



Child & adolescent mental health services—CAMHS

Aims

The Government's aim is to improve life outcomes of adults and children with mental health problems by ensuring that all patients who then have access to comprehensive Child and Adolescent Mental Health Services (CAMHS). This study assessed the extent CAMHS reflected local needs and were in accordance with national standards. The analysis had three main objectives, to:

- quantify the importance of different risk factors
- see if children receiving services reflected the distribution of risk factors (i.e. an equity audit)
- identify gaps by case type and area—for example high risk groups.

What we did

In partnership with Brent PCT, CAMHS and social services, we obtained and linked data from each agency. Working closely with the services concerned, we undertook a risk assessment of all children currently registered with CAMHS. We then risk assessed all 68,000 children and adolescents under 21 years to identify people with similar risk profiles. We profiled both areas and GP practices to compare the number actually attending the service compared with expected number based on the risk profile.

Outputs

We found there was broad equity of access at a PCT locality level. However, there was considerable local variation between neighbourhoods and GP practices. Study recommendations included a review of non-attendance protocols to improve engagement with CAMHS; consideration of using 'outreach' models to deliver some CAMHS functions; and awareness raising of CAMHS among GPs serving Brent. Other potential developments included a CAMHS learning disability service, as children with special educational needs were a common characteristic of many CAMHS patients (see box above); an extension of CAMHS services for 16-18 year olds to bridge the gap to adult services (see chart); the development of a specialist service for young black males who were less likely to engage with the service than young white males; and a school risk assessment to inform how schools are positioned with respect to CAMHS.

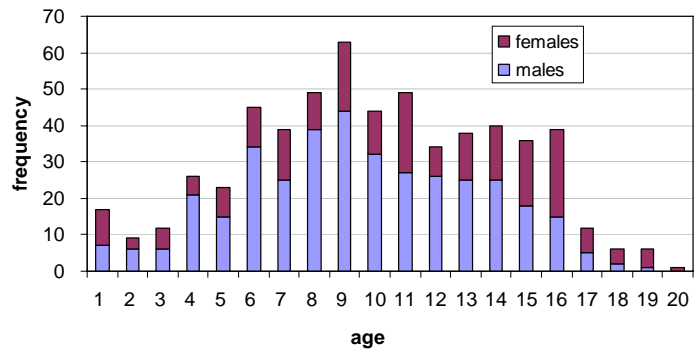


Chart showing the age and gender of CAMHS patients

The results showed that the odds of a child or adolescent attending CAMHS increases:

- 9.6 times if the person has a record of truancy
- 3.6 times if the person has special educational needs
- 3.2 times if the person is known to social services
- 1.6 times if there is a record of domestic violence
- 1.6 times if the person lives in a single adult household
- 1.4 times if the person lives in social housing
- 1.3 times if the household is on means tested benefits
- 1.1 times if the person is white or of unknown heritage

Tailoring services to local needs