Future in Mind Evidence Base: Access to Services

Wirral Future in Mind Steering Group and Wirral Intelligence Service

July 2018

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Introduction

Future in Mind is the government's approach to improve the emotional health and wellbeing of children and young people. It was published in 2015 and calls for action on five themes:

- Promoting resilience, prevention and early intervention.
- Improving access to effective support – a system without tiers.
- Care for the most vulnerable.
- Accountability and transparency.
- Developing the workforce.

Wirral's local approach in response to this national direction and local need is set out in our annually refreshed Transformation Plan. The evidence base that underpins this work is outlined below.

Why is this important?

"….You have to fit into their paths and none of their paths fit you…"

"…Mental health isn't a one size fits all treatment, it really depends on the person…"

Quotes from young people who took part in the Future in Mind Taskforce engagement exercises (2017)

Mental wellbeing is related to, but not the same as, the absence of mental ill health. It has been defined as the ability to cope with life's problems and make the most of life's opportunities.

It is about feeling good and functioning well, both as individuals and collectively.

It is independent of mental health status: people with mental health problems can enjoy good wellbeing, while some people without a diagnosed mental health problem may find it difficult to cope with life's problems.

However, as the government report "No Health Without Mental Health" (2011) says, fewer people are likely to develop mental health problems in populations with high levels of mental wellbeing.

The definition of mental health and mental health difficulties in children and young people is a widely debated topic with many interpretations and definitions. A commonly used definition of mental health and wellbeing is from the World Health Organization: "a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". This definition reflects that mental health and wellbeing is not simply the absence of mental illness. It is influenced by an individual's experience, in addition to the circumstances they find themselves in, as well as the broader environment or society they live in.

This is particularly relevant to children and young people, as experiences in childhood have been found to have a lasting impact on a child's development and mental wellbeing that can go on into adulthood. A strong focus on children and young people's mental health can promote greater personal, social and economic benefits than intervention at other times in the lifespan.

Mental health problems in children and young people are common and account for a significant proportion of the burden of ill-health in this age range, with estimates suggesting that mental health problems affect approximately one in 10 children. This is likely to be an underestimate – this figure is from the 2004 Office for National Statistics survey and was in reference to children and young people in the age range of five to 15. There is a new prevalence study due to report in 2018.

Facts, figures, information (Wirral and beyond)

National key facts

A recent report from the Independent Commission on Children and Young People's Mental Health is the latest in a long string of research drawing attention to the poor state of Children and Adolescent Mental Health Services (CAMHS).

What do we know about these problems and what can be done?

One issue is that access is patchy – both in terms of being able to access services and the length of wait before they are seen.

Children and young people often have trouble accessing treatment, information and support for their mental health. Nearly a quarter of children referred to CAMHS are being turned away. Often the reason is that their condition is not seen to be serious enough; in some areas their referral is only accepted if the condition has a major impact on "the child's life such as an inability to attend school or a major breakdown in family relationships".

There is wide variation in how long children and young people (CYP) wait to access CAMHS. The median waiting time across all providers is one month for a first appointment and two months until start of the treatment. However, some children and young people may wait as long as six months for a first appointment and 10 months for start of treatment. Late intervention has a significant human and social – potentially irreversible – cost on the lives of children, young people and their families; it also has a financial one.

A third issue is that children, young people and their parents/carers may not know where to seek help. For example, we know that there are very high rates of self-harm in younger people yet, when in crisis, they often do not know where to seek help.

A fourth issue is that at least some conditions are becoming more common. Hospital admissions as a result of self-harm for CYP are on the rise, as are A&E attendances in under 18s with a primary diagnosis of psychiatric condition or intentional self-harm. While these increases may be a good thing – the result of more awareness and more CYP reporting and seeking care – they could also be a signal that CYP do not know where to turn when they need help early on. The 2014 Adult Psychiatric Morbidity Survey found that self-harm has been increasing over time: in 2014 one in five young adults aged 16-24 had self-harmed, with young women twice as likely as young men (25.7 per cent vs 9.7 per cent). Yet one in five respondents said that they would not know where to seek help or information in these situations.

Despite the frequent use of the internet and social media, the majority of young people said they would prefer to speak about their health problems face to face – mainly to parents/carers, followed by a doctor and friends. These findings are consistent with those of the Adult Psychiatric Morbidity Survey which shows that young people seek help after a suicide attempt in a different way to adults, who were more likely to go to hospital or a specialist service. Therefore the help available has to be based on an understanding of these behaviours and better tailored to the needs of the young.

The Green Paper Transforming Children and Young People's Mental Health Provision (2017) provides the following information:

- One in ten children aged between 5 and 16 years has a clinically diagnosable mental health problem. About half of these (5.8%) have a conduct disorder, 3.7% an emotional disorder (anxiety, depression) and 1–2% have severe Attention Deficit Hyperactivity Disorder (ADHD).
- At any one time, around 1.2–1.3 million children will have a diagnosable mental health disorder.

- Half of those with lifetime mental illness (excluding dementia) first experience symptoms by the age of 14, and three-quarters before their mid-20s.
- The rates of disorder rise steeply in middle to late adolescence. By 11–15 it is 13% for boys and 10% for girls, and approaching adult rates of around 23% by age 18–20 years.
- Self-harming in young people is not uncommon (2% of 15–16-year-olds have self-harmed according to the Office of National Statistics but 7% when looking at the child's report) but only a fraction of cases are seen in hospital settings

The prevalence data cited by the Green Paper comes from the 2004 Office for National Statistics survey; this prevalence data should be refreshed at a national level in the next year.

The Parliamentary Health Select Committee (2014) referenced findings by the Chief Medical Officer, Public Health England and NHS England:

- The Chief Medical Officer's annual report for 2012 highlighted the need for a repeat of the prevalence survey by the Office for National Statistics. It also cited evidence suggesting a rise in levels of psychological distress in young people, and in particular increasing rates of self-harm: self-harm rates have increased sharply over the past decade, as evidenced by rates of hospital admission and calls to helplines, providing further indications of a possible rise in mental health problems among young people. However, in the absence of up to date epidemiological data, it is uncertain whether there has been a rise in the rates of mental health problems and whether the profile of problems has changed. The Chief Medical Officer also highlights the strong links between mental health problems and social disadvantage, with children and young people in the poorest households three times more likely to have mental health problems than those growing up in better-off homes.
- In the Health Select Committee Report (2014) Public Health England cited other research:
    - Analysis of the British Household Panel and Understanding Society survey [2011-12] shows that the rise in children and young people's wellbeing from 1994 to 2008 has curtailed and may be in reverse. Peak onset of mental ill health is 8 to 15 years. 10% of children have a mental health issue and half of lifetime mental ill health starts by age 14.
    - The Health Behaviour of School-Aged Children Survey [2009-10] (HBCS) found that around 30% of English adolescents reported a level of emotional wellbeing considered as "low grade" (sub-clinical) poor mental health, that is they regularly (at least once a week) feel low, sad or down; this is higher among girls than boys. Also, lesbian, gay, bisexual and transgender young people (aged 16-25 years) report higher levels of mental health problems, self-harm and suicidal thoughts. They experience more verbal, physical and sexual abuse and feel less accepted by their community.
    - The Understanding Society survey results for 2011-12 suggest 85.5% of children belong to a social networking site. In England, the proportion of young people playing computer games for two hours or more a night during the week increased from 42% to 55% among boys and 14% to 20% among girls between 2006 and 2010. The same survey suggests 12.1% of children have been bullied four or more times in the last six months. In some areas more than 10% of children reported being bullied. The Tellus survey stated that one-third of pupils do not think their school is managing the problem well. ChildLine has reported an 87% rise in contacts related to online, cyber- bullying.
- Also in the Health Select Committee Report (2014) NHS England suggested that their NHS benchmarking data and audits had revealed increases in referrals and waiting times, with providers reporting increased complexity and severity of presenting problems and a consequent rising length of stay in inpatient facilities.

Specific issues facing highly vulnerable groups

Vulnerable CYP are both more likely to suffer from poor mental health and have difficulties accessing services. Future in Mind says that all children and young people may experience adverse life events at some time in their lives, but some are more likely to develop mental health disorders e.g. following multiple losses and/or trauma in their lives, as a result of parental vulnerability or due to disability, deprivation or neglect and abuse. These children, young people and their families may find it particularly difficult to access appropriate services, or services may not be configured to meet their psychosocial needs. In addition, they sometimes find it more difficult to access services they may find alienating and may have a lifestyle that is not conducive to meeting regular appointments.

A report of the Children and Young People's Health Outcomes Forum shows:

- Although effective treatments are available, only around 25% of those who need such treatment receive it.
- 11–16 year olds with an emotional disorder are more likely to smoke, drink and use drugs.
- Around 60% of Children Looked After and 72% of those in residential care have some level of emotional and mental health problem.
- A high proportion experience poor health, educational and social outcomes after leaving care.
- Children Looked After and care leavers are between four and five times more likely to attempt suicide in adulthood.
- One third of all children and young people in contact with the youth justice system have been looked after. It is also important to note that a substantial majority of children and young people in care who commit offences had already started to offend before becoming looked after.
- Young people in prison are 18 times more likely to take their own lives than others of the same age.

Visit our webpage for more information on local needs and local services of vulnerable children and young people

Local Key Facts

Data from Wirral Children and Adolescent Mental Health Services (CAMHS) in Table 1 below provides the primary reason for referral for children and young people entering the service. As of 3rd August 2017 there were 1,392 open cases with 62% coming from referrals with the presentations of anxiety, behavioural issues, emotional issues and depression. The range of referral reasons can be seen in Table 1.

Table 1: Open cases by primary reason for referral to Wirral Children and Adolescent Mental Health Services (CAMHS) as at 3rd August 2017.

Reason for referral	Number of referrals	Percentage of referrals
Anxiety	350	25%
Behavioural problems	289	21%
Emotional problems	136	10%
Depression	90	6%

Source: Wirral CAMHS operational dataset

Notes: Referral reasons include Anxiety, Anxiety/Depression, Behavioural Problems, Challenging Behaviour, Depression, DSH, Eating Disorder, Eating Disorders, Emotional Problems, Gender discomfort difficulties, Hearing Voices, Neurodevelopmental conditions, Obsessive Compulsive Disorder, Overdose, Post-traumatic Stress Disorder, Self-harm behaviours, Sleep Issues, Suicidal Thoughts, Attachment difficulties, Personality disorders, (Suspected) First Episode Psychosis, School Bullying/School Refusal, Abdominal Pain, Rehabilitation, Eating Disorder (Adults), Suspected Autism Spectrum Disorder, Unexplained physical symptoms, Bereavement Counselling.

Current activity and services

Wirral CAMHS initiative to improve Access

Advice Line

The biggest transformation so far has been the advice line, which is truly tierless, and staffed by both Primary Mental Health Workers and Specialist CAMHS workers. This supports the workforce and enables appropriate triage – including referral into CAMHS. Since its introduction there has been a 40% reduction in the number of self-harm admissions to Wirral University Teaching Hospital (WUTH). The contact details for the advice line is **0151 488 8453.**

Out of Hours Crisis Line

Cheshire and Wirral have introduced a dedicated children, young person and family telephone support, advice and triage line, available outside office hours. This is designed to improve access, speed up response times and provide the immediate, ready support and flexibility that these people need. It runs Monday to Friday 5 to 10pm and Saturday & Sunday 12 to 8pm. For Wirral there is now seamless access to immediate advice & support from 9 to 10pm Monday to Friday and 12 to 8pm Saturday & Sunday. The contact number for the Out of Hours Crisis Line is **01244 397644.**

iTHRIVE

Wirral CAMHS is a 'fast follower' site for the iThrive community of practice. The CAMHS and Early Help signposting resource uses the iThrive model as its organising principle, and the model is a central part of training rolled out by the Primary Mental Health Worker team. However, there needs to be a shared 'buy-in' across agencies to truly reflect the Thrive model.
For more information on Wirral's approach to iTHRIVE please visit our webpage and for prevention and early intervention services for children and young people.

Self-Referral

CAMHS have been accepting telephone self-referrals from parents since September 2016, but more recently there has been a downloadable referral form added to the website that people can use to refer in. CAMHS are also encouraging pre-referral discussion through the advice line (see above).

Pathways

Wirral CAMHS is working to overcome barriers by joint-working with other teams. A pilot project has been trialled between CAMHS and Response, sharing waiting lists and consulting each week to step up or step down between the agencies as appropriate. This has been successful in reducing duplicate referrals and unnecessary waits for young people. It would be possible to roll out something similar across the local area, which would require mapping and multi-agency support.

Crisis Pathways

There is a joint risk management pathway between CAMHS and WUTH. The Primary Mental Health Worker team's training programme has included a course on "Low Mood, self-harm and suicide" and will run more next year to support professionals to recognise early signs. This training can be accessed via the Primary Mental Health Team admin support **0300 303 3157.**

Eating Disorders

The Eating Disorder service operates as a hub and spoke model across Cheshire and Wirral. The service:-

- Works with all relevant agencies to ensure that services for children and young people with eating disorders and / or co-existing mental health problems are coordinated and address their individual needs, providing a holistic approach.
- Ensures that services work collaboratively with inpatients, Children and Young People Mental Health Services (CYPMHS), and universal services (local GP and school networks).
- Raises awareness of eating disorders particularly within schools and General Practice.
- Ensures that children and young people's physical health and social needs are considered alongside their mental health needs.
- Ensures that children and young people who access the service are seen in a timely manner.
- Provides a range of evidence based family and individual interventions that are NICE approved for the treatment of eating disorders and co-existing mental health problems.
- Ensures that children and young people's needs are considered in the whole with access to supplementary therapies and support where appropriate and available in the local area (e.g. Mindfulness).

Visit our webpage for more information on Wirral's approach for improving the mental health of children and young people through resilience, prevention and early intervention

What does this suggest as further action?

No health without mental health: The Mental Health Strategy highlights six key objectives:

1. More children and young people will have good mental health.
2. More children and young people with mental health problems will recover.
3. More children and young people with mental health problems will have good physical health, and more children and young people with physical ill-health will have better mental health.
4. More children and young people will have a positive experience of care and support.
5. Fewer children and young people will suffer avoidable harm.
6. Fewer children and young people and families will experience stigma and discrimination.

National intentions

Nationally there is a target for 70,000 more children and young people accessing services by 2021, which is 35% of the prevalence (the target is 32% in 2018/19 and 34% in 2019/20). Wirral CAMHS and Wirral CCG are working to achieve compliance and hope to achieve this by the completion of Q2.

There is also a national target of an additional 1,700 trained therapists. This equates to 8-9 new therapists for Wirral.

National guidelines for crisis services are expected in 2018 which will include specific targets for access, such as availability 24/7.

Future in Mind suggests the following should be done:

- Move away from the current tiered system of mental health services to investigate other models of integrated service delivery based on existing best practice.

- Enable single points of access and One-Stop-Shop services to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector.
- Improve communications and referrals, for example, local mental health commissioners and providers should consider assigning a named point of contact in specialist children and young people's mental health services for schools and GP practices; and schools should consider assigning a named lead on mental health issues.
- Develop a joint training programme to support lead contacts in specialist children and young people's mental health services and schools.
- Strengthen the links between children's mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND).
- Extend use of peer support networks for young people and parents based on comprehensive evaluation of what works, when and how.
- Ensure the support and intervention for young people being planned in the Mental Health Crisis Care Concordat is implemented.
- Implement clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care.
- Include appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and/or challenging behaviour.
- Promote implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age.
- Improve communications and referrals, for example, local mental health commissioners and providers should consider assigning a named point of contact in specialist children and young people's mental health services for schools and GP practices; and schools should consider assigning a named lead on mental health issues.

Targets for this year are included in the 2017 Future in Mind Transformation Plan. In summary these are:-

1. Continue to improve the flow of work within CAMHS.
2. Through the mapping workshops, identify any gaps in current service provision and consider how we can shape and design services to ensure children cannot fall through the gaps.
3. Ensure early identification and referral for treatment to reduce risk of need for inpatient admission.
4. Support the services to meet the new national standards for crisis care.
5. Ensure that CAMHS staff are trained in recognising the Early Intervention in Psychosis symptoms and are fully implementing the clinical pathway into the Early Intervention in Psychosis service.

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