**Children & Adolescent Mental Health Services (CAMHS) Transformation Plan**

**Version 7 (draft)**

**October 2018**

Table of Contents

|  |  |  |
| --- | --- | --- |
| A | Improving CYP’s emotional and mental health  A.1 National context  A.2 Local context  A.3 Commissioning EHWB support | 3  5  6 |
| B | Estimating prevalence of emotional and mental ill-health  B.1 Local profile of CYP  B.2 Local intelligence | 9  10 |
| C | Promoting and protecting good mental health  C.1 Universal services  C.2 Targeted services/early help  C.3 Mental health training  C.4 Schools co-commissioning  C.5 Community Counselling  C.6 B&NES Early Help Services app | 14  17  18  19  19  19 |
| D | Specialist mental health provision  D.1 CAMHS  D.2 Eating disorders  D.3 Acute hospital mental health liaison  D.4 Health-based places of safety  D.5 Inpatient specialist psychiatric care  D.6 Early intervention in psychosis  D.7 Crisis concordat  D.8 Community CAMHS re-procurement  D.9 STP MH Delivery Plan | 21  24  24  25  27  29  30  30  32 |
| E | Vulnerable CYP at particular risk of mental ill health  E.1 Looked after children  E.2 Victims of sexual abuse or exploitation  E.3 CYP in contact with the justice system  E.4 CYP transitioning to adult mental health services | 35  35  36  37 |
| F | Engaging with stakeholders, including CYP  F.1 Children and Young People  F.2 General practice  F.3 Schools and colleges | 40  42  42 |
| G | Review of 15/16, 16/17 and 17/18 CAMHS Transformation plans | 43 |
| H | 18/19 CAMHS Transformation plan | 47 |
| I | Conclusion | 52 |
|  | Appendices 1-4 | 53 |

1. Improving children and young people’s emotional and mental health

This Transformation Plan aims to improve the emotional wellbeing and mental health of children and young people (CYP) under the age of 18 living in Bath and North East Somerset (B&NES).

The plan evidences the strong partnership approach and commitment to emotional health and wellbeing that is well established in B&NES. With greater co-production with schools, colleges and CYP, this plan aims to further transform local provision with the intended outcome of B&NES CYP having improved resilience and positive emotional wellbeing.

The plan co-ordinates the planning and commissioning of services to ensure that resources in all partner agencies are used in the most effective way to improve CYP’s emotional health.

A.1 National context

Department of Health evidence[[1]](#footnote-1) has confirmed that:

* The cost of mental health problems to the economy in England is estimated at £105bn, with treatment costs expecting to double in the next 20 years.
* 50% of lifetime diagnosed cases of mental illness start by the age of 14.
* Poor mental health in childhood is associated with poor childhood and poor adult outcomes.
* 10% of children at any one time have a diagnosable mental health problem.

The 2010 national public health strategy[[2]](#footnote-2) gave equal weight to both mental and physical health and focused on tackling the underlying causes of mental ill-health. The strategy noted:

* Intervening early for children with mental health problems has been shown not only to reduce health costs but also realise larger savings such as improved educational outcomes, reduced unemployment and less crime.
* 25-50% of mental health problems are preventable through interventions in the early years.

National government expects early intervention and preventative services to be commissioned and provided by the NHS, local government and the third sector working in partnership with each other.

A national mental health strategy specifically for children and young people, [*Future in Mind*](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)*,* waspublished in 2015. In February 2016, the government’s continuing commitment to improving mental health for all age groups culminated in the publication of the *Five Year Forward View for Mental Health.*

The Government’s aspirations for CYP, outlined in *Future in Mind,* are that by 2020 there will be:

* Improved access for parents to evidence-based programmes of intervention and support
* Improved crisis care: right place, right time, close to home
* Professionals who work with children and young people trained in child development and mental health
* Timely access to clinically effective support
* A better offer for the most vulnerable children and young people
* Treatment models built around the needs of children and young people, and a move away from the ‘tiers’ model
* More evidence-based, outcomes focussed treatments
* More visible and accessible support
* Improved transparency and accountability across whole system
* Improved public awareness and less fear, stigma & discrimination

*Future in Mind* has the following key themes:

* + Promoting resilience, prevention and early intervention
  + Improving access to effective support
  + Care for the most vulnerable
  + Accountability and transparency
  + Developing the workforce

Others relevant older documents used to produce this CAMHS Transformation plan are listed in Appendix 1.

In November 2016, the Education Policy Institute Mental Health Commission published its third and final report, [*Time to Deliver*,](http://epi.org.uk/wp-content/uploads/2016/08/progress-and-challenges.pdf) exploring the progress and barriers relating to the transformation of children and young people’s mental health in England, since the publication of *Future in Mind*.

*Time to Deliver* identified ten national themes including delivery problems with published local CAMHS Transformation Plans. Many of the themes resonated within B&NES e.g. the length of time it takes to achieve change and to embed new systems and working practices. Specific *Time to Deliver* themes reflected in the local 18/19 CAMHS Transformation plan include:

1. Prevention

* A sustained focus on raising awareness and reducing stigma.

2. Early Intervention

* Easy to access (by drop-in, or self-referral, with no thresholds) services in every area.
* A high profile, national government programme to ensure a stronger focus on mental health and wellbeing within schools. This should include:
* Evidence-based training for teachers
* Trained lead for mental health and wellbeing in every school, college and university.
* Schools, colleges and universities adopting the WHO recommended Whole School Approach model.
* Mandatory, updated, high quality, statutory PSHE in all schools and colleges, with dedicated time for mental health.

3. Delivering better treatment

* The practice of making a young person leave their support service on their 18th birthday must end. Young people should be able to choose when to transition up to the age of 25 with support from their therapists and parents or carers.

A significant further development in December 2017 was the publication of a government Green Paper entitled “Transforming children and young people’s mental health provision”[[3]](#footnote-3). Confirming the vital role schools/colleges have in building resilience and identifying mental health needs at an early stage, the paper proposed three key elements:

1. Every school and college will be incentivised to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing. All NHS children and young people’s mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.
2. Mental Health Support Teams, supervised by NHS children and young people’s mental health staff, will be funded to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.
3. A four week waiting time for access to specialist NHS children and young people’s mental health services will be piloted in some areas.

In July 2018 the government responded to its Green Paper consultation: [*Transforming Children and Young People’s Mental Health Provision: a Green Paper and Next Steps*](file:///C:\Users\Fairbam\AppData\Roaming\Microsoft\Word\CAMHS-Transformation-Plan-2018-DRAFT306855322040020222\Government%20Response%20to%20the%20Consultation%20on%20Transforming%20Children%20and%20Young%20People’s%20Mental%20Health%20Provision:%20a%20Green%20Paper%20and%20Next%20Steps)*.*

As a result of additional national funding to implement the Green Paper, B&NES CCG has been selected to express an interest in becoming one of the first areas to implement the second and third elements of the Green Paper. The invited Expression of Interest was submitted jointly with Wiltshire CCG and the result will be known by November 2018. The current CAMHS Transformation plan does not reference any potential changes should B&NES becomes a Green Paper ‘trailblazer’ site.

A.2 Local context

The [*Children and Young People's Plan (CYPP) 2018-2021*](http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/children_and_young_peoples_plan_2018-2021.pdf) is the commissioning and delivery plan to improve the general health and wellbeing of CYP and is closely aligned to the Health and Wellbeing Strategy in B&NES. It outlines both the local vision and priorities for the period 2018-2021 and has recently been approved by B&NES Health and Wellbeing Board.

The four key outcomes of the CYPP are:

Children and young people are safe

Children and young people are healthy

Children and young people have equal life chances

All children and young people are active citizens within their own communities

One of the Plan’s eleven priorities is to:

***“Increase the number of children and young people experiencing good emotional health, wellbeing and resilience”***

CYPP outcomes indicating increased numbers of CYP experiencing good emotional health, wellbeing and resilience include:

* % decrease in number of CYP aged 10-24 admitted to hospital as a result of self-harm
* % increase in number of CYP who have direct access to interventions e.g. Nurture Outreach, School Nurse, Counselling, online counselling and specialist CAMHS
* increase of CYP known to CAMHS, who are supported to transfer to adult services

A.3 Commissioning EHWB support

B&NES commissioners aim to commission and develop services which:

* Help children & young people learn the skills they need to stay emotionally healthy
* Identify children & young people who need extra support and provide it as early as possible for as long as it is needed
* Ensure the delivery of a comprehensive range of services to tackle mental health problems before they become entrenched
* Work with adult mental health services to minimise the impact of parental mental ill-health on children and young people
* Meet children & young people in the most accessible place possible
* Periodically review services to ensure resources are being used in the best possible way

The following commissioning principles are promoted:

Multi-agency working: a key principle of the strategy is that mental health is the ‘business’ of all agencies, and a joint approach is required to improve children & young people’s mental health. There is a commitment to an integrated care pathway for children & young people with emotional and behavioural difficulties which addresses how universal, targeted and specialist services work together to best meet the needs of children, young people and their families. Children & young people may have a ‘lead professional’ to help coordinate services.

Early Intervention: There is a focus on early intervention; in terms of early in the life cycle, early identification of difficulties and early intervention. Hence multi-agency services that promote the mental health of all children & young people (including building resilience) and provide early identification and preventative interventions are commissioned alongside services to meet the needs of children & young people with established or complex problems. Interventions are best provided ‘nearest’ the child or young person i.e. provided by practitioners with the ‘lowest level of specialism’ (but nevertheless with the necessary skills and competencies).

Evidence-based practice: Services should provide mental health care which is based upon the best available evidence, including relevant NICE guidelines.

Addressing inequalities: Services must be provided to children & young people regardless of their ethnicity, gender, sexual orientation and/or religion. All services should pro-actively consider the specific needs of children and young people:

* from black and minority ethnic groups (including migrant families)
* with physical and learning disabilities
* who are, or are at risk of becoming, young offenders
* who are in, or are at risk of entering, the care system
* who are experiencing, or are at risk of, child sexual exploitation
* who are lesbian, gay, bisexual, transgender or questioning their sexuality
* who are being bullied or discriminated against for other reasons e.g. the way they look or their economic circumstances.

Children and young people’s participation: All services should have a commitment to increasing the participation of service users, parents and carers in the planning and evaluation of services to ensure that services are designed around the needs of children, young people and their carers - as opposed to the needs of individual agencies.

Clear service expectations and outcomes: Services will be commissioned against clear expectations, outputs & outcomes, detailed in service specifications and monitored to ensure compliance and quality.

Links with other strategic work:

* The Emotional Health and Wellbeing (EHWB) Strategy Group is a sub-group that leads on the development and delivery of the CYPP. This group reports to the CYPP sub-group of the [*Health and Wellbeing Board*](http://www.bathnes.gov.uk/services/neighbourhoods-and-community-safety/working-partnership/health-and-wellbeing-board1).
* There are links to the Suicide Prevention Strategy Group and the Self-Harm Steering Group via the mental health representative from Public Health being a member of the both the EHWB Strategy Group and Suicide Prevention Group. Some actions from the [*Suicide Prevention Strategy and Action Plan*](http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Public-Health/suicide_prevention_strategy_2016_-_19_final.pdf) form part of the Action Plan for the EHWB strategy.
* There are links to the Local Safeguarding Children’s Board (LSCB) [*Early Help Strategy*](http://www.bathnes.gov.uk/sites/default/files/early_help_strategy_jan_2016_final.pdf) which focuses on preventative services. A preventative services commissioner also sits on the EHWB strategic group.
* B&NES is working towards creating a perinatal mental health strategy. The working group consists of commissioners and providers from maternity, adult mental health, children and adolescent mental health, health visiting and primary care services. (During July 2018 B&NES health commissioners submitted an application to NHS England, jointly with Wiltshire and Swindon CCGs, for funds to establish a specialist community perinatal mental health service operating across the three areas. The application was approved and the new service will commence in early 2019).

The CCG and the Council in B&NES have had integrated commissioning for a number of years, across a range of children and young people services. This has been further enhanced with public health becoming part of the Council’s commissioning arrangements in 2014. More recently, the CCG and the Council are working with other partners, including schools, to maximize the use of resources.

Responsibility for commissioning local EHWB services lies with a number of agencies; CCG, early years (Council), youth service (Council), schools and colleges (Academies and Council), specialist commissioning (NHS England), public health (Council) and voluntary sector organisations. A model of comprehensive emotional and mental health service provision is reproduced in Appendix 2.

B&NES is served by all elements of the model outlined in Appendix 2. Relevant children’s services are detailed in the embedded spreadsheet below and are provided by a range of organisations including the LA, VirginCare, Oxford Health NHS Foundation Trust and smaller voluntary organisations.

Services currently commissioned to support the emotional health of children and young people (September 18)



The EHWB Strategy Group now reports to a sub-group of the Health and Wellbeing Board - the CYPP subgroup. The CYPP sub-group is chaired by a member of the Health and Wellbeing Board ensuring that all priorities for children and young people are closely aligned with the Health and Wellbeing Strategy. The EHWB Strategy Group is required to produce bi-annual update to the CYPP sub-group and LSCB as well as an annual review of performance.

Although the EHWB Strategy Group does not include a CYP representative, the CYP Equalities Group also receives the same bi-annual report for scrutiny and comment. This group includes representatives from the various children and young people participation groups and school equalities teams across B&NES including CAMHS service users, Children in Care, Youth Forum and the Member of Youth Parliament.

Formal monitoring of the CAMHS Transformation Plan is via the EHWB Strategy Group. There are strong links to the LSCB with the Childrens’ Social Care manager also being a member of the LSCB.

The CCG CAMHS and Maternity Commissioning Project Manager attends mental health events and virtual meetings facilitated by the SW Strategic Clinical Network. The network supports commissioners and providers by highlighting national guidance and facilitating the sharing of ideas, experiences and good practice. The network also facilitates contact and discussion between national (specialist) and local CAMHS commissioners.

B Prevalence of emotional and mental ill-health in Bath & North East Somerset

Children and young people’s good mental health includes:

* The ability to develop psychologically, emotionally, creatively, intellectually and spiritually;
* The capacity to initiate, develop and sustain mutually satisfying personal relationships;
* The ability to be aware of others and empathise with them;
* The ability to play and learn, with attainments that are appropriate to age and intellectual ability;
* A developing moral sense of right and wrong;
* the degree of any psychological distress and maladaptive behaviour being within the normal limits for the child’s age and context;
* The ability to be able to face and resolve problems and setbacks, and learn from them. [[4]](#footnote-4)

Symptoms of poor emotional health may differ according to a child’s personality, personal history, community and environmental factors. Symptoms include behavioural problems, substance misuse, self-harm, suicide attempts, eating disorders, depression, anxiety, obsessions and episodes of psychosis.

B.1 Local profile of CYP

* B&NES has an estimated 38,092 resident children and young people under the age of 19 years.  This represents 20.2% of the total population of B&NES. [Source: ONS 2017 mid-year population estimates]  The 2015 West of England dwelling-led population based forecast estimates there will be over 41,614 0-18 year olds by 2024.
* As of January 2018 B&NES had 82 state-funded schools, comprising 63 primary schools, 16 secondary schools (including three studio schools) and 3 special schools.  B&NES also has 9 independent schools. [Source: January 2018 School Census]
* As of January 2018 there are 26,960 state funded school pupils in B&NES – 13,580 in primary schools, 12,927 in secondary schools, 453 in special schools - and 4,455 in independent schools. [Source: January 2018 School Census]
* 994 (9.3%) of secondary and 1,577 (11.8%) of primary pupils in B&NES are eligible and claim free school meals. [Source: January 2018 School Census]
* As of January 2018, 14.8% pupils in B&NES state-funded **primary** schools were from minority ethnic groups (1,996 pupils) (i.e. non-White-British).  This is significantly lower than the comparable national figure of 33.3% [Source: January 2018 School Census]
* As of January 2018, 11.9% pupils in B&NES state-funded **secondary** schools were from minority ethnic groups (1,473 pupils) (i.e. non-White-British).  This is significantly lower than the comparable national figure of 30.7% [Source: January 2018 School Census]
* B&NES is one of the 20% least deprived authorities in the country but does have one small area in the most deprived 10% of areas in England, with a further four small areas in the next most deprived 10% of areas in England. [Source: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/socio-economic-inequality>]
* The number of pupils eligible for the Pupil Premium in the 2018/19 academic year in B&NES’s state-funded schools is 4,226.  [Source:  PP Grant 2018/19]
* As at January 2018 there were 1,185 children and young people aged 0-25 in B&NES with an LA maintained Statement or EHC plan. This represents the highest number since at least 2006.  [Source: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/special-educational-needs>]

B.2 Local intelligence regarding emotional health and wellbeing

Intelligence regarding the emotional health and wellbeing of B&NES CYP, alongside mental health problems, comes from a number of sources. The following data is predominately drawn from [*Bath and North East Somerset’s Joint Strategic Needs Assessment*,](http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/children-and-young-people) National Child and Maternal Health Intelligence Network, [*CAMHS Needs Assessment Tool*](http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=34&geoTypeId=) and the LA’s Schools Health Related Behaviour Survey.

B.2.1. Self-reported difficulties

Since 2011 B&NES Public Health has commissioned the Schools Health Education Unit (SHEU) to complete a health-related behaviour survey in both primary and secondary schools on a biennial basis.  The SHEU survey will run again in 2019 and all Primary and Secondary schools will be invited to take part.

The survey has been developed by health and education professionals and covers a wide range of topics. Under emotional health and wellbeing it asks pupils in participating schools questions linked to their satisfaction with life, the extent to which they worry about things, self-esteem and bullying.

Data from this survey can inform planning and discussion on the basis that a large number of B&NES pupils complete it.  Secondary school data for 2017 is available from year 8 (1,699) and year 10 students (1,450) and primary school data for year 4 (1,091) and year 6 (1,051).   It should be noted, however, that those completing the survey do not represent a random sample of children and young people in the authority as it excludes those attending non-participating schools, young people absent on the day due to illness or exclusion, those with limited access to computers, those attending schools elsewhere and those who opted out.  Although published data is only available on a county level, each school has access to its ‘own’ survey data and, in conjunction with public health colleagues, can think about addressing specific issues pertinent to their individual school e.g. revising PHSE programmes.

The survey asks a number of questions relating to emotional health and wellbeing.  When it is stated that something is significantly higher/lower it means that the difference is statistically significant:

Satisfaction with life

*Secondary school responses:* When rating how satisfied they felt with their life using a scale of 1 to 10, of the pupils surveyed, 17% responded in the lower half of the scale of feeling satisfied with 2% giving the lowest response ‘not satisfied at all’. More girls than boys were found at the lower end of the scale and more boys than girls at the higher end.

*Primary school responses*: 72% of boys and 74% of girls reported they were at least ‘quite happy with life at the moment whilst 8% of boys and 7% of girls responded that they are 'quite' or 'very' unhappy with their life at the moment.

Bullying

*Secondary school responses*: 31% of young people surveyed said they felt afraid to go to school sometimes because of bullying.  This was significantly higher for girls than boys and significantly higher for pupils who had been eligible for free school meals anytime in the last six years compared to those who had not   Appearance, size and weight were the main reasons pupils cited for having been picked on or bullied.

*Primary school responses:* 32% of pupils reported that they have felt afraid to go to school because of bullying at least sometimes.  27% reported being bullied at school in the previous 12 months.  The top reasons given for being bullied were similar across both year 4 and 6 pupils and for both boys and girls.  These were appearance (including size and weight) and academic ability (including doing well in tests or having a learning difficulty.)

Self-esteem

The survey generated self-esteem scores based on the pupils’ responses to a set of ten statements taken from a standard self-esteem enquiry method.  The scale is based on social confidence and relationships with friends. The scores range from 0-18.

*Secondary school responses:* 22% had a medium to low self-esteem score. Higher proportion of girls had a medium-low self-esteem score compared to boys. The proportion of pupils that stated that they had been eligible for free school meal in last six years that had a medium-low self-esteem score was significantly greater than non-free school meals pupils.

*Primary school responses:* 20% of primary aged respondents had a medium-low self-esteem score.

Worries

The survey asked pupils how much they struggle/ feel bad or stressed or worry about a range of issues.

*Secondary school responses:* 88% of pupils reported worrying about at least one of the issues listed ‘quite a lot’ or ‘a lot’ of the time, with girls worrying more than boys The issues girls most worried about were: exams and tests (72%), the way they look (55%), the future (54%) and school work (48%). Boys also worried about these issues, though to a lesser extent, with over half worrying about exams (56%) and almost half (46%) worrying about getting a job.

*Primary school responses:* 80% of primary pupils reported that they worry a lot about at least one of the issues listed. Top worries for boys are family (44%), global issues (37%) and SATS /tests (46%). For girls the issues are SATS/tests (44%), being bullied in person (41%) and family (41%).

Coping with low self-esteem and worries

Surveyed pupils were asked what they were likely to do when they had a problem that made them feel bad, stressed or worried.

*Secondary school responses:* 90% of pupils said that they would talk to a trusted adult.  Girls were more likely to speak to a friend (93%) compared to 86% of boys. 20% of boys and 18% of girls said they would speak to the school nurse. 14% of boys and 13% of girls would refer to an online advice website e.g. Kooth and the same proportions would use outside agencies such as Off the Record or Project 28.

A significant of proportion of pupils said they would keep their concerns to themselves (83%) with more girls than boys opting for this. In comparison more boys than girls responded that when they are feeling bad or stressed or worried about a problem they get into trouble (6% total).

36% of boys and 51% of girls responded they eat more when worried and 17% of boys and 25% of girls reported that they hurt themselves in some way.

*Primary school responses:*

94% of pupils responded that they do have at least one adult they can trust, while 4% said they 'don't know' if they do.

B.2.2. School Nurse support at school

During 2017/18 B&NES School Nurses (including 2 FE College nurses) in B&NES provided 4378 face to face contacts with pupils, the majority of whom were experiencing emotional distress.

To address health inequalities, the school nursing service allocates its capacity by reference to a matrix which reflects local inequalities e.g. indices of multiple deprivation, percentage of pupils with Education Health and Care plans etc.

B.2.3. Estimates of the prevalence of mental ill health

The national prevalence of mental health problems in children and adolescents (aged 5-16 years) was last surveyed over 10 years ago in 2004. This study (Green et al.) estimated that, at any one time, almost 1 in 10 children aged 5-16 years old had a clinically diagnosable mental disorder, causing distress to the child or having a considerable impact on their daily life.

More recently Public Health England [[5]](#footnote-5) estimates that 8.3% of children and young people aged between 5 – 16 years in B&NES have a mental health disorder. This is similar to estimates for England (9.2%) as a whole and the South West (8.9%).

In particular, Public Health England estimates a

* 3.3% prevalence for emotional disorders (England 3.6%)

4.9% prevalence for conduct disorders (England 5.6%)

1.3% prevalence for hyperkinetic disorders (England 1.5%)

52.9 % of children aged 5 – 16 who have been in care for at least 12 months have an SDQ score which indicates cause for concern (England 38.1%)

3.2% of primary school children with EHC plans, have them due to social, emotional and mental health needs (England 2.2%)

A new national survey of the prevalence of CYP’s mental ill-health is currently being undertaken and was due to be published in August 2018.

Until then, NHS England estimates the total number of CYP with a diagnosable mental health condition resident within B&NES is 2,925.

There are a range of Tier 1 and Tier 2 services offering emotional support e.g. School Nurses, Health Visitors, Family Nurses (FNP), Theraplay, Nuture Outreach, online support and counselling (Kooth) and face-to-face counsellors etc. as well as Primary CAMHS.

The number of referrals to Primary (Tier 2) and Specialist (Tier3) CAMHS services have increased in recent years and although they are not all accepted as appropriate referrals, they are indicative of distress.

|  |  |
| --- | --- |
|  | Referrals received |
| 2014/15 | 844 |
| 2015/16 | 1054 |
| 2016/17 | 1266 |
| 2017/18 | 1105 |

The rising number of referrals to CAMHS is a national as well as local trend.

(Since April 2019, the specialist CAMHS provider, Oxford Health NHS Foundation Trust, has begun implementing a new service delivery model based on the ‘tier-less’ THRIVE model. See section D.8 for more detail).

C. Promoting and protecting good mental health

The [Mental Health Foundation](http://www.mentalhealth.org.uk) believes that good mental health is characterised by a child’s ability to fulfil a number of key functions and activities including:

* The ability to learn
* The ability to feel, express and manage a range of positive and negative emotions
* The ability to form and maintain good relationships with others
* The ability to cope with, and manage, change and uncertainty

There are a number of ‘protective’ and ‘risk’ factors known to be associated with good emotional health. These are reproduced in Appendix 3.

C.1 Universal services

B&NES has a comprehensive range of good quality universal health and education provision, including maternity, health visitor and school nurse service, early years and school settings as well as a wide variety of provision delivered by the community and voluntary sector.

Universal services providing social, emotional and developmental support are usually sufficient to meet the needs of children and young people. They have a strong role in preventing problems occurring and providing support when they do. Universal services also play a critical role in supporting children, young people and families to access additional targeted support to meet additional or more complex needs.

C.1.1. An example of a universal service offering preventative emotional health support is the school nursing service. An example of a non-targeted and non-stigmatizing approach to prevent emotional issues is a whole class Cognitive Behaviour Therapy (CBT) based intervention (FRIENDS) which is delivered by school nurses to Year 5 pupils. For the last 3 years the CAMHS Transformation Plan funding has enabled all year 5 pupils in 10 classes from selected primary schools to receive this evidence based intervention which teaches children to distinguish between their thoughts and feelings and to learn how to prevent their anxieties escalating.

C.1.2. Young people have told us that they need access to high quality support and treatment, which is simple and easy to access.  As a fully commissioned service from B&NES Clinical Commissioning Group, Kooth.com is a free, safe, confidential and non-stigmatised way for young people to receive counselling, advice and support on-line. Staffed by fully trained and qualified counsellors and available until 10pm each night, 365 days per year, it provides a much needed out of hours service for advice and support.

The online service is designed to increase and enhance existing school provision, providing more flexible access to support. The service uses a digital medium with which young people feel familiar and find easy to use and the anonymity appeals to many CYP. More information concerning Kooth online services is available [here](https://www.kooth.com) and electronic publicity material [here](https://xenzone.com/resources/).

Due to the success of the first year (16/17) of Kooth’s service in B&NES, a decision has been made to continue to commission Kooth using CAMHS Transformation funding. The summary statistics are as follows:

|  |  |  |
| --- | --- | --- |
|  | Apr 16-Mar 17 | Apr 17-Mar 18 |
| Number of Kooth logins | 3798 | 6181 |
| Unique CYP logins | 693 | 1079 |
| Number accessing online real time counselling | 231 | 305 |
| Average number of real time counselling sessions | 2 | 2 |

C.1.3. Public Health contributes funding to help early years settings, schools and colleges to promote emotional health:

* Mindfulness in schools and college - Four staff from three secondary schools were funded to complete a four day training course in January 2016. This qualified them to deliver mindfulness in school sessions/resources to young people in schools. 16 staff from 14 primary schools were then funded to complete an eight week mindfulness course followed by two sessions using ‘Relax Kids’ resources. All teachers then practiced mindfulness activities with pupils. The independent evaluation of the pilot in 2016 was positive and during 2016/17, another 24 teachers from 15 schools were subsidised to complete the Mindfulness training. No further Mindfulness training was commissioned during 17/18.
* Director of Public Health Award (DPHA) for Early Years, Schools and Colleges. In 2016/17 18 schools, Bath College and 11 Early Year settings were awarded certificates. Schools mostly select EHWB issues as the focus for their Children in Challenging Circumstances (ChiCCs) for their Healthy Outcomes Certificates. As well as Mindfulness, schools select a variety of other interventions including Bath Rugby Foundation Stickability course, drumming, and Theraplay (sunshine circles) to engage children and enhance self-esteem such as using creative movement and enterprise projects.

The DPHA for schools and colleges is due to end in September 2018. It will be replaced by a new Public Health Programme for Schools from 1st October 2018. This will be a ‘light touch’ programme. Schools will be able to access 2 audits – one on Healthy Weight and one on Mental Health and Wellbeing – against which they can audit their own provision and RAG rate it against best practice. The audit will provide sources of support and guidance that they can access online. Where B&NES can also offer support and training, this will also be signposted. There will be no requirement for schools to apply for their audit to be approved or accredited.

The Early Years DPHA Programme will remain, although it has been redeveloped to align with the Early Years Team focus of ‘narrowing the gap’. It will be called the Public Health Programme for Early Years, and will focus on Healthy Weight as a priority rather than Mental Health (although mental health is recognised as part of supporting healthy weight issues).

* A suicide prevention programme at Bath College was funded by Public Health for students who are taking construction industry related courses in academic year 2017/18. A resource called ‘Seeking Help in Time of Trouble’ was developed by Public Health following a focus group session with students on level 2 construction related course at Bath College.  The resource consists of a lesson plan and accompanying materials encouraging help seeking behaviours and making links to sources of support. The branding and content is construction related specific.  The resource was funded by the Charlie Waller Memorial Trust and now sits on their website and is being used nationally.
* Public Health also funded the training of one person to deliver Mental Health First Aid 2 day courses for other local professionals working with children and young people – mainly Youth workers and Primary school staff. Two courses have currently been delivered one in January the other June.  A third course is scheduled for October 2018. All have been full (16 people at each).

C.1.4. Mental Health resource packs for schools – both Public Health and CAMHS TP funding was used to develop and print mental health resource packs for KS3, KS4 and 6th Form pupils. The resources were developed by the School Improvement team and the CAMHS participation team of young people. Following training in their use, hard copies of the resources have been distributed to all secondary schools and settings such as Project 28 (substance misuse service), Off The Record (Participation, Advocacy, Youth Forum provider), Connecting Families (Complex families service) etc. Mental health resource packs for KS1 and KS2 pupils were updated and re-launched during January 2017. Every Primary school has received a pack. The packs are now available on the Oxford Health NHS Foundation Trust (CAMHS) website and schools will continue to be signposted to them via the Public Health Programme for schools and relevant training courses.

C.1.5. Boys in Mind Project – funded by Public Health, CAMHS TP funds and Charlie Waller Memorial Trust (CWMT). Staff from schools, college and CYP organisations are working to explore issues and positive approaches to boys’ mental health. A package of support will be delivered in three schools that will cover:

* ‘Whole School Approach to Male Mental Health’ training & staff briefing
* Solutions Focused training for identified relevant staff to develop confidence in applying this approach with boys and young men
* Boys / young men focus group led by CAMHS participation lead to identify school priorities
* Access to a bespoke checklist to assess PSHE materials and resources to assess their suitability for boys
* Training for duty and playground staff /SMSAs to challenge gender stereotyping and mental health stigma. To include the development and use of an agreed scripts
* Parents’ workshop.

The Boys in Mind project continues to be developed and currently there is discussion about joining with a national charity to broaden the reach of the work. Plans are in place to trial materials for use in schools with 5 local Primary schools and 5 local Secondary schools during 2018/19, after which the materials will be disseminated more widely.

C.1.6. In response to joint concerns about staff mental health and workload, two members of B&NES School Improvement team joined with representatives from a number of teaching Unions (NAHT, NEU, NASUWT) and the Diocese of Bath & Wells to develop a staff wellbeing toolkit. The development of the toolkit took many months and was trialled in a number of B&NES schools and with input from Head teachers and senior managers. It was launched on April 12th 2018 to approximately 40 schools and has been well received. The toolkit consists of a staff wellbeing survey and a guidance document. The toolkit was presented at a SW Healthy Schools Conference in June 18 and was well received. A press release has been sent to the Times Educational Supplement and other Union publications to publicise it.

C.2 Targeted services / Early Help

B&NES preventative Early Help services provide a variety of targeted support for vulnerable and/or complex families and include Children Centre Services and Connecting Families (B&NES).

(See spreadsheet embedded on page 9 for the full range of commissioned services supporting CYP emotional health)

Two services supported by CAMHS TP funding specifically support targeted very young children with emotional difficulties which persist despite support from universal services:

* Bright Start Children’s Centres have a service level agreement which includes delivery of Theraplay - a child and family therapy for building and enhancing attachment, self-esteem, trust.  CAMHS Transformation funding 2017/18 has enabled delivery of additional Theraplay training and supervision with 4 practitioners trained to Foundation level across the children’s workforce (Children’s Centres and social care). This has increased capacity for this therapeutic support in early years with development of a Practicum of staff able to use Theraplay informed techniques in support of parents and young children.
* Nurture Outreach Service in primary schools - a team of qualified specialists (in nurture, attachment and trauma) model practical strategies and in schools to effect change at whole school level as well as providing 1:1 work with children and school staff.  From October 2017 – March 2018 the service supported 26 children entering reception year.  Of this cohort 85% of children have improved their learning and 88% increased their emotional wellbeing rating.  95% of the associated school staff developed better skills to manage children adapt the curriculum and environment to support them.

Other targeted Early Help Services provide support to children aged 5-13 with emotional and social issues (social isolation, behavioural issues, lack of engagement at school, bullying, health issues, parental mental health, domestic violence, drug and alcohol issues):

* The Family Support and Play Service is a commission managed by Southside Family Project in partnership with Bath Area Play Project. The target group is families of children and young people aged 5-19 years and the service offers whole family specialist support including coaching, counselling, play therapy and group interventions.  From April 2017 – March 2018 Southside worked with 450 families.   Following the intervention;
* 65% of adult family members were reported to have increased capacity to keep their children safe, including e safety, families affected by domestic violence, MARAC and lower risk cases (where this outcome was a presenting need).
* 79% of victims of domestic abuse were better able to keep themselves safe (where this outcome was a presenting need).
* 78% of children and young people improved their emotional resilience (where this outcome was a presenting need).
* Preventative Youth Support Services include Youth Connect, Mentoring Plus and Compass who all provide support to young people who are at risk of suffering poor outcomes due to social and emotional needs with then increase their risk of becoming NEET (not in education, employment or training) and/or entering the youth justice system.  In 2017/18, Youth Connect supported 573 young people, Mentoring Plus supported 61 young people and Compass supported 35 young people.

C.3 Mental health training

Staff in health, social and education services have access to a variety of training opportunities. As well as any ‘in-house’ agency specific training, there are a number of opportunities to access multi-agency training.

The LSCB training sub-group administers Mental Health Awareness training which is delivered by local CAMHS practitioners. The content of the /training is reviewed annually. For example, the following courses have been/will be delivered:

* Attachment introduction and Awareness 24 Nov (1 day)
* Eating Disorders  27 Sept (1/2 day)
* Emerging Borderline Personality Disorders and DBT 5 Oct (1/2 day)
* DSH & Suicidal Behaviour 29 Jan and 18 May (1/2 day)
* Loss & Bereavement 6 Mar (1/2 day)
* ASD & co-existing MH difficulties 25Jun (1/2 day)
* Depression and Anxiety first response 22/23 Oct (2 day)

Multi-agency Applied Suicide Intervention Skills Training, ASSIST – funded by Public Health - was also delivered on during February 2018.

The government centrally facilitated and delivered a one day Youth Mental Health First Aid course for Secondary schools and a course ran locally in late 2017 and was attended by 7 Secondary/Special schools. A second course is being arranged for the remaining Secondary/Special schools.

During 17/18 CAMHS Transformation Fund was used to subsidise highly valued training and development for staff to support children with emotional wellbeing issues. This included a Level One Theraplay course, and training to increase capacity of the Nurture Outreach Service. The Nuture Outreach training included training in Nurture Approaches, Thrive interventions, Working with parents and agencies and the use of the Nuture Outreach Service Early Identification Checklist.

In addition during 17/18, Attachment Awareness training - specifically for educational staff closely involved with Looked After Children - was organised by the Virtual School for LAC.

C.4 Schools co-commissioning

Since 2015/16 B&NES schools have collectively co-commissioned services with the LA/CCG to support pupils’ emotional health. Two significant commissions are the Nuture Outreach Service (see above) in primary schools and the Emotional Health and Wellbeing (EHWB) Resilience Hubs in secondary schools. A summary of the level of engagement with the EHWB Resilience Hubs 17/18 academic year is available here:



As the report shows, the engagement with the Hubs varies between schools and the named CAMHS workers are considering options to improve the offer to secondary schools. Future funding is committed for the 18/19 academic year but, due to funding restrictions, the LA funding for the counselling element of the School Hubs has been withdrawn. During 18/19 the counselling cost shortfall will be met by CAMHS TP funds.

B&NES commissioners have joined Wiltshire CCG commissioners in an Expression of Interest to become a Trailblazer pilot for implementing the national Mental Health Support in Schools Green Paper. If successful, the newly created Mental Health Support Teams will provide direct interventions to pupils and their parents/carers.

School and college based counsellors have continued to be co-commissioned in 13 secondary schools and the local further education college. In 17/18 (Apr17 – Mar18) 760 CYP accessed school/college based drop in or counselling sessions with Off the Record and 183 pupils accessed professional counsellors provided by Relate.

C.5 Community based counselling

During 17/18 a local charity (Off the Record, OTR) was commissioned to increase their offer of counselling to CYP in locations outside Bath city (where OTR is based and offers listening support and counselling services from its operational/administrative base). As a result of increasing waiting lists for school counsellors in the Radstock schools, OTR had created a community based counselling service for 1 evening per week based in Midsomer Norton. During 17/18, additional funding from the NHS (via the South West Strategic Clinical Network) was awarded to provide 2 additional evenings in Midsomer Norton and 1 evening per week in Keynsham. In total, 92 CYP were able to benefit from NHS funded community counselling services in Midsomer Norton and Keynsham.

Due to the success of this pilot, 18/19 CAMHS Transformation funding has

been allocated to continue this service for 1 evening per week at both locations.

C.6 B&NES Early Help Services App

The B&NES Early Help Services app is for use by professionals working with children, young people and families in the local area, bringing details of Early Help Services to mobile smartphones and tablets.

Created by the Early Help Board at B&NES Council, the App provides details of local organisations, service providers and voluntary groups that support families. Links to partner organisations are provided for different issues that families may encounter as well as screening tools, thresholds documents and quick access to other useful local directories like 1 Big Database, all helping practitioner to refer or signpost families to the most appropriate service for support.

One of the best features of the App is that it can be used without an internet connection. This convenience means the App is ideal for use when ‘out and about’ and away from an office base.

All the information on the App either syncs with the 1 Big Database web site or is maintained by the Preventative Services Commissioning team at B&NES Council, so it remains up to date and relevant. The B&NES Early Help Services App is free to download and use and is available of via PlayStore or Android App stores.

D. Specialist mental health provision

D.1 Local specialist Child and Adolescent Mental Health Service

CAMHS services in B&NES have been provided by Oxford Health NHS Foundation Trust (OHFT) since 2010. Additional targeted services (Primary CAMHS), delivering ‘lower level’ interventions, were commissioned from the same Trust in 2011.

Referrals/Caseloads

There is a single point of access to primary and specialist CAMHS.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Referrals received | Accepted referrals | % of inappropriate referrals | Average caseload (PCAMHS, CAMHS and OSCA only) |
| 2014/15 | 844 | 640 | 24% | 510 |
| 2015/16 | 1054 | 856 | 19% | 514 |
| 2016/17 | 1266 | 1123 | 10% | 497 |
| 2017/18 | 1105 | 992 | 10% | 547 |

Historically the largest proportion of referrals has come from GPs. It is encouraging to see the percentage of inappropriate referrals decreased in 16/17 and this lower level was maintained during 17/18.

Waiting times

The funding, and hence the caseloads, for both services have remained fairly static since 2011. Approximately 520 children and young people receive P/CAMHS services at any one time.

There is an ambition for 90% of accepted routine referrals to be assessed within 4 weeks. Due to a combination of staff vacancies, sickness, increasing numbers of referrals and the complexity of those accepted (and hence requiring more support), waiting times have deteriorated since 2014/15.

The waiting time for assessment indicators are as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | PCAMHS referrals assessed within 4 weeks | PCAMHS referrals assessed within 8 weeks | Tier 3 urgent referrals assessed within 4 weeks | Tier 3 routine referrals assessed within 4 weeks | Tier 3 routine referrals assessed within 8 weeks |
| 2014/15 | 73% | 97% | 95% | 72% | 94% |
| 2015/16 | 54% | 91% | 98% | 52% | 80% |
| 2016/17 | 58% | 93% | 97% | 43% | 70% |
| 2017/18 | 58% | 81% | 86% (patient cancelled twice) | 47% | 75% |

Approximately 25% of CYP who are assessed by CAMHS only require advice, support and/or signposting before being discharged from the service.

There can be another wait for some treatments to begin and waiting times for *treatment* (2 face to face contacts – as opposed to first assessment appointment) are also monitored. Year to date at 30/09/18 figures indicate the average wait for treatment is 11 weeks from referral and that 46% of CYP start treatment within 8 weeks (target is 70%). National referral to treatment times are defined differently (the second contact does not have to be face-to-face) and, using this definition, 80% YTD 30/09/18 are accessing treatment within 8 weeks.

The Government has an ambition that 70,000 more CYP per year will access CAMH services by 2020. Contributing to this target was part of the agreement that CCGs made with NHS England before it distributed the additional £1.4bn *Future in Mind* funding in 2015/16.

To measure progress towards this target, there is a new national access indicator designed to measure increases in access to CYP mental health services. It has 3 elements:

1. The number of *new* children and young people aged under 18 receiving treatment from NHS funded community services in the reporting period. (This is an experimental measure, intended to improve our understanding of how quickly CYP enter treatment).
2. Total number of individual children and young people aged under 18 receiving treatment by NHS funded community services in the reporting period.
3. Estimated total number of individual children and young people aged under 18 with a *diagnosable* mental health condition.

Ultimate success will be measured by comparing 2 and 3. The government ambition is for all areas to be hitting 30% target by March 2018, 32% by March 2019, 34% by March 2020 and 35% by March 2020.

In 16/17, indicator 3 - the total number of CYP in B&NES with a diagnosable MH condition - was estimated by NHS England as 2,925. Data for these access indicators is calculated by the flow (started in January 2016) of Mental Health Service Data Set (MHSDS) data from community mental health services providers. Currently in our area only OHFT CAMHS provide the MHSDS for CYP.

Due to continuing and significant national MHSDS data quality issues, NHSE undertook a ‘one-off’ manual data collection to ascertain how many CYP had accessed mental health support in 2017/18 (the national ambition being 30%). This manual data collection included interventions provided by OHFT, specialist inpatient providers and also other locally commissioned services e.g. on-line and community providers i.e. Kooth and school/college and community counsellors (Relate and OTR).

The resulting 54% for B&NES was the highest in the region and compared very favourably with national CCG results:



Costs and staffing

During 17/18 the PCAMHS service was commissioned by NHS B&NES CCG at a cost of £245,712 per year. The specialist CAMHS service, commissioned by NHS B&NES CCG for £1,924,680, included a £317,000 contribution from the local authority (reduced from £392,000 in 14/15). Contract variations - which increase the value of the core contract to reflect changes due to implementing some aspects of the CAMHS Transformation Plan - have resulted in OHFT employing additional staff:

At the start of the local CAMHS Transformation Plan funding in March 2015, OHFT employed 32.8 WTE practitioners in PCAMHS, specialist CAMHS and the Outreach team. As at 31st March 2018, 39.3 WTEs were employed in those teams by OHFT.

The Children and Young People’s Improving Access to Psychological Therapies programme (CYP IAPT) is a service transformation programme delivered by NHS England that aims to improve existing CAMHS working in the community. The OHFT CAMHS service forms part of the Oxford and Reading CYP IAPT collaboration which formed in 2012.

More detail is available here:



Part of the CYP IAPT programme is subsidised training for CAMHS practitioners. To date, in B&NES the following numbers of staff have been trained:

Year 1, 2012/13 5 therapists trained in CBT, 1 in parenting.

Year 2, 2013/14 4 therapists trained in CBT, 1 in parenting.

Year 3, 2014/15 4 therapists trained in SFP, 1 in IPT-A.

Year 4, 2015/16 0 therapists trained

Year 5, 2016/17 0 therapists trained

Year 6, 2017/18 0 therapists trained.

From April 2018, IAPT training and backfill NHS England subsidies will cease. OHFT will have to bear the full training costs or be subsidised by future CAMHS TP uplifts.

During 2015/16 other agencies in B&NES were introduced to the principles and practices of CYP IAPT with the hope of more organisations adopting the IAPT framework. To date no voluntary or statutory agencies, apart from the OHFT, have joined the CYP IAPT collaborative.

A key part of IAPT has been the introduction of goal based measures to all patients in CAMHS and the introduction of session by session Reported Outcomes Measures by all clinicians. Various clinical Outcome Measures and experience indicators are used within CAMHS and a number of ‘before’ and ‘after’ intervention measures are beginning to be counted and analysed by OHFT. Routine reporting of ‘distance travelled’ is not yet available.

To increase effectiveness and resource efficiency OHFT has started developing and using more digital resources e.g an App used by self-harming CYP, on-line CBT and a self-harm website – HarmLess - which helps professionals assess the level of risk of CYP who are self-harming.

D.2 Eating disorders

At least 1.1 million people in the UK are affected by an eating disorder (ED), with young people in the age-group 14-25 being most at risk of developing this type of illness. Nationally the highest prevalence is in 16-24 year old girls. In B&NES the majority are aged 15 and 16 but it is important to note that there are children as young as 10 years old presenting with eating disorders and that the illness affects boys as well as girls.

The local ED service has been established since 2010/11 and was recognised as an example of good practiceby NHS England and the National Collaborating Centre for Mental Health.

*Future in Mind* indicated that by 2020/21, evidence-based community eating disorder services for children and young people need to be in place in all areas, ensuring that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases. Since 2015/16 CAMHS Transformation Plan funding had included ‘ring-fenced’ funding for improved ED services.

The CAMHS provider, OHFT developed a specialist Eating Disorder Service, TEDS, across the wider geography of B&NES, Wiltshire and Swindon (STP footprint) which was formally launched in March 2017. TEDS is a highly specialized multi-disciplinary team providing evidence based interventions to CYP with an ED. This includes an outreach service for home treatment which operates 7 days per week assisting with home feeding. The aim of the provision of community eating disorder services is to ensure evidence-based treatment at the earliest stage of the illness, therefore helping to reduce demand for specialist services and admissions. The service recently incorporated Multi-family therapy as an evidenced based intervention.

The local specialist ED service meets latest NICE Guidance and new access and waiting time standards. TEDS are now in their second year of membership with the Quality Network for Community Eating Disorders for Children and Young People(QNCC-ED). This is a network that works to improve services for children and young people through a supportive, standards-based review process. The service expects to be audited and peer reviewed during 2018 and 2019.

Recent data indicates that CYP with a suspected Eating Disorder are being seen fairly promptly. Over the 12 months period (April 17 – March 18) there were 40 routine ED referrals, 39 (97.5%) of which were seen within 4 weeks and 5 urgent cases, 4 (80%) of whom were seen within 5 working days. (1 urgent case twice postponed their appointment).

D.3 Acute hospital mental health liaison

Regarding urgent and emergency access to crisis care, all young people up to the age of 16 who present at the local acute hospital (Royal United Hospital Bath) following an act of deliberate self-harm – physical and/or substance misuse - are admitted to the Children’s ward. 16-17 y/o should be admitted to the Observation Ward and assessed the same day or, if more appropriate the following day, by a clinician from the CAMHS Team.

The local CAMHS team supports any CYP presenting via the RUH Emergency Department including many from Wiltshire. A full assessment of their mental health needs and mental state is undertaken and follow up assessment / intervention offered as appropriate to their needs.

The number of mental health assessments required at the Royal United Hospital (RUH) in Bath has increased in recent years. Although they are not high numbers in comparison to the number of adults seen by the adult acute mental health liaison team which is co-located at the RUH, the average length of assessment is probably far longer due to the liaison required with parents, carers, schools, and social care to ensure it is safe for the CYP to be discharged home.

In addition, staff on the paediatric ward can sometimes feel unable to meet the mental health needs of children in their care and have difficulty accessing bank nurses with the appropriate mental health skills when these are required.  The RUH are keen to train and ‘upskill’ their permanent staff (including bank staff who frequently work on the children’s ward).  Nevertheless training RUH staff to the level at which the training makes a significant difference may be a difficult and lengthy process

As a result, some 16/17 CAMHS transformation funding was allocated for a CYP mental health liaison officer who would also support the children’s ward.

The practitioner is employed and managed by Oxford Health NHS Foundation Trust and is co-located at the RUH. Another supporting practitioner – funded by Wiltshire CAMHS Transformation Funding - has also been recruited. The service operates from 9am to 8pm, 7 days a week.

From August 2017 – August 2018, the service at the RUH accepted 344 referrals. Of these 136 were for CYP with a GP in B&NES and 144 were for CYP with a GP in Wiltshire. A significant number of these CYP are already accessing community CAMHS services and many have complex social support requirements.

D.4 Health-based places of safety

The all-age four-bed Place of Safety (PoS) suite at Southmead Hospital, Bristol, has been jointly commissioned by Bristol, South Gloucestershire, North Somerset and Bath & North East Somerset CCGs. (B&NES proportion is 0.6 beds).

In the unusual event of child under 16 being admitted to the unit, a door must be closed which results in the child ‘occupying’ two of the four bedrooms.

If the PoS is full, the police have historically taken detained people to police custody. Police commissioners now expect use of custody for S136 admissions to be rare for any age group, and are not permitted for under 18’s unless they are particularly violent.

Alternative health based Places of Safety, when the Southmead Unit is full, have not yet been identified for B&NES CYP although the RUH and Bristol Children’s Hospital are often willing to accept CYP who are detained.

The following actions have been undertaken to mitigate the risk that there is no available Place of Safety

Diversion from S136 Suite;

* Police officers are undertaking additional mental health training from local specialist mental health services and national organisations to give them a better understanding of mental health, challenge common misconceptions, and to provide better ways of working between the police and partner agencies – including Julian House, NHS Intensive Teams.
* A Control Room Triage operates across the Avon and Somerset Police force – this is a joint project to provide an MH practitioner in the control room, train officers and encourage tactical discussions between police and MH services
* A Memorandum of Understanding has been agreed between the police and mental health services (children’s and adults) to liaise before detaining under the Mental Health Act. Protocols are being developed to help Police Officers tackle people in mental health crisis in the most appropriate manner, ensuring the service user receives the best possible service and minimising the use of legal powers.



* A Mental Health Supervisory Group has been established whereby a number of mental health professionals meet on a monthly basis at Redbridge House Police Station and provide a one-stop shop,  giving advice to officers working with anyone who has mental health concerns – victims, witnesses, offenders, or residents.
* Bristol CCG has commissioned The Sanctuary - a ‘Crisis House’ to provide an alternative place for Bristol people experiencing a MH crisis.
* The Bristol Street Triage programme is in its early days but has had some success in finding alternative options for persons who would previously have been admitted under S136. Due to economies of scale, this model was not considered viable in B&NES.

In 16/17 the Department of Health invited bids for capital funding for additional Places of Safety. The local adult MH provider, AWP, was successful in attracting some capital funding for provision across the Avon and Wiltshire area and added an additional bed in the POS in Devizes as well as making the environment more young person friendly. In extremely infrequently a B&NES young people has been taken to Devizes if no other S136 bed is available.

There is constant scrutiny of the length of time CYP are detained on the Unit: There are frequent delays in

* *Assessment* – transportation delays, lack of availability of AMHPs, s12 doctors and CAMHS professionals as well as service user intoxication.
* *Discharge* – lack of safe discharge arrangements, particularly for complex CYP who cannot be safely returned home.
* *Transfer* to inpatient beds – there is a national shortage of inpatient beds and an appropriate placement must be identified and suitable transport arranged.

Between 2010/11 and 2016/17 attendances at the s136 suite by CYP from Bristol, North Somerset, South Gloucestershire and B&NES have fluctuated between 18 & 40 a year. During 2017/18 this increased to 56 attendances by 28 CYP, only 3 of whom were from B&NES (of these 1 was under 16 y/o).

It is very rare for CYP to be sectioned under the Mental Health Act. Children are often extremely distressed but not mentally ill. Most CYP will be discharged and receive support from CAMHS.

A pan-Avon group including AWP, OHFT, SWAST, CCG leads, Wiltshire Police and Avon and Somerset Police have been looking at a future, all age, pathway and exploring the best location and use of all the regions’ Places of Safety.

The adult mental health review being undertaken in B&NES has identified the need for a ‘crisis café’ which would support young people (and adults) who are experiencing a crisis but are not requiring detention under the MH Act.

D.5 Inpatient specialist psychiatric care

Between 2009 and 2012 OHFT were jointly commissioned by Wiltshire CCG and B&NES CCG to provide generic CAMHS beds and specialist community CAMHS (Tier 3). Since 2012 NHS England specialists have commissioned all CAMHS inpatient beds on behalf of CCGs.

For many years there has been a national shortage of CAMHS beds and NHSE initiated a programme of redistributing and increasing the resources by recommissioning new beds as well as closing under-utilised beds. The following table indicates when and where the additional resources will be available in the South of England:

For many years there has been a national shortage of CAMHS beds and NHSE initiated a programme of redistributing and increasing the resources by recommissioning new beds as well as closing under-utilised beds.  The following table indicates when and where the additional resources will be available in the South of England:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Specialised Commissioning CAMHS T4 Accelerated Bed Plan 2017 /18** | | | | | |
| **Time Period** | **Bed Type** | **Bed No** | **Delivered** | **Region / Location / Provider** | **Complete** |
| June | General Adolescent | 10 | 10 | South (Exeter) / Huntercombe | Delivered |
| September | Low Secure | 6 | 6 | South (Southampton) / SHFT | Delivered |
|  | PICU | 12 | 12 | South (Bristol)  Priory | Delivered |
|  | Low Secure LD | 12 | 12 | South (High Wycombe) Priory | Delivered |
|  | General Adolescent | 10 | 10 | South (Bristol) Priory | Apr-18 |
|  | General Adolescent LD | 12 | 12 | South (Wessex) Priory | May-18 |
|  |  | **62** | **62** |  |  |
| **Specialised Commissioning CAMHS T4 Accelerated Bed Plan 2018/19 and  2019/20** | | | | | |
| **Time Period** | **Bed Type** | **Bed No** | **Delivered** | **Region / Location / Provider** | **Complete** |
| Jul-18 | Eating Disorder | 10 | Q2 18/19 | South East Brighton | Delivered |
| Dec-18 | PICU | 8 | Q4 18/19 | South, DHUFT | On target |
| Mar-19 | PICU | 11 | Q4 18/19 | South, Ticehurst, Priory | On target |
| Q4 118/19 | Eating Disorder/ASD | 12 | Q4 18/19 | South (Godden Green) | On target |
|  |  | 41 |  |  |  |
|  |  |  |  |  |  |
| **2019/20** |  |  |  |  |  |
| Apr-19 | General Adolescent | 5 | Q1 19/20 | South, AWP |  |
| Apr-19 | General Adolescent | 12 | Q1 19/20 | South.  Cornwall |  |
| Jan-20 | Low Secure | 14 | Q4 19/20 | South, SHFT |  |
| Apr-20 | PICU | 8 | Q4 19/20 | Oxford Health Foundation Trust |  |
|  |  | 39 |  |  |  |

During 2015-16 there were 8 admissions to mental health beds for B&NES CYP, 5 of these to the ‘local’ beds at Marlborough House, Swindon, 3 to more specialist provision out of area. The average length of stay as an inpatient was 81 days.

During 2016-17 there were 15 admissions to mental health beds for B&NES CYP, 8 of these to the ‘local’ beds at Marlborough House, Swindon, 7 to more specialist provision out of area.

During 2017-18 there were 10 admissions to mental health beds for B&NES CYP, 6 of these to the ‘local’ beds at Marlborough House, Swindon, 4 to more specialist provision out of area.

The community Outreach Service for Children and Adolescents (OSCA) works particularly closely with inpatient facilities at Marlborough House, Swindon and the Highfield Unit, Oxford to ensure that admissions are appropriate and timely, and that CYP are discharged as soon they can be appropriately supported back in their home and community.

The new Transformation Plan investment in specialist Eating Disorder Services may reduce both the need for some inpatient admissions associated with EDs and the length of stay required for those who are admitted. In addition, by ‘in reaching’ into acute hospitals, the ED Service should also be able to reduce the length of stay in acute hospitals of those CYP with EDs who present with advanced physical deterioration.

Local CCG commissioners are committed to working closely with NHS England to ensure that appropriate provision is secured for CYP from B&NES.

Close scrutiny of any B&NES CYP in inpatient settings has been impossible for local commissioners who no longer receiving monthly, anonymised, inpatient statistics from NHS England which previously enabled them to monitor a CYP’s progress and to escalate any concerns. Regular telephone calls with regional NHS England case load managers are being planned to mitigate this pressing concern.

The New Care Models programme in Tertiary Mental Health was developed following the publication of *Delivering the Forward View: NHS Planning Guidance 2016/17 to 2020/21* in which NHS England set out its intention to trial secondary mental health providers managing care budgets for tertiary mental health services. The aim is that local providers will manage the pathway – through planning and developing the appropriate services for the local population to ensure patients are treated in the most appropriate setting as close to home as possible.

OHFT has been selected as the lead provider in one of four CAMHS Tier4 New Care Models in the NHSE South Region and this is expected to go live in February 2019. The Network is a collaboration of OHFT, Berkshire Healthcare NHSFT, 2Gether NHSFT, The Huntercombe Group and The Priory Group and will cover a geographical area of Eight CCG’s and three STP’s.

The units involved will work together to join up the pathways between NHSE Specialist commissioned inpatient units and the local community pathways and will have a mixed bed provision designed to better meet the needs of those CYP who require access to General adolescent units , Psychiatric Intensive Care units and Specialist CAMHS eating disorder beds.

Key Aims of the Network are to:

* Manage beds across the NCM,
* Keep care closer to home by reducing out of area placements
* Reducing Length of stay for CYP
* Improve Clinical Outcomes
* Create system accountability
* Improve connections between community and inpatient care
* Strengthen entire clinical pathway
* Work together to address current gaps in service provision

In the meantime, the SW Strategic Clinical Network (SWSCN) sometimes facilitates discussions between NHS England, CCG commissioners and local CAMHS providers. Local children’s health commissioners attend meetings regularly and contribute to SWSCN’s work.

D.6 Early intervention in psychosis

B&NES Early Intervention in Psychosis team, provided by Avon and Wiltshire Partnership, provides a comprehensive multidisciplinary service to help people and their families as early as possible, giving them the best chance of preventing long term problems.

The service is for anyone from the age of 14-35 experiencing the following:

• Hearing voices or changes in their thoughts

• Alterations in how events, people and thoughts are perceived

• Feeling suspicious at times about other people

• Experiencing beliefs and thoughts that cause the person distress

• Changes in behaviour and performance, such as becoming more isolated or reduced motivation.

Following an initial assessment, the teams provide rapid, intensive support for up to three years for individuals experiencing psychosis symptoms and their families. They also work alongside CAMHS, Oxford Health NHS Foundation Trust with 14-16 year olds. The team also works with other youth services and any agency working with young people or people at risk of developing psychosis.

There is a new NHS England target re EIP; that more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral. Recent monitoring data (YTD Jan 18) indicates 88% of new referrals (all-age) to the service started treatment within 2 weeks.

D.7 Crisis Concordat

The Crisis Concordat review and action plan is a joint plan between statutory public, community and third sector organisations in B&NES. The B&NES [Mental Health Crisis Care Concordat](http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf) sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

The Concordat focuses on four main areas: [Access to support before crisis point](http://www.crisiscareconcordat.org.uk/about/#access), u[rgent and emergency access to crisis care](http://www.crisiscareconcordat.org.uk/about/#urgent), q[uality of treatment and care when in crisis](http://www.crisiscareconcordat.org.uk/about/#quality), r[ecovery and staying well](http://www.crisiscareconcordat.org.uk/about/#recovery).

Oversight of the B&NES plan is via a Crisis Concordat Task Group with all agencies represented by senior local staff (this includes children’s and adults mental health commissioners, substance misuse commissioner, police, acute trust, CAMHS, AWP, community services, ambulance service). The plan includes consideration for children and young people in mental health crisis and was commended for its strong partnership approach.

The latest copy of the review and action plan is here



The CAMHS service contributes to the Crisis Concordat within B&NES.

Regarding urgent and emergency access to crisis care refer to sections D.3 and D.4 above.

D.8 Community CAMHS re-procurement

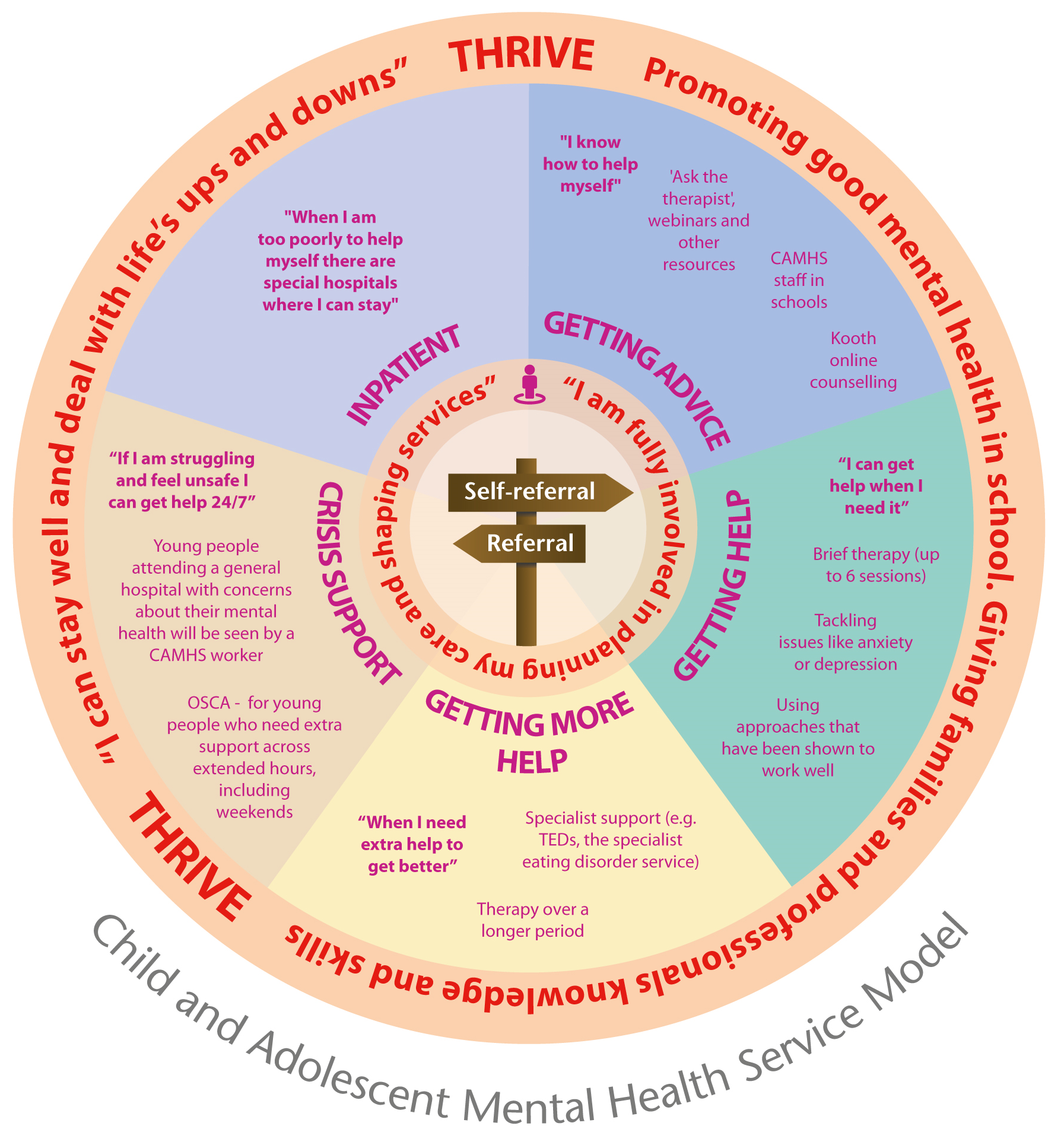
In June 2016 B&NES CCG approved the re-commissioning CAMHS and PCAMHS jointly with Wiltshire CCG, Wiltshire Council and Swindon CCG and agreed to commencement of a competitive tendering process. Oxford Health Foundation Trust (the historic CAMHS provider) was awarded the 10 year contract and the contract, with a newly agreed service specification, began being implemented from 1st April 2018.

The new CAMHS model is a departure from the traditional tiered service and has one single point of contact (SPoC) for all the CAMH Services including early mental health support.

The new model is based on the Thrive model[[6]](#footnote-6) as described in ‘Future in Mind’. CAMHS is no longer be commissioned to provide Primary Mental Health (tier 2) and CAMHS (tier 3) as separate services, but has one integrated service which will deliver both early mental health support and more specialist intervention.

The service provides appropriate help for all categories of CYP which are described as ‘Getting Advice’, ‘Getting Help’, ‘Getting More Help’ and ‘Getting Crisis Support’.

The model provides a ‘whole system’ approach to CAMHS and recognises the important role that many agencies and organisations have in the supporting CYP’s mental health and wellbeing needs. This includes parents and carers. As the local expert on child and adolescent mental health, the service will have a vital role in supporting commissioners to ensure that all services spanning health, education and social care (including the voluntary and community sector) are working effectively together to provide the right help at the right time in the right place for children and young people. This requires effective partnership working across the whole system.



No family or young person is turned away and, as a minimum, is able to access information and advice. For those who do not require a CAMHS intervention there is sign posting to other universal and targeted services for support. CAMHS assists families to access other services where this is required. CAMHS is developing active partnerships with universal and voluntary services to ensure that individuals can access the right services at the right time.

Although the new contract commenced on 1st April 2018, the service transformation will take time to embed not only within OHFT’s organisation, but also with the wider system.

D.9 STP Mental Health Delivery Plan

Leaders of health and care organisations from B&NES, Swindon and Wiltshire (BSW) and have come together to develop a Sustainability and Transformation Plan (STP). The overall aim of the plan is to improve the health and wellbeing of the total population, improve service quality and deliver financial stability. The plan sets out a joint approach that will help to deliver the aims of the NHS Five Year Forward View and is in line with other important national guidance such as the GP Forward View, Mental Health Taskforce Report and National Maternity Review.

Within the context of the BSW STP, since August 2017 agencies and stakeholders have worked together to develop an all age Mental Health Delivery Plan which sets out the vision and priorities for achieving the *Mental Health Five Year Forward View*.

For children and young people, joint priorities include:

• Improving transition from CAMHS to adult mental health services by providing a more flexible transition offer to children and young people aged 16+ through an STP wide review of the transitions pathway and associated protocol;

• Full implementation of an enhanced mental health liaison model across the STP in all acute hospitals;

• Development of an STP wide Tier 4 commissioning plan with NHSE Specialised Commissioning with the aim of reducing hospital admissions and out of area placements;

• Improved information sharing between community CAMHS and emotional wellbeing and mental health services;

• Inclusion of requirements to flow data to the MHSDS is included within service contracts wherever possible;

• Establishment of an effective digital treatment offer to provide quicker access to evidence based interventions.

The BSW STP Mental Health Delivery Plan will use further opportunities to commission at scale where appropriate and maximize the use of resources across a greater footprint.

A key priority within the Plan is to improve transition from CAMHS to adult mental health services by providing a more flexible transition offer to CYP aged 16+ through an STP wide review of the transitions pathway and associated protocol.

In July 2017, the STP invited the providers of CAMHS and AMHS (OHFT and the Avon and Wiltshire Mental Health Partnership) to benchmark their performance against the ChiMat Self-Assessment Tool – Young People’s Mental Health Transitions. Many of the standards identified in the toolkit have been incorporated into the 2017-19 transitions CQUIN in the contracts with OHFT and AWP.

Key findings:

• It was helpful to benchmark the actual position locally regarding transition

• A lack of consistency was identified across the patch with the need for further development in many areas

• The 2017-19 CQUIN will encourage some of the required improvements but not all

• Recommended that AWP/Oxford Health do move to full compliance with the standards, thus ensuring a consistency in meeting all elements of the 7-standards, across the STP footprint

In August 2017, an STP Mental Health Delivery Plan Workshop invited stakeholders to consider how to improve transitions further. Key recommendations included:

• Joint workforce development across children and adult mental health services

• Commissioning mental health services across the age 18 barrier – a life course model

• Building on flexible transition for vulnerable groups through the re-commissioning of CAMHS – the requirement for CAMHS to work with Care Leavers up to age 25 and those with significant Special Educational Needs and/or Disabilities (SEND) has been included within the service specification for the new CAMH Service from April 2018.

• Representatives from Oxford Health CAMHS and AWP attend a monthly transitions panel chaired by the local authority to ensure young people are identified early and supported.

• Embed the recently revised and updated transitions protocol.

• Service Managers from Oxford Health and AWP meet monthly to share concerns and improve practice.

• AWP shall continue to explore the development of a ‘transitions worker’ job role within its organisational structure either as a dedicated full-time role or shared across named staff within locality areas.

E. Vulnerable CYP at particular risk of mental ill health

E.1 Looked After Children

“Looked after” CYP continue to be a key priority for the Council, and the duty as a corporate parent is clearly understood and acted upon by all staff and members. The numbers of young people “looked after” continues to remain steady, and is indicative of consistency of thresholds and decision making between agencies.

Many children and young people who are fostered and adopted have been the victims of abuse and neglect and or may have experienced multiple placement moves.

Caring for children who display high levels of risk taking and challenging behaviour can have a major impact on their care givers. The emotional impact for all members of a family when disruption is occurring is considerable.

From August 2016, CAMHS Transformation money has been used to fund a clinical psychologist, seconded to and co-located with the LA Children’s Placements team. The psychologist has started providing therapeutic support to foster carers, special guardians and adopters (including pre- and post-adoption support) with the specific responsibility of developing programmes of intervention that prevent placement breakdown and promote placement stability. Indications are that this support helps to prevent placement breakdown.

Since 16/17 The Virtual School for LAC has used 16/17 Pupil Premium Plus funding to pay for an educational psychologist for one day per week to carry out assessments and provide advice and guidance to schools and carers.

In accordance with the Governments National Dispersal System, B&NES has been asked to accommodate up to 23 Unaccompanied Asylum Seeking Children between 2016 and 2018. Although such children become B&NES LAC, they are frequently placed out of the local authority in order to secure more appropriate placements.

E.2 Victims of sexual abuse or exploitation

B&NES Local Safeguarding Childrens Board (LSCB) recognises that emotional distress and mental ill-health increase the vulnerability and risk factors for child sexual exploitation (CSE) and child sexual abuse (CSA).



In addition, the exploitation and/or abuse may itself cause new psychological trauma and mental health problems, as well as exacerbate existing concerns. Timely interventions at this stage can significantly reduce subsequent post-traumatic stress disorder (PTSD), mental health problems, relationship problems and suicide risk, as well as enhance criminal justice outcomes.

B&NES LSCB has developed a frontline response to at risk and victims of CSE. Through the development of the Willow Project and the links with BASE (Bristol Against Sexual Exploitation) CSE victims are offered support dependent on their level of need.

The Willow Project is a multi-agency/multi-disciplinary team made up of 15 professionals who have been trained to work with CYP at risk of, or involved in, CSE. All of the team have substantive roles in other services within B&NES and work at least half a day a week in the Willow Project to support CYP. The current resource amounts to 2 WTE posts.

BASE is an intensive Bristol based service which takes referrals from B&NES;

<http://www.barnardos.org.uk/basebristol/base_what_we_do.htm>

Both of these services are well utilised in B&NES. In October 16 there were 42 CYP being supported by Willow and a further 27 by BASE. Currently (October 2018) there are 45 CYP being supported by Willow and a further x by BASE.

In July 2016, NHS England published a Review of Health & Justice Pathways for the CAMHS Transformation NHS England South. A copy of the report can be found here:



The following specific recommendations from the report are pertinent to emotional and mental health support:

* Provision should be open door/easy access
* Specialists should be offering consultancy/advice to those working with these complex cases and issues, as much as directly providing interventions
* Mental health specialists should be embedded in the relevant teams who work with the most complex and at risk

In 2016 the CCG (in conjunction with Wiltshire CCG) was successful at attracting Health and Justice funding to support CYP displaying Harmful Sexual Behaviour. In May 2017 a WTE therapist was recruited to provide very specialist help across a larger geographical area (addressing economies of scale).

The 17/18 Q1 report from the post holder is here:



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E.3 CYP in contact with the justice system

The numbers of B&NES CYP involved in the health and justice commissioned services is relatively small. There is no secure children’s estate in the area and no local CYP have been placed in a secure placement (for welfare) in the last 8 years.

Regarding support for CYP at risk of offending, the Youth Offending Team has direct input from a co-located, experienced sessional school nurse as well as a speech & language therapist. Both these roles have been commissioned by the CCG in recognition of the fact the many CYP accessing the service have speech, language and communication difficulties as well as low levels of mental ill-health. A YOT inspection found that CYP known to YOT had “good access to substance misuse, education, speech and language and mental health” and “case managers were skilled at recognising vulnerabilities of CYP”.

Some CYP from B&NES may have accessed the nationally specified and commissioned all-age Liaison and Diversion (L&D) service also known as Court Assessment and Referral Service (CARS). L&D practitioners are based at the local custody suite (Keynsham) and aim to improve early identification of a range of vulnerabilities, (including but not limited to mental health, substance misuse, personality disorder and learning disabilities), in people coming into contact with the youth or criminal justice systems.

After identification and assessment, individuals can be referred to appropriate treatment services aiming to improve health and social care outcomes, which may in turn positively impact on offending and re-offending rates. At the same time, the information gained from the intervention can improve fairness of the justice process to the individual, improve the efficiency of the criminal justice system, and ensure that charging, prosecuting and disposal decisions are fully informed. If offenders receive non-custodial sentences then this may be on condition that they agree to engage with relevant support services. The L&D service may offer CYP support to their first appointment and the capturing of outcomes.

Due to the possibility of some young offenders already ‘being known’ to CAMHS, the local CAMHS provider, OHFT has created a Memorandum of Understanding with AWP, regarding the local L&D service. This clarifies working arrangements when the L&D service has concerns about a young person in custody or at the court or when CAMHS are contacted about someone who they think would benefit from an L&D assessment.



E.4 Young people transitioning to adult mental health services

It is well recognised that the transition from CAMHS to adult mental health services is a critical point for young people with complex needs. But young people aged under 25s are underrepresented in adult services, indicating that services are failing to engage young people at the time that they could be most effectively treated.

The issues can be summarised as follows[[7]](#footnote-7):

*• Different thresholds:*To get any service from AMHS the threshold in terms of severity of illness is higher than CAMHS so many young people are locked out from receiving a service. For some, their illness has to reach crisis point before they receive a service from AMHS with the effect that their entry to services is more traumatic and more costly to the young person, family and to services than it would have been had their needs been met earlier.

*• Gaps in care:*When young people are no longer eligible for CAMHS there is often a period of no support as they wait to access AMHS services and are put back on waiting lists. For some young people this can result in never making the transition.

*• Postcode lottery:*The transition from CAMHS to AMHS is subject to extreme local variation, with some young people making the transfer to adult services at 16, some at 16 if not in school or 18 if in school, and some at 18, and many not transferring at all but disappearing into a void with long term consequences for their mental health and well-being. A recent study of transitions in London found only 4% of young people reported a good transition, with many disappearing from services.

*• Communication:*Poor communication between CAMHS and AMHS often leads to repeated assessments, new staff to deal with and new psychiatrists/psychologists to build relationships with. This means young people are often not getting the right help when they need it.

• *Negative perceptions:*Differences between the service location and style of the two services alienates many young people who end up slipping off the radar of services. CAMHS and AMHS still report that they do not understand each other, with both perceiving the other in a negative light which affects the service’s abilities to work together to meet the needs of young people and families

As a result of national concerns regarding transitions, both CAMHS and AMHS is now subject to a national CQUIN for both 2017/18 and 2018/19. This CQUIN aims to improve the experience and outcomes for young people as they transition out of Children and Young People’s Mental Health Services (CAMHS) into Adult Mental Health Services (AMHS) or other CCG commissioned services. It also has a focus on those discharged from CAMHS back into primary care as a consequence of their age.

The transition CQUIN was welcomed by both CAMHS and AMHS as a way to enhance best practice and offer best care to young people experiencing mental health problems that require transition as they turn 18. Their local CQUIN 11 point action plan identified a common need that AMHS and CAMHS must continue to develop a better understanding of each other’s services and be able to demonstrate how they are working together to break down cultural barriers that exist between services.

One of the CQUIN requirements was to review, agree and implement a protocol applying to all professionals employed by Oxford Health NHS Foundation Trust (CAMHS) and those employed by Avon and Wiltshire Mental Health Partnership NHS Trust (AMHS) providing guidance for practitioners responsible for managing the transfer of care of a service user in receipt of Child and Adolescent Mental Health/Learning Disability Services to the Adult Mental Health Services.

CYP potentially requiring adult MH services are now discussed at a joint CAMHS/AMHs transition panel meeting. Although the number of young people who will meet the threshold for transition into AMHS is quite low, specialist input into the transition process from AMHS is felt to be of overall benefit in informing young people and supporting CAMHS clinicians, regardless of whether a referral to AMHS is then required.

Both OHFT and AWP met the requirements for the 17/18 CQUIN payments.

‘Flexible’ transitions

Some young people (>17y/o) known to CAMHS do not have a recognisable mental health problem which meets the criteria for receiving adult mental health services, but do require ongoing and, at times, intensive emotional support. Historically there has been no access to services for this vulnerable group and, following discharge from CAMHS, they sometimes deteriorated quickly and presented in crisis to adult mental health services.

The 2015/16 CAMHS Transformation monies funded a pilot service to address this gap, to provide a continuation of ongoing support, primarily delivered by the Outreach Service for Children and Adolescents (OSCA) with interventions tailored around a young person’s emotional development (rather than chronological age). This ‘outreach’ based model of support is most suitable for very vulnerable young people entering adulthood and facing concurrent transitions in their social, educational, employment and family situations.

This support enhanced the young adults’ experience and provided a more gradual transition to adult services. Packages of care were developed in partnership with the young adult and other partners in their care e.g. foster carers/parents, social care, Youth Offending Services, substance misuse services, Colleges, employers, etc. It was hoped that the service provided to these vulnerable young people would improve their emotional resilience and decrease longer term dependency on statutory services, including adult mental health services.

The evaluation of the pilot was mixed: The numbers were small and some of those in receipt of the service were also being supported well by other agencies. The number of young people reaching 18 are relatively small in the B&NES CAMHS caseload – averaging seven 17.5 y/os. Those that qualify for transition to an Adult Mental Health Service would do so through the Transition Panel and there may be others who would be appropriately discharged before they reach 18. Nevertheless, young people have told us of the importance of having this service available to them and although the decision was made not to continue to fund this pilot, CAMHS have agreed to support a limited number of CYP post 18 as part of the core contract.

F. Engaging with stakeholders, including CYP participation

F.1 Children and young people

In B&NES, there is a long and established principle of ensuring that the views of children and young people are central to service development and monitoring. Their views are used effectively and consistently to influence change, shape services, and improve practice & service delivery. The greatest challenge is to engage young people who are not existing or potential users of a new or existing service.

The [*B&NES 2014-2017 Participation Strategy*](http://www.bathnes.gov.uk/services/your-council-and-democracy/consultations/consulting-children-and-young-people/strategy-part) sets out the locally agreed definition of participation and identifies the benefits of participation not only to children and young people but also to the adults who work with them, the organisation and services that are provided, as well as society as a whole.

Children and young people contribute through models of co-production as set out in the Service User Engagement/Commissioning Framework, Children In Care Councils, democratic processes, strategic development of the Children and Young People’s Plan, the Early Help Strategy and through the groups that have been set up to hear the voices of seldom heard minorities.

The Commissioning Framework, which provides guidance to help involve children and young people in the commissioning of services, can be found here: [Framework for Engagement](http://www.bathnes.gov.uk/sites/default/files/commissioning_framework_cyp_2016_-2020.pdf).

OHFT CAMHS service, having been the lead provider in the regional CYIAPT collaborative for the last five years, has developed effective CYP participation in line with the principles outlined in *Delivering With, Delivering Well* (reproduced in Appendix 4). The CAMHS participation group is usually consulted about pilot developments and is particularly crucial in suggesting and approving written and digital resources. The CAMHS participation group and other CYP were actively involved in creating and developing the schools Mental Health Resource packs and in piloting their use in B&NES schools. (see Section C.1)

During 17/18 CYP have been very involved in re-tendering the community CAMHS service across the STP.

The stakeholder engagement plan is reproduced here:



Some feedback from all stakeholders, including CYP, on the planned new CAMHS service delivery model was as follows:

F.2 General practice

Presentations and discussions about the CAMHS re-procurement were undertaken via the B&NES GP Forum. See the engagement plan and results in section F.1 above regarding GP consultation.

F.3 School and colleges

In 15/16 B&NES School Forum agreed to fund a pilot service for secondary schools. This was the provision of school-based, independent counsellors and training and support from a named CAMHS link-worker (see section C.4 above)

16/17 CAMHS transformation funding was used to continue this pilot and additional Schools Forum funding was used to provide independent counsellors in those secondary schools, for whatever reason, did not benefit from the pilot in 15/16.

A combination of funding from the individual schools, Schools Forum, CAMHS Transformation Funding and the South West clinical network (SWSCN) has enabled 13 secondary schools to continue to benefit from school based counsellors during the 17/18 academic year.

During the 18/19 academic year, Schools Forum money has become unavailable, but the shortfall has been met from the CAMHS TP funding.

G. Review of 15/16, 16/17 and 17/18 CAMHS Transformation Plans

Some of the proposals for driving improvement within the Transformation Plan are cost-neutral, requiring a different way of helping C&YP within existing resources. But the Government has committed additional monies to local areas based on the standard CCG allocation formula. B&NES received £333,463 in 15/16 and £476,191 in 16/17. Each year £95,191 of this funding has been assigned to develop the specialist C&YP Eating Disorders Service.

During the 2015/16, the first year of the CAMHS Transformation Plan, the following developments were prioritised:

1. The consideration and development of a single point of access or ‘single front door’ to enable practitioners, parents/carers and CYP to contact and thereafter receive, at the earliest opportunity, the most appropriate help.
2. To improve school/college/CAMHS liaison by introducing ‘Resilience Hubs’ at each school and college. These Hubs will provide opportunities for monthly face-to-face meetings where CAMHS link workers, selected school/college staff, school/college nurses and independent counsellors can meet for consultation, training and mutual support.
3. To increase the level of therapeutic support offered to statutory social workers and parents/carers who are struggling to prevent the breakdown of fostering and adoptive placements. This will take the form of a CAMHS psychologist being seconded to the LA placements team. This additional service is being introduced as an attempt to readdress the inequality of Looked after Children who frequently suffer a higher incidence of mental ill-health.
4. To further increase the skills of a number of practitioners who work directly with families and schools whose younger children/pupils display behaviours which present barriers to learning
5. To improve the digital guidance for national and local EHWB services. This will include the published Transformation Plan, suggestions for CYP self-care, guidance for referrers etc. all presented in an informative and accessible manner.
6. To pilot a children and young people’s on-line counselling service.
7. Ensure that transitions to adults services for all CYP, including those with EHCP plans, are well managed.

The final spend for 15/16 was;

|  |  |
| --- | --- |
| Improve CYP Specialist Eating Disorder Service including training. (OHFT receives all this allocated funding) | 95,191 |
| Funding for independent school based counselling (Relate) to complete one year pilot | 27,626 |
| Contribution to Bath College for independent counsellors | 7,100 |
| Set up costs for online EHWB support and counselling for CYP | 12,400 |
| Nuture outreach service (Brighter Futures) - support for children who may be/are struggling with starting primary school | 40,000 |
| Commissioning support - (CCG) | 11,157 |
| Flexible transition support for CAMHS 18-25 y/o 12 month pilot | 42,025 |
| Therapeutic support for social care - CAMHS secondment to LA | 6,064 |
| Contribution to EHWB resources and launches e.g leaflet for CYP attending RUH for self-harm, LGBT video, secondary MH PHSE resources | 7,478 |
| School nurse delivery of FRIENDS CBT programme to Year 5 - 15 classes, including Support for pupils affected by Trinity School | 19,710 |
| Workforce development | 54,645 |
| Contribution to Infant Mental Health LA/CCG Cost pressure | 9,604 |
| Total | **£333,000** |

During 2016/17, the 15/16 pilots, training and commissioned services were reviewed alongside national guidance regarding cost effective, evidenced based interventions;



After discussions with GPs, the Director of People & Communities, Behaviour & Attendance Panels, School Nurses, Specialist CAMHS (OHFT), CCG and EHWB Strategy group members and consideration of feedback from Your Care Your Voice (young people), Primary and Pupil Parliaments and the local Youth Forum the following commissioning priorities were agreed:

1. The provision of more direct interventions for CYP who do not meet the referral criteria for CAMHS but who do require additional support from trained staff who can provide evidenced based interventions and who have access to consultation and supervision themselves.

As a consequence some of the 16/17 funding was used to provide independent counselling services. These have proved to be popular and effective interventions both within the school setting and the wider community. (There had been a lack of equity around access to these services, some of which have received funding from Schools Forum and 15/16 CAMHS TP funding.)

1. The implementation of the secondary school Emotional Resilience Hubs has been variable and reflects challenges identified in a similar national pilot. There is a debate about how closely the vision should be interpreted and whether or not they should continue at all schools, or just those that have ‘engaged’ (or indeed be targeted at those that have not). Due to practical complexities and the cultural shifts required for successful implementation, it was decided to continue funding the pilot for another academic year and to review the service again before committing any more local future funding. Increased resources were agreed for another academic year.
2. The flexible transition service, a small but important service for very vulnerable young people approaching their 18th birthday, continued for another year, albeit at a reduced cost.
3. Perinatal services for mothers with moderate mental health difficulties e.g. anxiety and depression and their infants will be reviewed to ensure that health visitors are able to signpost new mothers requiring additional support.
4. The individuals and institutions that support CYP – health visitors, primary and secondary school teachers, pastoral support staff, social workers, voluntary agency staff etc – often require training in attachment, behaviour, developing CYP’s resilience and supporting and signposting vulnerable CYP. Multi-agency training needs to be more co-ordinated and should adopt the principles and practices used by the national CYP IAPT collaborative. Digital training resources should be widely promoted. A small working group (with a recurring CAMHS TP budget) is progressing this priority.
5. In 16/17 there was a £75,000 ‘cost pressure’ associated with the Oxford Health CAMHS contract precipitated by the LA ‘withdrawing’ funding from the current contract (due to end March 2017). Given the national focus on CAMHS and the increasing demands for supports, it would be inappropriate for the core contractual value of the new contract to be smaller than that allocated for the last seven years. To prevent this occurring, £75,000 of the CAMHS Transformation Plan Funding will be used recurrently (from 16/17) to ‘bolster’ the current core CAMHS contract value. This was considered a local priority.

The final spend for 16/17 was;

|  |  |  |
| --- | --- | --- |
| Improve CYP Specialist Eating Disorder Service including training. (OHFT receives all this allocated funding) | 95,191 |  |
| Funding for independent school based counselling (Relate) | 26,772 |  |
| Contribution to college for independent counsellors | 10,714 |  |
| On-line counselling and EHWB support for CYP | 37,200 |  |
| Commissioning support - project management (MF) (CCG) | 10,193 |  |
| CAMHS Band 6 Flexible transition support for 18-25 y/o 0.5 WTE (non-recurring) includes CQUIN | 15,546 |  |
| Therapeutic support for social care - 3 days per week CAMHS secondment to LA (recurring) | 28,400 |  |
| CAMHS school resilience hub link workers 2 WTE to include colleges | 60,334 |  |
| Infant Mental Health (cost pressure from LA funding withdrawn) | 75,000 |  |
| Workforce development: (recurring) | 20,000 |  |
| School nurse delivery of FRIENDS CBT programme to Year 5 - 11 classes | 30,429 |  |
| Attachment aware conference (4 places for VCS) | 480 |  |
| Perinatal MH training for Midwives | 6,000 |  |
| Workforce development: (non recurring) | 5,968 |  |
| Research project for boys and young men | 3,500 |  |
| OTR school based counselling | 38,671 |  |
| Participation costs for re-procurement - stakeholders GPs, schools, CYP | 1,696 |  |
| iPad for therapeutic social care | 485 |  |
| Special CAMHS support for individual CYP | 9,612 |  |
| Total | **£476,191** |  |

During 2017/18 NHS England included £543,191 for CAMHS Transformation in the baseline allocation for Bath & North East Somerset CCG. The CCG agreed that CAMHS was a priority and allocated this entire amount to the CAMHS Transformation Plan.

To continue the priorities and progress of previous CAMHS Transformation Plans, after discussions at the EHWB strategic group, a CAMHS TP work plan was created and the final spend for 17/18 was:

|  |  |
| --- | --- |
| Improved Specialist Eating Disorder Service (TEDS) | 95,191 |
| contribution to school based counsellors (this was also supported by an additional grant from NHS England of £25,797) | 23,927 |
| contribution to college counsellors | 16,786 |
| On-line counselling and EHWB support for CYP | 53,900 |
| nuture outreach service support for children who may be/are struggling with starting primary school | 40,000 |
| Commissioning support - project management | 10,592 |
| therapeutic support for social care - 3 days per week CAMHS secondment to LA (vacancy for 3 months) | 31,950 |
| CAMHS Acute Mental Health liaison at RUH | 56,170 |
| CAMHS school/college resilience hub link workers 2 WTE | 104,000 |
| Infant Mental Health (cost pressure from LA funding withdrawn) | 75,000 |
| Workforce training and development | 20,000 |
| Self harm ‘Harmless’ promotional materials | 1,250 |
| Primary school CBT based project - FRIENDS | 15,939 |
| 2016-17 balances | -4,121 |
| Total actual spend | **£540,584** |

H. 2018/19 CAMHS Transformation Plan

In 2018/19 the CCG has allocated £666,868 for CAMHS (This includes additional Mental Health Investment Standards funding)

The proposed 18/19 budgets are as follows:

|  |  |
| --- | --- |
| Improved Specialist Eating Disorder Service (TEDS) | 97,570 |
| contribution to school based counsellors | 58,366 |
| contribution to college counsellors | 11,250 |
| On-line counselling and EHWB support for CYP | 66,700 |
| nuture outreach service support for children who may be/are struggling with starting primary school | 40,000 |
| Commissioning support - project management | 0 |
| therapeutic support for social care - 3 days per week CAMHS secondment to LA (vacancy for 1 month) | 39,050 |
| CAMHS Acute Mental Health liaison at RUH | 56,170 |
| CAMHS school/college resilience hub link workers 2 WTE | 104,000 |
| Infant Mental Health (cost pressure from LA funding withdrawn) | 75,000 |
| Workforce training and development | 22,488 |
| Community based counselling in Keynsham and MSN | 31,680 |
| Perinatal Pilot with Bluebell Care and Arts Therapists | 50,000 |
| Promotional artwork | 50 |
| Primary school CBT based project - FRIENDS | 15,939 |
| Expected slippage on implementation of schemes | -1,395 |
| Total planned spend | **£666,868** |

The significant changes between 2017/18 and 2018/19 expenditure are;

1. An increase in the financial contribution to the provision of school based counsellors:

School based counsellors have been provided in maintained B&NES secondary schools for the last 3 years. This provision (one day per week for 35 weeks) has been very well received, demonstrated excellent outcomes and has waiting lists at all schools. During the last academic year all schools have contributed 25% of the cost of the provision and have agreed to continue this contribution for the 2018/19 academic year. The remaining 75% of the cost has been paid for by a mixture of Schools Forum funding and CAMHS Transformation Plan funding.

From April 19 Schools Forum has withdrawn their funding contribution. Some additional contribution has been secured from St John’s Trust Charitable Foundation but the remaining costs for 2018/19 will need to be covered by the CAMHS Transformation Plan fund.

1. An increase in the provision of community based counselling:

During 2017/18 the South West Strategic Clinical Network provided funds for some new community based counselling, delivered by Off the Record (OTR) in Midsomer Norton and Keynsham. This pilot has been very successful: Before and after CORE10 scores (assessment measure for common presentations of psychological distress) indicated 70% of CYP showed a clinically significant improvement. In addition, 99% of CYP would recommend OTR to a friend and 93% had increased their confidence. Although we cannot continue to commission the same amount of resource, £31,680 has been allocated to provide one evening of provision in Keynsham and one evening in Midsomer Norton for 50 weeks of the year.

This provision will increase accessibility for children and young people who live outside Bath and will complement the established offer in Bath where Off the Record premises, close to the train and bus stations, are easily accessible by those living in Bath. (The provision is Bath is not commissioned: it is funded by OTR charitable funds).

Community counselling provision also offers support to potentially hard to reach CYP who may not wish to attend at school, may not be accessing education (NEETs), may be attending independent schools or may need additional support available during the school holidays. CYP can self-refer to OTR, although many are referred to the service by their GPs.

Commissioners are planning to retender the school based counselling provision (currently provided by both OTR and Relate Mid-Wiltshire) in preparation for the 19/20 academic year and will combine this with the re-procurement of this community based counselling provision.

1. Perinatal mental health project:

In March 2018, the CCG agreed to allocate £50k of parity of esteem funding to support mothers with mild to moderate perinatal mental ill-health. Since then, commissioners have been successful in securing pump priming for a new STP wide specialist community perinatal mental health service*.* This service will support mothers with moderate to severe perinatal mental health needs. The majority of struggling mothers will not reach the criteria for this specialist provision but will need additional support to that offered by health visitors and children centre services.

A 12 month pilot is currently being finalised: Bluebell (a Bristol charity) will be offering a Buddy peer support service. This is a 1-2-1 listening support service for mothers experiencing mild to moderate perinatal mental health difficulties during pregnancy and up to 2 years after birth. Buddies are trained and paid peer support workers, with lived experience of perinatal mental illness, who are recovered and trained to support others. Some of the Buddies also have professional experience, which can bring an added level of expertise to the role. Three Buddies are being recruited, to cover the whole of B&NES.

The role of a Buddy is varied and flexible to meet the needs of each mother and often involves signposting to other relevant services, accompanying mothers to local groups, making joint visits to the GP and generally helping mothers navigate perinatal mental health services in order to access the support they need. Some mothers take up the offer of all 5 visits, however many may only access 2 or 3 and then feel able to join local groups or other support services in their community.

In addition to being allocated a Buddy, women will be offered a place on locally established therapeutic arts based course. These courses last between 8 and 12 weeks, with the majority providing childcare for the infant and enable women to form supportive friendships which often sustain long after the course finishes. In addition, the courses often address attachment difficulties between the mother and child.

Due to staff changes, the CYP EHWB strategic group 2018-19 work plan needs to be updated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Priority / Action |  |  |  |  |
| Theme: Promoting resilience, prevention and early intervention | | | | |
| Sustain provision of school and college based counsellors |  |  |  |  |
| Promotion of web-based support and on-line counselling |  |  |  |  |
| Increase MH awareness in school and college pupils |  |  |  |  |
| Develop Resilience Hubs at maintained secondary schools (named CAMHS practitioner) |  |  |  |  |
| Provide CBT based schools courses to Year 5 pupils (FRIENDS) |  |  |  |  |
| Improve self-harm advice and guidance (HarmLess) |  |  |  |  |
| Research how better to support boys and young men |  |  |  |  |
| Theme: Improving access to effective support | | | | |
| Developing and monitoring specialist community eating disorder service |  |  |  |  |
| Improve infant mental health support (<5y/o) |  |  |  |  |
| Promote CAMHS self-referral to CYP and their families |  |  |  |  |
| Improve access to perinatal mental health support |  |  |  |  |
| Improve parenting support for CYP with particularly challenging behaviour |  |  |  |  |
| Monitor development of THIRVE CAMHS service delivery model |  |  |  |  |
| Theme: Care for the most vulnerable and tackling health inequalities | | | | |
| Develop and monitor Nuture Outreach Service for young children struggling to settle at school |  |  |  |  |
| Develop therapeutic support for foster carers and adoptive parents (to prevent placement breakdown) |  |  |  |  |
| Develop mental health support for CYP at RUH (Emergency Department and Children’s Ward) |  |  |  |  |
| Increase support for CYP who display harmful sexual behaviour (H&J funding) |  |  |  |  |
| Identify and agree alternative Health-based Place of Safety – s136 suites |  |  |  |  |
| Improve transitions from CAMHS to adult services, including flexible transition from CAMHS if appropriate (2 year CQUIN) STP priority |  |  |  |  |
| Theme: Accountability and transparency | | | | |
| Ensure all CAMHS transformation funding received by the CCG is allocated and spent appropriately |  |  |  |  |
| Ensure CAMHS TP is updated, approved and publically available |  |  |  |  |
| Theme: Developing the workforce | | | | |
| Multi-agency Mental Health awareness training (LSCB arrange, CAMHS deliver) |  |  |  |  |
| Theraplay development |  |  |  |  |
| Mindfulness in schools |  |  |  |  |
| Thrive assessment training etc |  |  |  |  |
| Attachment aware schools training. |  |  |  |  |
| National CYP IAPT training |  |  |  |  |
| Harmful Sexual Behaviour training |  |  |  |  |
| STP Mental Health Workforce Development Plan |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

Risks and mitigations associated with the 2018/19 budget:

* There is a risk that, due to the time delays in recruitment & retention issues and legal commissioning requirements, the CAMHS TP funding decisions will not have the required impact.

*Mitigation*: Children’s Health commissioners will continue to monitor plans and gain consensus about alternative appropriate uses of any unallocated funding.

* NHS England CAMHS TP funding has been guaranteed to 2020. The new Community CAMHS contract is for at least 7 years duration.

*Mitigation*: Commissioners are planning to commit a limited amount of CAMHS TP funding on a recurring basis until funding is confirmed past 2020.

1. Conclusion

Specialist and preventative commissioners appreciate the focus on outcomes (as opposed to tiers) of Liverpool’s comprehensive CAMHS model[[8]](#footnote-8) i.e.

* Improved environments so that C&YP can thrive
* Increased identification of C&YP with early indicators of distress and risks
* Reduction in mild to moderate distress
* Reduction in the development of moderate to severe distress
* Reduction in life long distress

The EHWB strategy group, the Joint Commissioning Committee and the Health and Wellbeing CYP subgroup are encouraged that the B&NES 18/19 CAMHS Transformation Plan contributes to all of these outcomes.

Appendix 1

A review of evidence on the subjective wellbeing of children with mental health needs in England, Children’s Commissioner, Oct 2017.

Implementing the Five Year Forward View for Mental Health, NHS England, July 2016

<https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

Chief Medical Officer’s Annual Report: Our children deserve better: Prevention pays, October 2013 <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

NSPCC - Prevention in mind, All babies count: spotlight on Perinatal Mental Health, June 2013 <http://www.nspcc.org.uk/Inform/resourcesforprofessionals/underones/spotlight-mental-health-landing_wda96578.html>

Public Health England – How healthy behaviour supports children’s wellbeing, August 2013

<https://www.gov.uk/government/publications/how-healthy-behaviour-supports-childrens-wellbeing>

Children and Young People’s Mental Health Coalition report ‘Overlooked and Forgotten’, December 2013 <http://www.cypmhc.org.uk/resources/overlooked_and_forgotten_full_report/>

Mental health sub-group report of the children’s outcomes forum, May 2013

<https://www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results>

Closing the Gap, Priorities for essential change in mental health, January 2014 <https://www.gov.uk/government/publications/mental-health-priorities-for-change>

Baby Bonds, Parenting, attachment and a secure base for children, The Sutton Trust, March 2014 <http://www.suttontrust.com/researcharchive/baby-bonds/>

Green, H., McGinnity, A., Meltzer, H., Ford, T. and Goodman, R. (2004) Mental health of children and young people in Great Britain, 2004. Office for National Statistics. London, HMSO

Egger, H. L. and Angold, A. (2006) Common emotional and behavioral disorders in preschool children: presentation, nosology, and epidemiology. Journal of Child Psychology and Psychiatry, 47 (3-4), 313–37.

Kurtz, Z. (1996) Treating children well: a guide to using the evidence base in commissioning and managing services for the mental health of children and young people. London. Mental Health Foundation

Appendix 2

Comprehensive emotional and mental health service provision



Appendix 3

Table 1: Protective factors potentially influencing the development of mental health problems and mental disorders in individuals (particularly children)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Individual  factors | Family  factors | School  context | Life events and  situations | Community and  cultural factors |
| Easy  Temperament  adequate  nutrition  attachment to  family  above average  intelligence  school  achievement  problem solving  skills  internal locus  of control  social  competence  social skills  good coping  style  optimism  moral beliefs  values  positive self-related  cognitions  physical  activity | supportive  caring parent  family  harmony  secure and  stable family  small family  size  more than two  years between  siblings  responsibility  within the  family (for  child or adult)  supportive  relationship  with other  adult (for a  child or adult)  strong family  norms and  morality | sense of  belonging  positive school  climate  pro-social peer  group  required  responsibility  and  helpfulness  opportunities  for some  success and  recognition of  achievement  school norms  against  violence | involvement with  significant other  person  (partner/mentor)  availability of  opportunities at  critical turning  points or major life  transitions  economic security  good physical  health | sense of  connectedness  attachment to and  networks within the  community  participation in  church or other  community group  strong cultural  identity and ethnic  pride  access to support  services  community/cultural  norms against  violence |

Table 2: Risk factors potentially influencing the development of mental health problems and mental disorders in individuals (particularly children)

NB: the following tables list *influences* on the development of mental health problems not the *causes*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Individual  Factors | Family/social  factors | School  context | Life events and  situations | Community and  cultural factors |
| Prenatal brain damage  Prematurity  birth injury  low birth  weight, birth  complications  physical and  intellectual  disability  poor health in infancy  insecure  attachment in  infant/child  low  intelligence  difficult  temperament  chronic illness  poor social  skills  low self-esteem  alienation  impulsivity  alcohol misuse | having a teenage  mother  having a single  parent  absence of father  in childhood  large family size  antisocial role  models (in  childhood)  family violence  and disharmony  marital discord in parents  poor supervision  and monitoring of  child  low parental  involvement in  child’s activities  neglect in  childhood  long-term  parental  unemployment  criminality in  parent  parental  substance misuse  parental mental disorder  harsh or  inconsistent  discipline style  social isolation  experiencing  rejection  lack of warmth  and affection | Bullying  peer rejection  poor  attachment to school  inadequate  behaviour  management  deviant peer  group  school failure | physical, sexual  and emotional  abuse  school  transitions  divorce and  family  break up  death of  family  member  physical  illness  unemployment,  homelessness  incarceration  poverty/  economic  insecurity  job insecurity  unsatisfactory  workplace  relationships  workplace  accident/  injury  caring for  someone  with an illness/  disability  living in nursing  home or  aged care  hostel  war or  natural disasters | socio-economic  disadvantage  social or  cultural  discrimination  isolation  neighbourhood  violence  and crime  population  density and  housing  conditions  lack of support  service  including  transport,  shopping,  recreational  facilities |

Reproduced from: Commonwealth Department of Health and Aged Care 2000, Promotion, Prevention and early intervention for mental health-a Monograph, Mental Health and Special Programs branch, Commonwealth Department of Health and Aged Care, Canberra. Quoted in Making it Happen (DH 2001).

Appendix 4

CYP IAPT Service Values and Standards



1. *Healthy Lives, Healthy People (Nov 2010) and No Health Without Mental Health (Feb 2011)* [↑](#footnote-ref-1)
2. *Healthy Lives, Healthy People (Nov 2010),* [↑](#footnote-ref-2)
3. *https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision* [↑](#footnote-ref-3)
4. *Mental Health Foundation (1996), Health Advisory Service (1995) as referenced in Children’ Voices:*

   *A review of evidence on the subjective wellbeing of children with mental health needs in England, Children’s Commissioner, Oct 2017.* [↑](#footnote-ref-4)
5. *https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data* [↑](#footnote-ref-5)
6. <http://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf> [↑](#footnote-ref-6)
7. Singh et al., Transitions of Care from CAMHS to AMHS (TRACK Study), BMS Health Services Research, 2008, vol 8 p135 [↑](#footnote-ref-7)
8.  [↑](#footnote-ref-8)