



Crisis care for children and young people with mental health problems: national mapping, models of delivery, sustainability and experience (CAMH-Crisis2)

Overview

The CAMH-Crisis2 project investigated mental health crisis responses for children and young people up to the age of 25 in England and Wales, examining how services are organised, perceived and integrated within their local care systems. Employing a sequential mixed methods approach, the study team collected data between 2023 and 2025, capturing detailed survey data on 124 services followed by in-depth qualitative explorations in eight case study sites located across England and Wales.

Detailed articles associated with the project will be available at <https://fundingawards.nihr.ac.uk/award/NIHR151811> once published, but in the interim we would like to share some case study findings specific to your service as well as findings that emerged across the eight sites overall. We would like to take this opportunity to express our sincere gratitude for your involvement in the CAMH-Crisis2 project, and the time and effort you and your team have invested in supporting this research.

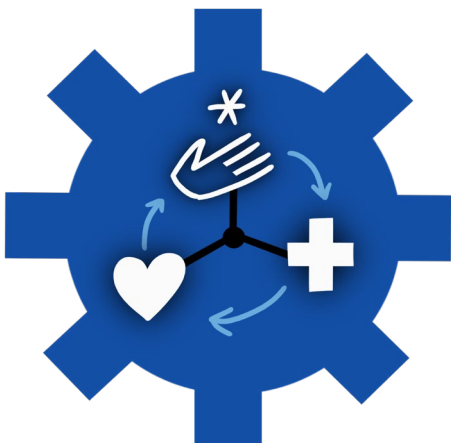
Cross-case summary and underpinning principles

Drawing on findings from all eight case study sites we have developed a set of principles to underpin the future provision of high-quality crisis services that are **sensitive to the needs of all children and young people** regardless of setting.

These principles are as follows:

■ Accessibility: **getting crisis support is important.**

This is a consistent finding across a number of our recent studies on children's mental health provision, as services are either not accessible, not available when needed, or subject to long waits. Many of the young people we spoke to wanted to see increased provision of non-clinical and informal support services with evening and weekend opening hours, such as crisis cafes.



■ Navigating a complex system: **children and young people, families and professionals all talked about the complexity of the mental health system.**

Without care coordinators, the work of navigating the system often falls to parents, and sometimes young people themselves, who feel ill-equipped for the role.

- Being clear on the offer: **services need to provide clear and accessible information on what they can and cannot do**, to allow informed decision-making and to prevent threshold rationing. This includes being clear on definitions of crisis, service offers, and being clear about endings and what happens next.



- Staff qualities: **interpersonal skills are important, but so is training** relative to roles and expectations. This isn't about professional qualifications/clinician-led services *per se*, but about having the expertise and skills to engage with children and young people.



■ Targeted services: **our case studies included some targeted services for children and young people with particular health and/or social care needs, which indicated that these are an important component within the overall crisis system.** As a commissioner for one case study service noted, they may appear more costly upfront but in the long-term they provide significant cost benefits.

■ Continuity: **services which are sustained over time and provide support beyond crisis are highly valued.** This links to the need to provide support earlier in the crisis pathway, when support is needed but often unavailable.



■ **Flex and flux:** services need to be nimble and responsive to meet local need, but too much flux is problematic and can create instability. For all services, demonstrating value and positive outcomes for CYP and their families is important in securing financial, organisational and workforce stability.

■ **Crisis services do not operate in isolation:** there is a need for the whole system around the child or young person (health, education, social care) to work together and share information to support children and young people as they move into, through and out of crisis care. This process needs to be transparent and visible to all.



This project is funded by the NIHR HSDR programme (NIHR151811). The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

