

# CAMHS Update

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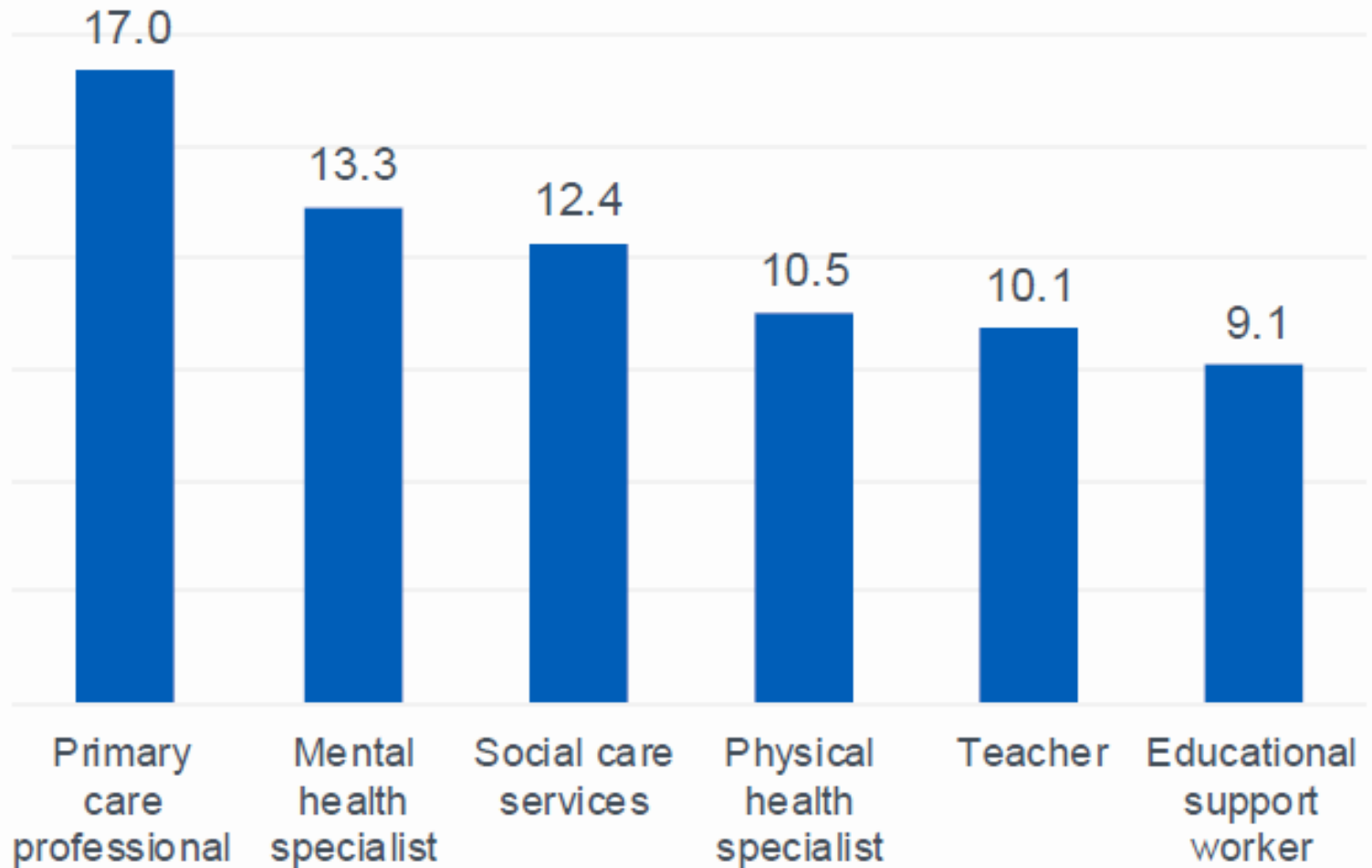
Integrated Health and Care  
Commissioning Team

# New prevalence data

- Survey reveals a slight increase over time in the prevalence of mental disorder in 5 to 15 year olds. Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017 (equating to 24,427 children and young people of school age in Hertfordshire).
- Rates of mental disorders increased with age. 5.5% of 2 to 4 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds.
- Emotional disorders have become more common in five to 15 year-olds – going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017.
- 23.9% of girls age 17-19 had a disorder
- All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence since 1999

## Proportion who found service to be unhelpful, in 5 to 19 year olds with a disorder and contact with that service

Per cent



# Transformation Priorities

1. Increasing access
2. Reducing waiting times
3. Better support in crisis, reducing admissions
4. Workforce development
5. Work with schools
6. Early Intervention Pathway
7. Support for CYP with eating disorders
8. Community perinatal mental health
9. Neurodevelopmental pathway
10. Parent and Carer support
11. Sexually harmful behaviours
12. Attachment and trauma
13. Transformation of care
14. Care for the most vulnerable

# THRIVE: Needs led model



# The existing system

## Thriving

School CAMHS Link, Schools, Five ways to Wellbeing, Just Talk, Family centre's (Children's Centres), Workforce training MHFA IMHOL, My Teen / Babies Brain

## Getting advice

- Healthy Young Minds in Herts website
- Kooth message board
- Empathy project

## Getting risk support

- High needs pathway (HPFT)
- ARC, Safeguarding, Targeted Youth Support Team, (Children's Services)
- Crisis and Assessment (HPFT)
- Home Treatment Service (HPFT)

## Getting help

- Safe Space (School Counselling)
- Community Counselling
- Step 2 • YC Herts
- Kooth online counselling
- Community Wellbeing Practitioners
- Targeted Parenting Programmes
- School Health
- Targeted service (for CYP known to CS)

## Getting more help

- Community CAMHS (HPFT)
- Eating Disorder Service (HPFT)
- PALMS (HCT)

# Early help for CYP mental health

- Kooth
- Step 2
- AFDASH / CGL
- YC Herts (group CBT)
- Community counselling
- School counselling (but schools not mandated to provide this)
- Targeted parenting / parent programmes
- School nurse emotional wellbeing pathway / Chat Health
- Healthy Young Minds in Herts / Health for Teens, Kids (websites)
- Watford FC school and community project
- School based support (variable)
- Children's Wellbeing practitioners
- Families First Early Help (multi agency co-ordination)
- The Wellbeing service (Adult IAPT 16+)
- Mind Ed for families (elearning for parents)
- Targeted mental health service for CYP open to Children's Services
- Educational psychology teams

# Current issues in early intervention

- There is lots of good provision but it is not co-ordinated
- Children and young people can bounce between services
- More capacity is needed
- Early Intervention has been eroded by increasing levels of complexity
- Longer waits for early help are being anecdotally linked to escalation of need placing more demand on specialist services



# School based provision

- Whole school approach and curriculum such as Mindfulness, UK Penn Resilience Programme
- Targeted individual and group interventions such as nurture groups, parent support
- Variable, not mandated, not always quality assured, not always linked into the wider system
- Need to encourage schools to publish their 'Local offer' for mental health

# School CAMHS Link Programme

- Developing role of school Mental Health lead
- Providing training programme and toolkit
- Whole school approach, self review tool
- Kite mark with review panel
- Resources and communication



# Whole school approach to improving mental health and wellbeing

An outstanding whole school approach to mental health and emotional wellbeing in Hertfordshire would take account of:

1. Leadership and Management
2. Ethos and environment
3. Curriculum
4. Teaching, Learning and Resilience
5. Connections and connectedness
6. Student voice
7. Staff development
8. Identifying need
9. Monitoring impact
10. Working with Parents and Carers
11. Targeted support  
(school based and external)

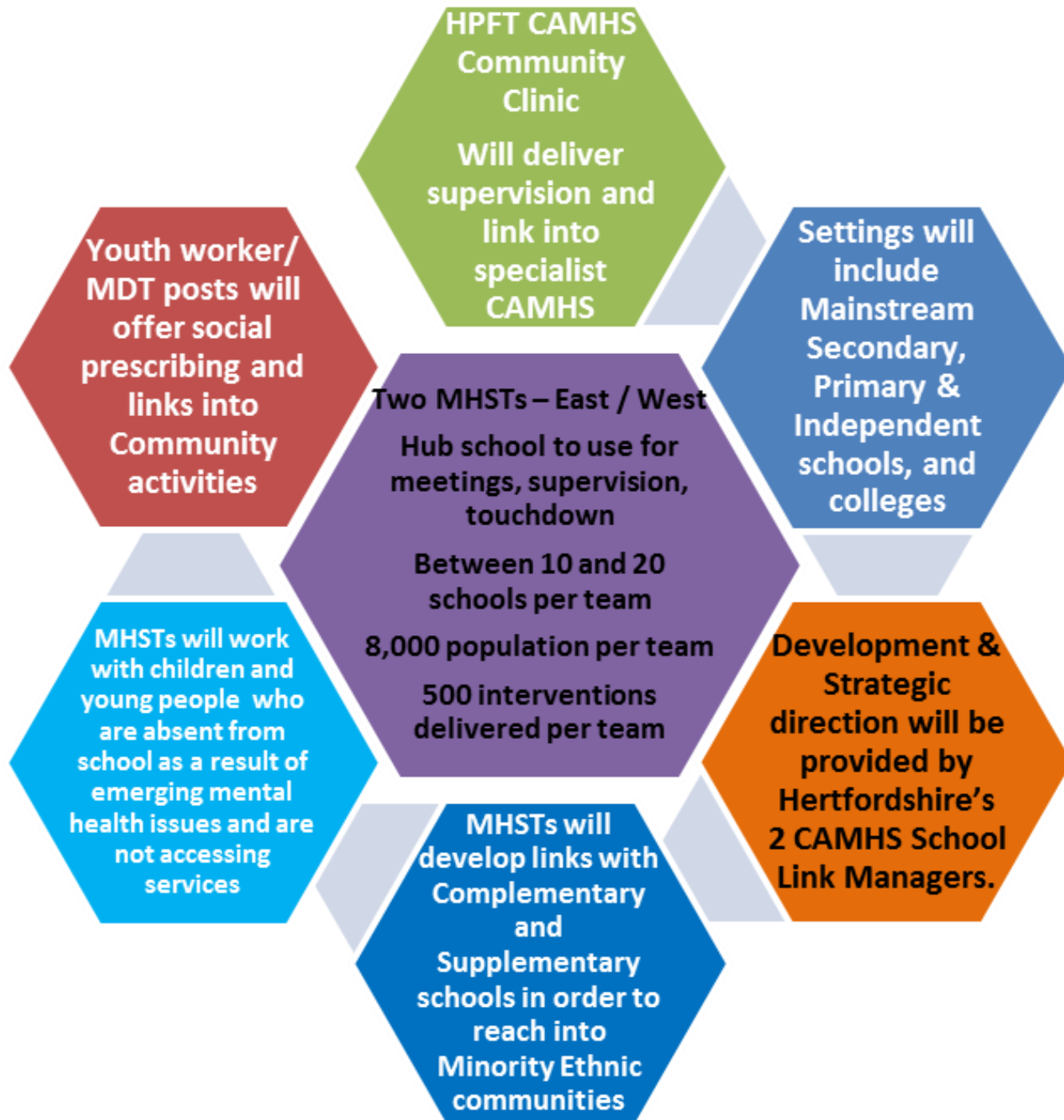
# Green paper trailblazer

- Hertfordshire one of 25 successful areas 18/19
- Two mental health support teams
- St Albans and Hoddesdon
- Eight trainees will be employed by HPFT once trained
- Teams fully operational from December
- Bid for 19/20 cohort just submitted with West Essex for further four teams (hosted by HPFT in Herts, Mind in WE) including special school team hosted by PALMS

# The role of MHST as set out by NHSE

The new local MHST's will address the needs of children and young people by:

- Delivering evidence based interventions in or close to schools and colleges for those with mild to moderate mental health issues.
- Helping children and young people with more severe needs to access the right support.
- Working with and within schools and colleges, providing a link to specialist NHS services.
- Building on and increasing support already in place, rather than replacing it



# Hertfordshire NCM Cohort

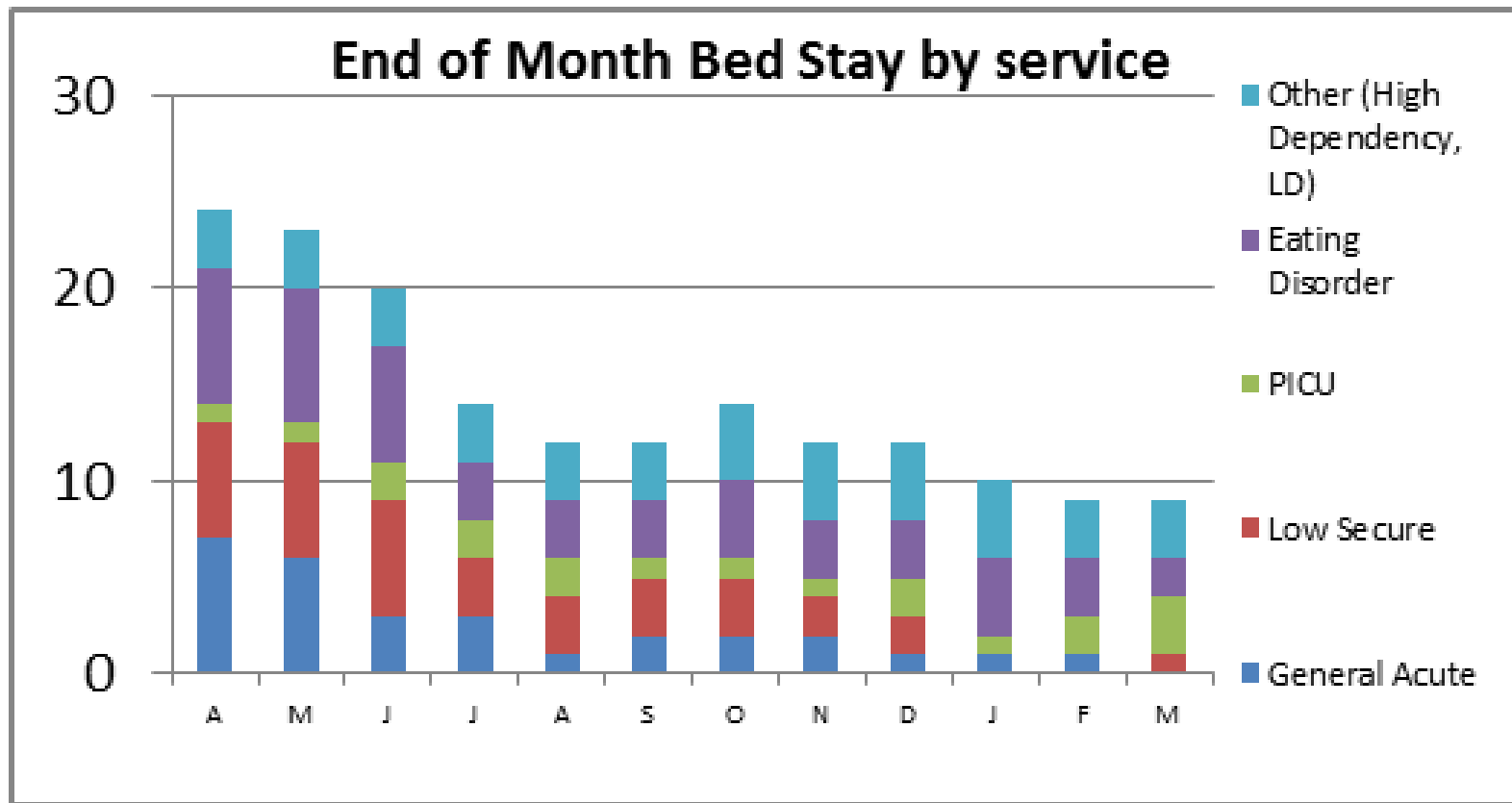
- Baseline of 40 CYP, 16 within Forest House and 24 out of area including those accessing beds within:
  - General Adolescent settings
  - Eating Disorder units
  - Learning Disability settings
  - PICU
  - Low Secure settings
- The cohort excludes under 12s within children's units.
- Of those accessing Tier 4 services, circa 40% presented with a clinical picture compatible with Emerging Personality Disorder (EPD). Many of these young people have had multiple A&E attendances, lengthy stays in hospital and high re-admission rates (with self-harm a key factor in re-admission).

# Hertfordshire Model

- Establishment of a Home Treatment Team (HTT)
- Establishment of a Dialectical Behavioural Therapy Team (DBTT)
- 72 Hour Admissions into Forest House Adolescent Unit
- Red to Green Case Management Approach
- Partnership Working with CCGs and Hertfordshire County Council
- Integration of Tier 3 and 4 pathways

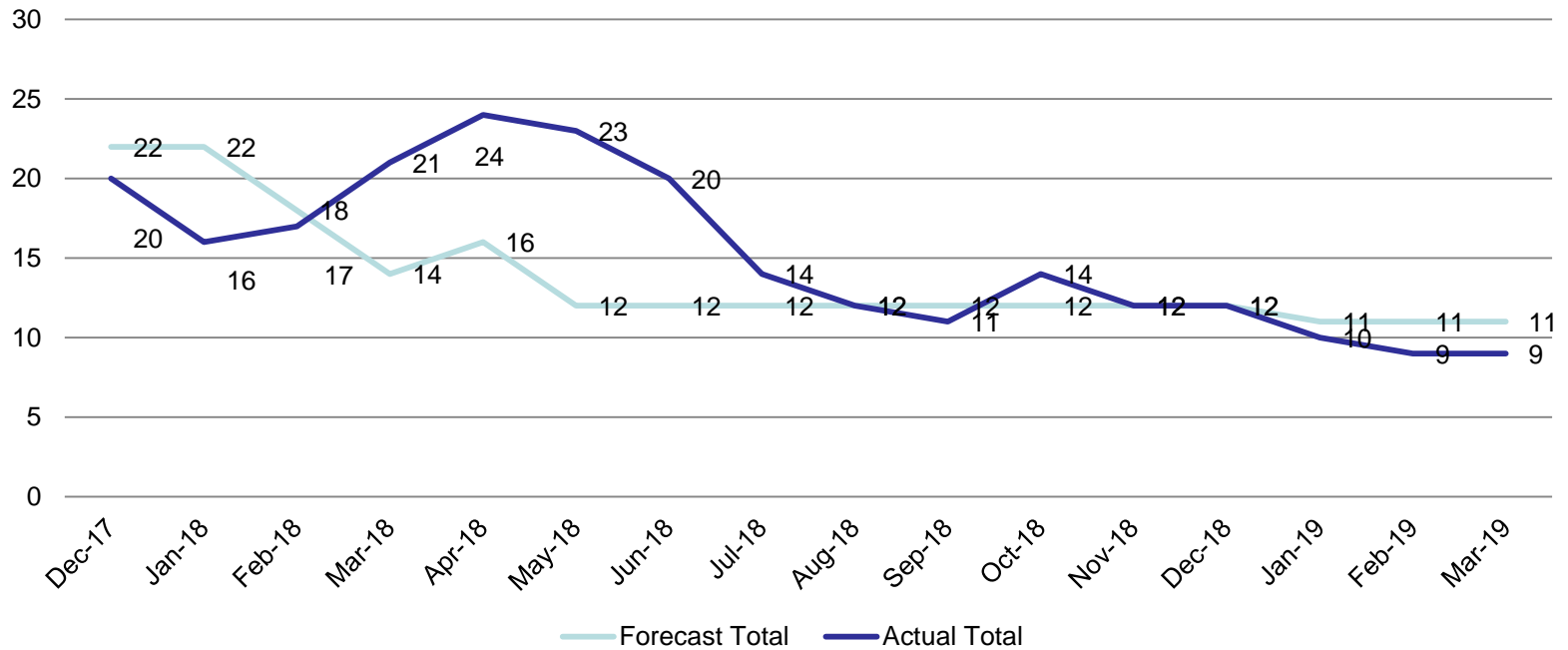


# External Beds: Activity

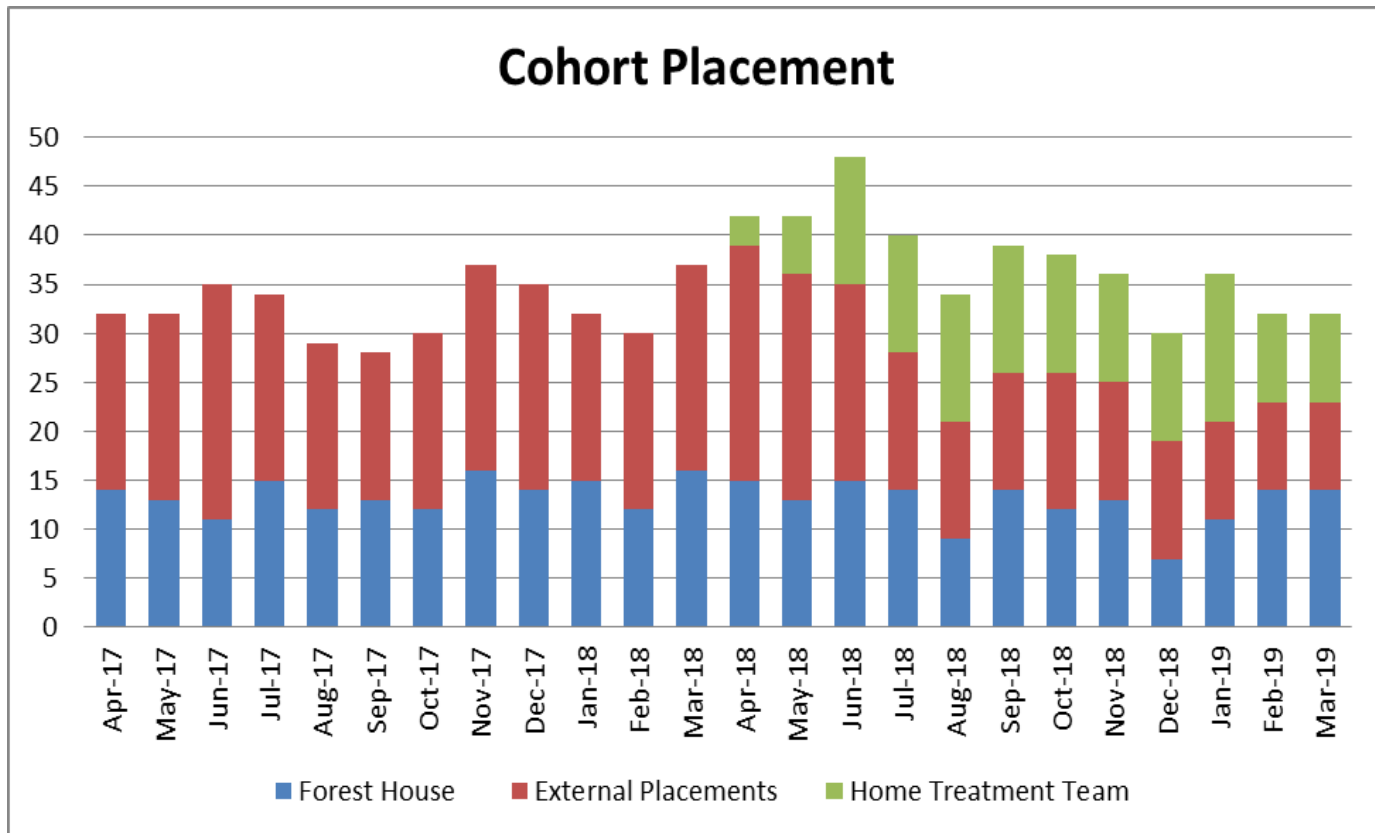


# External Bed Position

## CAMHS External Beds- Forecast vs Actual (Month End Position)



# Changes to Cohort Management



# Next steps (not already covered)

- Developing a 0-25 offer (transition CQUIN has not led to significant improvement despite a great deal of work)
- Personal Health Budgets and CAMHS – development programme
- Increasing access from 35% to 100% over next ten years
- Improving crisis provision
- Reviewing mental health provision for LAC