

Mental Health Champion Roles – vision for development

Making the case

Mental health problems are increasingly common among children and young people and there are strong links between mental and physical health difficulties: nearly three quarters of children and young people with a mental illness also have a physical or developmental problem, and having any physical illness increases the likelihood of having a mental illness by 82%. For some long-term conditions, such as epilepsy, rates of poor mental health for young people are as high as 75%. It is therefore inevitable that all paediatricians will be caring for children and young people with a range of mental health difficulties, whether this presents as primary, secondary and comorbid problems and whether they work in inpatient, emergency, general paediatric or community settings.

Although there are pockets of excellent practice, children's mental health needs are often not recognised or appropriately responded to in health settings. According to the National Confidential Enquiry into Patient Outcome and Death (NCEPOD), mental health care is not given the same level of importance as physical health care for young people in general hospitals across the UK¹. Anecdotal evidence from RCPCH members also suggests that while around 20% of children in paediatric departments had a diagnosable mental health problem, just 5% had a mental health problem detected by paediatricians² and children with comorbid physical and mental ill health appear even less likely than other children to have their mental illness correctly detected, diagnosed and treated³. When the mental health aspects of physical presentations are not fully recognised, this can lead to unnecessary and potentially harmful interventions, as well as to children being less likely to follow treatment pathways⁴.

An increasing number of children and young people who have mental ill health are presenting in acute settings and ending up on general paediatric wards. RCPCH are deeply concerned by the findings of an interim HSIB report⁵ which reporting that 13 out of 18 paediatric wards it spoke to are currently “not safe” environments for children with high-risk mental health presentations, and all paediatric settings face

¹ National Confidential Enquiry into Patient Outcomes and Death. Mental healthcare in young people and young adults. 2019.

² RCPCH, Role of paediatricians in supporting children and young people's mental health - position statement, 2020

³ Glazebrook C, Hollis C, Heussler H, Goodman R, Coates L. Detecting emotional and behavioural problems in paediatric clinics. *Child: Care, Health & Development* 29: 141-149. 2013

⁴ Garralda ME. Hospital management of paediatric functional somatic symptoms. *Acta Paediatrica* 105: 452-453 2016

⁵ HSIB, Keeping children and young people with mental health needs safe: the design of the paediatric ward, 2023

challenges in caring for these vulnerable young people. Despite the considerable efforts of the whole child health workforce, we know that paediatric teams are finding it very challenging to provide safe, appropriate, and therapeutic care to children with acute mental health needs, and the HSIB report emphasised the need for improved staff confidence, increased training, join-up between health and mental health teams, and changes to the ward environment itself.

While every paediatrician has an important role to play in understanding biopsychosocial influences, promoting positive mental health of their patients, and facilitating joint working, there is a clear need for a lead paediatric professional who can drive this work forward and ensure all children are appropriately supported in paediatric settings, with parity of esteem for mental health.

Mental Health Champions

RCPCH have therefore been calling for a paediatric Mental Health Lead to be embedded in every paediatric department in the country. These roles have previously been piloted as mental health/physical health clinical leads, Mental Health Leads, or Mental Health Champions. **We welcome the recent decision from NHS England to fund a national roll-out of Mental Health Champions in acute paediatric settings by Autumn 2023/24.** To avoid confusion, we will refer to this role using the NHS England term of a Mental Health Champion, but are aware there are a number of different titles currently in use.

This document aims to provide a brief overview of the role and potential direction of development, with RCPCH resources to support this. This document is additional to and does not replace the NHSE two-page overview of Mental Health Champions in acute paediatric settings.

The paediatric Mental Health Champion should be a senior clinician who can advocate for children's mental health, facilitate greater join-up between physical and mental health, and work strategically in their department and Trust. Having these Champion roles embedded will also support other colleagues to respond with greater confidence to children with mental health presentations due to increased awareness, training, and ensuring clearer pathways are in place across their teams. As well as advocating for a greater profile for mental health across paediatrics, the MH Champion should help facilitate join-up between CAMHS, mental health liaison teams, mental health nurses, and other key partners.

These Mental Health Champion roles have long been advocated for by NCEPOD, RCPCH and others and have existing equivalents in other paediatric priority areas such as the named Safeguarding Lead and Diabetes Clinical Lead, and we anticipate that the Mental Health Champion role will develop in a similar way to these other roles.

Existing mental health champion roles are currently at varying stages of development across the country, with funding and job plan allocation coming from a

variety of sources, including individual departments, Trusts, ICBs and NHS England. We welcome news of additional funding from NHS England, with providers due to receive an additional £19,000 for each role. However, we note NHSE's own guidance notes this funding (and associated TPA time allocation) should be a minimum and NHSE "strongly recommend[s] that systems use any additional funding that may remain on additional hours for the role or on relevant training."

A network of these mental health champions is in development and will be supported by the College to facilitate mutual support and the dissemination of information and good practice as the roles develop. Do get in touch if you would like more information.

Some paediatric specialties such as community, emergency paediatrics and neurology are already exposed to more children with mental health difficulties than others and would be expected to have additional skills in this area as part of their specialist training. Most departments should also have paediatricians with allocated clinical time in eating disorder management as per the access and waiting time standards for eating disorders (2016). Capabilities in mental health are an increasing part of the Progress+ training curriculum for paediatricians such that those awarded their CCT in future years will be better trained in recognising and supporting children and young people's mental health, and therefore better equipped than many existing consultants for taking on these roles. We expect that the Mental Health Champion role may come from within any of these existing paediatricians, or may work alongside them in a leadership, advocacy and advice role. Where community child health departments are separate from hospital-based departments, these roles are equally important and should be adapted accordingly.

Role overview

While the intention is for every paediatric department to have a Mental Health Champion, what each role looks like is likely to depend on the skill mix and needs of each department. This document sets out some expectations for Mental Health Champions who are working in different environments and who are at different stages.

While we hope it will be possible to recruit and embed a full Mental Health Champion role, we recognise there may be situations where the role is in a development phase but where it can nevertheless promote parity of esteem between physical and mental health, ensure adequate support for children with mental health presentations, and drive cultural change across their team, whilst developing their own knowledge and skills.

On the other hand, in paediatric departments which routinely see more children with mental health difficulties and where staff already have additional skills, embedding a Mental Health Champion role that is more similar in practice to a Clinical Lead role

would probably be more appropriate, and we have set out what this could include below.

We would expect progress through these stages to be fluid and depend on the needs of each department and Trust.

1. Developing as a Mental Health Champion

This is someone who passionately believes in and can advocate for the role of paediatricians in supporting the mental health of children and young people. They require generic skills in leadership, teamwork and communication. They would be expected to use some of their CPD to develop additional knowledge and skills in this area. Mental health first aid training would be desirable. We would encourage them to become a member of the Paediatric Mental Health Association (PMHA) +/- Young Persons Health Special Interest Group (YPHSIG), and to join the network of mental health champions established by RCPCH.

Their key roles are:

- Ensuring a departmental culture with parity of esteem for mental health and working with clinical leads and executive leaders to promote this across the system and Trust
- Ensuring their department promotes positive mental health and wellbeing in children and young people
- Ensuring understanding of the links between CYP behaviour as a manifestation of their mental health
- Ensuring the relevant legislation and rights frameworks, including the Mental Health Act and Deprivation of Liberty Safeguards are understood and applied appropriately across the department
- Facilitating and promoting access to appropriate education and training in CYP mental health across their department
- Promoting and developing adequate environments for children and young people with mental health presentations – influencing departmental attitudes and clinical pathways for children and young people
- Ensuring adequate signposting of CYP to mental health resources within their community
- Developing effective communication with child and adolescent mental health (CAMHS) teams, Mental Health Liaison Teams and other key children's mental health partners
- Considering and supporting the mental wellbeing of departmental members

Expected time allocation- SPA +/- 1 PA per week

2 – Embedding as a Mental Health Champion

This is someone who has all the qualities and undertakes the roles as above and the additional functions set out below. They would be expected to have additional experience working with CYP with mental health difficulties, either through previous training or additional personal CPD. Ideally, they should be supported to complete the RCPCH SPIN module in mental health, which is available to both trainees and consultants. We see this role as roughly equivalent to a named doctor for child protection.

Roles additional to the above are:

- Advocating for children and young people's mental health at strategic level within the Trust
- Developing strong working relationships with local child and adolescent mental health (CAMHS) teams, Mental Health Liaison Teams and other key children's mental health partners
- Establishing pathways for common mental health presentations and ensuring procedures are in place to provide continuity of care
- Working with colleagues to develop pathways or processes around admission, discharge and joint-escalation as needed
- Developing departmental guidelines for behavioural de-escalation and restraint linking to existing national guidance and rights frameworks for children and young people
- Ensuring mental health screening for children with long term health conditions
- Facilitating departmental education and training in CYP mental health
- Developing business cases for employing mental health expertise within paediatric teams
- Supporting other colleagues to develop expertise, for example around eating disorders, neurodiversity
- Facilitating departmental support e.g. Schwartz rounds, debrief around complex and challenges cases, psychosocial meetings
- Providing advice and consultation to colleagues

Expected time allocation – 1-2 PA per week, plus study leave for professional development.

3 – Leading as a Mental Health Champion

This is someone who has all the qualities and undertakes the roles as above. Ideally, they should have additional training such as the SPIN module in mental health, or GRID training in mental health. Existing consultants should be able to demonstrate their additional expertise through experiential learning and CPD. We see this role as roughly equivalent to a speciality clinical lead e.g. a Diabetes Clinical Lead.

Roles additional to the above are:

- Advocating for CYP mental health at Trust and ICB and/or regional level, and linking into wider governance structures
- Working within an established hospital-based team that includes CYP mental health professionals
- Ensuring regular audit and development of pathways for common mental health presentations
- Providing, facilitating Trust-wide education and training in CYP mental health and using their expertise to develop further training opportunities
- Developing simulation training in acute mental health presentations (until formal ALSG available)
- Providing direct clinical care for mental health presentations over and above other colleagues

Expected time allocation – 1-2PA per week, plus appropriate job plan allocation for direct clinical care.

For more information please contact Dr Karen Street, RCPCH Officer for Health Services or the Health Policy Team health.policy@rcpch.ac.uk