

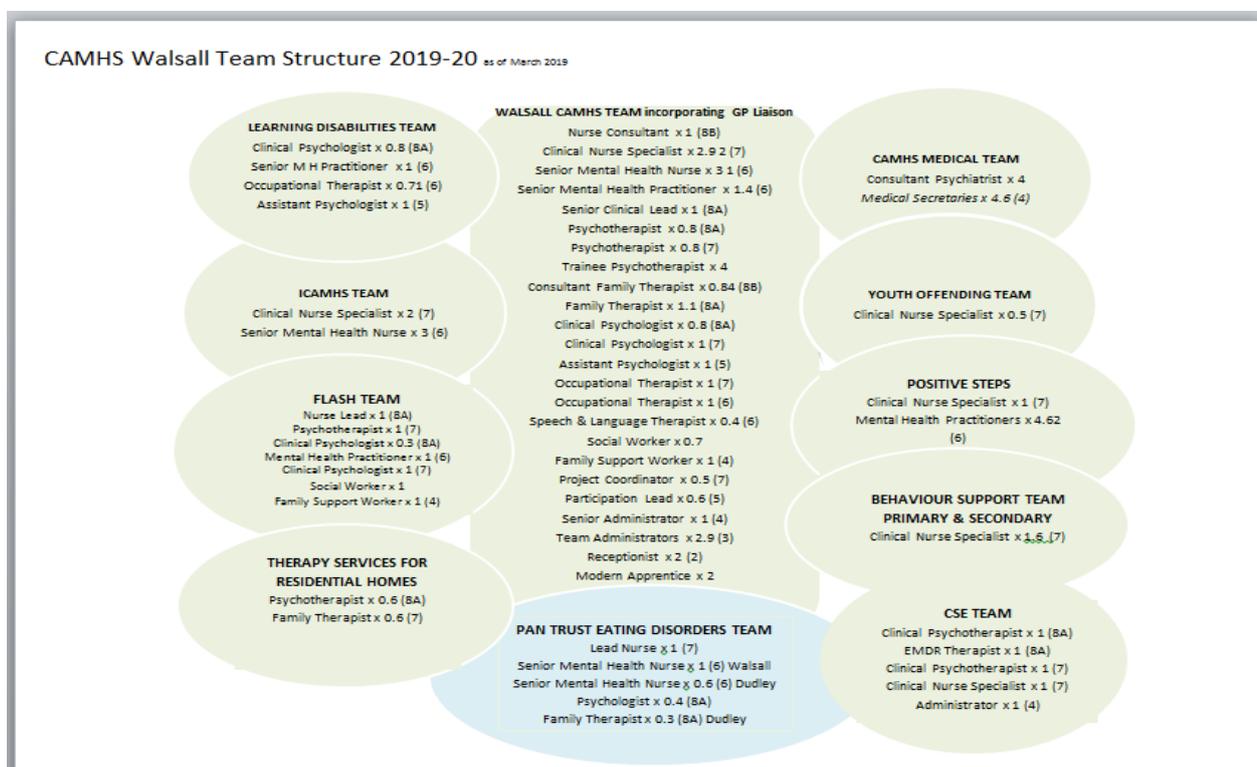
7<sup>th</sup> March 2019

## 1. The CAMHS Service

Walsall CAMHS work together with young people, their families or carers to ensure that their lives are as good as they can be. Young people can receive treatment for emotional, behavioral or mental health difficulties, as well as receiving treatment, we also have clinics such as our ASD or ADHD Clinic where by young people may be given a diagnosis to help better explain or understand their difficulties.

Walsall CAMHS aims to provide a specialist service for all young people in the borough. The service has many specialist teams that can meet the needs of young people, whether it be young people who are looked after, have a specific disorder such as an Eating disorder or a Neurodevelopmental condition, are needing crisis support or some short term school based intervention. As well as working directly with young people, we recognise that there are significant others in young people's lives that may need support or need to understand a young person's difficulties; we also offer support and work for families and networks supporting these young people. It is important to us at Walsall CAMHS that we include everyone in the journey to make recovery as viable as possible.

Walsall CAMHS have a team of people with different professions who have experience of working with children and young people who have mental health difficulties. The service is shown in the below diagram which also indicates the number of satellite teams under the CAMHS portfolio.



(Chart 1.1 – The CAMHS team structure)

## **Description of CAMHS 'satellite' teams**

### ***Behaviour Support Service***

The Behaviour Support Service is a wider team which incorporates CAMHS practitioner. They work in the school settings to support teaching staff and parents' who may have children that have been identified as having behaviour problems with a mental health component. These children are more likely to be at risk of school exclusion.

The CAMHS practitioners work with the teaching staff to provide them with skills and strategies to be able to manage the young person's presentation but are also able to access to a streamlined pathway into CAMHS in order for an intervention to be afforded to the young person at the earliest opportunity.

### ***Positive Steps (Mild to Moderate) (Tier 2)***

The Positive Steps Team in Walsall commenced in September 2017 and works in various ways, both individually and in groups with children and young people (CYP) ages 5-18 and their families. The Team work with early onset presentation (in the last 6 – 12 months) of emotional health needs. This means working with pre mental health diagnosis providing early intervention in areas of anxiety, low mood, low self-esteem, anger management in secondary school age young people and low level OCD. This individual work is carried out over 5 to 6 sessions. Under the umbrella of Positive Steps the team have key practitioners (CYP IAPT) who deliver 12 sessions where the need is more complex but is still pre mental health.

Children and young people can be referred into the team via an established pathway, through the GP service or Walsall School Nursing Service. Each individual referral will be screened and a decision made to either see the CYP in an initial Choice Assessment in order to conduct a full holistic assessment of the presenting emotional health needs before commencing the individual sessions.

The Team also work closely with schools in Walsall delivering on an evolving core offer, which currently includes wellbeing assemblies, parent workshops/coffee mornings, teacher workshops and stress workshops. The key element of Positive Steps is about pre mental health early intervention to help prevent the young person progressing on to having a mental health diagnosis.

### ***Learning Disabilities (Moderate to severe) Tier 3***

Learning Disability CAMHS is a specialist service within the generic CAMHS team. It is comprised of a multidisciplinary team that provides a service to children and young people up to 18 years old, who have a global learning disability and additional mental health difficulties.

The team often work with the family or wider system involved in the child's care. They offer assessment of a child's difficulties, diagnosis of developmental disorders; and undertake Psychological intervention and Therapeutic work with individuals, families and groups.

### ***Youth Offending***

This service provides specialist assessment and interventions to children, young people and parents/carers with a range of highly complex emotional, psychological and behavioural problems in order to assess risk and identify mental health needs and appropriate intervention whilst providing advice and support to the Youth Offending Service. The aim is to help improve the mental health of young people involved in the Youth Justice System across all tiers but with a special focus on ensuring young people returning to community from the secure estate access emotional and mental health care. Liaison with Forensic services, Police, Courts and community services is an important aspect of the work completed.

### ***FLASH inc Therapy for Residential Homes (Moderate to Severe) Tier 3***

The Fostering, Looked-After & Adoption Supporting Hub (FLASH), is a therapeutic service that offers a range of interventions which provide support to children and young people, foster carers, residential Childrens' homes, Transitional Care leavers, adopters, and Adoption/Fostering teams.

The service is for those children and young people up to the age of 18 years of age, and the work focusses on helping adults who are responsible for directly providing care, those adults who are involved in supporting the child/young person (Social Workers/Teachers etc), and the children/young people themselves, with direct emotional/mental health support. The team offer a range of therapies in which to do this.

The work is done via professional consultations to those in the network around the children, where they will 'have a chat' about how they can support everyone; direct work with children and young people to help them manage some very difficult experiences that have occurred in their lives, and they also work directly with adopters/foster carers to think about the early trauma for children, to develop an understanding of the behaviours children may present in their homes.

The FLASH team offer this support to children who are under the responsibility of Walsall Childrens Social Care only, and up to a 20 mile radius from Walsall wherever those children reside. They are a small team of dedicated and committed professionals, who listen and think thoughtfully about what children and families need in order to reach their full potential.

### ***Eating Disorders (Moderate to Severe) Tier 3***

The Eating Disorders team work with young people aged up to 18 who may have features of an Eating Disorder, this includes young people who may restrict the amount/types of foods they eat or who binge or make themselves sick. The team give advice to young people about achieving and maintaining a healthy weight, including helping them to gain weight if needed.

The team also provide physical health checks and refer young people for therapy if required, such as Family therapy or CBT. We can also offer support to young people in improving their self-esteem and body confidence which can often be affected in young people with an Eating Disorder. The Eating Disorder team works very closely with other teams, the family and schools to help young people to recover.

The Eating Disorder team is a pan trust service and works across Dudley and Walsall allowing consistency of care.

### ***Child Sexual Exploitation – Dedicated Service (Confidential)***

WCSST ("the Team") was set up for a 2 year period, funded by the CCG, to support the young people and children referred to CAMHS by Walsall's Children's Services identified as members of the families involved in a Specific Police Operation.

### ***ICAMHS (Crisis & Home Treatment) Tier 3.5***

ICAMHS stands for Intensive Child and Adolescent Mental Health Services. The ICAMHS team can be involved in a young person's care for a variety of reasons:

- **Deliberate Self Harm Assessments** – ICAMHS see young people who have tried to harm themselves in some way or who are experiencing a crisis with regards to their mental health which has requested them to be admitted to A&E. ICAMHS will attend the paediatric ward at Walsall Manor Hospital to complete a mental health assessment once the young person is deemed medically fit.
- **Deliberate Self-Harm Follow Up** – Every young person assessed when seen at Walsall Manor Hospital is offered a follow up appointment within 7 days. This is to re-assess the risk post discharge following an episode of self-harm or crisis and considers either a plan of

support from CAMHS, discharge from CAMHS and/or support from other services is required.

- **Priority Choice Appointments** – When a young person is referred to CAMHS and is deemed to have an increased risk to themselves or to others or if early intervention is required for the presenting symptoms ICAMHS will see a young person within 7 days of referral so that an assessment can take place.
- **Appointments and Home Visits** – ICAMHS see young people for appointments at home and sometimes at our offices. These appointments are for continuous assessment, monitoring and management or increased risk behaviours or episodes of mental health crisis that require more intensive monitoring.

## 2. CAMHS Statistics

In previous years Core CAMHS and CAMHS Learning Disabilities have experienced stable levels of referrals, averaging at roughly 1650 per year however since 2017 there has been a significant increase of 13% with a further 15% increase expected by the end of March 2019 taking referrals to approximately 2300 per annum. This figure does not incorporate any of the ‘satellite’ CAMHS services and in order to provide a flavour of current demand on CAMHS services that have national key performance indicators/reporting requirements the following chart has been provided:

|                                   | Apr-18 | May-18 | Jun-18 | Q1 18-19 | Jul-18 | Aug-18 | Sep-18 | Q2 18-19 | Oct-18 | Nov-18 | Dec-18 | Q3 18-19 | Jan-19 | Feb-19 | Mar-19 | Q4 18-19 |
|-----------------------------------|--------|--------|--------|----------|--------|--------|--------|----------|--------|--------|--------|----------|--------|--------|--------|----------|
| <b>Referrals</b>                  |        |        |        |          |        |        |        |          |        |        |        |          |        |        |        |          |
| No of external referrals received |        |        |        |          |        |        |        |          |        |        |        |          |        |        |        |          |
| CAMHS Tier 3                      | 123    | 193    | 163    | 479      | 172    | 99     | 129    | 400      | 186    | 183    | 153    | 522      | 156    | 173    |        | 329      |
| Learning Disabilities             | 10     | 5      | 13     | 28       | 8      | 1      | 8      | 17       | 5      | 13     | 7      | 25       | 11     | 7      |        | 18       |
| I-CAMHS                           | 28     | 50     | 36     | 114      | 32     | 24     | 31     | 87       | 44     | 52     | 43     | 139      | 39     | 44     |        | 83       |
| Eating Disorders                  | 3      | 3      | 3      | 9        | 3      | -      | 1      | 4        | 3      | 1      | 1      | 5        | 2      | 1      |        | 3        |

(Table 2.1) – Number of referrals received each month (April 2018 – February 2019)

It is typical for the CAMHS teams to experience ‘peaks’ in referrals and these are traditionally in October, January and May. August tends to be quieter due to young people being away from school for the summer holidays.

In addition to the above the FLASH team are anticipated to receive approximately 104 referrals by the end of March 2019 and Positive Steps are forecasted for 415 referrals during the same time period.

Currently, throughout CAMHS ‘teams’ combined caseloads have a total of 2186 young people, this figure does not take into account the young people who are co-worked or feature on Psychiatry caseloads.

### **Neurodevelopmental**

Neurodevelopmental clinics (ASD and ADHD) are also experiencing unprecedented demand for their service with on average 12 children per week receiving an ASD diagnosis and 2 per week for ADHD.

1. Between October 2015 and December 2018 the ASD clinic diagnosed 453 young people with ASD.
2. Between October 2015 and December 2018 the ADHD clinic diagnosed 80 young people with ADHD.

Due to the nature of ADHD once a young person has a diagnosis if they need medication they remain on the clinic caseload for medication monitoring, the ADHD clinic currently has 132 young people open to it.

There are currently 152 young people being held within the ASD clinic however with this diagnosis there is more of a systemic problem with there being no post diagnostic support for ASD young people in the borough. Once CAMHS have diagnosed the young person, unless there is co-morbidity they are discharged from the ASD clinic with no additional support for the young person or parent/carer.

### 3. Waiting Times

Historically, Walsall CAMHS had significant waits for treatment however due to investment in services, staffing and a change management project undertaken within the service we have been able to reduce waits dramatically. In mid-2018, Walsall CAMHS were able to offer the full booking service to a family which meant they are now assessed and leave with a date for the start of their treatment. This has been very effective and families are happier knowing that the young person in the system awaiting treatment. Chart 3.1 demonstrates the current waiting times and the national targets against those teams (where applicable):

| Team                  | Waiting times  | Comments  | National target  |
|-----------------------|--|---|--|
| Core CAMHS            | Referral to 1 <sup>st</sup> assessment = 40 days<br>Referral to treatment = 58 days          | This is an average, if a CYP is a priority we can see them within one week  | Referral to 1 <sup>st</sup> assessment within 18wks  |
| Learning Disabilities | Referral to 1 <sup>st</sup> assessment = 39 days<br>Referral to treatment = 46 days          | Due to this cohort of CYP being complex the waiting times for LD due vary due to caseloads being stagnant at times  | Referral to 1 <sup>st</sup> assessment within 18wks  |
| ADHD<br><br>ASD       | Referral to diagnosis = approx. 22 wks<br><br>Referral to diagnosis = approx. 26 wks         | This timescale is from start to end. Our clinics are multi-disciplinary and therefore they are able to diagnose quickly. The process routinely takes this period of time due to the various stages that have to be undertaken to reach diagnosis. | No national target   |
| Positive Steps        | Referral to treatment = 6wks approx.   | Routinely a CYP may receive 7-10 sessions in this service before they are discharged or escalated to CAMHS if needed  | No national target   |
| ICAMHS                | DSH referral is responded to within 4 hrs<br><br>Routine referral is responded to within 1wk | ICAMHS have very clear KPI's attached to them and have not breached their response times  | Urgent referrals from PAU are responded to within 4hrs as long as the referral is received by 4pm Monday to Friday and 12noon on weekends. |
| Eating Disorders      | Urgent referral is responded to the same day and the CYP is seen within one week             | ED have very clear KPI's attached to them and have not breached their response times  | Urgent referrals = 1wk<br><br>Routine referrals = 4wks   |

|  |   |  |  |
|--|---|--|--|
|  | Routine referral is responded to the same day and the CYP is seen within four weeks |  |  |
|--|---|--|--|

(Chart 3.1 – Waiting Times in CAMHS)

### ***Urgent Pathway***

If a young person demonstrates as being in crisis we urge professionals or parents to not take them to A&E at the Manor Hospital unless there is significant self-harm where stitching is likely, the young person has taken an overdose and will need medical intervention or they are demonstrating psychotic behaviours, we would in fact encourage CAMHS duty team to be contacted so that an urgent 'same day' assessment can be offered. It is in our opinion that it is more beneficial for them to access specialist support as early as possible and it enables to the acute trust to not have to refer them on.

The CAMHS service is hopeful that future developments in NICE Guidance will allow us to assess in A&E to prevent a young person from 'blocking a bed' in PAU however until that time we continue to promote the urgent pathway and encourage all agencies access CAMHS in the first instance.

### **4. Partnership Working**

In Walsall CAMHS we work collaboratively with the Local Authority and Walsall Clinical Commissioning Group to deliver many different services and approaches. Here is a comprehensive list of examples where joint working ultimately benefits the young people of Walsall:

- The therapeutic input to the residential homes is a co-commissioned service that sits alongside FLASH and therefore benefits from a 'joined up' approach of systemic and psycho dynamic psychotherapy. We are currently working with them to use an evidence based approach of NVR (non-violent resistant training) and CAMHS and trained six Group Managers to Foundation level and one Care Manager to Practitioner status. Consultations offered by the clinicians explore whether a young person may need CAMHS input, if required a referral is made and this is discussed in local meetings and the young person is seen as a priority either by FLASH or by the residential practitioners
- The CAMHS Senior Managers meet every six weeks with Local Authority Group Managers to ensure that pathways are streamlined and communication between the two organisations is kept open
- The CAMHS service has supported the Local Authority and CCG with numerous CQC and Ofsted inspections over the last two years
- The Local Authority and the CCG have supported the CAMHS service with numerous CQC, Ofsted and WMQRS inspections over the last two years
- The CAMHS service has provided extensive training to the nursing staff on the Paediatric Assessment Unit at The Manor Hospital in order to make them better equipped to support mentally ill young people on their wards
- CAMHS attends Paediatric Panel every week alongside School Nursing, Paediatrics, Speech & Language Service, WPH Counselling etc in order to filter referrals into the most appropriate service. This came from a request from our GP's that they did not know what to do with referrals that were rejected from CAMHS

- We work consistently with the BTPP (Birmingham Trust for Psychoanalytical Psychotherapy) to offer Trainee Psychotherapist placements and now have the largest cohort in the West Midlands as we are quoted as a service of excellence
- We offer a GP Liaison service to our GP's so that they can call to discuss a young person they may see who they are unsure about
- We work collaboratively with the Young Offending Service to provide CAMHS input into young people requiring assessment for mental health difficulties
- We jointly work with NHS England to be part of a two year pilot to deliver enhanced youth offending support for young people who are on the 'edge' of crime
- We offer training packages in EMDR and DBT to our Local Authority colleagues so that consistent training is being rolled out across the borough
- The Positive Steps service work collaboratively with schools in Walsall to deliver a good service to young people. Training is afforded to staff and group sessions on key subjects such as anti-bullying, self-harm and anxiety are delivered into schools
- There are two mental health practitioners seconded into the Behaviour Support Team who can offer early identification of mental health needs and a streamlined pathway into CAMHS. Support and training is also offered to teaching staff
- The Child Exploitation Service work collaboratively and consistently in confidential ways with Police and other organisations to support the young people under a Specific Police Operation
- CAMHS has a robust safeguarding pathway which enables young people to be identified to the Local Authority safeguarding team quickly and effectively
- The Learning Disabilities team have direct links to the Child Assessment Unit and work collaboratively to deliver good outcomes
- The FLASH team have excellent working relationships with Social Workers and offer consultations to support them with challenging young people on their caseloads
- The ICAMHS team support the Paediatric Assessment Unit seven days per week, 365 days per year with challenging young people who may/may not have a mental health condition
- The CAMHS service has an excellent relationship with WPH Counselling and they now deliver their service one day per week from the CAMHS base
- The CAMHS service works collaboratively with the Early Intervention In Psychosis team to ensure the care and treatment for young people demonstrating psychotic symptoms
- The CAMHS service (predominately Psychiatry but not exclusively) do joint appointments with adult psychiatrists/care co-ordinators to offer a young person being transitioned to the adult service continuity of care

The above list is merely a flavour of the partnership working undertaken by all professionals in the CAMHS service. Working collaboratively with all organisations and colleagues across the Walsall health and social care economy is part of the main purpose and function of everything we do.

## **5. Conclusion**

The CAMHS service has recently achieved 'outstanding' in the caring category with 'good' overall as rated by the CQC; this is an amazing outcome for the service and one that we have worked hard to achieve. Whilst we are delighted with the feedback received we are acutely aware of the need to keep improving the service we deliver factoring in the new national requirements that are featured within the ten year forward view along with the constant change in presentation of a more complex nature that we are experiencing with the young people referred to us.

As a borough there is significant improvement required in supporting our families who have young people diagnosed with ASD, this cohort are in desperate need of post diagnostic support and we must continue to work collaboratively in order to provide our schools with dedicated support in order for them to manage young people with these challenging presentations in order to help reduce the level of school exclusions that are now being reported.

CAMHS continues to engage in the CYP IAPT (Improved Access to Psychological Therapies) project which enables us to recruit people to train in mental health in the hope that it affords the Walsall economy new staff who are armed with a skill set that helps contribute towards the overall vision for the young people of Walsall. Whilst CAMHS continues to offer a high level service we are also aware that referrals are at an unprecedented level and resources are becoming more limited. There is greater need for early intervention in the hope that the young people never require access to the CAMHS service and this is what is hoped to be delivered through the next phase of mental health delivery for young people.