

## ***National Guidance on Paediatric Mental Health Liaison\****

### ***• Implementing the Five Year Forward View for Mental Health***

"By 2020/21, all acute hospitals will have all-age mental health liaison teams in place, and at least 50% of these will meet the 'Core 24' service standard as a minimum."

**NHS England 2016, p22<sup>1</sup>**

### ***• Care Quality Commission***

"Less than half (49% of parents and carers of children with a physical disability, and 48% of those with children with mental health needs or a learning disability) felt that staff definitely knew how to care for their child's individual needs. This compares to 72% of parents and carers of children without these conditions."

**Children and Young People inpatient and day case survey 2014 key findings, CQC 2015<sup>2</sup>**

### ***• Future in mind Promoting, protecting and improving our children and young people's mental health and wellbeing***

"Enhanced, multi-professional training across the physical and mental health interface will be a key part of improving the experience of children and young people with physical and mental health problems."

**Department of Health/NHS England 2015, 8.8<sup>3</sup>**

### ***• Paediatric Medicine Clinical Reference Group (CRG)***

"All paediatric patients should have access to appropriately trained paediatric trained dietitians, physiotherapists, occupational therapists, speech and language therapy, psychology, social work and CAMHS services within nationally defined access standards."

**NHS Commissioning Board, Specialised services commissioning: area E women and children, 2013<sup>4</sup>**

### ***• Building and sustaining specialist CAMHS***

"An example of excellent practice is a co-located, multidisciplinary service jointly commissioned and managed with paediatrics."

**Royal College of Psychiatrists CR182, 2013<sup>5</sup>**

### ***• Liaison psychiatry for every acute hospital***

"child liaison psychiatry services should be an essential component of any acute hospital providing paediatric care."

**Integrated mental and physical healthcare RCPsych CR183, 2013<sup>6</sup>**

### ***• Health and Social Care Act***

"The Secretary of State must continue the promotion in England of a comprehensive health service designed to secure improvement –

- a) in the physical and mental health of the people of England, and
- b) in the prevention, diagnosis and treatment of physical and mental illness"

**HM Government 2012<sup>7</sup>**

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\* regularly updated; see <http://bit.ly/1Q7FzOq>

- **Guidance for commissioners of liaison mental health services to acute hospitals**

“child and adolescent mental health services to general hospitals should be provided by specialist multidisciplinary CAMHS liaison teams, but current provision is patchy and further investment is required.”

**Joint Commissioning Panel for Mental Health (Royal College of Psychiatrists, Royal College of General Practitioners et al) 2012<sup>8</sup>**

- **Achieving parity of esteem between mental and physical health**

“Poor mental health is associated with a greater risk of physical health problems, and poor physical health is associated with a greater risk of mental health problems.”<sup>9</sup>

Significantly, the combined costs of having the individual conditions in isolation are less than the costs of having them co-morbidly – it is the interaction between the mental and physical health problems drives the cost of treatment up.”

**Royal College of Psychiatrists 2012<sup>10</sup>**

- **Long-term health gains: Investing in emotional and psychological wellbeing for patients with long-term conditions and medically unexplained symptoms.**

“Living with a severe physical illness impacts on young people themselves, their emotional and social development, and their families.<sup>11</sup> Children living with long-term physical illness are twice as likely to suffer from emotional or conduct disorders.<sup>12</sup>

There is considerable overlap between children with medically unexplained symptoms and long-term conditions, with both being significant risk factors for chronic mental and physical ill health in adulthood.<sup>13</sup> In addition, approximately 10 per cent of children and young people frequently experience somatic symptoms not fully explained by medical assessments yet which cause significant impairment.”<sup>14</sup>

**NHS Confederation 2012<sup>15</sup>**

- **No Health Without Mental Health: Implementation Framework**

*“What providers of acute and community health services can do:*

- Raise awareness of mental health problems. Ensure that clinical and other staff are able to spot the signs of mental ill health and know how to get specialist support when required. This is critical in ensuring that co-morbid mental health needs are identified quickly, and that staff have the confidence to deal with them appropriately.

- Develop liaison psychiatry services in acute hospitals and collaborative care arrangements in the community. High quality liaison psychiatry services ... have been shown to save money for the NHS by reducing hospital admissions and lengths of stay. Collaborative care arrangements outside hospital can also improve people’s ability to manage their own health and offer a cost-effective way of joining up mental and physical healthcare for people with long term conditions.

- Ensure A&E services are equipped to respond to mental health needs, by training staff to respond in an appropriate and sensitive way, and working with mental health teams and liaison psychiatry services, so people can be referred easily.

- Support local work to prevent suicide and manage self-harm.

**Department of Health, Centre for Mental Health, Mind, NHS Confederation Mental Health Network, Rethink Mental Illness, Turning Point, July 2012, p21<sup>16</sup>.**

- **Improving physical and mental health**

"... children and young people with medical illnesses are at an increased risk for emotional disorders. At times, the emotional and behavioral symptoms can be the early manifestation of the medical illness. ... Integrated working between general practitioners, generalist and specialist paediatricians, psychologists, child psychiatrists, specialist nursing staff and other professionals is encouraged while looking after young people with chronic physical, neurodevelopmental or life threatening illnesses. This has been particularly emphasised in the care of young people with diabetes, cancer, respiratory conditions and epilepsy. There is growing evidence base to support this in terms of improving treatment adherence, treating procedural anxieties and improve coping with the illness within the family."

**RCPsych, RCPCH, RCP, RCPGP 2012**<sup>17</sup>

- **Making children's mental health everyone's responsibility**

"Commissioners of acute paediatrics and emergency care must include the provision of appropriate child and adolescent mental health care by these services in their contracts if young people's poor experiences of crisis responses are to be improved"

**National Advisory Council, 2011**<sup>18</sup>

- **Getting it right for children and young people**

"wherever co-location would deliver better services it should become a reality, given the benefits that flow from it."

**Prof Sir Ian Kennedy 2010**<sup>19</sup>

- **CAMHS review: Children and Young People in Mind**

"7.59 Physically disabled and chronically ill children and young people are also at particular risk of experiencing mental health problems, yet they do not always receive the support and care that they require. Reasons for this include a lack of CAMHS involvement on paediatric wards (paediatric liaison service); differences in the culture, structures and working practices of medical staff dealing with physical disorders and those dealing with mental disorders; a tendency to overlook the impact of physical illness on mental health and vice-versa; a lack of expertise; and difficulties in co-ordinating services where child mental health and paediatric services fall under different employing trusts, which is the case in many areas of the country. *These problems continue despite Standard 7 of the Children's NSF, which addresses the needs of children in hospital, and we would suggest that urgent attention is required.*"

**Department for Children Schools and Families 2008**<sup>20</sup>

- **Commissioning Safe and Sustainable Specialised Paediatric Services: a Framework of Critical Inter-Dependencies**

"The emotional and psychological wellbeing of children and young people is a critical part of the care pathway. In addition, children and young people may of course exhibit emotional and psychological symptoms at the same time as physical symptoms. This will require continuing good access to child and adolescent mental health services (CAMHS)."

**Department of Health 2008**<sup>21</sup>

- **Building and sustaining specialist child and adolescent mental health services.**

"In all cases, joint protocols must be agreed between paediatricians, adult psychiatry and specialist CAMHS to ensure children and adolescents receive the best possible care."

**Royal College of Psychiatrists CR 137, 2006**<sup>22</sup>

• **Promoting the Mental Health and Psychological Well-being of Children and Young People.**

*Paediatric Liaison*

"CAMHS Paediatric Liaison (CAMHS-PL) is concerned with providing a bridge between acute paediatrics and psychiatric and psychosocial care. This is an essential service for the ill child, siblings, parents and carers in cases where the presenting illness has a psychological component, or where psychological distress is caused as a result of the illness.

Too often CAMHS-PL have insecure funding, with no local champions and are therefore vulnerable. However in London for example, virtually all CAMHS offer some out-patient referral, consultation and emergency service to their local paediatric service, though not necessarily a dedicated PL service.

*NSF Marker of Good Practice*

It is essential for a hospital with a children's service to ensure that staff have a understanding of how to assess and address the emotional wellbeing of children, and are able to identify significant mental health problems, and that there are robust liaison arrangements in place to secure CAMHS input, including psychiatry, psychology, individual and family psychotherapy, social work and CAMHS trained nurses.

*Delivering Good Practice*

- Whether CAMHS is provided by the same trust as paediatric services or by a different organisation, the professionals in both teams work together in an integrated way to support children and families and promote their mental health.
- Commissioners ensure that such links exist, and that where CAMHS and paediatric services are commissioned by different teams, all relevant commissioners collaborate in respect of paediatric liaison and in apportioning the cost to the various budgets.
- The paediatric liaison team is multi-disciplinary, providing both direct and indirect clinical work, staff consultation and support.
- Generic assessment and management of psychiatric problems, both full and sub-syndromal disorders are available.
- Training for CAMHS and paediatric staff is provided.
- Expertise in psychological management, psychopharmacology and social management including child protection is available.
- Liaison arrangements are made for the management of A&E services including deliberate self harm and acute psychiatric presentations; child protection; Neonatal Intensive Care Unit (NICU) and Paediatric Intensive Care Unit (PICU) and for complex, impairing, life threatening and long-term illness.
- The team is situated within the paediatric unit to allow easy and prompt referral and access."

**Report on the Implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services, Department of Health/DfES 2006<sup>23</sup>**

### ● *Children and Young People's Mental Health*

"In order to deliver consistent, evidence based care across all services, there must be access to skilled children's mental health clinicians to inform service planning and commissioning within every relevant organisation. An approach that is fully integrated with other children's services is crucial to avoid fragmentation of services and to ensure that children don't fall between the gaps at points of transfer of care. The government must ensure that children's mental health services are commissioned and planned in an integrated, pathway approach."

**Royal College of Paediatrics and Child Health, Royal College of Psychiatrists, Royal College of Nursing, the Division of Clinical Psychology (British Psychological Society) and Royal College of General Practitioners, 2010<sup>24</sup>**

### ● *The Mental Health Needs of Children and Adolescents: No Health Without Mental Health: the supporting evidence*

#### ● *How common are mental health problems in young people with medical conditions?*

"According to a national survey of child and adolescent mental health around 10% of 5–15 year olds has a mental disorder, including 4% with anxiety and depression<sup>25</sup>. Children with medical conditions have a higher incidence of mental health problems than the average population, and a higher incidence of learning disabilities, developmental disorders and autistic spectrum disorders<sup>26</sup>.

Another group of young patients seen in the general hospital and paediatric wards are children and adolescents with psychosomatic presentations<sup>27</sup> and those where there is significant psychological impact of chronic physical illness. Children with developmental delay and learning disabilities have a much higher mental health morbidity than children without, and are more likely to be admitted to paediatric wards because of a higher prevalence of physical problems<sup>28</sup>.

#### ● *How can mental health professionals help care for children and young people with physical and mental health problems?*

Paediatricians rarely have the time or expertise to address the wide spectrum of mental health needs in hospitalised children<sup>29</sup> and most paediatric departments are still without any meaningful child and adolescent mental health service (CAMHS) input<sup>30</sup>, which is likely to be a major obstacle to the timely diagnosis of mental health problems.

Mental health professionals can play a key role in the care of young hospital patients. A lack of compliance to treatment plans, for example in diabetes, may be related to coping, stress, trauma and anxiety – in which case support and psychological intervention may be crucial<sup>31</sup>.

Aside from the paediatric wards, where a CAMHS presence is essential, joint working between mental health and acute colleagues has been recommended in joint clinics such as in diabetic, asthma<sup>32</sup> nephrology<sup>33</sup> as well as oncology and epilepsy/neurology<sup>34</sup>.

Some CAMH liaison teams also provide input to clinics in rheumatology, dermatology, gastroenterology, cystic fibrosis, haematology, and ante and postnatal clinics. This allows not only work with vulnerable children and those with mental health problems but also facilitates preventive work, liaison, joint psychosocial meetings and consultation.

Other useful input may include working into perinatal services, intervening early to prevent the effects of antenatal anxiety and postnatal depression, which have damaging developmental effects on babies and children<sup>35</sup>. Children whose parents or siblings die in the hospital may also need support<sup>36</sup>. In practice little of this is available in most hospitals and services are often ad hoc rather than planned or strategically commissioned.

Risk assessment and intervention of all urgent and complex cases, including self harm, remain key elements of liaison work. Patients may be any age from birth to 18th birthday and present with problems in the management of a physical disorder, self poisoning or self-

injury<sup>37</sup>. Many such patients are also in need of child protection assessments<sup>38</sup>. Finally a liaison team will have important input to paediatric staff development and training<sup>39</sup>. Child health staff need to know how to manage the experiences and anxieties of their patients and to identify mental disorders.

• *In order to prevent, diagnose and treat mental health problems, every hospital requires a critical mass of multidisciplinary CAMHS staff, with sufficient numbers to cover others on annual, study, maternity or sick leave.*"

**Academy of Medical Royal Colleges 2009<sup>40</sup>**

• **Getting the right start: National Service Framework for Children. Standard for Hospital Services**

**Mental Health**

"4.25 Attention to the mental health of the child, young person and their family should be an integral part of any children's service, and not an afterthought. In many situations social and psychological difficulties are significant, but neglected. For example, when children are critically ill, these frequently take second place to the urgent priority to keep the child alive. Where an illness has a significant psychological component, such as an eating disorder, accessible mental health consultations can save the child wasteful and intrusive tests.

4.26 It is, therefore, essential for a hospital with a children's service to ensure that staff have an understanding of how to assess and address the emotional wellbeing of children, and are able to identify significant mental health problems, and that there are robust liaison arrangements in place to secure child and adolescent mental health services (CAMHS) input, including psychiatry, psychology, individual and family psychotherapy, social work and CAMHS trained nurses. Good liaison depends primarily on secure relationships between staff, who can rely on a quick response when required. This happens best in the context of regular meetings, where the daily work is discussed and staff themselves can be supported. Liaison arrangements should also provide for the education and training of all children's health care staff in recognising and responding appropriately to the mental health needs of children and their families.

4.27 All hospitals receiving and treating children and young people should have policies and liaison arrangements in place to deal with:

- Management of overdoses and deliberate self-harm. Including self-mutilation and attempted suicide. This requires child and adolescent psychiatric supervision of the entire process.

Although it is not always necessary for a consultant psychiatrist to see these cases, psychiatric advice must be available at all times. Suitably trained staff can carry out risk assessments once the patient is admitted to a children's or adolescents' ward. Particular attention must be paid to ensuring proper medical and mental health care provision for these young people in A&E departments, where evidence suggests that their needs can be badly neglected.

- Acute psychiatric crisis. From time to time young people who are psychotic or with complex, persistent and severe behaviour disorders present in A&E and are then admitted to children's wards. A children's ward may not be the best place for such patients, who may need to be in adolescent psychiatric units or appropriate, jointly agreed, facilities as soon as possible. While this is being organised, intensive support is needed from the child and adolescent mental health team.

- Direct clinical work. Work with children and their families referred by the children's service. Problems covered may range from phobias, pains of uncertain origin, injuries, drug reactions, and bereavement; through parental concerns about their child's illness; to previously



unrecognised, long standing psychiatric problems such as attention deficit hyperactivity disorder.

- Complex cases. Including eating disorders and unexplained physical symptoms, which may call for psychiatric involvement, and close collaboration between all staff.
- Child protection cases. Mental health consultations should be available to patients or staff or both.
- Long term and life threatening diseases. Specialist paediatric clinics, for example for asthma, rheumatology, dermatology, cystic fibrosis, leukaemia, sickle cell and thalassaemia, and disabled children, should have ready access to a mental health liaison service. Arrangements should also ensure appropriate mental health care when these children and young people are inpatients.
- The death of a child. Support for the child and family. Also, staff become closely involved in the care of these critically ill children and debriefing may need to be arranged urgently.”

**Department of Health 2003**<sup>41</sup>

<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

<sup>2</sup> [http://www.cqc.org.uk/sites/default/files/20150630\\_cypsurvey\\_keyfindings.pdf](http://www.cqc.org.uk/sites/default/files/20150630_cypsurvey_keyfindings.pdf) p.3

<sup>3</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

<sup>4</sup> <https://www.engage.commissioningboard.nhs.uk/consultation/ssc-area-e>

<sup>5</sup> *Building and sustaining specialist CAMHS to improve outcomes for children and young people Update of guidance on workforce, capacity and functions of CAMHS in the UK*, November 2013 <http://www.rcpsych.ac.uk/publications/collegereports.aspx>

<sup>6</sup> [www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr183.aspx](http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr183.aspx)

<sup>7</sup> [www.legislation.gov.uk](http://www.legislation.gov.uk)

<sup>8</sup> Guidance for commissioners of liaison mental health services to acute hospitals *vol 2 Practical Mental Health Commissioning*, p 10. [www.rcpsych.ac.uk/pdf/JCP-MH%20liaison%20\(march%202012\).pdf](http://www.rcpsych.ac.uk/pdf/JCP-MH%20liaison%20(march%202012).pdf)

<sup>9</sup> Knapp M, McDavid D, Parsonage M. (2011) *Mental health promotion and mental illness prevention: the economic case*. Department of Health, London, UK

<sup>10</sup> [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk) > parity of esteem

<sup>11</sup> RCP/AMRC. *No Health Without Mental Health: The supporting evidence*. London: Royal College of Psychiatrists and Academy of Medical Royal Colleges. [http://www.rcpsych.ac.uk/pdf/No%20Health%20-%20the%20evidence\\_%20revised%20May%202010.pdf](http://www.rcpsych.ac.uk/pdf/No%20Health%20-%20the%20evidence_%20revised%20May%202010.pdf)

<sup>12</sup> Parry-Langdon N (ed) (2008) *Three years on: survey of the development and emotional wellbeing of children and young people*. Office for National Statistics.

<sup>13</sup> Ben-Shlomo Y, Kuh D.(2002) A life course approach to chronic disease epidemiology: conceptual models, empirical challenges and interdisciplinary perspectives. *Int J Epidemiol* 31:285-93

<sup>14</sup> Garralda ME (2010) 'Unexplained physical symptoms' in Trivedi HK (ed) *Child and Adolescent Psychiatric Clinics of North America* 19, 199–209.

<sup>15</sup> <http://www.nhsconfed.org/Publications/briefings/Pages/Investing-in-emotional-psychological-wellbeing.aspx>

<sup>16</sup> <http://www.dh.gov.uk/health/files/2012/07/No-Health-Without-Mental-Health-Implementation-Framework-Report-accessible-version.pdf>

<sup>17</sup> <http://www.rcpsych.ac.uk/mentalhealthinfo/improvingphysicalandmh.aspx>

<sup>18</sup> *Making children's mental health everyone's responsibility*: National Advisory Council final report to Ministers (March 2011) para 3.2

[www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@ab/documents/digitalasset/dh\\_127792.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@ab/documents/digitalasset/dh_127792.pdf)

<sup>19</sup> *Getting it right for children and young people. Overcoming cultural barriers in the NHS so as to meet their needs*. A review by Professor Sir Ian Kennedy. September 2010, London: COI. 4.48. at the launch of this report Prof Kennedy asserted "No 21st century health system should require parents and children to go from place to place or even worse to go to multiple appointments to tell the same story."

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_119445](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119445)

<sup>20</sup> *Children and young people in mind: the final report of the National CAMHS Review (italics in the original)*

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- <sup>21</sup>[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_088069.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_088069.pdf)
- <sup>22</sup> <http://www.rcpsych.ac.uk/files/pdfversion/CR137.pdf>
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- <sup>24</sup><https://sites.google.com/site/drskraemer/ChildrenandYoungPeople'sMentalHealthDecember2010.pdf>
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- <sup>26</sup> Department of Health. *National Service Framework for Children. Getting the right start: Standard for Hospital Services*. DH, 2003.
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- <sup>38</sup> Richardson J & Lelliott P. (2005)Mental health of looked after children. *Advances in Psychiatric Treatment* 9: 249-256 <http://apt.rcpsych.org/cgi/content/full/9/4/249>
- <sup>39</sup> National Clinical Practice Guideline Number 28. *Depression in children and young people*, 3.8.1.7; 3.8.1.9; 4.4.1.2 ∞. 2005.
- <sup>40</sup>[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_123766](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766)
- <sup>41</sup>[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006182](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006182)

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