

Editorial: Values based child and adolescent mental health systems

There are significant concerns, in countries around the world, about the mental health of children and young people and their access to appropriate services (Kutcher, McLuckie, & for the Child and Youth Advisory Committee, Mental Health Commission of Canada, 2010; Mental Health Commission, 2012; Paula, Lauridsen-Ribeiro, Wissow, Bordin, & Evans-Lacko, 2012; Wolfe & McKee, 2013; Department of Health, 2015). Common themes include: difficulties in accessing services, especially for some vulnerable groups, levels of resourcing, waiting times and training and staffing levels, although there are variations in emphasis.

At the same time, there is a growing understanding that the mental health and well-being of children and young people needs to be understood in the context of a whole system, with a focus on early intervention. This system includes children and young people, their families and carers, primary care, schools and education, service providers and managers, commissioners and insurers (see New Zealand Mental Health Commission, 2013). When these many individuals and agencies come together to help children and young people, the interaction between the values of the different members of the system will influence its functioning and effectiveness (Davidson, 2011).

What are values?

Values have been defined as anything which is positively or negatively weighted as a guide to action (e.g. needs, wishes and preferences) (<http://valuesbasedpractice.org/more-about-vbp/resources-2/>). In every day parlance, they can be described as *what really matters* to people. Values based practice was seen as a core part of evidence based medicine as it was originally conceived by Sackett, Rosenberg, Muir-Gray, Haynes, and Richards (1996). The importance of taking patients' values into consideration with respect to informed consent, has been enshrined in English law as a result of the Montgomery judgement (Supreme Court, 2015).

Values and child and adolescent mental health systems

Explicit consideration of values has formed part of a number of reviews of [child and adolescent mental health systems] across the world. For example, Blueprint II (New Zealand Mental Health Commission, 2013) incorporates the rights of the Maori people, *tangata whenua*, and promotes concepts of people-centred and people-directed recovery and resiliency. The principles, or values, underlying the report are: (a) future focus, protecting gains; (b) equity; (c) holistic and whole system (mental health and well-being critical to well functioning and productive society); (d) well-being (strengthen focus on prevention, promotion and early intervention); (e)

accountability and evidence; and (f) productivity and sustainability (improve performance of the sector to ensure value for money).

Evergreen (Kutcher, McLuckie, & for the Child and Youth Advisory Committee, Mental Health Commission of Canada, 2010) contains a comparable values framework for thinking about the CAMH system in Canada: (a) Human Rights; (b) Dignity, Respect and Diversity; (c) Best Available Evidence; (d) Choice, Opportunity and Responsibility; (e) Collaboration, Continuity and Community; and (f) Access to Information, Programs and Services.

With funding from the Dinwoodie Settlement, the Royal College of Psychiatry Faculty of Child and Adolescent Psychiatry and Young Minds we undertook three pieces of work: a systematic review of values and CAMHS; a piece of qualitative research exploring the values of different stakeholders within the CAMH system in two areas of England; and, with the involvement of a wide range of stakeholders, convened a commission (the Values Based CAMH System Commission) to explore the role of values based practice in all parts of the UK system. The qualitative research is not only due to be submitted for publication (Whitaker et al., pending submission) and highlights common values, but also differences, particularly in the role of mental health diagnosis in determining access to services.

In our review of the UK qualitative literature between 2010 and 2015 (Whitaker, Hindley, & Fulford, unpublished), we examined what was important to people in regard to CAMHS and identified the following themes:

Children and young people wanted:

Services that are accessible

- This included services being “young-person centred”
- Importance of tackling stigma surrounding mental health: this is a barrier to accessing help

Good relationships with clinicians

- Relationship and collaboration with a clinician who is approachable, competent, non-judgemental and a “good match” for the child or young person
- Continuity of care

Good communication

- Including provision of information and not repeatedly being asked the same questions

Services that respect children and young people's autonomy and treat them as individuals

- Confidentiality
- Treatments promoting self-reliance and a more adult approach for older teenagers
- Children and young people being involved in their own treatment

Services that take into account what is important in children and young people's lives

- A holistic approach where problems are not inappropriately “medicalised”
- Treatment goals that take into consideration school, plans for the future and relationships with peers
- For young people on inpatient wards, maintaining links with everyday life
- Good transitions to other services

Parents and carers described similar values; they wanted:

Services that are accessible

- Stigma: parents and carers also discussed the impact of stigma and fears of being judged

Good relationships with clinicians

- Trusting relationships with accessible clinicians

Good communication

- Provision of information
- Not being asked to give same information repeatedly

Services that respect and involve parents

- Non-judgemental attitude
- Support and advice for parents
- Time to talk to professionals
- Confidentiality

Services that take into account what is important in children and young people's lives

- Good communication between different services
- Goals to take into consideration school and family relationships

Expertise and understanding

- Specialist expertise for children and young people with ASD

Themes were less clear for CAMHS professionals and referrers due to a relative lack of data. However, the commission's work (www.rcpsych.ac.uk/pdf/Value-s-based%20full%20report.pdf) involved much wider consideration of what is important to different stakeholders in the United Kingdom regarding the mental health and well-being of children and young people. We identified:

- a need for a common language for all agencies when discussing mental health
- the role of schools is key and appropriate funding and training is therefore required
- the central importance of coproduction with children and young people and carers.

The shared values underlying what stakeholders wanted and the commission's vision were:

- **Equal partnership**

We value children, young people and parents as partners with an equal voice.

- **Empowerment**

We value empowering children and young people to understand their mental health as a critical contribution to their health and well-being.

- **Workforce**

We value the workforce who are providing the services, care and support.

- **Whole system**

We value working together across sectors, recognising that we all have responsibility for the mental health of children and young people.

- **Leadership**

We value leadership at all levels, including system leadership.

- **Long-term relationships**

We value the power of long-term relationships as a critical factor in promoting and supporting children and young people's mental health.

The report's recommendations include the development of values based networks to facilitate the process of embedding these values.

Conclusions

Around the world, legal, social and political changes are bringing to the fore the importance of the values of stakeholders within the CAMH system. Values based practice, an essential component of evidence based practice, offers an established framework with which to consider the inevitable tensions that emerge when these values are brought to the surface. Making sense of these tensions is essential to build genuinely transformational services with the needs and wishes of children and young people and their parents and carers at the centre.

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