in the field of CAMH in your country.

Professional Workforce

7.1 Is higher education specifically in children and adolescents' mental health promotion and/or mental disorder prevention available from at least one institution of higher education (tick one)?

Yes – provide **[Organisational Reference(s)]** for each institution

(i) health promotion course with some mental health ? Bristol of Southhampton

(ii) DH sub gp currently looking at this- - Barry Nixon barry.nixon@wwl.nhs.uk is national CAMHS workforce lead within CSIP and is commissioned by National CAMHS Support Service _____

(iii) _____

(iv) _____

No

7.2 Is training in CAMH issues included in the curricula of relevant higher education qualifications?

Yes – if yes, please fill in table (a)

No – go to 7.3

(a) Please specify what training in children and adolescents' mental health issues forms a part of the higher education national curriculum (as a specific course or part of a general course) of different relevant professionals and the number of credits/hours this entails

	Undergraduate	CAMH-specific course?	Post graduate/ Master level	CAMH-specific course?	Num credits	Num hours
Medical doctors (basic undergraduate training)	Variable but small	<input type="checkbox"/>		<input type="checkbox"/>		
Primary care doctors/GPs		<input type="checkbox"/>	Most don't do any	<input type="checkbox"/>		
Paediatricians		<input type="checkbox"/>	patchy	<input type="checkbox"/>		
Public health professionals		<input type="checkbox"/>	Hardly any	<input type="checkbox"/>		
Primary care nurses	No	<input type="checkbox"/>	No	<input type="checkbox"/>		
Psychiatric nurses	Yes placements	<input type="checkbox"/>	Yes – placements	<input type="checkbox"/>		
Psychologists	patchy	<input type="checkbox"/>	Patchy	<input type="checkbox"/>		
General psychiatrists		<input type="checkbox"/>	6mths of child psych or LDs	<input type="checkbox"/>		
Staff of juvenile detention centres	Were untrained but now changing	<input type="checkbox"/>	No	<input type="checkbox"/>		
Teachers		<input type="checkbox"/>		<input type="checkbox"/>		
Social workers		<input type="checkbox"/>		<input type="checkbox"/>		
Other relevant professional (please specify)	Not yet					
School nurses		<input type="checkbox"/>		<input type="checkbox"/>		
_____		<input type="checkbox"/>		<input type="checkbox"/>		
_____		<input type="checkbox"/>		<input type="checkbox"/>		
_____		<input type="checkbox"/>		<input type="checkbox"/>		

7.3 Do medical professions specialised exclusively in CAMH exist in your country?

- Yes – go to part (a) **Yes**
- No – go to 7.4

(a) Please give the number of practitioners registered and the number of these in private practice:

7.3.1 Number of child or adolescent psychologists? ask BPS in private practice? Very few_____.

7.3.2 Number of child or adolescent psychiatrists? ask RCPSych or CAMHS mapping - www.childhealthmapping.org.uk in private practice? very few_____.

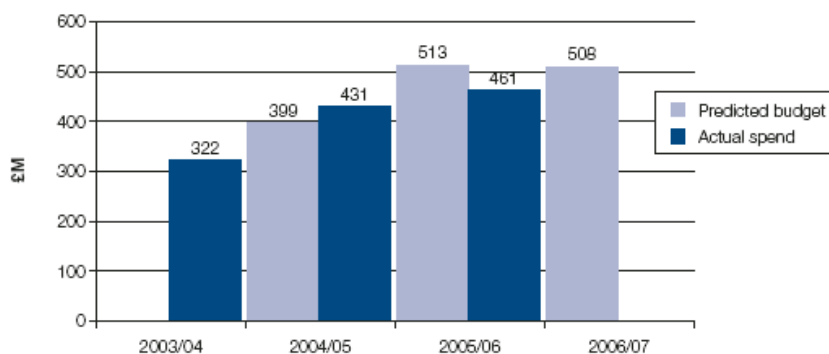
Funding

7.4 In the past 5 years, how has resource allocation to child and adolescents' mental health in general changed? (Please tick)

- Large increase in resources **yes**
- Small increase in resources
- No or little change in resources
- Small decrease in resources
- Large decrease in resources

Although there has been a significant increase in funding in the past five years, this has been from a low base, much of the money has gone to specific multi-agency projects with relatively little going into supporting core CAMHS services and there has been an expectation that projects will then be taken into core funding later. Often this has not been possible or other services have been lost as a result. These are only anecdotal observations but I have heard this from a number of different sources in different services around the country. By contrast some services have undoubtedly benefited. The growth money has now ceased and cuts seem to be the order of the day. This has certainly been the case in SLAM in community services and I do not think it is unique.

Fig. 2.4: Trends in CAMHS commissioning budget 2003 to 2007



This looks much rosier than I am describing but I suspect it represents much investment in projects as described.

7.5 In the past 5 years, how has resource allocation to specific areas of child and adolescents' mental health changed?

Please refer to real (proportional) change in resources, not to change due to economic growth, inflation or currency change. (For example, because of a general increase in a country's economic growth, resources may appear to increase, while their proportional allocation does not increase – do not record this as an increase).

Reported spend on CAMHS £322m in 2003/4, £523m in 2006/7 (source: A profile of child health, child and adolescent mental health and maternity services in England 2008 – DH, DCSF and Durham University – to be published in late 2008)

7.5.1 Evidence-based and community-oriented / family-focused services (please tick):

- Large increase in resources
- Small increase in resources
- No or little change in resources
- Small decrease in resources
- Large decrease in resources

7.5.2 Evidence-based MH promotion activities (please tick):

- Large increase in resources
- Small increase in resources
- No or little change in resources
- Small decrease in resources
- Large decrease in resources

7.5.3 Treatment and care in residential institutions (please tick):

- Large increase in resources
- Small increase in resources
- No or little change in resources
- ET - Small decrease in resources. Increase private provision for adolescents, decrease in NHS provision for children.
- Large decrease in resources

7.6 Are funds dedicated to children and adolescents' mental health clearly identifiable in the most recent national budget? (please tick)

- Yes – If yes, please specify the amount _____€ - then give details in part (a)
- No – go to 7.7
- Don't know

Morris

(a) How are the clearly identifiable funds distributed across CAMH services?

- Distributed for specific areas – please provide the amounts, if available:

NO

Area	Amount
Mental health care	€
Mental health promotion	€
Mental disorder prevention	€
Other (specify)	€

- Distributed for relevant activities (e.g., parent training programmes, school suicide and violence prevention, screening and early detection, drug and alcohol abuse prevention, etc.) – please provide the amounts, if available: **NO**

Activity (please specify)	Amount
(i)	€
(ii)	€
(iii)	€
(iv)	€

7.7 Are funds used for CAMH **not** clearly identified but rather mixed in with other funds in the most recent national budget?

- Yes – If yes, please identify the areas which hold funds used for CAMH (e.g. mental health budget, education budget allowance, housing etc.) and where available, indicate the proportions ____ **Yes**

- No – go to question 7.8
- Don't know

7.8 Are funds dedicated to children and adolescents' mental health clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, associations, etc)? (Please tick)

- Yes **Yes**
- No – go to Section 8
- Don't know

7.9 Which are main donors of funds to NGOs (state budget, regional/municipal budgets, international organisations/foundations, private for-profit sector, etc)?

DH
LAs
Charitable
donations

8. PERSONAL EVALUATION OF THE STATE OF THE FIELD

Here we would like to hear your opinion of the state of the field of CAMH in your country. Please try to reach a level of agreement in your coalition group. If this is not possible, please indicate with the phrase: "difference of opinions".

Recent advances

- 8.1 What have been the key recent advances in your country related to children and adolescents' mental health care? Please list up to 5 and include their dates:

Key recent advances in CAMH care	Date	Additional comments
1. CAMHS map ing		So we know what services exists
2. Intersectoral and interdisciplinary working		
3. early intervention in psychosis		
4. early intervention services		
5. attempt to deal with regional variations NICE guidelines CAMHS services extending to age 18 and for learning disabilities		
LDH commissioning of a national service improvement team for CAMHS – the NATIONAL CAMHS SUPPORT SERVICE to support the delivery of a comprehensive CAMHS as set out in the children's NSF standard		- Increased use and understanding of psychopharmacology Development of more specialised services within CAMHS teams – e.g. for neuropsychiatry (autism, ADHD); intensive parenting; specific anxiety disorders.

- 8.2 What have been the key recent advances in your country related to children and adolescents' mental health promotion or mental disorder prevention? Please list up to 5 and include their dates:

Key recent advances in CAMH promotion/prevention	Date	Additional comments
1. joint schools /CAMHS projects encouraging experiments		
2. SEAL		
3 realisation of need to more active promotion.		
4. ONS datasets surveys		
5. - Targeted Mental Health in Schools		
6. - online training in understanding basic principles of mental health for anyone working in universal and mainstream children's services. https://learning.camhs.org.uk		
7. development and publication of core competencies for primary mental health workers working with children and young people		
Wide spread development of parent		

Tackling inequalities

- 8.3 In your view, is the data routinely being collected on CAMH issues in your country the right data?
- Yes – Please provide an example of appropriate data collection:**
 _____ **CAMHS mapping - www.childhealthmapping.org.uk psychiatric morbidity surveys**
- _____
- No
- 8.4 In your view, is the data routinely being collected on CAMH issues in your country used in an effective way?
- Yes – Please provide an example of appropriate data use: _____
_CAMHS mapping - www.childhealthmapping.org.uk and psych morbidity surveys are used _____
- No
- 8.5 In your view, which are the most important sectors for the promotion of children and adolescents' mental health in your country?
- _preschool provision –very little at present**
Schools
Care workforce if we upskilled them
NGOs _____
- _____
- _Overload on policy but patchily implemented**
Lack of integration of policy
Shift from focus on conduct disorder to anxiety and depression
- _____
- _____

8.6

Are there any examples of successes in intersectoral work? (E.g. involvement of social welfare, the school systems, media, employment sector)?

- No – go to 8.2.5
- Yes – Please give descriptions of successes:

Youth Offending Teams (YOT) -

There is a YOT in every local authority in England and Wales. They are made up of representatives from the police, Probation Service, social services, health, education, drugs and alcohol misuse and housing officers.

In my view these teams have managed to overcome many of the obstacles we face in intersectoral working- possibly through having to work to a very focussed and unitary purpose- crime prevention in young people. So if the question is about working together , they are a good example. (To what extent their work has reduced crime is a much wider debate).

Looked after children -

An area where good intersectoral work is developing. Looking at CAMHS mapping - www.childhealthmapping.org.uk (06/07)

'The number of targeted and dedicated worker teams with a focus on looked after children and social services continued to increase but the numbers were small – 59 targeted teams and 23 dedicated worker teams. The majority of the 9,454 looked after children on the 2006 CAMHS caseload were supported by a range of services; 56% by generic teams, 31% by targeted teams, 8% by dedicated worker teams and 6% by tier 4 teams'

Targeted team -

These teams provide for children with particular problems or requiring particular types of therapeutic intervention.

Dedicated worker teams: Dedicated workers are fully trained CAMHS professionals who are out-posted in

___Youth offender teams
Looked after children and mh
Learning disabilities

8.6 Are there examples in your country of barriers or obstacles in working across sectors for children and adolescents?

- No – go to 8.2.6
- Yes – Please give:

Example of a barrier to intersectoral work in your country: _____

Budgets


Culture

Training

Suggestion of how these barriers might be overcome: _____

Increased budgets

Training

8.8 Is there a clear understanding of the wider determinants  for children and adolescents' mental health among:

(a) Policymakers?:

Yes – please suggest at least 1 example of a factor which have contributed to this:

No – Please give an example of a main obstacle and suggest how it might be overcome _____

_____ **continued failure of policy makers to look at the statistical risk factors**

(b) Professionals?:

Yes – please suggest at least 1 example of a factor which have contributed to this:

No – Please give an example of a main obstacle and suggest how it might be overcome _____

_____ **patchy and much disagreement on perspectives**

(c) The general public?:

Yes – please suggest at least 1 example of a factor which have contributed to this:

_____ **patchy**

No – Please give an example of a main obstacle and suggest how it might be overcome _____

8.3 Further development

8.3.1 In your view what have been/are the most important barriers or issues that impede action on children and adolescents' mental health care in your country? Please list up to 5:

Most important barriers to action in CAMH care	Date	Additional comments
i. Resources		
ii. Training		
iii. Stigma - contact fiona.gale@camhs.org.uk in national CAMHS Support Service who has completed Doctoral thesis on young people's perceptions of stigma in receiving mental health services		
iv. commissioning-poor knowledge		
v.		
vi.		

8.3.2 In your view what are the most important barriers or issues that impede action on children and adolescents' mental health promotion or mental disorder prevention in your country? Please list up to 5:

Most important barriers to action in CA MHP and MDP	Date	Additional comments
i.		
ii.		
iii.		
iv.		
v.		

8.3.3 What support would be needed in your country to increase action to improve child/adolescent mental health services?

Resources

Training-basic and CPD and joint.

Upskill commissioners __better understanding of outcome measurement

More evaluation

More focus on implementation and less on new policies

8.3.4 What support would be needed in your country to increase action to improve child/adolescent mental health promotion and prevention of mental health problems/disorders?

9. *Any further comments on CAMH infrastructures[☞], policies and practice in your country not addressed in this form:*

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THDDDIS QUESTIONNAIRE