

Transition out of CAMHS

**Moving from Child & Adolescent
Mental Services (CAMHS) into Adult
Mental Health Services (AMHS)**

August 2022

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Executive Summary

1. Healthwatch Manchester's board identified the transition from Child & Adult Mental Health Services (CAMHS) into Adult Mental Health Services (AMHS) as an area of work at the March 2021 board meeting and this issue has remained a priority.

2. An initial project commenced in June 2021, which comprised of a survey aimed at gathering the experiences of people who had gone through the transition process in recent years. However, uptake on the survey was low and consequently we could not make any firm conclusions due to the small sample size. Our board were keen for us to return to this topic and we began this piece of desk-based research earlier this year, aimed at summarising the current transition process and any issues which may arise for service users. The piece of research focused solely on the transition out of CAMHS and into the adult mental health service (AMHS).

3. Transition from CAMHS into AMHS continues to be a challenge, not only in Manchester but across the country. The number of children and young people requiring support from mental health services is growing and these numbers are expected to rise in the coming years. It is therefore important to ensure that there is a robust transition process in place for those young people who do require support from AMHS, once they reach the age of 18.

4. Challenges to the smooth transition into AMHS arises from a lack of awareness within staff of the transition protocols and the difference in culture between the two services.

5. Following the conclusion of our research, the following three recommendations were made:

- The transition protocol should be reviewed and refreshed, with any appropriate changes made. All staff who are involved in the transition process should also be fully trained on the protocol to improve their level of familiarity with it and to increase its impact across the service.
- Regular engagement work should take place with service users to gauge their level of satisfaction and to identify any areas of the service would could be improved. Healthwatch Manchester are well placed to conduct such work and we would be willing to take part in engagement projects.
- Attempts should be made to help bridge the difference in culture between CAMHS and AMHS, and continued collaborative working across the service should also be a key objective to make the transition into adult services as smooth as possible.

Recommendations

1. The transition protocol should be reviewed and refreshed, with any appropriate changes made. All staff who are involved in the transition process should also be fully trained on the protocol to improve their level of familiarity with it and to increase its impact across the service.
2. Regular engagement work should take place with service users to gauge their level of satisfaction and to identify any areas of the service would could be improved. Healthwatch Manchester are well placed to conduct such work and we would be willing to take part in engagement projects.
3. Attempts should be made to help bridge the difference in culture between CAMHS and AMHS, and continued collaborative working across the service should also be a key objective to make the transition into adult services as smooth as possible.

1. Introduction

1.1 At the March 2021 Healthwatch Board meeting, members agreed to an investigation, beginning in June 2021, speaking with former service users about their experiences of the transition from CAMHS to AMHS. However, we only received a small number of responses and therefore could not make any firm conclusions or recommendations from such a small sample size.

1.2 Our board remained keen for this area of work to be revisited, and it was decided that a piece of desk-based research into this topic would be an appropriate next step. The aim was to outline the current process of transition into AMHS and to identify any issues which impact upon the experiences of service users.

2. Background & Rationale

2.1 Child and Adolescent Mental Health Services (CAMHS) are the NHS services for children and young people who are suffering with their mental health. CAMHS offers assessment, diagnosis and treatment for those who need support with emotional, behavioural or mental health difficulties.¹

2.2 The transition into AMHS was an area of work identified at the Healthwatch Manchester board meeting in March 2021. This was linked to the growing concern, both locally and nationally, about the impact of COVID-19 on the mental health of young people, and on anecdotal evidence which we had received from Manchester residents.

3. Methodology

3.1 Work commenced on this piece of work in April 2022 and was completed in June 2022 by our staff team.

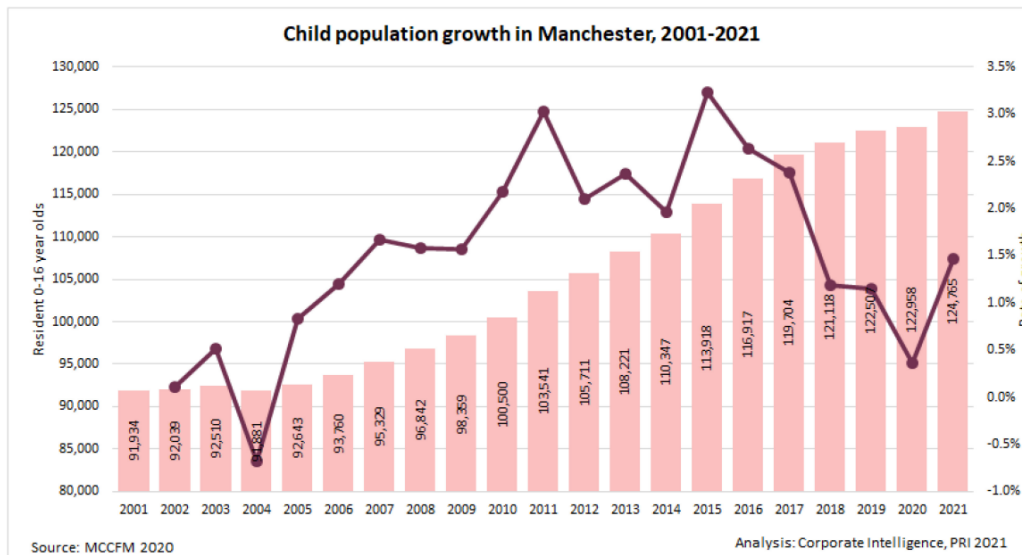
3.2 This project is comprised of both information gathered from desk-based research and the findings from our survey with previous service users, which can be viewed [here](#).

4. Key Findings

4.1 The population of Manchester has grown considerably in recent years and the number of children and young people aged 0-16 has increased from 91,000 in 2001 to 124,000 in 2021 (see the table below).²

¹ NHS Manchester Foundation Trust, *Child and Adolescent Mental Health Service*, <https://mft.nhs.uk/rmch/services/camhs/>

² Manchester City Council, *Children in Manchester*, November 2021, file:///C:/Users/neilw/Downloads/2021_Profile_of_children_in_Manchester.pdf



Along with the increased population, there has also been an increased demand for the services which CAMHS provides. In 2016, Manchester CAMHS received 7540 referrals (6364 being accepted) whilst in 2019 the service received 10597 referrals (8761 being accepted), which amounts to an increase of 15%.³

Other figures also highlight the increased demand being applied on the service, with the number of young people nationally identifying as having a mental health problem rising from 11% in 2017 to 17% in 2021.⁴

This increasing demand will inevitably lead to a higher number of people in the coming years requiring transition into the adult services.

4.2 When a young person reaches the age of 18 they are no longer able to continue accessing CAMHS and there is no guarantee that they will be accepted into AMHS. Young people who are leaving CAMHS will either:

- (a) be referred to Adult Mental Health Services for an assessment
- (b) be directed to other adult support services
- (c) be discharged⁵

4.3 We were unable to find a precise figure for the number of CAMHS service users in Manchester who successfully transitioned through to AMHS. A review of databases relating to the transition into AMHS, published on the website of the Association for Child and Adolescent Mental Health found that only 25% of young people were transitioned to AMHS, another 25% stayed in CAMHS even after reaching the maximum age, with no records being

³ Manchester Health & Care Commissioning, *Manchester Child and Adolescent Mental Health and Wellbeing Transformation Plan 2015-2020*, <https://www.mhcc.nhs.uk/wp-content/uploads/2020/09/CAMHS-Transformation-Plan-Manchester-2020-refresh-1.pdf>

⁴ Young Minds, *Mental Health Statistics*, <https://www.youngminds.org.uk/about-us/media-centre/mental-health-statistics/>

⁵ Mind, *Moving from child to adult mental health services*, <https://www.mind.org.uk/information-support/for-children-and-young-people/moving-to-adult-services/>

available for what happened to the remaining 50%.⁶ It should be noted that these figures do not relate specifically to Manchester.

4.4 In order to help with the transition process, Manchester Foundation Trust have published a strategy titled 'Transition of Care for Young People' which sets out nine objectives it aims to meet when supporting a young person through the transition into adult services, including from CAMHS to AMHS. These nine objectives are summarised as:

- Every young person who is able to participate in decision making will be involved in discussions and make informed decisions about their own care
- There will be a named worker to support the transfer to adult health services
- Every young person moving/transferring across care settings will have a documented transition plan
- Every young person moving/transferring across care settings will have support and advice to prepare them and their families for the transition
- All services will be inclusive and responsive to the needs of young people and their families
- Responsibility for funding will be agreed early in the transition process and clearly communicated to the young person and their family
- All staff involved in transition and transfer of care will have training and support to enable them to care for young people and manage transition of care effectively
- The organisation will have up to date guidance that supports a young person friendly transition service
- The organisation will work closely with primary care colleagues to ensure the transition process is inclusive and efficient⁷

4.5 As referenced earlier in this report, in June 2022 we began a piece of work surveying former service users about their experiences of transitioning into AMHS. This feedback can be viewed [here](#). The comments below are a summary of those which we received relating specifically to the transition process:

- "I was just dropped. If I needed help I was to go to A&E"
- "Not good. I found it difficult to attend a couple of appointments when I reached 18 because I struggle with anxiety and they said they could not see me"
- "Very bad. CAMHS just wait until you're nearing 16 so they can get rid."
- "I was discharged from this service and referred to Early Intervention Team due to being 18. My experience was atrocious...I felt like I was lost, not important..."
- "Not great, poor communication between teams."

4.6 Locally, a number of key areas have been identified as possible reasons for the less than ideal transition process. In a document titled '*Manchester Child and Adolescent Mental Health and Wellbeing Transformation Plan 2015-2020*', Manchester Health & Care Commissioning (MHCC) states:

'Transition from CAMHS into adult mental health services has been an ongoing issue for Manchester for a number of years...and the culture of both services is not compatible. There

⁶ The Association for Child and Adolescent Mental Health, *Falling through the gap between CAMHS and AMHS*, Becky Appleton, October 2019, <https://www.acamh.org/blog/falling-through-the-gap-between-camhs-and-amhs/>

⁷ Manchester Foundation Trust, *Transition of Care for Young People Strategy*, <https://mft.nhs.uk/app/uploads/2020/10/Transition-of-Care-Strategy.pdf>

has been a transition protocol in place for many years but this appears to have made little impact and many practitioners are not aware of its existence.’⁸

That many practitioners were unaware of the existence of the transition protocol is particularly striking, as is the difference in the ‘culture’ between both services, which would not make the transition a smooth one.

4.7 More broadly, research suggests that one reason for service users experiencing a difficult transition are the ‘differences in care philosophies’ of the two services, with CAMHS providing a more nurturing approach.⁹ This is a possible explanation for the comments referenced above relating to the different culture of the services locally.

4.8 Concern has also been raised about the high threshold for access to AMHS, resulting in young people who require support, albeit not for a severe condition, being unable to access the treatment they need.¹⁰

5. How could these issues be resolved?

5.1 The transition protocol needs to be reviewed and refreshed with any appropriate changes. All staff who are involved in the transition process, including those in social prescribing, need to be made aware of the protocol and given the necessary training to help with its implementation. This could be done through workshop sessions or online webinar training.

5.2 The Manchester Child and Adolescent Mental Health and Wellbeing Transformation Plan 2015-2020 (2019/20 refresh) states that a new group was being organised to discuss transition referrals and to decide if they were appropriate to refer through to the adult service.¹¹ A collaborative approach, which has been identified above in the objectives set out in the MFT strategy, is a positive step in ensuring that those young people who meet the threshold for transition to AMHS are.

5.3 Regular engagement should be done with the young people to gather their thoughts and to subsequently adjust the service where necessary and appropriate. Healthwatch Manchester are well positioned to conduct such engagement work and we would be happy to offer our assistance.

5.4 Emphasis needs to be placed on building resilience in young people so that they are equipped with the tools they need to deal with the transition into the adult service. The service also needs to be flexible to deal with the individual needs of each young person, as they will be experiencing their own unique circumstances.

⁸ Manchester Health & Care Commissioning, *Manchester Child and Adolescent Mental Health and Wellbeing Transformation Plan 2015-2020*, <https://www.mhcc.nhs.uk/wp-content/uploads/2019/03/CAMHS-Transformation-Plan-Manchester-2019-refresh-v7.1.pdf>

⁹ The Association for Child and Adolescent Mental Health, *Falling through the gap between CAMHS and AMHS*, Becky Appleton, October 2019, <https://www.acamh.org/blog/falling-through-the-gap-between-camhs-and-amhs/>

¹⁰ Mental Health Today, *Transitioning from CAMHS to AMHS: is policy maturing?*, February 2019, Philip Marzouk, <https://www.mentalhealthtoday.co.uk/innovations/transitioning-from-camhs-to-amhs-is-policy-maturing>

¹¹ Manchester Health & Care Commissioning, *Manchester Child and Adolescent Mental Health and Wellbeing Transformation Plan 2015-2020*, <https://www.mhcc.nhs.uk/wp-content/uploads/2019/03/CAMHS-Transformation-Plan-Manchester-2019-refresh-v7.1.pdf>

5.5 At Healthwatch Manchester we are keen to continue our work in this area and we will be bringing this matter to our board, who will help to set our focus for future projects.

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