



Hammersmith & Fulham

Child and Adolescent Mental Health Taskforce Report 2016

Introduction

In 2014 there was significant national criticism of mental health services for young people. Inpatient facilities commissioned by NHS England (NHS E) were found to be too far away from patient’s homes with insufficient capacity to meet demand. Local community based Child and Adolescent Mental Health Services (CAMHS) were described by the Minister at the time, Norman Lamb, as ‘not fit for purpose’ and in need of ‘a complete overhaul.’ Additionally, the Health Select Committee criticised investment in the service and the poor state of the current needs data and demanded improvements.

These pressures led to establishing the national CAMHS Taskforce led by Dr Martin McShane (NHS England) and Jon Rouse (DoH). The work of the national CAMHS Taskforce concluded with the publication of its well-received report, ‘Future in Mind’ in February 2015.

In step with these national developments, across Hammersmith & Fulham, Kensington & Chelsea and Westminster, a CAMHS Task & Finish Group met and made recommendations¹ (see appendix 1) for improvements to all three Health & Well Being Boards. The Task & Finish Group findings were strongly influenced by and indeed presented to the HWBBs by local Young People’s Champions supported by Rethink².

In response to the Task & Finish report and the presentations made to the H&F Health and Well Being Board, a Hammersmith & Fulham focused CAMHS ‘Taskforce’ was asked to:

- Summarise the local need for mental health and wellbeing provision.
- Assess the services available in Hammersmith and Fulham which support good mental health and emotional wellbeing for young people.
- Identify any gaps.
- Comment on whether Hammersmith & Fulham young people and professionals have access to the right provision and services that young people want to use?

Taskforce Members:

Cllr Alan De’Ath (Chair), Cllr Sharon Holder, Cllr Sue Fennimore and Cllr Caroline Ffiske.

Dr Christine Elliot – GP H&F CCG

¹ Reported Autumn 2014

² Rethinking Mental Illness is a national charity campaigning for improvement in mental health services

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Georgina Bell – West London Action for Children

Harry Wills, Shahid Khan and Selena Grogan – Rethink Young People’s Champions

Stuart Lines – Public Health Vijay Parkash, Mennal Sohani and Kassim Makorie – West London Mental Health Trust

Alex Tambourides – H&F MIND

Officer Support from: Kerry Russell, Steve Buckerfield, Andy Davies and Jacqui Wilson³ (CAMHS Commissioner)

Process

The H&F Young People’s Mental Health Taskforce met on five occasions:

Initial Planning	19 th March 2015
Provider’s Focus	30 th April 2015
School’s View	18 th June 2015
Young People’s Priorities	2 nd September 2015
What have we learnt?	29 th October 2015

Over the course of the Taskforce meetings members heard evidence from a variety of organisations, individuals and stakeholders including: Rethink Young People Champions, H&F Youth Council, Hammersmith & Fulham schools, West London Action for Children, H&F MIND, Health Watch, the Centre for Mental Health and West London Mental Health Trust.

The Taskforce chair, Cllr Alan De’Ath and several other members visited the innovative Brent Centre for Young People⁴ on the 20th July 2016.

The Taskforce also heard the results of the Hammersmith & Fulham Youth Council survey⁵ of 200 local young people who were asked about their knowledge of mental health and emotional wellbeing.

Reports from HealthWatch on Young People’s Priorities; the results of a survey across Hammersmith & Fulham primary schools and work produced by ReThink, working with local young people on perceptions of mental health services, were all considered by the Taskforce.

³ Jacqui Wilson has left the CAMHS commissioner post and has been replaced by Angela Caulder

⁴ Laufer House, 51 Winchester Avenue, London, NW6 7TT

⁵ June 2015

Hammersmith & Fulham CAMHS Taskforce Report – Cllr De’Ath Approved**Needs in Hammersmith & Fulham**

A snapshot of mental health needs across the UK shows that:

- 1 in 10 children and young people aged 5 – 16 suffer from a diagnosable mental health disorder – around three children in every class
- 75% of mental health problems in adulthood (excluding dementia start before 18 years
- Between 1 in 12 and 1 in 15 children and young people deliberately self harm
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.

Local Population

No of Children ⁶	33,328
No of School Children ⁷	20,071
Rate of LAC ⁸	60

Up to date information on the health, educational and social care needs of children and young people with emotional and/or mental health needs is not available. This is a common issue across North West London. Hammersmith & Fulham CCG, in collaboration with neighbouring North West London CCGs, has committed to commissioning a new Joint Strategic Needs Assessment for young people mental health needs for 2016⁹. The Anna Freud Centre has been recruited to undertake this work, which is now underway and will report in the summer 2016.

Estimates across North West London suggest 25,000 5-16 year olds will have a mental health disorder. Public Health England (2014) estimates that for Hammersmith & Fulham:

1828 young people may have a mental disorder

723 may have an emotional disorder

1104 can have a conduct disorder

307 experience a Hyperkinetic disorder

Self harm is also more common amongst young people with mental health needs. Among 11-16 year olds, over a quarter of those with emotional disorders and around a fifth of those with conduct or hyperkinetic disorders or depression said that they had tried to harm

⁶ ONS Mid-Year Projections: Table SAPE15DT8; Mid 2013 Population Estimates of wards in England & Wales

⁷ DfE School Rolls 2015

⁸ Looked After Children DfE SFR36/2014 LAC aged 0-17 per 10,000

⁹ The Anna Freud Centre has been commissioned to complete this work which is now underway and will report in the summer of 2016.

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themselves¹⁰. Deliberate self-harm is more common among girls than boys. Between 2001/02 to 2010/11, rates of hospital admission due to deliberate self-harm have increased nationally by around 3% among 11-18 year olds (to around 17,500 in 2010/11).

There are also a number of specialist mental health needs for some vulnerable populations. National research has found that among looked after young people, 38% to 49% (depending on age) have a mental health disorder. Mental health conditions are also more common among young offenders. This is thought to be associated with the offending behaviour in over three-quarters of the young people who had a full assessment in 2014/15.

Children with special educational needs with an Education, Health and Care Plan (EHCP) may also be at higher risk of developing mental health needs, including autistic spectrum disorders.

Current Services and Performance

West London Mental Health Trust (WL MHT) is contracted by H&F CCG to provide community mental health services for young people in the borough. A team of approximately 30 mental health clinicians provides a service from their main base in Glenthorne road. The team is comprised of psychiatrists (4), psychologists (6), family therapists (3.1), psychiatric nursing (1), primary mental health staff in reaching to local schools (5.8) and management and administration (6.6).

Funding

Hammersmith & Fulham CCG invest £2,010,863 in mental health services for young people.

Hammersmith & Fulham local authority invest £512,000 in young people’s mental health services, primarily supporting CAMHS work in schools, local training, a liaison post in social care, support for looked after children and a family therapy project. The local authority contribution is currently not guaranteed beyond March 31st 2017.

The London Borough of Hammersmith & Fulham have also benefited from short term national investment to introduce systemic family therapy clinicians and techniques into social work teams through the successful Focus on Practice programme.

Both the council and H&F CCG also joint fund the specialist Multi-Systemic Therapy (MST)¹¹ team which works intensively with families where young people are at risk of custody, care or not engaging with education.

Performance

¹⁰ ONS (2005) Mental Health of children and young people in Great Britain

¹¹ MST Team – 3 therapists and a coordinator offer 24 hours support to high risk families. Funding is provided by the 3 inner London CCGs and Hammersmith and Fulham, Kensington and Chelsea and Westminster local authorities.

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2014-15 897 referrals received
748 accepted
662 young people had a first attendance
5,156 follow up appointments offered

Waiting Times (June 2015) – all referrals are triaged to assess the severity of the issues and to decide priority.

55.6% (15 young people) assessed within 4 weeks of referral
37% (10 young people) assessed between 5 to 11 weeks
7.4% (2 young people) waited for longer than 11 weeks

Assessment to Treatment

68% (17 young people) treated within 4 weeks of assessment
20% (5 young people) treated between 5 and 11 weeks
12% (3 young people) treated beyond 11 weeks

Outcomes

Outcome measures have been included in the WL MHT contact for 2015-16. Both the clinician and the young person complete a self-assessment which tracks improvement as a result of the intervention. The national Children & Young Person’s Increasing Access to Psychological Therapies (C&YP IAPT) programme provides a menu of condition specific measures to be completed at the beginning and conclusion of treatment. Completion of an outcome measure at the start and conclusion of an intervention is termed a ‘matched pair.’ On a year to date basis, 41% of young people discharged from the service have a ‘matched pair’ of outcome measures. Of that cohort, 68% record that improvement was achieved.

It is anticipated that compliance with these outcome measure key performance indicators will improve significantly in 2016-17 and this is currently being negotiated with WL MHT.

Admissions to In-patient units

NHS England is responsible for commissioning in-patient psychiatric beds for young people (Tier 4 provision). The provision is provided by a variety of predominantly private hospitals (e.g. the Priory Group). NHS E data for 2014-15 indicates that there were 45 admissions for

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young people in Hammersmith & Fulham or 13.4 per 10,000 population, the highest ratio across North West London¹².

On the 10th March 2016 NHS England announced its intention to relinquish control of tertiary mental health beds in ‘selected areas.’ The changes could mean CCGs, NHS mental health trusts and independent providers could band together to make local or regional bids to take on the commissioning of secure mental health services, tier four child and adolescent mental health services, and other specialist services such as eating disorder units.

North West London CAMHS commissioners are keen to restore local control of access and discharge from inpatient units and will be contacting NHS England to explore how this can be taken forward.

Taskforce visit to Brent Centre for Young People

The Brent Centre for Young People was founded in 1967 by psychoanalysts¹³ who had developed their work initially through the Anna Freud Centre¹⁴. The centre has grown over the years developing talking therapies unique to the centre which include: Adolescent Exploratory Therapy, Group Therapy for Young Offenders and Sport & Thought, as well as more widely used therapies such as psychoanalytical therapy, art therapy, psychotherapy and family therapy.

The centre receives some funding from Brent CCG but also has strong links with ten Brent schools which commission ‘on site’ support for young people from the service. This includes providing a service to young people excluded from school.

The Taskforce members who visited the Brent Centre for Young People were particularly impressed with:

- Centre’s ability to combine therapeutic support with practical problem solving: e.g. homelessness, debt and access to sports activities
- Close working relationships with schools, the Key Stage 4 Referral Unit and Youth Offending Service
- Vibrant and up to date website providing support to young people and families
- Capacity to see young people and families quickly

The Brent Centre explained that there were still challenges and that their offer did not resolve everything. For example, transition between children and adult services remains an

¹² Ealing 6.1 Hounslow 5.0 Hillingdon 7.9 West London 8.2 Central London 9.5 Brent 9.0 Harrow 5.4

¹³ Moses Laufer, Egle Laufer, Mervin Glasser, Myer Wohl and Child and Adolescent Psychiatrist Maurice Friedman.

¹⁴ Originally known as the Hampstead Clinic

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issue, and they work hard to keep communication working well with the local CAMHS team provided by CNWL.

- In summary, the Taskforce members thought there were considerable advantages to the Brent Centre for Young People’s model and that exploring opportunities to look for collaborative models with the voluntary sector and other council services should feature in the Taskforce’s recommendations.

Taskforce Discussions with Hammersmith & Fulham Young People

The Taskforce considered contributions from young people presented by three organisations:

- Hammersmith & Fulham Youth Council
- HealthWatch Central West London
- ReThink (national voluntary agency)

Hammersmith & Fulham Youth Council identified mental health as a key issue and therefore incorporated mental health for young people into its Youth Parliament 2015 Mind the Gap Campaign. The Youth Council’s 2015-16 manifesto includes the pledge:

‘We will work to help reduce the stigma around mental health so that young people can access the support they need.’

As part of their campaign the Youth Council asked 3,000 young people:

‘Do you know where to access support if you’re feeling down or stressed? If so where would you go?’

This was followed up with a more details questionnaire discussion with 196 young people in Hammersmith & Fulham schools or youth projects. The key findings were that:

- Many young people did not know where to access support, either in or out of school
- In school, friends, school based counsellors, peer mediators and form teachers were mentioned, but the understanding varied enormously from school to school.
- Out of school young people mentioned family and friends, going on line and going to see their GP, although a number also specifically ruled out seeing their GP.

The Youth Council survey also asked young people about their understanding of ***‘mental health’*** and ***‘emotional well-being.’***

- Most gave negative definitions portraying the negative stigma surrounding mental health e.g. *Psycho, Mad, Dangerous*
- Only a few offered positive definitions e.g. *Happiness, satisfaction and no stress.*

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The Youth Council’s conclusions were that schools should talk more openly and regularly about mental illness, including encouraging young people who have experienced mental health issues, to talk to others.

Hammersmith & Fulham Youth Council also recommended stronger promotion and advertising of services with schools being much clearer about what is available and how to find support (including web links etc.).

Young people told the Youth Council that videos in assemblies or PHSCEE were very effective, particularly if it was produced by young people and for young people.

There were also some ‘great examples of counselling in schools’ but other schools don’t provide this. These good examples should be shared and encouraged.

Finally, the Youth Council wanted to see more emphasise on how important **positive mental health** is and **good tips** for **emotional wellbeing**.

HealthWatch Central West London produced a helpful report; ‘Our Perspectives...read our stories about young people and mental health’ in July 2015 and this was shared with the Taskforce. The report summarised the views and opinions of young people in Hammersmith & Fulham, Kensington & Chelsea and Westminster¹⁵, with input from parents, carers and professionals¹⁶.

The HealthWatch report echoes the findings reported by the Youth Council:

- Stigma associated with mental health and fear of ‘labelling’ remains powerful for young people
- Very mixed understanding of mental health and emotional well being
- Parents complained that they often did not understand what we being said as ‘jargon’ was frequently used by health professionals

A large proportion of young people (78%) that HealthWatch spoke to reported that they would seek support from their parents in the first instance. School based services were also popular with both parents and young people.

Finding information on young people’s local mental health services was patchy. National organisations and charities had better capacity to keep websites up to date and relevant.

Transitions between services was also seen as problematic and the findings from the 2014 CQC ‘**From the Pond to the Sea – Children’s Transition to Adult Services**’ remained relevant:

¹⁵ Young people’s involvement included a focus group at a West London school, 100 young people completing an on line survey and a further 150 attending two engagement events

¹⁶ Two engagement events were held: Oct 2014 St Anne’s Church Soho and March 2015 Westminster College. The in-patient Unit Collingham Gardens operated by CNWL was visited and professionals given the opportunity to complete a survey.

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- Parents still caught up in with both CAMHS and Adult Mental Health Services
- No one to ‘co-ordinate’ transitions
- Transitions should be tailored to the individual and started at least 18 months before the 18th birthday

The HealthWatch report concluded with 18 recommendations which included:

- Calls to improve training: general awareness, mental health responsibilities for front line staff, jargon free communication for professionals and support and information for parents
- Improve clarity on pathways to services, co-ordination with the voluntary sector, and inclusion of the referrer in the ‘solution’, early intervention, transition planning and liaison with schools.
- Work with young people to develop creative early interventions which can be delivered as a ‘whole family approach, through schools or young people’s homes.

ReThink, the national mental health charity, has been providing support to a group of Hammersmith & Fulham ‘Young Champions’ who have been promoting the ‘co-production’ approach to mental health services: active involvement and participation of young people in service re-design, rather than traditional ‘consultation’ events.

The Champions produced a summary report based on an on line survey of 115 young people aged between 14 and 25 years old. Almost half of the respondents lived in North West London and half of those in Hammersmith & Fulham. Three quarters were female. There were equal numbers of respondents with and without a psychiatric diagnosis. The questionnaire asked participants firstly had they sought support and then where did they look to find it?

Findings

64% of the sample had made efforts to find help for their emotional or mental health issues which was broadly in line with both NW London and London comparisons.

Of those seeking support:

23% approached mental health services

19% turned to their family

12% found help through school or college

11% asked their GP

10% looked to friends

5% had access to a private counsellor or therapist

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3% found an unspecified ‘other’ solution

Approximately two thirds of those seeking supported received what they had hoped for, with 25 young people registering disappointment.

Respondents were then asked to rate the quality of the support they received.

On average family, friends and teachers were rated as the most supportive, whereas statutory mental health services, often accessed in a crisis (in-patient or Accident & Emergency) were rated poor. Most forms of support received at least one high score (10) from at least one young person, but specialist mental health services (CAMHS, counsellor or in-patient) also received some very low scores (0).

ReThink Conclusions

- More can and should be done in schools to promote positive mental health, open discussion and knowledge of support services, including via the web.
- Young people do seek help from family, friends and teachers and highly rate its effectiveness
- There is more we can do to improve both the visibility, access and initial responses from crisis and specialist mental health services

Taskforce Discussions with Hammersmith & Fulham Schools

The Taskforce heard the results of a survey of Hammersmith & Fulham Primary Schools which raised a number of issues that were then discussed with school representatives. This included:

- Uncertainty about the ‘early signs’ of mental health issues to look for
- Concern about increasing incidence of mental health issues within school and waiting lists and ‘high’ thresholds for professional help
- Schools were buying in valued additional support including: art therapy, counselling (West London Action for Children) and family therapy. Provision across schools was however inconsistent.
- From the small number of primary schools contacted, there was little in the way of additional training for school staff.

In terms of improvements, schools asked for:

1. Improved sign posting (e.g. flow diagrams) to services and simplified explanations about how to find services and what they could offer.
2. Schools were concerned that the ‘in school’ support and services was very limited. They would like to see this improved.
3. Schools also asked for ‘sustainable’ and easy access to ‘highly skilled practitioners’ who could provide advice and guidance.

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There were additional contributions from the Bridge Academy, Lena Gardens, Fulham Cross Girls, Brackenbury and Jack Tizzard Special School. The points that follow summarise the lively and robust discussion that took place.

1. The school representatives who were able to attend the Task Force were unanimous in their view that the impact of pupil and on some occasion’s also parental mental health issues was a significant and escalating issue.
2. The Bridge Academy has engaged its own therapy team¹⁷ as local CAMHS was unable to respond quickly enough to identified issues. Mental health input was seen to make a difference where it was delivered at school and in groups.
3. Considerable interest in establishing more ‘school linked’ mental health posts and emphasising an ‘early intervention’ approach.
4. Concern that there was no specific service for younger children with an eating disorder
5. Also, complaints that waiting lists for a community service from Hammersmith & Fulham CAMHS could be up to 12 weeks.
6. Primary Heads felt that they were identifying need early but had little or no resource to address this.
7. Additional training for school staff was seen as essential. The training delivered by Educational Psychologists (two day input) was praised but access and knowledge of the training offer varied. More specialist mental health training for school staff was requested (e.g. anxiety, attachment, neuro-science, loss at an early age, de-escalation and self-harm).
8. General concern that Council resources for young people’s mental health services will be reduced. Some schools already buy in art and music therapy but resources to expand this are limited.
9. Parental mental health or refusal to engage with mental health services both complicates and frustrates interventions – often with the school involved being left to cope as best they can.
10. There are further complications for secondary schools with larger numbers of pupils living outside of Hammersmith & Fulham. Self harm and concerns about uncertain transition arrangements were also mentioned.

Clinicians from WL MHT explained that their resources are finite and agreed that demand was increasing. Most of the mental health resources are already focused on schools but the range of needs being identified is very broad. A duty officer is available each day at Hammersmith & Fulham CAMHS, but it can be challenging when asked to respond immediately in a ‘crisis.’

Universal Services:

¹⁷ Includes Multi-Systemic Therapy, Art and Music Therapy and the Healthy Touch Programme.

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There was also discussion of the impact and effectiveness of universal services and support available to schools.

Personal, Health and Social Education (PSHE), Emotional Wellbeing (EWB) and Social and Emotional Aspects of Learning (SEAL) were all mentioned as positive contributions within schools. Although SEAL has come to an end a number of schools persist with the programme as it was seen to be very effective.

Young Minds, Mind Up, Horn Foundation and Take Ten were examples of interventions or lesson plans that schools could make use of.

Public Health’s Healthy School Partnership was also seen as a continuing positive initiative. This had led to discussions within schools about: home life; impact of social media; body image; exam stress; panic attacks; staff wellbeing; role of social workers and positive relationships.

It was noted that families are increasingly travelling longer distances to access education. Jack Tizzard School was also concerned about changes in support packages for families and the knock on effects on siblings.

Both Educational Psychology and the School Nursing service were seen as helpful supports for school responding to pupils with complex needs but both disciplines are primarily focused on meeting statutory obligations (SEN and/or safeguarding conferences).

Video Interactive Guidance was mentioned as a positive tool which Jack Tizzard had found to be useful.

Conclusions - Ideas for Improvements

The discussion was summed up by: how to respond with ‘less resources and rising demand.’

Ideas to make the best use of available services included:

- Exploring co-location for mental health and/or early help or social work services with schools. These could be shared by groups of schools and linked to a local medical centre or GP practice(s).
- WLMHT explained that their work would be more effective if family social issues were addressed social care or early help services, rather than included with the mental health referral.
- Several present felt it was time that young people’s services embraced a truly ‘whole system’ approach to improve ‘joined up’ outcomes and to make the available resources go as far as possible. This approach is being followed in adult services with increasingly close working between health and adult social care.
- Encouraging quarterly ‘cluster meetings’ for schools was suggested as an effective means improving communication and inter-agency understanding and responses.

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- Establishing a clear Single Access Point for mental health services which is capable of generating a swift response was seen as essential (more than just a great web site).
- Developing a coherent mental health promotion strategy for young people was seen as an important priority for Public Health to pursue.

Taskforce Discussions with mental health clinicians and professionals

The Taskforce’s discussion with local mental health providers and professionals included contributions from Rethink, the Centre for Mental Health (charity), Hammersmith & Fulham MIND, West London Action for Children, West London Mental Health Trust and Christine Elliot, Hammersmith & Fulham GP. As with the other discussions overseen by the Hammersmith & Fulham CAMHS Taskforce, what follows is a summary of the lively discussion that ensued.

Andy Bell from the Centre for Mental Health told the Taskforce that there was a national drive to encourage local authorities to seriously consider the impact of mental health issues on their populations and the consequences for local services. With as many as 1 in 10 young people experiencing some form of emotional or mental health issues in childhood, this was a significant issue that should not be ignored. Andy Bell went on to stress that the consequences and costs both for individuals and society were high in adulthood: poor outcomes, reduced income and contribution to society and the economy, as well as service costs for local authorities, prisons and the NHS.

Andy Bell argued that the Taskforce should strongly support early intervention, with support through pregnancy, parenting programmes and easy access to therapy as required for both parents and young people. The Future in Mind report from the national CAMHS taskforce endorsed this approach and when combined with the Governments undertaking to improve investment (1.25 billion over 5 years) this was an opportunity to be grasped with both hands.

Alex Tambourides from H&F MIND explained that there are 148 branches of MIND across the UK. H&F MIND sees approximately 2,500 people each year and offers support with counselling and mental health advocacy. Locally MIND has been involved with initiatives to improve perinatal services, support for carers and understanding the needs being picked up in primary schools.

H&F MIND have also been engaged with West London College which has been improving its offer to students with mental health issues. This has included training for college staff and input on sign posting to appropriate services.

Alex Tambourides thought that key issues included:

- Professional service was good for people with severe mental illness but there was a real lack of preventative services

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- Teachers dealing with mental health questions generally lack confidence
- Support ‘gap’ between universal and specialist services
- Stigma continues to be a massive issue

Georgina Bell from West London Action for Children (WL AFC) told the Taskforce that only 23% of the local group’s income came from statutory bodies with the rest coming from fund raising programmes. WL AFC employs 8 therapists and ‘lots of volunteers.’ The service supports low income families in Hammersmith & Fulham and Kensington & Chelsea. As well as providing direct services to local families, WL AFC also supplies counselling staff to several primary schools.

WL AFC receives both self referrals and referrals from professionals. They operate their own evaluation rating scale to measure the impact of their work and have offered a variety of group based interventions over the years including:

- Pre-Primary and Primary for Parents
- Parents of Teens
- Dad’s Matter
- Breathe (Mindfulness)
- Mighty Me (Pre-school)
- Year 6 ‘Cool Moves’ for transition
- Outreach at Jigsaw

Other services include: Mindfulness, Family Therapy and Cognitive Behavioural Therapy (CBT)

WLAFC have 500 new cases each year. Their focus is often more on the parent than the child.

Dr Meenal Sohani and **Kassim MaKorie** presented the services provided by West London Mental Health Trust (WL MHT). WL MHT is a large provider of mental health services supporting a population of up to 800,000, both adults and young people across Ealing, Hounslow and Hammersmith & Fulham. WL MHT also provides tier 2 services in Brent and the Forensic Mental Health Service for Southern England.

At present in Hammersmith & Fulham CAMHS is organised in two sections: Tier 3 which offers a specialist mental health service to young people with complex or entrenched needs and Tier 2, which provides brief interventions to support young people who do not require specialist psychiatric input. Both services see young people up to the age of 18.

The Tier 3 service provides talking therapies, family therapy, CBT, Psychology and Psychiatric diagnosis. The service is based at Glenthorne road in Hammersmith and will see young people at home and also at school, as well as supporting Chelsea Westminster A&E during

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the day. Emergencies are seen within 5 working days and all referrals are seen initially within 6 weeks. There is a 9 to 5 duty system each day.

Areas to strengthen include:

- Support for young people with learning disabilities and mental health
- Crisis Care
- Shortage of in-patient beds

The Tier 2 service, locally called community CAMHS, employs psychotherapists, nurses and family therapists. There is a team of 8. Statistics for 2013-14 evidence 1700 consultations, with 1100 direct to schools. Locally schools do know how to access the service and the team regularly see pupils on school premises.

In addition, there is a worker based in the Youth Offending Service (Cobbs Hall base) who leads on care planning for young offenders with mental health needs. A lot of training is also offered to YOS professionals.

There is also a small service providing mental health support to looked after young children. As funding is only confirmed until April 2017 short term appointments have been made.

Vijay Parkash, WL MHT Service Director and Clinical Lead agreed that:

- Improvements were required to improve data on need, performance and outcomes
- Mental health services across the UK required ‘rethinking’ not just tinkering with what’s already there.

Christine Elliot, Hammersmith & Fulham GP, explained that general practice had the advantage of a global oversight of the family and knowledge of historic mental illness, but will often see very little of the ‘family’ once children have turned five years of age. A GP has to be very proactive if they want to continue to check on a young person’s development.

Dr Elliot agreed that schools were best placed to spot issues for young people 5 to 18 years. Concerns included:

- Information sharing and confidentiality issues can limit inter-agency communications
- GPs not being aware of the support services available locally

Discussion and Issues

- *Will shifting resources to the preventative side reduce demand?*

Both MIND and WL MHT agreed that any new resource should be aimed at the preventative, early intervention side of demand, but warned that this would not necessarily reduce the incidence of young people (young adults) with severe mental illness. Staff from the WL MHT community service argued that their service was simply ‘too small’ to meet the

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rising demand from Hammersmith & Fulham schools. SENCOs were also seen as a key group of school staff to ‘up skill.’

Rethink, argued that young people did not want more CAMHS professionals, but much better equipped and skilled teachers and social workers who could respond confidently to mental health needs.

- *Accessing information and consultation?*

General concern that the ‘local offer’ of mental health support services was very hard to find with everyone complaining they ‘don’t know what’s there or how to find it.’

Rethink pointed out that if you want to improve ‘access’ to information, ask lots of young people what works for them? Young people will often talk to each other and go on line before approaching A&E.

- *How might services be different?*

Andy Bell argued that local authorities were well placed to bring organisations together to combine resources and services with a view ‘collectively’ reaping longer term benefits.

Single Points of Contact and/or service hubs for young people were seen as attractive ideas. There were some concerns expressed about how a ‘hub’ might be achieved in the current funding climate. Others emphasised and any ‘single point of contact’ must link to staff who can respond in real time – not just by e mail.

Service ‘hubs’ for young people in Australia had been praised in the Future in Mind report, but would they be used and be sustainable?

Would piloting community mental health services (or integrated early help services) based in a local school be more likely to succeed?

Julie Pappacoda argued that we have to improve the general early help – early intervention offer and look at integration of services where duplication looked likely.

Cllr Holder reminded the Taskforce that any findings or recommendations would have to be supported by a very strong evidenced based business case.

- *Peer support has been suggested by local young people and the Future in Mind report!*

Vijay Parkash thought developing a peer support approach could be ‘revolutionary’ if we could get it right. H&F MIND had examples of peer support working well. Some concern that any ‘on line’ peer support would have to be ‘actively’ supported by professionals to minimise risks. Rethink pointed out that peer support initiatives could be supported and promoted by ‘co-production’ principles.

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Transition:

Wide spread agreement that ‘transitions’ continued to be a challenging area. There were different transitions depending on the services and young peoples’ circumstances. Thresholds for support from Adult Mental Health Services are evidently higher.

A brief snap shot taken by CNWL revealed large numbers of young people leaving mental health services between 16 and 18. It was very unclear whether this was appropriate, or whether some of these young people re-engaged with Adult Mental Health Services later in their twenties? Was this an issue to be concerned about?

NICE guidelines have now been published on Transitions: ***Transition from children’s to adults’ services for young people using health or social care services*** – NG 43 February 2016. The guidance calls on health providers to identify a senior clinician or manager to drive forward improvements in transitions between services.

Potential for Improvements

Towards the end of 2015 and as the Hammersmith & Fulham CAMHS Taskforce moved to conclude its enquiries, three significant and very positive initiatives have taken shape:

- **Improved Crisis Care:** earlier in 2015 North West London CCGs agreed that additional resources should be found to improve the support available to young people with a mental health crisis which occurred beyond office hours or over weekends and public holiday. WL MHT launched the new Out Of Hours service for young people in February 2016. This has introduced waking psychiatric nursing staff who operate in the evenings, weekends and bank holidays. This mobile and face to face service will see young people who present and Accident & Emergency and will be able to review young people admitted to paediatric wards at weekends. The nurses will be supported by the existing on call CAMHSA supported provided by WL MHT. The new service will begin in April 2016.
- **CAMHS School Link Pilot:** Hammersmith & Fulham CCG has been awarded a place on the NHS England CAMHS Schools Link pilot. This initiative links ten Hammersmith & Fulham schools to WL MHT who have received short term funding (from the CCG, DfE and NHS E) to strengthen school and CAMHS links. Two training days have now been held with SENCOs and school mental health leads, with a further review scheduled for later in 2016. Designated CAMHS staff are now linked to the ten schools in the pilot.
- **Future in Mind Transformation Plans:** In October 2015, led by Hammersmith & Fulham CCG, a local Transformation Plan was submitted to NHS England and subsequently approved. The Hammersmith & Fulham Transformation Plan is part of

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the North West London ‘Like Minded’ Mental Health Strategy and seeks to address eight priority areas. A copy of the local plan can be found at Appendix A. The eight priority areas are:

1. Updating the local needs assessment
2. Supporting co-production with young people
3. Training
4. Establishing a community eating disorder service
5. Service re-design for young peoples’ mental health services
6. Improving services for young people with Learning Disabilities and Neurodevelopmental disorders
7. Improving crisis care
8. Embedding ideas from ‘Future in Mind’

For 2015-16 Hammersmith & Fulham CCG have been allocated **£100,744** to establish a community eating disorder service (to be developed collaboratively with Ealing and Hounslow CCGs) and a further **£252,173** to address ‘transformation’ priorities.

Hammersmith & Fulham CAMHS Taskforce - What have we learnt?

Young people and their representatives told the taskforce that:

- They often did not know where to turn to for help
- That family, school and friends were all potential sources of help and advice
- School based support is welcomed by both young people and parents
- That the stigma attached to mental health was still strong
- That peer support and co-production initiatives are popular and effective approaches

Hammersmith & Fulham schools told the Taskforce:

- That an urgent improvement in the scope and scale of training offered to school staff should be an immediate priority
- Primary schools required support as well as secondary schools
- Schools are interested in experimenting with more ‘school based’ services (mental health and/or early help)
- That the ‘offer’ to school on mental health should be clear with more readily available sign posting materials (flow charts, video and/or websites) for external services
- Mental illness of parents and/or parental refusal to engage was a significant issue

Mental Health clinicians and the Voluntary Sector told the Taskforce:

- Demand for services and support, particularly from schools was increasing

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- There is a ‘needs gap’ between universal and specialist services
- Partnership working between CAMHS, voluntary agencies and social care requires effort and perseverance and could be improved.
- Crisis care and support for young people with learning disabilities and mental health issues should be stronger
- GPs also had knowledge gaps about local young people’s mental health provision
- Transition between services can still be uncertain

Taskforce Conclusions and Recommendations

Taskforce members have been impressed by the passion and determination to make improvements demonstrated by the contributors to the discussions. Thanks are particularly due to the young people from the Hammersmith & Fulham Youth Council and the champions supported by Rethink, both of whom have contributed important insights and suggestions for improvements.

The main conclusions reached by the Hammersmith & Fulham CAMHS Taskforce are:

1. Access to Services, Information and Support Needs to Improve:

The Taskforce recommends that the council, NHS mental health and voluntary sector providers and CCG commissioners pool their managerial and clinical expertise to:

- a. Clarify the services and support available to Hammersmith & Fulham young people who are emotionally vulnerable and/or at risk of mental illness. This should include considering whether integration, aligning or pooling of staff, or resources between council, NHS and/or voluntary organisations would improve support for young people and provide a sustainable service able to respond to the current high demand and expectations.
- b. Draw up a feasibility plan for developing a Hammersmith & Fulham Centre for Young People that seeks to combine opportunities for purposeful activities, sports and fun with the capability to also access emotional wellbeing, sexual health and other young people focused support services, similar to the Brent Centre for Young People.
- c. The Taskforce recommends that a Guide to Young People’s Emotional Wellbeing and Mental Health Services is produced using the principles of ‘co-production’ with young people. Once available in several formats, (print, web and if applicable apps), this should be distributed to every Hammersmith & Fulham school, GP practice and youth setting.

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- d. The material should also be used to support creative and informed debates across Hammersmith & Fulham schools to tackle the stigma and fear that can be associated with mental health.
- e. The ‘guide’ information should form the basis of a published ‘local offer’ to be promoted on the local authority, CCG, mental health provider and voluntary sector web sites.
- f. The ‘local offer’ for young people’s mental health services in Hammersmith & Fulham should also be informed by the Schools CAMHS Link Pilot and the endorsement of school based services report above in this report.

2. Training Needs to be Strengthened and Sustainable:

A comprehensive and sustainable training programme should be commissioned to support school based staff, but also with the capacity to meet the training and information needs of other important groups: GPs, parents, young people etc.

3. Transitions Arrangements:

Transition arrangements between services continue to defy attempts to bring about improvements. The Taskforce strongly recommends that health and social care providers take immediate steps to achieve compliance with the new NICE Transitions Guidance.

4. Hammersmith & Fulham Transformation Plan:

The Taskforce supports the work underway as part of the Hammersmith & Fulham ‘Transformation Plan’ submitted to NHS England in October 2015.

- a. As the primary provider of mental health services to young people in Hammersmith & Fulham the Taskforce recommends that West London Mental Health Trust develop plans and options to realise the ambitions articulated in Future in Mind to:
 - Improve access to services
 - Offer flexible appointment times and settings
 - Demonstrate improved outcomes for young people
- b. Progress on developing and delivering these changes and improvements to be reported to the Hammersmith & Fulham Health and Wellbeing Board by WL MHT and commissioner in Sept/Oct 2016.

5. Mental Health Challenge:

Appendix 1

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To sign the Local Authorities’ Mental Health Challenge run by Centre for Mental Health, Mental Health Foundation, Mental Health Providers Forum, Mind, Rethink Mental Illness, Royal College of Psychiatrists and YoungMinds. We commit to appoint an elected member as ‘mental health champion’ across the council. We will seek to identify a member of staff within the council to act as ‘lead officer’ for mental health.

Cllr Alan De’Ath
Hammersmith & Fulham CAMHS Taskforce

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