

Health and Wellbeing Scrutiny Committee
People's Scrutiny Committee

CAMHS

Spotlight Review

September 2014

www.devon.gov.uk

1. Recommendations

The spotlight review asks the Health and Wellbeing scrutiny Committee and Cabinet to endorse and action the recommendations below, and sends a copy of this report to all Devon MPs.

	Recommendation	What does this look like?	Agency
1	Everyone to be aware of the importance of good mental health	National Challenge to raise the profile of good mental health	All
2	Involve young people in the co-design and commissioning of mental health services	New Mental Health services to demonstrate participation of young people in design	Virgin/ CCG /DCC
3	To promote the available wellbeing services within schools	All schools to be made aware of what services are available to them All schools to publicise this information	DCC
4	All stakeholders continue to work together in the pursuit of the best outcomes for the individual child particularly during transition.	A seamless service to young people	All
5	All women to be given access to mental health support during and after childbirth	Increasing awareness of the support available and ensuring access to this support	CCG
6	Support the ambition that young people should never be taken to a police station as a place of safety.	This requires the development of suitable safe place locally	CCG

2. Introduction

2.1. The Health and Wellbeing Scrutiny Committee were invited to examine the Children and Adolescent Mental Health Service (CAMHS) by the former Cabinet Member for Children's Services. Particular concerns were raised about:

- Perinatal and infant mental health
- Urgent and out of hours care
- The use of the S136 detention for under 18s
- Suicide prevention strategies
- Adult mental health

2.2. The investigation considered the previous task group into CAMHS that had been undertaken by the Children's Scrutiny Committee in 2009 (now the People's scrutiny committee). The recommendations in particular make detailed suggestions about the need for agencies to work well together, to ensure a smooth transition between children's and adult mental health services as well as to improve the

process by which young people are identified and transferred to CAMHS.¹ The Spotlight Review believes that these recommendations are still relevant five years later. Other significant pieces of work have also been considered in the compilation of this report, see bibliography.

- 2.3. It should also be noted that the Devon CAMHS service was inspected last Autumn by the Care Quality Commission and received a positive outcome on all fronts.

3. The Importance of Mental Health

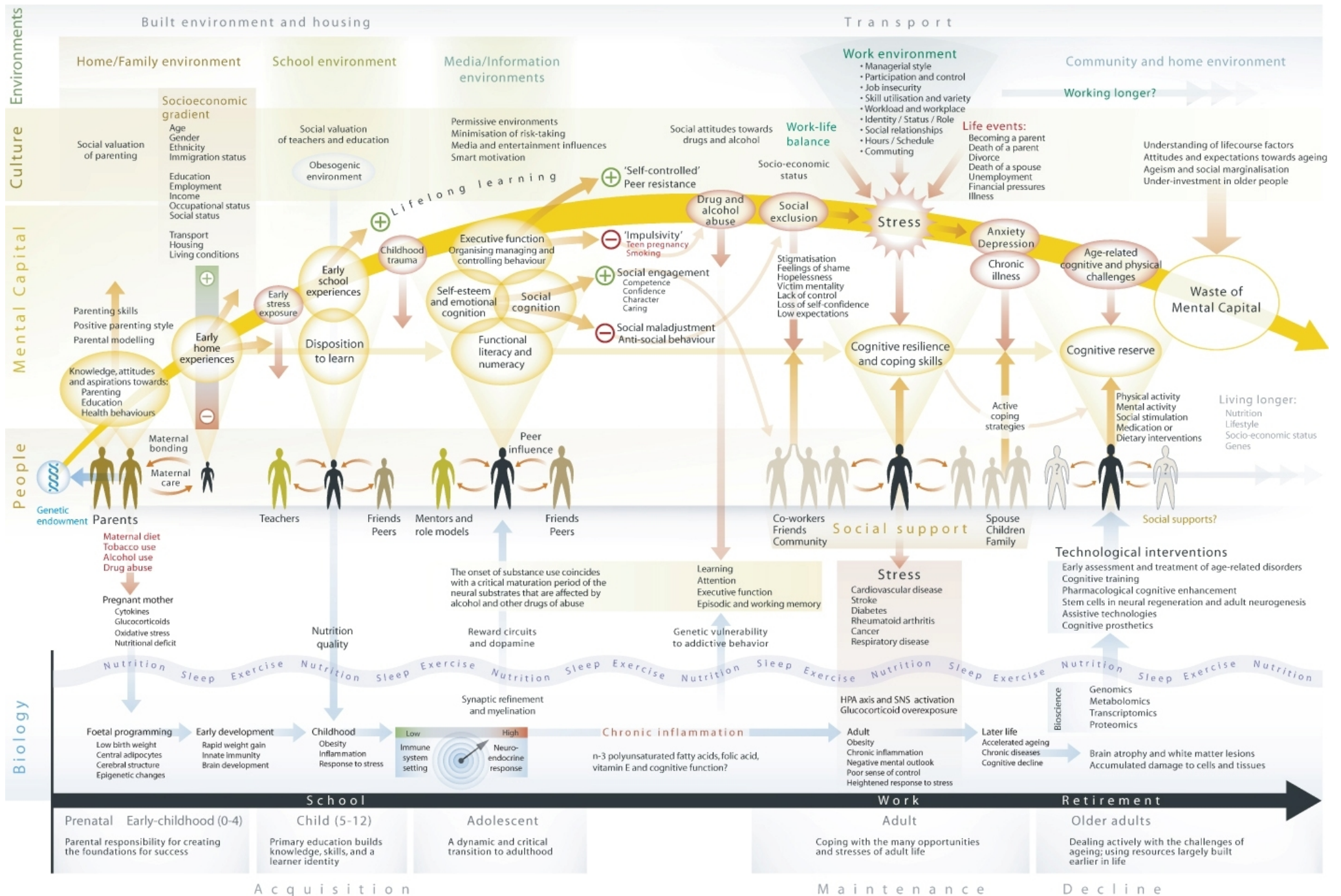
- 3.1 Councillors began this investigation with a consideration of what mental health means. This was informed by the Director of Public Health. It is important to situate the concept of maintaining good mental health as an essential component in a healthy lifestyle. Mental health has a very broad definition as below:

Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community

The World Health Organisation

- 3.2 This does mark a shift in the approach and attitude to mental health where value is placed on promoting good mental health, departing from the concept only being relevant in relation to a problem. This is in much the same line as considering actions, such as eating well and exercising regularly, to promote good physical health. Understanding the determinants of positive mental health and taking responsibility for maintaining good mental health is therefore the responsibility of everyone.
- 3.3 Actions taken to develop or improve good mental health can be considered as building mental capital. Metaphorically building a reserve so that when the individual is presented with difficult, stressful situations, they are mentally resilient and can deal with life challenges.
- 3.4 The diagram overleaf details all of the factors that influence mental capital over the life course of one individual. Whilst this looks complex at first glance, following the path from left to right details the factors that impact upon one individual's mental health. This begins before birth, with inherited predisposition, as well as the health of your mother. Then through infancy, a child's immediate environment and situation is very important. At school age early experiences as well as the influence of peers and teachers has a significant impact on resilience and in turn attainment. Through secondary school and teenage years, risk taking behaviour is often demonstrated, the transition to adulthood can be challenging. Then as an adult, the work environment, colleagues, partners, all have an impact on developing or depleting mental capital. Moving into retirement and the later stages of life, maintenance of positive mental reserves faces different challenges with possible isolation.

¹ Child and Adolescent Mental Health Service (CAMHS) Task Group: Final Report, 8 May 2009
<http://www.devon.gov.uk/camhs.pdf.pdf>



Acquisition

Maintenance

Decline

- 3.5 Treating physical health has traditionally been prioritised over mental health, particularly in the allocation of resources. Combined with the stigma that has been attached to mental health conditions the landscape is challenging. Poor mental health carries an economic and social cost of £105 billion annually.²
- 3.6 The statistics on people who suffer with a mental health condition are significant:
- ❖ While 2.6% (19,700) of the population experience depression and 4.7% (35,600) have anxiety problems, as many as 9.7% (73,500) suffer mixed depression and anxiety, making it the most prevalent mental health problem in the population as a whole.
 - ❖ About 1.2% (9,100) of the population experience panic disorders.
 - ❖ Around 1.9% of adults (12,000) experience a phobia of some description, and women are twice as likely to be affected by this problem as men.
 - ❖ Agoraphobia affects between 1.5% and 3.5% (11,400 to 26,500) of the general population in its fully developed form; in a less severe form, up to one in eight people (94,800) experience this.
 - ❖ Post-Traumatic Stress Disorder (PTSD) affects 2.6% of men (9,600) and 3.3% of women (12,800).
 - ❖ Obsessive Compulsive Disorders (OCD) affect around 2–3% (15,200–22,700) of the population.
 - ❖ Generalised Anxiety Disorder affects between 2–5% of the population (15,200–37,900), yet accounts for as much as 30% of the mental health problems seen by GPs.
- 3.7 There are general principles that can help to ensure positive mental health:
- ❖ **CONNECT** with the people around you
 - ❖ Be **ACTIVE**
 - ❖ Keep **LEARNING**
 - ❖ **GIVE** to others (helping others and volunteering)
 - ❖ **TAKE NOTICE** be 'mindful' of your feelings and thoughts, body, and the world around you

4. Children's Mental Health

- 4.1 The spotlight review moved to focussing on the first sections of the diagram, above the label of acquisition; prenatal, early childhood, child and adolescence. These are fundamental in the life course of mental health because they include the development of patterns and behaviour that will have a significant impact upon mental health in adulthood.
- 4.2 Nationally there are significant issues relating to children's mental health. One in ten children aged five to 16 has a clinically significant mental health problem.³ There are particular mental health concerns that are identified with young people:

COMMON MENTAL HEALTH PROBLEMS IN CHILDHOOD

- **Depression** affects more children and young people today than in the last few decades, but it is still more common in adults. Teenagers are more likely to experience depression than young children.
- **Self-harm** is a very common problem among young people, particularly in females. Some people find it helps them manage intense emotional pain if they harm themselves, through cutting or burning, for example. They may not wish to take their own life.

² Mental Health Foundation, '[A Manifesto for Better Mental Health](#)'

³ Joint Commissioning Panel for Mental Health 'Guidance for commissioners of child and adolescent mental health service' <http://www.jcpmh.info/wp-content/uploads/jcpmh-camhs-guide.pdf>

- Children and young people with **generalised anxiety disorder** (GAD) become extremely worried. Very young children or children starting or moving school may have separation anxiety.
- **Post-traumatic stress disorder** can follow physical or sexual abuse, witnessing something extremely frightening or traumatising, being the victim of violence or severe bullying or surviving a disaster.
- Children who are consistently **overactive** ('hyperactive'), behave impulsively and have difficulty paying attention may have Attention Deficit Hyperactivity Disorder (ADHD) Many more boys than girls are affected, but the cause of ADHD isn't fully understood.
- **Eating disorders** usually start in the teenage years and are more common in girls than boys. The number of young people who develop an eating disorder is small, but eating disorders such as anorexia nervosa and bulimia nervosa can have serious consequences for their physical health and development.⁴

'The wellbeing of children in the UK is worse than many other rich countries across the world. The health of people in Devon is generally better than England, but the emotional, psychological and social wellbeing of children and young people, is a notable exception'.

4.3 Estimated number of school-age children (aged 5 to 16) with a mental health disorder, 2013

Local Authority	Total	Local Authority	Total
East Devon	1,538	Teignbridge	1,521
Exeter	1,398	Torrige	772
Mid Devon	1,041	West Devon	672
North Devon	1,185		
South Hams	1,006	Devon Total	9,133

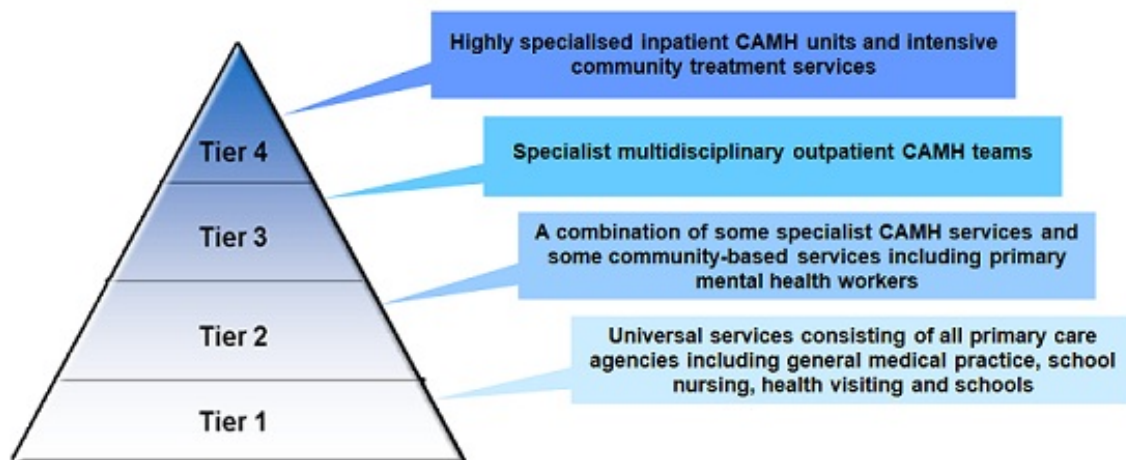
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5. CAMHS

- 5.1 Having considered the context of mental health, the spotlight review then looked at the specifics of how the CAMHS service operates in Devon. This is broadly summarised on the diagram below, with a tiered approach depending on the level of intervention. It is important to note that there are significant numbers of young people who do not qualify for the CAMHS, but may still be experiencing poor mental health.

⁴ Public Health Devon, briefing on Mental Health for the Spotlight Review

⁵ Public Health Devon, briefing on Mental Health for the Spotlight Review



- 5.2 Reflecting the limits of the spotlight review to examine every area of such a complex service area in a single session, this report takes an overview approach to the service and divides the evidence it has received into a SWOT analysis.

Strengths

- 5.3 The spotlight review heard from the many agencies that are currently working in Mental Health and must commend their efforts to support young people in Devon. In particular the service has been functioning with a significant increase in the numbers of children presenting. Members were very impressed with the dedication and commitment of the health care professionals.

Weaknesses

Investment

- 5.4 Nationally there are problems recognised in the commissioning and delivery of Children and Adolescents Mental Health Services:

Mental health services for young people in England are "stuck in the dark ages" and "not fit for purpose", according to a government minister.⁶

Whilst such headline grabbing statements do not improve the situation, they do reflect serious concerns in the organisation of the service. The challenge of the spotlight review back to central government would be to continue to invest in mental health services in order to ensure that vulnerable young people are treated in a timely and appropriate manner.

⁶ BBC News 'Youth mental health care 'in dark ages', says minister' <http://www.bbc.co.uk/news/health-28851443>

Tier 4 placements out of area

- 5.5 The spotlight review heard about the increased demand for Tier 4 inpatient placements in Devon. This has also coincided with the closure of a 12 bedded facility in Somerset. At the time of the spotlight review there were 22 young people placed in tier 4 placements, only six of which are in Devon.
- 5.6 The ability to source a bed that is appropriate to the young person's presenting needs and is available has on rare occasion resulted in some young people being managed in the interim in an adult setting whilst awaiting admission to a suitable CAMHS Tier 4 bed. More frequently a young person will be admitted to a childrens ward in an acute hospital.
- 5.7 The issue is both one of availability and appropriateness. A bed may be available but the complement of existing children and young people, or the type of provision the unit has become specialised in, do not match the needs of the child who requires an immediate service.

Detention under Section 136

- 5.8 The spotlight review heard from the office of the Police and Crime Commissioner specifically discussing the Police's role in applying Section 136 powers. There is currently no specific place of safety in Devon for children and young people who are subject to S136. In 2013 the police reported a total of 12 section 136 detentions across Devon and Plymouth.
- 5.9 The spotlight review felt strongly that police stations are not an appropriate place of safety for minors.

Mental Health Act Section 136

Section 136 of the Mental Health Act applies to any person found in a public place that appears to be suffering from mental disorder and is in immediate need of removal either for their own safety, or that of others. The person must be taken to a place of safety. A place of safety can be a hospital or a police station.

A person may be detained in the place of safety for up to 72 hours for the purposes of being examined by a registered medical practitioner, to be interviewed by an approved mental health professional and any necessary arrangements made for his treatment or care.

The use of Section 136 is not restricted on the basis of age.

Opportunities

- 5.10 The National CAMHS review identified a vision that states that children, young people and their families should have:
- Clearly signposted routes to specialist help
 - An 'open door' into a system of joined up support
 - Timely access to this

- Help available during any wait⁷

The ambition would of course be that all young people are supported in good mental health and that there are timely services available to intervene when needed.

- 5.11 The task group considered the LINK Devon report; Children and Young People’s Experiences of Emotional Wellbeing Services in Devon published in 2013. The report identified the need for earlier interventions to prevent the mental health

‘...is evident that more work could be done within schools to explore emotional health and wellbeing and to raise awareness of what services are available locally and where information, advice and support can be found.’⁸

In this context the work of Public Health Devon is very promising, see case study below.

Case Study: Public Health Early help strategy

There is overwhelming evidence that children and young people with higher levels of emotional, psychological and social wellbeing do better in school are less likely to have behavioural and mental health problems and are able to take advantage of chances throughout their life.

Public Health Devon is working with schools to co-produce new wellbeing service.

The new service will start in September 2015. The long lead-in time is essential to ensure we have sufficient time to gather evidence to inform the design of the service and accommodate procurement processes

Transition

- 5.12 The spotlight review also discussed concerns about improving transition from children’s to adult services. Virgin Care has a detailed transition improvement plan. This includes initiatives such as ensuring that complex issues are identified earlier in the process. The spotlight review believes it would be useful for scrutiny to continue to monitor these developments.

Threats

Case load

- 5.13 Although it has been discussed as a positive that the service has been tackling a significant increase in workload there is a real concern that the case load and complexity of cases could threaten the service provided. In fact there has been a

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<http://webarchive.nationalarchives.gov.uk/20081230004520/publications.dcsf.gov.uk/eorderin/gdownload/camhs-review.pdf>

⁸ LINK Devon, *Children and Young People’s Experiences of Emotional Wellbeing Services in Devon*, February 2013

25% in 18 months. This is a national trend as outlined in the British Medical Journal reporting on evidence received at the parliamentary health select committee.⁹

- 5.14 The spotlight review received evidence that to deal with this increased pressure mental health professionals have to allocate resources to the most serious cases, which may jeopardise early intervention. On a related issue, clinicians increasingly have to dedicate significant amounts of their time to securing tier four placements which takes them away from clinical role.

6. Conclusion

The Spotlight Review undertook a snap shot view of the Children and Adolescent Mental Health Service in Devon. This piece of work enabled Members to gain an overview of the challenges and some opportunities faced by all partners working to support Children and Young People in good mental health.

The review also enabled a wider consideration of strategies for positive mental health that will continue to be a theme in the future work programme of Health scrutiny.

The delivery of CAMHS presents enduring National anxiety. Locally there are some innovative initiatives that focus on early intervention and some great examples of hard work. However, the spotlight review continues to have concerns over the resilience of service with the increase in numbers and complexity of cases. This is an issue that scrutiny should continue to keep a watching brief on.

7. Membership

The spotlight review was chaired by Councillor Debo Sellis, Vice Chair of the Health and Wellbeing Scrutiny Committee, there was an open invitation to all members of the Health Scrutiny Committee and the following members were in attendance:
Councillors Emma Morse, Andy Boyd, Caroline Chugg and Paul Diviani

8. Contact

For comments or further information regarding this report please contact
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01392 38314

9. Sources of evidence

Expert Witnesses

The spotlight review heard testimony from a number of people and would like to express sincere thanks to the following for their involvement and the information that they have shared as well as to express a desire of continuation of joint work towards the fulfilment of the recommendations in this document.

Name	Role	Organisation
Aggie Szpinda	Children & Young People's Engagement Officer,	Healthwatch
Amber Burton	Special Education Needs	Devon County Council

⁹ Dowd, A. BMJ 'Child and adolescent mental health referrals rise sharply, MPs hear' 21st June 2014

	Strategic Officer, GP Lead for Children	Northern, Eastern & Western Devon CCG
Anita Pearson		
Emily Youngman	Specialty Registrar in Public Health	Devon County Council
Fiona Fleming	Children & Families Commissioning Manager	Devon County Council
Heather Kapeluch		Virgin Care
Ian Ansell	Criminal Justice, Partnerships and Commissioning Manager	Office of the Police & Crime Commissioner
Janye Carroll	Head of Integrated Childrens Services	
Jenny Connelly	Joint Commissioning Manager, Children and Young People	Northern, Eastern & Western Devon CCG and Devon County Council
Jon Davis	Volunteer	
Keith Coulson		Young Devon
Lorna Davis	Information Officer,	Healthwatch
Lyndsey Blair	Educational Psychologist	Babcock LDP
Marian Martin	Children's Social Work Senior Manager	Devon County Council
Robin Tay	Youth Participation Worker	CAMHS Virgin Care
Sally Hulin	Clinical Director and Consultant Child and Adolescent Psychiatrist	Devon CAMHS VCL
Siobhan Grady	Head of Joint Commissioning,	South Devon and Torbay CCG
Virginia Pearson	Director of Public Health,	Devon County Council

Documents/Links

- Child and Adolescent Mental Health Service (CAMHS) Task Group: Final Report, 8 May 2009 <http://www.devon.gov.uk/camhs.pdf.pdf>
- BBC <http://www.bbc.co.uk/news/health-28851443>
- Cooper, C; 'Introduction to Wellbeing: A Complete Reference Guide' Lancaster University, U.K.
- The World Health Organisation, 'Mental health: a state of well-being' http://www.who.int/features/factfiles/mental_health/en/ August 2014
- Joint Commissioning Panel for Mental Health 'Guidance for commissioners of child and adolescent mental health service' <http://www.jcpmh.info/wp-content/uploads/jcpmh-camhs-guide.pdf>
- DoH: *Improving access to child and adolescent mental health service* 2009
- Dowd, A. BMJ 'Child and adolescent mental health referrals rise sharply, MPs hear' 21st June 2014, BMJ 2014;348:g3952

- Public Health Devon, Briefing: '*Developing a New Emotional, Psychological and Social Wellbeing Service for Children and Young People in Devon*' July 2014
- LINK Devon, *Children and Young People's Experiences of Emotional Wellbeing Services in Devon*, February 2013
- Government Office for Science: *Mental Capital and Wellbeing: Making the most of ourselves in the 21st century*' 2008
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292453/mental-capital-wellbeing-summary.pdf
- Home Office, Department for Health: '*Review of the operation of Sections 135 and 136 of the Mental Health Act*' April 2014
<https://www.gov.uk/government/consultations/review-of-the-operation-of-sections-135-and-136-of-the-mental-health-act>
- Mental Health Foundation, '[*A Manifesto for Better Mental Health*](#)'