NLGN

NLGN DIALOGUE SERIES

CHILD AND ADOLESCENT MENTAL HEALTH

PRIORITISING EARLY INTERVENTION

ROUNDTABLE REPORT

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In November 2014, NLGN hosted a roundtable discussion in partnership with the Royal College of Paediatrics and Child Health (RCPCH) and MindEd to consider how local government can prioritise early intervention in child and adolescent mental health. This involved local authorities and health professionals from across the North West who discussed the major challenges of Child and Adolescent Mental Health Services (CAMHS) and the options looking ahead. This report outlines the key themes emanating from this discussion.

CONTEXT

Approximately half of all mental illnesses begin before the age of 14 and one in four people will experience mental health problems at some point in their life.[1] There is a significant body of evidence that points to the benefits of early intervention to tackle mental health problems, both for the individual, and in reducing burdens of mental health on public services that might otherwise be required downstream. Local government has a significant role to play in this, and councils across the country provide and commission a range of services that are geared towards helping young people with mental health problems.

CAMHS are specialist services run by the NHS to address emotional, behavioural or mental health problems in children and young people. To access CAMHS, children and young people can be referred by their GP, teachers, health visitors, school nurses, social workers and youth counselling services. Approximately a quarter of funding for CAMHS services comes from local authorities.[2]

Yet, despite understanding the benefits of early intervention, child and adolescent mental health problems are not always addressed, treated or even recognised at the point of onset. 75% of children and young people with mental health problems are not diagnosed or treated by the time they reach the age of 21.[3] Added to this, the current financial context is providing a particularly challenging backdrop. Initially CAMHS funding via local authorities was a ring-fenced grant, but it is now part of the local authority revenue support grant for which no specific guidance has been issued to local authorities. The level of cuts to local authority funding is making it incredibly challenging for councils to prioritise early intervention through funding services such as CAMHS. Recent research suggests that 60 per cent of upper tier authorities have cut or frozen their CAMHS budgets since 2010/2011.[4]

1 http://www.kingsfund.org.uk/blog/2011/09/whos-paying-mental-health-services-young-people

2 http://www.youngminds.org.uk/for_parents/services_children_young_people/camhs/what_are_cahms

3 Chief Medical Officer (2012), *Annual Report: Our Children Deserve Better: Prevention Pays*

4 http://www.youngminds.org.uk/news/news/2094_devastating_cuts_leading_to_childrens_mental_health_crisis

This is leading to an increasingly mixed picture of provision with services varying in quality and capacity across different local authority areas – all of which is having an impact on the ability of young people to access mental health services. Not only can access to services be dependent upon where a young person lives, but often – where provision of services is poor in the immediate locality - individuals are required to move from their home and community to access services. The inability of young people to access CAMHS and other services could create much longer term issues both for the individual and in pressure on services required downstream. Long-term problems can arise from mental health problems being ignored or going unnoticed, and delay or neglect may result in mental health deterioration becoming increasingly severe. For local authorities, this could create further demand or pressure on adult mental health services, especially if a mental health problem has escalated to a different tier of required treatment. Addressing children's mental health services is as much about long-term financial value for local authorities as early intervention for the individual, especially as budget cuts and rising demand sets in.

This all points to a very uncertain future for CAMHS as local authority budgets continue to fall at the same time as demand rises across a number of key service areas. Coupled with the difficulty of investing budgets in longer-term preventative services for young people, there is understandable concern that this will lead to negative outcomes and much greater costs for mental health and related services.

KEY THEMES

With all of this in mind, the roundtable delegates highlighted several challenges for local authorities in relation to CAMHS.

- Leadership and political buy-in
- Managing demand: prevention and early intervention
- Fragmented commissioning
- Cultural and linguistic barriers
- Building confidence throughout the system

LEADERSHIP AND POLITICAL BUY-IN

The question of 'who leads' on mental health services for children and adolescents was particularly pertinent. There was a sense from delegates that local services were highly fragmented, largely because no one local agency has sole responsibility for this agenda, so services do not tend to be organised strategically and holistically across place. In central government too, there is no one department or Minister with responsibility for children and adolescent mental health services and as a result, coordination across government is also fragmented. In the context

of the Children and Young People's Mental Health and Wellbeing Taskforce, which is considering what changes and improvements are needed in the current system and what solutions can achieve progress, it is even more important that politicians, both national and local, use their influence to raise the profile of mental health issues and consequently the resources directed towards CAMHS.

In order to achieve this, political buy-in was noted as central in ensuring that mental health services for children and adolescents are prioritised locally and nationally. Yet securing political buy-in was perceived by delegates at the roundtable as a huge challenge, particularly in producing high quality and robust evidence that demonstrates the benefits of investment in order to persuade politicians to act. Gathering meaningful evidence pointing to what works and modelling the impact of delivering these services needs to be completed in partnership across local authority areas, to give politicians the evidence that they require in order to inform spending decisions. Yet this needs to be balanced with the need to get on and act now; gathering evidence can be long process and should not stifle action.

Gathering high quality evidence means developing whole-place systems to measure outcomes, track interventions and consider value for money. Joint databases which measure and monitor outcomes for individuals is an important step forward, but there are inevitable issues and challenges with sharing information in this way which will need to be overcome. Central to this are strong local relationships between partners and organisations that enable the development of strategic approaches to maximise the scarce resources that are available. All delegates agreed that local government has the democratic legitimacy to pull together different partners locally, including the police, schools, employers and Clinical Commissioning Groups to facilitate integrated working and evidence gathering that can secure political buy-in.

MANAGING DEMAND: PREVENTION AND EARLY INTERVENTION

One of the most concerning aspects of CAMHS pointed out by the delegates is the pressure of managing supply and demand – both in the long and short term – in a context where resources are diminishing and demand for services amongst children and young people is increasing, particularly in areas such as self-harm. For example, in some areas of the UK, CAMHS provision has been cut by 25% since 2011.[5] Some cost-savings are likely to be the result of effective early intervention and preventative measures, such as online counselling in the early stages of mental illness or online platforms to create awareness of mental health problems amongst children and young people. These sorts of services ensure

5 Chief Medical Officer (2013), *Annual Report: Public Mental Health Priorities*

that demand is maintained upstream through early intervention.

However, delegates felt that a large number of the cuts in services were pushing demand downstream, thereby creating future demand for acute and much more costly mental health services. Cost-saving initiatives which do not seek to align and focus available resources on upstream, preventative and early help activities have the potential to delay treatment of the problem, and drive demand downstream. For example some councils are providing fewer counselling sessions per referral so the length of counselling available per young person has been squeezed from two years to just sixteen weeks. Furthermore, cuts that are being made to Tier 2 CAMHS, are opening up big gaps in provision and pushing up demand for Tier 3 services.

The challenge for commissioners is how to make the greatest impact with a decreasing amount of money and resources, and how to maximise the resources that are available to focus on upstream activities to manage future downstream demand. Local authorities fund a very broad range of acute and preventative services, including educational psychologists, parenting programmes, social workers, mental health services in schools, voluntary sector support and counselling services. But in the context of reducing resources, delegates reflected on the enormous pressure that this places on local authorities to fund services which are 'all things to all people': both universal and specialist, emergency and preventative and for children and adolescents of all ages. It was felt that the resources available couldn't fund the complexity of services required to meet the diverse demand and a renewed focus on prevention. In future, resources across different tiers of CAMHS need to be pooled, aligned and integrated. Issues of 'double-running' also need to be addressed and the suggestion of a government funded transformation budget for mental health was mooted, which would help commissioners to tackle the issues of funding whilst transitioning between old and new models of preventative services.

FRAGMENTED COMMISSIONING

Complicating, or perhaps exacerbating, the problem of squeezed budgets and related problems of focusing on prevention, are fragmented commissioning processes. Silo mentalities across different partners and separate budgets for mental health services have led to services and care pathways which are not collaborative and do not provide seamless pathways for individual service users.

A particular example was raised between Tier 2 and 3 CAMHS, where delegates spoke of wanting to integrate and align Tier 2 and 3 services to shift the focus much more clearly to prevention. However, at present there are not the joint commissioning structures or pathway approaches that will enable this to happen, which means that too many

individuals enter CAMHS through a single entry point at Tier 3, rather than earlier on. One delegate suggested that the pathway and commissioning process cannot be closed until there is a ring-fenced budget or concerted push towards collaboration and multi-agency working across places.

An important step in overcoming the fragmented commissioning process is to encourage much greater collaboration between different stakeholders across partnerships and develop a system for bringing together experts who have not traditionally sat around the same table to discuss achieving joint outcomes. Delegates made the case for including the police, schools and other organisations with similar vested interests in the process of setting outcomes and commissioning. Such organisations are generally enthusiastic about collaboration because they also have to deal with the implications of untreated mental health problems further down the line. The biggest step is the first one: to get the right people around the table and to begin the conversation.

Progress towards this has been made through the transfer of public health to local government. Yet at present in most areas, structures are not in place which enable health, local government and other professionals to work together to design and commission services with seamless pathways. While the impetus to collaborate and integrate services tends to be present at a theoretical level, the stumbling block appears when theory needs to be applied, and when talk turns towards commissioning and funding. Progress has been stilted when organisations are required to pool or align their budgets because many are reluctant, to lose organisational autonomy and nervous of sharing the risks associated with this.

CULTURAL AND LINGUISTIC BARRIERS

A significant barrier to greater collaboration and pooling of budgets are the cultural and linguistic factors, such as the absence of a shared language around mental health in children and adolescents. Similarly, cultural differences between different organisations, such as conflicting ways of working, processes and structures also present a barrier, which are often exacerbated by linguistic differences. Terms like ‘health and wellbeing’ and ‘emotional support’ are used interchangeably, yet it is possible that different organisations use the same terminology differently, or alternative language altogether. Delegates suggested that this often results in people being defensive and arguing that certain areas are not their responsibility, especially where language has clinical connotations. For example the term, ‘mental illness’ can be considered the remit of health professionals, but not necessarily the responsibility of school staff, even though it is centrally understood to be a spectrum of ‘wellbeing’.

Fostering a joint language between interested stakeholders can go a long way to working

together, especially if conversations are framed in such a way as to help partner organisations reach their own targets whilst working together towards joint outcomes. Schools in particular were noted as challenging to engage with, and it was suggested that they may become more inclined to invest in mental health support for their pupils if they were incentivised to do so based on the targets they could meet, for instance, improved attendance or exam results. Setting out common objectives and framing them in terms of the benefits to partners may help to bridge the cultural and linguistic gaps between organisations.

BUILDING CONFIDENCE THROUGHOUT THE SYSTEM

A recurring theme throughout the roundtable was the need to build confidence across the system, in particular to address issues around 'who are the experts?' in child and adolescent mental health and who should make interventions. Are the experts those who work with children on a daily basis and can notice behaviour change? The parents who know their child inside-out? Or strictly the health professionals who can diagnose mental illness? Having the right people to support children and young people suffering from mental health problems, particularly in the very early stages, is very important in order to prevent it from becoming more severe. However, just over half of adults are anxious to approach a child or parent about suspected mental health problems in the fear that they are mistaken.[6] In one council, 93% of teachers surveyed didn't feel equipped to deal with mental health problems if approached, including some who had had mental health training.

Building confidence in professionals, teachers and parents about mental health problems in children and adolescents is absolutely essential, and in doing this it is vital to think about mental health from the child or young person's perspective. Delegates noted that the first port of call would usually be a trusted friend or family member – not necessarily a teacher or health professional. This clearly raises questions about how young people themselves and their families are equipped and prepared to handle such conversations, to prevent problems being swept under the carpet. Some councils have programmes for training young people and their families about mental health; however, these programmes need to be on a rolling basis which constantly educate and train people to build positive social and self-support networks. This requires a consistent and substantial level of funding. There is also a strong point about training health professionals to work collaboratively with parents and to educate parents to become part of the solution.

When young people decide to reach out to another trusted individual beyond their immediate network, the next likely port of call is a teacher or member of staff within their school. However, if a staff member is not adequately

6 http://www.minded.org.uk

trained or confident to deal with the situation, this can cause confusion for the child and risk the child not raising their problems with anyone again. One suggestion was to shift the focus from a child-centred approach to a Team Around the Professional approach to ensure that all adults in regular contact with children are well-equipped to deal with mental health issues. One such way to address this is through the online education platform, MindEd,[7] a free tool that can help to build confidence and spread knowledge about mental health and young people.

CASE STUDY

MindEd e-Portal **Programme**

MindEd is an online platform with 270 bite-sized e-learning sessions from beginner to expert level with free access to all. The programme and learning resources are aimed to educate anyone who works or volunteers with children and young people aged 0-18 years old, to help to build knowledge and confidence and to improve the outcomes for children and young people.

The content has been written by experts in child and adolescent mental health in accessible language suitable for both health and non-health audiences. The level of content is built for a spectrum of professionals and environments: universal level to a healthy child programme to counselling to targeted and specialist CAMHS. A wide variety of topics are covered in the online content including communication and engagement, detecting problems and first help, providing care and cultural and legal issues.

MindEd was built by a consortium of organisations: the Royal College of Paediatrics and Child Health, Royal College of Psychiatrists, Royal College of Nursing, Royal College of General Practitioners, British Psychological Society, National Children's Bureau and YoungMinds with funding from the Department of Health.

7 http://www.minded.org.uk

CONCLUSIONS

Services for children and young people with mental health problems are operating in an environment facing immense pressure. Local authority budget cuts are being felt by CAMHS, exacerbated by rising demand for services meaning that, increasingly, children and young people face difficulty in accessing services.

At an organisational level, major barriers exist regarding collaboration and integration of resources, funding and the commissioning process in order to develop multi-agency working around the child, rather than continued silo working. Approaching children and adolescent mental health from a whole-place, strategic perspective and aligning the commissioning process and resources to support this will be essential. However, breaking down cultural and linguistic barriers between organisations and encouraging

national and local level political leadership will take time, compelling evidence on what works, and political bravery.

In working more holistically across place, this should enable organisations to target their resources towards prevention and early intervention. There is consensus around the need to shift resources towards upstream interventions, yet recognition that the level of cuts and lack of collaborative working makes this highly challenging in practice. Much more has to be done to integrate different CAMHS tiers and pool resources across place.

For the individual who is suffering, or is susceptible to mental health problems, a major priority is to be able to reach out for help from those around them. To achieve this, much more confidence and capacity needs to be built up and deepened within professionals, parents and young people themselves in dealing with mental health problems. Involving young people in services to find out what they need and ensuring that adults around them have the understanding and confidence to reach out to young people with problems is an important step forward. Online tools such as the MindEd platform are a significant starting point in building knowledge and growing confidence. The challenge ahead is to ensure that tools such as these can help to spread and grow collective knowledge and expertise across the system to support children and young people with need.

MOVING FORWARD

There are a number of ways in which the CAMHS vision can be better realised, and the following recommendations were made at the roundtable:

- Further alignment and pooling of resources across partner organisations, in particular the integration of Tier 2 and Tier 3 services;
- Create a dedicated transformation fund for mental health services, to enable the development of preventative and early help models;
- Strengthen working with schools, colleges and other organisations with vested interests to develop more collaborative models for mental health services;
- Develop collaboration with the voluntary sector to provide better partnerships in the arts, theatre, music and other creative activities, which have a strong evidence-base for helping with mental health problems;
- Build social and peer-support networks through further online information and e-resources, targeted universally to build knowledge and confidence amongst individuals about mental health in children and adolescents.

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