Building Bridges

Developing a Needs Led Transition Pathway Between Child and Adult Mental Health Services

Health Innovation Network & Oxleas NHS Foundation Trust
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Health Innovation Network South London

Oxleas NHS

Contents

1. Executive Summary

Background

In 2022 the Oxleas NHS Foundation Trust (Oxleas) in partnership with the Health Innovation Network South London (HIN) agreed to host a Darzi fellow to lead on developing a revised clinical pathway for mental health services for young people aged 16-25.

Oxleas offers secondary mental health care to young people 16-25 years via child and adolescent mental health services (CAMHS) and adult mental health services (AMH) including the Anxiety, Depression, Affective Disorder and Personality Disorder Team (ADAPT) in London boroughs of Greenwich, Bexley and Bromley. The existing care pathway for the age group focuses on facilitating effective transition of care from CAMHS to AMH for young people approaching 18 years, where clinically indicated. The need to review the current transitions pathway is a requirement of:

- The NHS Long Term Plan[1] commitment to developing mental health services for young people up to 25 years old;
- National Institute for Health and Care Excellence (NICE) guidelines [2] recommending a developmentally appropriate approach to transitions;
- South East London Integrated Care System (SEL ICS) priorities; [3] and,
- Feedback from clinicians, young people and parents of the need for improvement to services.

The project aimed to move from a service-led approach where care provision is determined by age, towards a needs-led approach. This report details the approach the Darzi Fellow, Janis Griffiths, took to reviewing and developing the proposed new model, and the key learning from the process.

Approach

The project was delivered through the following phases of work:

Understand	understanding the service and the problem via desk-based research and interviews with stakeholders
Prioritise	identifying changes to prioritise through interviews with young people and parent/ carers, and synthesising this information via mapping techniques,
Vision	developing model ideas via focus groups, interviews, a co-design workshop and options appraisal
Action	making plans to implement a pilot of the model
Sustain	planning to sustain the work after the end of the Darzi fellowship.

Key messages from research and interviews with stakeholders

Stakeholders from across Oxleas services, the community and voluntary sector, and Integrated Care Service (service commissioners) noted the different approaches to mental health care in child and adult services that contributed to challenges in working together effectively. However there were examples where the challenges had been tackled. Stakeholders noted the emotional impact of the transition process and specific groups either left without a service or who were especially adversely impacted by changes in team and approach. They noted the benefit in adapting support in response to the specific needs of the age group.

A range of existing initiatives to improve processes and experiences for young people in the transition between services were identified from these interviews which helped inform the development of the model.

Key messages from young people and their parents and carers

Young people emphasised the transition to adulthood being a process and changes between the services having an emotional impact. They stated the importance of relationships to their engaging and benefitting from support and wanting a collaborative approach that respected their view of whether their parent or carers should be involved.

Parents and carers noted the barriers that were created by the age-focused transition between services and the need to adapt support for the range of young people's needs and stages of development. They wanted support through the transition, for clinicians across services to work together as a team, and to be included in their young person's care.

Outcomes

After exploring ideas via a co-design workshop and synthesising the ideas alongside the knowledge gathered from stakeholders, young people and desk-based research, the following options were appraised:

1. Augmenting the existing provision with improved liaison, transition support and softened age boundaries (preferred option).
2. Extending the CAMHS offer to 25 years for young people in need of secondary care.
3. Realignment of resources to create a Young Peoples' team
4. No change.

The preferred option set out a range of adjustments to the current pathway to foster joined-up working between CAMHS and ADAPT, increase opportunities to care plan according to need rather than age, and to develop capacity to provide services tailored to young peoples' needs:

Change	From 17 there will be an option to start sooner in the adult team from 17 or stay on until 19 at CAMHS	Transition Meeting where clinicians discuss care plan is attended by representatives from full range of adult mental health services	Transition worker recruited to support people where they transition between teams	Involvement group for young people	Training for professionals
Rationale	Less wait for the right treatment, and avoids an abrupt end if you are mid-way through support at 18	Clinicians can find it hard to know all the support available – provides 'one stop shop' for swift decisions	Consistent person who can help people get established with the new team	Keep improving the services we offer based on what is important for young people	Make sure people working with young people understand how to adapt their approach

Next steps will be to gather information about demand, confirm that the model remains appropriate to test locally in light of this data, and plan for implementation and evaluation of a pilot in one borough before rolling out across geographies if the pilot is a success.

Key learning

- Dedicate resources to involving young people and families in the process.
- Use a team approach to develop ideas and foster ownership of the eventual model.
- Build on existing learning and practice.
- Capture and share additional learning outside the scope of the project.
- Allow time for the development of ideas and keep an open mind as to the eventual result.

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References

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3. SEL ICS (2023) South East London ICS: Joint Forward Plan 2023/24, *South East London ICS,* . Available from: https://www.selondonics.org/who-we-are/our-priorities/joint-forward-plan/ [Accessed Jul 6, 2023].

2. Introduction

Partners

Oxleas NHS Foundation Trust

Oxleas NHS Foundation Trust (Oxleas) offers a wide range of NHS healthcare services to people living in south east London. These include secondary mental health care to young people 16-25 years via child and adolescent mental health services (CAMHS) and adult mental health services (AMH) including the Anxiety, Depression, Affective Disorder, and Personality Disorder Team (ADAPT) in London boroughs of Greenwich, Bexley and Bromley.

HIN South London

The Health Innovation Network (HIN) is the Academic Health Science Network (AHSN) for south London, one of 15 across England. As the only bodies that connect NHS and academic organisations, local authorities, the third sector and industry, AHSNs are catalysts that create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients. This means the HIN is uniquely placed to identify and spread health innovation at pace and scale; driving the adoption and spread of innovative ideas and technologies across large populations.

Darzi Fellowship Programme

The Darzi Fellowship [4] is a clinical leadership programme run by London South Bank University. This programme develops leaders from multi-professional backgrounds who apply their learning from the programme to a complex change initiative in their employing trust. This project formed one of those challenges. Janis Griffiths, HIN and Oxleas' Darzi Fellow, is a Family Systemic Psychotherapist with over 10 years' experience in CAMHS and multi-agency projects across social care and community settings.

The Project

Project purpose: To improve the quality of the mental health transitions pathway (child to adult mental health services) for 16–25 year olds.

Project Objectives: To agree and implement:

- A co-designed model to span child and adult mental health services in Oxleas NHS Foundation Trust in agreement with key local delivery partners.
- A model to enable needs-led, person-centred, and timely care planning and intervention for young people with or at increased risk of developing severe and enduring mental health difficulties.

Scope: A focus on secondary care community mental health services,

Exclusions: Related non-mental health provision (such as learning disability or neurodiversity specific teams).

The project focused on improving services for young people in need of secondary care mental health support by reducing the impact of moving from child to adult systems at age 18 years, with particular

focus on those young people most vulnerable to the negative impacts of changes to care arrangements. The aim was to move from a service-led approach where care provided is determined by age towards a needs-led approach to the provision of care.

Existing pathway

Oxleas currently offers secondary mental health care to young people 16-25 via CAMHS and AMH provision in London boroughs of Greenwich, Bexley and Bromley. In common with most NHS mental health services there are differences in the underlying approaches to treating mental health between the child and adult system, and the two operate distinctly from one another. When they reach 18, young people who need ongoing specialist mental health support are transitioned from child to adult services. Drivers for reviewing this pathway included:

- The NHS Long Term Plan [1] commitment to developing mental health services for young people to 25 years old.
- National Institute for Health and Care Excellence (NICE) guidelines [2] recommending a developmentally appropriate approach to transitions.
- South East London Integrated Care System (SEL ICS) have highlighted the need for improved transitions between services as a key area of development in the Children and Young People's Mental Health Programme [3] and are required to return metrics to NHSE on the integrated system's progress towards the long-term plan goal mentioned above
- Feedback from clinicians, young people and parents of the need for improvement to services offered to young people in the age group, particularly for those most vulnerable to the negative impacts of changes to their care arrangements.

Underpinning Ideas

The following key concepts informed the planning and delivery of the project.

Improvement process [5] [6]

The approach was informed by the improvement process of working through the three questions 'What are we trying to accomplish?', 'How will we know that a change is an improvement?' and 'What change can we make that will result in an improvement?' then testing ideas with a plan-do-study-act cycle.

Systems thinking [7]

Systems thinking recognises that systems like organisations or teams are made up of complex interrelated parts working together towards a purpose. Although systems like NHS services might officially be organised in hierarchies, in practice things get done via a network of relationships and connecting interactions. Systems thinking helps us look at the root of complex ('wicked') problems by uncovering the behaviour patterns, structures and beliefs in the system that lead to the issues, and in

recognising the role of networks/ relationships in making change. Myron Rogers' guidelines ('Myron's Maxims') [8] help apply systems thinking to practice. They emphasise the importance of helping people see the whole system by facilitating their involvement in understanding, developing and testing changes.

Systemic Design Framework [9]

This framework combines design approaches with Systems thinking to recognise the interconnected, complex nature of design challenges. The approach recognises a repeating process of opening-up then focusing down ideas (divergent and convergent thinking), looking at both the project (micro) and its wider context (macro), and exploring the underlying issues to determine what changes might have most impact though the stages Explore, Reframe, Create and Catalyse. Making relationships, connecting people, and engaging people through storytelling are seen as important elements within the change process.

Co-design [10] [11]

The project aspired to a co-design approach that included the voices of people using the service in identifying what was important.

3. Initiating the Project

Project Approach

The process of developing the new model is shown below.

	Understand	Prioritise	Vision	Action	Sustain
Focus	What is the (right) problem? Why is it important?	What matters most? What changes will be most impactful?	How might we…?	What action will we take?	How can we sustain and share the learning?
Activity	• Review relevant literature • Understand the service structure and current pathway • Interviews with professional stakeholders • Identify the existing progress and good practice • Confirm the focus and scope of the project	• Collect a data snapshot • Facilitate focus groups and interviews with young people and families/carers • Compile patient journey maps • Synthesis mapping to identify the focus for change	• Deliver a co-design workshop attended by stakeholders • Identify success criteria from the workshop and learning to date • Development of an Options appraisal	• Communicate the outcome to stakeholders • Further audit and work up of the detail of the model to understand resource implications	• Develop an initial evaluation plan for the model • Plan how the pilot will be implemented • Supply a project document pack • Deliver final report
Decisions	Agree project plan	Review findings Identify change priorities	Review options Agree potential model	Agree model and implementation plan	Authorise final report Agree evaluation plan
Methodology	PFCC: shadowing [12] Stakeholder mapping [13] Systemic design: Explore/ Connections and relationships [9]	Systems Mapping [14] Patient journey mapping [6] [12] Thematic analysis [15] Systemic design: Reframe [9]	World café [16] PFCC: Snorkelling [12] Systemic design: Storytelling/ Create [9]	Project management techniques [17] Systemic design: Catalyse [9]	Evaluation [18] Systemic design: Continuing the journey [9]

Governance

Steering group

A steering group was convened to guide and support the project, and to monitor progress. Members included senior leads from both the children's and adults' mental health teams, ICS representatives, the Head of Mental Health at the HIN, and colleagues tasked with continuing the work after the end of the Fellowship year (see terms of reference at appendix 2)

Trust Strategy

The project was part of the Trust's wider Great Out of Hospital Care strategy, and progress was reported to the strategy working group meeting. Commitment to the project as part of this strategy reflected the high-level senior support in the Trust for the project.

ICS

Regular meetings with local ICS partners were undertaken at key points in the development of the project.

Project management and reporting

Project management tools included a Gantt chart and risk register. Progress was monitored via regular supervision (both at HIN and Oxleas) and quarterly progress reports to HIN executive team, using HIN project management systems.

Equalities

An Equalities Impact Assessment (EIA) was completed (appendix 3) to understand how development of the model might impact the provision of care to different groups protected under equalities law. This was helpful to focus attention on equality of opportunity in the service model.

The EIA will be reviewed to evaluate whether the final model provides equity of opportunity, checking that the proposed changes do not create additional barriers to access to protected groups. An action plan will be developed to maintain and/or improve equality of access of the model.

Stakeholders

A stakeholder analysis tool (appendix 4) was used to identify influential people who were needed to support the project, and particular consideration was given to stakeholders who had high interest in the project but little influence over decisions to ensure their voices were included (e.g. people who use the services and their carers).

4. Understanding the service and the problem

Approach

The focus of this first phase of work was to understand the current context of the challenge and to begin to map the priorities for change. This involved the following activities:

- review of relevant literature;
- understanding the service structure and current pathway;
- interviews with stakeholders from across Oxleas services, the community and voluntary sector, and ICS;
- identifying the existing progress and good practice.

Review of the literature

Desk-based research was completed regarding best practice in the provision of mental health support to young people under 25 years. Helpful summary reports bringing together the case for change and recommendations for a differentiated clinical offer for 18–25-year-olds have been produced by Hunn & Clarke[19] and Royal Society for Psychiatrists [20].

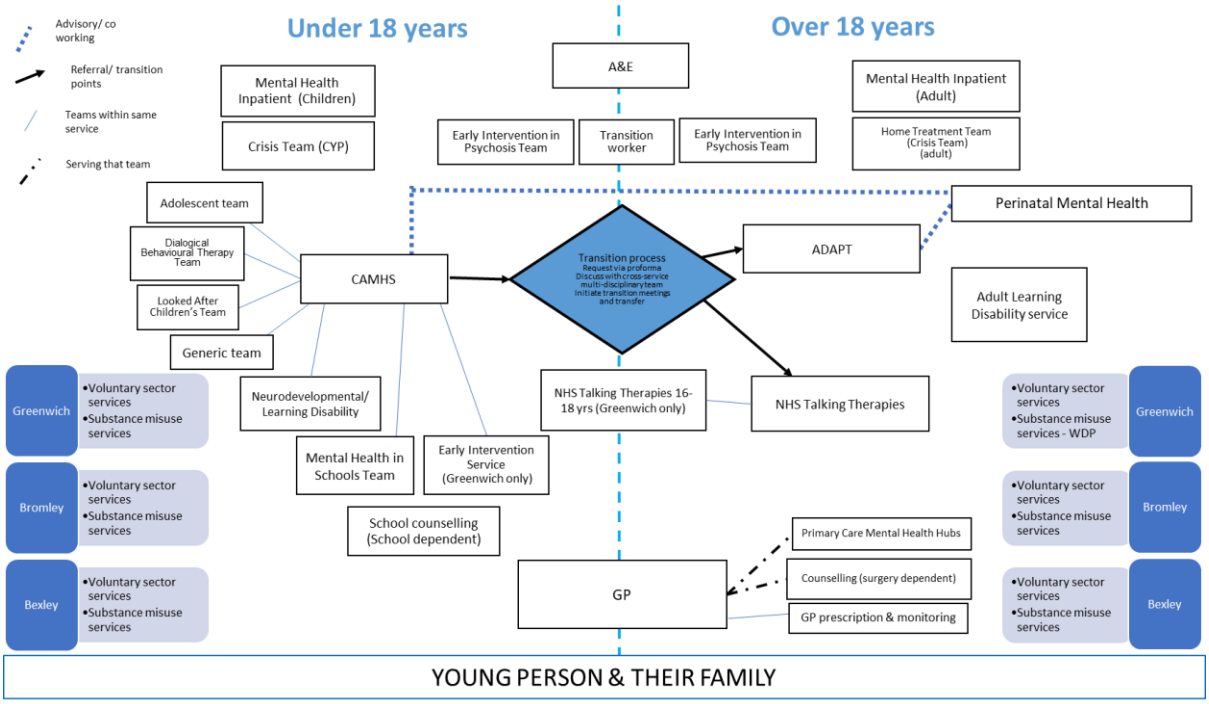
In summary the literature informs us that a differentiated approach for this age-group is clinically indicated as:

- Biological, neurological, and social development continues to age 25 [21] indicating that young people have different needs to older adults.
- Young people experience multiple life-cycle changes [22] and may benefit from consistent support through their transition to adulthood .
- Most mental health disorders start before age 25 [23], suggesting potential for effective early intervention [24].
- The current age-led transition approach may increase risk of poor outcomes longer-term. [25]
- There is evidence of increasing rates of mental health difficulties in the age group. [26] [27]

Understand the service structure and current pathway

Key policy and procedural documents were reviewed, and discussions with adult and child clinicians gave further insight. Outcomes of this process included a list of stakeholders to approach (building on the stakeholder analysis in appendix 2) and development of a map of the existing service pathway (figure 1).

Figure 1: Map of existing pathway



Shadowing provided an effective way to understand the patient experience of services[12]. Shadowing usually involves following patients through a short patient journey such as attending an outpatient clinic or admission to a ward. However in community mental health services the patient journey is long-term and shadowing has both practical and ethical constraints. The principle was adapted to shadowing the patient journey by attending transition meetings where cases were discussed between the teams and reviewing a sample of case records.

This process helped understanding of:

- The role of CAMHS transition leads in supporting clinicians through the process

and maintaining cross-service relationships.

- Typical dilemmas around complex cases and gaps in services.
- How meeting attendees navigate the complex tensions between consent, capacity and treatment, and differences in service approaches.
- The differences between the process as written in the standard operating procedure and its evolution in practice.
- The importance of relationships in how well the transition process worked.
- Evaluating what worked in the process and what was more challenging or could be improved.

Interviews with professional stakeholders

Between September 2022 and May 2023 views were collected from over 35 stakeholders from across Oxleas' statutory and community and voluntary mental health services and the ICS via 1:1 interviews, group meetings and email correspondence.

These unstructured conversations focused on the provision of mental health services to young people 16-25 years old, and what stakeholders felt worked well, what they felt needed changing, and what they thought drove these issues.

Thematic analysis techniques were used to categorise written notes and transcripts into key themes. These were then reviewed to understand what the main messages were across the interviews and written into a report which was supplied to the Trust in the document pack (list at appendix 1).

Key messages from the report were:

Child and adult mental health services have different approaches

- Child and adult assessment and treatment approaches come from different perspectives.
- The services work in a context where changes at 18 years are deeply embedded in how clinical training, treatment models and guidance, legislation and other services like education and social care are organised.

There are challenges to working together that can be tackled

- The service differences mean working together can be challenging.
- Close relationships and understanding service differences are important to

effective co-working and overcoming these differences.

- Child and adult mental health teams have already initiated improvements to liaison and joint working that can be built upon.

Endings and transitions have an emotional impact

- Endings and transitions can have a positive function in the care of young people.
- The emotional impact of transition on young people should be considered in care planning.
- Clinicians feel the impact of endings too.

Some young people are not well served by the current pathway

- Young people referred close to turning 18 can experience additional wait for intervention due to the age limits of services.
- There is a lack of autism-specific support, particularly if difficulties are not related to mental health difficulties but to neurodiversity.
- People experiencing emotional dysregulation and social needs (such as pregnancy, social care involvement, risk in the community) need additional support.
- Not all young people with mild-moderate needs are suitable for adult talking therapy (formerly known as IAPT) services.
- Some young people are particularly vulnerable to changes in service:
    - young people leaving care,
    - neurodiverse young people,
    - young parents,
    - social care cases with risk and distress but no mental health diagnosis,
    - groups vulnerable to experiencing barriers to access,
    - young people due to change locality for university and who might transition to an Oxleas service at 18 but will need connecting with support in a new area very shortly afterward.

Mental health support should be differentiated to young peoples' needs

- Young people experience a range of barriers to accessing services.
- Provision needs to be adapted to young peoples' developmental needs.
- Family involvement is an important resource for the age group.

Identify existing progress and good practice

A range of existing initiatives to improve the transition and treatment experiences of young people were identified, including:

- Improvements to the transition pathway made over several years including a recently revised standard operating procedure agreed by both CAMHS and the ADAPT (Anxiety, Depression, Affective Disorder and Personality Disorder Team) services.
- A specific pathway for young people 18-25 years piloted in one borough's ADAPT psychology team.
- Pilot of an introductory group for young people and their parent/carers who have their first contact with adult mental health services.
- Development of closer working and joint introductory sessions between CAMHS and Bromley Mind (a community-based mental health service focusing on social support).
- Time to Talk Greenwich (NHS Talking Therapies Service) extending their provision to 16–18-year-olds, with supervision from and close working with CAMHS.
- Proposal from Bromley CAMHS to pilot an extension of the provision of psychotherapy to a cohort of young people beyond their 18th birthday.
- Early Intervention in Psychosis (EIP) Transition worker role which was developed in response to guidance that EIP services begin offering consistent support up to 25 years.

Interviews were also conducted with colleagues in Camden and Islington, and Norfolk and Suffolk NHS Foundation Trusts regarding the models they had developed and key learning from the implementation of any changes, since these were identified as example services in the Hunn and Clarke report [19] and were well-established.

These were summarised into a brief paper outlining the services and learning points to draw from at later stages of developing the model. This forms part of the project pack (appendix 1 for list of contents).

5. Identifying changes to prioritise

Approach

The aim of this second set of tasks was to prioritise changes that might have most impact on the issues with the current pathway identified in the previous phase of work. Activities in this phase were to:

- Collect a data snapshot
- Facilitate focus groups and interviews with young people and families/carers
- Compile patient journey maps
- Synthesis mapping to identify the focus for change

Collect a data snapshot

Quantitative data was collected to support understanding of the existing service context by:

Collecting and reviewing data from a 12 month period to understand the local population of 16-25 year olds and their needs

Using data drawn from Oxleas' RIO system, local public health data, ICS reports and NHSE dashboards

Data was reviewed to understand how young adults may use services, and consider how best to scope the first development of the clinical pathway

The data excluded some services including Psychosis and Adult Learning Difficulties services since these are outside the project scope

The data informed us that:

Borough	16-25 population (% of total population)
Bexley	27,467 (11%)
Bromley	31,396 (10%)
Greenwich	35,593 (12%)

- Though young people make up 10-12 per cent of the population in the boroughs, the proportion amongst people supported in adult mental health services is higher.
- Many young people's first contact with adult mental health services was via Oxleas' Mental Health Hubs (the service connecting primary and secondary care) making up around 25-27 per cent of the hubs' referrals. This may reflect that mental health difficulties often first emerge before 25 and so a higher rate of presentation, or that older adults are more likely to already be open to mental health services (so not having a new referral via the hub)
- Two NHS Talking Therapy services (adult mental health services offering support for mild-moderate anxiety and depression) supplied data, which showed around 20 per cent of episodes of treatment were delivered to people under 25.
- 53 per cent of people accessing support in the ADAPT service had some previous involvement with CAMHS, indicating mental health issues for many people had started at an earlier age.
- Around 20 per cent of A&E mental health presentations in Southeast London were by people aged 18-25 years.
- Public Health data for Bexley, Bromley and Greenwich shows that 15 per cent of suspected deaths by suicide were people in the 16- 25 age group.
- Reach to young people from black and minority ethnic groups appeared to be under-representative, although in common with many NHS services data collection was inconsistent with about a third of records having no ethnic background recorded. Improving this data is a Trust strategic priority under the PCREF (Patient and Carer Race Equality Framework) agenda. [28]

Understanding that the age group makes up a significant proportion of cases across services suggested that capacity to differentiate care for the age group needed to be developed across the system, rather than focused solely on one team.

Focus groups and interviews with young people and families/carers

Between January and March 2023 views were collected via focus groups, 1:1 interviews and discussion with an existing leaving care group (for young people who had been in local authority care such as foster homes and were transitioning to live independently after turning 18). Oxleas NHS Foundation Trust clinicians and voluntary sector organisations supported recruitment of young people as the mental health services' existing participation groups did not engage the target age group.

The interviews and focus groups were semi-structured, with a list of guide questions and freedom to focus on topics as they arose in the sessions (see appendix 5 for the focus group plan). Sixteen young people and five parents and carers took part. Participants were remunerated for their time.

Thematic analysis techniques[15] were used to categorise what was said into key themes. Care was taken to anonymise the information to protect confidentiality. Inspired by the idea of User Need Statements [29], the themes were deliberately phrased in the first-person. This was intended as a 'storytelling' technique to engage readers in the experience of the interviewees and had the added benefit of presenting the learning in terms of deliverable actions. This was written up into a report (appendix 6) with the following high-level themes:

Key messages from young people

Transition to adulthood is a process (not just a switch between services)

- Understand that young people will be at various stages of multiple life changes.
- Offer me support if I do have to change services (e.g. if I must transition at 18).
- Give me time to adjust.

Service transitions have an emotional impact.

- Transitions between services has an emotional impact on me.
- The emotional impact of changing services connects with my wider emotional needs.

Reduce barriers to accessing support.

- Being turned away or passed between services is off-putting.
- Communicate about referrals and waits.
- Create a welcoming environment.

Relationships are key to me getting the most from support.

- Build a good relationship with me above all else
- Get to know me as a person, not just a set of symptoms.
- Help me feel comfortable.
- Developing trust takes time and effort.

Collaborate with me

- Adapt your approach to my needs.
- Support me to make informed decisions.
- Listen to me and facilitate me giving my views.
- Connect me with others.

Parental involvement should be my choice.

- Ask whether I want parents involved – more than once.

Key messages from parents and carers

Parents and carers need support through transition.

- Transition has an emotional impact on me as well as my young person.
- I would like advice on how to support my young person and how to navigate adult services.

Transitions between services create additional barriers to engagement.

- It takes time, effort, and struggle to get established with mental health services.
- Changes can be very difficult for my young person- consistency is important.
- If we have to wait, communicate.

Adapt the care to my young person's needs.

- Young peoples' needs and level of independence varies widely.
- A collaborative approach with a consistent person helps to engage my young person.

Work together as a team…

- Work together and communicate well between services so there is continuity of care.

…and include parents and carers in the teamwork.

- I advocate for my young person because they may find it hard to assert themselves.
- I understand the right to confidentiality, but also want to know how to keep my young person safe.
- Use me as a member of the care team: I have knowledge that can help you.

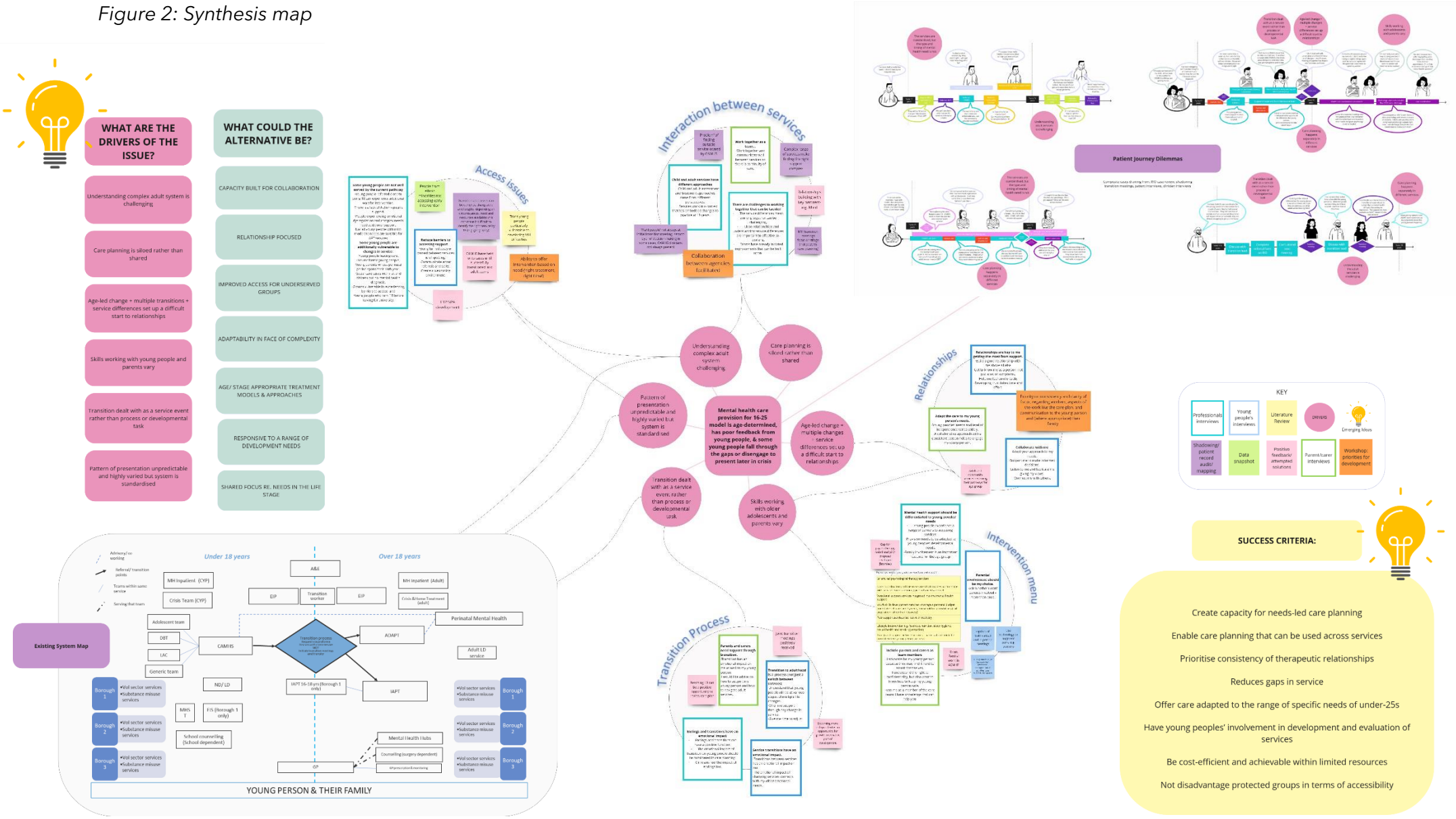
Patient journey mapping

Information from shadowing and interviews with professionals, young people and parent/carers was brought together into three patient journey maps [6 12]. These were composite case studies rather than depicting specific cases, allowing them to be shared with stakeholders without breaking confidentiality. These are included in the synthesis map (figure 2).

Synthesis mapping

The final task for this phase was to make sense of the information gathered so far, to develop a focus for the co-design workshop. Synthesis mapping [14 30], a systemic design-thinking technique, was used to support this process. In this approach the information is mapped visually, with common themes grouped together, and key learning identified. Via the process of collecting the information together, potential drivers behind the key issues in the existing process and areas of attention that might address these drivers were identified (see figure 2). The focus and key questions for the co-design workshop were developed from these drivers. The map was subsequently updated and reviewed with learning from the co-design workshop.

Figure 2: Synthesis map



6. Developing model ideas through co-design

Approach

The aim of this phase was to develop a vision for the focus of change and generate ideas of how this might look in practice. This was done via:

- Delivery of a co-design workshop attended by stakeholders
- Identification of success criteria
- Development of an options appraisal

Co-design workshop

Key stakeholders were invited to a co-design workshop representing the key child and adult mental health teams, community services, young people and parent/carers.

The workshop approach drew from two key approaches:

- Patient and Family Centred Care (PFCC) [12] by using patient journey examples to connect stakeholders to patient experience and inspire change ideas.
- World café [16] for its ability to build collaborative relationships and generate vision.

The workshop plan (appendix 7) was reviewed by a design team of two Young People's Ambassadors, a CAMHS psychiatrist and Oxleas Patient and Public Involvement Lead who suggested adjustments to better meet the needs of stakeholders. Thirty-three stakeholders attended the workshop.

Figure 3 shows the ideas that emerged from the workshop regarding the key principles and design ideas for the provision of mental health support to young people aged 16- 25 years

Figure 3: Principles and Design Ideas from the workshop

Principles	Design ideas
Ability to offer intervention based on need ('right treatment, right time')	Workers supporting transition between child and adult services Primary care hubs (teams connecting primary and secondary care services) specifically for young people 'Mini team' providing intervention over the transition between child and adult services Training offered to staff about the needs of the age-range Family involvement Systemic approach (i.e. approach used in CAMHS that focuses on young person's context, support network and family) remains available for some young people Support post-discharge (e.g. 'top up' sessions)
Priority on consistency and clarity of focus. This includes of workers and aspects of the work like the care-plan, and communication to the young person and where appropriate their family	Flexibility to complete a package of care in CAMHS, or to hold until new service is started Buddies/ Mentors for those new into service Single point of contact/ advocacy/ social prescribers/ mentoring/ transition coordinators
Collaboration between agencies facilitated to enable this	Joint planning Joint transition meetings Single point of access (SPA) for age range Embedding voluntary sector support into NHS service e.g. life skills

Success Criteria

Following the workshop, the synthesis map was reviewed by adding the workshop principles and considering if changes needed to be made to the drivers or change areas. The question 'If a new model addressed the important issues on this map, what would it need to do?' was then considered to develop a set of success criteria for any pathway as follows:

Figure 4: Success criteria

Success criteria: Any new model should…

- Create capacity for needs-led care planning
- Enable care planning that remains consistent (e.g. across any service transition)
- Prioritise consistency of therapeutic relationships
- Reduce gaps in service
- Offer care adapted to the range of specific needs of under-25s
- Have young peoples' involvement in development and evaluation of services
- Be cost-efficient and achievable within resources
- Not disadvantage protected groups in terms of accessibility

Options appraisal

The options appraisal (appendix 8) looked at ideas from the workshop, existing good practice in the Trust, literature and interviews with external Trusts to develop four options. This was presented in an options appraisal document and presentation to the steering group for review, which forms part of the project document pack. The options were:

- **Option 1:** Augmenting existing provision by improving liaison, recruiting a transition worker and piloting flexible service boundaries. This was the preferred option.
- **Option 2:** Extending the CAMHS offer to 25 years for young people in need of secondary care.
- **Option 3:** Realignment of resources to create a Young Peoples' team drawn from across both services who are enabled to see young people from 16 to 25 years.
- **Option 4:** No change.

The rationale for choosing option 1 as the preferred option was that it:

- best met the success criteria as shown in figure 4
- offered an option that can feasibly be piloted (and reversed if not resulting in improvement of quality), and
- was the most cost-effective option outside of retaining the status quo.

Proposed model

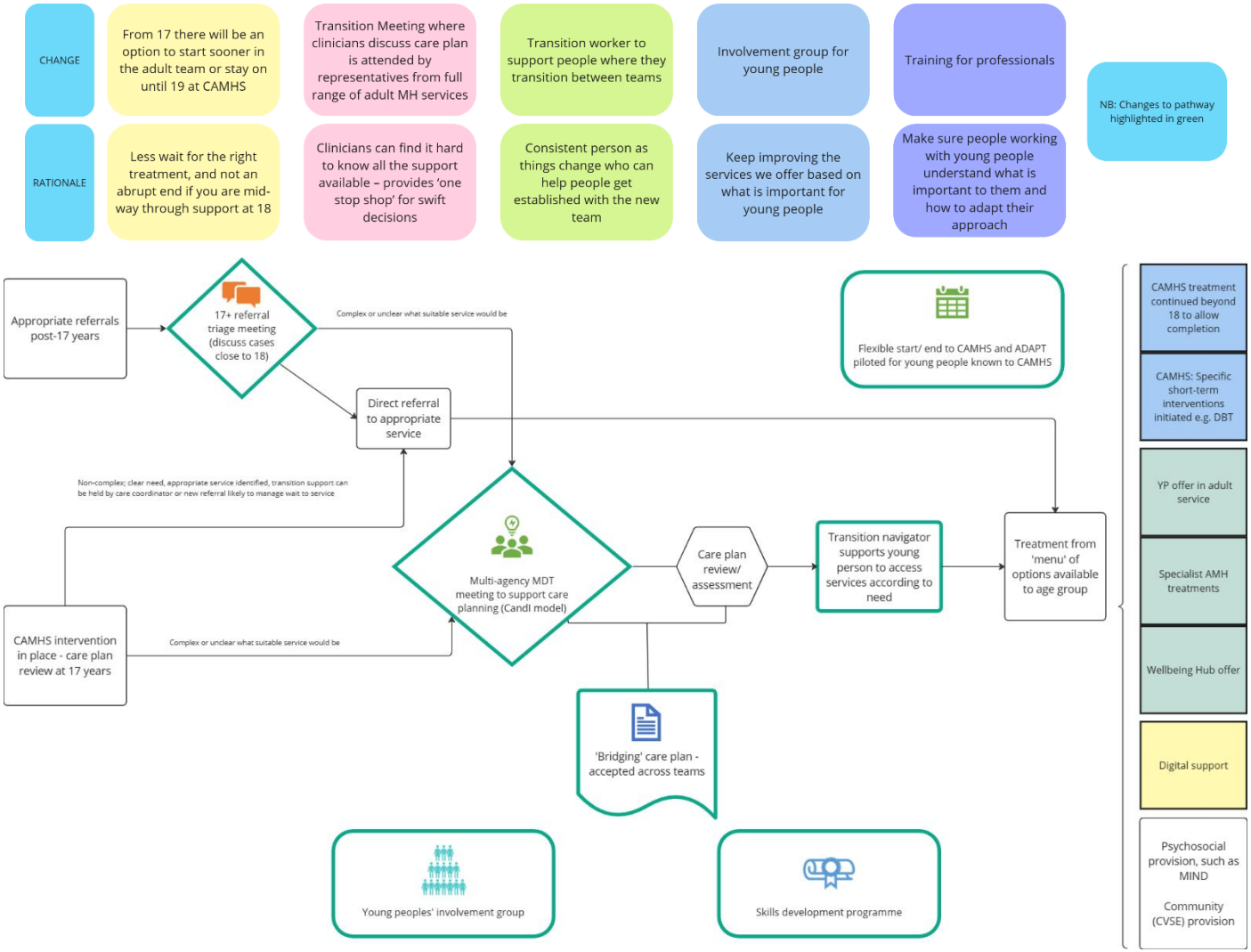
The proposed model involves a number of adjustments to activity and policy which will foster joined-up working between CAMHS and ADAPT and increase opportunities to care plan according to need rather than age. This is achieved through the following changes:

- Piloting extensions to the window for involvement with CAMHS and ADAPT service, i.e. the provision of care being extended to 19 years for CAMHS and lowered to 17 years for ADAPT. Many young people in this age range currently undergo monitoring in CAMHS without treatment to then transition to adult mental health at 18, or face a premature end to a treatment episode at transition. The adjustment would allow for:
    - Completion or initiation of treatment in CAMHS, with the extended age meaning there would be time to complete.
    - Continuity of care to be offered to those referred close to their 17th birthday but whose symptoms suggest specific treatment within ADAPT would be appropriate.
- Improved liaison between the child and adult system through:
    - Regular meeting between the children and young people's single point of access (referral/ triage team) and AMH representative to advise on options for those nearing their 18th birthday
    - The current transition meeting becoming a multi-agency meeting where the key adult mental health services are represented. This will enable complex cases to be discussed and clinicians to receive support re. the most suitable service for the young person's needs in one meeting.
    - Recruitment of a Transition Navigator to act as consistent care coordinator where it is anticipated that young people will transition across services. They may also have a consultative role in supporting clinicians in their care planning, and in engaging service-user involvement. It is suggested the

role is a joint role across CAMHS and AMH, so that they can support with challenges joining the two systems such as escalation into age-specific crisis pathways, or organising psychiatry support if needed in alternative team.

- Agreement of a care plan approach that bridges CAMHS and AMH that focuses on transition according to developmental and clinical need and can be accepted across teams. This avoids replication of work where generally assessment and planning is done again in the AMH teams.
- Development of a young person's involvement group to support development and evaluation of the pathway.
- Professional development programme focused on skills for working with young people and their parents. There is scope for this to be co-designed with the newly formed young people's involvement group as its first project.

Figure 5: Proposed model



7. Plan of action

Approach

The steering group identified that to assess the proposed model's viability before moving forward further research was required to:

- develop the detail of the transition worker role and specifying a proposed set of eligibility criteria for the flexible transition age, discussion at the reviewed transition meeting, and for transition worker support.
- complete an audit to better understand the potential demand for the provision. This data will help understand impact on the services and amount of resource (e.g. number of staff) required to deliver the model.

Alongside this the outcome will be communicated and discussed with stakeholders.

Communicating the outcome to stakeholders

Online stakeholder update meetings have been arranged. These meetings have generated discussion and feedback about the model to support implementation planning.

Further audit

The Trust's informatics team will extract service data which will be reviewed using the eligibility criteria for the model to identify the potential demand for the new flexible age range 17-19 years and transition worker support.

8. Sustaining the project

Approach

As the Darzi Fellowship draws to a close, the final stage aims to facilitate a handover that supports sustained work on the model. Both adult and child services have identified leads for the ongoing development of the work. Assuming the model is approved at this phase the Fellow will:

- develop an initial evaluation plan for the model;
- plan how the pilot will be implemented;
- collate a project document pack (contents list appendix 1).

Evaluation Planning

The roots of planning how to measure the success of a pilot begins in the development of the idea. To prepare the ground for evaluation a logic model [18] [31] (appendix 9) has been developed to show the theory of change for the model. This supports the identification of appropriate success measures by describing the need for change, what issues the changes aim to address and the activities hypothesised to create these changes. These ideas will be expanded into an evaluation plan once the model is approved.

Implementation plan

Piloting the approach in one geographical area will allow for testing and iterating the model before committing to rolling out across three geographies. Once the model is approved a staged implementation plan will be drafted following a plan-do-study-act model.

Project documentation pack

The project documentation pack (contents list appendix 1) will compile all the key documents from the project in one place, to support easy access to the resources for the project team moving forward.

9. Next steps

- The steering group will meet in August to review audit information, consider whether to proceed with a pilot of the model and if so confirm which geographical area will receive the pilot.
- Following this information will be disseminated to wider stakeholders via drop-in online information sessions.
- Handover is planned with colleagues from the adult and child services who have been identified to take up the pilot activity.

Assuming the model is successfully approved, then a pilot in one geographical area will be undertaken to test and iterate the approach. If the changes are evaluated as having improved the provision and experience of care the model will be rolled out in other boroughs.

10. Key learning from the development process

Dedicate resources to involving young people and families in the process.

Involving young people and their families enriches understanding of the priorities for change but this takes time and effort to achieve. In this project it was noted that participants tended to have reached some level of recovery in their mental health and had positive relationships with their clinician. This meant the voices of young people with less positive experiences were not present in the process.

Learning:

- Allow sufficient time and resource to involve young people, to enable meaningful engagement who experience significant barriers to participation.
- Offer flexible ways to get involved so people to get involved based on their preferences, life circumstances, and mental health at that time.
- Remunerate people for their time to value their contribution.

Use a team approach to develop ideas and foster ownership

Involvement of stakeholders in the process was invaluable, and the co-design workshop proved an effective approach to generating ideas and enthusiasm for the project. This could have been built upon by convening a core design team, in line with design thinking approaches to service development. In less resourced projects knowledge-gathering work can be shared across a design team.

Learning:

- Set up a steering group with representatives from across services, ensuring buy in from both adult and child services from the outset.
- Host a stakeholder workshop. Bringing people together helped create ownership of the issue across the system and generate a rich range of ideas.
- Convene a design team to support the synthesis of all the learning into practical ideas and share ownership of the project outcomes.

Build on existing learning and practice

Tried and tested techniques for developing improvement ideas were found that could be applied or adapted rather than designing from scratch [32]. Similarly, a wealth of existing ways in which frontline workers were already trying to improve things for young people was identified via stakeholder interviews. These prototypes can offer helpful learning as to what works in practice and form a foundation for further changes and improvements.

Learning:

- Engage with frontline workers early to understand what has been tried and tested and build on these ideas.

Capture additional learning

The focus of the work was young people with severe and enduring mental health difficulties, but over the course of researching the service other groups of young people have been identified as in need of additional or improved services. Positive relationships developed early in the process enabled this learning to be shared with commissioners and other influential stakeholders to contribute to their aim of developing services according to community need.

Learning:

- Build relationships with commissioners and other influential stakeholders from the outset of your project
- Capture and share learning about improvement issues that fall outside the scope of the development with appropriate stakeholders to support wider development work

Time and openness

One of the key challenges for the Darzi fellow who led this work was holding an open mind to the outcome of the process and allowing time for the ideas to emerge. It is important to acknowledge the tension in being uncertain about outcomes in an NHS context where getting things wrong can cause significant harm to patients. Being certain and coming quickly to a decision can feel more comfortable, but the process has shown that taking time to incorporate stakeholders' expertise enriches the eventual result.

Learning

- Acknowledge the tension in being uncertain about outcomes.
- Approaching the process with an open mind as to eventual outcome means a wide range of stakeholders' expertise can be used to create a better final result.

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12. Appendices

Appendix 1: Project Document Pack List

The following documents will be provided in the project document pack:

1.	**Project storyboard slide pack** Tells 'story' of project with key outcomes and links to detailed documents
2.	**Project plan** Overview of the initial project plan, with Gantt chart and stakeholder analysis
3.	**Equalities Impact Assessments** a. Initial EIA for development project b. EIA for proposed model
4.	**Initial data snapshot** Initial data regarding use of services by 16-25 year olds
5.	**Professional interview report** Summary report of key themes from professional interviews
6.	**Young people and parent/carer focus group report** Summary report of key themes from young people and parent/carer interviews
7.	**Shadowing observation summary** Report of findings from observations of transition liaison meetings and patient records
8.	**Patient journey maps** Patient journey maps in poster format
9.	**Good practice case studies** Describing good practice examples within the Trust and from interviews with colleagues who have already developed services
10.	**Workshop report** Summary of discussion points from the co-design workshop
11.	**Synthesis mapping** Map bringing together research and emerging ideas re. drivers of the issues and success criteria
12.	**Options appraisal** Outlining options and appraising to determine preferred option
13.	**Data audit** In depth data around potential demand for the proposed services
14.	**Logic Model** Logic model diagram for the proposed model
15.	**Model description** More detailed work up of the proposed model including proposed eligibility criteria and detail regarding the transition worker role

Appendix 2: Steering Group Terms of Reference

Oxleas NHS Trust 16-25 years Mental Health Pathway Model

Steering Group Terms of Reference

April 2023 – September 2023

1. GENERAL

1.1 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the steering group for the 16-25 mental health clinical pathway

2. PURPOSE

2.1 The forum has been established to provide a strategic overview of the development of the 16-25 years mental health clinical pathway

2.2 The group will support the development and phased implementation plan of the model that is agreed across the relevant adult and child mental health services provided by Oxleas NHS Trust in Bromley, Bexley and Greenwich .

3. STEERING GROUP OBJECTIVES

3.1 To offer advice and support, including strategic and practical guidance in the development of the project

3.2 To represent and highlight the work of the project, and support the connection of the project with wider service development and key partners

3.3 To identify the scope and core principles of the model, drawn from intelligence including service data and people with experience of services' views

3.4 To advise on the objectives for co-design workshop(s)

3.5 To review model options appraisal and agree conceptual model to develop further

3.6 To advise on the development of a phased delivery plan that works towards implementing the model

4. MEMBERSHIP

4.1 The forum has representation from the senior leadership of Children and Young People's Directorate and the CMHT Directorate (Adults)

- **4.1..1** Dominic Leigh, CAMHS Service Manager
- **4.1..2** Sabitha Sridhar, Consultant Child & Adolescent Psychiatrist & Clinical Director
- **4.1..3** Lauren Kane, Associate Director, CAMHS
- **4.1..4** Lisa Thompson, Director of Children & Young People's Services
- **4.1..5** Lorraine Regan, Director ACMH & ALD Services
- **4.1..6** Kemi Mateola, Consultant Psychiatrist & Clinical Director

4.2 Janis Griffiths, Darzi Fellow, will organise dates, agenda, meeting notes/actions and other administrative aspects of the group

4.3 Meeting Chair will be Dr Sabitha Sridhar, Consultant Child &Adolescent Psychiatrist & Clinical Director, CYP Directorate

4.4 Aileen Jackson, Head of Mental Health, will represent Health Innovation Network South London, who co-sponsor the Darzi Fellowship

4.5 Once established, the membership of the forum will be extended to:

- People with experience of using services (up to three members, so each session has two participants)
- Colleagues responsible for taking up work on the project following September (Alice Debelle, Consultant Child and Adolescent Psychiatrist, and representative from adult directorate as identified by Kemi Mateola and Lorraine Regan)

- Ellen McGale, Mental Health Transformation and Planning Lead (CYPMH)
- Other representatives as advised by the steering group

5. REPORTING

5.1 The project will report to the GOOHC (Great Out of Hospital Care) Delivery Group at Oxleas NHS Trust

5.2 The project will also supply updates to Healthy Lives SEL ICS both as part of formal reporting and at key project milestones

6. FREQUENCY OF MEETINGS/MINUTES

6.1 The meeting will meet up to 4 times before September 2023 , at key milestones in the project

7. REVIEW

7.1 The purpose and scope, and whether meetings should continue, will be reviewed within 6 months, no later than September, 2023

Version: 2

Last reviewed & updated: 22/3/2023

Document owner: Janis Griffiths

Appendix 3: Equalities Impact Assessment

PART 2: Equality Impact Assessment

1. Name of service development / policy being assessed?

16-25 year mental health clinical pathway model development

2. Name of lead person responsible for the service development / policy?

Janis Griffiths, reporting to Dom Leigh and Sabitha Sridhar

Describe the service development / policy

What is its main aim?

To improve the quality of the mental health pathway for 16–25 year-olds to enable needs-led, person-centred and timely care planning and intervention. A co-designed model spanning child and adult mental health services in Oxleas services will be developed and agreed with key local delivery partners.

What are its objectives and intended outcomes?

To facilitate the identification and design of a needs-led mental health care pathway model for young people aged 16-25 within the London boroughs of Bexley, Bromley and Greenwich, provided by Oxleas NHS Foundation Trust, using person-centred design approaches that involve stakeholders (professional and citizen) in development of the model.

Objectives:

1. Engage stakeholders and user groups in the model's development
2. Develop a business case and options appraisal of appropriate conceptual service models, through:
    a. Identification of design principles and priorities for focus bringing together intelligence from desk-based research, stakeholder interviews, service data and learning from existing models
    b. Using this to inform and guide generation of service model ideas with key stakeholders
    c. assessment of potential impact, including equalities impact assessment
3. Reach Trust-wide agreement regarding conceptual service model
4. Develop and agree a staged implementation plan with key stakeholders
5. Ensure sustainability plans are developed and agreed
6. Share learning via a project learning report

What are the main changes being made & timetable for its development and implementation?

New model needs to be agreed by July 2023, with staged delivery plan agreed by September 2023. A revision of the EIA will be completed for the proposed model once this is confirmed

What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?

National and local evidence sources: (NICE guidance, research, JSNA, demographics, etc)

Downloaded January 2023 from the following sites:

- ONS Census Data: Population and household estimates, England and Wales: Census 2021 - Office for National Statistics (ons.gov.uk)
- RBG JSNA: Population and demographics | Royal Borough of Greenwich (royalgreenwich.gov.uk)
- London Borough of Bexley JSNA: (Bexley JSNA)
- London Borough of Bromley JSNA: (Joint Strategic Needs Assessment – London Borough of Bromley)

Research and Data sources:

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Service Delivery evidence sources: (patient feedback, activity data)

- CQUIN feedback
- Interviews with clinicians and team managers in ADAPT and CAMHS working with the cohort

Are there any limitations? (eg lack of data)

- Service user/ patient/ citizen participation is planned but not completed
- Awaiting data from informatics regarding local services

3. How have you explained, consulted or involved people who might be affected by the policy or service development?

Service user participation is planned as a central part of the project development: there will be a survey, focus groups and subsequent co-design activity.

4. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?

(Please select yes or no for each relevant protected characteristic below)

Age	**Positive impact:** Yes	**Negative impact:** No

The project attempts to extend provision that better meets the needs of young adults 16-25 years. The intention is to make an improvement on current provision for this age range.

At the time of writing 2022 Census data indicates 94,456 people aged 16-25 years across the three boroughs, around 11% of the total population.

Inequalities highlighted in national evidence for this age group suggests that:

- Current arrangement of transition between services at 18 do not fit varying neurological, developmental and social needs of young adults (Fusar-Poli, 2019)
- Development of more severe and chronic mental health problems likely to start in this age range (Memarzia et al., 2015)

Local feedback from mental health professionals and formal feedback routes (CHI-ESQ) suggest that young people and families find the transition poorly timed and difficult, and audit data showing young people often disengage with adult services.
There are targets to providing improved services to 18-25 year olds in the NHS Future Plan, and SEL ICS strategy.

Please summarise potential impacts:

- Delivering the intended objectives and outcomes has the potential to have positive impacts on young people given the objective to improve provision to better meet their specific needs

Disability	**Positive impact:** Yes	**Negative impact:** No

Studies suggest double the rate of mental health problems in people with a learning disability than that of the general population (Cooper, 2007; Emerson & Hatton, 2007; NICE, 2016, cited by MENCAP, 2023). Physical and mental health problems are inter-connected, with people with a physical disability or health problem more likely to experience mental health difficulties (for example people with cancer, diabetes, asthma and high blood pressure are at greater risk of a range of mental health problems such as depression, anxiety and PTSD) and those with severe mental health problems being more likely to have long term physical health conditions.
Locally mental health clinicians report young people with mild learning difficulties or neurodiverse young people with no or mild learning difficulty face barriers to receiving support appropriate to their needs.

Please summarise potential impacts: Improving access to mental health services is likely to benefit this group, and data will be gathered with regards service gaps and the need presented to the ICS and local services of need.

- Delivering the intended objectives and outcomes has the potential to have positive impacts on young people accessing the service
- Intelligence will be gathered on remaining service gaps that can influence strategy and further positively impact provision for people with disabilities, particularly learning difficulties

Gender re-assignment	**Positive impact:** Yes	**Negative impact** No

The incidence of mental health problems is high for transgender people, including depression, stress, anxiety. Rates of self-harm and attempted suicide are high. The delay in access to gender identity clinics is perceived as contributing to poor mental

health, as is attribution of mental health difficulties as being solely related to trans identity (Hudson-Sharp and Metcalf, 2016).

Clinicians locally report an increase in presentation with gender dysphoria and/or from trans young people. Bromley JSNI data reflects this citing local LGBTQ+ young people in school year 10 having lower wellbeing scores. They are more likely to have experienced bullying and to be engaging in risky behaviours such as drinking or taking risks online. Whilst this group are younger than the target group, nonetheless the data exemplifies the challenges LGBTQ+ adolescents face and bring into early adulthood.

According to ONS national statistics 16-24 year olds are the most likely group to identify that their gender identity is different from the sex registered at birth at 1% of the population

Please summarise potential impacts:

- Delivering the intended objectives and outcomes has the potential to have positive impacts on young trans people accessing the service
- Consideration in the service design will need to be made to ensure expertise about the mental health needs of trans people is available and links to appropriate social resources are likely to positively impact this age group.

Ethnicity	**Positive impact:** Yes	**Negative impact:** No

Mental health disparities exist among Black, Asian and minority ethnic (BAME) populations.

People from minoritized groups have a higher risk of psychotic disorders and non-affective disorders than majority ethnic groups. There are lower rates of initiation, retention and dropout from treatment, and disproportionate rates of inpatient admission and compulsory detention (Vahdaninia et al., 2020).

Bexley has 27% population from BAME groups, Bromley 21.4%, and Greenwich the highest population at 24% Black, 14% Asian, and 3% other ethnicities (data from JSNI reports). Bromley has a small but notable Gypsy, Roma and Traveller (GRT) community (both settled and on two traveller sites) (LB Bromley): mental health services are underutilised by GRT people despite high rates of mental illness and suicide (Thompson et al, 2022)

Historically ethnicity monitoring has not been consistently captured on the Oxleas patient journey system, and there are efforts to improve the data.

Please summarise potential impacts:

- Delivering the intended objectives and outcomes has the potential to have positive impacts on young people accessing the service
- However there will need to be action taken to engage and address barriers for people across the population and develop culturally appropriate services in order to realise the full potential impact. Collecting baseline data that includes data on access by the range of ethnic backgrounds will be key to facilitating this.
- Involving feedback from service users both in development, delivery and evaluation of the eventual service model will be key to facilitate ongoing attention to addressing inequalities for this group and ongoing improvement of the pathway
- To achieve full potential benefit, The service needs to be appropriate to the needs of Black and Asian young people, which may include developing links with social support outside of NHS services given the impact of discrimination on young peoples' mental health

Pregnancy & Maternity	**Positive impact:** Yes	**Negative impact:** No

Evidence indicates that adolescent girls and young women are at greater risk for developing mental health problems during pregnancy and after they give birth, driven by the multiple psychosocial stressors they are likely to experience, the challenge of transition to adulthood and parenthood relationships, alongside constraints to accessing appropriate care. (Laurenzi et al, 2020)

Locally there are a small number of perinatal cases where young parents/ parents-to-be who turn 18 years face a change in mental health care at a time where consistency would be beneficial to engagement and emotional wellbeing.

Please summarise potential impacts:

- Delivering the intended objectives and outcomes has the potential to have positive impacts on young parents accessing the service, since provision of care

according to need rather than age is likely to benefit this group. Their children will be secondary beneficiaries of the support.		
Religion and Belief	**Positive impact:** unknown	**Negative impact:** unknown
The feeling of belonging and community within a religion or faith can have a positive impact on mental health (Weber and Pargament, 2014). However people who experience discrimination due to their religion or faith are two times more likely to be diagnosed with a common mental health illness. Therefore, more research, and consideration needs to be given to the impact of religion on mental health and access to mental health services (Jordanova et al., 2015). The three boroughs are predominantly Christian population with Muslim faith the second largest group (Greenwich: 52.9% Christian, 6.8% Muslim; Bexley: 50.3% Christian, 3.9% Muslim; Bromley: 60.7% Christian, 2.5% Muslim) **Please summarise potential impacts:** • Delivering the intended objectives and outcomes has the potential to have positive impacts on young people of all faiths accessing the service • However ongoing attention to whether the service is accessible to people across religious groups and meets their cultural needs would support realising the full potential positive impact. Collecting baseline data and including data on access by the range of religious faiths will be key to facilitating this. • Involving feedback from service users in the development, delivery and evaluation of the eventual service model will be key to facilitate ongoing attention to addressing inequalities of access according to faith and ongoing improvement of the pathway		
Sex (Gender)	**Positive impact:** Yes	**Negative impact** No
2021 census data suggests a slightly higher female population than male across the boroughs across all ages, however looking at people 15-24 years (census reports in 5-year increments) Bexley and Greenwich are 50:50 split and Bromley 49% female to 51% male. Of the suicides registered nationally in 2018 and 2019 over three-quarters were men, which has been a common theme since approximately 1995, most prevalent in men		

ages 40-49. Despite this, women are more likely to be diagnosed with a mental health condition than men, and women are more likely to access help and mental health services (MHF, n.d.). Women are also more likely to suffer from a common mental health illness. One in six adults suffer from a common mental health illness, 1 out of 8 being men, and 1 out of 5 being women (McManus et al., 2016).

Please summarise potential impacts:

- Delivering the intended objectives and outcomes has the potential to have positive impacts on young people of all genders accessing the service
- Baseline data to see how well services currently reach men will be collected
- Ongoing attention to supporting young men to access the service may be appropriate
- Involving feedback from service users in the development, delivery and evaluation of the eventual service model will be key to facilitate ongoing attention to addressing inequalities of access by gender and ongoing improvement of the pathway

Sexual Orientation	**Positive impact:** Yes	**Negative impact:** No

Local JSNAs cite pan-London data from the Annual Population Survey for sexuality, since local data is incomplete, noting applying this directly to the local population may not be reliable since there may be differences in rates geographically. By this data the majority of the population is heterosexual (91.5%) whilst gay or lesbian is at 2.1% and bisexuality 0.7%

Young people within the LGBT community encounter a disproportionate impact on their Mental Health, compared to their counterparts who identify as heterosexual and cisgender. This is due to a variety of reasons, including discrimination, harassment, bullying, and exclusion, particularly within schools (McDermott et al , 2016). This leads to severely increased levels of suicide attempts amongst the young LGBT community, and high reported levels of suicidal thoughts and self-harm (Queer Futures, 2016). As has been mentioned, lower wellbeing scores for the group were noted in Bromely's JSNI data, although this was year 10 pupils who are likely younger than our focus cohort.

Please summarise potential impacts:

- Delivering the intended objectives and outcomes has the potential to have positive impacts on young people of all genders accessing the service

- To achieve full potential benefit, the service needs to be appropriate to the needs of LGBTQ+ young people, which may include developing links with social support outside of NHS services given the impact of discrimination and isolation on LGBTQ+ young peoples' mental health
- Involving feedback from service users in the development, delivery and evaluation of the eventual service model will be key to facilitate ongoing attention to addressing inequalities of access for LGBTQ+ young people and ongoing improvement of the pathway

Marriage & Civil Partnership *(Only if considering employment issues)*	**Positive impact:** N/A	**Negative impact:** N/A
Please summarise potential impacts: Not applicable to this project		

Other (e.g. Carers)	**Positive impact:** Yes or No	**Negative impact:** Yes or No
Service users: Martin et al (2023) note the various emotional impact on parents supporting distressed young people, their wish to be involved as 'team members' in their young person's care, and efforts in policy to increase support. They note the close association between young people's and parents' mental health. The stress of supporting chronically unwell loved ones can impact carers both emotionally and physically (Whitlock et al, 2018) There is development work taking place regarding the 'Think Family' agenda to support clinicians in Oxleas MH services to work more closely with carers. Carers express a wish to be more closely involved in the care of their loved ones. Clinicians and CAMHS CHI-		

ESQ feedback suggests that parents become less informed about their young person's care in the adult service, and that parents are dissatisfied with this.

Please summarise potential impacts

- By supporting young people more effectively, the project is likely to have positive impact on parents/carers
- Consultation with parents/carers, and with young people about how they would like parents/carers involved in their care is needed to ensure their needs are considered in the service design
- Involving feedback from families and carers in the development, delivery and evaluation of the eventual service model will be key to facilitate ongoing attention to addressing inequalities of access for parents/carers and ongoing improvement of the pathway

5. Are there changes or practical measures that you can take to mitigate negative impacts or maximise positive impacts you have identified?

The project has potential to positively impact accessibility to services for all groups since it represents an improvement to current practice to focus on need rather than age. However, the positive impacts can only be realised if efforts are made to:

- Record and monitor the reach to young people in protected groups,
- Incorporate expertise in the model so that treatment appropriate to specific needs of young people in protected groups is available, with particular attention paid to avoiding pathologizing neurodiversity, gender identity or sexuality
- Identify and reduce access barriers in the design and ongoing delivery of any pathway
- Communicate wider systemic barriers to accessing services that are uncovered during development of the service to ICS and service leads for consideration e.g. addressing MH stigma in the community or provision-gap that cannot be addressed by this particular service model

Practical measures to assist this include:

- Using service user participation and other research evidence to identify barriers to accessing services

- Taking this into account in the design of the pathway
- Recording and monitoring the protected characteristics of young people accessing the service to ensure accessibility once changes are piloted
- Considering targeted groups and making recommendations regarding workforce skill mix and workforce development in any implementation plan
- Involving relevant community organisations in development activity who may have expertise about and reach to young people less well served by NHS services
- Planning regular feedback from service users as central to development, delivery and evaluation of the eventual pathway model
- Connecting with other Trust-wide improvement programmes such as Think Family and PCREF

6. What process has been established to review the effects of the policy or service development on equality, discrimination and good relations once it is implemented?

- The EIA will be reviewed to reflect the specific model identified in the development process
- An evaluation plan will be developed which will incorporate monitoring of access by young people with protected characteristics, and regular review of the EIA

Part 3: Action Plan

Potential impact/outcome	Proposed Actions	Responsible Lead Person (s)	Timescale	Progress
Ensure recording and monitoring of demographics is built into model design. This will facilitate identification of any inequity of access and enable action to be taken	Collect baseline data re. use of services by different demographic groups	Janis Griffiths	March 2023	Request sent to informatics
Make links with community groups to inform further co-working and mutual referral in future work	Make connections with community organisations with skill in engaging people in protected groups including CACT, Mind, Metro and invite to participate in service development activity	Janis Griffiths	Ongoing-July 2023	Some meetings completed (CACT, Mind) and others requested (Metro)
Ensure monitoring of demographics is built into model design. This will facilitate identification of any inequity of access and enable action to be taken	Include demographic monitoring in evaluation frameworks for the model	Janis Griffiths	July 2023	
Review EIA to reflect the specific model proposed, to consider more direct impact of changes	Revise EIA in light of chosen model	Janis Griffiths	May 2023	
Complete annual review	Revise and adapt	Lead for	September	

of CYP transitions data and SU feedback	service if gaps are identified, consider how to address with relevant stakeholders	model development	onwards	

Date completed: 30/03/2023

Name of person completing: Janis Griffiths Darzi Fellow, HIN South London and Oxleas NHS Foundation Trust

Appendix 4: Stakeholder Analysis

Power and interest grid [13]

Interest			
High ↑	**Subjects**		**Players**
	HIN Head of Mental Health		Supervisors: CAMHS Team Lead, Clinical Lead
	Young people and families- service users		Director Adult Community Mental Health, Clinical Director ACMH
	Clinical staff in Adolescent team, DBT, Generic, ND/LD CAMHS services		CAMHS Associate Director
			Children & Young People's Executive Director
	Psychology Leads developing ADAPT 18-25 Psychology Pathway		ACMH Clinical Leads
	Operational/ Team and Clinical leads (CAMHS)		
	Operational/ Team and Clinical leads (ADAPT)		ICB: Mental Health Transformation and Planning Lead (CYPMH),
	Clinical leads for Transition process (CAMHS)		Mental Health Commissioners Greenwich, Bexley, Bromley
	Community partners – third sector MH providers, youth services		
	IAPT Managers in each borough		NHSE Adult Community Mental Health Team
	Crowd		**Context Setters**
	HIN Senior leadership team and staff		Trust Chief Executive
	Senior leaders physical health		Wider ICB commissioning team
	Managers overseeing LAC and Physical Health transition		
	Wider CAMHS team – MHST		
	Public Health colleagues: Bexley, Bromley, Greenwich		
	Oxleas QI Team and PPI team		
Low ↓	Providers of young adult MH services – e.g. East of England, Camden		
	Low →		High
	Power		

Appendix 5: Focus Group Plan

Focus group and interview planning

Event:	**Parent/Carer Focus Group**
Details for participants:	**Have you been a parent/ family member/ carer of someone aged 16-25 years old who has been supported by mental health services?** **Have you experienced the change from child to adult mental health services when they turned 18?** If you have either of these experiences, we would like to hear your views about improving mental health services for young people aged 16-25 years. Oxleas Trust are looking at the mental health support they offer to young people. We would like to hear from families and carers about their experiences, their ideas about how to best meet the needs of this age group, and how families/carers would like to be involved in young peoples' care. **Date:** 28th February **Time:** 5pm – 6.30pm **Location:** Teams online meeting (link below) **Contact:** Janis Griffiths or Janice Williamson for more information
Booking routes:	Eventbrite, or via email to Those that cannot attend the focus group will be invited to have a 1:1 interview
Facilitators:	Janis Griffiths and Janice Williamson (Involvement Team)
Objectives:	• To identify 'pain points' and 'shining moments' in the patient journey • To carers' views about how they would like to be involved in their young person's care • To identify what matters most in terms of patient care for carers • To understand what the specific needs of 16-25 year olds are, from carers' perspectives
Location	Microsoft Teams meeting

Parent/Carer Focus Group: Topic Guide		
Pre-interview procedures & info	• My role is to look at the way we provide MH services for 16-25 year olds. We've been getting feedback that the way things are organised now, where young people (YP) change teams if they need more support at 18 is not ideal - this is reflected across the country. • The idea of this focus group is to find out more about what works and what doesn't in the current way of doing things, and also hear about what matters most to yp and families • This is part one- information gathering- and there will be a 'part two'- a workshop in April to take what we have found out and start to think about how this might look like in a model. • Information from the session will be collected together and themes identified - any quotes we use will be anonymised- used in reports to the mental health teams, and maybe beyond • The answers you give will not impact the care received from the service • I will be turning on transcription- to prevent me having to take notes- deleted once I have completed theming the responses. • I am not in a role where I can deal with individual complaints and issues, but I can point you in the right direction if you need this	Info sheet
Warm up	• Please put your preferred name as your name • What to do if overwhelmed- pop in chat/ take a break- you choose what to share, anything you change mind about sharing let me know – respect each-others' privacy, too • Facilitation- interrupting, respectful, differences • Your name, age of your young person, borough, which services you've worked with	Resources- MH, complaints
Patient	To start, please tell me a bit about what was positive and	

journey	what was more difficult about your experience with the MH services	
Carer involvement	How do you think carers should be involved in the care of young adults?	
Age-specific needs	Do you think there are things 16-25 year olds need from a MH service that are different from other age groups? What?	
What matters	If you were able to design a service, what do you think would be most important to think about/ include/ change	
Cool down	Up to three words into chat that describe feelings about your experience with mental health services Up to three words- how would you like to describe your feelings about mental health services- if everything went well- into chat (Word cloud)	Word cloud
Exit 6.20pm	Thanks, payment, follow up YP session 20th February/ 8th March Interest in April – email or contact in chat Q&A BACS forms admin	BACS form Registration info

Event:	Young Peoples' Focus Group
Details for participants:	**Are you 16-25 years old and had experience of being supported by mental health services?** **Have you experienced the change from child to adult mental health services when you turned 18?** If you have either of these experiences we would like to hear your views about improving mental health services for young people aged 16-25 years. Oxleas Trust are looking at the mental health support they offer to young people. We would like to hear about your experiences, ideas about how to best meet the needs of people this age and what is important to you in a mental health service. **Date:** 20th February **Time:** 5pm – 6.30pm **Location:** Teams online meeting **Contact:** Janis Griffiths to confirm your place and receive the link
Booking routes:	Eventbrite, or via email to Those that cannot attend the focus group will be invited to have a 1:1 interview
Facilitators:	Janis Griffiths and Judy Ekeh (Involvement Team)
Objectives:	• To identify 'pain points' and 'shining moments' in the patient journey • To identify what matters most in terms of patient care for young people • To understand what the specific needs of 16-25 year olds are, from their perspective • To understand young peoples' views of how parents should be involved in their care
Location	Microsoft Teams meeting

Young Peoples' Focus Group: Topic Guide Questions		
Pre-interview procedures	• My role is to look at the way we provide MH services for 16-25 year olds. We've been getting feedback that the way things are organised now, where young people (yp) change teams if they need more support at 18 is not ideal - this is reflected across the country. • The idea of this focus group is to find out more about what works and what doesn't in the current way of doing things, and also hear about what matters most to yp and families • This is part one- information gathering- and there will be a 'part two'- a workshop in April to take what we have found out and start to think about how this might look like in a model. • Information from the session will be collected together and themes identified - any quotes we use will be anonymised- used in reports to the mental health teams, and maybe beyond • The answers you give will not impact the care received from the service • I will be turning on transcription- to prevent me having to take notes- deleted once I have completed theming the responses. • I am not in a role where I can deal with individual complaints and issues, but I can point you in the right direction if you need this	Info sheet
Warm up	• Preferred name in the name • What to do if overwhelmed- pop in chat/ take a break- you choose what to share, anything you change mind about sharing let me know • Facilitation- interrupting, respectful • Your name, age, borough, which services you've worked with	Resources- MH, complaints
Patient journey,	To start, please tell me a bit about what was positive and what was more difficult about your experience with the MH	

	services	
Age-specific needs	Do you think there are things 16-25 year olds need from a MH service that are different from other age groups? What?	
What matters	If you were able to design a service, what do you think would be most important to think about/ include/ change	
Carer involvement	How do you think carers should be involved in the care of young adults?	
Cool down	Up to three words into chat that describe feelings about your experience with mental health services Up to three words- how would you like to describe your feelings about mental health services- if everything went well- into chat	Word cloud
Exit 6.15pm	Thanks, payment, follow up Interest in April – email or contact in chat Q&A	BACS form Registration info
Practicalities	BACS forms- those not completed go to 'room' to fill with Judy	Teams Room

Useful information: **Where to get more help**

For facilitators: if there should be concerns about a young person/family member's emotional wellbeing you can share this information.

PALS: If you want to raise a concern or complain about the service you have had please speak with the mental health service you work with, or contact the PALS service on:

Tel: 0800 917 7159

Email: oxl-tr.pals@nhs.net

Web: http://oxleas.nhs.uk/services/service/complaints-and-patient-advice-/

Mental health advice: If you are in need of mental health support please speak with your mental health worker or GP. In a mental health crisis please contact:

South London Partnership CAMHS Crisis Line: 0203 228 5980 (Operating between: 5pm-11pm Weekdays and 09am-11pm Weekends or Bank Holidays)

Oxleas Crisis Line: 0800 330 8590 (24/7 advice and support)

YoungMinds Crisis Messenger service provides free 24/7 crisis support across the UK. If you are experiencing a mental health crisis you can text YM to 85258.

Resources for MH support:

- Mind Bexley/Bromley
- Bridge Greenwich
- Greenwich IAPT
- GP first port of call

Young People and Parent/Carer Views

April 2023

Contents

Background

In 2022-23 Oxleas NHS Foundation Trust and Health Innovation Network (HIN) South London developed a joint project to apply for a Darzi Fellow to join their teams to review and develop the model of support for young people 16-25 years old across Oxleas' child and adult mental health services. Darzi Fellows complete a year-long leadership training and apply their learning to a challenge in their host Trust.

Developing the support for the age group was a priority both locally for Oxleas and system wide for the HIN, and nationally with NHSE stating in the NHS Long Term Plan for mental health services will have 'a new approach to young adult mental health services for people aged 18-25 will support the transition to adulthood'.

It is a requirement to transfer young people with significant ongoing mental health needs between child and adult services when they turn 18, which limits clinicians' ability to provide support according to young peoples' needs. Clinicians, young people and parent/carers have expressed dissatisfaction at this approach. The aim of the project is to think about what changes might help move towards a 'needs-led' approach to supporting the age group.

A steering group comprising of senior leads from both children's and adult's mental health services oversees and guides this work.

Executive summary

This report compiles information gathered via focus groups and interviews with 15 young people and 5 parents/carers, who took part in interviews and focus groups between January and March 2023.

Key messages from young people

Transition to adulthood is a process (not just a switch between services)

- Understand that young people will be at various stages of multiple life changes.
- Offer me support through any change in service.
- Give me time to adjust.

Service transitions have an emotional impact.

- Transitions between services has an emotional impact on me.
- The emotional impact of changing services connects with my wider emotional needs.

Reduce barriers to accessing support.

- Being turned away or passed between services is off-putting.
- Communicate about referrals and waits.
- Create a welcoming environment.

Relationships are key to me getting the most from support.

- Build a good relationship with me above all else
- Get to know me as a person, not just a set of symptoms.
- Help me feel comfortable.
- Developing trust takes time and effort.

Collaborate with me

- Adapt your approach to my needs.
- Support me to make informed decisions.
- Listen to me and facilitate me giving my views.
- Connect me with others.

Parental involvement should be my choice.

- Ask whether I want parents involved – more than once

We want a service that is…

Key messages from parents and carers

Parents and carers need support through transition.

- Transition has an emotional impact on me as well as my young person.
- I would like advice on how to support my young person and how to navigate adult services.

Transitions between services create additional barriers to engagement.

- It takes time, effort, and struggle to get established with mental health services.
- Changes can be very difficult for my young person- consistency is important.
- If we have to wait, communicate.

Adapt the care to my young person's needs.

- Young peoples' needs and level of independence varies widely.
- A collaborative approach with a consistent person helps to engage my young person.

Work together as a team…

- Work together and communicate well between services so there is continuity of care.

…and include parents and carers in the teamwork.

- I advocate for my young person because they may find it hard to assert themselves.
- I understand the right to confidentiality, but also want to know how to keep my young person safe.
- Use me as a member of the care team: I have knowledge that can help you.

We want a service that is…

Young peoples' views

We asked young people…

Young people were asked about their views of local mental health services and how they might meet the specific needs of young people aged 16-25 years. Between January and March 2023 views were collected via:

- Focus groups
- 1:1 interviews
- Focus group with an existing Leaving Care group

The interviews and focus groups were semi-structured, with a list of guide questions but freedom to focus on topics as they arose in the sessions.

16 young people took part

- 8 had experience of being in Care
- 2 had a role advocating for other young people
- 2 had mental health support from community sector
- 6 were currently or soon to go through a transition between services or ending with CAMHS
- 4 shared that they had diagnoses of either autism or ADHD
- 4 people were from Black British backgrounds

Thematic analysis techniques were used to categorise what was said into key themes. These were then reviewed to understand what the main messages were across the interviews.

Limitations and Notes

Most young people in the focus groups who had support from CAMHS services worked with the Adolescent Teams in the three boroughs. These teams provide a rapid response and intensive interventions to young people with significant and severe mental health needs. Whilst this meant the participants represented those most likely to need ongoing support as an adult, their experience may be more positive than those who spent longer waiting or received a less intensive service. The comments would be more representative if a more diverse group of young people had participated.

Young people said…

Transition to adulthood is a process (not just a switch between services)

"My birthday is quite close to the summer holidays. So, the change from turning 18, finding out what I'm going to do after school and CAMHS is all going to happen within the same couple of months. That's going to be very difficult as someone that doesn't do well with change… it's going to happen really quickly."

"Just having that person to hear and actually understand my story and where I'm coming from, and the fact that I am now technically an adult, but I've got more to be until I'm an *actual* adult."

Understand that young people will be at various stages of multiple life changes.

Young people were clear that 'transition to adulthood' is a process of working towards being independent and is necessary for their personal growth. However, this does not happen 'overnight' at 18. Some young people may be at school finishing exams at 18 whilst others will be moving into their own home, heading to university, or starting work. Some people will have family they can rely on to help them through the changes, whilst others will not.

Responsibilities such as entering work, living independently, or taking exams may be prioritised over improving mental health, especially if the emotional fallback from support, or the timing of sessions, interferes with these life tasks. Young people want any support to consider the balance between their education, work, and mental health.

Offer me support through any change in service.

Young people spoke positively of how CAMHS had continued to offer support until the adult service was able to see them. In some cases, CAMHS advocated for the young person's mental health needs in other transitions like securing independent housing. Young people said that in an ideal world they would want the flexibility to continue with a clinician that they know, or have an established relationship with, until it is in their best interest to change.

Give me time to adjust.

Adjusting to a new service is a process, and young people spoke of wanting time and support to understand the service, build a relationship, and adjust before being expected to engage in an 'adult way'. They spoke of there being a range of readiness for adulthood, and that some people may need more time and help to do this than others.

Service transitions have an emotional impact.

"It's like an unsaid thing growing up that when you're 18, it's not going to be as easy as it is now. So, it sticks in your head, you're thinking 'Oh no. When I'm 18, what am I going to do?'"

"To be honest, I don't really like [the idea of a transition when I am 18], maybe because I don't really like change. But then also the fact that some people would be in this service from when they were a kid and then they have to start again and trust a new person. It may have taken a while for them to open up to the person they have currently."

Transitions between services have an emotional impact on me.

Young people anticipated the change ahead of time, even when this hasn't been discussed in depth. Young people spoke of a sense of being 'squeezed in', 'counting down' or 'rushing to get things done' before their birthday, and a general sense of anxiety and uncertainty, even though clinicians made efforts to be reassuring and patient.

Young people described how it took time to develop trust in CAMHS, and the transition between services can feel like this process is 'starting again'. For some young people it felt like being 'kicked out' of services. Others felt dismissed if their difficulties were under threshold for support in adult services.

The emotional impact of changing services connects with my wider emotional needs.

Neurodiverse young people noted the connection between anxiety about transitions and their general difficulties in coping with change, whilst people with an experience of being in care noted how sometimes services and clinicians had been a reliable, constant in life, and so ending this relationship was significant. Young people spoke of how a change when at a time of vulnerability or crisis can be very difficult to manage.

Young people spoke of feeling generally anxious about the multiple life changes they anticipated happening as they reach 18.

Reduce barriers to accessing support.

"I know the mental health services are so strained already, but it's just very difficult sometimes because you feel like you have to get to a certain point to prove you need help. I feel like it should be more preventative to stop you from getting to that point. Sometimes if you don't get into a certain treatment or therapy that you need, it can feel quite dismissive like you're not bad enough."

Being turned away or passed between services is off-putting.

There was a sense that after 18 support was harder to find. Several young people spoke of their mental health having to deteriorate before they were seen, both in CAMHS and adult teams. Young people described how being rejected if under threshold was a deterrent to approaching services again, and that re-referring themselves via the GP was unlikely to happen.

For young people entering services for the first time just before 18, there were experiences of being 'bounced about' between services several times before finding the right service that would offer support.

Some young people had additional delays in finding support due to their address being in a different borough or having been moved into temporary accommodation.

Communicate about referrals and waits.

Young people understood the pressures on the NHS and that they might have to wait, although they would prefer to be seen quickly. They thought communication about where they were on the waiting list, timelines, and where they can access resources to help in the meantime would help lessen the impact of this. Some wondered why they could not refer themselves before 18 to reduce waiting.

Create a welcoming environment.

The environment was spoken of as important- for example, that spaces at CAMHS could feel too childish and adult spaces too clinical. In addition to the physical environment, staff in the space such as receptionists had a role in creating a welcoming atmosphere.

There was mention of stigma about mental health, the reputation of services, and expectation of long waits causing some peers to not seek help. Where friends had shared positive experiences of services this increased confidence to approach services.

Relationships are key to me getting the most from support.

" I think it was just my clinician … made me feel really comfortable, so I had never hesitated to say anything that was on my mind. I feel like they just took time to understand".

"It just takes that one person…. I went through so many different people before I met this one person, they were amazing, and it changed my whole experience and my whole outlook on services".

Build a good relationship with me above all else

Young people identified that having support from the 'right person' can be transformative to their experience of care and in an ideal world wanted flexibility around changing workers to allow for this if things weren't working well. Specific attributes associated with a good relationship including listening to young people, making efforts to see them as a whole person with interests and strengths, being warm and putting people at ease, and taking a collaborative, respectful approach to care planning and intervention.

Get to know me as a person, not just a set of symptoms.

Young people described wanting their strengths/accomplishments celebrated, and for a balance to be struck between exploring the past and preparing for the future. Young people described wanting to be respected and not patronised, and for clinicians to understand some of the issues facing young people.

Young people noted that outcome measure questionnaires can feel impersonal and can be emotionally difficult to complete. They suggested including some 'getting to know you' questions with mental health screening to help convey an interest in them as a person.

Help me feel comfortable.

Young people can be nervous about attending sessions and benefit from a warm, welcoming approach. They described how seeing a welcoming face at reception helps them feel more relaxed. Diversity amongst staff was mentioned as important as young people wanted to feel reflected in the team, and to feel that workers might understand their experiences.

Developing trust takes time and effort.

Where young people were already supported by CAMHS they noted the time and effort it had taken to build trust and come to an understanding of what they needed. They noted that this process would start anew with a new person or team. Continuing with the current team was generally seen as preferrable, although some young people felt that a change could be positive as it gave opportunities to be more independent.

Joint meetings were identified as a good feature of the transition process, as was knowing that CAMHS would continue to provide support until accessing adult mental health services.

Collaborate with me

"[Some people] tend to like to say 'I don't know' a lot when therapists would ask them questions because they didn't really think about what can make things better for them. Take 'I don't know' as an invitation to help them rather than meaning they don't want to be joining in…I think giving the young person options or suggestions would be nice."

"Providing more support for neurodivergent/ neurodiverse young people. Because some people struggle with talking about their feelings compared to others or have trouble articulating their emotions."

Adapt your approach to my needs.

Young people felt that whilst some aspects of care, like treatment, might be similar, how services engage young people should be different to adults. They noted that there would be a range of needs and treatment preferences in their age range.

Young people saw standardised treatment as impersonal, feeling more listened to when clinicians noted their specific issues and brought relevant resources in response.

Neurodiverse young people wanted clinicians to understand that they may need more support to access therapeutic work. One example given was that linking behaviours, emotions and connections with past events could be challenging where you are still trying to work out what your feelings are.

Young people noted the usefulness of technology like apps in supporting them to remember the work from sessions and put it into practice at home. They wanted a choice of in-person or virtual meetings describing the role meeting in person can have in motivating them to leave the house if this was difficult.

Support me to make informed decisions.

Young people spoke about not fully understanding treatment options and how they are expected to participate when they start support. This can translate to struggling to say what support they want or in setting goals for treatment. Having explanations to be able to make decisions for themselves was highlighted as positive. They noted things may need to be explained a few times as they may be overwhelmed or in distress and not retain things well.

Listen to me and facilitate me giving my views.

Young people want to agree the focus of their support collaboratively. To avoid having to repeat their story multiple times young people want to discuss what information can be shared with whom. Some young people said they did not feel confident raising things they are unhappy about and may need support and encouragement to feel safe to give feedback.

Young people want to be listened to in planning and developing services.

Connect me with others.

Young people felt knowing they were not alone in their experiences was helpful – so long as this was shared in a way that did not minimise their experience. Many young people saw the benefit in social interventions in improving their emotional wellbeing. There was a view that any activities should be developed in conversation with young people, and appeal to a range of interests.

Parental involvement should be my choice.

"I have heard the adult services will treat you like an adult regardless of whether you just turned 18, so they won't really have family involved. I would like them to ask if you'd like a parent to accompany you so there's an option instead of making it mandatory. I'd like them to ask it rather than me having to ask them… my parent has been in most of my sessions, and I do feel more comfortable with them being there".

"I know the parent is the parent, but there's certain situations where it brings more stress … it brings the stress home, so then it's at both environments. It has ended up in situations where I've run away before. So, confidentiality is a good question to bring up."

Ask whether I want parents involved – more than once.

Views on parental involvement varied, reflecting the range of relationships young people may have with caregivers. Some young people wanted parents closely involved and supporting their treatment. Some thought parents should know they were getting help but not be involved otherwise. Others noted parental involvement would mean more stress and, in some cases, open them to abuse.

Many spoke positively about the idea of having treatment that was more individually focused, particularly where they had been mainly offered family interventions at CAMHS.

Whatever their personal situation young people were clear: they felt they should be asked about parental involvement and their view respected. They noted it can be helpful to be asked multiple times as circumstances change.

Young people noted that their relationship with their parents was changing as they become older. This might mean taking more control of their care for themselves, or wanting help to improve relationships that had been difficult in the past.

We asked parents and carers…

Parents and carers were asked about their views of local mental health services and how they might meet the specific needs of young people aged 16-25 years. Between January and March 2023 views were collected via:

Focus groups

1:1 interviews

The interviews and focus groups were semi-structured, with a list of guide questions but freedom to focus on topics as they arose in the sessions.

5 parents and carers took part

- 5 had experience of CAMHS support
- 2 were caring for young people who had transitioned to adult mental health services at Oxleas or in the community
- 1 had experience of fostering
- 1 was soon to go through a transition between services or ending with CAMHS
- 2 described their young person as having a diagnosis of autism or autistic traits
- 2 people were from Black or minority ethnic backgrounds

Thematic analysis techniques were used to categorise what was said into key themes. These were then reviewed to understand what the main messages were across the interviews.

Limitations and Notes

The majority of families had experience of supporting their young person and/or other family members through severe mental health difficulties and mental health risk-related issues. People with experience of generic CAMHS support may have different views about transition between services since the young person would have received less intensive support.

Parents and carers need support through transition, too.

"I've had a lot of training and a lot of support [from CAMHS] to manage situations… we've been given a lot of skills and I'm so grateful… but it would be nice to still have an outside bit of support."

"We're still learning all the time, aren't we? And things change... When they're young, they might be acting differently to when they're older. I think parents always need advice. We're supposed to be a team working for that person, so we need to be involved and helped and advised. Once they're 18 and they're an adult, we need to know where we stand …Have things [we can do to support them] changed? And how care changes."

"They do really well for periods and then have dips. And it's those moments where they could probably do with a little pick me up [to help] get back on track again… something quite light touch, a check-in or something… not having anything feels a bit more worrying or a bit more like 'How do we weather the dips?'"

Transition has an emotional impact on me, as well as my young person.

Parents and carers spoke about the change in services as a time of worry and concern for them. Where their young person's care had transitioned to adult services, there was often a drop-off of support for those parents and carers who had been involved with CAMHS.

Transition meetings were perceived as being supportive and providing reassurance about the support ahead.

Where young people were discharged from CAMHS or ending therapy for social support managing alone felt worrying. An option to be able to receive more ad hoc support to reconnect young people with the skills learned in their therapy was suggested.

I would like advice on how to support my young person and how to navigate adult services.

Parents and carers recognised that their child's needs were changing as they approached adulthood and tried to adapt their approach to respect this. They wanted support and advice about how to support their young person and keep them safe. Differences between services could be difficult to understand, and parents wanted information about how adult services work.

Transitions between services create additional barriers to engagement.

"They turned 18 and I feel like they're being punished. The therapy's been taken away from them. They have to redo the whole assessment, which is quite painful ... And it was working [in CAMHS], and more importantly, they were engaging."

"It's only been mentioned in slight passing, but… now it's in their head. It's that fear…is CAMHS going throw me out and then I've got to start all over again with somebody else? So, it's something we have to start thinking about now, just so that it's not a shock later."

It takes time, effort, and struggle to get established with mental health services.

Parents and carers spoke about their CAMHS journey and how much effort they and clinicians had made in solving difficulties and establishing good relationships. They described the high thresholds they had experienced in accessing CAMHS and many had made multiple requests for support before their young person received any. They highlighted the importance of preventative support for all ages.

Parents noted the effort CAMHS clinicians had taken in engaging their young person and the time it had taken for both them and their young person to build relationships and get the most out of the support. There was worry about this struggle repeating in the adult service and their young person's ability to negotiate challenges independently. Some parents described concern that adult services did not seem to make so much effort to engage and make a relationship as CAMHS.

Changes can be very difficult for my young person- consistency is important.

Any change in teams or clinician was seen as a very delicate time. Some parents described their young people as struggling with change, particularly if they have additional needs such as autism. Some young people's mental health deteriorated over the transition, with parents describing young people entering crisis and making disclosures of traumatic experiences as they neared ending with their trusted clinician. Subsequent staff changes after transition created extra challenges to engaging and building trust in the new service. Parents and carers felt having a longer transition or being held in CAMHS for longer where appropriate would be supportive for young people.

Parents and carers felt that the stigma of mental health, lack of insight in some unwell young people, and worries about medication and being labelled might get in the way of young people accessing support. Parents and carers noted the difficulty they felt in no longer being able to directly influence their young person accessing support after they turn 18.

If we have to wait, communicate.

There was realism about the lack of resources. Where young people had to wait for help, parents felt some sort of signposting to support that could be accessed whilst on the wait list and communication about the likely length of wait would be helpful.

Adapt the care to my young person's needs.

"Average 16- to 18-year-olds have a massive growth spurt, both physically and emotionally…But 18-year-olds who've gone through all this trauma are not the same, and I think it's even more compounded that you're so young in age as well... [Other young people] may be able to draw on a few life skills that… [my child] hadn't developed because their life has been about… survival".

Young peoples' needs and level of independence varies widely.

Parents and carers described the differences between young people in the age range. Some young people may have missed out on development due to their mental health issues, and as a result may not have gained the social confidence and independence expected of their chronological age. They may still need support and advocacy from parents or carers. Other young people may be more confident and vocal.

Many young people were facing new challenges in balancing responsibilities such as employment with trying to attend appointments.

They noted that their young person may have varied presentation which may mask the level of their distress, for example managing to attend work despite struggling with motivation for self-care, or not saying to clinicians if they disagreed with aspects of the support but coming home and speaking to parents about it.

A collaborative approach with a consistent person helps to engage my young person.

Some parents and carers were concerned that their young person was labelled as 'not engaging' rather than as someone vulnerable who needs support to express emotions and to build trust and confidence in new people.

They described how adolescent young people can respond strongly to things they dislike, and it may take time and effort to win them round. A collaborative approach to setting goals and having a consistent person to work with were seen as key to this. Noticing a young person's strengths were also seen as important.

Peers were seen as important and influential, and parents and carers thought group work, peer support and socialisation could be important to many young peoples' recovery.

Since young people are likely to still be learning about what mental health support entails, it was felt they would need support to make informed decisions about their care.

Work together as a team…

"I don't feel ADAPT took the whole picture… I just don't think they get what [my young person's] life is like…maybe they'd have more of an understanding if they'd got the discharge letter sooner"?

"I think maybe trying to keep a link between CAMHS and when you're going over to the adult part, where if there are queries, they could ask those of CAMHS. Or if there's an introduction from one service to the other. So, they're not just saying 'here's a number, this is where you've got to go'".

"I'm really struggling to understand… CAMHS spent a long, long time. They formulated a diagnosis. They worked through the treatment…to me it feels like all the work CAMHS has done is put to the side."

Work together and communicate well between services so there is continuity of care.

Joint transition meetings were seen as positive. However, there were some instances of feeling the work from CAMHS was forgotten, with changes to the support offered, new assessments and changes to diagnosis, and repetition of information. Parents and carers wanted services to communicate, share information and develop a clear plan so there was continuity of care.

Parents had experience of fragmentation happening between other aspects of the health system, for example having to liaise between physical and mental health professionals to determine the best medication to continue with and felt young people may struggle to manage these sorts of issues.

…and include parents and carers in the teamwork.

"It's such a huge difference between the two services, I can't even express how different it is. I'm not listened to."

"If they're doing some work with them, it would be useful for me to, not have all the facts, but just a little bit of information to say, 'This is what we're doing with them.', 'If there're any problems point them in this direction', 'You can still contact us if they're not able to', that sort of thing… So, I know where to go if they need help, just to keep me in the loop.

I advocate for my young person because they may find it hard to assert themselves.

Often families' journeys through CAMHS were marked by difficulties that they were able to resolve as they developed relationships with clinicians. Some parents had advocated for their child to resolve any difficulties they had and continued this approach with adult services where their young person was struggling to assert their views. They felt this was not well received, even where young people had given consent for parental involvement. They were left feeling frustrated that they had not been listened to, or felt that they were perceived as overbearing or overly anxious.

I understand the right to confidentiality, but also want to keep my young person safe.

Whilst working with CAMHS parents had often been intensively involved in safety planning and the change to knowing less about their young person's wellbeing was an adjustment. Parents understood the limitations and the need for their young person to have confidentiality. They felt even minimal levels of involvement would be helpful, such as being told that their young person was accessing support and who to contact if their mental health deteriorated.

Use me as a member of the care team: I have knowledge that can help you.

Parents and carers spoke about their in-depth knowledge of their child's wellbeing, mental state and what motivates and engages them. They pointed out the role they could have in helping clinicians engage with, understand, and keep young people safe.

Next Steps …

Many thanks to all the participants who gave their views in the focus groups and interviews.

These views will be collated with other information including the views of clinicians, academic research, numerical data about existing services for young people, and mapping the current 'patient journey' for young people.

The next step will be to look at this research and generate ideas for changes to the service at a workshop attended by senior leaders, clinicians, commissioners, young people and their carers who have experience of using Oxleas' mental health services

The ideas from the workshop will form the basis for a report on different options of changes that could be made (an 'options appraisal'). This will be reviewed by a steering group against the areas young people have said are important, and other factors like cost, how long it might take to make the changes, and how positive an impact the proposed changes are likely to have on young people.

Acknowledgements

Many thanks to the support of the Oxleas NHS Foundation Trust Involvement team in organising and running the focus group sessions, and to clinicians and colleagues from both the Trust and CVSE partners (Bromley-Y, Mind and Bexley Moorings) who helped recruit young people to take part. An especial thank you to Bromley Leaving Care group for welcoming me into their meeting.

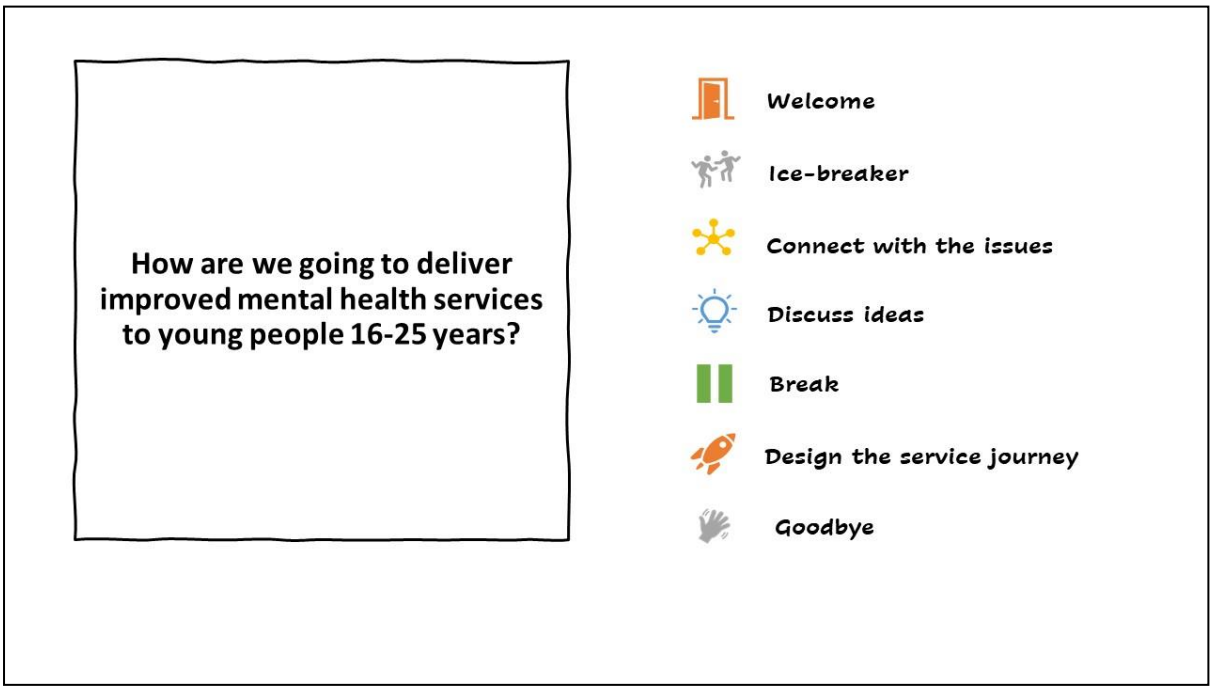
Glossary

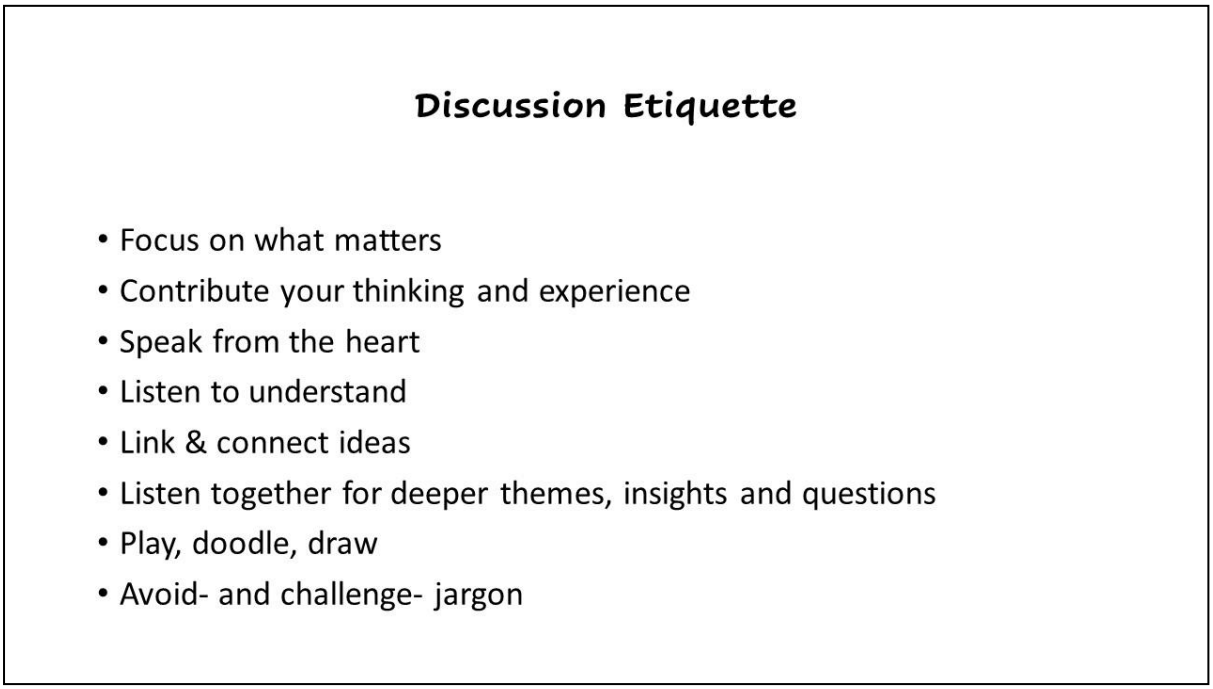
CAMHS: Child and Adolescent Mental Health Service

CMHT: Community Mental Health Team (adult services)

Thematic analysis techniques: Approach where you assign a theme to comments people have made, and group them together to understand what common themes are emerging from the different conversations. There are some very rigorous approaches used in research methodology; a simplified approach was used for this report.

Appendix 7: Workshop Overview





Icebreaker

- Take the ball of string
- Person with the string: say something about yourself (e.g. 'Pizza is my favourite food')
- Members of the group: if you have something about yourself that is connected raise your hand (e.g. 'I cooked pizza last night')– the string gets passed to you. **Person with the string: keeps hold of the end!**
- Person with the string gives a new fact about themselves and the process repeats
- Ideas:
  - music you like,
  - a hobby you do,
  - number of siblings,
  - a book you read,
  - what you did at the weekend,
  - favourite colour,
  - TV show you like or watched…

Connect with the issues

Interviews	Desk-based research	Data	Observations
Care planning happens separately in different services			
Understanding adult services is challenging – for citizens and professionals			
The changes set up a difficult start to new relationships (age-led change + multiple transitions + service differences)			
The service is standardised, but the type and timing of mental health need is not			
Transition is dealt with as a 'service event' rather than process or developmental task			
Skills working with young people and parents vary			

Connect with the issues

- Look at the service journey examples on the wall as a group
  - The timeline shows the services the person had contact with, the speech bubbles thoughts and feelings of people involved, and the pink bubbles the key issues that cause these sorts of problems
- How does this connect with your experience or ideas about services?
- Write thoughts, impressions on post-its and add to the images
- Share general impressions in the larger group

Question 1

How might we make our approach/services more flexible so support is focused on need rather than age?

- Write, draw ideas on flipchart
- 'Blue sky thinking' is welcome
- You might include principles (things or themes that are important) as well as practical ideas about how things might be organised
- Ideas might be new/different, or things that should be kept or extended
- 15 minutes to discuss then 5 minutes to decide key ideas
- Feedback as a group

Question 2

How might teams work together differently so that when young people do need to change services it appears/ feels seamless to them?

- Write, draw ideas on flipchart
- 'Blue sky thinking' is welcome
- You might include principles (things or themes that are important) as well as practical ideas about how things might be organised
- Ideas might be new/different, or things that should be kept or extended
- 15 minutes to discuss then 5 minutes to decide key ideas
- Feedback as a group

Design the service journey

Choose one of the people from the service journey examples. If you could design things differently for them, what would the service look like?

- Would any of the ideas discussed today help this happen?
- What things are happening already?
- Does it link with developments and ideas that are already going on?

Which of the ideas on your journey would you prioritise or consider non-negotiable?

- Label them with a star

Appendix 8: Options Appraisal

1. Executive Summary

1.1. Introduction

Oxleas NHS Foundation Trust offers secondary care to young people 16-25 via CAMHS and CMHT in Greenwich, Bexley and Bromley. In common with most NHS mental health services there are differences in underlying approaches to treating mental health between the child and adult system, and the two operate distinctly from one another. At 18 young people who need ongoing specialist support are transitioned from child to adult services.

The focus of this project is to improve services for young people 16-25 years in need of secondary care support (i.e with moderate to severe mental health difficulties) by reducing the impact of moving from child to adult systems at age 18 years, with particular focus on those young people most vulnerable to being negatively impacted by the existing transition arrangements.

In essence the aim is to move from a service-led approach where care provided is determined by age, to a needs-led approach to the provision of care.

1.2. Summary Case for Change

The strategic and clinical drivers for change include:

- National and local strategic priorities around extension of services to young people up to 25 (NHS Long Term Plan, 2019, SEL ICS Strategic Plan, NICE Guidelines)
- Locally, learning from serious incidents and other case reviews has highlighted the need for a flexible and needs-led approach to transitions.
- Clinical understanding that young people continue to develop to 25 years, and of the importance of early intervention in the age group, and so have needs different to older adults

Focus groups and interviews were completed with professionals in CAMHS and AMH teams, directorate leadership, community partners, and with young peoples and parent/carers with experience of accessing mental health services.

Despite the development of formal transition procedures having resulted in improved collaboration between adult and child services, clinicians noted that issues remain with regards to:

- Specific cohorts of young people being left without a suitable service (i.e. gaps in service provision), specifically:
    - Neurodiverse young people with mild or no learning disability outside scope of ALD services and who may have emotional distress and functional difficulties which are

attributable to their neurodiversity rather than a diagnosable mental health need (but who are at risk of developing comorbidity if left unsupported)
    - Those not at threshold for ADAPT where IAPT services are not suitable (e.g. already had CBT intervention, or alternative approaches such as counselling are indicated)
    - Young people with mental health distress who do not meet criteria for a diagnosable mental health disorder, or are not able to be diagnosed before their 18th birthday
- Lack of continuity of care for young people who would benefit from stable therapeutic relationships and an extension of a more Systemic or active engagement approach. This need may arise from social complexity such as leaving care or pregnancy, relational difficulties (trauma, emerging personality issues), or presentation/ deterioration close to 18 with complex needs and risk (thus needing some time to engage and formulate before allocation to appropriate treatment)
- The transition exacerbating delays in treatment and increasing risk of disengagement from support

Service user feedback from the CHI-ESQ feedback measure suggests that the transition process is experienced as challenging and poorly timed. In focus group discussions service-users shared that:

- Young people wanted consistent relationships and a collaborative approach to care. They noted that being turned away was off-putting to accessing help in the future.
- Parents and carers often felt excluded from supporting their young person's care.

Both noted that young people of this age had a range of readiness to manage their care independently and cope with change, and that services could be better organised to be adaptive to individuals' needs. They noted that increasing independence and agency over decisions was an important part of moving into adulthood and should be facilitated, but at a pace appropriate to the young person.

1.3. Success Criteria

To successfully address the key issues locally and meet best practice for provision of services to young people, the new model must:

- ✓ Create capacity for needs-led care planning
- ✓ Enable care planning that remains consistent (e.g. across any service transition)
- ✓ Prioritise consistency of therapeutic relationships
- ✓ Reduce gaps in service
- ✓ Offer care adapted to the range of specific needs of under-25s
- ✓ Have young peoples' involvement in development and evaluation of services
- ✓ Be cost-efficient and achievable within limited resources
- ✓ Not disadvantage protected groups in terms of accessibility

1.4. Options

Four options have been developed as potential pilot changes to test in one borough before rolling out across localities:

Option 1: Augmenting existing provision by improving liaison, recruiting a transition worker and piloting flexible service boundaries:

- Piloting a flexible start and end to involvement with CAMHS and ADAPT service, by the provision of care being extended to 19 years for CAMHS and lowered to 17 years for ADAPT
- Improved liaison between the child and adult system through MDT meetings and SPA liaison
- Transition navigator recruited to act as consistent care coordinator where it is anticipated that young people will transition across services.
- Agreement of a bridging care planning accepted across teams
- Development of a young person's involvement group
- Skills development programme regarding working with young people and their parents.

Option 2: Extending the CAMHS offer to 25 years for young people in need of secondary care

Option 3: Realignment of resources to create a Young Peoples' team drawn from across both services who are enabled to see young people from 16 to 25 years

Option 4: No change

1.5. Options Assessment

Success criteria	Option 1	Option 2	Option 3	Option 4
Create capacity for needs-led care planning	Yes	Yes	Yes	No
Enable care planning that remains consistent (e.g. across any service transition)	Yes	Yes	Yes	No
Prioritise consistency of therapeutic relationships	Yes	Yes	No	No
Reduce gaps in service	Potential/ partially met	Potential/partially met	Potential/ partially met	No
Offer care adapted to the range of specific needs of under-25s	Potential/ partially met	Yes	Yes	No
Have young peoples' involvement in development and evaluation of services	Yes	Yes	Yes	No
Be cost-efficient and achievable within resources	Yes	No	No	Yes
Not disadvantage protected groups in terms of accessibility	Yes	Yes	Potential/ partially met	No

1.6. Conclusion

The preferred option is Option 1, to augment existing provision by improving liaison, recruiting a transition worker and piloting flexible service boundaries. The rationale for this is that:

- it best meets the success criteria as shown in the table below,
- offers an option that can feasibly be piloted (and reversed if not resulting in improvement of quality), and
- is the most cost-effective option outside of retaining the status quo

Business Case and Options Appraisal

2. Introduction and scope

Oxleas NHS Foundation Trust offers secondary care to young people 16-25 via CAMHS and CMHT in Greenwich, Bexley and Bromley. In common with most NHS mental health services there are differences in underlying approaches to treating mental health between the child and adult system, and the two operate distinctly from one another. At 18 young people who need ongoing specialist support are transitioned from child to adult services.

The focus of this project is to improve services for young people 16-25 years in need of secondary care support (i.e with moderate to severe mental health difficulties) by reducing the impact of moving from child to adult systems at age 18 years, with particular focus on those young people most vulnerable to being negatively impacted by the existing transition arrangements.

In essence the aim is to move from a service-led approach where care provided is determined by age, to a needs-led approach to the provision of care.

3. Case for change

3.1. National agenda and clinical guidelines

The existing care pathway focuses on facilitating effective transition of care from CAMHS to AMH services for young people approaching 18 years, where clinically indicated. This is being reviewed to reflect:

- The NHS Long Term Plan [1] commitment to developing mental health services for young people to 25 years old
- NICE guidelines [2] recommending a developmentally appropriate approach to transitions
- SEL ICS have highlighted improved transitions between services as a key area of development across the region (REF) and are required to return metrics to NHSE on the integrated system's progress towards the long term plan goal mentioned above

Reports highlighting the need and recommendations for a differentiated clinical offer for 18-25 year olds have been produced by NHSE (REF) and Royal Society for Psychiatrists (REF).

3.2. Clinical understanding of the needs of the age group

A differentiated approach for this age-group is clinically indicated as:

- Biological, neurological, and social development continues to age 25 [21] indicating that young people have different needs to older adults

- Young people experience multiple life-cycle changes [22] and may benefit from consistent support through their transition to adulthood
- Most mental health disorders start before age 25 [23], suggesting potential for effective early intervention [24].
- The current age-led transition approach may increase risk of poor outcomes longer-term [25]

3.3. Limitations of the current local pathway

Locally, learning from serious incidents and other case reviews has highlighted the need for a flexible and needs-led approach to transitions (REF). CHI-ESQ feedback indicated dissatisfaction amongst patients and parent/carers

Focus groups and interviews were completed with professionals in CAMHS and AMH teams, directorate leadership, community partners, and with young peoples and parent/carers with experience of accessing mental health services

Formal transition procedures have been established locally between CAMHS and community AMH and resulted in improved collaboration between adult and child services. Clinicians noted that issues remain with regards to:

- Specific cohorts of young people being left without a suitable service (i.e. gaps in service provision), specifically:
    - neurodiverse young people with mild or no learning disability outside scope of ALD services and who may have emotional distress and functional difficulties which are attributable to their neurodiversity rather than a diagnosable mental health need (but who are at risk of developing comorbidity if left unsupported)
    - Those not at threshold for ADAPT where IAPT services are not suitable (e.g. already had CBT intervention, or alternative approaches such as counselling are indicated)
    - Young people with mental health distress who do not meet criteria for a diagnosable mental health disorder, or are not able to be diagnosed before their 18th birthday
- Lack of continuity of care for young people who would benefit from stable therapeutic relationships and an extension of a more Systemic or active engagement approach. This need may arise from social complexity such as leaving care or pregnancy, relational difficulties (trauma, emerging personality issues), or presentation/ deterioration close to 18 with complex needs and risk (thus needing some time to engage and formulate before allocation to appropriate treatment)
- The transition exacerbating delays in treatment and increasing risk of disengagement from support

Service user feedback from the CHI-ESQ feedback measure suggests that the transition process is experienced as challenging and poorly timed. In focus group discussions service-users shared that:

- Young people wanted consistent relationships and a collaborative approach to care. They noted that being turned away was off-putting to accessing help in the future.
- Parents and carers often felt excluded from supporting their young person's care.
- Both noted that young people of this age had a range of readiness to manage their care independently and cope with change, and that services could be better organised to be adaptive to individuals' needs. They noted that increasing independence and agency over decisions was an important part of moving into adulthood and should be facilitated, but at a pace appropriate to the young person.

Analysis of the learning from interviews suggested that these issues were likely symptomatic of a number of systemic themes:

Transition is dealt with as a service event, rather than a process or developmental task: Systems are organised around the functional aspects of moving young people between services. The clinical needs of young people around their developmental stage and gaining the skills they need to move toward independent adulthood become secondary to the bureaucratic requirements of the service.

The pattern and timing of presentation in the age group is unpredictable and highly varied whilst the system is standardised and unable to flex sufficiently to respond to this variability. Presenting with mental health need in the run-up to 18 can result in what are, effectively, additional delays (e.g. waiting for CAMHS treatment but 'aging out' and having a new referral, or being 'held' for several months without intervention before referral to adult services).

Understanding a complex and changeable adult mental health system is challenging (for both clinicians and service users): This emerges in issues such as inappropriate referrals, misunderstanding of the adult teams' offer and so inability to prepare young people for changes, and uncertainty about what is on offer for young people who do not obviously fit the criteria of the main NHS services.

Care planning is siloed rather than shared: This causes both 'failure demand' through repetition of tasks like assessment and inappropriate referral, and impacts continuity of care.

The age-led approach, differences between service approaches, and the multiple changes young people face at this age are likely to negatively impact the building of therapeutic relationships in the new service: Young people may experience increased distress due to changes, experience the age cut-off as arbitrary, have expectations of how the new service will work that are not met, and may have other life-events that overshadow attending appointments (exams, new jobs, starting new educational settings, moving home). Effectively, the new clinician often starts on the 'back foot' before any other factors, such as differences in engagement approach or treatment offer, come into

play.

Skills working with young people (adolescents) varies: This impacts engagement of young people in treatment and the quality of care they receive.

3.4. Summary of case for change

There is a strong steer from national agenda, local identified service improvement areas, service user feedback and clinical best practice towards a revised clinical pathway that:

- focuses on needs-led care planning, rather than service-led transition at 18yrs
- increases continuity of care planning across services – not only improving quality of care but also reducing failure demand
- reduces gaps in service
- is differentiated to the specific needs of under-25s, and
- prioritises consistency of therapeutic relationships.

4. Service demand and patterns of use

Data was gathered for the 12 month period between 01/09/2021 and 31/08/2022

4.1. Transitions between adult and child services

Informatics is compiling data on the number of transition cases between the services which will follow.

Over half of cases (53%) referred to ADAPT where the young person was aged 18-25 years had a previous episode of support with CAMHS (includes both transferred from CAMHS and externally referred cases)

4.2. Oxleas services that serve the population

The Mental Health hubs see the largest numbers of young people across the adult system, representing many young peoples' first contact with the adult service. Of the hubs Bromley sees the largest number of young people in the age range, however proportionally the amount is relatively consistent across boroughs (Bexley 27% of all referrals are 18-25 years, Bromley 26% and Greenwich 25%).

Greenwich and Bromley IAPT teams supplied data. About a fifth (Greenwich 19% and Bromley 20%) of cases they see are 16-25 year olds.

Greenwich and Bromley Crisis and HTT teams saw the largest numbers of referrals of young people. In CAMHS the largest number of referrals were to the Crisis team. The high numbers seen reflect repeat presentations (since this is not a treatment service cases are discharged to other services and re-referred on subsequent presentation, and data counts all referrals rather than unique patients).

When looking at the service teams receiving most referrals, Bexley and Bromley generic CAMHS teams had the greatest number of referrals. Greenwich Adolescent team follows them, ahead of the Greenwich generic CAMHS team. Assuming referral recording procedure is standard across borough services, this may suggest young people over 16 in this area are referred at higher level of need, risk and complexity. This may reflect the borough's higher level of social inequalities, or inequalities of mental health access for some citizens given the wider range of ethnic backgrounds in the Greenwich population as compared to Bexley and Bromley.

4.3. Equalities of access

10% of 18-25 year olds referred to the adult CMHT and crisis teams had an ADHD or ASD diagnosis recorded.

Rates of access by ethnic background was compared to the local population. Just under a third of cases were marked unknown or unrecorded ethnic background in the Oxleas data (IAPT data was more reliable) and so it is difficult to confidently draw conclusions from the data. However, the data we do have is suggestive that:

- Asian and Asian British people appear to be underrepresented in CAMHS and Adult CMHT services
- Reach to Black and Black British people by CAMHS is under-representative compared to the population, impacting Greenwich most greatly as they have the largest Black and Black British population of the boroughs. Greenwich IAPT data showed a similar picture. However, Adult CMHT referrals matched the population rate more closely.
- When we look at the Oxleas data split by gender, CAMHS see a low number of Black males referred as compared to the population, which is more closely matched to population in Adult CMHT referrals
-

5. Existing models

5.1. Support offer

Hunn and Clarke [19] have produced a 'self-audit checklist' that invites services to rate themselves against overarching model considerations and key service features drawn from a comprehensive review of the literature. Models should consider the following:

- Youth participation, respect, empowerment and co-design
- Focus on prevention and early intervention
- Community, engagement, education and consultation
- "Soft entry" without stigma or financial barriers
- Choice regarding options for access, treatment, and care

- Family engagement and support
- Need and complexity-based care
- Effective management of transitions

They go on to highlight the following as best practice in terms of the 'menu' of support on offer to young people:

- Structured psychological therapy services
- Care-coordination and liaison services
- Vocational support services
- Youth development services
- Consumer (i.e. service-user) peer-support services
- Lifestyle intervention services
- Family and support network services

It is noted that this provision is available across the system in different degrees. What limits the provision meeting young peoples' needs is the flexibility to offer these at the young person's pace, and the lack of focus on adapting them to be developmentally appropriate. It is also noted that family support is less well provided for in the adult CMHT, reflected in the ongoing work to improve family involvement and intervention via the Think Family agenda.

5.2. Service Models

The following existing service models are highlighted:

The following factors are described as determining how service developments for the age range have been designed [19] :

- Age range: whether providing 0-25 years, age-specific service or aligning age-ranges with educational thresholds
- Flexible transitions: flexible boundaries with regards when to enter the adult mental health service, and/or additional support for effective transition
- Complexity of need: Whether focus is on low, moderate or high complexity of need
- Whether they are supporting a specific mental health disorder/ problem (e.g. eating disorder services)
- Access and engagement: some services are designed specifically around improving access or promoting engagement, or offering a single point of access, triage and supported transition into secondary care services
- Multi-agency service delivery: whether a service is provided by one or multiple agencies across statutory, non-statutory or community, voluntary and social enterprise sector.

In practice, these models may be organised by [19]:

- Extending the cut-off of children's services to 25 years
- Offering specific services from lower age of adolescence to 25 years to offer a better fit to developmental and social factors (e.g. 14-25, 18-25)
- Adjusting thresholds to offer flexible transitions in existing services according to need

Existing service models relevant to the scope of this project include [20]:

- Designated liaison posts
- Transition clinics
- Age-specific generic mental health services
- 'Virtual team' where designated members from separate teams work together to meet developmental and mental health needs of older young people
- Multi-agency 'one stop shops', often provided via youth services
- GP-led multi-agency primary care youth clinic

6. Success criteria

Amalgamating the research and scoping set out in the business case, in order to successfully address the key issues locally and meet best practice for provision of services to young people, the new model must:

- ✓ Create capacity for needs-led care planning
- ✓ Enable care planning that remains consistent (e.g. across any service transition)
- ✓ Prioritise consistency of therapeutic relationships
- ✓ Reduce gaps in service
- ✓ Offer care adapted to the range of specific needs of under-25s
- ✓ Have young peoples' involvement in development and evaluation of services
- ✓ Be cost-efficient and achievable within limited resources
- ✓ Not disadvantage protected groups in terms of accessibility

7. Options

Four options have been developed as potential pilot changes to test in one borough before rolling out across localities:

Option 1: Augmenting existing provision by improving liaison, recruiting a transition worker and piloting flexible service boundaries

Option 2: Extending the CAMHS offer to 25 years for young people in need of secondary care

Option 3: Realignment of resources to create a Young Peoples' team drawn from across both services who are enabled to see young people from 16 to 25 years

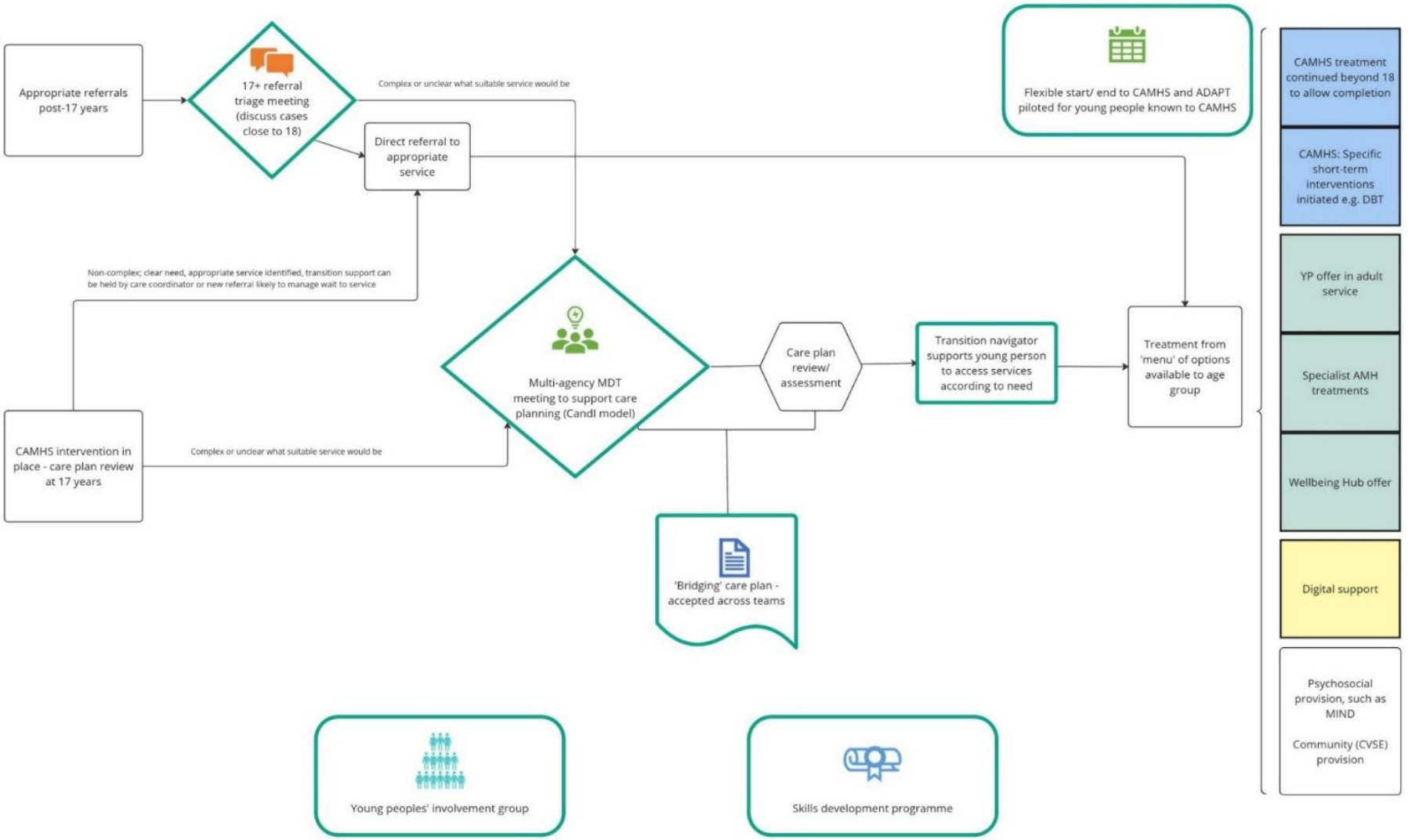
Option 4: No change

7.1. Option 1: Augment existing provision by improving liaison, recruiting a transition worker and piloting flexible service boundaries

Description: Improvement of the patient journey through the existing services by:

- Piloting a flexible start and end to involvement with CAMHS and ADAPT service, by the provision of care being extended to 19 years for CAMHS and lowered to 17 years for ADAPT. This will allow for:
    - completion of treatment in CAMHS, and their provision of time limited treatment to those who would benefit but have insufficient time to complete, and
    - continuity of care to be offered to those referred close to their 17th birthday but whose symptoms suggest specific treatment within ADAPT would be appropriate with access to ADAPT's young peoples pathway or other appropriate specialist treatment and who would otherwise have to wait or undergo monitoring in CAMHS then transition
- Liaison between the child and adult system through:
    - Regular meeting between CYP SPA and Wellbeing Hub representative to advice on options for those close to 18
    - Transition meeting replaced by multi-agency MDT meeting (CANDI model) to enable complex cases to be discussed and clinicians to receive support re. most suitable service in one meeting.
- Transition navigator to act as consistent care coordinator where it is anticipated that young people will transition across services. They may also have a consultative role in supporting clinicians in their care planning, and in engaging service-user involvement. It is suggested the role is a joint role across CAMHS and the adult Wellbeing Hub teams, so that they can support with challenges joining the two systems- e.g. escalation into age-specific crisis pathways, organising psychiatry support if needed in alternative team
- Agreement of a bridging care planning approach that focuses on transition according to developmental and clinical need and can be accepted across teams that underpins this new approach
- Development of a young person's involvement group to support development and evaluation of the pathway
- Skills development programme regarding working with young people and their parents. There is scope for this to be co-designed with the young peoples' involvement group as a first project.

Visual representation of option 1 (Green outline denotes changes to the pathway)



Potential positive impact	Limitations/ potential adverse impact	Considerations
Increased flexibility and consistency of team	Complexity- may be difficult to convey changes to service teams and partners	Clarity of role needed for transition worker to avoid becoming overwhelmed with cases
Potential to reduce unintended gaps in service via clear care-planning, clinician access to expertise about adult services, supported transition, extended assessment time	Uncertain what impact changing age threshold will have on numbers and flow of cases in each service (demand and capacity management)	Clear agreements regarding MDT function and purpose
More direct route to appropriate treatment- reduces delays		
Pilot involves less financial outlay than other approaches		
Involves minimal restructure of staff and systems		
Having multiple agencies involved in reviewing complex cases, plus dedicated worker, makes gaps in services clearer to identify and more easily shared with commissioners and partners		

Assessment of option 1:

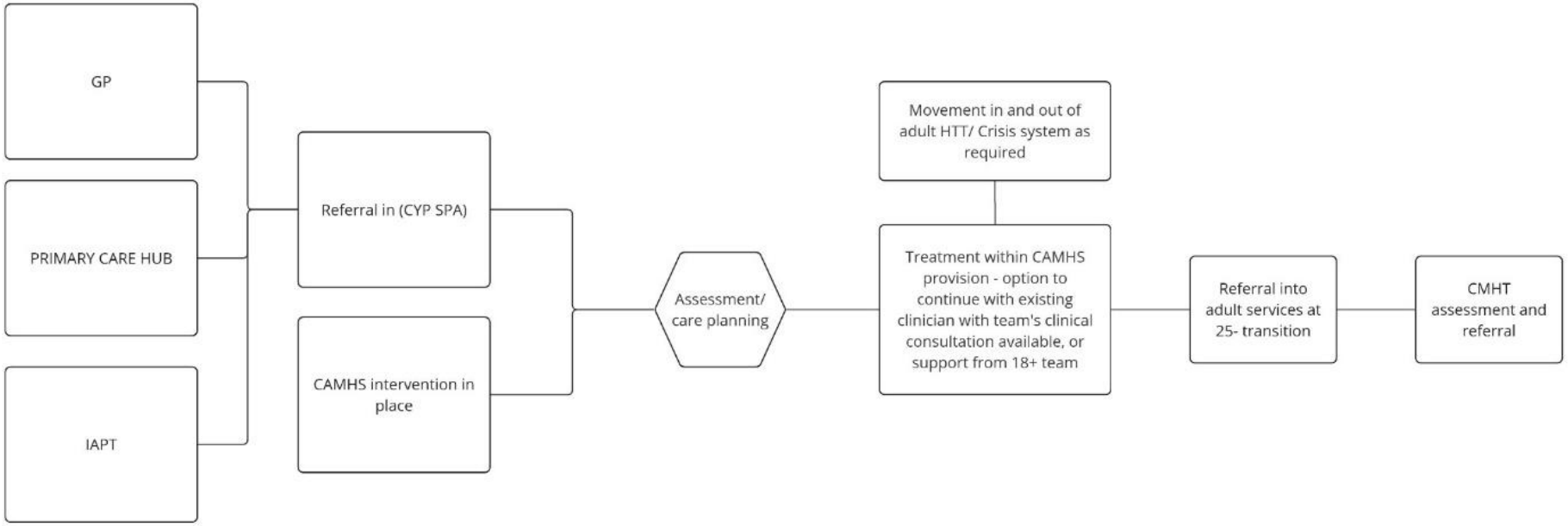
Rating	Success criteria
Yes	Create capacity for needs-led care planning
Yes	Enable care planning that remains consistent (e.g. across any service transition)
Yes	Prioritise consistency of therapeutic relationships
Potential/ partially met	Reduce gaps in service
Potential/ partially met	Offer care adapted to the range of specific needs of under-25s
Yes	Have young peoples' involvement in development and evaluation of services
Yes	Be cost-efficient and achievable within resources
Yes	Not disadvantage protected groups in terms of accessibility

This is the recommended option, given that it meets or has potential to meet the bulk of success criteria, whilst being cost effective. Further, it is likely to be the most straightforward/ lowest risk to pilot given it involves minimal restructure of services, and so can be dissolved if found to be ineffective with little cost to service.

7.2. Option 2: Extending the CAMHS offer to 25 years for young people in need of secondary care

Description: Services are re-organised so that CAMHS continue to support young people in need of secondary care (including new referrals) up to the age of 25 years.

Visual representation of option 2:



Potential positive impact	Limitations/ potential adverse impact	Considerations
Increased consistency of care	Cost of significant workforce expansion and training needed in CAMHS, and in realigning CMHT resources	HR implications of reallocation of financial resource to CAMHS and requisite changes to staffing
Increased access to Family and Systemic approaches to treatment	Capacity would need to be developed in CAMHS regarding liaison with other adult agencies/ services and meeting the adult safeguarding and mental health legislative framework	Communication of changed procedures to referring partners and community
	Estates considerations	How to manage people under 25 years currently under ADAPT service without compromising consistency of care
	Transition would simply be delayed to age 25	Threshold and criteria for referral- if remains CAMHS threshold this may mean more people seen
	Commissioning arrangements would need to be re-negotiated, likely negative impact on CMHT resourcing	

Assessment of option 2:

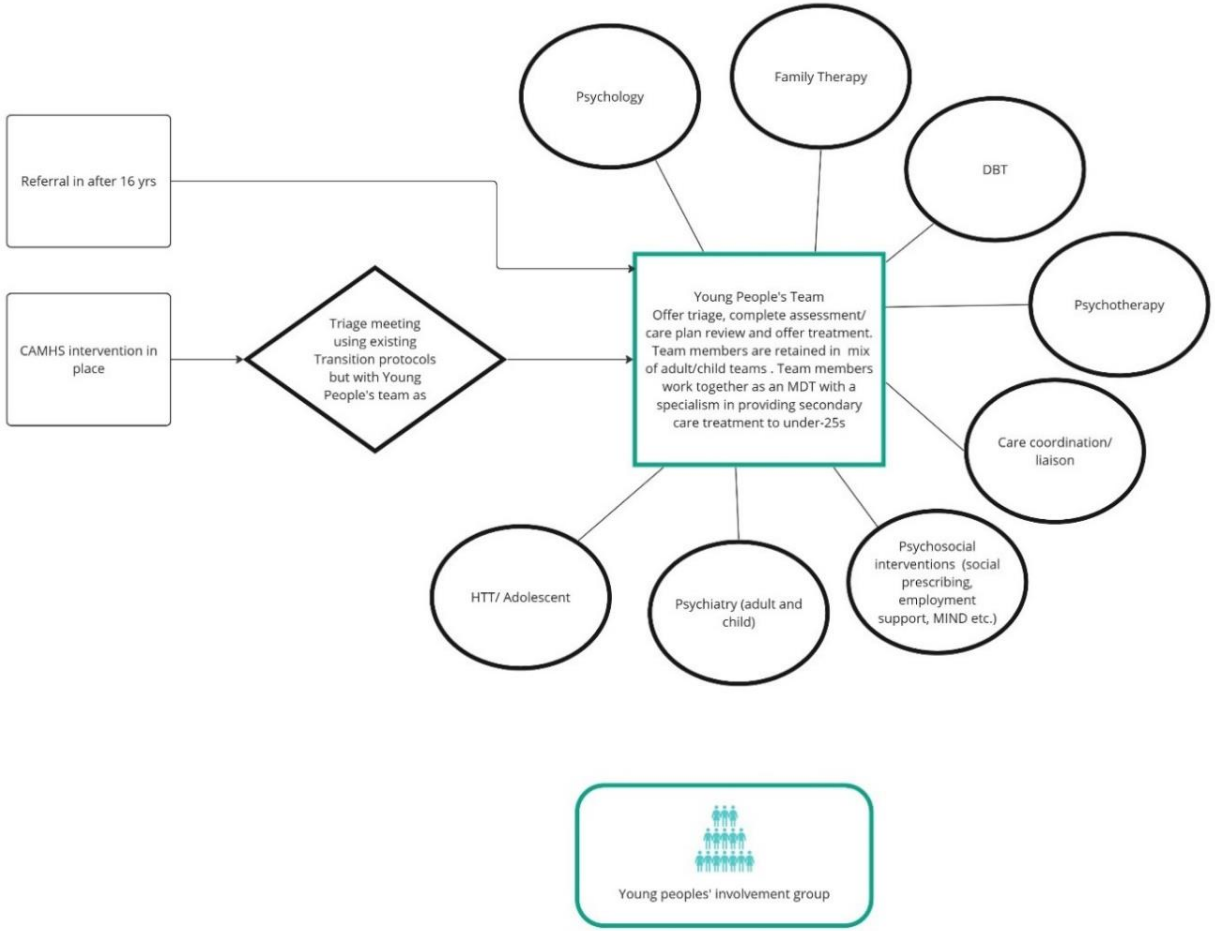
Rating	Success criteria
Yes	Create capacity for needs-led care planning
Yes	Enable care planning that remains consistent (e.g. across any service transition)
Yes	Prioritise consistency of therapeutic relationships
Potential/partial	Reduce gaps in service
Yes	Offer care adapted to the range of specific needs of under-25s
Yes	Have young peoples' involvement in development and evaluation of services
No	Be cost-efficient and achievable within resources
Yes	Not disadvantage protected groups in terms of accessibility

This option is not recommended, given it does not meet success criteria, and would require costly reorganisation of the mental health service teams and funding allocation to achieve.

7.3. Option 3: Realignment of resources to create a Young Peoples' team drawn from across both services who are enabled to see young people from 16 to 25 years

Description: Development of a new specialist team, using resources from both adult and child budgets, that provides care to young people 16-25 years. At 16 young people in need of secondary care transition into this team for specialist support.

Visual representation of option 3:


Psychology
Family Therapy
DBT
Referral in after 16 yrs
Psychotherapy
CAMHS intervention in place
Triage meeting using existing Transition protocols but with Young People's team as
Young People's Team
Offer triage, complete assessment/ care plan review and offer treatment. Team members are retained in mix of adult/child teams . Team members work together as an MDT with a specialism in providing secondary care treatment to under-25s
Care coordination/ liaison
HTT/ Adolescent
Psychiatry (adult and child)
Psychosocial interventions (social prescribing, employment support, MIND etc.)
Young peoples' involvement group

Potential positive impact	Limitations/ potential adverse impact	Considerations
Specialism in age-group allows for better consideration of the specific developmental and psycho-social needs of the age group in treatment	Capacity needed to span both adult and child safeguarding and mental health legislative framework	Development of referral criteria, assessment protocol and treatment approach would be needed that complemented both child and adult contexts
	Potentially creates two transition points; less favourable continuity of care, disadvantage to those more vulnerable to change e.g. YP with ASD	Review of NICE guidelines and planning of clinical model to meet both recommended support for under 18s and over 18s required
	Need for both adult and child psychiatry specialisms	Assessment of demand and redistribution of resources to under-25s team required
	Added cost of recruitment and move of staff from adult and child teams	

Assessment of option 3:

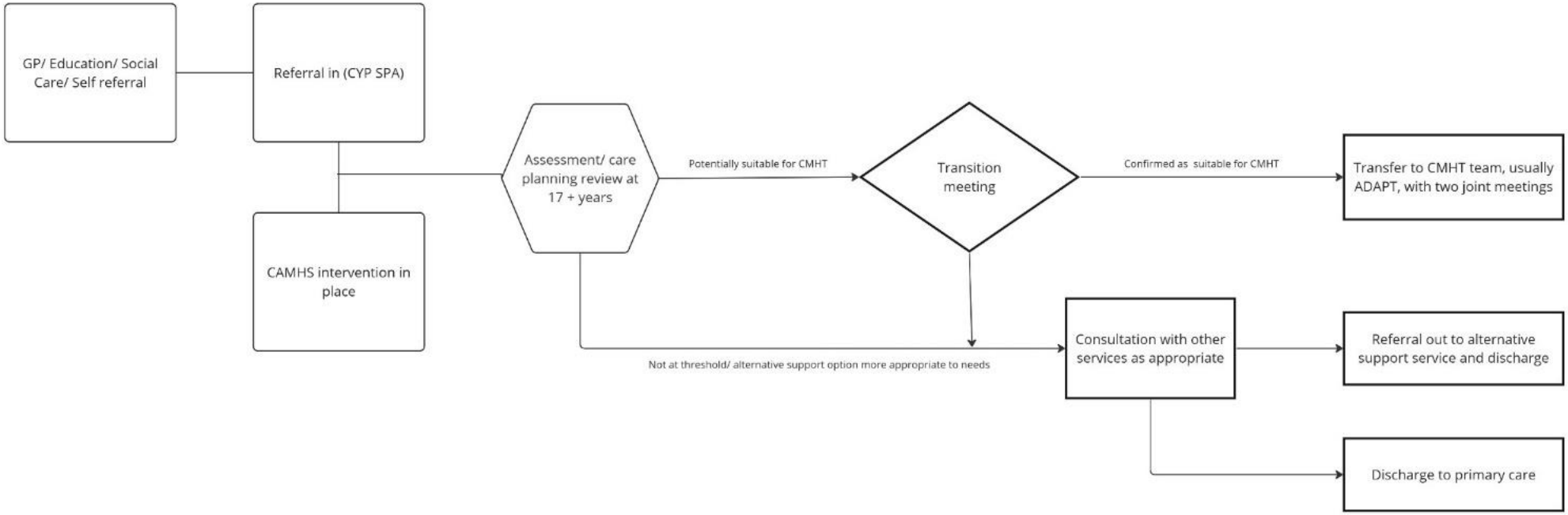
Rating	Success criteria
Yes	Create capacity for needs-led care planning
Yes	Enable care planning that remains consistent (e.g. across any service transition)
No	Prioritise consistency of therapeutic relationships
Potential/ partial	Reduce gaps in service
Yes	Offer care adapted to the range of specific needs of under-25s
Yes	Have young peoples' involvement in development and evaluation of services
No	Be cost-efficient and achievable within resources
Potential/ partial	Not disadvantage protected groups in terms of accessibility

This option is not recommended, given it creates additional transition points likely to disadvantage young people's quality of care, and has high cost related to recruitment of staff to meet the needs across the age range, and transfer of staff between teams

7.4. Option 4: No change

Description: Services remain as they are with existing thresholds and protocols

Visual representation of option 4:



Potential positive impact	Limitations/ potential adverse impact	Considerations
No cost to services	No improvement to service	
	Will not meet NHS Future Plan/ ICS strategy requirements	
	No action will have been made in light of recommendations from serious case review – quality concern	

Rating	Success criteria
No	Create capacity for needs-led care planning
No	Enable care planning that remains consistent (e.g. across any service transition)
No	Prioritise consistency of therapeutic relationships
No	Reduce gaps in service
No	Offer care adapted to the range of specific needs of under-25s
No	Have young peoples' involvement in development and evaluation of services
Yes	Be cost-efficient and achievable within resources
No	Not disadvantage protected groups in terms of accessibility

Assessment of option 4: This option is not recommended, given it does not result in any improvement in service for young people and will disadvantage the service in terms of meeting commissioner expectations.

8. Summary

The preferred option is Option 1, to augment existing provision by improving liaison, recruiting a transition worker and piloting flexible service boundaries. The rationale for this is that:

- it best meets the success criteria as shown in the table below,
- offers an option that can feasibly be piloted (and reversed if quality is negatively impacted), and
- is the most cost-effective option outside of retaining the status quo

Success criteria	Option 1	Option 2	Option 3	Option 4
Create capacity for needs-led care planning	Yes	Yes	Yes	No
Enable care planning that remains consistent (e.g. across any service transition)	Yes	Yes	Yes	No
Prioritise consistency of therapeutic relationships	Yes	Yes	No	No
Reduce gaps in service	Potential/ partially met	Potential/ partially met	Potential/ partially met	No
Offer care adapted to the range of specific needs of under-25s	Potential/ partially met	Yes	Yes	No
Have young peoples' involvement in development and evaluation of services	Yes	Yes	Yes	No
Be cost-efficient and achievable within resources	Yes	No	No	Yes
Not disadvantage protected groups in terms of accessibility	Yes	Yes	Potential/ partially met	No

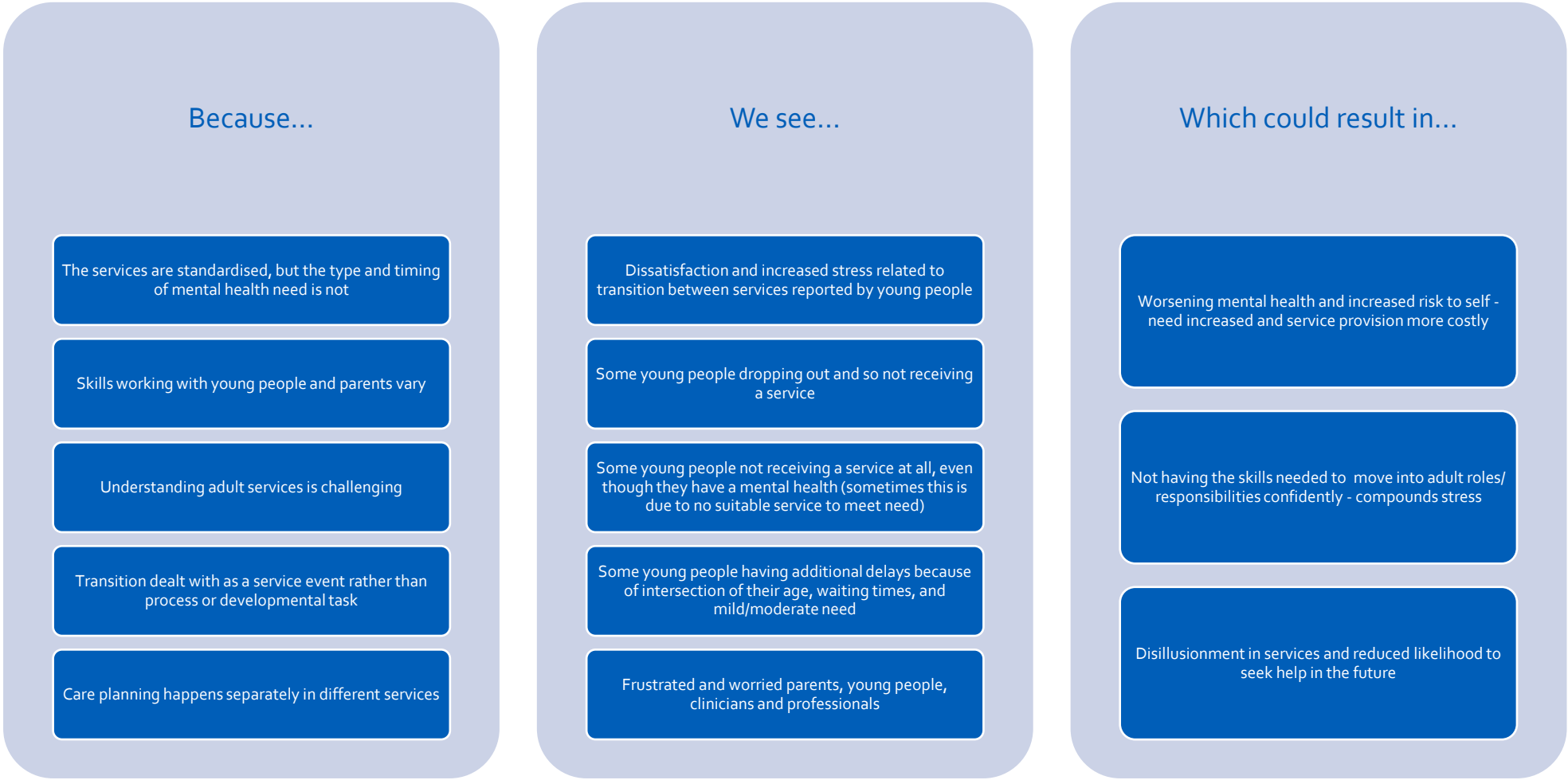
9. Other considerations

There are a number of issues arising that are outside of the scope of focus on young people in need of secondary care mental health services, that are helpful to note for future development work:

- IAPT services for mild- moderate presentation are diagnostically specific, and there remain a number of young people who have mild-moderate presentation but do not fit diagnostic criteria or for whom CBT approaches are unsuitable. An investment in youth counselling could benefit this population, to complement existing provision.
- Young people leaving care with mental health issues who are not consenting to receive support remain in the care of the local authority as 'corporate parent'. Personal Advisors who support these young people would benefit from a consultation relationship with the adult service.
- Young people with autism may benefit from the changes and increased flexibility posed by the recommended option. However, work remains to identify gaps in post-18 psychosocial and specialist support (particularly since this can be preventative to development of more severe mental health presentation more costly intervention associated with this).
- Presentation of Trans young people to services is increasing, and service development to ensure their needs are met such as offering CPD around supporting and treating Trans young people, and ensuring psychosocial support is available - and known to triage teams, social prescribers and assessing clinicians- for situations where mental health concerns are likely to be alleviated by increased social inclusion and community acceptance.
- Improved data collection and concerted action is needed regarding equity of access to Oxleas mental health services, particularly for Asian people and Black young men.

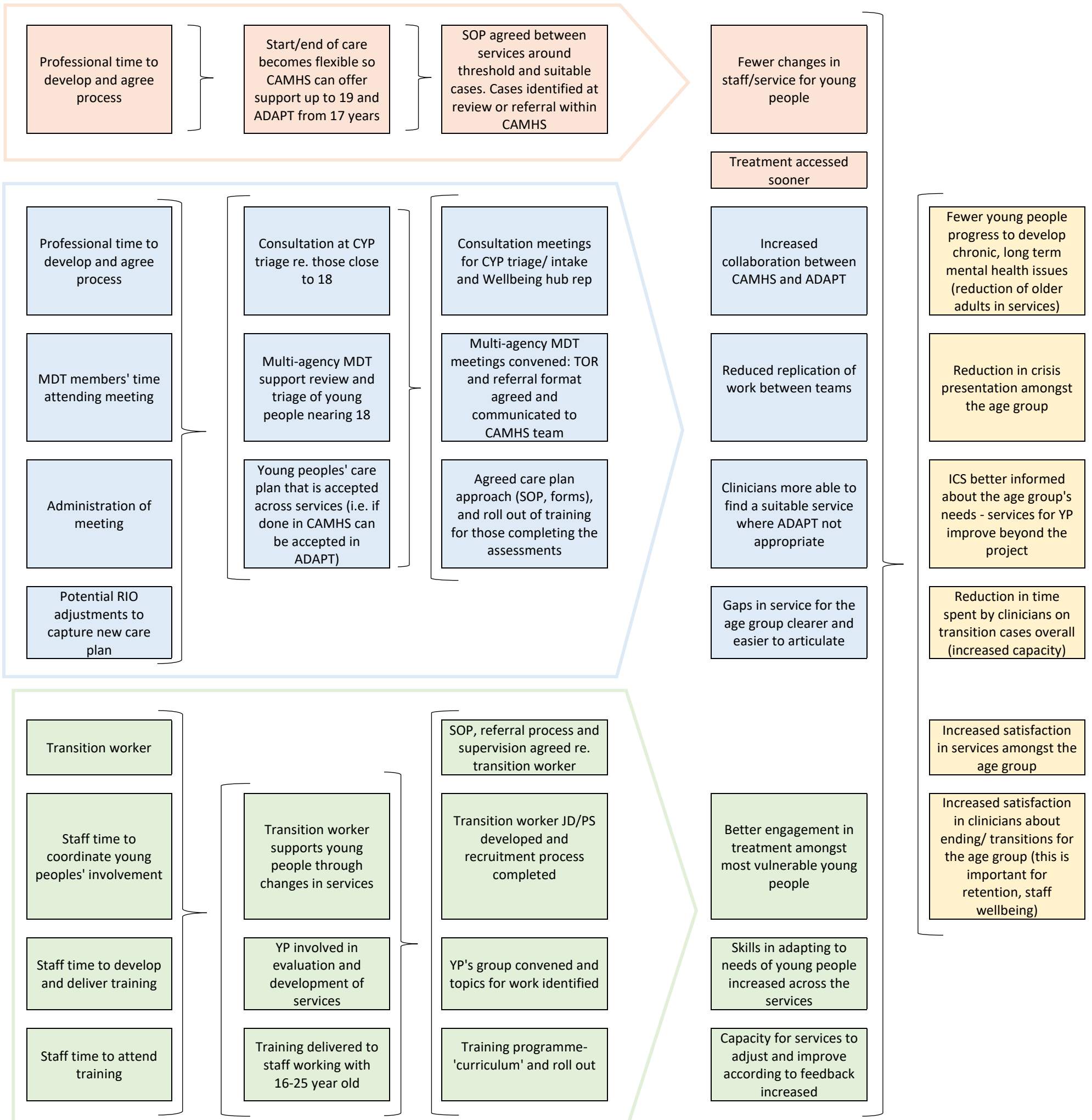
Appendix 9: Logic model

Hypothesis



Logic Model

Problem Statement: Because services are oriented to serving either under or over 18s only, service breaks/ lack of continuity is built-in, which is contraindicated in mental health best practice. Services are standardised rather than adaptive to the varied needs of 16-25 year olds. These issues increase the risk of disengagement from treatment and re-presentation with increased need or in crisis.



Assumptions:

- ADAPT persist with implementing and developing their under 25s pathway
- Funding provided by ICS for transition worker
- Development driven by both Child and Adult directorates in partnership