

Newcastle Children's Trust
Child and Adolescent Mental Health Strategy
2008-2011



1. Introduction Foreword

Good emotional wellbeing is important to us all if we are to enjoy a healthy and fulfilling life. It is therefore vital that we ensure children and young people enjoy good emotional and mental health if they are to achieve their full potential.

Young people have made it clear that they would like to be treated with respect, to be free from bullying and they recognise that to be happy is to be healthy. If children and young people are to be happy in Newcastle then we have to work together to support them. This strategy highlights our shared commitment to the emotional wellbeing of children and young people in Newcastle.

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2. Background/Context

Good mental health is integral to and inter-dependent upon each of the five Every Child Matters outcome areas; be healthy, stay safe, enjoy and achieve, make a positive contribution and economic well-being. The emotional and mental well being of children and young people is a national and local priority.

The Newcastle Health Improvement Strategy published in 2007 identified improving mental and emotional well-being in Newcastle as the top priority for action. The Health Improvement Board of the Newcastle Partnership subsequently charged the Mental and Emotional Well-being Delivery Group with producing an Action Plan to deliver the four key objectives outlined in the Health Improvement Strategy.

- To reduce the stigma associated with mental ill health;
- To promote self-esteem and positive mental health;
- To prevent the development of mental illness;
- To encourage early intervention and self-help in order to prevent unnecessary distress and to prevent progression of illness.

The Child and Adolescent Mental Health (CAMH) Strategy will be a key contribution to achieving the Health Improvement strategy and close links between the two are in place.

National Service Framework for Children & Young People and Maternity Services (NSF) Standard nine 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”.

Policy context

- Together We Stand. The commissioning role and management of child and adolescent mental health services (NHS Advisory Service 1995)
- Improvement, Expansion and Reform 2003-06, with the expectation that a comprehensive mental health services for children and young people would be available in all areas by December 2006 (DoH October 2002)
- Every Child Matters and ECM Change for Children (DfES 2004)
- National Service Framework for Children & Young People and Maternity Services (NSF) (DH September 2004)
- Children’s Act 2004
- National Standards Local Action 2005/06 - 2007/08 (DH July 2004)

- Aiming High for Children with Disabilities.
- Back on Track.
- NE Commissioning Unit for Mental Health & Learning Disabilities redesign of tier 4 and Eating Disorder services October 2007
- The National Child Health Strategy is due to be published in September 2008.

NSF Standard 9:

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 multidisciplinary mental health services to ensure effective assessment, treatment and support, for them and their parents or carers.

This strategy is aligned with the Early Intervention and Prevention Strategy and aims to support children, young people and families to access services within their community. This will be achieved by local services working together, sharing information and using the Common Assessment Framework (CAF). We also recognise that young people also receive services across age groups.

Working in Localities

With a focus on early intervention and prevention, Locality working will allow organisations and agencies to work together to prevent problems and issues emerging in the lives of children and young people.

The first meetings of Locality Partnerships took place in January 2008 and represent the start of locality based arrangements for joint needs assessment, service planning, decision making and consultation through the participation of children, young people, parents and carers.

The 2006 Education and Inspections Act laid a duty on the governing bodies of maintained schools, primary, secondary, special and Pupil Referral Units, in discharging their functions relating to the conduct of the school, to promote the well-being of pupils at the school. The duty came in to effect in September 2007. Since that date, an equivalent requirement has been placed on new academies through their funding agreements. The Government's, Schools' Role in Promoting Pupil Well-being - Draft Guidance for Consultation, is due to be complete by September 2008. This consultation draft offers guidance on schools' role in promoting well-being and on the support they can expect from their local authority and other partners in the Children's Trust.

This strategy will be supported by an Action Plan to be developed through the CAMHS Partnership and Stakeholder Group.

3. Related strategies

All Children's services impact upon the emotional and mental health needs of children, young people and their families. This strategy will therefore underpin and complement all strategies relating to the provision of children and family services.

In particular:

- Commissioning Strategy for the NHS North of Tyne.
- The Darzi review Our vision, our future, our North east NHS.
- Alcohol Harm Reduction Strategy
- Anti Bullying Strategy
- Attendance Strategy
- Behaviour Strategy
- CAMHS Early Years Strategy
- Childrens Centres Strategy
- Children and Young People's Health and Physical Development
- Commissioning Framework
- Connexions Newcastle Delivery Plan
- Domestic Violence Strategy
- Early Intervention and Prevention Strategy
- Extended Services through Schools
- Inclusion Strategy - Draft
- Integrated Childcare, Early Education and Learning Strategy
- Integrated Youth Strategy
- Leisure Services Service Plan
- Local Area Agreement
- Looked After Children Strategy
- NEET Preventative Strategy for young people in Education
- NEET Preventative Strategy Education Timeline
- Newcastle Plan
- Participation strategy for children and Young People
- Participation strategy for parents and carers
- Parenting Support Strategy
- Play Strategy
- Sex Relationship Education Strategy
- Special Educational Needs Accessibility Strategy
- Special Educational Needs and Inclusion Strategy
- Sustainable communities/LAA
- Teenage Pregnancy Strategy
- Workforce Strategy
- Young Carers Strategy Parental Mental health Strategy (draft)
- Promoting Mental Health and Emotional Wellbeing in Newcastle

4. Definition

“There are other terms in current usage, in addition to ‘mental health and psychological well-being’, that, broadly speaking, cover the same areas of interest (e.g. emotional health, emotional and social well-being, behavioural, emotional and social difficulties from the special educational needs perspective and the terminology used in social care). In this review the terminology used is consistent with that in Standard Nine of the Children’s National Service Framework (NSF) and ‘psychological well-being’ includes emotional, behavioural, social and cognitive attributes of well-being. The term ‘mental health’ is in widespread use and is used as a positive concept in line with current understanding, both nationally and internationally, and is not implied to simply mean the absence of mental illness.”

Improving the mental health and psychological well-being of children and young people – National CAMHS Review Interim Report, DCSF 2008

The definition of Child and Adolescent Mental health Services (CAMHS) has not been uniform in the past. It is now recognised that CAMHS should relate to any service provision whose aim is to meet the mental health and emotional wellbeing needs of children and young people. This ranges from health promotion and primary prevention, specialist community-based services, through to very specialist care as outlined in the four tier strategic framework adopted in the Children’s NSF.

<i>The 4 Tier Strategic Framework for CAMHS</i>	
Tier 1	A primary level of care
Tier 2	A service provided by specialist individual professionals relating to workers in primary care
Tier 3	A specialised multi-disciplinary service for more severe, complex or persistent disorders
Tier 4	Essential tertiary level services such as day units, highly specialised out-patient teams and in-patient units

Source: *Department of Health, National Service Framework for Children, Young People and Maternity Services. The Mental Health and Psychological Well-being of Children and Young People.*

Tier 1 services are universal services, whose primary function is not mental health care, e.g. general practice or schools. Tiers 2, 3 and 4 are specialist child and adolescent mental health services, as well as specialist social care, educational, Voluntary and Independent provision for children and young people with mental health problems. For these services, the provision of mental health care to children and young people is their primary function.

There are a number of strategies aimed at supporting vulnerable children and their families including their emotional and mental health needs. This strategy aims to support the provision of early intervention and support services to

achieve optimum outcomes for children and young people. This includes the use of common processes (e.g. CAF), integrated care pathways and the provision of integrated school and locality based services as close to home as possible.

The Action Plan to support this strategy will include the need for clear definitions for each tier and threshold criteria.

5. Vision, objectives, principles

Vision

To improve the mental and emotional health of children and young people.

Multi-agency services work in partnership promoting good mental health for all children and young people, providing early intervention and meeting the needs of those with established /complex needs.

All children, young people and their families have access to health care based on best available evidence, provided by staff with an appropriate range of skills and competencies.

National Targets

- Arrangements are in place to ensure that 24 hour cover is provided to meet children's urgent care needs and a specialist mental health assessment is undertaken within 24 hours or during the next working day where indicated.
- Services to address the specific needs of 16-18 year old young people are in place.
- Close links between children and young people's learning disabilities services and general CAMHS services are established.
- Procedures are in place for the management and care of children and young people with complex and persistent mental health and behaviour problems.

Regional targets

- Working in collaboration with Primary Care Organisations across the north east, the Strategic Health Authority (SHA), review Tier 4 provision to inform future commissioning intentions.
- Implement the revised pathway for children and young people with eating disorders across North of Tyne in line with National Institute of Clinical Excellence (NICE) guidelines once the lifespan pathway is agreed.

Local Priorities (Objectives)

- Increase capability and capacity in universal (Tier 1) services for prevention and early intervention.
- Increase capacity at Tiers 2 and 3 to build capacity for training and advising practitioners working in Tier 1.

- Implement NICE recommendations for conduct disorders.
- Implement a pathway for children with ADHD building on the achievements of the pilot project, working in partnership with parents.
- Manage demand for high cost low volume services through implementation of a High Care Needs process for children and young people requiring CAMHS.
- Ensure access for all, especially those who do not access current services.
- Implement You're Welcome

Principles

This strategy builds upon principles of comprehensive community based CAMHS, namely

- CAMHS is a generic term which encompasses all tiers of service from intervention to specialist treatment, which is underpinned by effective preventative activity
- The needs of children, young people and their families are central to the planning, commissioning and delivery of services;
- Children, young people and their families will continue to be involved in service development.
- Service development is family and child centred;
- Provision is as close to home as possible;
- Responsibility for meeting the families needs should be a shared responsibility, across children's and adult service i.e. Wherever someone seeks help they should be supported to receive it ("no wrong door";)
- Transition pathways must be in place across children's services and into adult services with the identification of a lead professional for every family
- Services must be accessible to all

The Action Plan will include the above targets/priorities.

6. How was strategy developed?

The CAMHS Partnership has used several different processes to update the CAMHS Strategy including a needs assessment which was completed in April 2008 (see Appendix 1 attached). We accept this assessment could have covered more services including the Voluntary and Community Sector and will address this in future updates.

A Programme Budget Marginal Analysis (PBMA) was completed, which involved children, young people, the voluntary and statutory sectors in setting priorities for investment and this strategy (see Appendix 2 attached). PBMA is founded within economics and has a growing evidence base. In a nutshell, PBMA asks the following questions from the perspective of resource use:

- *What resources are available?*
- *On which services are they spent?*
- *Which services are candidates for more resources, and what is the added cost and added benefit? (“Wish list”)*
- *Can any services be provided as effectively with fewer resources, or minimally effective services curtailed? (“Hit list”)*
- *If no new resources are available, is it possible to invest in some items on the wish list by disinvesting in some from the hit list? (“Implementation list”)*

In 2007 the NHS Institute for Innovation and Improvement (NIII) funded a project to test the model of programme budgeting and marginal analysis (PBMA) at the micro level (within programmes of care) as proposed by Ruta *et al*, BMJ, 2005. Newcastle was chosen as one of three sites along with Yorkshire and Humberside and Norfolk. The objectives of the project were to test the acceptability, data availability, practical value and generalisability of PBMA.

A business plan for ADHD was developed with parents and carers, which will be incorporated into the CAMHS Strategy Action Plan.

The CAMHS Partnership wrote the final strategy, which was approved by the Child Health Commissioning Group “Be Healthy” partnership and the CYPSPPE.

The Action Plan will be developed by the CAMHS Partnership and Stakeholder Group.

7. What do Children and Young People say? What do parents/ carers say?

The Programme Budget Marginal Analysis process involved children and young people at every stage as the priorities were developed. A group of young people went through each proposal and prioritised those they felt should be taken forward. Their views along with those of other stakeholders informed the final priority list.

Children and young people have been involved in the redesign of Tier 4 services and this has improved the building designs.

Parents and carers of children and young people with ADHD have led the process for agreeing priorities and designing services. They involved commissioners and providers and this has resulted in a universally supported business plan.

These are only examples of how parents, carers, children and young people have been involved in decision making processes. The CAMHS Partnership is fully committed to the Participation Strategy for Parents and Carers and the Participation Strategy for Children and Young People.

8. Current situation/performance

The CAMHS Needs Assessment provides an overview and comparison of CAMHS services in Newcastle (see attached) it identified the following groups of children and young people as vulnerable or at-risk:

Young Offenders
Looked After Children
Care Leavers
Children on the Child Protection Register
Black and Minority Ethnic Population
Refugees and Asylum Seekers / Unaccompanied Minors
Children with Learning Disabilities
Homeless
Teenage Parents

Almost all of these groups are identified in “Narrowing the Gap” as groups of children are more likely to fall behind than others. In addition they identified the following groups:

Children from poorer socio-economic groups (including white ‘working class’ boys)
Children excluded from school
Children with poor records of attendance at school
Young carers
Children not fluent in English

The role of the Community and Voluntary Sector in providing CAMHS is vital in achieving successful outcomes for children and young people and while this is not included in the current needs assessment it will be in the future. The Community and Voluntary Sector were involved in the Programme Budget Marginal Analysis, which will be broadened to include statutory sector services in future.

The APA Self assessment 2008 states:

In relation to children and young people’s mental health, outcomes are good and significant reshaping has taken place in 2007/8 to improve services at a local level

- Children and young People were actively involved in the Programme Budget Marginal Analysis (PBMA) exercise that established the priorities for the CAMHS Strategy and reshaped service provision
- Newcastle has fully comprehensive CAMH services for children and young people with learning disabilities, 16 and 17 year olds and a 24 hour service. Protocols for children and young people with complex, persistent and severe behavioural and mental health needs will be fully operational within the next 6 months.
- The number of under 18 year olds who are admitted to adult wards has decreased: 2005/06 - 8; 2006/07 - 6; 2007/08 - 5

- CAMHS has been realigned around new locality teams. Priorities include a focus on early intervention and prevention resulting in more support to schools, young people and parents.
- More CAMHS are available in community-based settings through other services and projects, e.g. Children's Centres and Connexions
- A needs assessment, self assessment matrix and Programme Budgeting Marginal Analysis (PBMA) have been completed and will form the basis for the next CAMHS Strategy (2008-11) due for completion in August 2008.
- Almost all under 18s receive treatment in young people's services (98%). The proportion of those in substance misuse treatment who are under 18 years has increased from 8% in 2005 to 12% in 2007.

Current priorities

- Improve CAMHS prevention and early intervention by increasing capability and capacity in universal (Tier 1) CAMHS and the use of CAF.
- Implement the pathway for children with ADHD.
- We will be developing a partnership bid for a grant under the Targeted Mental health in Schools Project in 2008/9

The Action Plan will address how we will include the Community and Voluntary Sector in future Needs Assessments and the statutory sector in future PBMA. It will also consider how best to collate, present and analyse data by locality.

9. What do we know works?

Effectiveness of CAMHS

In general, evidence of effectiveness and in particular cost-effectiveness around child and adolescent mental health interventions is patchy.

Prevention/early intervention

The NHS Centre for Reviews and Dissemination has reviewed the evidence for the effectiveness of interventions aimed at people who are likely to be at higher risk of developing mental health problems, and embraces elements both of health promotion and prevention models.

In relation to children the following groups are identified as being at high risk:-

Children who are

- Living in poverty
- Exhibiting behavioural difficulties
- Experiencing parental separation and divorce
- Within families experiencing bereavement

We would add to this list:

- SEN and Children with Disabilities

Children living in poverty

A number of interventions have been shown to be effective in disadvantaged communities:

a) High quality pre-school and nursery education projects have produced improvements in self esteem, motivation, social behaviour, and other educational and social outcomes.

b) Social support visits to provide new parents with child-rearing skills have been shown to be effective. Parent training is less likely to be adequate when parental skills deficits are accompanied by a combination of health and socio-economic problems. A trial of support by mature 'lay' mothers showed improvements in maternal mental health and child care.

Behavioural Difficulties

The early identification of speech and language difficulties is clearly linked to the prevention of behavioural difficulties.

Children exhibiting behavioural problems in school or at home may benefit from a range of interventions including school based social skill training, and programmes for their parents in parenting skills. This includes schools delivering on the Social, Emotional Aspects of Learning (SEAL Programme).

Parental separation or bereavement

A variety of cognitive behavioural and socially based interventions can be used effectively with children who suffer adverse life events such as parental separation, divorce and bereavement.

More detailed information on the evidence-base is provided in a 2001 Department of Health Publication *Making it Happen: A guide to delivering mental health promotion*.ⁱ

- Day care for pre-school children improves behavioural development, school achievement and mother/child relationship. Long term follow up demonstrates increased employment, lower teenage pregnancy, higher socio-economic status and decreased criminal behaviour. Most of the day care trials in the literature combined day care with parent training or support.
- A health promoting schools approach including the following features is likely to be most effective: combining changes to the school culture, staff morale and environment, family/community involvement, peer education, problem solving and social skills rather than topic based approaches. Anti-bullying schemes which involve the whole school, parents and the community e.g. The Campaign Against Bully-Victim Problems are effective and have significant long term impacts on criminal behaviour, alcohol abuse, depression and suicidal behaviour.
- The increase in secondary schools delivering the SEAL Programme will impact on young people's ability to express their emotions.

Treatment

A booklet that provides a précis of the research base, and which summarises the strength of the research findings about different forms of intervention, and highlights the many gaps that remain has been published by the CAMHS Evidence-Based Practice Unit.ⁱⁱ As this already provides a summary of the evidence of effectiveness and cost effectiveness of child and adolescent mental health interventions, it will not be reproduced here, but can be accessed at the following link.

<http://www.library.nhs.uk/mentalhealth/ViewResource.aspx?resID=213020>

The Action Plan will include the need to identify how each of these high risk groups will be supported and how the introduction of "You're Welcome quality criteria" will improve outcomes for children and young people.

10. Key contributors

The CAMHS Partnership would like to thank the following groups for their contribution to developing this strategy:

Children and young people

Parent and carer Groups

CAMHS Stakeholder Group

CAMHS Partnership

CHCG Be Healthy Partnership

Children and Young Peoples Strategic Partnership Executive (CYPSPE)

11. Staff development

The strategy is dependant on increasing the capability of Tier 1/2 services to meet the emotional wellbeing needs of children and young people. This will involve Tier 2/3 services providing more advice, guidance and training. This will include:

Implementing CAF, which is a vital component of this strategy and is central to providing early intervention and prevention services.

A training programme for staff to train as trainers in the Solihull Approach Parenting Group

Training to support the introduction of the “You’re Welcome quality criteria”.

All of this must be integral to the Children’s Services Workforce Strategy.

12. Resources

Currently CAMHS are commissioned through a variety of funding sources and decision making about priorities is not co-ordinated and this creates confusion for service providers and commissioners. The new Commissioning Framework will help standardise commissioning processes and further work on aligning commissioning processes is planned.

Better data gathering in relation to localities and age will enable CAMHS to co-ordinate targeted support to vulnerable groups by working with other Partnerships within the Children's Trust (e.g. Localities).

Newcastle PCT (NHS NoT) spends more on CAMHS than similar cities and the rate of spend per head of population is high. However the Local Authority CAMHS grant has been reduced from £630,920 in 2007/8 to £541,000 in 2008/9. this was managed by the CAMHS Partnership but had a significant impact on the PBMA process.

The current plan to implement changes to Tier 4 services will create opportunities to reshape services in line with this strategy. The workforce reform issues will be co-ordinated through the Workforce Reform Theme Board.

The Action Plan will consider how CAMHS can contribute to the plan to align commissioning processes.

13. Monitoring, review and evaluation

CAMHS are part of the Children's Trust Governance arrangements. The CAMHS Partnership will be responsible for overseeing the implementation of this strategy and achievement of the national and local performance targets. They will report to the Child Health Commissioning Be Healthy Partnership on performance issues at least six monthly. The Child Health Commissioning Be Healthy Partnership will report to the CYPSP on a six monthly basis on Be Healthy outcomes including CAMHS.

Individual agencies have performance management systems and these are supported through the Commissioning Framework.

The Action plan will include the introduction of the "You're Welcome quality criteria", which will provide shared quality assurance systems.

14. Targets

See Section 5

15. Action

The CAMHS partnership completed the CAMHS Self Assessment Matrix, which is a national tool designed to support planning towards the delivery of a fully comprehensive CAMHS. The high level action plan submitted as part of the JAR evidence has been implemented. This will now be updated to support this strategy by the CAMHS partnership and Stakeholder Group.

In addition to plans to address the specific requirements identified for action from the updated Self Assessment Matrix, the Action Plan will include:

- How each high risk group will be supported.
 - Individual plans to achieve and monitor the targets/priorities (see section 5).
 - How clear definitions for each of the four tiers and threshold criteria will be written.
 - How the Community and Voluntary Sector will be included in future Needs Assessments
 - How the statutory sector will be included in future PBMA.
 - How best to collate, present and analyse data by locality/age.
 - How “You’re Welcome quality criteria” will introduced.
 - How CAMHS can contribute to the plan to align commissioning processes.
-