

Child and adolescent mental health in City and Hackney

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I will cover

1. Services available and how to access them.
2. Who is being referred?
3. Who are we missing?
4. Why does this matter?
5. What can we do about it?



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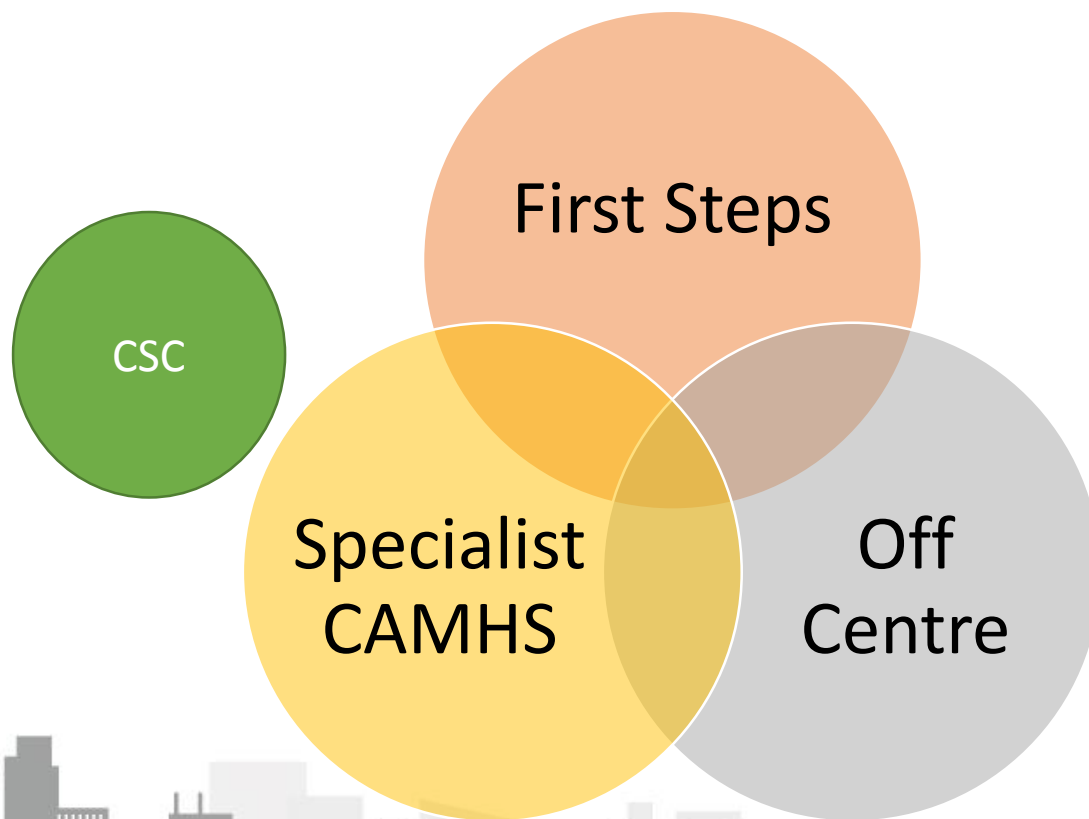
Services locally available

- First Steps: mild/moderate issues. **Self/school referral (20% total referrals from education)**
- Specialist CAMHS: more severe issues. **School/GP referral.**
- Child disability: ASD clinic. **School/GP referral**
- Off Centre: 14-25yrs- information, counselling. **Self/school referral**
- Teens and Toddlers: specific interventions for high risk YP. **School based**
- Family Liaison: based in schools. See whole family. **School/self referral**
- Space2Be: counselling. **School referral**
- A space: counselling. **School referral**
- Social worker in schools project. **School referral**
- **What this should mean is that no-one is “below threshold” for some kind of mental health help**



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The CAMHS Alliance



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Alliance requirements

- A single point of entry- no wrong door.
- 90% referrals seen within 5 weeks
- Outcome measures used- how effective is input by providers?
- Training and service user input
- Specific waiting times- eg Eating Disorders: 2 week wait from April 16.
- Single assessment process – limiting need to retell story.
- Children's social care to join as partner



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Who are we missing?

- Persistent behaviour issues (at risk of exclusion)
 - 35% in one study met criteria for ASD (Donno et al 2010 BJPsych)
- “The quiet ones”
 - SNS data showed 15/75 year 7 children scored high on emotional scale of SDQ. 33% tested had some need identified. (James Bourne, personal communication)
- BME data
 - ratio of children accessing MH services similar until adolescence- then diverges, with black YP much more likely to be on exclusion/youth offending pathway. (Local Authority work on young black men 2015)
- Attainment and attendance
 - Probably most effective intervention to improve would be to measure wellbeing and help.
- Early eating disorder: the dieters



School can

- Promote mental health and emotional wellbeing
- Prevent (many) problems from escalating to the point where they require specialist intervention
- Intervene early – in the life of the child and/or the emergence of a problem
- Make a positive difference to the lives of children
- Be aware of **severity and persistence** – how big an impact on daily functioning and for how long?



School cannot

- Do it all on their own
- Be effective unless the emotional wellbeing of the whole school community (parents, students and staff) is seen as part of the 'core business'
- Undo all the bad things in children's lives
- Provide instant solutions or quick fixes to entrenched problems (although there may be quick wins)
- Be neutral



Teachers or support staff?

- “Teachers often feel unable to discern between mental health problems and emotional/behavioural difficulties”
- “Teaching assistants and learning mentors are well placed to assist with the early identification of pupils with mental health problems”

(NASUWT: Identification and management of pupils with mental health difficulties)



The kinds of things schools can do locally.

- At least one trusted adult, with regular access over time, who lets the pupils they ‘hold in mind’ know that they care (business as usual!)
- Preparedness and capacity to help with basics i.e. food, clothing, transport, and even housing (Family liaison workers?)
- Making sure vulnerable pupils actually access activities, hobbies and sports (Five to thrive)
- Help to map out a sense of future ,hope and aspirations. (business as usual)
- Helping pupils to cope – teaching self soothing or management of feelings (Five to thrive)
- Support to help others e.g. volunteering, peer mentoring (Five to thrive)
- Opportunities for pupils, staff and parents to understand what resilience is and how they might achieve it for individual students and the whole school community (Five to thrive)



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Specific Hackney issues

- Gangs: (95% members are black.) Gangs Unit estimates that 40% have mental health issues- often complex trauma- but “hard to engage”
- Conduct disorder: can be treated- and saves money. Estimates predict we are only treating 25% of treatable children.
- Increasing self harm: varies from mild to severe- a symptom of distress rather than a diagnosis
- High rate of exclusions: what % have specific learning difficulties?
- Eating disorders- probably under-diagnosed, especially Bulimia
- Early years: specific issues with some BME groups?



Ideas- what to do next.

1. Named mental health lead for contact
2. Map what schools are buying/what we provide
3. Offer menu of evidence based interventions that schools can buy/refer to.
4. Consider NICE and PHE guidance- start measuring.
5. Evaluate FWs (CCG funded) and SWS (social care funded)
6. Whole school approaches eg Five to Thrive
7. Parenting groups/Solihull training.
(www.Solihullapproachparenting.com)
8. Exclusion pathways: measure all children.



The Hackney system

Specialist help- CAMHS, ASD, CSC
Better join up of providers through
Alliance.

MH intervention needed- family work,
First steps, school counselling, groups.
Schools measuring wellbeing in selected
groups. Exclusion pathways.

Social and emotional
issues/wellbeing/family/behaviour. Whole
school approach/PHSE/Mindfulness/MH
first aid/Five to thrive



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Available resources

- Five to thrive lesson plans: contact Sorayah
 - Sorayah.Anderson@family-action.org.uk
 - For logo/banner www.fivetothrive.net
- MindEd:
 - <https://www.minded.org.uk/>
- Training offers: Twilight sessions, Mindfulness, group work
- Pathways cross- agency
 - Eg ASD see example
- 16yr mental health fact sheet: contact Jairzina
 - Jairzinaweir@nhs.net



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5 To Thrive



• **5 to thrive** refers to five simple things that you can do to improve your mental health and wellbeing. They are evidence based ways and do not require prior training or expertise. The five ways are:

• **CONNECT:** With people around you, family, friends, colleagues and neighbours. At home, work, school or in your local community. Building these connections will support and enrich you every day.

• **BE ACTIVE:** Exercising makes you feel good. Go for a walk or run, cycle, garden, dance. Most importantly, find a physical activity you enjoy and that suits your level of mobility and fitness and make it part of your life.

• **BE MINDFUL:** be more aware of the present moment, including your feelings and thoughts, your body and the world around you. This awareness can be called "mindfulness", and it can positively change the way you feel about life and how you approach challenges.

• **KEEP LEARNING:** Learning new skills can give you a sense of achievement and a new confidence. Try something new. Sign up for that course. Fix a bike. Learn how to cook your favourite food.

• **HELP OTHERS:** Giving your time and being kind can be very rewarding, boosts your mood & **increases your wellbeing**. Do something nice for a friend. **Volunteer**, Join a community group.



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Hackney Pathway for the identification, diagnosis and support of Children & Young People with social communication difficulties

Needs identified by family, setting, professional(s)

Already known to Specialist CAMHS, Homerton Row

SEN Support - Plan devised in consultation with family:

- Access to Local Offer
- Reasonable adjustments made
- Person Centred Planning undertaken
- One page profile
- Professionals offer training where appropriate e.g. Makaton



Multi-Agency Referrals (MARS) attended by Health, Education & Social Care reps to ensure connection with EHC Needs Assessment Pathway

Diagnostic Assessment Pathway

Cases taken to clinicians meeting

Up to 13 to Hackney Ark or 13+ with significant learning needs

13+ Specialist CAMHS, Homerton Row

Feedback to family, referrer & school on outcomes including appropriate assessment route/pathway so request for EHCP can be considered

Multidisciplinary assessment (including possible input from EP as part of a more holistic assessment gathering information across contexts) following NICE guideline recommendations

1. SEN Support Review (TAF): current plan reviewed in light of feedback and decision to request Education Health Care Plan (EHCP) considered OR

2. SEN Support Review (TAC): current plan reviewed in light of feedback and decision to request Education Health Care Plan (EHCP) considered if process not already underway

Diagnosis & EHCP

Diagnosis & SEN support (no EHCP)

No diagnosis & EHCP

No diagnosis & SEN support (no EHCP)

Intervention

- Generic**
- Access to local offer including up to £6000 to implement SEN support plan
 - Access to SLT
 - Possible access to EP

- Diagnosis**
- Generic support
 - ASD specific training
 - Family liaison
 - Early Bird/Early bird plus
 - Next steps
 - ASD support group

- EHCP**
- Generic support
 - ASD specific provision & placement where appropriate
 - Increased funding
 - Quantified prof involvement set out in legal document

SCERTS

Key
 SEN – Special Educational Needs; EHCP – Education and Health Care Plan; CAMHS – Child and Adolescent Mental Health Services; TAF – Team Around the Family; SLT – Speech and Language Therapist; EP – Educational Psychologist; SCERTS – Social Communication Emotional Regulation and Transactional Support

Mental health: How aware are you?

Are you one of the 38% who would not know how to spot a child with a mental health problem?

The MindEd Consortium – a group of mental health experts – and partners, commissioned a poll of 2,105 adults to gauge their level of knowledge and awareness of child and adolescent mental health.

Visit minded.org.uk for more information



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www.minded.org.uk



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Contact details

- First Steps: www.cityandhackneycamhs.org.uk
- Specialist CAMHS: www.cityandhackneycamhs.org.uk
- Off Centre: www.offcentre.org.uk
- Children's social care FAST team: 0208 356 5500



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