



**Child and Adolescent Mental Health Services
Primary Mental Health Work
Guidance note for NHS Boards/Community Health (and Social Care)
Partnerships and other Partners
February 2007**

“We will improve mental health services being offered to children and young people by ensuring that by 2008:

- A named mental health link person is available to every school, fulfilling the functions outlined in the Framework
- Basic mental health training should be offered to all those working with, or caring for, looked after and accommodated children and young people.”

“We will reduce the number of admissions of children and young people to adult beds by 50% by 2009.”

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1. Introduction

1.1 This guidance note is produced by the Scottish Executive's Children and Young People's Mental Health Steering Group, a sub-group of the Children and Young People's Health Support Group, the Ministerial Advisory Group on Children's Health.

1.2 This document has been produced to assist NHS Boards/Community Health (and Social Care) Partnerships (CHPs) and Child Health Commissioners (CHCs) and other partners in planning implementation of the commitment in *Delivering for Mental Health*¹ for named link workers for schools by 2008. The guidance will also inform implementation of the *Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care (FPPC)*²

1.3 These documents lay particular emphasis on the provision of Primary Mental Health activity as an integral part of the overall provision to improve children and young people's mental health. In order to allow colleagues in NHS Boards and CHPs to consider how this might be achieved, this paper describes that activity in more detail; outlines the functions of Primary Mental Health work; describes some optional models for provision; and suggests what type of supports and systems need to be in place to allow this function to be carried out adequately.

1.4 This guidance is intended as additional to the aforementioned *FPPC* and describes in more detail the functions that the *FPPC* envisages as being carried out in the Primary Mental Health environment, particularly in relation to the functions expected of the school link workers, (Commitment 10 *Delivering for Mental Health*).

2. Background

2.1 The *Scottish Needs Assessment Programme (SNAP) for Children and Young People's Mental Health (2003)*³ included underlying principles:

- The promotion of good mental health is for all Scotland's children and is therefore part of universal services, not just the responsibility of the NHS
- Services need to consider the promotion of mental health, the prevention of mental health problems and how we care for, and treat, those who are mentally unwell
- Children and young people have a right to be involved in processes which decide how/where services are provided for them.

2.2 In order to help translate the SNAP report recommendations into action, the *Framework for Promotion Prevention and Care (FPPC)* was published in 2005 and endorsed by the Scottish Executive Health and Education Departments.

2.3 A new model of working is described within the 2005 *Framework*, which sets out 5 sectors and outlines possible activities that should be undertaken; services that should be provided; and systems that should be in place in each for good mental health services. The five sectors are:

- early years
- school years
- community based activity
- additional and support needs
- Specialist Child and Young People Mental Health Services (CAMHs).

2.4 The authors adhered to the well-described "Tier" system and the *FPPC* describes in detail what each of the Tiers 1 – 4 entails. (See also *Young Minds* website for succinct guidance on the Tier system.)⁴

2.5 The *FPPC* describes mental health promotion activity and early intervention activity in all five settings. Tier 1 services are universal services ie where much mental health promotion activity is carried out in early years, school, youth services, voluntary sector activity etc. To be most effective, much of the activity requires to be supported by Primary Mental Health work. The *FPPC* suggests that a considerable increase in Primary Mental Health work is essential for this to happen. This is one of the important key underpinning factors in the successful implementation of the *FPPC*, underlined by the *Action Framework for Children's Health (2006)*⁵, which has a key milestone for children and young people's mental health as "*There is an annual increase in primary mental health work until 2015, by which time it should account for 25% of NHS specialist CAMHS activity*".

2.6 A subsequent document about the workforce for children and young people's mental health was produced in 2005: *Getting the Right Workforce, Getting the Workforce Right*.⁶ Considerable emphasis is given in this report to the specialist CAMH service, describing the size and the composition of the workforce. Using a model derived from England and Wales, it sets out both the range of disciplines which should be available within a specialist CAMH service and the associated workforce requirements. This document also contains baseline figures for the specialist service. These data will now be collected on an annual basis, to allow tracking of the achievement of such targets as that described above in the *Action Framework*. Moreover, it highlights that, by the standards described by the model in the workforce document, CAMH services in Scotland are operating without the recommended numbers of staff and, in many locations, with considerably fewer than recommended.

2.7 Included in the Mental Health Delivery Plan is the commitment to the "Keep Well" (Prevention 2010) initiative. Although this is targeted at a specific group of adults, this is representative of the Scottish Executive's aspiration to ensure that prevention and early intervention is addressed in a meaningful way. This is exactly the aim of Primary Mental Health work and the need for this type of approach is equally necessary and relevant to children and young people's mental health.

2.8 Equally importantly, the workforce document *Getting the Right Workforce, Getting the Workforce Right* highlights the necessity to recognise and support the whole of the workforce. Those working at Tier 1 with children and young people need support to develop their capacity to promote children and young people's mental health. The *FPPC* asks that Tier 1 workers are able to offer:

- supportive environments for the mental health of children and young people
- overt curricular/formal activities to consider issues to do with good mental health and emotional well-being
- specific supports at times of vulnerability (e.g. transitions, when a young person is being bullied, at times of bereavement)
- the ability to spot children and young people who are beginning to struggle with their mental health
- the ability to support those children and young people who are experiencing day-to-day difficulties.

2.9 Staff should be given the opportunity to consider their own mental health needs and the ability to access information and resources for themselves and for the children and young people they work with. This is a lot to ask of staff.

2.10 The *FPPC* envisages that Primary Mental Health work is provided to support front-line staff in these tasks to help them feel more confident in their skills and in their ability to respond to children and young people who have mental health needs.

2.11 It follows that the principal function of Primary Mental Health work for children and young people's mental health is to provide a bridge between Tier 1 (universal) services and the specialist CAMHs workforce.

3. Functions of Primary Mental Health Work

3.1 The context for Primary Mental Health work is described above. The functions of Primary Mental Health Work are specified below and are referred to throughout the *Framework for Promotion, Prevention and Care*. Many of the functions described in the *FPPC* and the types of service provision suggested within universal services (ie the first three sections) will be supplied by Primary Mental Health work:

- Liaison
- Consultation
- Training
- Supervision
- Intervention
- Planning and development
- Research and development.

3.2 *Liaison*

Successful implementation of the *FPPC* is predicated on strong local partnerships working through Children's Services Planning processes and associated systems. The liaison role of Primary Mental Health work includes networking within multi-agency partnerships and increasing access to other services for children's mental health.

This role 'bridges' universal and specialist services and 'sign posts' services to colleagues and to children and young people. Primary Mental Health work ensures there are stronger links and clearer access routes to a range of services of potential benefit to children and young people's mental health. It can assist in ensuring that health services have good information and understanding of the range of resources available in local communities in both statutory and non-statutory sectors.

A major function of Primary Mental Health work is to act as a "filter" to ensure the specialist resources are appropriately used. Very often, front-line workers can support a child or young person with the support of some Primary Mental Health input. For more challenging problems, Primary Mental Health activity means that support can be provided directly to a child or young person by a more expert mental health worker, without the need for more formal referral arrangements. For more severe difficulties, local mental health expertise can assess and speed referrals to more intensive services. **Schools link workers would be expected to undertake such functions.**

The role can also involve liaison for the provision of training opportunities. Particularly crucial is the integration of the current wide and overlapping range of opportunities provided by health, local authorities and the local / national voluntary sector in relation to the mental health of children and young people, their parents and carers.

3.3 Consultation

In partnership with professionals already working with children and young people, consultation is offered through a range of initiatives, including telephone or face-to-face advice and ongoing support for Tier 1 staff at a more advanced level. Advanced level consultation would include joint assessments and supporting interventions with Tier 1 professionals.

3.4 Training

Regular multi-agency training programmes should be offered to the range of professionals working with children and young people, in order to increase and build on the understanding of good mental health and mental health issues. Training should aim to consolidate existing knowledge through experiential learning, enabling Tier 1 staff to promote good mental health and recognise and manage children and young people's mental health problems at an early stage. Training should be appropriate to the developmental level and cultural context of the children and young people's population. *HeadsUpScotland* has commissioned a multi-agency training resource which will be available to be delivered locally. Those working in a Primary Mental Health environment may well be in a position to deliver this training, as well as other training resources that are available.

3.5 Supervision

Primarily educative, supervision should aim to improve the ability of Tier 1 professionals to promote and support children and young people's mental health more effectively by improving their skills, knowledge base and facilitating reflection on attitudes towards mental health, thus enabling more effective practice. Supervision can take the form of individual or group support and can also act as a means of consolidating multi-agency training.

3.6 Intervention

Intervention can be provided on two levels:-

3.6.1 through joint work with Tier 1 professionals with the aim of:

- undertaking joint assessment of the level of mental health need
- to support the practitioner in work that they are already undertaking
- to provide education and support about specific management techniques
- to provide advice regarding appropriate referral to CAMHs or other agencies.

3.6.2 Intervention can also be provided by direct work with children and families, where the level of need appropriately matches the type of intervention normally provided in a primary care environment. Direct interventions should be brief and tailored to the child/young person's and family's identified needs. Direct work should be evidence-based and drawn from a range of interventions for particular approaches with specific age-groups and life-stages, for example, Cognitive Behavioural Therapy or Solution Focused Brief Therapy. It may also include the provision of targeted group work programmes.

3.7 Planning and development

The development of capacity to undertake primary mental health work with children and young people is an important component in a comprehensive integrated local service. Primary Mental Health work can play an essential part in the development of agreed inter- agency protocols on pathways to assessment, care and treatment, as primary mental health work functions, of necessity, span across service sectors and tiers.

Primary Mental Health work also has the potential to contribute pro-actively to inform and influence planning for children and young people's mental health, by providing valuable intelligence about service gaps and resources which feed into a sound strategic planning function. All areas will have different planning structures, but it could reasonably be expected that primary mental health work would inform the development of a strand of work within Children's Services Planning which relates to children and young people's mental health. It is important that structures are in place which allow this to happen in a timely manner and Community Health Partnerships are crucial vehicles for this approach to planning. The *Framework for Promotion, Prevention and Care* promotes this approach.

Primary Mental Health work also offers a contribution to the development of inter agency structures to ensure joint planning and collaborative working relationships place an emphasis on shared ownership of children and young people's mental health.

3.8 Research and Development

As previously identified, Primary Mental Health work has a role in identifying service needs and gaps across agencies with regard to children's mental health. It will also be important to obtain users' views and involve service users in the design, delivery and evaluation of accessible mental health provision for children and young people's mental health in the community⁷.

HeadsUpScotland has commissioned a consortium of Universities to provide research skills development for those working in specialist children and young people's mental health. This work commenced in November 2006.

HeadsUpScotland is committed to the involvement of children and young people, their families and carers, in how services are provided and how services affect their mental health⁸.

Primary Mental Health work is well positioned to support the involvement of children, young people, their families and carers in their own treatment. This can be influential in two ways:

- The gathering of user views on services provided
- Supporting the reconfiguration of services so to be more accessible to and focused on the requirements of children and their families and carers.

4. Competencies and qualifications

4.1 NHS Education for Scotland has produced guidance for those working with children and young people in terms of the knowledge and skills required for supporting the mental health of children and young people.⁹

4.2 More detailed work has been undertaken across the UK on skills and competencies required for those working in Primary Mental Health. These are relevant for Scotland also. Information about the skills and competencies for Primary Mental Health Work can be found in *The Competency and Capability Framework for Primary Mental Health Workers in Child and Adolescent Mental Health Services (CAMHS)*.¹⁰

4.3 There have been dedicated, full-time Primary Mental Health Worker posts created in England and Wales. There is no particular expectation that path will be followed in Scotland, unless local areas find it the most suitable arrangement for their service provision.

5. Methods of provision

5.1 There are different ways to deliver Primary Mental Health work, in terms of how key functions are allocated and supported. NHS Boards /CHPs and Child Health Commissioners and other partners should agree which model of service provision best suits their local population needs and organisational arrangements.

5.1.2 Some areas have chosen to create dedicated posts whose full-time responsibility is Primary Mental Health work. Other areas currently provide the Primary Mental Health work function through several members of the specialist CAMHS team providing various parts of the function (as outlined above).

5.1.3 A critical issue for consideration is the organisational and managerial location of this function. Some areas prefer the Primary Mental Health work function situated as a fully integrated part of the specialist CAMHS team. Others have arranged a team dedicated to Primary Mental Health work and separate from other functions of the specialist CAMHS team. Some of the function can be provided from a Primary Care location or indeed from any setting where Primary Mental Health care might be delivered (e.g. education) provided there are strong links with the local specialist mental health services and professional governance and supervision in place.

Primary Mental Health Work in Practice: Highland

The Primary Mental Health Worker Service in Highland covers a population of approx 206, 000 and has 8.8 fte posts and 0.6 of a professional lead.

The posts are located within Adult Community Mental Health teams and at children's services bases.

The posts are based within 9 different localities within Highland. None of the posts are schools based but have very close links with most of the schools within the areas that they cover.

The posts are all locally managed and led clinically and professionally by the professional lead based centrally within the Child and Adolescent Mental Health service.

Joint meetings between the local managers, PMHWs and the professional lead are crucial to the effective running of this service and to ensure consistency of service delivery.

This arrangement ensures that posts are adequately supported and that practice is safe and equitable. The professional lead links from the locally based management groups into the wider CAMHS strategy group alongside lead professionals from child psychiatry and child clinical psychology.

It is important to ensure the post holders are supported to maintain some level of joint work with tier three services for training skills development and relationship building within other areas of the service.

Professional backgrounds vary and are a mixture of social work, nursing and art therapy. Given the geographical isolation and the demanding roles the post holders require to have considerable experience and expertise in working therapeutically with children and young people's mental health issues; carrying out the functions outlined above.

Primary Mental Health Work in Practice: Forth Valley

Forth Valley has 2 full-time NHS funded Lead Primary Mental Health Workers who lead the project and line-manage the 5 other PMHWs funded from the Children's Change Fund and Choose Life Fund.

All are line-managed and supervised by the Child and Adolescent Mental Health service. There is a steering group for PMH work within the CAMHs service.

In addition, the CAMHs clinical lead is part of a multi-agency Framework Implementation Group which oversees the wider children and young people's mental health agenda and has a role in supporting the Primary Mental Health workers.

The 5 workers are based around Forth Valley, linked mostly with Integrated Learning Centres, but also with Social Work. One works exclusively with Looked After and Accommodated Children and Young People, and is based with the nursing team for those children. These PMH workers have a variety of backgrounds: social work, nursing and the voluntary sector.

Primary Mental Health Work in Practice: Glasgow

The Direct Access service is a Tier 2 citywide psychology-led service for young people aged 12-17.

The team consists of 4 psychologists, 2 nurse therapists and 4 liaison teachers.

The team's source of referrals is primarily through the schools, GP's and via the locality based Tier 3 teams.

The team also receives referrals, work jointly and consult with the voluntary services, Culture and Leisure services and also with Social Work.

Alongside direct clinical work they offer group work in schools, staff training, consultation and the development of evidence based therapeutic tools for self-help and professional use.

Primary Mental Health Work in Practice: West Lothian

With research support from the National Programme for Mental Health and Well-Being, a small group of four link workers have been providing primary mental health work to schools in West Lothian.

These workers are funded by the multi-agency Children's Change Fund. They are located within schools and have been fulfilling all the functions outlined above – and specified in the Framework for Promotion, Prevention and Care – of liaison with specialist CYPMHS, support to education staff, consultation to schools, direct work with young people, including drop-in centres and classroom-based work.

They have quickened the access to CYPMHS expertise; assessments have improved, as have referrals in and out of the hospital services. Education's Pupil Support staff knowledge and skills have also improved, through informal contact, training and working together.

This West Lothian work has been externally evaluated and the research findings can be accessed in the Journal of Public Mental Health ¹¹

5.1.4 The *FPPC* does not recommend a specific model over others. That is a decision for NHS Boards/CHPs and partners to make in the light of their local arrangements. The outcome should provide a service which is adequately provided and allows the interface between Tiers 1 and 2 to function effectively.

5.1.5 Local planning at this point needs to take into account an expansion of the service as the NHS Board moves towards the Action Framework 2015 target of 25% of all specialist work being Primary Mental Health work.

6. Supporting infrastructure

6.1 It is important that Primary Mental Health work is properly supported as it is key to early intervention and a subsequent filtering of demand which will ultimately result in more appropriate referrals to Tiers 3 and 4 of the specialist system.

6.2 One of the most important factors that NHS Boards/CHPs and other partners have to consider is the priority which is placed on Primary Mental Health work. It is important there is clarity about protected time for Primary Mental Health work. This can be achieved either by dedicated resources being made available or by specific mention of Primary Mental Health work as a core function in CYPMHS worker job descriptions.

6.3 Provision of appropriate training and on-going support to allow staff effectively to provide Primary Mental Health work is equally important. Skills such as consultancy and training competencies are not necessarily acquired in early working experience, so provision should be made which allows staff to develop and maintain such skills.

6.4 Staff need to ensure they have the capability to provide a range of therapeutic skills within the Primary Mental Health care environment. It is intended there be available in Scotland, an "Advanced CAMHs" course, supported by NHS Education for Scotland. This will be relevant for all experienced practitioners working in CAMHs, including those working in Primary Mental Health. The NES website will update <http://www.nes.scot.nhs.uk/>.

Conclusion

This paper is intended to inform further development of the function of Primary Mental Health work, which is an underpinning requirement for successful implementation of the *FPPC*. There are issues also for implementation of the relevant commitments made in *Delivering for Mental Health*.

The guidance discusses a range of issues for local areas to consider when developing the Primary Mental Health work function within their own locality. It is not intended to be prescriptive, but does provide a starting point for local discussion and debate.

The optimum service arrangements for an area will always be developed by joint planning, working and on going review.

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