Cabinet **Agenda Item 11(a)**

19 June 2019

Report of the Working Group on Young Peoples Mental Wellbeing

Ward(s) All

Portfolios: Councillor M. Longhi – Health and Wellbeing
Councillor T. Wilson – Children's

Report:

At its meeting on 28th June 2018, the Social Care and Health Overview and Scrutiny Committee established a working group to carry out a review into the mental wellbeing of young people in Walsall, the group was given the scope of examining the provision of services, which enabled young people to have healthy mental wellbeing

The group completed a final report presenting their findings, which was considered by the scrutiny committee on 11th April 2019. The Committee resolved that the Young Peoples Working Group report be forwarded to Cabinet and to the CCG Board for consideration of its recommendations.

Recommendation

That Cabinet consider the working group recommendations as contained within the working group final report.

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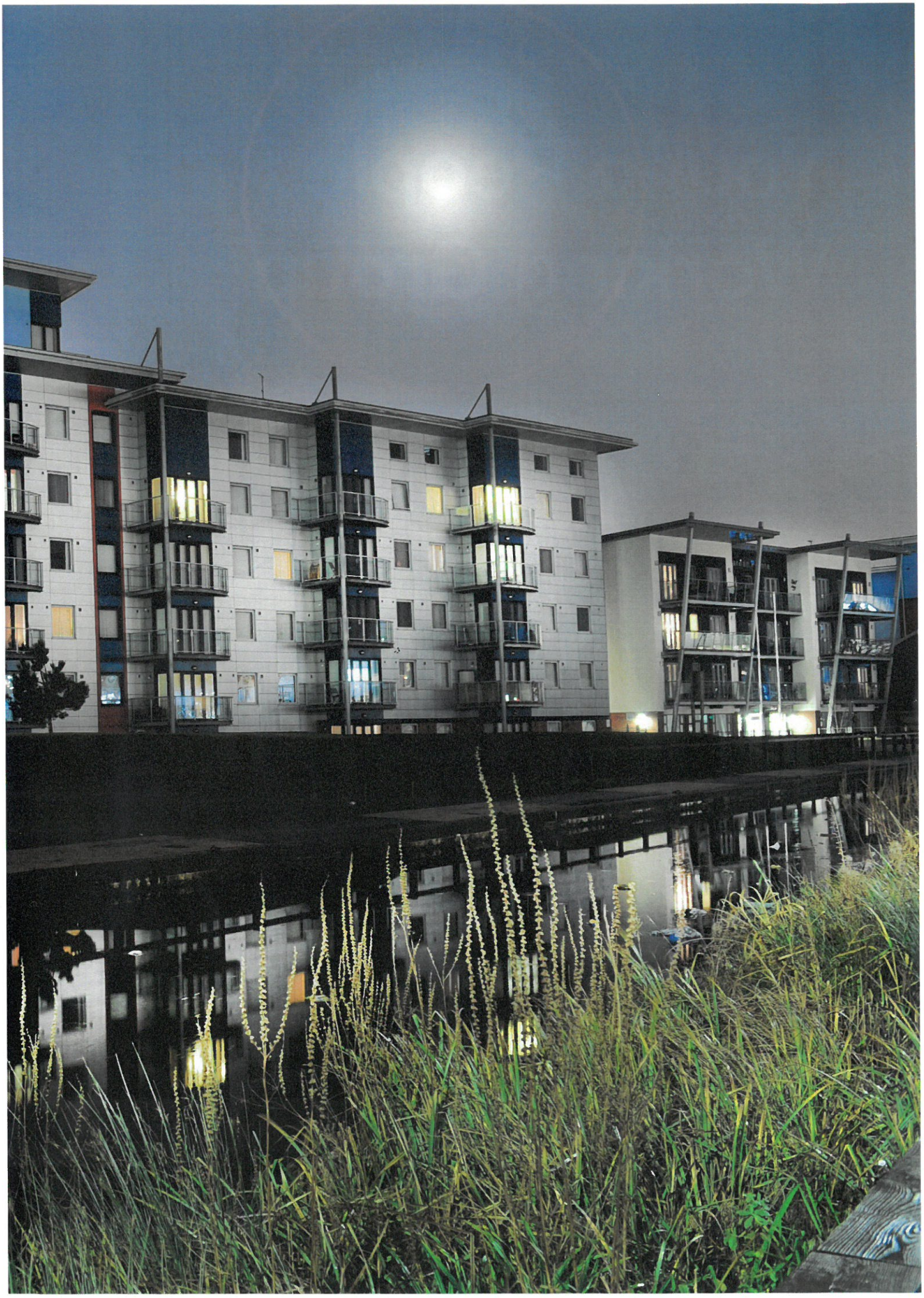
Democratic Services Officer

Young Peoples Working Group

As presented to the Social Care and Health Overview and Scrutiny Committee on 11th April 2019.

Walsall Council

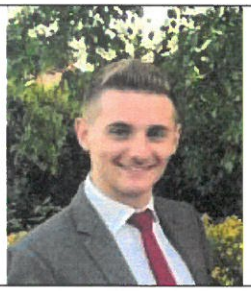


Foreword

The provision of mental health support for children and young people continues to generate discussion both locally and nationally. This Working Group was established by the Members of the Social Care and Health Overview and Scrutiny Committee to conduct an examination of the provision of support for children and young people to stay mentally well, and to give consideration to what needs to be done to improve support for this cohort.

In carrying out this review, the Working Group met on five occasions and it has been informed by the engagement it has had with the relevant professionals, including staff from Public Health, Social Care and from the CCG. The Working Group is grateful for this because it has enabled Members to frame and to set out its findings systematically and to formulate appropriate conclusions.

The aim of this report is for the Working Group to provide an insight into these issues and the impact that they are having on the children and young people in Walsall. It is the hope of the Working Group that these recommendations will be supported by the Council and by the Cabinet and that they will be actioned accordingly.



Councillor Brad Allen
Vice Chair of the Social Care and Health Overview and Scrutiny Committee and Chair of the Working Group

Contents

Introduction

The Social Care and Health Overview and Scrutiny Committee (the Committee) on 28 June 2018 resolved to establish a working group to investigate the mental wellbeing of young people.

Terms of Reference

Draft terms of reference were discussed and agreed by a meeting of the working group that took place on 19th November 2018. The terms of reference were subsequently agreed at a meeting of the Committee on 17th January 2019.

The full version of the Working Groups terms of reference can be found at Appendix 1 to this report.

The Working Group was supported predominantly by:

Paula Furnival	Executive Director
Esther Higdon	Senior Programme Development & Commissioning Manager
Anima Thawait	Strategic Children's Commissioner
Nikki Gough	Democratic Services Officer

Membership

The working group consisted of the following:

Councillor B. Allen (Chair)
Councillor D. Coughlan
Councillor G. Clarke
John Taylor (Chair of Healthwatch)

Methodology

The Working Group has held five meetings during its investigations and considered information provided by Public Health and Walsall CCG. The Chair of Healthwatch Walsall was a Member of the group, and provided input based on a similar project, which was being carried out by Healthwatch. The Project Engagement Lead (Healthwatch Walsall) also attended the group to support its work.

Context

One in four people in the UK will suffer a mental health problem in their lifetime, with one in six in Walsall estimated to be experiencing a mental health problem at any one time. People with mental health problems are twice as likely as the general population to experience a long-term illness or disability.

Against a backdrop of changes in public services, the group sought to understand the needs and perspectives of young people living in Walsall and what enablers/ support they require to live with good mental wellbeing (and an ability to gain training, skills and employment opportunities). The working group wished to understand the issues facing young people aged 18-25 around their mental wellbeing. Including how they were supported to stay well, access early support when they feel unwell, and access to advice and formal services. The Group had initially defined young people as 18-25 years of age however, this was amended to 12-25 years of age to ensure that all challenges when experiencing poor mental health from an early age were addressed.

Findings

Members found that young people up to the age of 17 years of age were eligible for specialist child and adolescent mental health services and the support that was available in schools and colleges to raise resilience. Once a young person left school and reached 18 years of age, the support available changed to services for adults.

Groups of young people identified as at particular risk in Walsall were:

- Young People leaving care
- Young People with Special Educational Needs and Learning Disability
- Youth Offenders
- Lesbian, Gay, Bisexual and Transgender Community
- Travellers and Refugees
- Teenage Parents and young people who are pregnant
- Homeless Young People
- Young people who are Not in Employment Education or Training
- Young people experiencing domestic abuse
- Young Carers.

Transition from childhood services to adult services needed improvement as it was clear that young people did not receive a consistent service at 17 years of age. This does not prepare them for transition to adult services and is not good for their mental wellbeing. It was clear from speaking to all parties that this was an issue and it needed addressing as a matter of urgency. Based on this information the group concluded that further investigations should be made into the suitability of services for young people (age 17-25 years) accessing adult mental health services. Due to time constraints of the group, it was not possible to determine this during this investigation.

Local Picture

Over the last three years, there has been an increased national and local focus on the need to support young people's mental health before they leave school with initiatives set in place to raise resilience. The Walsall Children and Young people (0-19 years) mental health needs assessment 2015 explains:

- The consequences of untreated mental health problems can be long lasting and far reaching, so early intervention is essential;
- Many children and young people do not receive timely, accessible and high quality support;
- Boys are more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%) but young men 15-17 years and young people from black and minority ethnic groups were least likely to access mental health support services;
- Between 2006 and 2011 there were 10 suicides in Walsall residents aged 14 to 24 years: roughly about 2 per year;
- Hospital admissions as a result of self-harm in Walsall have increased in recent years, especially in young women;
- A higher number of girls were referred to CAMHS for deliberate self-harm compared with boys,
- The youth of Walsall survey reported that 1 in 10 young people had experienced some form of bullying and girls were more likely to experience emotional bullying whereas boys were more likely to suffer a physical experience;

- An estimated 9.6% or around 4,380 children aged between 5-16 overall were estimated to have an emotional health and wellbeing problem, of which 3.3% are likely to have an anxiety disorder; 0.9% depression, 5.8% conduct disorder and 1.5% a severe hyperkinetic condition;
- In Walsall, the estimated number of pre-school aged children likely to have a mental health disorder is 2,970 which covers disorders such as Attention Deficit, Hyperactivity Disorders, oppositional defiant and conduct disorders, anxiety disorders and depressive disorders.

The Group acknowledged that the needs assessment was completed in 2015 and so the data may be out of date, it was considered that it would be helpful for this to be refreshed to ensure commissioners were aware of the current need in Walsall.

The Walsall CCG through its commissioned Child and Adolescent Mental Health Service (CAMHS), and other services commissioned in the community have also increased the support available to young people up to the age of 17 when issues emerge and successfully reduced waiting lists. In view of this, the Group invited the Strategic Children's Commissioner (Walsall CCG) to attend a meeting of the group and present information on young people accessing services, a description of services available, waiting lists and promotion/access to services.

Strategy for Walsall

In 2015 Walsall Clinical Commissioning Group (CCG), Walsall Metropolitan Borough Council, Partners and Providers developed the Walsall Mental Health and Emotional Wellbeing needs Assessment, Strategy and local Transformation Plan for Children and Young People. The Strategic Group had the following priorities;-

1. Ensure the delivery of mental health and emotional wellbeing is everybody's responsibility
2. Improve information and advice available for children and young people, families and professionals with regard to emotional mental health and wellbeing
3. Improve prevention, early help, earlier recognition and intervention
4. Improve access to evidenced based, high quality services
5. Ensure that the needs of vulnerable children and young people were met
6. Ensure accountability and transparency.

A Walsall Children and Young People's Mental Health and Wellbeing Strategy Transformation action plan for 2016-2021 had been produced to support these priorities.

Services available in Walsall

CAMHS operates a suite of 'satellite' teams designed to support children and young people's emotional mental health and deliver the strategy for Walsall. These teams are;

Positive Steps (Mild to Moderate need)

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 aged 5-18 and their families. This includes team work with early onset presentation (in the last 6 – 12 months) of emotional health needs providing early intervention in areas of anxiety, low mood, low self-esteem, and anger management in secondary school age young people (and low level OCD). Under the umbrella of Positive Steps, the team have key practitioners who deliver 12 sessions where the need is more complex but is still a preventative service. 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 young person 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 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.

The Group considered that it was important for further development of preventative mental health services along with improved access to prevent the need for more intensive services.

Learning Disabilities (Moderate to severe need)

The learning disabilities team 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 support 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.

FLASH including Therapy for Residential Homes (Moderate to Severe need)

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 children's' 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 completed via professional consultations to those in the network around the children, where they will consider how they can support; directly work with children and young people to help them manage difficult experiences that have occurred in their lives. 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 Children's Social Care only.

Eating Disorders (Moderate to Severe need)

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 Cognitive Behaviour Therapy. It 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, and families and schools to help young people to recover.

Neurodevelopmental – Autism spectrum disorder (ASD) and Attention deficit hyperactivity disorder (ADHD)

Multi-agency assessments are undertaken between Walsall Child Development Service, Walsall Community Paediatric Service and Walsall CAMHS ASD clinic. Assessments are completed through observation, direct assessment with the young person and discussions with their parent/carer and school SENCO or key worker. Once the young person was diagnosed, they were discharged from the clinic as there was no additional support for the young person. The Group discovered that there was currently no Autism Spectrum Disorder post diagnosis clinic to support parents or children after diagnosis. The group were concerned that post diagnosis, families were currently receiving no support in managing their young person's condition. This could affect the mental wellbeing of the young person and the wider family.

CAMHS Main Team

This is a core service, which included anxiety and depression of a high level. CAMHS works on a single point of access and the biggest referrer was the GP.

ICAMHS (Crisis & Home Treatment)

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 including self harm assessments, self-harm follow up, priority choice appointments (deemed to have an increased risk to themselves or to others), and home visits.

Paediatric Panel

Referrals are received from GPs to the paediatric panel, which is a multidisciplinary panel, which identifies appropriate services at a one-stop panel. It meets weekly, and signposts referrals to the most appropriate agency for the presenting need.

Kooth

This was an online mental health and emotional wellbeing counselling service for children, young people and adults. This is accessible to all children and young people. https://www.kooth.com/

Referral numbers

Please note referral numbers below are approximate as sometimes a CYP can be referred into more than one service. A copy of the Walsall CAMHS referral criteria can be found at appendix 2.

Team	Referral numbers April 2018-January 2019 (inc)
FLASH	84
ADHD Clinic (outpatients only)	36
ASD Clinic (outpatients only)	128
CAMHS Main Team	1766
Eating Disorders	39
Positive Steps	323
ICAMHS	456
Learning Disabilities	110

Voluntary Service provision in Walsall

Agency	Type of support provided	Coverage
Barnardos	No dedicated service but support can be provided when relevant as part of Black Country Family Matters Project	Borough wide
Crisis Point	Support around trauma	Borough Wide
YMCA	Support around accommodation health & wellbeing	
Walsall Bereavement Services	Counselling to deal with issues related to grief	Borough wide
Family Matters	Support for young women linked to being employment ready	
Street Teams	Support for young people at risk of exploitation.	Borough wide
One Love	Therapy through music and social activities	
Aspire4u	Therapies linked to music	
Rethink	Provide support to people aged 17+	Borough wide
The inspire Foundation	Support linked to sport	
Kids in Communication	Support through youth activities	Darlaston, Mossley
Youth Connect	Support through youth activities/ mentoring	Pleck, Caldmore, Palfrey, Chuckery

There are a range of services aimed to support mental wellbeing in young people. The group felt that this may be problematic for some families and suggested that increased awareness of direct referral routes may be beneficial for families in the borough. The Group considered the range of services offered by CAMHs, which are accessed through the GP.

The Group felt that further investigations should be made into the suitability of services for young people (age 18-25 years) accessing adult mental health services. Due to time constraints of the group, it was not possible to determine this during this investigation.

Waiting times

Historically, Walsall CAMHS has significant waits for treatment. However due to investment in services, staffing and a change management project undertaken within the service waiting times have been reduced. Chart 3.1 demonstrates the current waiting times and the national targets against those teams (where applicable):

Chart 3.1

Team	Waiting times	Comments	National target
CAMHS Main Team	Referral to 1st assessment = 40 days Referral to treatment = 65 days	This is an average, if a CYP is a priority can be seen within one week	Referral to 1st assessment within 18wks
Learning Disabilities	Referral to 1st assessment = 10 days Referral to treatment = 42 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 1st assessment within 18wks
ADHD ASD	Referral to assessment = approx. 22 weeks Referral to diagnosis = approx. 26 weeks	This timescale is from start to end. Clinics are multi-disciplinary and therefore they are able to diagnose quickly. The process routinely takes this length 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	Deliberate Self Harm referral is responded to within 4 hrs 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 Paediatric Assessment Unit (PAU) are responded to within 4hrs (If the referral is received by 4pm Monday to Friday and 12noon on weekends).
Eating Disorders	Urgent referral is responded to on the same day and the CYP is seen within one week. Routine referral is responded to the same day and the CYP is seen within four weeks.	Eating Disorders have very clear KPI's attached to them and have not breached their response times	Urgent referrals = 1wk Routine referrals = 4wks

Case Study

The group sought to obtain feedback from children, young people and their parents on the accessibility and use of mental health services in Walsall. Healthwatch's Project Engagement Lead was tasked to gather the case studies from young people and data on school engagement to support the work of the group. However, due to staffing changes the group were not able to consider this evidence within the timescales of the working group. The Group felt that it would be beneficial for service user feedback to b obtained to gather evidence for the improvement of services

A member of the group was able to furnish the group with a case study.

I was diagnosed with ME/Chronic Fatigue Syndrome in 2013, this illness has severely affected my life and attendance in education.

The school did not seem to understand my illness and gave me little support to achieve my academic goals. I struggled to find a pediatrician that had any depth of knowledge of my condition, my only support and understanding came from my physiotherapist and my CAMHS worker. CAMHS only became available to me following the intervention of councilor Diane Coughlan.

When my absence from school first began in year 8 they did not seem interested, and it was only through the persistence of my mother that I ever received school work to complete at home. My mom was consistently told not to worry its only year eight she can catch up.

I received no Home tutoring at all in year 8, only 6 weeks twice weekly in year 9, and 3 months once a week in year 10. In year 11, my GCSE exam year, I received no home tutoring at all. I could not attend Shepwell Green as it was further to travel from home than my actual school, had I been well enough to attend to attend the Shepwell School Centre I would have been attending my own school. The subjects offered to me at Shepwell Green were only taught to foundation level although I was still predicted A grades for my GCSE's. The options I was taking were not taught during the normal school hours so I would have had to extend my attendance past normal school hours to 5pm to study the subjects, which would have been even more tiring and have an adverse effect on my ME recovery.

Very little work was emailed from teachers at school despite persistent requests, only once did a teacher bring work to my home, any work supplied was arranged by my mother with the school office, which she picked up and returned to the school.

My mom had to battle for me to be entered for my GCSE's, finally the school agreed to be entered in seven subject exams.

I returned to school for two hours per day in April 2016 before my GCSE exams in June 2016. I was supported well in some subjects, but only received 1 hour's tuition in Math's prior to my exam and was not informed of course work I had missed in English Literature. Despite achieving an A & C on the written Exams being awarded a U for the missing course work pulled my overall English Literature Grade to a D

I managed to achieve the following after only 2-3 months back at school part time

Grade B English Language

Grade D English Literature

Grade B Religious Studies

Grade B History

Grade C Mathematics

Distinction * IT

With better school input and support I feel I could have achieved even more and have never understood the reluctance to do so.

I began Sixth form at school to study A levels in three subjects. Unfortunately, post-Christmas suffering with an ear infection I was prescribed the incorrect dosage of antibiotics to which I had an allergic reaction, I was hospitalized with Heart failure, causing a relapse in my ME / CFS.

Despite requests for work to be supplied to me, yet again work was not supplied by the school when I became housebound again unable to attend school. After a while the school stated I could not continue with my A level courses but could change to BTEC courses although these were not in subjects I wished to study and would not lead to my chosen University subject. I never returned to sixth form due to the severity of my health.

It is my understanding that by Law a young person should remain in education or Training until the age of 18, from aged 16 ¾ to 18 we had no contact from school or education authority, no support or interest in my Education.

Despite being hospitalized many times in the last 5 ½ years I always felt like Doctors did not understand or at times believe my symptoms, it took 3 years to obtain a referral to a ME specialist who was based in Bath & Bristol. A Professor at Bristol and my CAMHS worker, who has ME himself, are the only professional people that have supported me in my attempts to overcome my illness and encouraged me that I can still achieve in my life. Unfortunately, CAHMS were only able to see me for a prescribed number of appointments so that support ceased. I was referred to CAMHS again for support in 2017 but because no appointments where available until after my 17th Birthday they could not offer me the further support I needed.

I decided to undertake an Open University degree from October 2018 in History and Politics as although my health improving the only A level courses available to me were at Wolverhampton college which would involve travelling on 6 buses a day to and from college which I was not capable of undertaking. Over the last 6 months my physical and Mental health have improved encouraged in self-belief from my achievements and feedback from the Open University tutors. I decided to apply to University via UCAS for September 2019 using the points from my first year with the OU as a replacement for standard A levels. I approached the school for a reference to support my application, the school refused to supply me with a reference. Thankfully councilor Coughlan provided a personal reference as the school yet again did not support my attempts to gain an education which seems to be available to all my peers.

I have been offered a place at all 5 Universities I applied for.

While I appreciate there may be options available for Education outside attendance at School none seemed to be available to support me. All that was offered was under the assumption that I would be a low achiever only capable of lower level academic achievement with no interest in reaching my goals and ambitions. I received little encouragement and support to stop me feeling like a failure and uncertain of what my future would be.

My mom is widowed and a working single parent, I have endured 5 ½ years of debilitating ill health but no one in a position of authority has seemed to believe in me. Surely a councilor should not have had to intervene to obtain CAMHS help or support my university application.

Thankfully with my own motivation and mothers support I have worked at mastering my illness, mentally come to terms with living with a long-term illness, educated myself to a standard to accept a place to study History and Politics at The University of Manchester.

Charlotte, aged 18.

The group used this example to assist in the formation of their conclusions, acknowledging that this was the views of one person and that it reflected the experience of a pupil in one school. However, it was suggested by the group that signposting and access to mental health services in schools was not consistent and in some cases may be preventing young people from accessing help. Members agreed that there may be an issue with promotion of services and information on how to access mental health services. This could affect young people's education and their future prospects. Young people who are not on roll at a school may find it more challenging to access services; this was relevant as children who had been excluded were at higher risk of mental health problems. It was felt that alternative access routes to services needed to be made available and promoted to allow parents to feel better supported to help their children.

Conclusions

There are a range of services aimed to support mental wellbeing in young people, based on the data presented to the working waiting times for these seemed to be acceptable. However, the main access route was through the GP. The group felt that this may be problematic for some families and suggested that improved promotion of a direct referral route may be beneficial for some families in the borough.

Signposting and access to mental health services in schools did not seem to be consistent and in some cases may be preventing young people from accessing help. This could affect young people's education and their future prospects.

Young people who are not on roll at a school may find it more challenging to access services; this was relevant as children who had been excluded were at higher risk of mental health problems. It was felt that alternative access routes to services needed to be made available and promoted to allow parents to feel better supported to help their children.

Preventative mental health services should be further developed and access improved to prevent the need for more intensive services.

Transition from childhood services to adult services needed improvement as it was clear that young people did not receive a consistent service at 17 years of age. This does not prepare them for transition to adult services and is not good for their mental wellbeing. It was clear from speaking to all parties that this was an issue and it needed addressing as a matter of urgency.

Further investigations should be made into the suitability of services for young people (age 17-25 years) accessing adult mental health services. Due to time constraints of the group, it was not possible to determine this during this investigation.

There was currently no Autism Spectrum Disorder post diagnosis clinic. The group were concerned that post diagnosis families were currently receiving no support in managing their young person's condition. This could affect the mental wellbeing of the young person and the wider family.

There was a range of services offered by CAMHs, which are accessed through the GP. However, a range of voluntary sector provision was also provided. It was felt that efficiencies could be made through better partnership working.

It would be useful for the needs assessment to be refreshed to ensure that commissioners were aware of the current need in Walsall.

Recommendations

Based on discussion it was agreed that the following areas be recommended for improvement: -

1. Transition from children's to adults services for ages 17-18 years is made seamless and should be designed to prepare young people for the use of adult services,

2. An Autism Spectrum Disorder (ASD) post diagnosis clinic should be developed to support young people and their families after diagnosis,

3. Partnerships with schools should be improved to ensure that they are aware of mental health services available and how to access them, a minimum standard of service within schools should be developed to include:

   a) A designated emotional and mental wellbeing Lead,
   b) Information and guidance for parents on services available and how to access them,
   c) The inclusion of mental health for young people in Governor training.

4. Pathways between the CCG and other voluntary or Council services should be streamlined to enhance user experience and also reduce waiting lists.

5. Services providing earlier intervention and preventative mental health services for young people should be further developed in Walsall to prevent the need for more intensive services.

6. Service user feedback is obtained to gather evidence for the improvement of services.

7. Consideration is given to improved promotion of direct referral routes for parents.

8. Further investigations should be made into the suitability of services for young people (age 17-25 years) accessing adult mental health services. Due to time constraints of the group, it was not possible to determine this during this investigation.

Walsall Council Overview & Scrutiny Working Group Appendix 1
Initiation Document

Work Group Name:	Young People's Mental Well-Being Working Group
Committee:	Social Care and Health Overview and Scrutiny Committee
Municipal Year:	2018/2019
Lead Member:	Councillor B. Allen
Lead Officer:	Paula Furnival
Support Officer:	Nikki Gough
Membership:	Councillor D. Coughlan, Councillor G. Clarke
Co-opted Members:	John Taylor

1.	**Context**
	Against a back drop of changes in public services, to understand the needs and perspectives of young people living in Walsall and what enablers/ support they require to live with good mental wellbeing and an ability to gain training, skills and employment opportunities
2.	**Objectives**
	What do you want it to achieve? It is important to have clearly defined outcomes at the start to give the working group direction and ensure it adds value. To enable Scrutiny to understand the needs of young adults in Walsall to stay mentally well and to access support into training, skills and employment
3.	**Scope**
	What should be included and excluded? The working group wish to examine the impact of the following, on young people aged 18-25 (*age may be amended dependent upon data*): • Their mental wellbeing – how to stay well, access early support when they feel unwell, and access to advice and formal services Consider other public health based data to determine focus of the group.
4.	**Equalities Implications**
	There is a legal and moral obligation to ensure that, when undertaking a scrutiny review, the impact of policies; procedures; strategies and activities is considered within the 6 strands of equality (Age, Disability, Gender, Race, Religion or Belief, and Sexual Orientation) • How will the working group consult with each of these six groups regarding this review and its outcomes?

	• If an EIA has been carried out for this service\policy then what were its outcomes? Can this be mapped into the review? If no EIA has been carried out by the service is one required and can this be reported to the working group? Healthwatch recently undertook a significant consultation with young people. The group could consider their findings and insights into the issues above and how they manifest in the concerns faced by young people.
4.	**Who else will you want to take part?**
	Think about whom else, other than lead officers and members, it would be useful to include either as part of the working group or to bring information at specific points. For example- partners, stakeholders, other authorities. Healthwatch Public Health Walsall CCG Mental Health service providers Mental Health commissioners
5.	**Timescales & Reporting Schedule**
	Needs to be completed within the same municipal year and so should be able to report to full panel by the last meeting at the latest but consider the subject- is there anything else that it may need to tie into (e.g. academic or financial year or to coincide with national/sub-regional developments) How often will update be provided to full panel? <u>First meeting</u> • Define scope • Decide what evidence / data is needed • Devise programme to test out the key issues <u>10th January</u> • Consider Public Health data (JSNA) on young people and mental health to identify the focus of the group • Health watch to present any data already collected • Develop Key Lines of Enquiry (KLOEs) • Identify any further evidence required. <u>22nd January</u> • Walsall CCG • Mental Health service providers • Mental Health commissioners

	11th February • Meet with young people to discuss KLOE and cross-reference information given at January meeting. 13th March • Consider any further information. • Formulate recommendations prior to submission at 11th April scrutiny committee.
6.	**Risk factors**

Risk	Likelihood	Measure to Resolve
Being unable to cover all identified themes within the available time	Low	Organise a schedule of meetings to plan ahead where possible
Officer time available to support the working group may limit its ability to deliver the outcomes desired	Low	Organise a schedule of meetings to plan ahead where possible

Date Agreed:	Initial scope by PF and Cllr Allen on 19/10/18	Date Updated:	

Dudley and Walsall NHS
Mental Health Partnership NHS Trust

Walsall CAMHS Referral Criteria

(revised May 2018)

Who can refer to CAMHS?

- General Practitioners
- Paediatricans
- Social Services (Qualified social workers only)
- School Health (only via the Paediatric panel)
- Children with Disabilities Team
- Dudley & Walsall Mental Health Trust colleague
- Other CAMHS Teams

Please ensure that you have referred to other appropriate services before referring to CAMHS and that the child/family has attended

The Specialist CAMHS teams accept referrals for children and young people, up to their 17th birthday with moderate, severe and/or complex mental health difficulties unless they fall into one of the below categories when a referral will be accepted up to their 18th birthday.

- Youth Offending
- FLASH
- Eating Disorders
- Learning Disabilities

If you require further advice/guidance about a referral then please contact the team at Canalside on 01922 608777.

Examples of the types of difficulties are listed below. This list is not exhaustive but represents some key problems referred. Children and Young People often present with a mixed range of difficulties and here are some indicators to think about when considering making a referral:

- Length of time/onset of presenting difficulty
- Recent life events that may suggest an understandable reaction
- Significant change/deterioration in the individuals presentation
- Level of impact/interference in different environments of the child's or young person's life
- Developmental stage
- Response to early intervention strategies (details are to be provided)

Depression

- Where the difficulties are beyond age appropriate mood variation
- Where there is an impact on daily living, e.g. sleeping, eating and/or school attendance
- Where there is a family history of mental illness or suicidal ideation

- Where the young person may seem sad, withdrawn, lethargic, tearful, irritable and angry

Self Harm or Suicidal Gestures/Ideation

- Where there is concern about harm in the context of other difficulties, e.g. depression, suicidal ideation
- Overdoses or other forms of significant self harm, should be sent to Manor Hospital, A&E Department for immediate medical care

Psychosis

(e.g. visual/auditory hallucinations, delusions, thought disorder, paranoia)

- Refer immediately to the CAMHS Team, including those secondary to substance abuse

Eating Disorders

- A child or young person may refuse to eat, show extreme dieting/binge eating or self - induced vomiting. You may notice that the young person is pre-occupied or secretive about their food intake
- Please consider an early referral where there are symptoms of an emerging eating disorder. Please note that height, weight and BMI should be plotted on a centile chart, a general examination including baseline bloods and an ECg for those with BMI <15 must be completed. If weight loss is rapid or BMI <15 an urgent referral is necessary

Obsessive Type Difficulties

- Consider early referral if the symptoms are interfering with the child's functioning
- A young person may experience obsessive thoughts and show obsessive compulsive behaviour, such as frequent checking, repeating, strict rituals and reassurance seeking. They may also seem very anxious

Complex Development Problems (not post diagnosis)

Difficulties may include:

- Impaired social communication
- Unusual or fixed interests
- Marked preference for routine, difficulties adapting to change or rigid behaviours
- Hyperactivity, impulsivity and inattention in children that is unresponsive to behavioural intervention

Anxiety

- Where other frontline interventions, such as counselling, have been unsuccessful
- Where it is affecting the child's development or level of functioning ,i.e. too anxious to leave the house/attend school etc)
- Where it is out of proportion to the family circumstances
- Where there is an impact on the parent/carer/child relationship
- Where there is a sudden change or deterioration

- A young person may seem overly worried, experience panic attacks or phobias. You may notice the young person avoiding certain situations and/or seeking reassurance
- Where the child is experiencing severe emotional upset on being faced with the prospect of attending school, demonstrated by extreme fearfulness, anxiety, misery and complaints of feeling unwell without an obvious cause

Post-Traumatic Stress Disorder

- Where a child continues to demonstrate hypervigilance, avoidance, flashbacks or a marked increase in unexplained temper tantrums or other episodes of distress

Complex Bereavement

- It is essential that the child or young person should be referred to the counselling service initially
- Only consider a referral to CAMHS if the child or young person is experiencing severe distress following a death that has occurred within traumatic circumstances and/or they have an abnormal grief reaction six months post the date of bereavement

Psychosomatic Presentations (only accepted via Paediatrics)

- Where a child is experiencing significant physical symptoms with suspected psychological cause

Enuresis/Encopresis (urinary/faecal incontinence) (only accepted via Paediatrics)

- A referral should initially be made to a paediatrician for assessment to exclude physical health problems
- Further to medical investigations being carried out, psychological assessment/intervention via CAMHS may be offered alongside medical reviews

Referrals that do not meet the criteria for specialist CAMHS include:

- *Young people aged 17 years and over*
  Any young person who has reached their 17th birthday and there are concerns relating to mental health issues should be referred to the Adult Primary Mental Health Team, Primary Mental Health or EAS.

- ***Under 5's***
  With the exception of pre-school children that would meet a specific psychotherapy criteria (please note, we do not accept under 5's for the purposes of providing diagnoses)

- *School based issues*
  Children and young people whose problems are primarily school based and who have not yet received input from educational psychology or education welfare, including issues surrounding bullying

- *Behaviour problems*
  Children, young people and teenagers, where behaviour although challenging, is age appropriate

- *Child protection*
  Concerns that a child is at risk of harm from physical, sexual or emotional abuse must initially be referred to Social Care & Health (as outlined in child protection guidelines). CAMHS may be part of a subsequent action plan

- *Post Autism Spectrum Disorder diagnosis*

N.B. Referrals received by CAMHS that do not necessarily meet the criteria will not be rejected but instead will be referred into the most appropriate service for the child or young person through the Paediatric Panel.