



The Association
for Child and Adolescent
Mental Health



‘Co-owners of Change’

CAMHS Transformation Clinical
Champions Project report

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YOUNGMiNDS

Foreword

In Victorian England children were “seen but not heard.” In Contemporary England they have become “visible with a voice”, in our future Digital England it is time to ensure that they are “partners that participate”. Never before has the voice of young people been so important..... 1 in 10 young people have a diagnosable mental health condition.... that’s roughly 3 young people in every classroom in England..... but only a quarter of these young people are able to access treatment.

Future In Mind, published in 2015 and supported by The 5 year Forward View for Mental Health, 2016, provides us with an excellent blueprint to connect the disconnected system and redesign our mental health and emotional wellbeing offer to young people & families through local transformation plans (LTPs) across each clinical commissioning group area in the country. Supported by additional government investment, we must shift away from a tiered model of care to one where the whole system can meet the needs of the whole person and the whole family. We need an emphasis on building resilient communities by utilising the assets within them and the milieu of the young person, to develop a truly integrated service offer, close to home. To achieve this the whole system must come together, work together and stay together. A system where a shared language is developed to achieve our common goal of improved emotional health for young people. It is important to recognise the vital role of our clinical leaders with experience and expertise in care and treatment of mental health conditions. Moving forward, we must encourage a culture of whole system contribution to the local transformation plans.

This ‘Co-owners of Change: CAMHS Transformation Clinical Champions project report’ provides an important first consultation with clinicians across the country following Future in Mind and the submission of LTPs. Funded by HEE, it highlights the importance of clinical engagement and, crucially, co-development of the LTPs to harness this expertise. In addition, research demonstrates that better clinical engagement means improved service quality, safety and outcomes for young people. We continue to support the importance of shared decision making with our patients in treatment and we must now support shared decision making with our clinicians in developing and delivering care. This will place value in the clinical voice alongside the skills and knowledge of our commissioners, and the views of young people & families.

This country pioneered the industrial revolution. Is it not time for a mental health revolution? A pathway from prevention to prescription. Where better to begin than with our children and young people. They are one third of our population, but all of our future.

Dr Sandeep Ranote *FRCPsych*
CAMHS lead – Greater Manchester Strategic Clinical Networks
& GM Health & Social Care Partnership



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Executive Summary

The CAMHS Transformation Champions project was funded by Health Education England and delivered by a partnership of the Association for Child and Adolescent Mental Health (ACAMH), YoungMinds and MindEd during 2016 and early 2017.

The aim of the project was to deliver face to face and online learning to support and enable long term CAMHS transformation across England. This was done through working with Communities of Learning and Practice which included parents, young people and professionals to first explore the potential of the role and the priorities for focus. Following this, a two-day training course was delivered to 144 'CAMHS Transformation Champions' from across the country which covered aspects of transformation and whole system change, and identified areas for system leadership and how champions might work effectively to support transformation. Finally, the project produced six MindEd learning modules to cascade training to all CAMHS staff.

Participants for the two-day training were mainly senior clinicians (largely psychiatrists and clinical psychologists) and CAMHS managers. The idea of a recognised 'Transformation Clinical Champion' role was overwhelmingly supported throughout the project, including by young people and parents, as the contribution of clinical leadership was felt to be extremely important, and a crucial perspective to bring to any discussion about priorities and change. As one clinician wrote;

'We need to own the change – shift our own perspective to co-owners rather than 'victims' of change being imposed upon us.'

It was clear throughout the project that clinical leads and CAMHS managers felt they had poor access and little support to influence local Transformation planning. There were rich and passionate discussions about what clinical leadership could bring to enhance not only plans but the realities of embedding and sustaining change – particularly within clinical practice and service models where 'traditional models' and culture were recognised as the trickier yet critical issues to tackle. In relation to enhancing the quality of CAMHS services many staff felt frustrated and generally disempowered.

Some participants had a formal responsibility, on top of the 'day job', to be a lead for 'Transformation' within their Trust. Others had no such 'official' role and were looking for recognition and support for the development of such. Overall there was unanimous support for more opportunities to network with other change leaders and to share good practice both locally and nationally. Any existing networks are not being utilised as clinicians feel they are not 'safe' spaces to share and many do not have protected time to attend.

A national network of 'Transformation Champions' would mean that there was a forum for clinicians to hear examples of good practice, look at case studies of innovative practice, creatively problem solve and discuss ways to take things forward within their own area.

Clinicians asked during the workshops that this report make the case for more support to empower them and promote their part in bringing about the transformation of children and young people's mental health across the system, and particularly within community CAMHS.

Summary of the main points arising from the project;

Some serious barriers to CAMHS transformation were identified by participants throughout the project and for which clinical engagement would be helpful in challenging – particularly in relation to traditional service models; in-service hierarchies and clashes between clinical groups; lack of opportunity for clinicians to innovate, co-design, and co-produce solutions.

There is enormous enthusiasm and willingness amongst lead clinicians to participate in local transformation alongside other system leaders however providers and commissioners have very differing levels of commitment to involving clinical leads in local transformation. Participants requested national and regional support for the role of Clinical CAMHS Transformation Champion.

Concerns were expressed by all participants about the current state of CAMHS such as pressure around waiting times, internal cuts to CAMHS budgets, loss of autonomy in practice, problems with filling posts and an overreliance on agency staff.

Lack of a clear steer and national standard for 'what good looks like' or what constitutes a 'normal' CAMHS team. At the same time, some participants expressed '**Transformation fatigue**' feeling they were constantly being expected to change services with very little resource and a lack of clear direction.

Clinicians would like more opportunity to network, share practice, gain confidence and reflect on how they can effectively contribute to local system and in-service transformation. This could be **even more powerful if combined with closer networking/relationships with commissioners** (worryingly some clinicians told us their Trust does not allow them to discuss anything with commissioners and they are given no opportunity to participate in local transformation).

Commissioners should be helped to challenge Trusts about the participation of clinicians in local transformation – commissioners and clinical leads would benefit from, for example; 'questions to ask', models for participation, and examples of effective practice (which this project could contribute intelligence to).



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CAMHS Transformation Clinical Champions Project report

This report presents information and intelligence gathered as part of a partnership project between the Association for Child and Adolescent Mental Health (ACAMH), YoungMinds and MindEd which was funded by Health Education England.

1. Project Overview

1.1. Project scope

To deliver face to face and online learning to support and enable long term CAMHS transformation across the UK.

Specifically, to identify and train CAMHS Transformation Champions and establish Communities of Learning and Practice to support the wider CAMHS transformation agenda and thus improve the delivery of services, and outcomes, for the mental health and well-being of children and young people across the UK.

1.2. Role of a Transformation Champion

A CAMHS Transformation Champion is a member of senior clinical staff who will support their local CAMHS teams to transform by;

- promoting the education of clinical staff about, and in support of, transformation;
- facilitating and championing participation of children, families in design and delivery of services;
- working with commissioners and managers to inform and deliver local transformation plans.

1.3. Project Deliverables:

- **Three one-day training events, termed Communities of Learning and Practice (COLPs),** in Newcastle, Manchester and London in October 2016. Parents, young people, CAMHS professionals and commissioners came together and identified priorities from a 'cross system' perspective for the successful implementation of local Transformation. This informed the priorities for training programme for the CAMHS Transformation Champions.
- **Two, two-day Transformation Champion training events** in Leeds and London in November 2016;
 - Day 1 (led by YoungMinds) covered the importance of transformation, *Future in Mind* overview, national funding landscape, CAMHS within the wider children & young people's system, commissioning, leadership and participation of young people and parents. The day was shaped by the insight gathered from the COLPs.
 - Day 2 (led by ACAMH) explained the new CAMHS training resources; clinical topics, routine outcomes measures, evidence based practice, available resources and how to use the learning resources to support the education of new starters or returners to work in CAMHS. CAMHS local transformation training champions will return to their teams to support transformation.
- **Follow up days,** in Newcastle and London, in February 2017, to feedback to those who attended the events, on what was done with the insight, the training and information that they gave us.
- **Six e-learning sessions, implemented within the MindEd e-learning platform.** These training packs will be used by Champions (with on-line guidance) to cascade knowledge and training to local staff. The subject matter was guided by the COLPs and the priorities of '*Future In Mind*'. They provide local champions and other trainers with a resource that enables them to train local staff in the latest theory and practice related to CAMHS, with a particular emphasis on frontline staff making use of the excellent existing MindEd and Disability Matters libraries. The project also commissioned around 20 PowerPoint slide packs, to be added to MindEd and Disability Matters e-learning sessions, to enable local teams to present these sessions as face to face learning events.

2. Overview of events and findings

2.1. Communities of Learning and Practice (CoLP)

CoLP invitations were circulated through a variety of channels and were open to representatives from across the children & young people's mental health system.

76 Attendees included a broad mix of young people, parents, CAMHS clinicians and managers, health professionals including GPs and commissioners, third sector workforce, children's services/local authority, schools and education sector, foster carers and private practice:
- Newcastle (15), London (21), Manchester (40)

Method; Workshop discussions and exercises were based on sharing experience, insight and practice from across the system. Groups explored the parameters of the children's system, roles and responsibilities within it, and enablers and challenges to its improvement. They then identified priorities for where change is most important to achieving overall system improvement and ranked the top three in groups (see below priorities).

The delegates also explored the role of a 'Transformation Champion' drawn from the CAMHS clinical workforce and how this might support change. We discussed what level of influence

the role could have, what priorities participants would want them to focus on and what type of qualities and skills the Transformation Champion would need to be effective.

The priorities for transformation within the children and young people's mental health system identified were:

- **Early intervention, prevention and education;** a focus on early years, looking at trauma and adverse childhood experiences, the importance of schools being supported in their capability to provide support and reduce stigma.
- **Training and workforce development** around mental health and resilience; initial teacher training and training for all of the people who make up the children's system.
- **Multiagency working** and the importance of joining resources, building relationships at every level, and learning from other professionals.
- **Communication and transparency** across services and to young people, linking across agencies, and better information sharing. Communication about roles and responsibilities regarding children and young people's care and who is best placed within the system to deliver that care.
- **Person centred care;** flexibility of pathways, child/young person centred practice and young people always having a choice. The importance of being able to step up and down care for young people.
- **Staff wellbeing;** The groups felt

that this is overlooked within the system and all professionals working with young people need adequate support and supervision.

- **Access;** timely access to the right kind of services. A focus on vulnerable groups and those not accessing help. Access to commissioners and the commissioning process, including priority setting – many felt this was a 'closed process'.
- **Knowledge;** up to date and integrated knowledge locally. Mapping services, and other resources, in a shifting landscape. Acknowledging and utilising broader experience and expertise across the system.
- **Harness technology** to make information available for networking and support and allow young people to access support in a way that works for them – Skype, e mail, online counselling etc.
- **Participation and co-production;** Importance of young people's voice in decision making and designing services and individual care. Use outcomes for commissioning and for measurement that are designed by young people.

2.2. Transformation Champion Training

Invitations were sent initially via CCGs and then were sent out via ACAMH and YoungMinds contact lists.

*144 attendees: - Leeds (64)
and London (80).*

Participants were mostly senior CAMHS clinicians (mainly psychologists and psychiatrists), some CAMHS managers (often with dual practice role), participation workers and one CCG commissioner at each session. Some participants had a formal role as a 'transformation lead' on top of the 'day job' particularly the CAMHS managers and some lead clinicians.

Method: Day one of the training was led by YoungMinds and focused on the transformation process; sharing progress so far, what people were doing locally, examples of good practice and reflecting on the CoLP identified priorities for transformation and champions. Day two of the training was led by ACAMH and focused on how to use the training materials that have been developed as part of the project.

Key recurring themes during discussions;

- **Enthusiasm and passion for the potential impact of clinical leads empowered to influence transformation alongside other system leaders** i.e. challenging current practice and culture, inspiring innovation and supporting and sustaining change.
 - **Frustration about the lack of engagement and involvement in local transformation so far** and some either non-existent or, where they do exist, difficult relationships with Trust corporate leads and local commissioners.
 - **Concerns about the current state of CAMHS and the working conditions for many clinicians** e.g. pressure around waiting times, internal cuts to CAMHS budgets, loss of autonomy in practice, problems with filling posts and an overreliance on agency staff.
 - **Lack of a clear steer and national standard for 'what good looks like'** or what constitutes a 'normal' CAMHS team. This extended to lack of clarity about the role of clinical leads in relation to transformation and the fact that some Trusts were not 'allowing' clinicians to participate in planning even if commissioners want their engagement. Participation varies widely.
 - **Tensions within trusts** and differing ideas and approaches amongst clinical staff/managers/disciplines on how services should be run and monitored; and the negative impact of traditional culture of the 'medical model' and the hierarchies of disciplines.
 - **'Transformation fatigue'** – some participants felt they were constantly being expected to change services with very little resource.
 - **Sharing of good practice** - which was much welcomed – many reflected that they had little time or opportunity for sharing and learning and welcomed the opportunity.
- One of the main sections of the training days was asking the clinicians present what they felt they could influence in the role of a 'Transformation Champion'. The answers were comprehensive and varied and showed that the will to lead transformation locally is very strong.

Influence of a Transformation Champion

Building relationships and strengthening the whole system;

- By building relationships with local commissioners to help make the process more transparent for team members. To help frontline practitioners be aware of the wider commissioning context.
- Shadowing and communicating through joint work rather than emails or documents
- Involving all stakeholders across online/multi-medical platforms
- Involving members of teams with good relationships with schools etc. to include role with regard to influencing change
- Knowing the limitations of what can change. Making transformation sustainable and realistic
- Use of work-streams and 'transformation workshops'
- Shared vision between all those involved (language) acknowledging everyone

Improving practice in CAMHS;

- Have a clear vision of what CAMHS should be; 'future in mind'. Hold on to that direction and continue to put suggestions forward that support that direction of change.
- Begin the dialogue within own teams to understand the barriers to change and help teams to overcome them and feel fully a part of the local transformation process.
- Ensure that there is a real and tangible focus on patient experience and ensure that the voices of young people and their parents are feeding in to all elements of service design and delivery.
- Identifying people within teams who will take on the mandate for changing further.
- Having children's' and parents' groups
- Rota for clinician involvement in service user participation
- Community based drop-ins (evening)
- Performance related outcomes – 'quality' meaningful outcomes for patients and families
- Need for understanding, using both the language of quantity with the quality one (managers VS clinicians)

Developing a better-informed system

- Lead conversations with external agencies and partners about working together more effectively and to communicate what CAMHS is about, what their role is and what support they can and can't offer.

- More robust signposting and community, universal support.
- Acknowledging and celebrating and sharing the positive changes that have already been made e.g. things young people say – high satisfaction levels.
- Providing training sessions to teachers focussing on 'normal' adolescent behaviour moving away from medicalizing difficulties and also training all members of the wider CAMHS team

Key enablers – what would help clinical champions deliver the above;

- A dedicated transformation lead with protected time.
- Support in planning clinical work around multiagency working and leading change.
- Time and support to work with, and challenge, teams and individuals internally; to target and reduce resistance amongst colleagues e.g. those disillusioned or tired of changes, concerned for their jobs, fearful for their professional status etc.
- Support to measure success and outcomes of such a role to justify the time spent away from clinical work.

Finally, we asked participants to come up with a set of priorities for *Clinical Transformation Champions* – bearing in mind the priorities identified in the CoLPs. Each group was asked to identify their priorities and these were then ranked in order of importance by the whole group.

List of priorities for Transformation Champions (in priority order)

1. Monthly network meetings with all services to keep up to date with what is available, what work is going on in the area, to share good practice and to problem solve. To create a shared vision and build multiagency working relationships.
2. To ensure that education and training on mental health are offered to all professionals involved with the child, the child themselves and their parents.
3. A drive for recurrent, long term funding to create long term planning and sustainability.
4. Working towards flexibility in how services can be provided and how support is personalised and that the young person must lead this.
5. CAMHS services need to be more visible to the community to build up trust for example in schools, youth groups and where the young people are within the community.
6. Staff in CAMHS need to feel supported and able to provide the best service they can without an overwhelming focus on budgets and funding which gets in the way of good practice.
7. Create clear information to share with parents / carers to support their understanding of needs and allow them to feel comfortable and confident enough to support their children.

2.3. Follow up workshops

Participants from both the Communities of Learning and Practice and the Transformation Champion training sessions were invited to a follow up day. Throughout the project, participants had stated a preference for coming back together from the different events to share insight directly and hear feedback from each respective group.

67 attendees came together at two events; Newcastle (16) and London (51).

These days were an opportunity for Transformation Champions to share what they had done since attending the training and to meet some of the people from the CoLPs whose insight and experience had informed the training. We used an audit tool to ask all delegates to give us a sense of transformation in their area, what the challenges have been and what opportunities they had identified for taking it forward.

At the follow up day in London Anne O’Herlihy, Children and Young People’s Mental Health Project Manager from NHS England, joined the group for the morning session. She gave an update on the national picture of transformation and stayed to answer the groups’ questions. Many of the questions were around ‘What should a CAMHS team look like?’ in the absence of a national standard service model.

Building on the previous workshops’ focus on change processes and the conditions needed for change, we asked the delegates to reflect on

how change is happening in their service and in their locality using a ‘transformation audit’ tool.

Summary findings from participants’ ‘transformation audit’

The audit asks participants to look at each of the change criteria and describe; how well their service is doing, how well supported they are to achieve each point and what actions could be taken to improve any issues with transformation.

Having a shared vision for the future

- General consensus; staff feel stretched and the focus is on costs and budgets rather than on working together to have a coherent vision for the future.
- There was feeling that transformation is something that is being done to CAMHS teams rather than something that they are leading themselves.
- Staff feel that the goal posts keep being moved, and no one is quite sure what exactly it is they are supposed to be transforming in to as there is no time to pause, reflect and evaluate changes that are being made.
- Most staff felt that within their own CAMHS teams they had agreement on a shared vision and what works but this is often at odds with the vision of commissioners and other key stakeholders.
- Some areas have held pathway development events where they have been given time and space to share a vision and these events were very positive experiences for those present.

Open communication with all staff to set priorities, identify barriers and generate ideas

- Conversations are more focused on business targets and budgets rather than quality for children and young people.
- Some felt that ideas are discussed within teams but when ideas are passed on their feedback is not accepted or acted upon.
- The majority felt that most decisions are made regarding transformation and service design without directly consulting them.
- In areas where good practice was identified staff were consulted and were not moved from project to project, in order to maintain the resource and keep continuity.
- Good practice was highlighted in trusts where staff have different ways to feedback and offer suggestions including focus groups, reflective groups and anonymous online tools for highlighting concerns.
- A number of staff felt that while there was good levels of communication within teams, communication with trusts, commissioners and other stakeholders was often not easy and there were few processes to facilitate what can be difficult interactions and differing views.

Engaging young people and parents in a meaningful way

- This is an area where staff felt more confident and had a number of good practice examples of where this was embedded into services.
- Many services routinely carry out participation surveys and have various mechanisms for young people's voice such as student councils, young people congress, young people governing body and peer mentoring.
- Many stated that young people are involved in recruitment and selection and some in training.
- There were some concerns that while consultation and participation was done regularly the decision-making influence of this was minimal; activity was sometimes tokenistic in terms of real influence.
- It was highlighted that outside organisations and the creative sector can be very beneficial to engagement in more diverse and interesting ways, for example in creating films and being involved in drama workshops with a theatre company.
- In areas where there were funded participation staff meaningful engagement was embedded and working very well.

Young people being at the heart of all decision making – in individual practice

- Clinicians felt that this is something that they do routinely and confidently in one to one practice (this was contrary to the feedback from young people and parents in the original CoLP and clinicians acknowledged that practice still varies).
- Staff feel that they are very transparent with young people when discussing their care and their options. Many staff highlighted the impact of feedback from their young people's voice groups being integral in improving how young people are consulted with one on one.
- There was some concern that young people from vulnerable groups often have far less of a say in the decisions that affect them, for example looked after children.
- Despite being passionate about young people being at the heart of all decision making some identified that a barrier to this was time and money.
- Transition into adult services was an area that many felt needed more resource to help young people be better prepared to navigate the system.

Opportunities for clinical leads and other staff to engage with commissioners to contribute to change and ongoing development

- This was identified as an area for concern within the majority of the audits.
- It was particularly highlighted as an issue within large trusts that cover vast geographical areas, as it is difficult to get unity across the different areas within the trusts.
- Often frontline staff felt that they were actively missed out of any dialogue regarding transformation and decision making and they felt that directives come down from above with little explanation or feedback.
- In one area where this was working well staff were actively engaged with the partnership Board, with network meetings and with the CYP emotional health and wellbeing steering group.

Flexibility to meet needs in different ways when merited

- This was most flagged by most as an issue. Several commented about issues such as *'3 DNAs and you're discharged'*. *'[We need to] create more outreach for the hard to reach'*, and *'No or poor access to alternative provisions (Day hospital) or higher levels of care (PICU)'*.
- Meeting the needs of the most vulnerable groups was a priority for the clinicians but it was also identified as being one of the hardest things to do.
- The biggest barrier identified was tight budgets as often the things that clinicians know work are very costly, particularly in staff time.
- More outreach was a priority for more vulnerable groups and many felt that targets and rigid pathways meant more rigid provision.
- One area are using technology very effectively by engaging with young people and their parents via a text specific service and are trialling the use of video chats.

Opportunities to work across boundaries in a multi-agency way

- Education was an area highlighted where there were strong relationships locally and good working relationships. Often this is based on personalities and personal relationships rather than being embedded or structured within the system.
- Many areas utilise technology to build across multi agency boundaries, for example having teleconferences and using web chats.
- Staff have felt pressure of cuts to different areas such as children's services and social care, as often staff from those sectors are no longer able to take time to attend meetings.

Opportunities to find out about, signpost to and engage with a wide range of resources

- Staff felt confident to signpost to local support, but were acutely aware that due to cuts to other services there was a distinct lack of local resources in many areas.
- Most services accessed information via local authorities e.g. through their website, but highlighted the problem that mapping services in a shifting landscape was very difficult and hard to stay on top of, especially with limited time and resource.

Ongoing learning and opportunities to share good practice

- There were varied responses regarding access to training.
- All areas have a lot of training on offer, with much of it being delivered in house by expert staff.
- There were wide variations in the protected time for CPD with some getting none and others getting many opportunities.
- Often staff were accessing e-learning as it takes up less time than face to face training but it was acknowledged that the quality is not usually as good and there is no opportunity to meet and interact with others.
- Budget is also a barrier to training with many staff only being able to access training that is free, regardless of quality.
- All of those who completed the audits would welcome opportunities to share good practice, as this has been identified as a big gap.
- None of the participants had routine opportunities to network and share good practice and yet this was identified as a top priority for all staff.

Adequate support for all staff

- The majority noted that they had good structures in place to ensure that supervision was offered and embedded within practice.
- De-briefs, supervision and counselling were offered to most, especially when needing to discuss a specific case, or after a difficult incident.
- Some services use peer supervision, which people rated very highly and as very useful.
- One team have regular away days where they get time to spend as a team and a chance to reflect on their work, and this was reported as being hugely beneficial to staff wellbeing.
- There are a number of things that can get in the way of this support e.g. staff feel pressured to manage case-loads that are too large and don't feel that they can take time for supervision.
- It was highlighted that often the levels of support vary depending on the level of the staff member and the team that they are a part of e.g. nurses, often get less time for support and CPD.
- It was also noted that many teams are staffed with a large number of agency staff, who often receive no supervision or de-briefing at all.

Going forward

- There is a big appetite for creating networks for sharing good practice within CAMHS both regionally and nationally.
- Some areas have dedicated Transformation Champion roles that are funded as part of the Local Transformation Planning process and others just have interested individuals who are tasked with driving this forward locally.
- There is no standard national mandate for the role of a Transformation Lead but there was an appetite for this role.
- CAMHS staff are very keen to have a network to share good practice and test out ideas, particularly around participation and relationship building with commissioners.
- This was the first time many staff felt they could get together to explore ideas around transformation with CAMHS colleagues from other areas – there was an appetite from those present that these events could be repeated and built on, tailored more towards sharing practice than training.

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What does ACAMH do?

We are a truly multi-disciplinary membership organisation focused on bridging the gap between rigorous research and best practice relating to children's mental health. Our aim is to raise the standards in the understanding and management of child mental health issues.

We publish internationally acclaimed journals (*The Journal of Child Psychology & Psychiatry* and *Child & Adolescent Mental Health*) bringing together empirical research, clinical studies and reviews in order to advance how we understand and approach child and adolescent mental health.

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