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Children and Young People's Services
Overview/Scrutiny Committee
8 May 2009

Child and Adolescent Mental Health Service (CAMHS) Task Group: Final Report

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Devon County Council

Contents

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Preface

By Councillor Vanessa Newcombe

Chair, Child and Adolescent Mental Health Service (CAMHS) Task Group, Children & Young People's Services Overview/Scrutiny Committee

I am very pleased to be able to present this Scrutiny review on CAMHS. It has been a great privilege to chair this Task Group.

I would personally like to thank everyone who contributed to this review.

Councillor Vanessa Newcombe

CAMHS Task Group: Final Report

1.0 Introduction

1.1 The Task Group — Councillors Vanessa Newcombe (Chair), Andrea Davis, Anne Fry, Michael Lee and Saxon Spence — would like to place on record its gratitude to the witnesses who contributed to the review. In submitting its recommendations, the Group has sought to ensure that its findings are supported with evidence and information to substantiate its proposals.

1.2 This study into the Child and Adolescent Mental Health Service (CAMHS) in the County links directly to the priority of the Council's Strategic Plan 2006–2011 in that 'Devon's children should have the best possible start in life and gain the knowledge and skills they need to lead happy, healthy and fulfilling lives'. One of the objectives under this remit is to support parents, families and carers to help children and young people enjoy learning, aim for excellence and achieve to the best of their ability.

1.3 This review does not pretend to be a detailed examination of Devon CAMHS, rather it provides a snapshot approach to highlight significant issues facing social care and health services.

1.4 The Task Group's terms of reference were:

- To clarify the current management and operational structure in place for Devon's CAMHS.
- To examine whether young people's mental health services in Devon are being provided in a way that meets the needs of service users, their families, carers and children and young people's service providers that enables ease of access for all.
- To conclude on how far the needs of children and young people in the County with mental health problems are being met, and consider any shortfalls within the current service provision, as well as proposed initiatives to address these.
- To investigate how transition is handled between CAMHS and Adult Mental Health Service (AMHS).
- To make detailed recommendations to the Overview/Scrutiny Committee on the findings of the Task Group.

N.B. The Task Group however found that their first term of reference 'To clarify the current management and operational structure in place for Devon's CAMHS' was too far-reaching for the Group to consider in the time available to them.

2.0 Context

2.1 The development of a comprehensive CAMHS strategy is part of the Every Child Matters (ECM) agenda. ECM outlines the service that should be delivered by CAMHS, and recommends a multi-agency commissioning process developed through a strong partnership strategy. Regular needs analysis should be carried out to review the service and inform the commissioning strategy, which requires participation and ownership by different agencies such as Youth Justice, the Local Authority's education and social care functions, and Health.

2.2 The Safeguarding Task Group Final Report (CX/08/79) published with the 23 October 2008 agenda of the Children and Young People's Services Overview & Scrutiny Committee highlighted the following:

Witnesses expressed concern about the restructuring of CAMHS, and the lack of awareness that AMHS may have for the family involved, and children in the home. It was reported that some CAMHS workers are excellent, but the services need to be properly integrated into the community and there is little evidence that the new strategies have as yet become properly embedded.

2.3 The School Exclusions Task Group Final Report (CX/08/78, also published with the 23 October 2008 agenda) also raised some concerns over aspects of CAMHS. As a result of this the Children and Young People's Services Overview & Scrutiny Committee agreed at that meeting that a Task Group on CAMHS be established comprising Councillors Davis, Fry, Lee, Newcombe and Spence. On 19 November 2008, the Committee agreed that Councillor Newcombe be appointed Chairman of the Task Group.

3.0 Recommendations

3.1 The Task Group's recommendations have been drawn up using the evidence obtained from contributors and background material.

Recommendation 1 That Local Learning Communities should each have the dedicated services of a Primary Mental Health Worker (PMHW) for early intervention.

Rationale:

Currently Devon has 23 PMHW, exceeding its target of 19 and placing the Local Authority in the top 10–15% nationally for ratios of PMHW per 1000 children. However the Task Group identified a need for a PMHW in each of the County's 31 Local Learning Communities to ensure that young people with mental health problems receive early specialist intervention. Resources need to be made available for invest to save initiatives, which will help to limit the need for more costly forms of intervention later in a young person's life.

Recommendation 2 That the protocol for CAMHS special school input is reviewed. That increased Community Psychiatric Nurse (CPN) provision be resourced for special schools.

Rationale:

It was not apparent to the Task Group that there is a clear protocol for CAMHS to work with special schools. It is vital that the neediest and most challenging young people are adequately supported. While statemented pupils in special schools do see a CPN, this is in many cases only once a year and is not regular enough to have a measurable impact in terms of addressing a young person's mental health issues. A CPN needs to develop a relationship with the young person concerned if they are to accept therapy fully.

Recommendation 3 That there is a provision to support Local Learning Communities with an area-based counselling service.

Rationale:

An area-based counselling service in the County would be highly beneficial. Devon's headteachers are seeing a growing need for emotional health and well-being services amongst teenagers. The provision of a counselling service that children and young people could easily access, would then be a main element of the Local Authority's CAMHS early intervention strategy and lead to a reduction in numbers using high level CAMHS.

Recommendation 4 That CAMHS have 24/7 on-call out-of-hours senior clinicians across the County e.g. the adequate provision of cover over weekends and bank holidays, which can be problematic.

The Local Authority is meeting its national proxies for a 24/7 out-of-hours service, but evidence indicates that it is not

sufficiently robust. The availability of 24/7 on call out-of-hours senior clinicians across Devon would ensure that all children and young people do not have to wait unacceptably long for assessments.

Recommendation 5 That every young person requiring access to CAMHS and AMHS has equal opportunity to do so regardless of where in the County they live. That a clearly identifiable timescale is agreed by the relevant agencies as to when this model of consistency is operational.

Rationale:

The Local Authority and its partner agencies must concentrate on providing a baseline level of consistency of intervention and access to services across the County. This has to be the priority in terms of CAMHS and AMHS before any further initiatives are implemented.

Recommendation 6 That a protocol be developed to ensure children's well-being is considered when an adult in their family is engaged with AMHS.

Rationale:

It was reported to the Task Group that the lack of an effective interface with AMHS makes it difficult for CAMHS to reach children whose parents suffer from mental illness. It is vital that a protocol be developed to ensure that AMHS identify children within the family and ensure that CAMHS are involved from the earliest possible opportunity.

Recommendation 7 That there is more robust and focussed multi-agency working in terms of assessments from a strategic and also operational level. That a regular meeting of all relevant agencies and stakeholders take place to ensure that the multi-agency strategy to CAMHS is sufficiently robust.

Rationale:

It is essential that there is provision within CAMHS to provide immediate support to the children and families who most need it. Evidence indicates that there are areas of CAMHS assessment and treatment processes that are underdeveloped, and slow down this provision of support. There is a lack of clarity over who is providing and funding certain assessments and services such as psychological therapies within the County. It is also apparent that gaps in communication between some agencies need to be remedied.

Recommendation 8 That the need for additional Health Visitors (and local shortages of Mid Wives) in Devon, recognised as a local and national issue, be addressed by the Local Authority with the Devon PCT.

Rationale:

It was reported to the Task Group that an increase in Health Workers and Midwives, working alongside Doctors in the County, would help to ensure earlier intervention by identifying those mothers in need of specialist support. In the region of one in ten mothers are at risk of post-natal depression. Teenage mothers are particularly vulnerable, and

need the appropriate support at a very early stage.

Recommendation 9 That CYPS and ACS Commissioners work together to ensure synchronicity in terms of supporting the Perinatal Mental Health Strategy.

Rationale:

AMHS and the Children's Trust collaborated with CAMHS on the Perinatal Mental Health Strategy. The emphasis of the strategy being how Midwives, along with Health Visitors and GPs identify those mothers in need of specialist support. It is vital that CYPS and ACS Commissioners work together to ensure that there is synchronicity in terms of the implementation of this strategy.

Recommendation 10 That as the new structure of Integrated Children's Services is developed; clinical and professional leadership is ensured by providers. That particular consideration be given to the restructuring of provision in West Devon.

Rationale:

The Integrated Children's Services change programme is being undertaken to join up some elements of social care, CAMHS, Joint Agency Child Abuse Team (JACAT) etc. Some concern was expressed about further change to CAMHS so soon after the previous change programme. The Task Group felt it essential that every effort is made to ensure that this is not at any way to the detriment of services, including CAMHS, in the County. It was felt that there are particular risks attached to the transfer of services in West Devon.

Recommendation 11 That a review be undertaken as to the criteria for admission for under 18s to adult acute mental health wards.

Rationale:

The criteria for the admission of under 18s to adult acute mental health wards are an important issue. The Local Authority's interface with Acute Hospital Trusts needs to be examined.

Recommendation 12 That there are clear published criteria for making CAMHS referrals, which are well promoted and readily available.

Rationale:

There are issues about agencies not being clear to young people, their parents and even teachers about the CAMHS referral process, possibly as a means to control demand for services. Members considered that there are resource implications in not clearly signposting access to CAMHS to save money in the short-term. It is however vital that there are open and transparent criteria for making a referral to CAMHS publicised across the County in order that appropriate early intervention can take place.

Recommendation 13 That clear protocols are established about the transition for young people from CAMHS to AMHS.

Rationale:

There is concern about the recognition and provision for young people with complex health needs in transition from CAMHS to AMHS. It was reported to the Task Group that there are issues with the DPT not accepting young people other than those clinically defined as mentally ill.

4.0 Summary

4.1 The Children's Society report *A Good Childhood: Searching for Values in a Competitive Age* (2009) suggests that the number of children with mental health difficulties has increased nationally as children's quality of life has deteriorated. The principal factors that directly affect mental health include living apart from your father (which increased difficulties by over 40%), family conflict and poor mental health of a parent. The effect of not having a stable family life or stable friendships is particularly striking. In nearly every survey, the proportion of children with behavioural difficulties is at least 50% higher in families with single parents or step parents than in families where both parents are still together. Ninety per cent of adolescents convicted of crime had shown conduct disorder in childhood. It was also estimated in the *Good Childhood* report that 60–70% of children with mental health problems do not use the relevant services.

4.2 Good mental health and well-being is fundamental to the quality of life. Most children in the County lead happy and healthy lives, but a minority are seriously troubled or disturbed. Nationally one in ten 5–16 year olds has clinically significant mental health difficulties — ranging from anxiety, depression, over activity, inattentiveness and anorexia — through to conduct disorders such as uncontrollable or destructive behaviour. The failure to tackle early signs of behavioural and emotional problems and conduct disorders in children results in increased offending, drugs use and violence. In order to tackle these problems it is vital that Devon provides a broad spectrum of support to children who experience mental health problems. If the mental health of young people in Devon is to be safeguarded then the emphasis must be on improving things for children at the earliest possible stage.

4.3 It is apparent from the representations the Task Group received that there have historically been significant inconsistencies in CAMHS provision and funding in Devon. Although it is to be expected that there are variations across a large and sparsely populated County such as Devon, the disparity in service provision appears to be particularly pronounced in the north of the County. However, evidence indicates that these disparities are beginning to be addressed, and that CAMHS is improving. The implementation of Choice and Partnership Approach (CAPA) has been a significant development in the creation of a clear pathway to an efficient service. It is helpful that CAMHS are now much more community/school based as this leads to greater engagement than a clinic-based model and therefore more children are likely to use the service. The introduction of PMHW in Local Learning Communities has also been a step forward, as for those requiring less intensive support this has been a more accessible route into CAMHS.

4.4 CAMHS needs to improve still further, as there remain concerns over access to CAMHS, particularly in its geographical spread and in terms of consistent thresholds across the County. For those young people at Tier 3 level for instance the wait for more specialist input can still be a major issue. There also remain some significant issues with CAMHS interfaces with AMHS, where there is some good work but seemingly on an hoc basis, rather than as part of a fully integrated joint working policy.

5.0 Findings

<u>The Local Authority's position in relation to its statutory duties, policies and budget relating to the Child and Adolescent Mental Health Service (CAMHS) in Devon</u>

5.1 <u>Overview of CAMHS in Devon</u>

November 2008 Devon CAMHS mapping exercise:-

Total CAMHS cases open	1333
Number of consultations in month	462
Total cases	1795
New to teams	336
Waiting	227

Before April 2007, CAMHS were provided by three different NHS trusts. Devon Partnership Trust covered North, Mid, East Devon and Exeter; South Devon Healthcare Trust covered Teignbridge and South Hams alongside Torbay; Plymouth NHS Trust included West Devon. This led to variable provision. It was decided to make one trust responsible, at which point CAMHS became the remit of Devon PCT.

CAMHS provision in the South and West Devon locality is complicated by having two service providers. Originally, it was provided by Torbay and Plymouth Hospital Trusts, but when CAMHS was transferred to the PCT, it inherited an under-resourced, non-managed service without care planning, etc. Some of the work CAMHS did was good but it only treated a limited number of children with high-level need. CAMHS is now organised across three localities: North Devon, South & West Devon and East Devon (including Exeter) in the DCC area. Devon offers CAMHS to all children registered with a Devon GP, which covers those living across the borders into Cornwall, Somerset, etc. Torbay's Tier 3 services are also provided by Devon PCT, and Plymouths' services to parts of West Devon are due to transfer to Devon, which should be complete by October 2009. Devon provides CAMHS at Tiers 1 to 3 and access into Tier 4 in the Cotehele Unit in Plymouth.

CAMHS across Devon have been engaged in a significant change programme over the last 18 months, moving towards a broader service. Specific examples are:

- introduction of CAPA transforming the ability for people to access services;
- new strategic and managerial structure around localities;
- co-location of joint services;
- a fluid route across levels 2–4, with movement down through levels as well as up:
- move towards CAMHS being known as the Emotional Health and Well-Being Service;

5.2 CAMHS Budget

The total of the aligned comprehensive CAMHS Budget 2008/09 is £8,146,162 (see Appendix 1), of which the CYPS CAMHS grant allocation is £836,000, with Devon PCT providing £7,240,162 and Devon Children's Fund the remaining £70,000. Historically, children's services have not been a priority for the PCT but they are now included in their strategic plan. There do however remain gaps in funding for psychological therapy, family therapy and cognitive behavioural therapy, as the latter receives Government funding through adult services because it is for 16+ only. Young Devon has mapped the therapies available across Devon, to inform decisions on where to target funding.

5.3 The Four Tiered Model of CAMHS

Box 4 : The Four Tier Strategic Framework

Tier	Professionals Providing the Service Include
Tier 1 A primary level of care	• GPs • Health visitors • School nurses • Social workers • Teachers • Juvenile justice workers • Voluntary agencies • Social services
Tier 2 A service provided by professionals relating to workers in primary care	• Clinical child psychologists • Paediatricians (especially community) • Educational psychologists • Child & adolescent psychiatrists • Child and adolescent psychotherapists • Community nurses/nurse specialists • Family therapy
Tier 3 A specialised service for more severe, complex or persistent disorders	• Child & adolescent psychiatrists • Clinical child psychologists • Nurses (community or in-patient) • Child psychotherapists • Occupational therapists • Speech and language therapists • Art, music and drama therapists • Family therapy
Tier 4 Essential tertiary level services such as day units, highly specialised out-patient teams and in-patient units	

Source: DH and DES (2004). CAMHS Standard, NSF for Children, Young People and Maternity Services, p.46

It was reported to the Task Group that Tier 2 level services and intervention are working well but there is still some way to go with access to Tier 3. There are issues around Tier 3 psychological therapies for families, waiting times and sharing information with schools. CAMHS wants to develop an enhanced Tier 3 service, where appropriate a young person could be cared for in his or her own home rather than having an in-patient admission. The levels should be totally integrated with AXS. Tier 3 is becoming more community focused and is therefore gradually being integrated with the PMHW role. Previously, family therapy was a Tier 3 service. It is now being opened up, with Tier 2 family therapy being trialled through a comprehensive, formalised partnership between CAMHS, YOT and joint agency teams.

Admission to Tier 4 units only occurs when there is a serious mental health issue which cannot appropriately be addressed in another way. Devon has block contracts with Orchard House in Taunton and Cotehele in Plymouth. Another new unit is being developed in Plymouth. There are 16 inpatient beds in the South West peninsula, mostly at Cotehele. The Royal College of Psychiatrists recommends 20 Tier 4 beds per 1 million population. The South West has the third lowest ratio of bed provision of all the regions, with 13 per 1 million population. It also has an about-average number of Tier 3 cases developing into Tier 4. There are however issues about access to Tier 4 units. Many young people in Devon are a long way from a Tier 4 unit, so the development of outreach and local support services is a particular issue for children with serious mental health problems. Better support, outreach and early intervention work will probably also reduce the numbers needing admission to hospital beds, and reduce those instances of children and young people in acute mental health wards. NHS SW have published a list of ambitions for the region's healthcare, which includes Devon CAMHS reducing Tier 4 admissions by 20% by 2011.

5.4 CAMHS Referral Process (Recommendation 5 and 12)

Due to long waiting lists, the referral process has been reviewed using CAPA. Any professional, parent/carer, child or young person can now refer a child to CAMHS. The following process now applies:

:

1. Referral accepted by any professional.
2. There is a single point of access in each area. The phone number for which is available from schools, GPs, children's centres, SENCOs, etc.
3. A Strengths and Difficulties Questionnaire (SDQ) is scored on an IT system. The threshold is relatively low: any child for whom concerns are "slightly raised" on an SDQ will be offered a 'Choice' appointment.
4. An appointment is booked within seven days, with a target to be seen within four weeks for 'Choice' and then offered 'Partnership' within 18 weeks. The first appointment is a 'motivational interview' with the child and family, concentrating on the positives, explaining CAMHS, and offering a choice of services.
5. The next stage is 'Partnership', with 6– 8 sessions. Most accepted referrals only need this short-term intervention. Approximately 20% will go on to longer-term more specific therapeutic intervention.

ADHD was dealt with by a different system pre-CAPA, and remains so. Waiting times for ADHD assessments are relatively short — less than eight weeks. A multi-disciplinary, multi-agency assessment panel has now been developed for ASD assessments to include Paediatrician, Psychiatrist, Psychologist, Educational Psychologist, Speech & Language Therapist and Community Psychiatric Nurse. The waiting times have reduced significantly to less than three months.

All agencies interviewed by the Task Group reported that CAPA has greatly reduced the general waiting time, from 10 months to less than six weeks. CAPA has made a particular difference to CAMHS in North Devon where referrers' impressions are much more positive and CAMHS is now seen as an accessible service. The CAPA referral system is also picking up children with much lower levels of need. This may be in part

because there does not yet appear to be a clear threshold for acceptance into CAMHS across the County.

There are national issues over GPs' knowledge about children's mental health, which is worrying as they do still have an important role to play in identifying young people's mental health needs and pointing them to the appropriate services. It is seen as positive that referrals no longer have to go through GPs, but it means that there is a greater need to communicate how referrals work. The Task Group received evidence from a number of professionals that it is unclear what criteria are applied when assessing a CAMHS referral. There also needs to be greater clarity for parents referring to CAMHS, given that in many cases they are likely to be vulnerable adults who may struggle with the paperwork. Parents need to be supported in completing the SDQ form, so they are not put off using the service.

5.5 Transition from CAMHS to Adult Mental Health Services (Recommendation 13)

Young people aged 16 and 17 who are in need of mental health services can find themselves caught between CAMHS and the Adult Mental Health Service (AMHS). The Task Group received reports indicating that young people are still struggling to get the support or treatment needed. Whilst staff try hard to make the system work as well as it might, there are significant issues with transitions that need to be recognised. The highest numbers of referrals to AMHS are for 18–23 year olds, and CAMHS has struggled to establish areas of joint working with AMHS. There is an issue with CAMHS not meeting the thresholds for AMHS and the DPT, with too many young people dropping off the radar between their 16th and 18th birthdays, and because of this there is no funding from the PCT for mental health services aimed at this age range.

The Specialist Team for Early Psychosis Service (STEPS) works across the 14–35 age range and aims to raise awareness of psychosis, provide early intervention, and use evidence based treatments for people who have a suspected or diagnosed psychotic type illness. There are however, capacity issues as the sweep of STEPS is much wider than envisaged. Evidence indicates that at present there remains a lack of clarity for 16 and 17 year olds. AMHS are reluctant to take on those who develop long-term conditions at the age of 17, such as eating disorders. There is also an issue with those placed in care in Devon from out-of-county, who stay in Devon after leaving care and use adult services — as placing authorities have no continuing financial commitment.

The Task Group did however also receive reports indicating that communication between CAMHS and AMHS is improving. The transitions protocol has been re-drafted, and should be explicit in the standards that need to be met. CAMHS now work with young people up to the age of 18 irrespective of whether they are in education or not. An area of ongoing service development between CAMHS and AMHS is to be in a position to offer young people a choice (age appropriate) whether they be seen in children's or adult services. CAMHS look to identify young people prior to their 18th birthday where there is a need for ongoing psychological services into adulthood.

5.6 Schools (Recommendation 3)

There is a reliance on schools in the process of ensuring that children are directed into CAMHS. Devon's secondary headteachers are seeing a growing need for emotional health and well-being services amongst teenagers. The introduction of the Common Assessment Framework has helped this process, as has the development of PMHW role across the County. Home School Liaison Officers also help to bridge the gap between schools and families. CAMHS do not however systematically become involved with some of the children that do need support, which is concerning. If schools are to include all children, they need to be supported, particularly given the increasingly critical nature of mental health concerns.

It was suggested to the Task Group that there need to be more robust joint arrangements with schools through the Children's Trust. Not all schools put money into CAMHS and many do not want to commit funding for longer than a year at a time which makes it difficult to employ the CAMHS workers. CAMHS are arguing for 3-year agreements to make this easier and would like to see a wider, more structured

agreement to give assurance that the schools asking for provision over and above their equitable share of the 23 PMHW will be prepared to buy the services.

Devon is in the second wave of national pilots which test what mental health services work best in schools. It is designed to provide CAMHS at Tiers 1 and 2, training school staff to deal with general as well as some more specialist problems such as anger management, ADHD etc. It should create holistic delivery of early intervention to children and families, and training to staff.

5.7 Special Schools and Pupil Referral Units (Recommendation 2)

The Assistant Director for Integrated Children's Services advised that there is poor or non-existent CAMHS provision in Pupil Referral Units (PRUs) and special schools. There are difficulties around drawing a distinction between behavioural problems and mental health issues. Often children in PRUs are known to social care but not mental health agencies. It was reported to the Task Group that CAMHS is looking at supporting special schools and PRUs linked into the Stepping Stones project.

Social, Emotional and Behavioural Disorder (SEBD) schools and PRUs are likely to have children with the highest needs. Evidence from a special school headteacher indicated that there is difficulty getting specialist CAMHS. There are primary schools in the County that have weekly access to a PMHWs, but special schools, which by definition have the neediest pupils, do not get such intervention and support. It would be advantageous to have CPNs working regularly in special schools. Good quality teachers can provide ad hoc support to pupils, but this is not a sophisticated form of intervention and is far from ideal for those young people with complex needs. The Assistant Director for Integrated Children's Services is looking at delivering a basic level of service for SEBD/PRUs, with CAMHS workers regularly attending schools so that service staff have the opportunity to become familiar to children and young people.

CAMHS has not generally prioritised service delivery in PRUs. Intervention in conduct disorders is costly, involving youth and community, education, mental health and social care. The success rate with conduct disorders is around 30–40%, using some structured forms of intervention. A survey in 2007 found that three years on, 40% of older adolescents are still likely to have conduct disorders after treatment, and 30% of them emotional disorders. It is therefore considered better to invest in preventing the development of conduct disorders in the first place.

5.8 Children and Young People in Adult Hospital Care (Recommendation 11)

It is comparatively rare that a child receives adult hospital care, however the availability of CAMHS beds and the appropriateness of using adult beds is an persistent issue. The provision for 16 and 17 year olds who may be in a period of transition between services may require either specialist CAMHS beds or AMHS beds depending on their needs and, if possible, their choice. Over two thirds of the number of bed days for under 18 year-olds admitted to adult wards in 2008/09 represent young people admitted to Specialist Services, including the Eating Disorder services of the Haldon Unit (which is designated for those of 16 years and upwards) and the Russell Clinic Rehabilitation Service.

The Mental Health Act requires that, by April 2010, any provision for under-18's on adult wards should be age-appropriate, that is, with regard to environment and facilities, staff training and daily routine. The admission of six young people to adult acute mental health wards during the year may indicate lack of access to Specialist CAMHS beds at Cothele or Orchard Lodge or an appropriate assessment of their needs to access adult facilities. Although there has been a significant reduction in in-patient admissions since the closure of Larkby Young People's Unit in Exeter, the cost is in excess of £200,000 per bed/ year.

Under 18 year-olds on all wards in Devon Partnership Trust

		2006/07	20070/8	2008/09
Number of Young People	Adult Acute Wards	13	6	7
	Haldon and Russell	0	3	5
Number of Bed Days	Adult Acute Wards	343	287	171
	Haldon and Russell	0	101	422

Children and Young People Using CAMHS

5.9 Autistic Spectrum Disorders

Whilst only 1% of children clinically suffer from Autistic Spectrum Disorders (ASD), recent NICE guidance suggests there are around 10% of children with mild-to-moderate ADHD. Diagnoses of ADHD and ASD have risen significantly, which is likely to be due to greater awareness amongst parents and schools and lower thresholds. The profile of referrals has been altered by the open referral system especially through school nurse referrals.

There are difficulties for children with ASD using CAMHS, as ASD is only considered a mental illness if combined with depression or a similar problem while AMHS are also not offered if there is no defined learning disability or mental illness. The point of diagnosis for ASD and ADHD is important, and it was reported to the Task Group that too many young people are still not picked up within an acceptable time-frame. An ASD pathway is being developed to deliver a common approach across the County and further funding is being allocated to support this issue.

5.10 Self-Harm

Self-harm is increasing in children as a response to stress. Completed suicides are decreasing across adults and children, however. All CAMHS staff take a turn on a rota for assessing the risk of re-harming of those admitted with self-harm. The young person is then either kept in another night, or if they are at very high risk, a bed would need to be found in a psychiatric unit (Plymouth or Taunton, private unit, or secure units in emergencies — though this is very rare).

5.11 Teenage Mothers (Recommendation 9)

There is no specialist system to provide services for teenage mothers (likely to suffer from postnatal depression) within the Service Around Child (SAC) Team but Children's Centres, Perinatal and Maternity services would address this (see 5.24). Similarly, the Joint Agency Child Abuse Team (JACAT) has no remit to provide such services, unless the depression may in some way be related to earlier childhood abuse.

5.12 Children in Care

The effects of abuse and neglect which many Children in Care (CIC) enter care with lead to a high incidence of mental health difficulties, which have profound effects on their development. Mental health problems among CIC are nearly four times higher than in the general population, with 45% of CIC assessed as having a mental health disorder compared with around 10% of the general population (*Care Matters: Time for Change*, DCSF 2007, p. 6).

The SAC Team aim to provide comprehensive assessments for children in care and care leavers with complex emotional health and well being needs. The services also look

at post-adopted children (those who have left care). The Adoption Service Manager, has accepted the SAC Team's offer to provide their service to CYP in post-adoptive placements to help prevent any potential placement breakdown. The SAC Team can refer a child for a Partnership Appointment (via the CAPA process) with CAMHS if appropriate. There is a government push for every CIC to have the opportunity to be assessed using an SDQ. They are initially targeting CIC aged 4–16 years.

5.13 Eating Disorders

There is no specialist provision for eating disorders in the County. For over-16s there is the Haldon Unit, otherwise for under-18s, the teenage bay of Bramble Ward (paediatrics) at the Royal Devon and Exeter (RD&E) is used. There is flexibility over the reasons for admission to the RD&E, as the national picture suggests that a paediatric ward is only to be used for young people with eating disorders in an emergency — the cases are too complex and the young person is better managed at home with support, or possibly in an eating disorder unit. A working party on anorexia was set up in 2007 to look at the route from the GP to the eating disorder unit, criteria for admission to hospital, development of a seamless care pathway and equality of provision across the County. This work should be complete by July 2009. Some evidence indicates that the need for a bigger mental health liaison team and hospital funding commitment to avoid young people being admitted to Women & Children's Health, where there is no mental health service for them.

5.14 Children with a Learning Disability

Pathways exist in North Devon for children with learning disabilities and are being phased-in across the rest of Devon. Children and young people are being referred through CAMHS and being assessed by a multi-agency team, unfortunately there are waiting lists in Community Paediatrics due to capacity problems.

Relevant Agencies and Facilities

5.15 Joint Agency Service (Recommendation 5 and 10)

CAMHS staff are now integrated into Joint Agency Teams. There are however issues across the County regarding consistent protocols, procedures and working practices. The Integrated Children's Services change programme is being undertaken to join up some elements of social care, CAMHS, JACAT, etc. Concern was expressed about further change to CAMHS so soon after the previous change programme, when new CAMHS processes are still being embedded. The risk is that the new managers may have concentrate more on social care, for example, and the strategic view of the service may be taken off CAMHS at a key time.

5.16 Youth Service

The Youth Service work with 13–19 year olds likely to include those with diagnosed and with non-diagnosed mental health issues. It is important that youth workers distinguish between those young people who are temporarily depressed due to exams, relationships, etc. and those with more profound problems. The Youth Service operates health drop-ins in each area, where young people can see school nurses, GPs, and can self-refer. This is a confidential service and young people feel less exposed at a youth club than waiting in a GP surgery. Mid Devon also has a programme of Youth Enquiry and Health Centres in its market towns. These have picked up a range of mental health issues which have been referred to CAMHS.

5.17 Social and Emotional Aspects of Learning

Youth workers and senior teachers in the Youth Service have undertaken Social and Emotional Aspects of Learning (SEAL) training. SEAL provides a model of how targeted intervention services can sit alongside a universal (in this case, whole school) approach to early action and preventative work. It helps young people to manage strong feelings, deal with conflict and be personally resilient during set-backs as well as supporting learning. Devon has been proactive in promoting this Department for Children, Schools

and Families initiative: starting in the primary phase it has been extended to early years and to secondary schools. We believe that SEAL has an impact on emotional behaviour but this will remain localised unless all schools engage - and this is in line with national finding.

5.18 Young Devon

Before the reorganisation of PCTs in the County, West Devon's Health Improvement budget funded Young Devon to develop a three-tier approach to children's mental healthcare:

- Trainee counsellors needing practice experience, on placements with Young Devon;
- Paid workforce of professional counsellors supporting the trainees and seeing young people who needed a higher level of intervention;
- Professional psychotherapists, providing an access route for distressed young people, taking a community-based approach for those who needed specialised intervention and brokering them into services. Their clinical governance is linked to psychiatric services at Tiers 3 and 4 of CAMHS.

An independent evaluation of the programme noted a profound positive impact and West Devon PCT therefore moved it to mainstream funding. The reorganisation of PCTs into the single Devon PCT has provided an opportunity to spread the model across the whole County.

Young Devon does however have concerns about its funding for 18–25 year-olds. They have a £2.5 million annual budget and a surplus of £11,000. When the model was spread across the county, it became a shared commitment of the PCT/CAMHS and ACS. Young Devon receives Charitable Trust funding but there comes a point where funding is a public sector responsibility; it has no reserves and no other options. CAMHS funds services for under-18s but 18–25 services will soon need to stop because there is no support from ACS.

5.19 Youth Offending Team

Every young person who offends and goes to court undergoes an 'Asset' assessment, which includes mental health. There are three Youth Offending Teams (YOT) in Devon, each with a PMHW employed by Devon PCT. In the Exeter, East & Mid Devon YOT, the PMHW is a qualified social worker with an additional mental health qualification. It is a national requirement agreed by the Youth Justice Board that a CAMHS worker must be geographically located within every YOT. However, there is no specification over the level of qualification the worker should have or the number of hours they should work. A part-time Community Mental Health Nurse is also paid for by the YOT to work with the Youth Inclusion Support Panel on the prevention policy.

Evidence from Devon YOTs cited an overall improvement with CAMHS. Previously the service would not see young offenders since it classed them all as having conduct disorders and thus ineligible for CAMHS. Over recent years, this has changed and consultants will now take them. It is difficult to separate mental health intervention from the other aspects of YOT support, including drug and alcohol rehabilitation, parenting workers and educational psychology. YOT needs to work with CAMHS on children who offend sexually, with the creation of a team that can carry out both assessment and intervention. If treatment which involves the parents as well as the child is given before age 14, results are positive.

5.20 Devon and Cornwall Police (Recommendation 4)

Part of the Mental Health Act 1983 (Section 136) entails removing a mentally ill person from a public place to a place of safety. The Police still have to detain under-18s under Section 136 in Police stations and often in cells, as there are no other place of safety units within Devon — there is the Haytor Unit at Torbay and units in Plymouth. The Police identified as a major issue the need to speed up the CAMHS assessment process

in Devon when children are held under Section 136. There are huge problems with out of hours CAMHS assessments, as it can take consultants up to 16 hours to see a child (see 5.29). The Police try to point out links for referrals for young people, but the Mental Health Liaison Officer did reveal that this process is undermined by a lack of contact with CAMHS. The Police reported that too often someone has to be criminalised so they can get the appropriate services. It is a fact that if someone has a history of offending a court will support that person's access to mental health services.

5.21 Educational Psychology Service

The Educational Psychology Service works at individual child and family level, as well as at an organisational level to support schools and settings through staff development and training. Educational Psychologists provide support at Tiers 1 and 2 and are involved with schools, working in preventative ways. There has been a shift in focus away from learning issues towards emotional health and well-being, as schools can better cope with learning difficulties using SENCOs. The Educational Psychology Service early intervention work is similar to that undertaken by CAMHS and there has been an increase in joint working between the two services, which was reported to be a recent and welcome development, although further CAMHS involvement is needed.

5.22 Drug and Alcohol Team

Substance misuse has a strong link to CAMH issues, as it affects behaviours, school achievement, and can be linked to psychosis. Drug and Alcohol Teams are looking to align strategies with Mental Health teams in order to ensure earlier intervention.

5.23 Personality Disorder Services

As the link between CAMHS and AMHS becomes more secure, there is a need to look at development of personality disorder services. There is a national programme for improving access to psychological therapies. Devon has opportunity to access £2,000,000 funding for a two-year project.

5.24 Atkinson Unit

The Manager of the Atkinson Unit in Exeter reported that the CAMHS contract has been in force since September 2008. The annual cost to the Unit was £47,000, recouped through the charges for beds to both Devon and other local authorities. The Unit has, as part of the contract, the part-time services of a Psychologist and a CPN, as well as a long-standing arrangement with a psychiatric consultant. The Task Group received evidence to indicate that there had been problems with CAMHS delivery at the Atkinson Unit. All aspects and functions of the Atkinson Unit are currently under review.

Intervention

5.25 Early Intervention (Recommendations 1, 2, 5, 6, 7, 8 and 9)

Perinatal and infant mental health networks have been set up to provide integrated responses to mental health need — until recently the concentration had been on medication and intervention for mothers, without thought for the infant's mental health. Services need to be jointly commissioned by CAMHS and AMHS and linked to social care. AMHS and the Children's Trust collaborated on the Perinatal Mental Health Strategy. The emphasis of the strategy being how Midwives, along with Health Visitors and GPs identify those mothers in need of specialist support. A plan is also currently being developed on post-natal depression. It is important that there is recognition and support to the high levels of women who are at risk of post-natal depression — in the region of 1 in 10. Although it is apparent now that young mothers are just as likely to get depressed in the ante-natal stage and a strategy from the pre-conception stage has now been developed. Teenage mothers are obviously one of the most vulnerable groups, and those at particular risk are picked up through Midwives, who will try to get them into children's centres so that they can get the appropriate support at a very early stage. It was reported to the Task Group that there may be a need for more specialist Midwives working with teenage mothers.

Parents need to be supported to prevent the development of conduct disorders amongst young children. The first two years of life are crucial to a child's emotional development. Devon is investing in parenting support programmes and the Government has provided funding for Parent Support Advisers in schools — this work needs to take place in early years settings as well. Poor families and families under a lot of stress still have problems getting the services that they need. There are also gaps in dealing with children who may seem to be coping but where the parents have mental illness. There is considerable evidence to suggest that this cycle of mental health problems will continue without the appropriate intervention.

Schools know from pre-school and reception which children are likely to develop issues. Additionally, most schools now do home visits for induction. There is a need to develop early response interventions rather than having to wait until difficulties reach a threshold for intervention — hence the importance of PMHW who can offer advice and support at an early stage. It is also apparent that rather than reaching a situation where a young person needs to be detained by the Police, Neighbourhood Beat Managers and Police Community Support Officers could provide early intervention. The Police are to review processes with this in mind.

The sharing of information and how it can suitably be handled is an important issue in safeguarding and early intervention. There have been misunderstandings in terms of confidentiality issues. Part of the assessment of need is to evaluate potential risk or impact on family.

5.26 Primary Mental Health Worker (Recommendation 1)

Devon has invested substantially in the role of the Primary Mental Health Worker, (PMHW) with 3.3 per 100,000 population against a national benchmark of 5 per 100,000. Currently Devon has 23 PMHW, exceeding the target of 19 and placing the LA in the top 10–15% for ratios of PMHW per 1,000 children. PMHW have a beneficial impact on Tier 3, through earlier intervention. Having PMHW in schools permits close liaison between experts able to make appropriate referrals, and a large percentage of cases can be sorted out with PMHW intervention. There are training questions that need to be addressed, as some PMHW come from teaching, educational psychology or social work backgrounds and need experience and core CAMHS training on support, consultations and initial assessments. The Task Group also received reports that the withdrawal of social workers previously providing lower-level social protection support to parents has resulted in PMHW being asked to pick up these cases.

5.27 Joint Working / Training (Recommendation 7)

It is vital that joint working is closely monitored to ensure its effectiveness. The Children's Trust has helped to bring people together and make real progress realising the transitions strategy, although there is merit in having dedicated transitions workers. There now seems to be much coherent thinking about initial assessments. However, there still needs to be more training, awareness and publicity to continue developing the CAMHS workforce. There are increased demands on staff that need to be recognised across the agencies. There is also a huge training question to consider in moving staff to a model of care that is more about consultative support to the client. The aim is to have expertise spread across more people. Some headteachers perceive CAMHS as "remaining aloof as clinicians" rather than committing to multi-agency joint working in holistic teams. Their role needs to be clarified along with greater involvement in broader issues as it is the experience of some headteachers that it is hard to get CAMHS staff to meetings.

5.28 *Think Family* (Recommendation 6)

The Task Group heard that the lack of an effective interface with AMHS makes it difficult for CAMHS to reach children whose parents suffer from mental illness. Members are extremely concerned that AMHS tend to concentrate on treating an individual, and not the children in the family. A *Think Family* policy due out shortly for family intervention and paternity strategy will bring together elements of the children assessment framework

looking at family profiles, focusing on parents with drug/alcohol/mental health problems and their children's outcomes. .

5.29 Out of Hours Service (Recommendation 4)

There is a round-the-clock countywide CAMHS telephone service, which runs through the CYPS emergency duty service. It is however difficult to provide out-of-hours care across a wide geographical area, and the system in North Devon for instance is very limited, although there is little demand. CAMHS are developing their out-of-hours services to include some weekend and bank holiday cover for assessments of those young people admitted onto Children's Wards across the County, but there are significant gaps. There is a particular problem with young people being held by the Police under Section 136 awaiting out-of-hours assessments (see 5.19).

5.30 Respite

There is no CAMHS respite provision in the County designed to give families a break. Plymouth used to have a day treatment service for young people, providing group work and activities five days a week and six beds. The service is being withdrawn as a result of other commissioning decisions, including the re-commissioning of a new Tier 4 facility in Plymouth to replace Larkby. The Task Group was told that the provision of multi-agency respite in educational settings would give valuable support to families

5.31 Promotion of CAMHS

There are communication shortfalls between Devon Partnership NHS Trust and CAMHS, as well as with the voluntary sector. There appears to be scope for CAMHS to become more active in promoting its availability to young people, for example creating information leaflets on emotional well-being aimed at the young people themselves and tying in with events that effect them. It was suggested that CAMHS needs to promote itself better because unless you were looking for it, information on training courses provided by CAMHS would not be found.

CAMHS wants to get young people involved in strategy, design and evaluation of its services. They are at early stages with youth participation but have clear plans. More information is needed on what the problems might be for young people needing to use the service, so that it can be made less daunting. There needs to be continuous education and awareness-raising for schools and families.

Websites for young people need to be kept up to date if they are to be used as an information resource. It is essential that such websites are engaging and relevant. Word of mouth is often the most important way of information being passed on in the drug and alcohol field, along with information provided to clients from frontline practitioners.

Vanessa Newcombe
Andrea Davis
Anne Fry
Michael Lee
Saxon Spence

Electoral Divisions: **All**
Executive Member: **Councillor Smith (Children & Young People's Services)**

Local Government Act 1972 List of Background Papers		
Report originated by:	Dan Looker	
Room:	G.36	
Tel No:	01392 382722	
Background Paper	Date	File Reference
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Appendix 1:

Joint Financial Planning Framework Emotional Health and Well-Being in Devon 2008

Devon County Council – Children and Young People's Services

Local Authority CAMHS Grant

Staffing PCT/DCC	£706,031
Staffing DCC JAT teams Business resources	£ 33,794
Support for Comprehensive CAMHS Development inc voluntary sector provision	£54,93
Support for Comprehensive Training Programme	£20,000
Homelessness Floating Support Contract	£21,238
Total Grant Allocation for 2008/9	£836,000

Devon Primary Care Trust

Devon PCT CAMHS Provider Services including Tier 3 for Torbay	£5,882,040
Devon PCT Contract with Plymouth Hospitals Trust including Tier 3 and 4	£1,020,122
Devon PCT Contract with Somerset PT Tier 4	£ 338,000
Total	£7,240,162

Devon Children's Fund

Level 2 EHWB projects	£ 70,000
Total of Aligned Comprehensive CAMHS Budget	£8,146,162

Appendix 2:

Task Group Activities

A2.1 The first meeting of the Task Group took place on **7 January 2009**. The aim of this initial scoping meeting was to determine the focus for the investigation, gauge Members' viewpoints and plan the next steps for the review.

A2.2 On **2 February 2009** the Task Group received evidence from the CAMHS Programme Manager and the Strategic Commissioner, Children with Additional Needs.

A2.3 On **17 February 2009** the Task Group met with Acting Joint Agency Manager and CAMHS Regional Development Worker for the South West.

A2.4 On **24 February 2009** the Task Group interviewed Team Leader, North Devon Youth Service; Consultant CAMHS North Devon; Principal Educational Psychologist and Chief Executive Young Devon.

A2.5 On **10 March 2009** the Task Group met with CAMHS Regional Development Worker for the South West; Head of Devon Education Services; Head of Integrated Youth Support Service; Paediatric Liaison Mental Health Worker and Assistant Director for Integrated Children's Services.

A2.6 On **31 March 2009** the Task Group received evidence from Connexions Cornwall and Devon; Area Manager for Exeter, East and Mid Devon Youth Offending Team and CAMHS Locality Manager, South & West Devon.

A2.7 On **9 April 2009** the Task Group met with the Mental Health Liaison Officer, Devon & Cornwall Constabulary and Commissioning Lead Devon Primary Care Trust.

A2.8 On **15 April 2009** the Task Group received evidence from Director of Policy and Partnership, Devon Partnership Trust; Joint Commissioning Manager, Adult Mental Health and Service Manager, Y-Smart Drug and Alcohol Service for Young People.

A2.9 On **22 April 2009** the Task Group met with the Headteacher, Barley Lane Special School; a young person who has used Devon CAMHS and a Youth Participation Worker. The Task Group then considered its findings and recommendations.

Appendix 3:

Contributors / Representations to the Review

A3.1 Witnesses to the review (in the order that they appeared before the Task Group)

Witness	Position	Organisation
Lyn Davis	CAMHS Programme Manager	Devon PCT
John Shaw	Strategic Commissioner, Children with Additional Needs	CYPS
Dave Brassington	Acting Joint Agency Manager	CYPS
David Goodban	CAMHS Regional Development Worker for the South West	South West Development Centre
Simon Cohen	Youth Service Team Leader for North Devon	CYPS
Sarah Rawlinson	CAMHS North Devon	CYPS
Bea Blair-Smith	Principal Educational Psychologist	CYPS
Tim Tod	Chief Executive	Young Devon
Roger Fetherston	Head of Devon Education Services	CYPS
Dillon Hughes	Head of Integrated Youth Support Service	CYPS
Hilary Garrett	Paediatric Liaison Mental Health Worker	CYPS
Miles Hapgood	Assistant Director for Integrated Children's Services	CYPS
Anne Beveridge	Exeter Area Manager	Connexions Cornwall & Devon
Henrietta Ireland	Area Manager Exeter, East and Mid Devon	Youth Offending Team
Nick Preston	Locality Manager CAMHS South & West Devon	CYPS
Julia Moore	Mental Health Liaison Officer	Devon & Cornwall Constabulary
Gwen Pearson	Commissioning Lead	Devon PCT
John Rom	Director of Policy & Partnership	Devon Partnership NHS Trust
Ian Pearson	Joint Commissioning Manager for Adult Mental Health	Devon PCT
Sarah Simpson	Service Manager, Y Smart Drug and Alcohol Service for Young People	CYPS
Michael MacCourt	Head Teacher	Barley Lane Special School
Tiqua Thomas	Young Person	
Katie Bacon	Youth Participation Worker	CYPS

A3.2 Written Representations (in the order that they were received)

Witness	Position	Organisation/District
Anthony Steen	MP	Totnes
Mary Graham	Manager	Atkinson Unit
Beverley Dubash	Principal Education Welfare Officer	CYPS

Appendix 4:

Bibliography

- A Good Childhood: Searching for Values in a Competitive Age (The Children's Society, 2009)
- CAMHS Standard, National Service Framework for Children, Young People and Maternity Services, (DH/DES, 2004)
- Care Matters: Time for Change, (DCSF, 2007)
- Children and Young People In Mind: the Final Report Of the National CAMHS Review (DH, 2008)
- Devon Children and Young People's Plan 2006 – 2009 (DCC, 2006)
- Every Child Matters: Change for Children (DfES, 2004)
- Joint Commissioning Strategy for the Emotional Health and Well-being of Children and Young People in Devon 2008 – 2011 (DCC)
- The Way Ahead – Five Years of Improvement (DCC/PCT, 2008)