1. What do you think are the three most important changes for mental health and mental health care in the next 10 years? And why?

1. Improving the care given to young people 18-25 years as most serious mental illness begins before the age of 25 and at that age there is an opportunity to provide an age appropriate, holistic, recovery model of care as a continuum with CAMHS. This should include evidence based treatments available for all young people, including ‘potentially emerging borderline personality disorder’, ADHD and autistic spectrum disorders /learning disability.

2. The focus on mental health promotion and early intervention should be stronger and better specified. Treatment at an earlier stage is likely to be more effective and less costly than that which will be needed over a lifetime if the opportunity for prevention and early intervention is missed.

3. Developing commissioning models for family care based on joint needs assessment across adult and children’s services to provide joined up parental / child (and relevant others) support and interventions as a norm to parent with mental illness /disorder.
2. Do you support the twin themes of public mental health/prevention and mental health service development? Please explain your views, giving examples if possible.

We welcome the recognition of the need for early intervention but this is likely to require significant investment in children’s and other services. For instance, many mental disorders such as conduct disorder are related to poverty and social exclusion.

Although the focus on children in *New Horizons* is welcome, the NAC recommends that:

- *The focus on mental health promotion and early intervention should be stronger and better specified.*

Treatment at an earlier stage is likely to be more effective and less costly than that which will be needed over a lifetime if the opportunity for prevention and early intervention is missed. Failure to interrupt the negative developmental trajectories of children places a future burden on the economy through long term demands on adult mental health services, social services, general health services and the criminal justice system.

3. Are the guiding values described in section one the right ones? Please explain your views giving examples, if possible.

Yes we agree and welcome these guiding values

4. What should the Government do to promote more personalised services for people with mental health problems and their families? It would be helpful to hear about both what works in your area, and, if appropriate, what does not and what could be done in the future.

- *Further work should be done to look at the use of personalised budgets / direct payment for children and adolescents and/or their families/carers*

Where there is an under 18 year old with significant mental health issues currently these are seen only as options for families where there is a child with disability.

In addition to look at this to support young carers 16/17 years looking after a parent with mental illness to gain the help they need.
5. In your view, which are the most important areas in mental health services where value for money could be improved? And how should that be done? If possible, please indicate examples of the current costs of services and areas where the potential savings might exist.

There is a need to

- **Ensure that evidence based practice is provided early in the pathway**

Service users should be provided with good information about this so they know what they can expect. Money can be wasted by providing interventions that are not evidence based nor produce good outcomes for the service users.

Many of the young people we consulted with said that they were assessed numerous times by different people. As well as duplicating effort, the young people often found this very distressing.

- **There is a need for a more joined up approach to assessment and to care**

Most mental health problems start before the age of 25. Therefore many of today’s children in CAMHS are tomorrow’s adults with long term mental disorders.

- **Effectively intervening when young people first present with mental health problems is essential and ‘invest to save’ is critical**

Many of the young people we consulted with told us that services they had accessed often made them feel worse rather than better and some young people would refuse to return. So some services are actually working against what they are trying to achieve and so are at risk of being neither engaging the young person or being clinically or cost effective.

In the current financial climate it is more important than ever that services get it right first time, and that the young people who use their services don’t end up being tomorrow’s adult mental health service users. The King’s Fund has projected that the cost of mental health services will increase from £22.5 billion in 2007 to at least £32.6 billion by 2026. If you add loss of earnings, costs that might be associated to other agencies and so on this cost will be even higher.

The Backing the Future report by NEF and Action for Children suggests that the costs to the UK economy of failing to tackle family breakdown, substance misuse and mental disorder may cost as much as £4 trillion over two decades. The report goes on to say that providing interventions to prevent psychosocial problems and intervene early could save the UK economy £486 billion over twenty years. They recommend moving to a social return on investment (SROI), which helps services understand and manage the social and economic value they are creating.
The NAC believes that this presents a key opportunity for the Department of Health, Department for Children, Schools and Families and other Government departments to invest to save, and that this should be clearly reflected in New Horizons. However the NAC also recommends that:

- **Funding for specialist services should not be reduced will need the capacity to deliver comprehensive evidence based care**

Mental health promotion and early intervention strategies are long term and developmental. Whilst early intervention services evolve, children and young people who have complex, severe or persistent mental disorders will continue to require specialist mental health services as they grow into adulthood.

### 6. Which areas can you identify where innovative technology can help people with mental health problems, and their families? It would be particularly helpful to hear about examples of what works well in your local area and what you think could be done in the future.

- **Advances in technology can provide an opportunity to improve access to services for people generally and are particularly important for young people**

A recent report by YouthNet highlights how important technology is for young people. They found that 82% of young people used the internet at some point to look for information and advice, and use a range of different mediums to access information or advice.

Following are some examples for how technology could be used, but it would be important to consider the evidence-base or evaluate these technological approaches to ensure that they are effective:

- Website information about what is commissioned for mental health in their local area (local offer)
- Telemedicine / computer video links for remoter areas (used in Scotland)
- Phone, text, email contact as a norm rather than face to face clinic based services
- NHS CBT on line
- NHS Self-assessment and self-help on-line

### 7. In your view, where are the current gaps in research evidence supporting the development of New Horizons?

*There is a need to find out what young people 18 to 25 years in this country would like and need from services including the gaps in service for this client group.*
8. How can we support local leadership in building mental wellbeing and mental health care services? Please explain your view giving examples, if possible.

Jointly led Strategic Health Authority and Government Office Mental Health Boards should be developed to reflect those expected for CAMHS (CAMHS review 2008) and to work in partnership with the CAMHS Boards so as to address key overlapping issues.

Statutory local adult mental health partnerships should be developed and extend beyond health and social care and include all relevant partners: colleges and universities, adult education, employment support, acute trusts, criminal justice services, etc. The effectiveness of Local Adult Mental Health multi-agency partnerships should be performance managed by SHA and GO. The NAC is concerned that:

- Local CAMHS and AMHS multiagency partnerships, commissioners and providers MUST work together to address transition; also family centred services where there is a parent with mental illness.
- Meaningful user participation needs to be built in at all levels
- There is a need to ensure that true clinical leadership is in place at all levels

PCTs should critically review their capacity to commission CAMHS effectively. Currently in many PCTs, whilst AMH often has a dedicated commissioner post, CAMHS is part of the portfolio of Children’s Commissioners who cover all aspects of child health.

9. How can we promote joint working between local authorities, the NHS and others to make New Horizons effective in your local area?

As above

10. What do you think what are the most important steps that Government can take to reduce the inequalities that affect our mental health? And why?

- Recognise that physical and mental health is equally important and insist this is the case in all provision and supported cross-government
Work to reduce stigma and improve understanding of mental health issues through inclusion in all training professional training programmes

Improve access to support

Ensure those with Learning Disability and/or are on the autistic spectrum are not excluded from the full range of evidence based mental health services, and are able to access these early.

Ensure that all young people 16-17 with mental health problems can access child and adolescent mental services as described in the Children's NSF (standard 9).

Access should not be dependent on the type of problem or illness that they have. For instance, some of the young people we consulted with asked why do only those with psychosis have access to specialist early intervention teams.

Ensure those in the criminal justice system have appropriate access to mental health care

11. How best can we improve a) the transition from child and adolescent mental health services to adult services, and b) the interface between services for younger and older adults? What works well in your local area? And what does not?

(a) Transition from CAMHS to adult services:

Feedback from NAC regional seminars and young people

The NAC held a series of regional seminars with the range of commissioners and providers earlier this year and apart from a few places, transitions was consistently highlighted as a major obstacle across the country.

The NAC has also been told by young people we have been meeting that they often encounter problems associated with transition. These messages are not new. In short, young people frequently say they are left with no help when they need it and often have no-one to turn to in crisis.

This is confirmed by data from QINMAC, the government commissioned Track Study and the report of the NiMHE pilot of standards for Safe and Appropriate Care for Young People on Adult Mental Health Wards which all confirm a lack of jointly agreed transition protocols. The NAC suggests that this in unacceptable in world class, 21st century health services.

Two types of transition

The NAC proposes that the transitions chapter of New Horizons presents a window of opportunity for change. However the Council feels that this is
currently light on detail and requires further development and recommends that New Horizons highlights

- Highlights that there are two different types of transition facing children and young people in contact with mental health services
  - Transfer of care from CAMHS to AMHS
  - Transitional care that supports the transitions associated with youth as well as addressing mental health

Service based transition often lead to gaps in services for teenagers, particularly those aged 16 and 17. In some areas of the country responsibility for leadership and delivery of services for young people aged 16 to 18 remains unclear, even within organisations providing lifespan mental health services. In many cases, young people are too old for CAMHS and not ill enough for adult mental health services. Regardless of which service the young person is going to, that service should get to know them before the transition, and a plan should be in place to ensure the transition happens as seamlessly as possible.

The NAC suggests that New Horizons should:

- Be robust about the responsibility of commissioners and providers for delivering comprehensive services for young people
- Address the needs of certain vulnerable groups often excluded from adult services including young people with ADHD, those with autistic spectrum disorders, those with disabilities and long term conditions, particularly life limiting/life threatening conditions, young people with emerging personality disorder, looked after children and young people with learning disabilities
- Reiterate current policy recommendations and commitments affecting children and young people including Every Child Matters which emphasise the need to improve transitions, and Youth Matters, which highlights the importance of transition. Additionally, the National Service Framework standard on mental health and psychological wellbeing states that CAMHS should meet the needs of young people up to their 18th birthday.

Although the National Service Framework for Mental Health and the Children’s NSF required all organisations to have a transitions policy in place, NAC is concerned that in practice this is sometimes a tick box exercise.

Therefore the NAC recommends that:

- Governance of transition arrangements and protocols for collaboration should be given a higher profile in New Horizons.
- Transitions leadership should be improved including board level ‘transition champions’ in all NHS Trusts
Secondly, New Horizons should recognise that young people face *life transitions* which place them at added risk as they deal with the tasks of growing up and managing increasing independence; continuing education or moving into employment, setting up home, making new relationships. Many young people are not fully independent of their families until 25 and currently unemployment is high in this age group.

Adult mental health services often do not have the skills, competencies and experience to meet the needs of young people as they move from child and adolescent to adult mental health services. In addition, the problems that often exist between CAMHS and adult mental health services are well known. There are major cultural differences in the way the two services work, and there is often a lack of trust among professionals. Consequently, young people frequently lose out.

The NAC suggests that CAMHS and AMHS services need to improve their ability to work together and jointly improve the outcome for young people.

Therefore the NAC recommends:

- *Workforce development and the need to enable culture change is given a higher priority in New Horizons*

**Outcomes based models of care**

The NAC is aware of a range of promising transitional care models in both the statutory and voluntary sector already delivering improved outcomes for young people. In talking to young people they are not concerned whether services are delivered by CAMHS, AMHS or YAMHS as long as the services are accessible and meet their needs. The NAC would be pleased to share models we are aware of.

The NAC would like to see *New Horizons*:

- *Consider the range of transition services for young people developing across the country and identify the key components of success and potential models for delivery including taking the views of young people into consideration*

- *Promote closer working relationships between commissioners and providers, and a clearer jointly agreed focus on outcomes for young people.*

- *Require that outcomes for young people with mental health problems are monitored by Government*

In order to do this effectively there is a need to define what good outcomes are and metrics to measure them should be developed. There is an annual survey of adults receiving mental health services Can this be extended to identify the views of young people?
The NAC suggests that the NHS Operating Framework and the National Indicator set for children’s services provides a framework for delivering continued improvements in child and adolescent mental health services.

However, NAC suggests that Vital Signs Monitoring may not in itself be sufficient to ensure that outcomes for young people are improved. The former PSA proxies and the current Vital Signs have reported year on year improvements, but in some areas of the country gaps continue to exist in services for young people at increased risk of poor outcomes. This includes teenagers, young people with learning disabilities and looked after children.

The NAC therefore recommends that:

- **For NHS partners, a stronger focus on transitions as part of vital signs monitoring may help to improve pathways between CAMHS and AMHS.**

The Operating Framework and the Vital Signs monitoring require evidence that improvements in service commissioning are reflected in improvements on the ground.

**12. In your view, what more should the government do to combat stigma?**

The NAC proposes that:

- **There should be more work carried out in schools to develop teachers and children and young people’s understanding of mental health.**

- **There is a need for a sustained campaign to help educate the general public about mental health including all age ranges and addressing resilience factors**

Promote positive ‘role models’ from across all the age groups and in specific campaigns

Need for easier access to support. Timely access to support, that is appropriate and acceptable to the given age group should make their experience of the service more positive.

Mental health should be addressed in all health strategies. Physical health problem often impact on emotional wellbeing, but some physical care staff still think emotional well-being is not an area for them to address or needs an expert service.

Tackle the ‘them and us’ attitude. It is estimated that about 1 in 4 have a mental health problem at some point in their lives; so many staff are themselves likely to have mental health problems.