# SYSTEMATIC REVIEW: INTEGRATION IN CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (camhs)

# draft protocol ‑ 29th September 2014

## Background

This systematic review is being conducted as part of the work of the Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT) Improving Integrated Services (Counselling‑Specialist CAMHS) task and finish group.

The aim of this group is to support local commissioners and providers to deliver improved care pathways across outcome focussed Child and Adolescent Mental Health Services (CAMHS), with an initial focus on improving integration across evidence-based counselling and specialist CAMHS. This will be achieved through scoping, compiling and disseminating guidance on – and examples of – best practice in the counselling‑specialist CAMHS relationship (e.g., through conference papers, reports); and specifically best practice between providers of evidence-based interventions. If the objectives of this group are successfully achieved and further resourcing is available, the group will go on to consider integration across the full range of CAMH services.

## Definitions

* *CAMHS*: ‘Services that offer help for children and young people with emotional, behavioural or other mental health difficulties. They range from Universal CAMHS which is the care that anybody provides to help with these issues through to Targeted (also known as tier 2 CAMHS) and Specialist CAMHS (also known as tier 3 and 4 CAMHS)’ (MindEd, 2014).
* *Integrative working*: ‘Close multi-agency or interprofessional working which [aims to] improve the effectiveness, efficiency or accessibility of services which were previously delivered separately’ (Trodd & Chivers, 2011, p. 176).
* *Children and young people:* from 0-18 years of age.

## Aim

The aim of this systematic review is to synthesise the evidence on integration in CAMHS with respect to five questions:

* What models of integrative working exist across CAMHS?
* What is the impact of integrative working in CAMHS?
* What factors facilitate effective integrative working in CAMHS?
* What factors impede effective integrative working in CAMHS?
* What are the key characteristics of effective integrative working in CAMHS?

The rationale for asking these questions is that integration has been emphasised as a key component of effective services for children and young people for many years (e.g., Department for Education and skills, 2003). However, in relation to CAMHS, little is known about the actual impact of such working, how it might be facilitated, or what good integration looks like. Hence, in line with the CYP IAPT evidence-based approach, this systematic review offers an opportunity to objectively assess the value that such integrated practices might have, and to examine how effective integration might be achieved.

The decision to focus on integration across CAMHS (rather than across counselling‑specialist CAMHS, or across all children and young people’s (CYP) services), is based on a preliminary scoping of research and reviews in this field. This suggests that research across the counselling‑specialist CAMHS relationship is too limited; while research across all CYP services is too vast and not feasible for review in the available time. Two high quality reviews of research in this field have also been recently conducted (Atkinson, Jones, & Lamont, 2007; Oliver, Mooney, & Statham, 2010). However, given the relevance that findings from the wider CYP services field may have for the present review, a summary of this evidence will be appended to the present report.

## Eligibility criteria

Studies will be eligible for inclusion in the systematic review if they meet the following criteria.

### Study characteristics

#### Services

* CAMH services, as defined above.
* Minimum of two services identified.

#### Data

* Studies must contain empirical data.
* Qualitative and/or quantitative data included.
* Evidence must be related to one of the five study questions:
  + Impact of integrative working in CAMHS
  + Factors that facilitate effective integrative working in CAMHS
  + Factors that impede effective integrative working in CAMHS

#### Study design

Studies must have some element of systematic research: e.g., sampling procedures, standardized interview schedule, thematic analysis. Expert opinion only will be excluded.

### Report characteristics

#### Location and language of publication

* Publications from all locations around the world will be included.
* English language only (insufficient resources in team to translate other languages).

#### Publication status

No restrictions. We will review both published and unpublished studies that are found through the information sources below, including:

* reports
* refereed journal
* non-refereed journals
* dissertations
* books
* book chapters

#### Year of publication

From 1995 onwards: publication of the *Health of the Nation Handbook on Child and Adolescent Mental Health Services*, ‘the first clear government policy document on CAMHS’ (Cottrell & Kraam, 2005, p. 112).

## Information sources

### Computerized bibliographic databases

* Web of Science Core Collection (Web of Science)
* Medline (Web of Science)
* PsycInfo
* Pubmed
* Social care online
* Cochrane library
* Google Scholar

### Reference lists in, and citations of, the following key texts

Anning, A., Cottrell, D., Frost, N., Green, J., & Robinson, M. (2010). *Developing multi-professional teamwork for integrated children's services: Research, policy and practice*. Maidenhead: Open University.

Atkinson, M., Jones, M., & Lamont, E. (2007). Multi-agency working and its implications for practice. Reading: CfBT Education Trust.

Atkinson, M., Wilkin, A., Stott, A., Doherty, P., & Kinder, K. (2002). Multi-agency working: A detailed study. Slough: National Foundation for Educational Research.

Cheminais, R. (2009). *Effective multi-agency partnership: Putting every child matters into practice*. London: Sage.

Hay, A., Majumder, P., Fosker, H., Karim, K., & O'Reilly, M. (2013). The views and opinions of CAMHS professionals on their role and the role of others in attending to children who self-harm. *Clinical Child Psychology and Psychiatry*.

Home Office. (2014). Multi agency working and information sharing project: Final report. London: Home Office.

Mental Health Foundation. (2013). Crossing boundaries: Improving integrated care for people with mental health problems. London: Mental Health Foundation.

Nolte, N., & Pitchforth, E. (2014). What is the evidence on the economic impacts of integrated care? Copenhagen: European observatory on health systems and policies/World Health Organisation.

Oliver, C., Mooney, A., & Statham, J. (2010). Integrated working: a review of the evidence. London: Institute of Education.

O'Reilly, M., Vostanis, P., Taylor, H., Day, C., Street, C., & Wolpert, M. (2013). Service user perspectives of multiagency working: a qualitative study with children with educational and mental health difficulties and their parents. *Child and Adolescent Mental Health, 18*(4), 202-209.

Pettitt, B., & Britain, G. (2003). Effective joint working between child and adolescent mental health services (CAMHS) and schools. Nottingham: DfES Publications.

Salmon, G. (2004). Multi-Agency Collaboration: The Challenges for CAMHS. *Child and Adolescent Mental Health, 9*(4), 156-161.

Sloper, P. (2004). Facilitators and barriers for co‐ordinated multi‐agency services. *Child: care, health and development, 30*(6), 571-580.

Spong, S., Waters, R., Dowd, C., & Jackson, C. (2013). The relationship between specialist child and adolescent mental health services (CAMHS) and school- and community-based counselling for children and young people. Lutterworth: BACP/Counselling MindEd.

Trodd, L., & Chivers, L. (Eds.). (2011). *Interprofessional working in practice*. Maidenhead: Open University.

Warmington, P., Daniels, H., Edwards, A., Brown, S., Leadbetter, J., Martin, D., & Middleton, D. (2004). Interagency Collaboration: a review of the literature. *Bath: Learning in and for Interagency Working Project*.

Worrall-Davies, A., & Cottrell, D. (2009). Outcome Research and Interagency Work with Children: What Does it Tell us About What the CAMHS Contribution Should Look Like? *Children & Society, 23*(5), 336-346.

Youth Access. (2014). Making integration a reality. Part 1: Joining up the commissioning of young people's services across health, social care, hosing and youth services. London: Youth Access.

Youth Access. (2014). Making integration a reality. Part 2: Developing effective holistic services for young people in transition. London: Youth Access.

Zwarenstein, M., Goldman, J., & Reeves, S. (2009). Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes. *Cochrane Database Syst Rev, 3*(CD000072).

### Personal contacts

Requests for information about relevant studies will be sent via email to all contacts working in the CAMHS and CYP IAPT field.

Authors of all key texts in the field (e.g., Atkinson, Oliver, see above) will be individually emailed to request additional, and more recent, studies.

### References in studies

References in all eligible studies will be scrutinized and followed up.

## Search

Search terms meeting all following criteria (as per Web of Science, amended as appropriate for other search engines):

|  |  |  |  |
| --- | --- | --- | --- |
| Concept | Search | Field | Hits |
| Integration | integr\* or multiagen\* or multi-agen\* or multiprofession\* or multi-profession\* or interprofession\* or inter-profession\* or partnership or joint-working or cooperative or co-operative or multidisciplin\* or multi-disciplin\* or interagen\* or inter-agen\* or interdisciplin\* or inter-disciplin\* or transdisciplin\* or trans-disciplin\* or 'agency cooperation' or collaborat\* or interfac\* | TI (Title) |  |
| Child/young person | Child\* or adol\* or young peo\* or CAMH\* | TI (Title) |  |
| Mental/psychological | mental or psych\* or couns\* | TS (Topic) |  |
| Publication year | (1995-2015) | PY (pub. year) |  |

## Study selection

The researcher team will use the following study selection procedures:

1. Researcher conducts initial search on PsychInfo, using terms identified above. Refines the search terms via trial-and-error until identifying a preliminary dataset that fulfils the following criteria: 1.at most 2000 references; 2.sensitive (articles expected to be found are included); 3.specific (approx. 5% or more of all hits seem relevant).
2. Researcher sends final search query to Co-researcher for checking.
3. Researcher does equivalent search in all bibliographic databases, using adapted search terms as appropriate.
4. Researcher saves all references in one file in Endnote.
5. Researcher deletes duplicates in Endnote.
6. Researcher makes initial selection of articles based on title and, where appropriate abstract.
7. Researcher sends selection to Co-researcher for checking. Co-researcher may choose to include further references, or query inclusions.
8. Researcher accesses all full-text articles.
9. Researcher and Co-researcher read each article independently and decide which articles they want to include in the definitive selection of articles.
10. Researcher and Co-researcher compare their selection + agree which articles to include and which to exclude.
11. Researcher will derive data from each article as indicated below on the data record.
12. Qualitative and quantitative data will be independently synthesised, as detailed below.
13. Researcher will write the report.

## Data items

Quantitative and qualitative data will be summarised by the researcher from each study using a modified version of the literature template provided by Atkinson et al. (2007). This will record, where available:

* Review of source
  + Type/model of integrative working
  + Impact/outcomes of interagency working
  + Factors that facilitate interagency working
  + Factors that impede interagency working
  + Characteristics of good practice
  + Any other key findings, conclusions, recommendations
* Description of source
  + CAMHS sectors
  + Country/area
  + Participants
  + Method(s)
  + When data collected
  + Source/document type
  + Reference
* Review of evidence
  + What is the risk of bias (using The Cochrane Collaboration’s tool for assessing risk of bias, where appropriate (<http://www.ohg.cochrane.org/forms/Risk%20of%20bias%20assessment%20tool.pdf> )?
  + Is the report analysis adequate and correct?
  + Is there corroboration/triangulation of sources?

## Planned method of analysis

If sufficient quantitative data is available, in relation to any of the four questions, we will conduct a statistical meta-analysis of the evidence. However, findings from a preliminary review suggest that this is unlikely.

If sufficient qualitative data is available, in relation to any of the five questions, we will conduct a *qualitative meta-synthesis* (Timulak, 2009). This is based on the principles of thematic analysis (Braun & Clarke, 2006), whereby the categories that emerge from primary studies are grouped together to form higher order categories. Findings from a preliminary review suggest that this may be possible for some of the present research questions.

Where data are of such heterogeneity that quantitative and/or qualitative data cannot reasonably be synthesised together, we will conduct a narrative review of findings.

## Appended materials

We will append to the report findings from quantitative and qualitative reviews of evidence in the broader field of CYP services (e.g. from Atkinson et al., 2007; Oliver et al., 2010). This will provide a useful context for findings from the present review, and may highlight areas where the present findings are supported by wider evidence.

## Timescale

* Feedback on draft protocol (Atkinson, Buchanan, O’Reilly, Vos, Vostanis) received: 28th September 2014
* Finalise protocol: by 3rd October 2014
* Complete initial search: by 18th October 2014
* Review of initial articles and selection of full-text articles: by 1st November 2014
* Review of full text articles and final selection for inclusion: by 15th November 2014
* Data extraction: by 28th November 2014
* Analysis and completion of report: by 20th December 2014.

## References

Atkinson, M., Jones, M., & Lamont, E. (2007). Multi-agency working and its implications for practice. Reading: CfBT Education Trust.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101.

Cottrell, D., & Kraam, A. (2005). Growing up? A history of CAMHS (1987–2005). *Child and Adolescent Mental Health, 10*(3), 111-117.

Department for Education and skills. (2003). Every child matters. London: HM Government.

MindEd. (2014). CAMHS. *MindEd Glossary.* Retrieved 29th September 2014, from https://[www.minded.org.uk/mod/glossary/view.php](http://www.minded.org.uk/mod/glossary/view.php)

Oliver, C., Mooney, A., & Statham, J. (2010). Integrated working: a review of the evidence. London: Institute of Education.

Timulak, L. (2009). Meta-analysis of qualitative studies: A tool for reviewing qualitative research findings in psychotherapy. *Psychotherapy Research, 19*(4-5), 591-600. doi: 10.1080/10503300802477989

Trodd, L., & Chivers, L. (Eds.). (2011). *Interprofessional working in practice*. Maidenhead: Open University.