"Containing the network": Referrers' experiences of the Community Forensic CAMHS Consultation and Liaison Model

Jenna Jacob[1,2], Hannah Merrick[3], Rebecca Lane[3], Liz Cracknell[4], Angelika Labno[3], Sophie D'Souza[1,3*], Oliver White[5,6], Julian Edbrooke-Childs[1, 2,3]

Corresponding author: jenna.jacob@annafreud.org; 4-8 Rodney Street, London, N1 9JH

*present address: Stanford University, Stanford, CA, USA

Affiliations

[1]Anna Freud, Child Outcomes Research Consortium, 4-8 Rodney Street, London N1 9JH, UK

[2]UCL, Clinical, Educational and Health Psychology, London, UK

[3]Anna Freud, Applied Research and Evaluation, 4-8 Rodney Street, London N1 9JH, UK

[4]Anna Freud, Clinical Services, 4-8 Rodney Street, London N1 9JH, UK

[5]Oxford Health NHS Foundation Trust, Oxford, UK

[6]Southern Health NHS Foundation Trust, Tatchbury Mount, Calmore, UK

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Author Contributions

JJ: Conceptualization, data acquisition, curation and analysis, writing up (original draft, reviewing and editing). HM: Conceptualization, data acquisition, curation and analysis, writing up (original draft). LC: Conceptualization, review and editing. AL: Data acquisition and curation, writing up (original draft). RL: Conceptualization, data acquisition, analysis,

writing up (original draft, review and editing). OW: Writing up (original draft, reviewing and editing). SD: Conceptualization, data acquisition, writing up (original draft, review and editing). JEC: Conceptualization, data acquisition and curation, writing up (review and editing).

Competing Interests

Oliver White was engaged by the NHS England and NHS Improvement, as National Clinical Lead for Community F:CAMHS (2019-2022), acting in an advisory, non-decision-making role to the national evaluation of Community F:CAMHS. No other authors have declared any competing interests.

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Data sharing statement

The data that supports the findings of this study are available from the research team (sse@annafreud.org), upon reasonable request and approval from NHS England and NHS Improvement.

Abstract

Consultation between mental health professionals and other professionals working with young people can bring together multiple agencies to ensure young people are appropriately supported and referred to specialist care where needed. The aim of this research is to explore the consultation and liaison model of support for young people who are at high risk of engaging in harmful behaviours (e.g., harm to self and others), through the experiences of professionals liaising with specialist Community Forensic Child and Adolescent Mental Health Services (F:CAMHS). Interviews with referring professionals (N=34, from 34 services) were analysed thematically, themes focused on referrer experiences; impact on the network; and impact on young people and their parents/carers. The combination of forensic mental health expertise in risk assessment and management, with the ability to provide overarching and indirect support to the network is fundamental to the model. Community F:CAMHS' capacity to manage anxiety in the professional network is likely helped by the one-step-removed position afforded in the consultative role. Adopting a position of authority led to clearer, more co-ordinated and more robust risk management plans. Consideration could be given to adopting the model when working with referrals involving multiple agencies and high levels of anxiety within the network.

Key words: Community Forensic CAMHS; Community F:CAMHS; reflexive thematic analysis; referrer consultation

There is a unique challenge of effectively coordinating help in the context of the complexity that arises when young people have multiple co-morbidities, present as high risk, and the resultant involvement of multiple agencies (Almqvist & Lassinantti, 2018; Bevington et al., 2017; Kaip et al., 2022; Ungar et al., 2014). This group of young people understandably generates significant anxiety among professionals and parents/carers. Their complex presentations (e.g., high proportion of learning disabilities, risk of harm to self and others) result in referrals to and input from multiple professionals across various agencies, most commonly in the UK, Child and Adolescent Mental Health Services (CAMHS), Social Care Children's Services, and Youth Offending Services. While professionals from these various agencies contribute to the overall assessment and interventions, the high complexity surrounding this group of young people is such that support provided usually straddles typical agency working practices and expertise.

Serious case reviews in England have identified failures in communication between such agencies, as contributors to serious negative outcomes (NSPCC, 2017, 2021). There has been a recent shift in the UK, focused on efforts to divert young people from custodial settings, via early intervention and prevention work in the community (in England and Wales; Case & Browning, 2021); and workforce development in Scotland, (Lightowler et al., 2014). Central government policy in England (NHS England, 2015, 2016), led to the implementation of 13 Community Forensic Child and Adolescent Mental Health Services (F:CAMHS; NHS England, 2017). In England, prior to the national commissioning of Community Forensic CAMHS, mental health provision for this group of high-risk young people with complex support needs was variable, with significant areas with no provision (Dent et al., 2013). Community F:CAMHS offer specialized, regional support and intervention to young people up to 18 years old, their families and professionals around them. Specifically, this is young people who are at high risk of engaging in harmful behaviours, and involved in the criminal

justice system, and/or have a placement in secure provision (Irani, 2017). The service model is tiered, with the intention that the majority of referrals are responded to with advice and consultation, with a smaller number leading to direct input from Community F:CAMHS in the form of specialist assessment and intervention (NHS England, 2017). Recent research has further highlighted high levels of comorbid difficulties, trauma and multiple disadvantage in this population of young people referred to Community F:CAMHS, with violence or aggression being the most cited reasons for referral (80%; Lane et al., 2021)).

The role of Community F:CAMHS consultation between professionals, is to assist colleagues across a range of agencies already working with high-risk young people. The aims are 1) to identify mental health need together with other vulnerabilities and needs that may impinge directly on a young person's mental health, and 2) to undertake and support risk assessment and risk management (Hindley et al., 2017). The impact of anxiety and other powerful emotions on helping professionals in terms of contributing to worker burnout is well documented (first described by (Freudenberger, 1975)). The associated effects on wellbeing, sickness absence and staff attrition have also been linked to professionals' thinking and decision-making abilities resulting in reductions in patient safety, increased use of restrictive practices and "fear-based" defensive practice (Carayon et al., 2021; Hall et al., 2016; Panagioti et al., 2018; Whittaker & Havard, 2016). These impacts can be understood in terms of mentalizing theory: anxiety reduces a person's capacity to mentalize – to reflect, to make sense of the behaviour of self and other and to consider multiple perspectives (Bateman, 2004) – as the threat response kicks in and the functions of pre-frontal cortex functions of the brain become dampened. Non-mentalizing in helping professionals under stress may manifest as reactive, quick-fix responses, certainty and tunnel vision, or disconnection and "head in the sand" thinking (Cracknell & Bevington, n.d.).

Mental health consultation has been around since at least the 1950s, when psychiatrist Gerald Caplan developed an approach where a clinician (i.e., the consultant) could provide indirect mental health support to the residential carer (i.e., the consultee) of a referred adolescent (i.e., the client). Through discussion, the clinician learned about the carer's perception of the adolescent and how it often hindered their problem-solving ability. By bringing in a new perspective, the clinician could help the carer change their approach to the young person (see, Gerald Caplan et al., 1994).

There are a number of different types of consultations: for example, client-centred case consultation, consultee-centred case consultation, program-centred administrative consultation, and consultee-centred administrative consultation (Caplan, 1995). In client-centred case consultation, the consultant assesses or diagnoses the client and recommends a treatment for the consultee to undertake. In consultee-centred case consultation, the primary focus is to identify and address the consultee's difficulty or difficulties working with a client. This may involve providing an objective view or increasing the consultee's knowledge or understanding, skills, or confidence. Key principles of this model include a non-hierarchical and nonprescriptive relationship between consultant and consultee and a co-conceptualisation of problems and solutions (Newman & Ingraham, 2017). Today, consultee-centred consultations are used in diverse settings such as schools, healthcare, and organisations. Clinicians working in CAMHS in the UK, for example, provide one-off and regular outreach and community-based primary and secondary consultations, support peer learning and agree on service pathways that fast-track referrals of high risk and vulnerable individuals and families to and from specialist care. However, there have been few evaluations of CAMHS consultation models. One study involved a consultation "exercise" with school nurses and CAMHS professionals (Richardson & Partridge, 2000). This included monthly sessions to discuss cases and professional issues or provide some formal clinical training. More recently,

CAMHS clinicians were surveyed about their experience of remote consultation during the COVID-19 pandemic (Bhardwaj et al., 2021). For most, remote meetings did not negatively impact safeguarding or risk assessment and lasted a similar duration or less than a face-to-face consultation; however, approximately a quarter of respondents felt remote working had a negative impact on rapport.

The aim of this research is to explore the consultation and liaison model of support provided by Community F:CAMHS, through the experiences of professionals liaising with them. The exploration of the practicalities of the Community F:CAMHS model aims to further knowledge in the field, and to make recommendations for policy and practice to key audiences, being clinicians and policy makers working with this cohort of young people. This aim differs from the aims of the service evaluation this research was situated in by being more specific to the mechanisms of the support offered, with a view to exploring transferability, which was not an aim of the evaluation.

Methods

Research design

Participants were involved in a service evaluation (Lane et al., 2021), between 2018-2021. The data sources used in this study were analysed and included in the final evaluation report (Childs et al., 2021), but the specific analysis in this paper is unique to this study. Ethical approval was granted by UCL Ethics (ID: 6087/007) and informed consent was obtained from all participants.

A steering group, comprising clinicians and researchers in the field (a clinical expert, safeguarding expert, evaluation expert, clinical and research expert, national clinical lead advisor and the project team) oversaw the wider service evaluation. This included forming

the evaluation questions, the development of the evaluation logic model (see figure 1) and the subsequent data collection materials. The steering group as an entity was not involved in the current research, although there is some overlap with members and co-authors.

<figure 1 to go about here>

Semi-structured interviews were conducted with participants between March 2019 and October 2020 (*N*=34). One interview was conducted in person, and 33 were conducted remotely via telephone, due to the impact of the global COVID-19 pandemic and to recruit participants over a broad geographical area. Interviews were conducted by three authors (RL, SD, HM). The interviews were audio recorded; data files were securely handled and transcribed "smart verbatim". The interview topic guide was created by the evaluation team and steering group, with the questions based on the logic model, which lies within the realistic evaluation framework (Pawson & Tilley, 1997) of the research. Interviews were held for between 5 minutes 10 seconds and 44 minutes 8 seconds, with a mean interview time of 18 minutes 15 seconds (*SD*=9.4). Four transcripts were missing time stamps.

All identifiable details were removed at the point of transcription and data analysis was conducted in NVivo 11 (QSR International, 2020). After an initial organisation of the transcripts, guided by the logic model, inductive reflexive thematic analysis (Braun & Clarke, 2019, 2021) and open coding (Corbin & Strauss, 2008) was used to analyse the transcripts and generate themes. It was important to combine this inductive approach with the deductive approach to topic guide development, ensuring the findings are driven by the data and might support new theory while also being embedded in existing theory. One coder (RL) coded 50% of the interviews as data collection was ongoing. Once data collection was finalised, this first stage of coding was reviewed by a second coder (HM), who then applied and refined the

coding framework to the remaining transcripts. A third coder (JJ) subsequently coded 25% of the interviews to define and finalise the overarching themes and subthemes. All coders were experienced in coding, and had training in qualitative data analysis to either Master's (RL) or doctoral level (HM, JJ). Throughout this process, iterative discussions were held with the rest of the team in relation to the themes that were generated. The APA journal article reporting standards for qualitative research guidelines (Levitt et al., 2018) were followed.

Participants

Participants were recruited from referrals they made to four services across England. The four services were selected based on consultations between the project team, steering group, funders and services themselves. Two were identified as "early" implementers of the model being evaluated, and two were identified as "late" implementers. In addition, geographical spread was also a deciding factor. Professionals who participated (N=34) had been in contact with a Community F:CAMHS team, and were from a range of services, including staff working in youth offending teams (N=7), a pupil referral unit (N=1), secure accommodation (N=4), inpatient and community CAMHS (N=13), schools (N=3), family solutions teams (N=2), social care (N=3) and a liaison and diversion team (N=1). They referred cases to Community F:CAMHS teams for a broad range of reasons including, offending, domestic abuse, allegations of a sexual assault, violence against staff, violence towards animals, criminal damage, being at risk of child criminal exploitation, grooming and coercive or threatening behaviours towards other young people, plans to harm others, and where there were concerns around risk management and engagement. Convenience sampling was used, where participants were identified by Community F:CAMHS staff. Participants were inducted into the study by a member of the research team (HM, AL, SD, RL, and others). No incentives or compensation was offered for participation and no participant demographic information was collected.

Positionality Statement

The current study was positioned within a realistic evaluation (Pawson & Tilley, 1997) of Community F:CAMHS (Lane et al., 2021). Therefore, the topic guide and the first organisation of the interview transcripts was based on a wider evaluation logic model developed from existing theory and clinical experience.

However, the authors also acknowledge that researcher subjectivity aids the generation of themes, through rich experiences and differing world views. The lead coder (HM) has no specific ties to certain methodologies or analysis techniques. Of importance to this researcher is prioritising the narrative and voice of the participants through data driven findings. Therefore, the researcher was conscientious to focus on what the data presented, rather than to impose a personal view, experience or expectation of findings. The researcher had no prior clinical or personal experience with CAMHS or forensic settings. A range of background experience among the researchers of research (JJ, HM, RL, AL, SD, JEC) clinical work (RL, OW, LC) and experiences of working within forensic settings and CAMHS (LC, OW, RL, SD) is a strength. This is supplemented by the lead – and last – authors' pragmatist philosophy, such that priority is given to matching research methods appropriately to research questions, resulting in no specific ties to analysis techniques, rather the adoption of pluralism. This is demonstrated in the combined deductive and inductive approach employed in the present research. As one example, while the logic model was initially used to organise the transcripts, themes relating to the COVID-19 adaptations were not in logic model and as such were deduced from the further development of codes and themes.

The researchers had not previously met the participants, other than a prior email or telephone call to arrange the interview time. While this meant that there was no opportunity to build rapport with participants ahead of the interviews, and as such the participants may

have been more conservative with their responses, it also ensures a level of consistency across participants.

Findings

Referring professionals generally described Community F:CAMHS as a consultation service for when they were unsure of what next steps to take. This was particularly when a young person did not meet thresholds for other services but the referrer had concerns about risk. It was also described as providing support to further understand difficulties to either enable the delivery of the best support or to explore onwards referrals options.

Three superordinate themes were generated from the interviews: "Referrer Experience of Community F:CAMHS", "Impact on the network" and "Impact on children and young people and their parents/carers". These were further organised into 12 subthemes, as displayed in Table 1.

<Table 1 to go about here>

Referrer Experience of Community F:CAMHS

The first superordinate theme (identified in 43.2% of interviews) includes five subthemes related to Community F:CAMHS being an accessible service, with authority and expertise and providing additional support and confidence to referrers.

Community F:CAMHS as an approachable and accessible service

Referrers consistently described Community F:CAMHS as an approachable and accessible service they could contact if and when they needed to. The referral process was generally described as easy. For example: *"Absolutely brilliant. Every time I ring up and say please can I just run this case past you, I speak to a duty worker, they have a good chat with me and then they put the referral in. And it all just happens really timely, really efficiently."* (Referrer 5). The most noted qualities of the service were responsiveness, willingness, flexibility, and the proactive nature, particularly in terms of getting involved at very short notice. One participant said that Community F:CAMHS offering a regional service and collaborating nationally was particularly useful, as it removed the need to locate and liaise with multiple services (i.e., there are only 13 Community F:CAMHS services nationally, covering populations of between approximately 2.5 and 7 million). Another participant shared that the experience of directly speaking to and working with a clinician from Community F:CAMHS was helpful as there were no other channels to go through.

Referrers experienced good levels of communication with Community F:CAMHS

As well as being accessible, referrers consistently described positive communication and relationships with the Community F:CAMHS team members, e.g., *"They were really responsive which is refreshing, because it just seems that every time you send a form off you're waiting and chasing people up."* (Referrer 8). Participants described Community F:CAMHS staff showing a genuine interest in supporting them and were invested in supporting young people. There was consistent reference to being kept informed and updated on plans, recommendations and providing helpful reports and letters. Participants described how Community F:CAMHS staff were always receptive to what they were saying,

understanding of their level of knowledge and non-judgemental, but also good at challenging the referrers thinking and offering different perspectives.

Remote working due to the COVID-19 pandemic increased accessibility to Community F:CAMHS

New and returning professionals in contact with Community F:CAMHS described them as accessible and responsive to need throughout the COVID-19 pandemic. In some circumstances, the lack of ability to have face-to-face meetings made the service easier to contact as they were not travelling around. Likewise, multiagency meetings were easier to organise via videoconferencing without the need for professionals to travel from different locations. However, one participant suggested that there was a limitation on the types of assessments Community F:CAMHS could offer via videoconferencing, and a limit to the direct work they could do with young people in a face-to-face capacity. For example, *"Assessments offered virtually, I think, makes it that much more challenging […] What we've noticed recently is that the team is a lot more responsive."* (Referrer 1). Further, some training work provided by Community F:CAMHS was also put on hold in light of the pandemic, e.g., *"We were going to discuss, meet up, go through what training would be really beneficial, then they were going to come and do it, […] with covid […] that didn't happen."* (Referrer 2).

Community F:CAMHS increased referrers' confidence and their feelings of being supported

This theme was more subtle than others, whereby there was a sense that working with Community F:CAMHS increased referrers' confidence and their feelings of being supported. This seemed to be a result of receiving prompt and proportional support when the network was struggling and being involved in decision-making. This was also apparent in cases where

referrers were reassured that they had the right plans in place for the young person. Alongside this, referrers also mentioned increased confidence in delivering the recommendations made by Community F:CAMHS for the referrer to implement, because they knew their support would be there. The additional support was identified as being the result of the service's expertise and having an extra service involved; e.g., *"they were very supportive, they're easy to communicate with so that if they had certain recommendations they wanted to make to me to implement I would have felt confident to be able to do that with their support."* (Referrer 9).

Community F:CAMHS is an authority in the network with expertise

The role of Community F:CAMHS within the network was often portrayed as a service whose advice bore weight, as a result of their expertise and channels, e.g., *"I just think that level of expertise was kind of helpful because you know we're working with someone who is very experienced, has seen a lot of these different cases and patterns before."* (Referrer 10). Participants described that Community F:CAMHS was a service that others listened to and took seriously. This was also said to hugely contribute to getting other services involved, such as CAMHS and social care, and engaging young people and their parents/carers. Participants described how having Community F:CAMHS involvement and their expertise provided concrete and crucial backing to plans for young people. It was also expressed that the authority and expertise of Community F:CAMHS in the network meant that cases could progress at a faster rate and needs were identified and met more promptly. Participants described seeking out the expertise of Community F:CAMHS when they did not know what else to do, or when agreement on pathways across agencies could not be reached. Community F:CAMHS provided objective, outside opinions and different perspectives on the risk and care management through their expertise.

Impact on the network

The second superordinate theme, "Impact on the network" (identified in 35.6% of interviews), includes four subthemes. These are related to Community F:CAMHS having a role in containing the network's anxiety, facilitating thinking around care and risk management, promoting interagency working, and offering provision where needs were not met or identified.

Community F:CAMHS can contain anxiety in the network

A significant theme was the effect Community F:CAMHS involvement had on containing the anxiety of the network, even when this was confirming that the plan in place was appropriate. The authority and expertise of Community F:CAMHS (links to subtheme *Community F:CAMHS is an authority in the network with expertise*), and the involvement of an additional service, was said to contain anxiety. The timely response of Community F:CAMHS, also helped reduce anxiety, rather than professionals trying to support young people and families while waiting longer for other services to offer support which may not meet the needs of the young person. Calming the network down was said to create spaces where everyone could catch up and be on the same page, e.g., *"it's about calming people down in order that people can then plan in a way that everyone feels is the right direction and not crisis-led driven."* (Referrer 11). Participants described a sense of relief when the input of Community F:CAMHS resulted in plans being implemented successfully and young people and parents/carers engaging with support.

Community F:CAMHS facilitate thinking about risk and care

The biggest impact on the network described by referrers was Community F:CAMHS' function in facilitating thinking around risk management and care of young people. This is also related to interagency working (see *Working with Community F:CAMHS supported and promoted interagency working practices*), as this was said to help referrers and the network understand what and why things were happening and help them move forward, e.g., *"So it was hugely beneficial in terms of understanding what the risk actually is and what the likelihood is. I think people outside of that clinical world can massively overestimate risk based on behaviour that – having Forensic CAMHS input, in terms of likelihood and what it would actually be, is very helpful."* (Referrer 12). This also helped bring professionals from different agencies together, to ensure mutual understanding and agreement, particularly in schools. There was a sense that this contributed to up-skilling some referrers and increased their understanding when working with young people with high levels of risk and need. Participants discussed how Community F:CAMHS involvement and expertise allowed them to think about areas of risk they had not considered previously, but also helped prevent the over-estimation of risk and think about different ways of managing risk that did not always include restriction.

Working with Community F:CAMHS supported and promoted interagency working practices

A significant strength of Community F:CAMHS was their role in liaising with the network and *"pulling services together"* (Referrer 3). There was a sense that working with Community F:CAMHS supported and promoted interagency working practices and a team approach, bringing professionals together in the interest of the young people. This was also true for keeping the referrer involved, with one referrer describing the work as *"a dialogue"* (Referrer 4). In particular, it was noted that having Community F:CAMHS involved was

helpful for including schools and parents/carers in discussions and for communication generally.

Community F:CAMHS expertise appeared to result in more successful and tailored approaches

There were frequent reports of referring to Community F:CAMHS because other services had previously failed to identify and meet the needs of young people. This related not only to young people being discharged from CAMHS, for example, but also where other services (e.g., neuropsychology) needed to be involved and required a report from Community F:CAMHS to facilitate this. When asked about what would happen if Community F:CAMHS was no longer available, professionals in contact with the service spoke about the difficulty of accessing meaningful help from CAMHS and other services and this being *"luck of the draw"* (Referrer 5). One participant also spoke about a third sector service which, although they may have been able to, did not identify any other routes to accessing support for the assessment that was required. Community F:CAMHS' capacity to be thorough and their expertise of risk and of services appeared to result in more successful and tailored approaches, which were more suitable for each young person and their parents/carers.

Impact on children and young people and their parents/carers

The third superordinate theme, "Impact on children and young people and their parents/carers" (identified in 21.1% of interviews), includes three subthemes related to managing and improving young people's wellbeing and risk, supporting parent/carer wellbeing, and being instrumental in aiding young people and their parents/carers in accessing and engaging with appropriate help.

Consistency in the network's approach and understanding positively impacts children and young people's wellbeing and risk

Referrers frequently described the difficulty in measuring the direct impact of Community F:CAMHS on young people's wellbeing, particularly in the latter stages of data collection when there had been limited direct work with the young people and their families due to COVID-19 restrictions. However, participants said that a more consistent professional network would result in a better service experience for young people, promoting their engagement and wellbeing, e.g., *"it is a very complex case with very high-level risks. But yes it certainly has [reduced risk]. And that's kind of just from things like consistency of the worker, consistency of consultation with the F:CAMHS kind of head line manager"* (Referrer 3). Other referrers described their learning, as a result of working with Community F:CAMHS, impacting the support that they could provide. The up-skilling and resource sharing was said to have a ripple effect helping other young people too. Advice and consultations on one case, supported the planning and management of care for other young people in the service.

Several referrers noted that Community F:CAMHS' involvement resulted in risk being lowered, both as a result of consistency in the network and an increased understanding of the young person's risks and needs.

Community F:CAMHS had a significant impact on children and young people accessing appropriate help

Participants said that Community F:CAMHS had a significant impact on young people accessing appropriate help, ranging from a more suitable educational placement,

diversion from secure services, or simply better engaging with services and interventions. Community F:CAMHS was described as having a key role in identifying the most appropriate placements for young people, including educational or residential placements. Two participants said that Community F:CAMHS was instrumental in diverting young people from inpatient services or home treatment teams. One referrer described that the involvement of Community F:CAMHS meant that the therapeutic relationship was repaired, and the young person received consistency in care. Community F:CAMHS was described as being very helpful during transitions, *"identifying appropriate placements and supporting at that transition process"* (Referrer 6). Community F:CAMHS' authority in the network and expertise resulted, in some cases, in other agencies being involved. This was described as enabling safeguarding processes to be set up and as avoiding the child from being exploited and criminalised. Furthermore, in another case, Community F:CAMHS provided an assessment and diagnosis of and medication for attention-deficit and hyperactivity disorder, which provided the network, the child, and their parent/carers' respite.

Community F:CAMHS has a role in containing the anxiety of parents/carers

Participants said Community F:CAMHS also had a role in containing the anxiety of parents/carers. Referrers described that, as a result of Community F:CAMHS, parents/carers were being heard, included, and understood. One referrer shared that Community F:CAMHS' work also resulted in parents/carers having a better understanding of what was going on for their child. In some cases, the impact on the parents/carers' wellbeing was also discussed, with one referrer stating that the *"family are now thriving"* (Referrer 4) and another sharing that the family were now *"getting the right level of support"* (Referrer 7). One referrer also expressed that the care plan developed with Community F:CAMHS meant that the family, as

well as their child, were engaging more with services and were *"more optimistic"* (Referrer 3).

Discussion

Containing anxiety through mentalization

Our findings suggest that Community F:CAMHS can contain anxiety within the multiagency network that surrounds the young person. It is perhaps inevitable (and appropriate) that complex work with young people and families who are experiencing significant difficulties, where risk of harm to self and other is high, should create anxiety in professionals. Given that participants described consultation with Community F:CAMHS as being able to contain anxiety, it makes sense that they also described the consultation as facilitating clear thinking and the consideration of multiple perspectives; with anxiety managed, a person's mentalizing capacity is restored. Containment of anxiety enables professionals to think and plan more effectively and efficiently, reducing crisis-driven responses from professionals and improving the assessment, planning, and provision of interventions (particularly regarding risk and care) for this group of young people. It is likely that the community F:CAMHS model of consultation, working with the professional network rather than directly with the young person and their parents/carers, supports Community F:CAMHS' ability to contain anxiety and facilitate thinking. Remaining one-step removed from the case in this way means the Community F:CAMHS practitioners may be less impacted upon by anxiety themselves.

Authority within the system

A further factor underlying the ability of Community F:CAMHS to play a containing role in the networks surrounding young people is their perceived authority within the system.

This position of authority was also seen to underpin the Community F:CAMHS' ability to drive co-ordination of that professional network resulting in a higher level of consistency that was seen to be beneficial to young people and families. Referrers frequently noted the level of trust they had in the expertise of Community F:CAMHS practitioners. Community F:CAMHS's identity as a specialist service with defined areas of expertise and emphasis on close working with other professionals from a range of agencies was felt and understood by referrers. It has been argued that trust in the relationships between professionals in complex professional networks is as important as the trust that must be developed between young people and their families and professionals (Fonagy & Campbell, n.d.). Community F:CAMHS' ability to step into a position of authority within the system is important in the context of working with young people where there is high risk – an area which has been described as suffering from "an accountability gap" in which no one service adopts authority or accountability, leading to a lack of clear direction and purpose in the multi-agency response (The Independent Review of Children's Social Care, 2021). This is particularly the case for young people involved in the youth justice system who may suffer from the "miscommunication, duplication and the development of silos" that arises when multiple services are involved in their lives (Taylor, 2016). In addition to this function of coordinating existing services in young people's networks, the authority and clarity provided by Community F:CAMHS was also seen as being able in some cases to draw in the involvement of additional services, where necessary. In addition to this coordination being made possible due to Community F:CAMHS' authority within the system earned by virtue of their specialist expertise it may be that the one-step removed position afforded by adopting a consultative role – rather than a position in the midst of the complexity and intensity of specific direct work with the young person – enables Community F:CAMHS practitioners to view the whole system with a greater degree of perspective and clarity which in turn helps them to make

more effective decisions and directions about how the whole system should be arranged and coordinated. This may be further helped by the large geographical area covered by each Community F:CAMHS if this means that practitioners develop a good knowledge of - and relationships with – a much broader range of the services that a young person might require involvement from than might a smaller locality-based Community F:CAMHS. Future research should examine whether some services, such as CAMHS, experience Community F:CAMHS' authority as a challenge to their own authority, although this was not demonstrated in the findings of the present research.

Adaptation to remote working

A key component of Community F:CAMHS is that it is an approachable, accessible, responsive, and proactive service. This combines with the provision of good levels of communication to deliver support and coordination to interagency working practices. This continued throughout the COVID-19 pandemic, that is, at a time when services were particularly stretched due to a combination of reduced resources and increased anxiety in the overall system. The consultation and liaison model of Community F:CAMHS enabled a rapid adaptation to remote working, with the effect of increasing accessibility for referrers at a time when access to other services reduced. Participants continued to describe the service as easily accessible and responsive, even with the challenges of the COVID-19 pandemic. The service's accessibility was experienced in multiple ways, including in the straightforward referral process, and Community F:CAMHS practitioners being available for phone calls without the need for a full referral. A culture of accessibility for any professional who has concerns about the management of a young person is important given the ascertainment and consultation role of Community F:CAMHS (Hindley et al., 2017). In addition, the range of

functions provided by Community F:CAMHS contributes to their perceived authority and expertise in providing additional support and confidence to referrers.

Forensic mental health expertise

It is the expertise within Community F:CAMHS that enables successful provision of effective advice, support and interventions to the multiagency network and parents/carers of this group of young people with multiple difficulties and engaging in high-risk behaviours. Forensic mental health expertise includes: working at the interface between mental health and legal/criminal justice provision; working in prisons and a range of secure or highly supervised settings; evaluating risk; working in community settings with other agencies to identify and supervise high-risk individuals with mental health needs (this requires strong emphasis on supporting formulation, care planning and risk management); experience in a wide range of therapeutic interventions; and identifying the needs of victims and understanding victims as perpetrators (Gunn et al., 2004). The principal clinical requirements of Community F:CAMHS include: strong emphasis on engagement skills with young people who may react in a hostile way and whose difficulties are frequently difficult to help; capacity for longitudinal case involvement and appreciation of the value of continuity of professional involvement; flexibility of response to different clinical presentations, professionals and parents/carers; wide experience of universal and specialist provision for young people; specific knowledge of evidence-based mental health interventions for young people, together with knowledge of additional interventions likely to be of benefit for high-risk sexual, violent and antisocial behaviours; strong formulation and case management skills (including structured evaluation of risk and its management); emphasis on the need for carefully planned transitional arrangements for young people who are at high risk of harm to

self and others, in particular the transition from child and adolescent to adult mental health services.

This research suggests that the delivery of this expertise via the Community F:CAMHS consultation and liaison model results in an increase in referrers' confidence, self-efficacy and sense of being supported, more successful and tailored approaches, improved consistency in the network's approach and understanding of how to positively impact upon a young people's wellbeing and risk, and a significant impact on young people accessing appropriate help. There was a consensus that although risk did not necessarily substantially reduce, the risk management plan put together with Community F:CAMHS involvement was more consistent and robust. Several referrers noted that Community F:CAMHS' involvement resulted in risk being lowered, both as a result of consistency in the network and an increased understanding of the young person's risks and needs, particularly where other services had not been able to achieve this previously. Further, while not a direct outcome of consultation work, participants discussed the role of Community F:CAMHS in containing the anxiety of parents/carers, describing parents/carers as feeling heard, included, and understood. This links to the positive experiences of parents/carers who themselves have discussed the robust ability of Community F:CAMHS to teach, or upskill them to feel empowered to be agents in their child's care (Jacob et al., 2022). There may be an indirect link between this and the consultation model if the consultation's impact of containing anxiety in the professional network leads to professionals being more able contain the anxiety of parents/carers.

Strengths and limitations

This research adds to a very limited evidence-base exploring the experiences of professionals engaging with forensic services for young people. However, while the research sought to explore all positive and negative experiences, it relied on convenience sampling,

which may increase the risk of non-participation bias, allowing the views and opinions of those who were most engaged, or who had positive relationships to be prominent. In addition, the lack of participant demographic information prevents any further considerations being made in relation to personal characteristics. Therefore, the findings may not be representative of the wider population of professionals who consulted with Community F:CAMHS, despite efforts to recruit a diverse sample. The aim of this research was to explore referrer experiences of Community F:CAMHS, and to help illustrate the impact of the consultation and liaison model that is used by Community F:CAMHS throughout England. The three superordinate themes and 12 subthemes that were generated, suggest that Community F:CAMHS is effective in providing expert advice to a young person's network to enable and improve the provision of help and support from their local services. At the core of the Community F:CAMHS consultation and liaison model is the combination of forensic mental health expertise in risk assessment and management, with the ability to provide overarching – and authoritative - coordination, advice, and support to the professional and parent/carer network that surrounds the young person. Future research should explore the mechanisms that facilitate a team's sense of authority, for example, including commissioning and management structures, and procedures for teams being introduced within local systems, to aide replication of the model.

Conclusion

This research suggests that the Community F:CAMHS model of consultation is effective in co-ordinating, and providing authoritative advice to professionals from a range of agencies working with young people presenting with multiple, complex and high-risk needs. Community F:CAMHS' capacity to manage anxiety in the professional network is likely

helped by the one-step-removed position afforded in the consultative role, in which Community F:CAMHS practitioners might themselves be less impacted by the inevitable anxiety experienced when working closely with young people with complex needs and who pose high risk of harm. The effect of this reduced anxiety in the professional network enables professionals to plan more effectively, consider multiple perspectives and make sense of complexity. The ability of Community F:CAMHS to adopt a position of authority that was trusted in the professional network was seen to enable professionals to feel more empowered, and professional networks to develop clearer, more co-ordinated and more robust risk management plans.

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Tables

Table 1. summary of themes

Theme	Subtheme
Referrer Experience of Community F:CAMHS	Community F:CAMHS as an approachable and accessible service
	Referrers experienced good levels of communication with Community F:CAMHS
	Remote working due to the COVID-19 pandemic increased accessibility to Community F:CAMHS
	Community F:CAMHS increased referrers' confidence and their feelings of being supported
	Community F:CAMHS is an authority in the network with expertise
Impact on the network	Community F:CAMHS can contain anxiety in the network
	Community F:CAMHS facilitate thinking about risk and care
	Working with Community F:CAMHS supported and promoted interagency working practices

	Community F:CAMHS expertise appeared to result in more successful and tailored approaches
Impact on children and young people and their parents/carers	Consistency in the network's approach and understanding positively impacts children and young people's wellbeing and risk Community F:CAMHS had a significant impact on children and young people accessing appropriate help Community F:CAMHS has a role in containing the anxiety of parents and carers