

How to access Child and Adolescent Mental Health Services (CAMHS)

Mental health is just as important to your child as physical health but what do we mean by “mental health”? Generally it is a measure of how well someone manages and overcomes daily challenges and difficulties. The medical profession usually consider children and young people are mentally “healthy” if they are able to:

- develop emotionally and intellectually;
- enjoy personal relationships;
- become aware of others;
- develop a sense of right and wrong ; and
- play and learn.

Unfortunately even the word “mental” produces very negative feelings but everyone has a mind and therefore we are all “mental beings”! If your child is disabled they may not be able to do some of these things listed above but that does not mean that they are mentally “unhealthy” or mentally ill. Even the most severely disabled child will experience personal relationships, have an awareness of others, respond to play, and develop emotions. There are times when children feel stressed, anxious, worried, upset, or even angry; these are all signs that their mental health is not at its best. Mental health, like physical health, can vary from time to time and in severity and tends to mainly affect behaviour and emotions. Some mental health problems like anxiety or hyperactivity are quite manageable; others can grow and become mental disorders, where there is a danger of harm to others or themselves. The most common are emotional disorders or conduct disorders. At the extreme are the few children who have a severe mental disorder or illness. They may be very depressed or suicidal.

Some years ago it was recognised that the mental health of a child was just as important as their physical health. Child and Adolescent Mental Health Services (CAMHS) were set up to promote the mental health and psychological wellbeing of children and young people and to offer assessment and treatment as well as give support to families. Children and adolescents with chromosome disorders can experience emotional and behavioural problems that are beyond the usual range faced by those of a similar age and gender. If they also have communication difficulties or learning disabilities it can be very difficult to decide if their behaviour is due to mental health problems or because of a physical problem. Recent studies have shown that disabled children and young people and those with learning disabilities are more likely to have mental health problems and have a harder time accessing mental health services. The main difficulty for many families is that the service from one health authority to another varies and is generally patchy across the UK ; not all of them have a specific services for children and adolescents with learning disabilities or complex needs. Services are not well publicised and some locations are difficult to get to or undesirable because they are close to services provided for adults, perhaps with drug or alcohol problems. Facilities are sometimes inadequate, cramped and not child-centred. There are often long waiting lists which can mean that problems get worse and then become harder to treat.

The National Service Framework for Children, Young People and Maternity Services in England (the Children's NSF for short!) is the government's 10-year programme (launched in September 2004) to set in motion long-term, sustainable improvements in children's health. It has set standards for integrated health and social care for children from before birth right through to adulthood. One of the eleven Standards that form the basis of the Framework covers the mental health and psychological well-being of children and young people. It states:

All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders, have access to timely, integrated, high quality, multidisciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.

The Standard also sets out guidance about good practice and what it expects Primary Care Trusts and Local Authorities will do to make sure that children and young people with learning disabilities have equal access to mental health services at all levels. This includes:

- early intervention and mental health promotion,
- tackling attachment and parenting issues,
- training and support to front-line professionals, particularly in the recognition of developmental delay,

- adequate funding to provide learning disability specialists. (There is a chronic shortage of staff with specific skills to work with learning disabled children and young people),
- joint agency planning between health, social services, education, and local voluntary services for those young persons who have severe, complex, long-term needs and those with difficult to manage behaviours,
- arrangements to ensure 24 hour cover is provided to meet urgent needs, and
- specialist mental assessment should be undertaken within 24 hours or during the next working day.

This is however a **ten year** plan that started in 2004 so these services are not yet widely available. But in England, Wales, Scotland and Northern Ireland, all the government health departments acknowledge that there is an urgent need to address the difficulties that these families face when they try to access mental health services. All four countries have adopted, in principle, similar approaches to providing services. CAMHS is split into four levels or tiers of support:

Tier 1 Help at this level would be provided by GPs, health visitors, school nurses, teachers, social workers, youth justice workers, and voluntary groups. The Health professionals in this Tier are likely to be working for a Primary Care Trust (PCT). Families can contact these people directly about any concerns. They will be able to offer general advice and treatment for less severe problems and can refer families or the young person to more specialist services in a higher Tier.

Tier 2 At this level support and assessments would come from more specialist professionals such as counsellors, primary mental health workers, psychologists, community paediatricians; they might be based at a GP practice or paediatric clinic. Usually they operate through a network rather than as a team together. Primary mental health workers are a relatively new support service, usually employed by the local PCT.

Tier 3 A multi-disciplinary team or service working in community mental health clinic or child psychiatry out-patient department. This is a specialised service for children and young people with more severe, persistent and complex disorders. The team might include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists, art, music and drama therapists.

Tier 4 Children and young people with the most serious problems have access to day units, highly specialised in-patient and out-patient teams, and neuro-psychiatric teams.

A child or young person may need services from more than one tier and at the same time. So these tiers should not be seen as hurdles which have to be jumped before a person can get help from the next level.

- If your GP seems unwilling to refer you for help (and this does occasionally happen) there are a number of other professionals in Tier 1 that you can approach directly.
- Your child may already see a community paediatrician but not all paediatricians have particular experience of learning disabilities and mental health problems. If you feel that you need more specialist help, ask for your child to be referred to the nearest CAMHS.
- There may be a Child (and Adolescent) Family Consultation Services in your area. It is a multi-disciplinary team made up of professionals from Tier 2 and 3 and they sometimes take self-referrals from parents or carers or your GP can refer you.
- Contact your local CAMHS directly and ask for an appointment or advice about how to get an appointment. You can find out where your nearest CAMHS is located from your doctor or child's school, health clinic or social services.

At the moment there is no common agreement about which children should be seen and by whom and how quickly, as it will vary from one part of the country to another. But all the evidence shows that disabled children and young people, especially if they have a learning disability, are more prone to mental health problems but less likely to receive help. You could mention the National Services Framework, when you are trying to get that appointment, and say that your child is in a group that is considered to be a priority. It might just make them re-consider. Finally it is still very true that, "those who shout loudest get heard first" so you will have to be very persistent!

