



London Borough of Hammersmith & Fulham

CHILDREN AND EDUCATION POLICY AND ACCOUNTABILITY COMMITTEE

18 NOVEMBER 2014

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) – PROMOTING RESILIENCE AND EARLY INTERVENTION

Report of the Executive Director, Tri-borough Children's Services

Open Report

Classification - For Review & Comment

Key Decision: No

Wards Affected: All

Accountable Executive Director: Andrew Christie, Executive Director, Tri-borough
Children's Services

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1. EXECUTIVE SUMMARY

- 1.1. This report gives an overview of child and adolescent mental health services (CAMHS) in Hammersmith and Fulham and particularly services for young people aged 13 years and above. It includes information on the current CAMHS initiatives, both local and national, local need and services for H&F young people.
- 1.2. There is significant interest in CAMHS which has generated both local and national reviews into different aspects of adolescent mental health and emotional wellbeing, including a recently published¹ Health Select Committee Report. These initiatives are summarised below to inform the Committee on whether a further Task Group is required and if so, which specific areas could be productively addressed.

¹ 5th November 2014

2. RECOMMENDATIONS

- 2.1. Members of the Policy and Accountability Committee are asked to review and comment on this report.
- 2.2. Members are also asked to consider how best the recommendations of the various local and national reports on CAMHS can be taken forward for Hammersmith & Fulham young people. CAMHS reports include:
 - a. CAMHS Task and Finish Group report to the H&F Health and Wellbeing Board (10th Nov 2014);
 - b. Commons Health Select Committee CAMHS report (5th Nov 2014);
 - c. National CAMHS Taskforce report scheduled for Spring 2015.
- 2.3. This discussion may also be informed by the work of the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee.

3. INTRODUCTION AND BACKGROUND

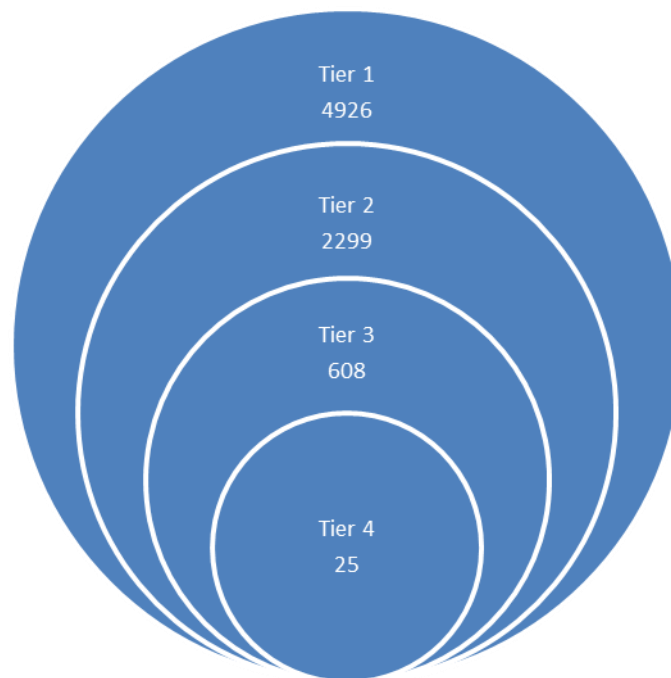
- 3.1. Mental health services for young people have been receiving increased attention on both a local and national level.
 - The Local Safeguarding Children's Board completed a report on self-harm and suicide prevention (October 2013).
 - The Inner London CCG Suicide Prevention Group is co-ordinating work on a strategy for adults and young people.
 - The Children's Joint Commissioning Team reviewed Tier 2 and Targeted CAMHS services (June 2014).
 - A Tri-Borough CAMHS Task and Finish group has reviewed early intervention, parental mental health and transition (Nov 2014).
 - The North West London Mental Health Programme Board has reviewed CAMHS out of hours support and recommended improvements.
 - The Commons Health Select Committee has carried out an inquiry into CAMHS and recently published its findings (Nov 2014).
 - NHS England has published a report on in-patient CAMHS (Tier 4) and bed shortages (July 2014).
 - Minister for Care and Support, Norman Lamb, giving evidence to the Health Select Committee, announced a national CAMHS Task Force to be led by John Rouse, the government's social care director general. The taskforce will look at aligning CAMHS commissioning and pooling budgets as well avoiding inappropriate hospital admissions.
- 3.2. Professor Dame Sally Davies, Chief Medical Officer², in her evidence to the Health Select Committee explained:

² Prof. Dame Sally Davies – Oral evidence Health Committee 4 March 2014

‘One in 10 children will have a mental health problem. That means about three in every class.....We don’t have enough data on mental health problems in children. The last survey was in 2004, and there is a discussion going on about whether the Department can find the money to fulfil the request I made that we should do a new survey..... It is important because we are a decade out of date, but actually, people tell us that self-harm, anxiety depression and other stresses are going up.’
Prof. Dame Sally Davies – Chief Medical Officer

- 3.3. A CAMHS Joint Strategic Needs Assessments (JSNA) was commissioned from Public Health in order to support a Tier 2 and Targeted CAMHS Review.
- 3.4. In contrast to physical health, where the risks of common problems, such as cancer and heart disease increase with age; adolescence and early adulthood are stages of life associated with greater risk of mental health problems (Centre of Economic Performance Mental Health Policy Group, 2012).
- 3.5. Most adult mental health problems emerge in the first two decades of life. 75% of those with life time mental health problems first experienced symptoms before age 24 (Kessler and Wang 2007)¹.
- 3.6. The range of mental health problems faced by young people includes:
 - impulse-control disorders (including conduct disorder, ADHD)
 - anxiety disorders, from phobias to post-traumatic stress disorder
 - mood disorders, from low mood to depression
 - Autistic Spectrum Disorders (ASD), including Aspergers
 - obsessive compulsive disorder (OCD)
 - eating disorders, including anorexia nervosa and bulimia
 - the psychological effects of abuse and neglect
 - psychosis (including schizophrenia)
 - emerging borderline personality disorder.
- 3.7. The CAMHS JSNA (March 2013) estimated the number of children and young people in Hammersmith and Fulham who may experience mental health problems based on the prevalence estimates in ‘Paying the Price’ produced by the Kings Fund (2008). Estimates are broken down by tiers 1, 2, 3 and 4 for under 17 year olds:

Hammersmith & Fulham



The results of this method point to a far more severe rate of mental ill health in children and young people than previously conceived: the estimated rate of mental ill health is therefore more than double (23%) the figure of 10% quoted by Prof. Sally Davies, highlighting the need for more current data in order to accurately measure need.

A summary of local mental health needs from the 2013 JSNA is in Appendix 1.

- 3.8. Child and adolescent mental health services for Hammersmith and Fulham young people are commissioned from West London Mental Health Trust (WL-MHT). Data for August 2014 shows that 132 adolescents (aged 13-18 years inclusive) are receiving active support and treatment from H&F CAMHS.
- 3.9. Research shows that some groups have a higher risk of poor mental health and emotional wellbeing. Risk factors include: low household income, unemployment, parents with lower education levels, homelessness, Looked After young people, those with disabilities, young people in certain ethnic minority groups, young carers and young people who are lesbian, gay, bisexual or transsexual.
- 3.10. A variety of support exists for the improvement of child and adolescent emotional and mental wellbeing from preventative to targeted and specialist. Support aimed at preventing mental ill health include resources for self-help and early stage interventions provided in universal settings such as schools, youth groups, early years groups, sports and leisure and in community settings. More specialist treatment is provided by West London Mental Health Trust staff. See section 6 for details of current provision.

4. EARLY INTERVENTION AND PREVENTION

4.1. A compelling case for early intervention has been made in recent years.

'Good mental and emotional health is as important to a child's development as good physical health. Too often this can be neglected until problems and worries have become much more serious. The key to ensuring a strong emotional resilience among young people is early intervention. This involves tackling the root of the causes, including poverty and discrimination. The importance of prevention rather than the cure cannot be underestimated.' **Angie Hart, Professor of Child, Family and Community Health at the University of Brighton.**

4.2. In his 2010 review, Professor Sir Michael Marmot highlighted the importance of taking a life course approach to tackling health inequalities, to build resilience and wellbeing of children and young people from all social backgrounds. He concluded that support needs to be in place before birth and throughout the life of the child to ensure positive outcomes. *Healthy Lives, Healthy People* outlined the need to build self-esteem, confidence and resilience in children. Marmot asserted that this can be achieved by:

- Recognising that the importance of good relationships with family, friends and others is vital in building resilience
- Recognising the importance of parental wellbeing in affecting the child's emotional health, wellbeing and resilience
- Ensuring early identification of need and provision of evidence based family centred support
- Focusing on early intervention and early help – both in early years and at trigger points during school-aged years
- Focusing on early identification of those women at risk of postnatal depression through antenatal assessment and post-natal depression screening, recognising family dynamics to provide a whole family approach
- Ensuring seamless support across the transitions from midwifery, health visiting, and school nursing services
- Ensuring that multiple services work together in a co-ordinated approach
- Helping to strengthen parenting skills using evidence-based programmes
- Awareness of balancing benefits and risks in family work.
- Ensuring continuous assessments to flag any concerns or delays

4.3. The World Health Organisation (WHO) report, Prevention of mental disorders: effective interventions and policy options, listed very similar protective factors:

Risk factors	Protective factors
Poverty	Economic security
Discrimination	Empowerment
Violence, abuse or neglect	Feelings of security, mastery and control
Peer rejection and isolation	Positive interactions with others
Stressful life events	Physical activity
Lack of family support	Stable family environments
Poor physical health/long-term condition	Healthy diet and lifestyle

4.4. The Five Ways to Wellbeing were developed by the New Economics Foundation (NEF) from evidence gathered in the UK government’s Foresight Project on Mental Capital and Wellbeingⁱⁱ in 2008. The Project drew on research on mental capital and mental wellbeing through life.

4.5. The Five Ways to Wellbeing are a set of simple evidence-based actions which people can use every day to increase their wellbeing and mental health. They are: **Connect, Be Active, Take Notice, Keep Learning** and **Give**.

4.6. These were adapted to make them age appropriate for children and young people.

- **Connect** - Enable young people to spend time with friends and family.
- **Be active** - encourage regular exercise, individual and team sports.
- **Take notice** - Encourage awareness of environment and feelings.
- **Keep learning** - Encourage curiosity.
- **Creativity and play** - Encourage children’s imagination and creativity as they grow.

5. HAMMERSMITH AND FULHAM: PRIORITIES AND INITIATIVES

5.1. Priorities in the Hammersmith and Fulham's Health and Wellbeing Strategy 2014-16 include adolescent mental wellbeing as a key issue:

	Priority	Strategic Objectives	Success Measures
5	Integrated services across all relevant agencies which support prevention and early intervention to reduce avoidable demand	<p>More young people have a good level of social and emotional development</p> <p>Reduction in the number of young people requiring mental health services or admitted to hospital with an injury (self-inflicted, assault or accident).</p> <p>Reduction in number of underage/teenage/Looked After Children (LAC)/Care Leaver pregnancies</p>	<p>Response to emotional well-being questions in the Children & Young People's Survey</p> <p>Number of CAMHS appointments/services required and reduction in hospital admissions due to mental health concerns, assault or accidents.</p> <p>Number of underage, teenage pregnancies.</p> <p>Number of LAC/Care Leaver pregnancies.</p>
6	Improving mental health services for service users and carers to promote independence and develop effective preventative services	<p>Improved experience of mental health services for users.</p> <p>People are supported to be independent</p> <p>People, including adolescents, LAC and Care Leavers, can access preventative mental health services</p>	<p>Reduced referrals into secondary care community services, increased step down to primary care services and good outcomes for these patients</p> <p>Good move on rates from inpatient rehabilitation services into more independent settings such as supported housing</p> <p>Development of interventions which promote early identification, mental well-being and resilience.</p>

5.2. In April 2013, the LSCB created a working group specifically to review how multiple agencies could work together to prevent suicide in children and young people. In October 2013, the group published its report and recommendations were cross referenced with the Public Health Prevention of Suicide Group. This work is continuing and includes updating guidance to schools on self-harm.

5.3. Furthermore, as part of the CCG annual mental health contract review, CAMHS service specifications were revised and common performance and reporting standards agreed across North West London for the first time. This

includes a Commissioning for Quality Improvement and Innovation (CQUIN) measure for CAMHS discharge, transition and parental mental health.

- 5.4. WL MHT are also developing a pilot in Hammersmith and Fulham for the new Children and Young People's Improving Access to Psychological Therapies (IAPT) programme, an intervention for children and young people experiencing anxiety or depression. This work builds on the success of the national IAPT programme for adults and Hammersmith and Fulham's 'Back On Track' programme.
- 5.5. A successful bid from the Children's Joint Commissioning Team has led to government funding for 'co-production' with young people to improve CAMHS service design. Rethink have been working in Hammersmith and Fulham with Looked After Children to identify priorities for service improvements. The two main areas identified for development were:
 - a) Professionals in social care and education should be able to discuss mental health issues openly and support young people in finding the right services.
 - b) Peer support groups for young people so they can learn from each other's experience and share ways of coping.

These insights will be incorporated into the Health and Well Being CAMHS Task & Finish work.

- 5.6. The Associate Director for Safeguarding in the CCG has initiated a review of the CCG's responsibilities for Looked After Children (LAC) and this will include CAMHS. 'Designated Doctors or Nurses' advise CCGs on Looked After young people, with a focus on CAMHS provision.
- 5.7. At its initial meeting in June 2014, the Tri-borough Children's Trust Board discussed deliberate self-harm, step up and step down to/from tier 4 services, and also the role of schools and school nurses in responding to children's mental health needs.

6. CURRENT PROVISION FOR ADOLESCENTS

- 6.1. CAMHS is described in four tiers of need with different funding arrangements.

Tier 1 - CAMHS support at Tier 1 is provided by practitioners who are not mental health specialists and work in universal services; GPs, health visitors, school nurses, teachers, social workers, youth justice workers and staff in voluntary agencies.

Practitioners offer general advice and treatment for less severe problems, promote mental health services, identify problems early and refer to more specialist services.

Tier 2 - Practitioners at this level are CAMHS trained and work in community and in primary care settings (and many will also work as part of Tier 3 services). This can include primary mental health workers, psychologists and counsellors working in universal settings such as GP practices, paediatric clinics, schools and youth services. Tier 2 is often funded by the local authorities.

See Appendix 2 for the JSNA summary of services offered at Tier 2 and service data.

See Appendix 3 for spend at Tier 2 by the local authority and CCG.

Tier 3 - CAMHS Tier 3 services are specialist and usually multi-disciplinary, working in a community mental health clinic or child psychiatry outpatient service, providing services for children and young people with more severe, complex and persistent disorders. Team members are likely to include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists, art, music and drama therapists. Tier 3 CAMHS is funded by Hammersmith and Fulham CCG.

Tier 4 - These are inpatient or specialised outpatient services for children and young people with mental illness. The units are staffed by CAMHS professionals from a range of professional groups, including child and adolescent psychiatrists, social workers, clinical psychologists, psychiatric nurses, child psychotherapists, occupational therapists, art, music and drama therapists.

These services are funded and commissioned by NHS England.

7. EARLY INTERVENTION AND RESILIENCE PROVISION (Tiers 1 and 2)

- 7.1 Early intervention provided at a universal level and commissioned by Children's Services aims to take a holistic approach to mental health in line with Government aims to link physical and mental wellbeing. The Children's Services Outcomes Framework includes 'Young people have a good level of social and emotional development' as a key outcome (Outcomes Framework - universal outcome 3.3).

Early Intervention and building personal resilience in schools

- 7.2 In schools there is no legal requirement for Personal, Social and Health Education (PSHE) but schools choose how to teach these invaluable life preparation skills through their curriculum and Ofsted inspects all schools' Spiritual, Moral, Social and Cultural Development (SMSC). Inspectors will take into account the impact of the range of opportunities provided for young people to develop their resilience and confidence in their assessment of promotion of SMSC.

- 7.3 Good examples of this which might occur in a classroom could include:
- Teaching that encourages participation, creativity, reflection and independence
 - Assessment and feedback that values pupils' work and effort
 - Activities that develop teamwork, leadership skills and self-reliance
- 7.4 Tier 1 training (Introduction to Child Mental Health) is offered to schools each quarter by WL MHT and delivered by Educational Psychologists, Tier 3 clinicians and outreach 'community' CAMHS service (C-CAMHS). C-CAMHS clinicians can also provide further on-site training for schools where particular mental health topics are identified.
- 7.5 Schools also commission training from the Primary Inclusion Development Service (PIDS). PIDS support primary schools to respond more effectively to the needs of children with behaviour, social and emotional difficulties. Part of the community CAMHS service delivery plan is to meet with head teachers and SENCOs (Special Educational Needs Co-ordinators) at least once a year (ideally termly) to identify gaps in supporting young mental health service users. This has led to local "Shared Understanding" meetings where Education Psychologists, the PIDS and community CAMHS clinicians were able to identify overlaps or gaps in current services to schools.
- 7.6 See Appendix 4 for a summary of the provision at tier 2 to schools from West London Mental Health Trust.
- 7.7 The Bridge Alternative Provision Academy (TBAP), a multi-academy trust, provides alternative provision and special educational needs (SEN) places for secondary aged young people in LBHF at The Bridge and for primary aged children at The Courtyard. These provisions enable young people with complex social, emotional and learning difficulties to engage with education and make steps towards achieving positive outcomes. TBAP has been judged outstanding by Ofsted.
- 7.8 LBHF Education Psychology Team provides support to all schools in the Borough. The focus is on early identification of children's social, emotional mental health needs. Educational psychologists work with children, young people, parents/carers, school staff and other practitioners to bring about change through developing shared understanding of a child's needs and planning approaches to these.
- 7.9 Educational psychologists provide direct interventions to support children's development and engagement with learning, including cognitive behavioural therapies (CBT), Video Interaction Guidance and Mindfulness Training. The latter has been successfully used with young people at The Bridge AP Academy.
- 7.10 A successful transition for young people to adulthood is achieved through focusing on good emotional and mental wellbeing and this consideration is core to all youth work in Hammersmith and Fulham.

7.11 Tri-borough Children's Services (Youth Services) commissions Spurgeons to provide a support service for **young carers** to improve their emotional resilience. This includes support in accessing other services such as one-to-one support, advice and guidance, free activities and events as well as regular term-time groups and activities during school holidays.

7.12 Family Support Localities Services

7.13 Family Support Localities Service (FSLs) provides a borough-wide service providing a range of *'early help'* support for families who, either because of additional needs or because of less advantageous circumstances, require additional help alongside universal provision (e.g. children centres, schools, health visitors, GP's). The FSLs is made up of a wide range of practitioners, working together to provide parenting and family support. The service provides a range of support packages depending on the issues identified. It aims to build confidence within families in order for them to help themselves. This reduces on public services. The service offers support to children, young people and families, to develop resilience to their problems and help to provide the tools to 'bounce back'.

7.14 There has been a steady increase in the number of families accessing the service since it was established in June 2011, with an average of 520 families in receipt of support at any given time. The majority (over 50%) of requests for support come from schools.

7.15 Parents now have access to a range of parenting support, both one to one and group³, (some of which are co-run with the children's centres) along with practical support to address issues such as employment, benefits and housing. In addition, children and young people are offered support on a range of emotional, behavioural and lifestyle issues such as sexual health, substance misuse, anti-social behaviour and offending. This has resulted in families accessing and receiving support and managing issues at a much earlier stage.

7.16 School attendance has been a priority due to the strong protective factor that a good engagement in education provides to children and young people which continues in later life. The FSLs is responsible for working with schools on attendance and intervening where attendance falls below 90%. Hammersmith and Fulham is now slightly above the national average for both primary and secondary school attendance and within the top 20 local authorities nationally for secondary school attendance.

8. LAC CAMHS

8.1 A small number of CAMHS staff provide specific support and advice in relation to looked after young people. Whilst this can include interventions with young people, in most circumstances the LAC CAMHS staff are advising and supporting carers and local social work staff on supporting young people with challenging behaviours.

³ some of the parenting groups are co-run with the children centres

8.2 As part of the move towards shared borough support services, LAC paediatricians, nurses and LAC CAMHS staff are being encouraged to look at collaborating in a 'Virtual LAC Health Service' operating across the three authorities. Whilst benefits include maximising co-ordination and efficiency, the complexities of bringing together health staff from five different employers and a variety of professional backgrounds should not be underestimated.

8.3 **Youth Offending Team**

A CAMHS nurse is embedded in the Youth Offending Team and offers assessment and treatment interventions to children and young people. Although the role is to focus on those not detained in secure training centres, they do also support young people pre-detention in order to help the young person engage with the mental health service provided in the detention centre.

WL MHT work with mental health services in detention centres to ensure there is continuity of mental health service provision when service users are released.

9. **MEASURING WELL-BEING**

9.1 With developments in policy and early mental health interventions there has been increased recognition of the need to measure the wellbeing of those young people most at risk of mental health problems which can affect educational attainment. These are young people who require the support of additional and/or different educational provision in order to engage.

9.2 The aim of providing a measure of well-being for young people in the Borough is to understand the relationship of mental and emotional wellbeing with educational progress and to give young people greater self-awareness of their own mental state, enabling them to seek support from schools at an early stage.

9.3 LBHF has commissioned a third sector organisation, New Philanthropy Capital (NPC), to support the development of a well-being measure for young people in the Borough. NPC has focused on well-being for many years, launching a Well-being measure nationally for use by third sector organisations in 2011. During the academic year 2013/14, NPC carried out a two-phase pilot to develop a wellbeing measure for LBHF young people age 6-16 years with variations to take account of moderate learning difficulties. The pilot included pupils from Cambridge School, The Courtyard Primary pupil referral unit and Fulham College Boys Autism Unit (Q4) and its final stages will include the creation of an IT version.

9.4 Implementation of the Wellbeing Measure in schools, alternative provision and other providers will follow during the autumn term 2014, led by educational psychologists, specialist teachers and the SEN Team. Wellbeing monitoring data for children funded from the High Needs Block will be collected from January 2015.

10. LEGAL IMPLICATIONS

- 10.1 The initiatives outlined in the report are consistent with Local Authority statutory functions of maximising the wellbeing of citizens. They are additionally consistent with the new statutory functions brought about by the Health and Social Care Act 2012 of improving health and reducing health inequalities.
- 10.2 Implications verified and completed by Jade Monroe – Senior Solicitor (0208 753 2695)

11. FINANCIAL AND RESOURCES IMPLICATIONS

- 11.1 Local children and adolescent mental health services are predominantly funded by Hammersmith and Fulham Clinical Commissioning Group.
- 11.2 Local authority funded CAMHS support will be re-assessed, taking into account the new Focus on Practice initiative.
- 11.3 Implications verified and completed by: Dave McNamara – Director of Finance (020 8753 3404)

LOCAL GOVERNMENT ACT 2000 LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
	Tri-borough Children's Services Outcomes Framework	Kerry Russell, 0207 641 6033	Children's Services/Commissioning

LIST OF APPENDICES:

- Appendix 1 - Summary of Joint Strategic Needs Assessment (JSNA) on Child and Adolescent Mental Health for Hammersmith and Fulham (March 2013)
- Appendix 2 - Details of Tier 2 services available in Hammersmith and Fulham and relevant service level data (JSNA, March 2013)
- Appendix 3 - Spend on Tier 2 services
- Appendix 4 - Tier 2 provision to schools from West London Mental Health Trust.

END NOTES

- ⁱ Age of onset of mental disorders: a review of recent literature, Kessler R.C. et al. Current Opinion in Psychiatry 2007; 20(4): 359.
- ⁱⁱ The New Economics Foundation (2008) Five Ways to Wellbeing: A report presented to the Foresight Project on communicating the evidence base for improving people's wellbeing.