

## Achieving Better Access to Mental Health Care: Mental Health Services for Children and Young People

### NICE Guidelines and Quality Statements

#### **NICE Guidelines (21)**

- [Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence](#) NICE guideline CG115
- [Antisocial behaviour and conduct disorders in children and young people: recognition and management](#) NICE guideline CG158
- [Antisocial personality disorder: prevention and management](#) NICE guideline CG77
- [Attention deficit hyperactivity disorder: diagnosis and management](#) NICE guideline CG72
- [Autism in under 19s: recognition, referral and diagnosis](#) NICE guideline CG128
- [Autism in under 19s: support and management](#) NICE guideline CG170
- [Bipolar disorder: assessment and management](#) NICE guideline CG185
- [Borderline personality disorder: recognition and management](#) NICE guideline CG78
- [Child maltreatment: when to suspect maltreatment in under 16s](#) NICE guideline CG89
- [Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care](#) NICE guideline NG26
- [Depression in children and young people: identification and management](#) NICE guideline CG28
- [Drug misuse in over 16s: psychosocial interventions](#) NICE guideline CG51
- [Looked after children and young people](#) NICE guideline PH28
- [Mental health problems in people with learning disabilities: prevention, assessment and management](#) (2016) NICE guideline NG54
- [Obsessive-compulsive disorder and body dysmorphic disorder: treatment](#) NICE guideline CG31
- [Post-traumatic stress disorder: management](#) NICE guideline CG26
- [Self-harm in over 8s: short-term management and prevention of recurrence](#) NICE guideline CG16
- [Self-harm in over 8s: long-term management](#) NICE guideline CG133
- [Social anxiety disorder: recognition, assessment and treatment](#) NICE guideline CG159
- [Transition from children's to adults' services for young people using health or social care services](#) NICE guideline NG43
- [Violence and aggression: short-term management in mental health, health and community settings](#) NICE guideline NG10

### **Exclude: (3)**

- [Alcohol-use disorders: diagnosis and management of physical complications](#) NICE guideline CG100
- [Drug misuse in over 16s: opioid detoxification](#) NICE guideline CG52
- [Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services](#) NICE guideline CG136

### **Out of scope but relevant for comorbidities: (2)**

- [Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges](#) NICE guideline NG11
- [Learning disabilities: challenging behaviour](#) NICE quality standard QS101

### **Guidelines covered in other implementation guides: (3)**

- [Eating disorders in over 8s: management](#) NICE guideline CG9
- [Psychosis and schizophrenia in children and young people: recognition and management](#) NICE guideline CG155
- [Psychosis with substance misuse in over 14s: assessment and management](#) NICE guideline CG120

### **NICE Quality Standards (9)**

- [Alcohol-use disorders: diagnosis and management](#) NICE quality standard QS11
- [Antisocial behaviour and conduct disorders in children and young people](#) NICE quality standard QS59
- [Anxiety disorders](#) NICE quality standard QS53
- [Attention deficit hyperactivity disorder](#) NICE quality standard QS39
- [Autism](#) NICE quality standard QS51
- [Bipolar disorder, psychosis and schizophrenia in children and young people](#) NICE quality standard QS102
- [Depression in children and young people](#) NICE quality standard QS48
- [Looked-after children and young people](#) NICE quality standard QS31
- [Self-harm](#) NICE quality standard QS34

Quality Statement	Quality Standard
<b>Access to Treatment</b>	
People who may benefit from specialist assessment or treatment for alcohol misuse are offered referral to specialist alcohol services and are able to access specialist alcohol treatment.	Alcohol-use disorders: diagnosis and management
Children and young people with suspected severe depression and at high risk of suicide are assessed by CAMHS (Child and Adolescent Mental Health Services) professionals within a maximum of 24 hours of referral. If necessary, children and young people are provided with a safe place while waiting for the assessment.	Depression in children and young people
Children and young people with suspected severe depression but not at high risk of suicide are assessed by CAMHS (Child and Adolescent Mental Health Services) professionals within a maximum of 2 weeks of referral.	Depression in children and young people
Looked-after children and young people receive specialist and dedicated services within agreed timescales.	Looked-after children and young people
<b>Assessment</b>	
Children and young people accessing specialist services for alcohol use receive a comprehensive assessment that includes the use of validated measures.	Alcohol-use disorders: diagnosis and management
Children and young people with a suspected conduct disorder and any significant complicating factors have a comprehensive assessment, including an assessment of the child or young person's parents or carers.	Antisocial behaviour and conduct disorders in children and young people
People with a suspected anxiety disorder receive an assessment that identifies whether they have a specific anxiety disorder, the severity of symptoms and associated functional impairment.	Anxiety disorders
Children and young people with symptoms of attention deficit hyperactivity disorder (ADHD) are referred to an ADHD specialist for assessment.	Attention deficit hyperactivity disorder
People with possible autism who are referred to an autism team for a diagnostic assessment have the diagnostic assessment started within 3 months of their referral.	Autism
People having a diagnostic assessment for autism are also assessed for coexisting physical health conditions and mental health problems.	Autism
People with autism who develop behaviour that challenges are assessed for possible triggers, including physical health conditions, mental health problems and environmental factors.	Autism
People who have self-harmed have an initial assessment of physical health, mental state, safeguarding concerns, social circumstances and risks of repetition or suicide.	Self-harm

Quality Statement	Quality Standard
People who have self-harmed receive a comprehensive psychosocial assessment.	Self-harm
<b>Interventions</b>	
Children and young people accessing specialist services for alcohol use are offered individual cognitive behavioural therapy, or if they have significant comorbidities or limited social support, a multicomponent programme of care including family or systems therapy.	Alcohol-use disorders: diagnosis and management
Health and social care staff opportunistically carry out screening and brief interventions for hazardous and harmful drinking as an integral part of practice.	Alcohol-use disorders: diagnosis and management
Children aged 3 to 7 years attending school classes where a high proportion of children are identified as at risk of developing a conduct disorder take part in a classroom-based emotional learning and problem-solving programme.	Antisocial behaviour and conduct disorders in children and young people
Children and young people aged 11 to 17 years who have a conduct disorder are offered a referral for multimodal interventions, with the involvement of their parents or carers.	Antisocial behaviour and conduct disorders in children and young people
People with an anxiety disorder are offered evidence-based psychological interventions.	Anxiety disorders
Children and young people with moderate attention deficit hyperactivity disorder (ADHD) are offered a referral to a psychological group treatment programme.	Attention deficit hyperactivity disorder
People with autism have a documented discussion with a member of the autism team about opportunities to take part in age-appropriate psychosocial interventions to help address the core features of autism.	Autism
Children and young people newly diagnosed with bipolar depression or first episode psychosis are offered a psychological intervention.	Bipolar disorder, psychosis and schizophrenia in children and young people
Children and young people with depression are given information appropriate to their age about the diagnosis and their treatment options.	Depression in children and young people
People receiving continuing support for self-harm have a discussion with their lead healthcare professional about the potential benefits of psychological interventions specifically structured for people who self-harm.	Self-harm
<b>Pharmacological Management</b>	
People needing medically assisted alcohol withdrawal receive medication using drug regimens appropriate to the setting in which the withdrawal is managed in accordance with NICE guidance.	Alcohol-use disorders: diagnosis and management

Quality Statement	Quality Standard
Children and young people with a conduct disorder and severely aggressive behaviour who have been prescribed risperidone have a baseline physical and metabolic investigation and are monitored for efficacy and adverse effects at regular intervals.	Antisocial behaviour and conduct disorders in children and young people
People with an anxiety disorder are not prescribed benzodiazepines or antipsychotics unless specifically indicated.	Anxiety disorders
People with attention deficit hyperactivity disorder (ADHD) who are starting drug treatment have their initial drug dose adjusted and response assessed by an ADHD specialist.	Attention deficit hyperactivity disorder
People with attention deficit hyperactivity disorder (ADHD) who are taking drug treatment have a specialist review at least annually to assess their need for continued treatment.	Attention deficit hyperactivity disorder
People with autism are not prescribed medication to address the core features of autism.	Autism
People with autism and behaviour that challenges are not offered antipsychotic medication for the behaviour unless it is being considered because psychosocial or other interventions are insufficient or cannot be delivered because of the severity of the behaviour.	Autism
Children and young people with bipolar disorder, psychosis or schizophrenia prescribed antipsychotic medication have their treatment monitored for side effects.	Bipolar disorder, psychosis and schizophrenia in children and young people
<b>Care Plans</b>	
People with autism have a personalised plan that is developed and implemented in partnership between them and their family and carers (if appropriate) and the autism team.	Autism
Children and young people with bipolar disorder, psychosis and schizophrenia have arrangements for accessing education or employment-related training included in their care plan.	Bipolar disorder, psychosis and schizophrenia in children and young people
People receiving continuing support for self-harm have a collaboratively developed risk management plan.	Self-harm
People receiving continuing support for self-harm and moving between mental health services have a collaboratively developed plan describing how support will be provided during the transition.	Self-harm
<b>Outcomes</b>	
People receiving specialist treatment for alcohol misuse have regular treatment outcome reviews, which are used to plan subsequent care.	Alcohol-use disorders: diagnosis and management
People receiving treatment for an anxiety disorder have their response to treatment recorded at each treatment session.	Anxiety disorders

Quality Statement	Quality Standard
Children and young people with bipolar disorder, psychosis or schizophrenia are given healthy lifestyle advice at diagnosis and at annual review.	Bipolar disorder, psychosis and schizophrenia in children and young people
Children and young people receiving treatment for depression have their health outcomes recorded at the beginning and end of each step in treatment.	Depression in children and young people
Children and young people with suspected depression have a diagnosis confirmed and recorded in their medical records.	Depression in children and young people
<b>Support for families and carers</b>	
Families and carers of people who misuse alcohol have their own needs identified, including those associated with risk of harm, and are offered information and support.	Alcohol-use disorders: diagnosis and management
Parents or carers of children with a conduct disorder aged 3 to 11 years are offered a referral for group or individual parent or carer training programmes.	Antisocial behaviour and conduct disorders in children and young people
Parents or carers of children with symptoms of attention deficit hyperactivity disorder (ADHD) who meet the NICE eligibility criteria are offered a referral to a parent training programme.	Attention deficit hyperactivity disorder
Parents and carers of children and young people newly diagnosed with bipolar disorder, psychosis, or schizophrenia are given information about carer-focused education and support.	Bipolar disorder, psychosis and schizophrenia in children and young people
<b>Staff &amp; Settings</b>	
Health and social care staff receive alcohol awareness training that promotes respectful, non-judgemental care of people who misuse alcohol.	Alcohol-use disorders: diagnosis and management
People accessing specialist alcohol services receive assessments and interventions delivered by appropriately trained and competent specialist staff.	Alcohol-use disorders: diagnosis and management
People needing medically assisted alcohol withdrawal are offered treatment within the setting most appropriate to their age, the severity of alcohol dependence, their social support and the presence of any physical or psychiatric comorbidities.	Alcohol-use disorders: diagnosis and management
Children and young people with a conduct disorder who have been referred for treatment and support have a key worker to oversee their care and facilitate engagement with services.	Antisocial behaviour and conduct disorders in children and young people
People with autism are offered a named key worker to coordinate the care and support detailed in their personalised plan.	Autism
Looked-after children and young people receive care from services and professionals that work collaboratively.	Looked-after children and young people

Quality Statement	Quality Standard
Looked-after children and young people who move across local authority or health boundaries continue to receive the services they need.	Looked-after children and young people
People who have self-harmed receive the monitoring they need while in the healthcare setting, in order to reduce the risk of further self-harm.	Self-harm
People who have self-harmed are cared for in a safe physical environment while in the healthcare setting, in order to reduce the risk of further self-harm.	Self-harm
<b>Service User Experience</b>	
People who have self-harmed are cared for with compassion and the same respect and dignity as any service user.	Self-harm
Looked-after children and young people experience warm, nurturing care.	Looked-after children and young people
Looked-after children and young people have ongoing opportunities to explore and make sense of their identity and relationships.	Looked-after children and young people
Looked-after children and young people are supported to fulfil their potential.	Looked-after children and young people
Care leavers move to independence at their own pace.	Looked-after children and young people