

Wiltshire Council

Health and Wellbeing Board

November 2014

Child and adolescent mental health services: analysis of referrals

Executive Summary

Nationally there continues to be a focus on children and young people's emotional wellbeing and concern that the number of children with difficulties is growing and that support is not being provided at an early enough stage to prevent future diagnosable mental health difficulties. Due to the national focus and also local concerns about access to the CAMHS Primary Mental Health Service, an analysis of all referrals declined during April and May 2014 has been undertaken.

Proposal(s)

The Health and Wellbeing Board is asked to consider the analysis of declined referrals and the initial proposed actions to ensure children and young people get the right support where there are concerns about their emotional wellbeing.

Reason for Proposal

In May, the Health and Wellbeing Board considered the draft Emotional Wellbeing and Mental Health Strategy for children and young people. One of the objectives within the strategy is to improve access to CAMHS, including the Primary Mental Health Service. The Board asked for further information about the analysis of declined referrals that has recently been undertaken.

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Health and Wellbeing Board

Date: November 2014

Child and adolescent mental health services: analysis of referrals

Purpose of report

1. Children and young people's mental health services are currently the subject of a national inquiry (UK Parliament's Health Committee) to address the issues about both the extent to which children and adolescents are affected by mental health problems and the difficulties with gaining access to appropriate treatment and a new national taskforce has been established.
2. This report provides an update to the Health and Wellbeing Board on the work to analyse referrals made to the Child and Adolescent Mental Health Service (CAMHS) in April and May 2014 which were declined. The analysis was carried out to develop a better understanding of the reasons for declining referrals made to CAMHS in Wiltshire. The analysis can then inform discussion about what action needs to be taken to ensure that children and young people get the right support where there are concerns about their emotional wellbeing.

Background

3. The national strategic direction of travel suggests that we focus on the following to improve children and young people's mental health outcomes:
 - Early intervention – at the earliest and most effective point in life
 - Appropriate identification; early and effective evidence based treatment
 - Increasing the number who improve their mental health
 - Good physical health, health behaviours and resilience
 - Good information, awareness raising, positive mental health promotion
 - Asking children and young people how they feel – participation and involvement
 - Transitions – ending the “cliff-edge of lost support”¹
4. The Children and Young People's Trust Emotional Wellbeing and Mental Health Commissioning Strategy 2014-2017 has recently been approved by the Children's Trust. In line with the national mental health strategy “Closing the gap: priorities for essential change in mental health”² published in January

¹ Closing the Gap, Priorities for essential change in mental health, January 2014
<https://www.gov.uk/government/publications/mental-health-priorities-for-change>

² Closing the Gap, Priorities for essential change in mental health, January 2014
<https://www.gov.uk/government/publications/mental-health-priorities-for-change>

2014, and the views of professionals, children and young people in Wiltshire, our priorities are:

- Priority 1: Promote positive mental health and build resilience in children and young people
- Priority 2: Build capacity and knowledge in the children’s workforce and primary care
- Priority 3: Improve access to primary and specialist child and adolescent mental health services (CAMHS)
- Priority 4: Ensure effective access, referral routes and pathways to services

Child and Adolescent Mental Health Services in Wiltshire

5. There is a Single Point of Access into the Primary Child and Adolescent Mental Health Service (PCAMHS) and the Specialist Child and Adolescent Mental Health Service (CAMHS) in Wiltshire. The Council funds PCAMHS for early support for emotional and emerging mental health difficulties, and the CCG funds the specialist service for mental health problems.
6. On the 1st May 2012, the Healthy Minds primary mental health service provided by Wiltshire Council transferred to Oxford Health and was integrated with specialist CAMHS via a single point of access. At the time of transfer, performance data was not available for comparison.
7. Wiltshire PCAMHS is staffed by 10 mental health practitioners offering assessment and brief interventions for children and young people with a mild mental health presentation. The service also includes management of the Single Point of Access currently handling approximately 200 routine referrals per month. Urgent and emergency referrals are routed directly to specialist CAMHS.
8. The following data is taken from the Performance Assessment Framework supplied by Oxford Health for contract monitoring and shows that:
 - The total number of referrals received into the Single Point of Access has increased year on year
 - The total number of direct contacts has increased year on year
 - The number of referrals accepted by Oxford Health (PCAMHS and CAMHS) has increased from 1,100 in 2012/13 to 1,214 in 2013/14

Indicator description	2012/13	2013/14
Number of referrals received into the Single Point of Access (SPA)	1,892 (avg 158 per month)	2,063 (avg 172 per month)
Number of referrals accepted for Primary CAMHS (includes ‘waiting list’ initiative undertaken following transfer to Oxford Health from Healthy Minds so average inflated for 2012/13).	1,019 (avg 85 per month)	786 (avg 66 per month)
Number of referrals not accepted as meeting criteria	792	848

Indicator description	2012/13	2013/14
	(avg 66 per month)	(avg 71 per month)
Number of referrals fast tracked to Specialist CAMHS	81 (avg 8 per month)	428 (avg 36 per month)
Number of discharges monthly (excluding transfers)	1,787 (avg 149 per month)	1,502 (avg 125 per month)
Number of direct contacts	1,569 (avg 131 per month)	3,060 (avg 255 per month)
Offered appointment within 4 weeks of referral acceptance	91%	61%

9. Please note that the 2012/13 data is only for the 10 months from 1 May 2012. The referral and decline rates are skewed in this year as it includes the transfer of the existing Healthy Minds caseload and waiting list which were added to the Oxford Health electronic system: this was in excess of 400 cases.
10. Waiting lists are also skewed by the 2012/13 data. In 2012/13, PCAMHS launched a waiting list initiative for all the waiting list cases which were transferred by employing existing PCAMHS and CAMHS staff to work extra sessions and on Saturday mornings.
11. In April and May 2014, 347 referrals were made through the Single Point of Access to Wiltshire Child and Adolescent Mental Health Services (CAMHS). This number does not include urgent or emergency referrals which are fast-tracked to the specialist service. 73 of the 347 referrals made through the Single Point of Access were declined (21%).

Key points from analysis

12. The majority of the declined referrals were made for young people aged 11-17 years (44 referrals, 60% of total).
13. The largest number of declined referrals by area were from Trowbridge (areas defined using first 3 digits of home postcode) – 11 of the declined referrals analysed (15%).
14. The largest number of declined referrals analysed by referrer, were from GPs – 47 of the declined referrals analysed (64%).
15. Reasons noted for referral were grouped by behaviour / anger; low mood; anxiety; self harm; bullying / peer issues; family issues and undefined thoughts of self harm. The most common reason for referral was difficult behaviour / anger - this occurred 28 times in reasons for referral (some referrals were made for more than 1 reason). 19 of these declined referrals were made by GPs – there were multiple reasons for decline of these referrals.

16. Reasons noted for referrals being declined were grouped by:
- No mental health need
 - Mental health needs not clear
 - No increase or change in presentation;
 - No evidence of an appropriate first line intervention, e.g. School Nurse, Counselling
 - Different medical / paediatric pathway needed
 - No detailed information in the referral
 - Referral made without young person's consent
17. Of the 73 declined referrals, 58 (79%) were declined because there was either no evidence of mental health need; mental health needs were not clear; or there was no increase or change in presentation (some referrals were declined for more than 1 reason). 36 of these declined referrals were from GPs. It was clear that a parent had completed the referral form in 2 instances – both of these referrals came from GP practices, without any clarity about whether the GP had seen the child or undertaken any form of clinical assessment.

Main Considerations

18. The Primary Mental Health Service is a relatively small service with funding of just over £458K. There is more demand on the service than can be met with the current staff capacity. One of the other key services that could provide short term intervention around emotional wellbeing, School Nursing, is also a small service with approximately 22 FTE Nurses for 234 schools.
19. Whilst the number of declined referrals is causing huge frustrations for GPs, schools and families, it is important to note that CAMHS is a mental health service. The analysis of declined referrals suggests we need to consider what other early intervention support is available (which may be provided by other organisations such as the Council or the voluntary and community sector) to address behavioural/anger issues in children and young people. We also need to assist referrers in knowing who is best placed to provide support for children, young people and their families in order to prevent mental health issues arising.
20. Within the draft implementation plan that sits alongside the Emotional Wellbeing and Mental Health Strategy, a number of actions are being considered to help children and young people to get the right support at an early stage. Examples include:
- Offering training to secondary schools to help them promote emotional resilience in young people, eg, Mindfulness training which has a strong evidence base for managing anxiety.
 - Offering additional training and support to schools and GPs on recognising and responding to concerns about emotional wellbeing and emerging mental health difficulties, for example, Youth Mental Health First Aid courses, and training by CAMHS doctors for GPs on clinical and risk assessment of mental health difficulties.

- Setting out a clear pathway for accessing early support, including counselling services such as Talkzone, the School Nursing Service, the Council's Behaviour Support Service and the Primary Mental Health Service.
- Getting consent from parents/young people being referred to CAMHS that they are happy to be signposted to alternative support if the referral does not meet the criteria for PCAMHS – thereby stopping referrals 'bouncing back' to professionals and getting help to children and young people more quickly.
- Development of a self-harm 'app' by Oxford Health to support young people.
- Development of information sheets for staff working in universal services listing 'approved' websites/resources that young people may find useful – eg, the YoungMinds website.

Financial Implications

12. There are no specific financial implications although the CCG and Wiltshire Council may wish to consider future funding for the Primary Mental Health Service and future investment in earlier support, such as counselling. The Council funds Primary CAMHS, whilst the CCG funds specialist CAMHS.

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Background Papers

Published documents: None

The following unpublished documents have been relied on in the preparation of this report:

Emotional Wellbeing and Mental Health Strategy for Children and Young People
 2014 - 2017