

# MILLION DOLLAR QUESTION

With new funding for children's mental health services and a 10-year target to provide comprehensive services,

**Miranda Wolpert and Peter Wilson** ask: "What is 'CAMHS'?"

The acronym CAMHS - Child and Adolescent Mental Health Services - is now used ubiquitously, but are we all meaning the same thing when we use it? And who do we identify as part of it?

It seems increasingly clear that "CAMHS" is being used by different people in different contexts to mean different things. Some suggest any person who works with children is de facto part of CAMHS. Others reserve the term for those whose job is primarily designated to work on mental health and emotional well-being issues, others still use the term to refer to a particular form of service provision - the "CAMHS Team" - traditionally a multidisciplinary team within the NHS incorporating key mental health professionals. These different perspectives have particular salience at a time when commissioners of services are being asked to fund "CAMHS" and make decisions about what this might involve.

## Definitions

Attempts have been made to clarify this term over the years. For example, *Standards for Child and Adolescent Mental Health Services*<sup>1</sup> suggests the following tripartite distinctions: "specialist CAMHS" - NHS services whose role is specifically and purely assessment and treatment of child adolescent mental health difficulties. "Health CAMHS" - including other forms of NHS provision such as paediatrics and primary care services and thirdly "Multi-agency CAMHS" - including all those in the NHS, social services, education, voluntary sector etc who contribute to promoting, assessing and treating mental health difficulties in children and young people

However, these distinctions have not found widespread usage. Alternative typologies have been suggested. In *Child and Adolescent Mental Health: Everybody's Business*<sup>2</sup> a bipartite distinction is offered

between "Specialist CAMHS" all services in the NHS or outside, who have a particular role and expertise in relation to child and adolescent mental health and "the CAMHS Concept" all services provided by all sectors that impinge on the mental well-being of children and young people.

It appears that no final consensus has been reached on this, and people often talk at cross purposes when using the term. With the advent of the Children's National Service Framework, and designated money for CAMHS, it seems particularly important to try to reach some clarity around the term.

But it is not without trepidation that we raise this issue. We suspect issues over terminology are intertwined with complicated historical and professional anxieties, assumptions and experience. Despite this, we felt it might be worthwhile to stick our heads above the parapet and re-open the debate once again.

Historically, the development of the term CAMHS marks the coming together of two main movements - child guidance and child psychiatric teams. Both aimed to help children's mental health, but grew out of different traditions and concentrated on different aspects of service provision. The development of the term "CAMHS" to cover all activities in relation to child and adolescent mental health, has perhaps inherited the various tensions between these approaches (and within them). The term is also now contending with the need to accommodate the different strands and traditions that the increasing inputs from the voluntary sector, education, social care, paediatrics, and other new and emerging workforces, bring with them.

There is much to celebrate in the increasingly widespread use of the term and we are certainly not suggesting abandoning it in any way.

The development of the "CAMHS con-

cept", or "comprehensive CAMHS" represents a unification and increased profile for work that was, until recently, barely acknowledged let alone prioritised. Until recently the term "children's mental health" was treated with great suspicion and seen to be of relevance only to a specialised few<sup>4</sup>. The phrase was linked to mental illness and medical models of treatment and although, perhaps not completely shorn of these associations, the term has now come to be widely used to cover many different aspects of the mental well being of children and young people.

## Four tier approach

Use of the term has been strengthened in recent years by the increasing number of reports and guidance aiming to clarify and present over-arching models of service provision and good practice. Particularly influential was the 1995 report of the Health Advisory Service<sup>3</sup>. This laid out a multi-agency model for CAMHS which suggested that provision could be conceptualised as being provided across four tiers of service. Those providing input in tier 1 were primary professionals, such as teachers and GPs. At tier 2 input was provided by uni-professional groups of mental health professionals such as psychologists, psychiatrists, or increasingly now primary child mental health workers. Tier 3 provision involved multidisciplinary working between mental health professionals on particularly complex issues and tier 4 provision was more specialist still, including inpatient services. Whilst it is widely recognised that there have been many difficulties over the way this model has sometimes been interpreted, there is much to commend and it is certainly still in widespread use.

## Present use

It seems the term "CAMHS" has three differ-

ent meanings. Outlining these may, if nothing else, allow people to clarify with one another what meaning they are giving to the term.

Perhaps the most common and traditional use of "CAMHS" is to refer to specialist multi-disciplinary teams of mental health professionals. In some areas such teams are designated "Child and Family Consultation Services" - but their titles vary across the country. This is often the prototype conjured up in peoples' minds when the term "CAMHS" is used - a group of professionals such as psychiatry, psychology, psychotherapy, social workers etc working together, largely doing tier 3 or tier 4 work but also some tier 2. Sometimes people now prefix this use of the term "CAMHS" as: "Specialist CAMHS" or "CAMHS with a big C".

The second way the term "CAMHS" is used, is to refer to all mental health provision by dedicated professionals, those for whom such provision is the main aspect of their jobs, whether organised as part of a particular multi disciplinary team or not, and whether in the NHS or outside of it. This definition includes the prototype multi disciplinary team above but would also include other forms of service provision such as that provided by community psychology services, and interagency initiatives such as the mental health aspects of Sure Start programmes (thus including both tier 2 and 3 work). It is often unclear if this is in people's minds when "CAMHS with a big C" or "Specialist CAMHS" is referred to.

The third way "CAMHS" is used is to refer to all provision that aims to meet the mental health needs of children and young people, whether provided by dedicated mental health professionals or by a range of other workers for whom this is but one component of their work. It clearly incorporates both of the above definitions and includes tiers 1 to 4. Sometimes people refer to this as "comprehensive CAMHS" or the "CAMHS Concept".

To develop the idea of comprehensive provision we would like to see the term



"CAMHS" taken to mean all dedicated service provision that aims to meet the mental health and emotional well being needs of children and young people in a given locality. It does not imply a particular form of service organisation. It assumes all such provision in a given area will link up to be able to form a coherent, multi-professional, multi-agency strategy. Other workers, whose primary role is not mental health provision, will also have a role to play promoting the health and well being of children and will therefore need to be involved in creating a comprehensive Child and Adolescent Mental Health strategy.

**Service provision**

This use of the term in this way is in line with that suggested in *Everybody's Business*<sup>2</sup>, but stresses the fact that there is no one form of service organisation implied by the term. This would allow due acknowledgment of the wide array of innovation and development that has happened over last few years in relation to child and adolescent mental health provision. It would also mean that CAMHS do not continue to be seen as purely a NHS function. It might facilitate the recognition of the diverse service structures that have developed to meet local need. Much innovation in recent years has arisen directly out of multi disciplinary NHS teams that were traditionally designated "CAMHS" (as per definition one above).

It is important that in embracing diversity of provision, and in adopting the definition we are suggesting to accommodate it, we do not forget the need for the continued provision of specialist teams to meet the needs of children and young people with complex and severe mental health needs. In the light of recent restructuring of policy for children and the shift to a more education than health led agenda, new challenges will arise. It is important to remember there will always be a need for specialist, mainly health-led multidisciplinary teams, to meet the needs of the most disturbed children in our community.

**Clarity**

It may seem a trivial issue to be discussing at such length definitions of "CAMHS". However, at a time that an estimated one million children have mental health difficulties, many millions of pounds are being earmarked for CAMHS services, and the repeated aspiration is for genuinely joined up working, agreeing who and what is "CAMHS" is a priority.

Of course clarifications of nomenclature are not going to lessen old anxieties and tensions alone, but it may help facilitate discussions.

So, next time you find yourself referring to "CAMHS" you might like to stop for a moment and check what is in your and others' minds when using the term. Perhaps small steps like these may help us edge towards the elusive collaborations that we have sought for so long.

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**References**

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