



Research Inspired by Service Experts

What can be done to help young people feel more listened to in the CAMHS referral process?

What current research identifies as being important:

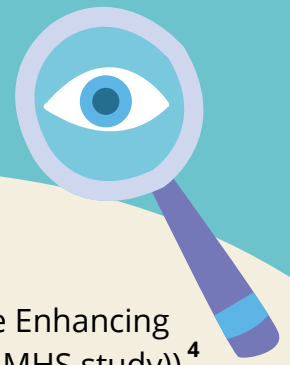


Being listened to
Clear information sharing
Involving family
Being involved in the process
Personalised care

Key findings:

- We could not find any evidence of studies that looked into how CAMHS help children and young people feel listened to, specifically during the referral process.
- Research looking at feedback from children and young people about CAMHS tells us what might help them feel listened to, such as: being given information, being involved in the process, involving family, and personalised care.
- The lack of evidence does not mean that these things are not happening in CAMHS during the referral process, but highlights the need for formal research about it.

What did we find?



In general healthcare over the last 10 years there has been an increasing awareness about the importance of shared decision-making in patient care; that is that decisions around people's health are made jointly between the patient and the clinicians.

The Government announced their vision for the NHS is a service for patients where they are the priority: "No decision about me, without me".¹ This is just as important for children and young people as for adults. It has been shown that in child and adolescent therapy a good relationship between the young person or family and staff is a strong predictor of good treatment outcomes.² Furthermore, everyone must ensure that children's rights are central to the delivery of CAMH services.³ With more and more children and young people using CAMHS, it is important that children and young people feel listened to.

Despite being a very important topic for many of the young people we talked to, we did not find any past studies that have looked specifically at what can be done to help young people feel more listened to in the CAMHS referral process.

We found one study (the Enhancing CAMHS Referrals (EN-CAMHS study)),⁴ which is taking place now. This study is looking at what the difficulties are in making referrals to CAMHS and to try and improve quality of referrals so that children and young people are only referred if CAMHS treatment is right for them.⁴ There are no results yet but this looks like it will be a really useful study.

Many CAMH services now adopt the Choice and Partnership Approach (CAPA) for the first appointment after referral.⁵ This approach aims to put the needs of the child or young person and their families more involved in the decision making involved in their care. In CAPA, the first appointment in CAMHS is a choice appointment where the clinician will outline the available options for the child or young person. One study found that children, young people and their parents all had high satisfaction rates with CAPA and the choice appointments, with 100% of young people and their parents reporting they felt listened to.⁶

Although it does not directly answer the question asked, work done in the broader area of CAMHS covers many aspects of children's' and young people's experiences and views of CAMHS processes.

Citation Top Tip

If you see a little number above a word **like this**¹ then go to the references section at the end of this report to see the source of the information.

The main things that have been highlighted as important are:

Being listened to in CAMH services

Children and young people may think of unique solutions to problems that adults have not thought of.³

Children and young people felt their experiences of CAMHS were poor when they didn't feel listened to.⁷

In one study both the young people and their parents did not feel that they were listened to.⁸

It is important to gain the opinions of children and young people, as well as the adults in their lives as they may have different perceptions of elements of their treatment, for example some children favoured shorter therapeutic sessions whereas adults thought the sessions should be longer.³

A review of work completed asking for children and young people's views was not able to assess whether changes were made in practice after gaining their views.⁹

Information

Young people want more information about the different options they have; young people, parents, families, and carers were all very concerned about the lack of information and support whilst their referral is being processed and whilst waiting for their first appointment. Those that had been told about the services available had a better experience of care.⁷

Children and young people want information on what will happen at the first appointment.³

Being involved in the process

Children, young people and their families need to be involved in all key decisions made about their care, service design and evaluation, for any significant changes to be made in CAMHS.¹⁰

However, when asked, 47% of young people in CAMHS treatment for hearing voices felt that the clinicians did not act on their wishes and ideas.⁸

Involving family

Parents, carers and families were disappointed that decisions were made without them. They felt they could support the young person when they were involved as they felt supported in understanding what the young person was going through.³

However, this is not always easy if do not want their family involved.⁷

Personalised care

Personalised care means that mental health professionals can provide care “that is tailored to individual needs”. Personalised care may have wider impacts – improved family relationships, feeling empowered, and can lead to improvement in exam results and career opportunities.⁷

The evidence we found was mostly from focus groups and interviews with CAMH service users, family members, and CAMHS clinicians. Some of these studies included inpatient as well as outpatient CAMH services.

Our conclusions



In the last 10 years there has been a growing awareness of the importance of children and young people being listened to about their care, but we could not find any evidence of studies that looked in to how CAMHS could do this in the referral process specifically.

The work that has been done where young people (and their families and clinicians) were asked for feedback about CAMHS and the systems in place could be used as guidance as to how to improve children and young people feeling like they are being listened to. For example, giving young people choices, letting them be more involved in decision making over their care, and recognising what the insight of the young person can bring to their own treatments. All of these things need to have the young person's input and opinions.

The lack of research evidence does not mean that work is not being done in CAMHS to ensure that children and young people feel listened to, but highlights the need for investigation into current practice so we can see if children and young people feel listened to and what difference it makes to them and their care.

It is clear research is needed to find out what can be done to help children and young people feel more listened to in the CAMHS referral process. This will then help improvements to be put into practice more widely.

What did young people ask us?

Children and young people who have used the Child and Adolescent Mental Health Services (CAMHS) in Devon were asked about their experiences and what questions they would like us to answer. Children and young people also rated which questions were the most important to them. One of these questions was “What can be done to help young people feel more listened to in the CAMHS referral process?”

The children and young people who raised this question felt they were not listened to when they were being referred into CAMHS, or when their treatment was chosen, and that this had a negative impact on them. They would like to know how this could be improved for other children and young people.



What did we do?

We searched for any past research on the CAMHS referral processes that included information on children and young people feeling listened to.

We did not include studies or documents that were not about the English CAMH services as we know that there are differences between the services in the rest of the United Kingdom, and in other countries where you may have to pay to access mental health services.

We searched seven different scientific databases TRIP database , NICE Evidence , Medline , PsycINFO , CINAHL , and SPP & HMIC to find evidence for this summary. We then asked experts in the CAMHS referral system and young CAMH service users to review this summary to make sure that it is accurate and easy to understand.

This was not a fully comprehensive search; as this was a rapid review, we only spent half a day searching the databases, so there is a chance that we may have missed something.

Scientific databases used:

TRIP database: Turning Research into Practice database
NICE Evidence: National Institute for Health and Care Excellence Evidence database
MEDLINE: US National Library of Medicine life science and biomedical database
PsycINFO: American Psychological Association Psychological information database
CINAHL: Cumulative Index to Nursing and Allied Health Literature database
SPP & HMIC: Social Policy and Practice & Health Management Information Consortium database

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