

CHILDREN SERVICES SCRUTINY

22 May 2008

**A STRATEGY FOR CHILD AND ADOLESCENT MENTAL HEALTH SERVICES
(CAMHS)**

Purpose of the Report

To provide an update on the progress of the CAMHS Strategy.

Background

- 1 A report was presented to Children's Service Scrutiny on 31 January 2008 identifying that work was underway in respect of completion of a CAMHS Strategy. The Strategy is now complete and is attached as Appendix i. The Assistant Director (Commissioning) Children & Young People in the PCT Julia Cramp, took the lead in producing the Strategy. As part of the process it was discussed and changes agreed with the Emotional Well Being sub-group of the Children & Young People's Trust.

CAMHS Strategy

- 2 The aim of the Strategy is to improve the emotional well being and mental health of children and young people in Wiltshire in order to improve their outcomes. This is the first document to bring together a multi agency strategy and it seeks to reflect the work that has already taken place across Wiltshire as well as identifying key actions for future developments.

2.1 The stated aims of the Strategy is to:

- Improve the mental health of all children and young people in Wiltshire
- To ensure that multi agency services are promoting the mental health of all children and young people across Wiltshire by providing early identification and intervention and also meeting the needs of children and young people with established or complex problems.
- To improve access to mental health care based upon the best available evidence and provided by staff with the appropriate skills and competencies.

2.2 The aims, vision and standards are set against the five outcomes of Every Child Matters mainly:

Be Healthy
Stay Safe
Enjoy and Achieve
Make a Positive Contribution
Achieve Economic Wellbeing

- 2.3 Strategic priorities are set out on page 6 and are reflected in the Children and Young People's Plan 2008-2011 which sets out "What's going to be different?" These are:
- More children and young people will receive effective preventative support
 - More children and young people with emotional and behavioural and other mental health problems will have their needs effectively met by the local community based services
 - Children and young people requiring the help of specialist CAMHS will have equality of access and reduced waiting times
- 2.4 In order to achieve these priorities an action plan is contained within the Strategy for work to be undertaken between 2008-09. Strategic priority number 1 is to continue to focus on promoting emotional well being/resilience. The links to existing services and strategies are highlighted within this priority but it is important to draw attention to the fact that providing CAMHS services at this level is the responsibility of all professionals and agencies and not just the responsibility of specialist CAMHS provision at tier 3.
- 2.5 Strategic priority number 2 is to implement the recommendations of the recent review of Wiltshire's Pathways for Troubled Children. A job description for the posts of Manager for Senior Mental Health Practitioners/Primary Mental Health Workers has been drawn up in partnership with the PCT. This will be a first important step to setting out future developments in respect of the Pathways delivery across tier 1 and 2 and, importantly, its function in both training, supporting and being a point of consultation for colleagues who are delivering universal services including schools.
- 2.6 The third priority within the strategic priorities is to sustain and build on the progress to meet targets to ensure that all 16 and 17 year olds not just those in education or training, have access to comprehensive CAMHS. This work is being led by the PCT along with work to ensure that children and young people with a learning disability are able to access specialist CAMHS provision and provision is available to all children and young people on a 24 hour basis.
- 2.7 The fourth priority is to move from the current three providers of specialist CAMHS provision to a single provider at tier 3/4 for the whole of Wiltshire's population of children and young people. The lead on this will be the PCT who are seeking to appoint a project lead. The aim is to complete this process and have in place a single provider by the end of 2009.
- 2.8 The fifth priority is to improve access to and value for money at very specialist service delivery at tier 4 and thereby reduce the number of children and young people who might be inappropriately admitted to adult mental health provision or paediatric general wards due to mental health difficulties. Again the PCT is leading on this and steps to achieve this are identified in the strategic priority action plan.

- 2.9 The final strategic priority is to ensure that there is a clear focus on children and young people who present challenging behaviour. This requires both the PCT and the Department for Children & Education to ensure that there are established links across a range of other providers and commissioning groups including staff in education support services, substance misuse joint commissioning, parenting support programme and services around the most vulnerable children and young people including those who are looked after.
- 2.10 The remaining contents of the CAMHS Strategy identifies the underpinning developments. Appendix 1 of the strategy document clarifies the policy context for developing commissioning intentions. Appendix 2 of the strategy document provides a brief resume of an assessment of need for children and young people in Wiltshire including those in the most vulnerable groups and a descriptive of provision of services at different levels including specialist targeted input, specialist CAMHS and services available at a preventative level. The strategy concludes with information from stakeholders which was collected and collated as part of the development of the Wiltshire Pathways for Troubled Children and Young People process.

Process for delivering the CAMHS Strategy

3. The progress on the action plan priorities will be reported to the emotional wellbeing sub group of the Children's Trust Board. The sub group is chaired by the PCT and has representation from PCT and DCE and other key providers.

Further reports on activity and milestones achieved will be reported to the Children's Trust who as the body with overall responsibility for commissioning services, will seek reassurance that there is good and effective co-ordination of resources in respect of CAMHS provision across all levels of need in order to avoid gaps or duplication of services and to achieve a flexible cross sector seamless service.

Anonymous Case Examples

4. Members of Children's Scrutiny at a meeting on 31 January 2008 requested some anonymous case examples these are attached as confidential Appendix ii, iii and iv.

Proposal

5. For Children's Scrutiny to note the progress made in respect of producing a CAMHS strategy and the action plan to deliver on this through 2008.

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Appendix i

A COMMISSIONING STRATEGY TO IMPROVE THE EMOTIONAL WELL-BEING AND MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE IN WILTSHIRE

2008 – 2011

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Introduction and background

This joint strategy on improving the emotional well-being and mental health of children and young people in Wiltshire has been developed by the multi-agency emotional well-being/mental health subgroup of the Children's Trust Board. The Group includes health and social care commissioners, education, early years, integrated youth support and voluntary sector representatives. The Strategy is a working document and will continue to be reviewed and updated over the coming 3 years.

This is the first multi-agency strategy to bring together all local work around improving emotional well-being and mental health of children and young people in Wiltshire. However, significant progress has been made over the last few years in improving support for children and young people with emotional difficulties and mental health problems, guided by national targets, the Children and Young People's Plan and a range of other strategies. Progress includes:

- Development of services to meet the Public Service Agreement target for comprehensive CAMHS (24 hour cover, access – where appropriate - for 16 – 17 year olds and access for children and young people with a learning disability);
- Developments within two of the providers of specialist Tier 3 services to introduce the Choice and Partnership Approach with the aim of reducing waiting times to access the service;
- Development of the Integrated Access System (Pathways for Troubled Children) to provide a single point of entry to specialist CAMHS with triage undertaken by teams of Senior Practitioners/Primary Mental Health Workers;
- Development of a CAMHS focussed Early Intervention in Psychosis Service.

A key principle of this commissioning strategy is that mental health is the 'business' of all agencies and a joint approach is necessary in order to improve children and young people's mental health. This strategy uses the definition from the Mental Health Foundation (1999) and defines mental health, in relation to children and young people, as being able to:

- Develop psychologically, emotionally, spiritually, creatively and intellectually;
- Initiate, develop and sustain mutually satisfying relationships;
- Use and enjoy solitude;
- Be aware of others and empathise with them;
- Play and learn;
- Develop a sense of right and wrong;
- Face and resolve problems and setbacks and learn from them.

A comprehensive Child and Adolescent Mental Health Service (CAMHS) therefore requires awareness, commitment and development across all children's services. Within this strategy, the term 'CAMHS' is taken to mean all of the services provided by all sectors which have the potential to promote emotional well-being or to support children and young people with different levels of mental health difficulties. Specialist CAMHS is the term used in the strategy to refer to the more specialised aspects of mental health services provided by the NHS.

Vision, aims and standards

Our vision for mental health services in Wiltshire is based upon The National Service Framework Standard 9. This states that:

All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.

In line with this standard, the aims of Wiltshire's CAMHS Commissioning Strategy are:

- An improvement in the mental health of all children and young people;
- Multi-agency services that promote the mental health of all children and young people, provide early identification and intervention and also meet the needs of children and young people with established or complex problems;
- Improved access to mental health care based upon the best available evidence and provided by staff with the appropriate skills/competencies.

The NSF sets out markers of good practice for comprehensive and effective CAMH provision, and our commissioning priorities are based on making progress towards meeting these markers (to fully implement the NSF by 2014).

NSF Standard 9: Markers of good practice

1. All staff working directly with children and young people have sufficient knowledge, training and support to promote the psychological well-being of children, young people and their families and to identify early indicators of difficulty.
2. Protocols for referral, support and early intervention are agreed between all agencies.
3. CAMH professionals provide a balance of direct and indirect services and are flexible about where children, young people and families are seen in order to improve access to high levels of CAMH expertise.
4. Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.
5. Child and adolescent mental health services are able to meet the needs of all young people including those aged sixteen and seventeen.
6. All children and young people with both a learning disability and a mental health disorder have access to appropriate child and adolescent mental health services.
7. The needs of children and young people with complex, severe and persistent behavioural and mental health needs are met through a multi-agency approach.
8. Contingency arrangements are agreed at senior officer levels between health, social services and education to meet the needs and manage the risks associated with this particular group.
9. Arrangements are in place to ensure that specialist multi-disciplinary teams are of sufficient size and have an appropriate skill-mix, training and support to function effectively.

10. Children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.
11. When children and young people are discharged from in-patient services into the community and when young people are transferred from child to adult services, their continuity of care is ensured by use of the 'care programme approach'.

CAMHS will continue to be developed within the overall vision for children and young people in Wiltshire. Our vision is that ALL children and young people achieve the five outcomes. This strategy will play a key role in helping to deliver our vision, since mental health difficulties are likely to have a significant impact (directly or indirectly) on the likelihood of children and young people meeting the Every Child Matters outcomes as set out in the table below.

Be healthy	Mental health is a key part of being healthy, and physical health may also be adversely affected by mental health disorders
Stay safe	Resilience and good mental health help to protect from harm and conversely mental health disorders increase vulnerability
Enjoy & achieve	Mental health disorders can hamper achievement in all areas of development, including educational development – behaviour, emotional and social difficulty (BESD) is a significant category of special educational need
Make a positive contribution	Mental health disorders can inhibit children and young people from making a positive contribution and behavioural disorders can find expression in anti-social behaviour. Levels of mental health disorder are high amongst young offenders – almost 40% of those involved in offending have some kind of mental health disorder (personality disorders, neurotic disorders, alcohol and drug misuse, self-harm and/or psychosis)
Achieve economic well-being	Mental health disorders can affect achievement of economic well-being by inhibiting educational achievement and readiness for employment

Strategic priorities

In developing this strategy, we have updated our needs assessment and assessed our current practice and services against the NSF markers of good practice.

Our priorities are reflected in our Children and Young People's Plan for 2008 – 2011 which sets out 'What's going to be different?' in terms of supporting emotional well-being and overcoming emotional and behavioural problems. Our key aims are that:

- More children and young people will receive effective preventative support;
- More children and young people with emotional and behavioural and other mental health problems will have their needs effectively met by local, community-based services;
- Children and young people requiring the help of specialist CAMHS will have equality of access and reducing waiting times.

Service development priorities

- To continue to focus on promoting emotional well-being/building resilience.
- To implement the recommendations of the recent review of Wiltshire's Pathway for Troubled Children.
- To sustain and build on progress made to meet the PSA targets for comprehensive CAMHS – 24 hour cover, full range of CAMHS for children and young people with learning disabilities, access to CAMHS for 16/17 year olds where this is appropriate to their difficulty/level of maturity.
- To move from 3 providers to a single provider of specialist CAMHS (Tier 3) for Wiltshire's population of children and young people delivered in line with a clear service specification.
- To improve access to and value for money in Tier 4 services and reduce the number of children and young people inappropriately admitted to general paediatric or to adult mental health wards due to mental health difficulties.
- To have a clearer focus on children and young people with very challenging behaviour, particularly those who are young offenders, 'looked after' or at risk of becoming 'looked after'.

Underpinning developments

- To make progress on increasing the participation of children, young people and families to influence service delivery (this needs to become part of the way we work – for example, through use of the CAPA model within the specialist CAMH service).
- To move further towards joint and co-ordinated commissioning of mental health services, informed by a better understanding of effectiveness at all tiers.
- To ensure that the mental health needs of children and young people from black and minority ethnic groups are addressed at all levels of service provision.

The Executive of the Wiltshire's Children's Trust Board will establish robust monitoring arrangements to ensure that the strategic priorities are delivered in line with the agreed Action Plan outlined in the next section.

Action plan to achieve strategic priorities 2008 – 2009

Strategic priority	Steps to achieve	Responsibility and timescales	Link with other strategies
1. Continue to focus on promoting emotional well-being/resilience	Ensure that children and young people are included in Wiltshire's mental health promotion strategy	Julia Cramp/Liz Norris April 2008	Mental Health Promotion Strategy
	Links with Early Years Strategy Group on importance of infant mental health services and promoting secure attachment through parenting and early years initiatives (and role of specialist CAMHS, including potential for joint commissioning)	Julia Cramp/Sue Nield Report back to EWB/MH sub-group September 2008	
	Links with emotional literacy agenda within schools, eg, SEAL, anti-bullying, role of EPs	Fiona Boxley-Lang Report back to EWB/MH sub gp June 2008	Behaviour and Attendance Strategy/Anti-bullying Strategy
	Clearer links with the Healthy Schools Programme around 'emotional well-being' component	Julia Cramp/Richard Palmer June 2008	
	Overview of work of Extended Services and links with emotional well-being agenda	Julia Cramp/Extended Services Coordinator Report back to sub gp June 2008	
	Overview of implementation of parenting strategy and potential role of specialist CAMHS	Julia Cramp/ Gill Hanlan Initial discussions April 2008	Parenting Strategy

Strategic priority	Steps to achieve	Responsibility and timescales	Link with other strategies
2. Implement the recommendations of the recent review of Wiltshire's Pathways for Troubled Children.	Appoint a Manager for Senior MH Practitioners/Primary Mental Health Workers	Heather Clewett/ Val Scrase Summer 2008	
	Implement sessional approach to set aside time for training/support to Tier 1	Heather Clewett/ Val Scrase Summer 2008	
	Consider school clusters/staff linked with clusters and how their skills could be used to support schools around emotional/behavioural issues	Heather Clewett/ Mark Brotherton/ Jimmy Doyle/ Julia Cramp Report back to sub group December 2008	Behaviour & Attendance Strategy SEN Strategy
3. Sustain and build on progress to meet the PSA target for comprehensive CAMHS	<div>16 – 17 Year Olds</div> <ul style="list-style-type: none"> • Ensure all publicity/leaflets on specialist CAMHS detail revised eligibility criteria around 16 /17 year olds • Closer collaboration with the developing Services for Young People to provide wider access to CAMHS provision, particularly for hard-to-reach adolescents • Monitor use of specialist CAMHS by 16/17 year olds • Assess out-of-hours service's ability to meet needs of 16/17 year olds • Review relationships with AMHTs and use of the Care Planning Approach 	Julia Cramp/Richard Parker Report back to sub gp September 2008 and March 2009	13 – 19 Strategy Transition Strategy

Strategic priority	Steps to achieve	Responsibility and timescales	Link with other strategies
	Learning Disability <ul style="list-style-type: none"> Benchmark progress in developing CAMHS for LD against DOAS resource pack Audit use of specialist CAMHS by children and young people with LD Development of ASD and ADHD pathways (particularly integrated assessment and support services) 	Julia Cramp/Fiona Boxley-Lang/Phil Ward Report to sub gp December 2008	SEN Strategy
	24 Hour response <ul style="list-style-type: none"> Monitor use of liaison and out-of-hours services. Assess issues with current service model. Work with AWP to implement revised service model. Review progress with pilot Liaison post at Great Western Hospital. 	Julia Cramp Report back to sub gp September 2008	
4. To move from 3 providers to a single provider of specialist CAMHS (Tier 3) for Wiltshire's population of children and young people delivered in line with a clear service specification.	<ul style="list-style-type: none"> Consult with B&NES and Swindon commissioners on potential for joint procurement project Appoint Project Lead Set up tendering process Develop service specification for discussion with existing providers 	Julia Cramp in liaison with Project Lead Report back to sub group in June and December 2008	

Strategic priority	Steps to achieve	Responsibility and timescales	Link with other strategies
5. To improve access to and value for money in Tier 4 services and reduce the number of children and young people inappropriately admitted to general paediatric or to adult mental health wards due to mental health difficulties.	<ul style="list-style-type: none"> • Establish baseline numbers of under 18s inappropriately admitted to general paediatric or adult mental health wards • Consider recommendations of SW Tier 4 review and whether Marlborough House is likely to be able to meet need for emergency beds in future. • Develop joint commissioning strategy with Swindon and Gloucestershire PCTs around tier 4/highly specialised services 	Julia Cramp in liaison with neighbouring PCT Commissioners Report back to sub group in September 2008	
6. Clearer focus on children and young people with challenging behaviour	<ul style="list-style-type: none"> • Establish links between specialist CAMHS and Education Support Services (children at risk of permanent exclusion) • Establish links with Substance Misuse Joint Commissioning Group • Audit of which services are in contact with young people with challenging behaviour, including analysis of numbers and needs of young people at risk of entering care or being placed away from home due to offending • Link with Parenting Support work on setting up parenting programmes for conduct disorder as recommended by NICE • Assess extent of work undertaken by 3 specialist CAMHS providers with looked after children/young offenders 	Julia Cramp/Heather Clewett/Shannon Clarke/Ian Langley/Gill Hanlan Initial discussion at April 2008 meeting of sub gp	13 – 19 Strategy, Youth Offending Strategy, Placements Strategy for Looked After Children, Commissioning Strategy for LAC

Underpinning developments	Steps to achieve	Responsibility and timescales for reporting	Links to other strategies
1. To make progress on increasing participation of children, young people and families to influence service delivery	<p>Ensure CAPA is implemented across 3 specialist CAMHS providers.</p> <p>Consider use of comments boxes in Primary Mental Health Service/specialist CAMHS</p> <p>Encourage all services/disciplines providing mental health support across agencies at all tiers to assess progress on participation using a resource such as 'Hear by Right' or applying for Children's Society Charter Mark</p>	<p>Julia Cramp/Heather Clewett/David Whewell/Liz Garrett Report to sub group in September 2008</p>	Voice and Influence Strategy
2. To move further towards joint and co-ordinated commissioning of mental health services, informed by a better understanding of effectiveness at all tiers	<p>Identify spending across PCT/LA on different levels/types of mental health support</p> <p>Assess potential for setting up a pooled budget to be accessed through Joint Complex Needs Panel</p>	<p>Julia Cramp/Heather Clewett/Jimmy Doyle/Liz Williams Report to sub group in Dec 2008</p>	Commissioning Strategy for LAC SEN Strategy
3. To ensure that the mental health needs of children and young people from black and minority ethnic groups are addressed at all levels of service provision	<p>Audit recording of ethnic status across PMH service and specialist CAMHS</p> <p>Review current access to services for children and young people from BME groups</p> <p>Commission awareness and training programmes to raise cultural competencies within comprehensive CAMHS (as part of other BME initiatives wherever possible).</p>	<p>Julia Cramp/Heather Clewett/Maggie Dorsman (EMAS) Report to sub gp March 2009</p>	Equality Action Plan

Appendix 1 – Policy context for developing commissioning intentions

The national policy framework is a strong driver for transformation of the way that children's services are delivered, and promotes opportunities for a more integrated and collaborative approach to improving the mental health of children and young people in Wiltshire.

Every Child Matters: Change for Children, underpinned by the Children Act 2004, and the National Service Framework for Children, Young People and Maternity Services provide the key policy drivers for developing a joint commissioning strategy through recognition that commissioning of CAMHS is inescapably a multi-agency activity. The national modernising agenda and public sector reform further requires that an effective commissioning strategy is based on needs assessment and delivers cost effective services that are outcomes-focused and informed by user need and choice.

Every Child Matters and children's mental health

Every Child Matters is intended to stimulate integrated working to support every child, whatever their background or circumstances, to achieve 5 key outcomes:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

All of these outcomes in themselves are both dependant on, and contributors to good mental health and it therefore follows that the CAMHS commissioning strategy will need to take account of the full range of agencies that are in a position to contribute to the mental health and well being of our children and young people by working together to deliver these outcomes.

A further key theme of Every Child Matters is that children, young people and their families should have far more say about issues that affect them and the services they receive. The CAMHS commissioning strategy will therefore need to promote ways of working which place the child or young person at the centre of service design and delivery.

The National Service Framework for Children, Young People and Maternity Services

The NSF, published in 2004, is a ten year programme of reform to stimulate improvement in children's health by setting out eleven standards for high quality health and social care. All of the standards have the potential to impact upon the mental health of children and young people. However, Standard 9 specifically covers the mental health and psychological well-being of children and young people and is the key standard which will shape this commissioning strategy.

Additional influencing policies

In the past few years, a number of policy documents have been published by central government that have an impact on child and adolescent mental health services. These are:

- Youth Matters
- The White Paper on Looked After Children (Care Matters)
- Children's Workforce Strategy
- Commissioning a Patient-Led NHS
- Healthy Schools, Healthy Children

In addition to these policies, the National Public Service Agreement for developing a comprehensive CAMHS by December 2006 will continue to have an impact on service development.

Appendix 2

Mental health and psychological well-being – an assessment of need amongst children and young people in Wiltshire

Introduction

The National Service Framework for Children, Young People and Maternity Services set out the standards and milestones for improvement in Child and Adolescent Mental Health Services (CAMHS) and highlights the need for a commissioning strategy based on a multi-agency needs assessment. This needs assessment has been developed to inform service commissioning and planning as part of the ongoing strategy development work in Wiltshire.

A range of information is available about average prevalence rates of mental health difficulties and risk and resilience factors. It is therefore possible to provide broad estimates of the likely numbers of children and young people with mental health problems within Wiltshire's local population. In addition to considering this epidemiological information, a limited amount of information is available on service activity and the needs and views of particular groups of children and young people locally and other stakeholders.

This is not an exhaustive picture and it is recognised that more work will be required to develop use of local intelligence to build a more detailed profile of need.

Estimates of the numbers of children with significant mental health needs

Mental health disorders include:

- **Conduct disorders** characterised by awkward, troublesome, aggressive and anti-social behaviours;
- **Emotional disorders** such as anxiety, depression and obsessions;
- **Hyperactive disorders** involving inattention and over-activity.

The table below provides an estimate of the approximate numbers of children and young people with a mental health disorder at any given time (based on national prevalence rates). There is no reliable data for the prevalence of mental health disorders in children aged under 5, as formal diagnosis at this age is uncommon for all but the most severe developmental disorders. There is a growing body of evidence that suggests the experiences of early years are significant for later psychological well-being.

Type of disorder	Boys (5-16)	Girls (5-16)	Total (5-16)
Conduct disorders	2020	870	2890
Emotional disorders (depression and anxiety)	1120	1240	2360
Being hyperactive (ADHD)	660	120	780
Less common disorders (ASD, eating disorders, tics)	180	240	420

However, it is likely that the overall numbers will be lower than the national average in Wiltshire because higher prevalence rates for mental disorder are linked with deprivation factors such as household tenure, income, social class and economic status. Wiltshire is a generally affluent area overall with only relatively small pockets of deprivation.

Conduct disorders are the most common type of mental health difficulty. Several studies show strong unfavourable correlations between childhood conduct disorder and qualifications/employment, relationships, health and disability in adult life. A three year follow up study looking at the persistence of disorders carried out by ONS showed that 43% of children assessed as having a conduct disorder were also rated as having a conduct disorder three years later (compared with a quarter of children of children continuing to have an emotional disorder). Several child, family, household and social characteristics were associated with persistent conduct disorders, including having special educational needs, the mother's mental health and whether the child was frequently shouted at.

During work undertaken locally to develop a care pathway for troubled children and young people (those with emotional and behavioural difficulties), staff from a range of agencies talked about the difficulty of trying to support children and young people with challenging behaviour. Recent figures from the Special Educational Needs database suggest that there are about 300 children and young people attending Wiltshire schools with statements of SEN related to behavioural, emotional or social difficulties.

The needs of specific groups of children and young people

Looked after children

There is substantial evidence that looked after children are at greater risk of mental health problems than other young people. ONS (2003) reports that 45% of looked after 5 – 17 year olds had a mental health disorder. In Wiltshire there are about 340 looked after children (some under 5 years of age) equating to around 130 children and young people who will experience some type of mental disorder. One of the biggest challenges is in providing services for conduct disorders for looked after children. Although each of the 3 local specialist CAMHS providers prioritise looked after children, there is often a need for very intensive psychotherapeutic support for disordered attachment and this is generally beyond what can be provided within local services.

Learning disability

Children with learning disabilities are more likely to suffer from mental health problems (Mental Health Foundation, 2002) – 40% suffer from some form of mental health disorder and the incidence is higher among those suffering from severe learning disabilities.

Estimation of the prevalence of learning disability is problematic and should be treated with caution. One study (Emerson & Hatton, 2004) estimated that 2% of the total population has a learning disability. In Wiltshire, this would mean that about 1,630 children and young people aged between 5 and 19 would have a learning disability.

On the basis of a 40% prevalence of mental health problems associated with learning disability, there is likely to be around 650 children and young people in Wiltshire with a learning disability and mental health difficulties.

We do not have a specialist CAMHS/LD service in Wiltshire, although there is some limited Psychiatrist time within the specialist CAMHS services from professionals with specific experience and expertise in learning disability. There will be a need to help develop skills amongst other professionals within the specialist CAMHS team to provide support to children and young people with moderate – severe learning disabilities and to use the network of specialists available, such as Children's Learning Disability Nurses, to provide appropriate CAMHS support for these young people.

Young offenders

It is well established that young offenders are a vulnerable group with complex psychosocial, physical and mental health needs. 40% of young offenders have a diagnosable disorder. There is a high correlation between conduct disorder and young offending – it is estimated that over 90% of persistent offenders had conduct disorder as children. In Wiltshire, it can be estimated that there are around 300 young offenders with mental health disorders at any given time. There are 2 specialist mental health workers based in Wiltshire's Youth Offending Service and links with specialist CAMHS teams are improving.

Black and minority ethnic children and young people

Ethnicity is a known risk factor for mental health disorders, often as a result of racism or bullying. Ethnicity data for Wiltshire shows that the majority of children and young people aged 0 - 19 living in the county are of white British origin (96.1%). The next largest group are of mixed race (1.5%). The changing pattern of migration for employment reasons from an expanded European Community means that there is likely to be an increase in the numbers of 'White, Other' families entering Wiltshire. This has already been demonstrated by an influx of Polish workers and their families.

Whilst it should be possible to identify the number of children and young people from black and minority ethnic groups who access specialist CAMHS, these fields are not always completed in patient data systems.

The provision of services at different levels

The scope of an effective CAMHS strategy ranges across preventive services (including mental health promotion) to highly specialised mental health treatment (eg, in a day or inpatient unit).

Generic and primary services (including prevention)

Universal services have a key role to play in both mental health promotion and recognising and responding early to mental health difficulties. In Wiltshire, there are a number of separate initiatives around promoting emotional well-being and good mental health, many developed within Children's Centres and within schools. For example, the SEAL (Social and Emotional Aspects of Learning) Programme is being run in many primary schools and is now beginning to be implemented in secondary schools, and there are a number of interventions aimed at improving parenting. The challenge for services locally is to bring the various strands of work together around promoting good mental health.

There is robust evidence for the effectiveness of specific interventions to promote the mental health of children and young people and a number of studies are beginning to calculate the economic cost of failing to address early signs of emotional problems in childhood.

Within generic and primary services, there is a particular need for general awareness training around mental health, eg, recognising common problems and when to refer on, etc. The need for this is backed up by a study (Ford, Hamilton, Meltzer and Goodman, 2005) of the prevalence of public sector contacts for child and adolescent mental health problems among British school children which showed that parents whose children have mental health disorders seek help from a variety of professionals and often from more than one service. The professionals most commonly approached are:

- Teachers (40%)
- Primary health care professionals (30%)
- Specialist educational professionals, such as educational psychologists (25%)
- Specialist CAMHS (25%)
- Paediatrics (13%)
- Social Services (13%)

This demonstrates the importance of non-specialist CAMHS staff being supported to recognise mental health difficulties and understand how to access support for children and young people.

Targeted input (prevention – intervention) – locality based CAMHS across agencies

For pre-school children, there are a number of services providing some support related to emotional well-being and potential mental health difficulties. These include Health Visitors, Early Years Area SENCOs available to provide advice and support to all early years settings when there is concern about young children and School Start. For school aged children, School Nurses, Educational Psychology, Education Welfare and Behaviour Support Services all provide some mental health support and identification of more severe mental health difficulties for onward referral.

For older children, the Connexions Service (now part of the Youth Service) have specialist advisers and there are specialist mental health workers within the Youth Offending Teams.

Some services work across all age groups, such as Children's and Families Social Care teams, Paediatricians and Children's Learning Disability Nurses.

Alongside these statutory services, there are a number of voluntary agencies that provide counselling services within Wiltshire, such as Off The Record and Relateen.

Again, there is a need to ensure that these staff can work together in an integrated way to make the best use of available staff resources.

Specialist CAMHS

Access to specialist CAMHS is through the Wiltshire Pathways Service (a Primary Mental Health Service). Pathways aims to ensure that children, young people and their families get the right service to meet their needs. The Service diverts unsuitable referrals and provides some direct intervention (thereby protecting the resources of specialist CAMHS and reducing waiting times).

A recent review of the pathways service provides an analysis of referrals for the calendar years 2006 and 2007. This analysis shows that:

- About 2% of Wiltshire's children and young people are referred to the Pathway service (18.6 per 1000 aged 0-17 in 2006, 20.5 per 1000 in 2007).
- Within this overall figure, there is significant geographical variation among the four areas (range 15.0 – 22.2 per 1000 in 2006, and 17.2 - 24.9 per 1000 in 2007). The spread of 45-50% is wider than can be accounted for by differences in need.
- There were about 10% more referrals in 2007 than 2006, but again there was wide geographical variation (from an increase of over 20% to a decrease of 6%).
- Rather more than half of all referrals come from GPs, and over 70% in total from health professionals.
- Other sources make fewer referrals: schools, 6-7%; social workers about 5%; parents and carers about 4%. Educational psychologists and educational welfare officers make almost none.
- Rather less than half the referrals to the Pathway service – just under 1% of all children and young people - were referred on to specialist CAMH services (9.1 per 1000 aged 0-17 in 2006, and 9.0 per 1000 in 2007).
- Most of the referrals to specialist CAMHS were made directly, but up to 15% were made after an assessment or intervention by the Pathway service.
- The geographical variation in rates of referral to specialist CAMHS is even wider than the spread of Pathway referrals, and was greater in 2007 than 2006 (range 7.0 – 13.7

per 1000 aged 0-17 in 2006, and 5.4 – 13.0 per 1000 in 2007). The upper figure in each year was for referrals to the CAMHS provider that offers a combined Tier2/Tier 3 service.

This analysis suggest that more work needs to be undertaken with schools and education support professionals to link them into the Pathway service. Whilst the number of referrals is increasing, national estimates suggest that about 3% of children aged 0 – 17 need referral to Tier 2/3 CAMHS each year and for Wiltshire in 2007 this figure was 1.6% (0.9% to specialist CAMHS and 0.7% retained by the Pathways service).

With regard to waiting times for specialist CAMHS, there is a mixed picture. Whilst several services are reducing waiting times, in some parts of Wiltshire waiting times are lengthening (according to the 06/07 CAMHS mapping exercise) with increase percentages of cases waiting more than 13 weeks for their first appointment. There is a need to implement a demand/capacity model, such as CAPA to reduce waiting times across the specialist services to meet local targets and to ensure equity of access.

Highly specialised outpatient teams and inpatient units

These are essentially tertiary services such as day units, highly specialised outpatient teams and inpatient units for older children and adolescents who are severely mentally ill or at risk of suicide. In Wiltshire, we use Marlborough House in Swindon (as part of a joint commissioning arrangement with other local PCTs), and a range of independent sector providers. The number of placements being made in the independent sector has increased recently and work is needed to develop a commissioning strategy for highly specialised placements. This will need to be linked with the local authority's work on developing intensive foster care placements. There is national pressure to stop the inappropriate placement of under 18s in adult mental health wards (following the report 'Pushed into the Shadows' produced by the Children's Commissioner). The commissioning strategy needs to ensure that there is capacity to make emergency placements outside adult mental health wards where such an admission would be inappropriate.

Views of stakeholders

During the development of the Wiltshire Pathways Primary Mental Health Service, a great deal of work was done on gathering the views of a range of stakeholders.

Key messages from this work were:

- Identification of a child's needs is often a response to the emotional and behavioural difficulties that they display – rather than the underlying problem. Behavioural difficulties are more likely to prompt a response than emotional problems.
- Children and young people may be most effectively helped by promoting the development of resilience (including the promotion of self-esteem) and a capacity to manage their emotions appropriately (Emotional Literacy).
- Parents may need help and support with developing their parenting skills and, specifically, establishing routines and managing their children's behaviour. They may want better coping skills and help to be more effective problem solvers.

User views

What parents and children had to say:

"I got a lot of help when I had trouble with my partner getting violent."

"I didn't know where to go for help."

'It seems easier to go under than fight for what you need'

"I would have liked it if the teacher could have helped me [over the bullying]." - Child

"There is a lack of information about possible support services and not enough advertising of entitlements"

"I didn't know where to go for help."

"I want people to be nice and I want people to listen to me". - Child

The reports from the first round of Pathway Task Group meetings were made freely available to anyone with an interest in children's services (and more than 1500 copies were distributed largely to service providers in Education, Health, Social Services and the voluntary sector). Meanwhile, a range of individuals and organisations (e.g. family centres) in touch with children and young people and their parents were invited to give potential users an opportunity to discuss the topics and send in their ideas and comments. In the event, three (out of four) family centres took up the invitation to consult with their users and held a total of five consultation sessions. There were four sessions with parents in a family centre and one with children. Two sessions took place during the normal weekly Drop-In. Children were cared for in the crèche whilst the parents joined in an informal discussion on the topics provided. Another one involved parents with disabled children. The children's session was specially designed.

Key messages on what users said they wanted:

- Easily accessible information enabling informed choices
- To be listened to – including listening to children's views
- To have somewhere to go when help is needed
- Not to be passed from pillar to post
- To be respected
- One place where access to all agencies is available – without having to travel great distances
- Someone to DO something
- To have concerns about bullying taken seriously

Views of children and young people who are looked after

Top Ten Ideas

Messages from young people about how mental health services could be improved.

1. Telephone Helplines

We want more specialist Telephone Helplines for young people. These need to be clearly based in local areas. We think it is important that these Helplines should be familiar with what is available locally and not be fazed by different accents. They should be available during the evening and at night time.

2. A place to go

We need the creation of more places in the community which young people can go to when they feel in need of help and support. These need to be informal; open in the evenings; comfortably furnished; somewhere you can feel relaxed and chill out. They should not be like a doctor's surgery. They should be somewhere you can sit and relax.

They would need to employ skilled staff to see young people. These would need to be people who like young people and who can communicate well with them.

3. Separate services

We need specific services for young people aged 15-25 years. We should not be forced to go onto an adult ward with mainly older patients who have often been ill for a long time. That is not good for our mental health.

4. Complementary treatments.

We don't want tablets as the only response. We would like the opportunity to try alternative therapies - like massage, aromatherapy, Chinese medicines and other things.

5. Waiting lists

We often get stuck on long waiting lists for services. This can make us very angry. We need a more speedy response. Services should try to fast-track appointments where necessary.

6 Choice of worker

We would like to have the opportunity to choose the worker we get - we want to make sure it is someone we feel comfortable with. We would like in particular to be able to choose whether we see a man or a woman.

We have met lots of good workers in statutory services. We would like to see more recognition of examples of good practice, and some guidelines about what kind of response young people in particular need. You can't assume that a worker who is skilled at working with adults is going to be good at communicating with young people. Warmth and friendliness are as important as qualifications.

6. Training of staff

We would like to be involved in the training of staff - especially front line staff like Accident and Emergency nurses, psychiatrists, CPNs, GPs and the police. We could help them think about how not to be patronising or dismissive. We often hear staff say they would like to help but that they don't know how to relate to young people.

8. Accident and Emergency Departments.

We want to stress the importance of Accident and Emergency Departments at points of crisis in our lives. Too often young people have to wait for ages on their own in the waiting room. There should be someone to sit with you while you wait. We would like to

see smaller waiting areas for anyone who feels vulnerable. We believe that every young person who attends Accident and Emergency after self harming, or after a suicide attempt, should be given a referral to a specialist young person's service which is based in the community. This should be a rule that staff must follow.

9. Peer Support

We believe that young people can help each other more than professional workers realise. We should be able to receive training and support to help us to do this. We like the idea of a Youth Network and think that this would be useful in schools and youth clubs. We think there is an urgent need for more help to be offered in schools for pupils who are under stress and who may be heading for mental ill-health. Schools in general need to be more aware of mental health issues and recognise the role that peer support can play.

10. Crisis services

Workers and projects need to be careful about how they use the word crisis. We think it is an old-fashioned word and not always very helpful. It can make some young people feel that the stress that they are experiencing is not important enough to get attention. It should only be used to describe situations which appear to have no way out.

Summary

This broad needs analysis suggests that Wiltshire needs to:

- Assess how best to provide support for children and young people with conduct disorders/challenging behaviour.
- Ensure that we can sustain progress on the proxies for a comprehensive CAMHS.
- Bring together the various strands of work around promoting good mental health.
- Implement the recommendations of the recent review of the Pathways Service.
- Ensure that all children and young people have equal access to specialist CAMHS.
- Develop a strategy for Tier 4 placements, with plans put into place to prevent inappropriate use of adult mental health wards for under 18s.