APPENDIX A

Promoting Children and Young People’s Mental Health and Psychological Well-being

Comprehensive Child and Adolescent Mental Health Services (CAMHS)

1 National context:
Promoting children’s mental health and psychological well-being have been high on the local and national agendas in recent years.

At a national level there has recently been the publication, in November 2008, of a review entitled ‘Children and Young People in Mind: The Final Report of the CAMHS Review’. The intention of the review was to find out what progress had been made in recent years in delivering services and gave pointers for the future. The report contained 20 recommendations for the Government, setting out a clear vision for how we can all take responsibility for promoting children’s psychological well-being and mental health, and how we can best achieve a step change in the quality and consistency of services at all levels. In the introduction to this final report it included a salutary quote: “If you do one thing, just get people who know what they are doing to work together better.” This was one father’s plea when he heard about this review.

The Report indicated that there had undoubtedly been progress since 2004; while there was also a lot more to be achieved. It stated that children and young people were still receiving fragmented and inconsistent support. People also recognised that support was still sometimes provided too late in a crisis, and information was not easy to come by. What children, young people and their families and carers wanted was often quite simple. The reviewers heard that families and carers wanted consistent relationships with people who could help and to be treated with dignity and respect.

The Review highlighted that mental health is as important as physical health. As one young person put it: “It doesn’t mean being happy all the time but it does mean being able to cope with things.” The review emphasised that we all play a part in helping children and young people grow up. Mental health and psychological well-being are not the preserve of one profession or another, or of one government department or another. Children and young people need to be supported by professionals who help each other out and by a truly joint approach, which is child- and family-centred, from the Government at national level as well.

The Report recommended that:
- Parents, carers and everyone in day to day contact with children need a better understanding of child development, the causes of mental health problems and how they can build up children’s resilience;
- Services need to work together effectively to provide well integrated services;
• Universal services will play a pivotal role in promotion, prevention and early intervention;
• Specialist services will deliver support that is accessible, readily available and based on best practice;
• Staff in services will be clear about their roles and responsibilities and have the appropriate skills and competencies.

The implications of these changes for children, young people and their families are that:

All parents, carers, children and young people will have:
• Have a more positive understanding of mental health;
• Up to date information about mental health and support services available;
• Accessible advice;
• Confidence that staff understand child development and mental health, take them seriously, use language they understand, identify their needs early, help their child and draw on support from others as necessary.

Children who need more specialist support should have:
• High quality assessment and a clear plan of action;
• A lead person as their main point of contact who effectively co-ordinates all the strands of support;
• Clearly signposted routes to support, timely access and information about what to do if things don’t go to plan.

For the most vulnerable:
• Their needs will be assessed alongside their other needs;
• An individualised package of care will be available and delivered locally wherever possible.

Those young people approaching 18 will:
• know well in advance about the transfer of support to adult services;
• be able to access services based on best evidence of what works, taking their views into account;
• have a lead person to facilitate the transfer to adult services;
• have confidence that services will focus on needs rather than age and be flexible.

Changes recommended at a local level include:
• For Children’s Trusts to set out in their Children and Young People’s Plan how they will ensure the delivery of the full range of children’s services;
• For Children’s Trusts to set up local boards to ensure the full range of services to support mental health and psychological well-being.

2 Local context:
2.1 Slough’s Child and Adolescent Mental Health Strategy 2008-2011
Alongside the finalising of the national review on CAMHS, Slough Local Authority with partners produced an updated Strategy and Action Plan. At the time of publication of the national review it was pleasing to see that Slough’s CAMHS Strategy was in line with the published recommendations.

This Strategy sets out a local vision around working in partnership across the community to provide a comprehensive array of well co-ordinated support effectively led to address needs, reduce the impact of risk factors and promote positive protective factors.

This Strategy focused on providing flexible, accessible, prompt and comprehensive support based on sound multi-agency assessment of needs, wherever possible delivered at the lowest level of specialisation compatible with a young person’s needs.

2.2 Slough CAMHS Action Plan: 2008-2011
This Plan based on the Strategy is driven by Slough’s Children and Young People’s Plan which sets out to improve the mental health services across Tiers 1 to 4 (from universal to acute services) and the social and emotional well-being of children and young people by promoting and providing high quality generic and specialist services, delivered and readily accessible though multi-agency teams, to improve mental and emotional health, particularly for those most vulnerable and most at risk.

The main areas addressed by this Action Plan are:
- Partnership working
- Needs assessment to inform support, services, provision and project work
- Developing preventative interventions
- Targeting vulnerable groups
- Ensure effective systems are in place related to policies and protocols
- Developing access
- Strengthening evaluation and evidence-based practice
- Developing early intervention
- Training
- Re-engineering specialist CAMHS provision

The lead, co-ordination and delivery of the Strategy and Action Plan are monitored, supported and driven through the local CAMHS Partnership Board. This Board routinely feeds into the Children’s Trust Board which oversees the impact and outcomes for children, young people and their families arising from the delivery of this support. Robin Crofts, Assistant Director for Inclusion, has the lead officer role for CAMHS across the community, and is supported by Sally Grimstone, Head of Psychology and Inclusion, who is the Chair of the CAMHS Partnership Board.

3. The Tiered approach:
The approach to service and provision delivery is based on the four tier model routinely applied across support services:
**Tier 1:** Services provided by practitioners working in universal services (such as GPs, health visitors, teachers and youth workers), who are not necessarily mental health specialists. They offer general advice and treatment for less severe problems, promote mental health, aid early identification of problems and refer to more specialist services.

**Tier 2:** Services provided by specialists working in community and primary care settings in a uni-disciplinary way (such as primary mental health workers, psychologists and paediatric clinics). They offer consultation to families and other practitioners, outreach to identify severe/complex needs, and assessments and training to practitioners at Tier 1 to support service delivery.

**Tier 3:** Services usually provided by a multi-disciplinary team or service working in a community mental health clinic, child psychiatry outpatient service or community settings. They offer a specialised service for those with more severe, complex and persistent disorders.

**Tier 4:** Services for children and young people with the most serious problems. These include day units, highly specialised outpatient teams and inpatient units, which usually serve more than one area.

### 3.1 The structure and organisation of support for children and young people with mental health needs

The provision map attached below, entitled 'Mental Health and Psychological Well-being Provision' gives an outline of the range of provision, services, professionals, projects and programmes supporting children and young people across the different tiers of support, spanning early identification, early intervention and preventative support through to very intensive provision for those with acute needs:

- Tier 1: universal services;
- Tier 2: targeted support;
- Tier 3: specialist provision;
- Tier 4: provision for those with acute needs.

While services and provision may be located at a particular tier related to the main emphasis of the work, many of the professionals work across the tiers.

The main provision for specialist support is provided through the CAMH Service at Fir Tree House, Upton Hospital.

In relation to acute services at Tier 4, the Berkshire Health Care Trust is modernising provision and moving towards the development of outreach ‘wrap around’ services and support. Until recently the idea of Tier 4 specialist CAMHS was synonymous with psychiatric inpatient provision, sometimes with day hospitals attached. Tier 4 has more recently come to be understood as multi-faceted with multi-agency services that can include in-reach, out-reach, intensive and crisis community initiatives, day provision, therapeutic fostering and other services that may be described as ‘wrap around’.
This provision map has now been transposed into the Slough CAMHS wheel (copy available on request).

4 Recent developments:
- Raising awareness at a strategic level
- Raising awareness in schools
- A strong CAMHS Partnership Board chaired by Sally Grimstone, Head of Psychology and Inclusion, with broad partnership representation including head teachers
- Assistant Director, Inclusion, (Robin Crofts) from Education and Children’s Services is the lead for Slough’s comprehensive CAMHS, which includes the brief of achieving more effective leadership and better co-ordination of services, provision and projects across the community
- Assistant Director has produced a CAMHS wheel which gives a visual layout of universal, targeted, specialist and acute services and provision to support and promote mental health; this is accompanied by Excel documentation giving the remit, criteria for referral and access arrangements for these services, provisions and projects
- The Department for Children, Schools and Families (DCSF) at a national level and Government Office of the South East (GOSE) are currently interested in purchasing and using the CAMHS wheel concept as a model of good practice for national promotion
- Slough has been promoted nationally as an example of good practice in relation to National Indicator 50 (Emotional Health of Children) and the delivery of the CAMHS agenda
- Sally Grimstone had contributed at a national level to the guidelines related to promoting children’s emotional health
- Ensuring indicators are integral to operational working
Current implementation of a CAMHS hub where referrals are dealt with at a regular hub meeting involving representatives from Tier 2 (targeted) and Tier 3 (specialist) with a view to managing referrals in a more accessible, responsive and appropriate manner, protecting Tier 3 for only the most serious and complex interventions

Slough Local Authority has been successful in obtaining a Targeted Mental Health project worth £370k over two years based in schools; this is currently in the early stages of implementation

The use of primary mental health workers by the Local Authority at Tier 2 (targeted) has been successful in addressing issues earlier and taking some pressure from Tier 3 referrals

A successful large scale, multi-agency conference on mental health and psychological well-being

Mental health issues included in training and support programmes, such as mentoring, parenting programmes and Social and Emotional Aspects of Learning (SEAL)

Consultation with parents, children and young people

Consideration is currently being given to moving away from the use of the terms ‘CAMHS’ and ‘mental health’ as these are rejected by the Young People’s Cabinet as being unhelpful in engaging young people to access this support.

5 New ventures:
5.1 The CAMHS Hub:
Slough has been developing a ‘CAMHS Hub’. This is a multi-agency central hub with a single point of entry for CAMHS referrals. This will ensure safeguarding for referrals and that all children’s needs are met. The Hub will identify and develop local needs and provision. It will also clarify integrated care pathways according to needs.

The Hub formally commenced on 8th January 2009. This group looks at all CAMHS referrals and feedback from assessments. The group comprises the Hub Co-ordinator, a primary mental worker, Connexions representation, Services Supporting Behaviour representation through a Child and Family Social Worker and a representative from Tier 3 specialist CAMHS. The voluntary sector has attended on two occasions and will nominate a Mental Health Champion to attend regularly. The Health Improvement Co-ordinator has attended and is planning to nominate an attendee. East Berkshire Womens’ Refuge has also attended. The next step is to increase attendees to include a Health Visitor and School Nurse as regular contributors.

All referrals receive an acknowledgement letter from the Hub Co-ordinator within a week of the Hub meeting. Those for Tier 2 targeted initial assessment receive a telephone initial assessment with some also needing a face to face meeting. The current average time for engagement is within 12 working days with a target of reducing this to 9 working days.

From 13th November 2008 to 27th August 2009 there have been 518 referrals, 300 of which have required Tier 2 targeted support and 218 have needed Tier 3 specialist support (58% and 42 % respectively). 68% of referrals are from
GPs. Most referrals are made by letter, some on the existing CAMHS referral form and a small minority from schools by the electronic Common Assessment Framework (e-CAF) form. Of the Tier 2 referrals, 130 have been closed as a result of: successful telephone intervention at the stage of initial assessment, being signposted on to more appropriate services, as a result of no contact or an inappropriate referral. 27 cases assigned to Tier 2 for initial assessment have subsequently been transferred to Tier 3 for specialist support. The plan is to use e-CAF for all internal referrals within the Hub from 1st October 2009.

The introduction of the Hub is starting to take the pressure from Tier 3 specialist CAMHS, resulting in more appropriate referrals and it is also facilitating the transfer of clients from Tier 3 to lower levels of intervention following initial Tier 3 support and treatment.

5.2 Targeted Mental Health Support in Schools (TaMHS)

- Slough was successful in bidding for a Department of Children, Schools and Family grant – TaMHS, which covers two years from April 2009 to March 2011;
- The total amount is £370K over the 2 years;
- The focus of the grant is to implement evidence-based interventions in targeted primary, secondary and special schools;
- The age range for the input is children 5-13 years old;
- A project co-ordinator has been appointed and is based at Slough and Eton Secondary School;
- The project involves Slough in a national evaluation regarding outcomes.

The areas of work within the project include:
- Resilience training for pupils in Years 5 and 7;
- CAMHS consultation surgeries for pupils, parents and school staff;
- Increased access to CAMHS for children and young people with learning difficulties;
- Strengthening mentor schemes in schools;
- Focus groups with young people on mental health services in Slough;
- Self esteem groups for Year 3 children;
- Nurture groups;
- Multi-agency training to raise awareness of mental health.

Expected outcomes include:
- Improved emotional literacy of 400 children as part of the resilience project;
- Improvements in parents and carers ability to enhance the emotional health of their children;
- Improved confidence of parents to meet the emotional needs of their children;
- Faster delivery of mental health services to children and young people;
- Increased referrals to CAMHS of children and young people with learning difficulties.
6 Next steps:
- Further work on developing comprehensive support across the community which is strongly and effectively led, managed and co-ordinated
- Improved access arrangements
- Sound clinical governance
- Bolster universal services
- Plugging gaps in provision
- Shifting the balance more towards prevention and promotion
- Using the Hub to manage as much of the work as possible at Tiers 1 and 2 to protect an overload of referrals at Tier 3
- Inter-tier working
- Develop local provision and reduce dependence on out of authority placements
- Capitalise on contribution of voluntary and community organisations
- Further training for professionals working in this area, particularly training about identification and understanding in schools regarding mental health
- Update the Action Plan

7 Challenges:
- An interim east Berkshire CAMHS Tier 3 lead officer followed by a substantive appointment have been in place to bring about improvements to the specialist CAMHS; hard data is now awaited about substantive changes in service delivery and improvements in performance. Many of the concerns relate to having a service which is responsive to the needs of the community and the needs of the allied universal and targeted services. Increased engagement of Tier 3 in supporting Tier 1 (universal) and especially Tier 2 (targeted) is likely to bring about positive gains related to children’s mental health. Support, advice, information, guidance and training to other professionals are pressing needs to be addressed
- The three local authority representatives across East Berkshire are continuing to meet regularly to sharpen the performance requirements for Tier 3 CAMHS so there is a stronger position from which to judge achievement and rate of progress
- While West Berkshire is proceeding with the re-tendering of specialist CAMHS, this has been deferred by Berkshire East PCT for the time being, while awaiting improvements in the performance of Berkshire Health Care Trust’s delivery of Tier 3 CAMHS
- The three east Berkshire local authorities are continuing their debate with Berkshire East Primary Care Trust (PCT) about the need to re-commission specialist CAMHS at Tier 3 to achieve high quality provision which is effective, efficient and economical in meeting the needs of each community. This is flagged as a priority within the Children and Young People’s Plan and the reviewed priorities for 2009-10; while this is being pressed strongly by Slough Local Authority and the local Children’s Trust this is currently not being pursued by the PCT while awaiting progress reports and evidence of positive outcomes from Berkshire Health Care Trust as the current providers.
- Significant waiting times for Tier 3 CAMHS places mental health in a weak position (red RAG rating) for reporting on CAMHS effectiveness
- There are still significantly high 'do not attend' figures for CAMHS Tier 3 appointments
- Much still needs to be done in getting GPs on board in utilising the electronic Common Assessment Framework (e-Caf) for accessing support and particularly in the area of accessing the CAMHS Hub
- National Indicator 51 (Performance indicator 1043SC: PAF CF/A70) Council’s Self Assessment of Progress on 4 elements of the implementation of the CAMHS framework: this is currently showing a score of 14 out of 16 (2008-9), having improved from 13 in the previous year. This has been advanced predominantly by the actions of the local authority: scores relate to Children with Learning Difficulties: 4; appropriate support for 16 and 17 year olds: 3; availability of support 24 hours/7 days a week: 4; early intervention: 3 (4 is full compliance and 1 is non-compliance)
- National Indicator 50 (improving the emotional health of children) is being addressed through a local authority action plan. There is a need for Tier 3 CAMHS to support progress in this area through targeted action
- National Indicator 58 (emotional and behavioural health of children in care) is being addressed through a local authority action plan for collating information from strengths and difficulties questionnaire. Challenge to provide targeted support where required by Mental Health Workers for Children in Care.
- There is a need to address the Government’s guidance of incorporating substance misuse use treatment within the CAMHS configuration. While a higher priority for Slough this is not such an issue for the other two east Berkshire local authorities
- Sustaining the developments introduced through the delivery of the Targeted Mental Health in Schools grant
- Working with partners with different priorities and systems
- Ensuring that mental health is a priority across the Borough Council
- Accessing “hard to reach” communities
- Transitions to adult services.

8 Evaluation:
National Indicator 50 (Emotional Health of Children): Results from the Children’s TellUs survey indicate that Slough is in the bottom quartile nationally
This is currently one of the main evaluation indicators in this area. It is a local indicator for Slough and is part of the Local Area Agreement and it is a priority for action in the Children and Young People’s Plan. These results are based on children’s friendships and willingness to share their concerns with friends, parents or other adults. It closely links with the integrated working agenda. Success in this area has broader implications as children and young people with good mental health benefit families and communities and it is associated with attainment, attendance, exclusions, friendships, health, substance misuse and offending.
National Indicator 51 (Effectiveness of CAMHS): Slough scored 14 out of 16 (11 in 2005/6; 11 in 2006-7; 13 in 2007-8: a profile of improvement)
This is a measure of key aspects of service provision that should be in place locally to meet effectively the needs of children and young people with mental health difficulties. It is an annual performance measure based on self assessment related to support for young people with learning difficulties (4), 24 hour/7 day a week cover (4), transition services for 16 and 17 year olds (3) and early intervention (3). Each of these four areas has a one to four rating giving a total of 16 points. Scoring is in brackets for 2008-9.

Ofsted Annual Performance Assessment Dataset (April 2008): 1030HC:
Waiting times for Tier 3 specialist CAMHS:
Below average compared with most authorities nationally giving a red rating (Red/Amber/Green rating). However, more recently, no young person waited more than 13 weeks in June 2009 with an average wait of five weeks in this month.

CAMHS Outcome Research Consortium (CORC):
This is a new approach to evaluation and should shortly provide some more appropriate evaluation of effectiveness of local services and provision. It aims to foster the effective and routine use of outcome measures in work with children and young people, their families and carers who experience mental health and emotional well-being difficulties.

National Indicator 58- Strengths and Difficulties Questionnaire (SDQ):
The SDQ is a brief emotional/behavioural screening questionnaire for 3-16 year olds and is now being used to determine where intervention is necessary to improve outcomes for children and young people in care. The results will shortly inform progress on outcomes for individuals.

TaMHS evaluation:
A new outcomes-based project which will shortly provide feedback about young people’s mental health locally and through this national project give comparisons with the national average and authorities with a similar context.

The aforementioned qualitative information shows that significant headway has been made in promoting young people’s mental health. However, the scorings above indicate that there is still plenty of room for improvement.

Robin Crofts
Assistant Director, Inclusion
Education and Children’s Services
4th September 2009