

National Workforce Programme **Child and Adolescent Mental Health**

Specific interventions from key priorities for implementation

This document is an attempt to provide an overview of the skills and knowledge required to implement the main NICE guidance relating to CAMHS. There now are nine published clinical guidelines we have judged to have direct relevance to CAMHS, with two more in development, as well as three published technology appraisals, three sets of published public health guidance and a further one in development. In addition there are aspects of guidance not included in our summaries that CAMHS clinicians will need to refer to in specific cases.

Our aim in trying to summarise these important documents was to provide some assistance to busy clinicians, helping to locate relevant guidance quickly (see the *Quick Guide*) and summarising the main aspects for implementation as a way of supporting workforce planning in respect of skill mix, education and training.

The sheer volume of information contained in the NICE source documents is enormous and inevitably we have lost much detail in shrinking it to a manageable level by way of summaries and overview. The support and assistance we offer is of course not a substitute for reading the guidance itself.

Please also take note of the dates on our documents. We will do our best to keep them up to date as new guidance is published.

If you have any feedback on our efforts to summarise and tabulate the NICE guidance relating to CAMHS, we would welcome a phone call or email discussion.

Contact

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SUMMARY OF NICE GUIDELINES RELATING TO COMMON DISORDERS IN CAMHS (at September 2008)

Guidance/guidelines: Specific interventions from key priorities for implementation

Assessment	Bi polar disorder	Depression	Eating Disorders (see also atypical)		OCD/BDD	Self Harm	ADHD	
			Anorexia	Bulimia			Parent	Child
	Focus on diagnosis and medical intervention	All tiers CAMHS			Specialist team	ED paediatric staff ,CAMH risk assessment	Diagnosis by DSM-IV or ICD-10 (hyperkinetic disorder)+ at least moderate psychological, social and/or educational or occupational impairment + be pervasive	
Intervention								
Mild	Medical intervention after excluding conduct disorder	Guided self help, Group CBT, Individual non directive supportive therapy	Growth & development monitoring, Family interventions, Physical health monitoring, Individual CAT, CBT	CBT-BN, Family intervention: advice, behaviour management, communication	Guided self help	Consultation, Needs assessment, Risk assessment	Parent training/education programme as the first-line treatment	Behavioural interventions in the classroom
Recommended treatment time	N/S	8-12 weeks	N/S	N/S	N/S	N/S	N/S	N/S
Moderate	Focused family intervention to include: psycho education, mood monitoring of early warning signs, coping strategies	1st: Psychological therapies e.g. Interpersonal therapy, CBT, Short term family intervention. 2nd: + anti depressant therapy	Interpersonal psychotherapy, Focal psychodynamic psychotherapy		CBT/ERP, Family Intervention, MDT review	Developmental group psychotherapy, Advice and support for carers	Group parent training/ education programme, on its own or with group treatment programme + CBTand/or social skills training) for the child or young person
Recommended treatment time	N/S	3 months + Weekly review minimum 4	N/S	N/S	12 weeks	N/S	N/S	N/S
Severe	As above, Annual physical health check, Promotion of healthy life style	Alternative psychological therapy, Individual CBT, Family Therapy Systemic Family therapy, Individual psychotherapy	In patient care to include carers	In patient care for suicidality management	As above +SSRI or clomipramine		Group-based parent training/education	Drug treatment as the first-line treatment.
Recommended treatment time	16 sessions 6-9 mths	N/S	Minimum 6 months	16-20 sessions 4-5 mths	N/S	See within 24 hours	N/S	As long as effective (drug treatment)
Profession	Tier 3 and above	Any trained CAMH professional, Prescribing Doctor	Health care professional	As for Anorexia	Any	Specialist CAMHS	Diagnosis by specialist psychiatrist, paediatrician or other healthcareprofessional trained in diagnosis of ADHD.	
Recommended review times	2-5 years minimum Tier 3	Regular review for 12 months; 24 months if recurrent depression	N/S	N/S	6 months after remission therapy and SSRI	N/S		Frequent monitoring for side effects of drug treatment

SUMMARY OF NICE TECHNOLOGY APPRAISALS RELATING TO COMMON DISORDERS IN CAMHS (at September 2008)

Technology appraisal: Specific interventions from key priorities for implementation

	Conduct Disorders - only for children aged 12 or under, or with a developmental age of 12 or under	
	Parent	Child
Assessment		
Intervention	Group based training/education Family therapy	
Mild		
Recommended treatment time	8-12 sessions(6-12 people)	
Moderate	Group based training/ed structured programme based on social learning including role play	Behaviour therapy Cognitive therapy Psychotherapy Social skills training Play therapy Music/art therapy Occupational therapy
Recommended treatment time	8-12 sessions(6-12 people)	
Severe	As above Individual family training/education	
Recommended treatment time	8-12 sessions(6-12 people)	
Profession	Any skilled trained professional	Specialist in behavioural disorders
Recommended review times	Not specified	Not specified
Tools	Child behaviour check list Adlerian principles Parent effectiveness training	

Note Technology Appraisal 98 on ADHD has been replaced by a full guideline, September 2008