

Child and Adolescent Mental Health Services (CAMHS) in Berkshire Community Partnership Forum February 2014

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What do we mean by mental health?

Mental health is not simply the absence of disorder but a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.
(World Health Organisation 2010)

The impact of mental health problems in childhood and adolescence

- 50% of life time mental illness (excluding dementia) begins by age 14.
- People with conduct problems in childhood are more likely to have no educational qualifications, be economically inactive and be arrested.
- It is estimated that the 45% of children who have mild or moderate conduct problems go on to commit half of all crime at a cost of £37 billion annually.
- *Intervening early for children with mental health problems has been shown not only to reduce health costs but also to realise even larger savings from improved educational outcomes and reduced unemployment and crime.*



Prevalence and persistence



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- 1 in 10 children aged 5-16 has a clinically significant mental health problem
- 1 in 5 children with a mental disorder experience more than one mental health problem (comorbidity). This can make assessment, diagnosis and treatment more complex.
- 25% of children with a diagnosable emotional disorder and 43% of children with a diagnosable conduct disorder will still have the problem 3 years later (persistence). Persistence rates are higher when the mother has poor mental health.
- **Referral rates to specialist CAMHs have increased greatly in recent years- nationally a 40% rise between 2003 and 2009. Local picture is similar.**
- **Deliberate self harm rates are increasing nationally and locally.**

Risk & protective factors- nature & nurture

RISK FACTORS

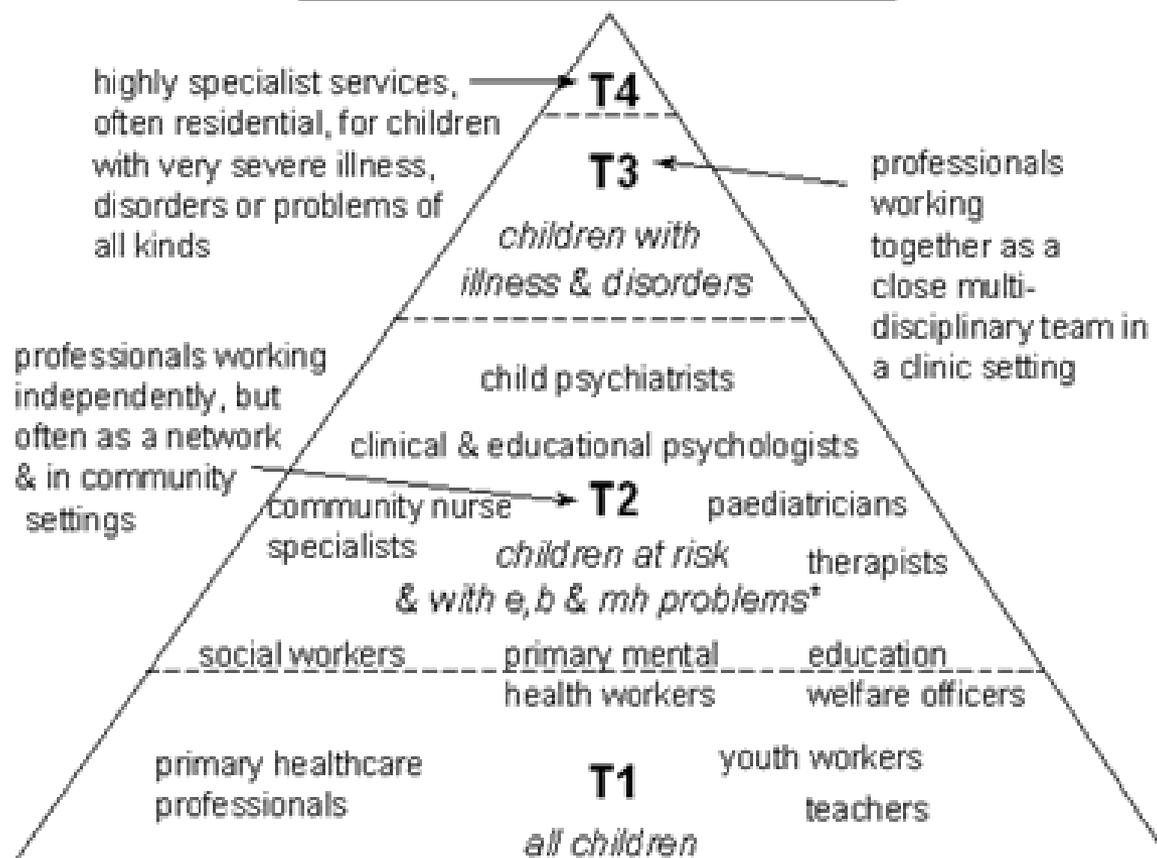
- Living with a long term physical illness or disability
- Having an intellectual disability or Autistic Spectrum Disorder
- Being a child in care/ refugee/ asylum seeker
- Having experienced abuse and neglect
- Being in contact with criminal justice system
- Having a parent in prison
- Having a parent with a mental health problem
- Parent with a substance misuse or alcohol problem
- Being from a low income family- unemployed parents/ parents having low educational attainment
- Being lesbian, gay, bisexual or transsexual



BUT PROTECTIVE FACTORS IN THE INDIVIDUAL & COMMUNITY INFLUENCE WHETHER A CHILD WILL EXPERIENCE PROBLEMS- IN PARTICULAR RECEIVING CONSISTENT SUPPORT FROM A TRUSTED ADULT...AND THERE IS A GROWING RANGE OF EVIDENCE BASED TREATMENTS AVAILABLE

How CAMHS is commissioned

The 4-Tier structure of CAMHS



* emotional, behavioural & mental health

Local and national issues with CAMHs

- A “good” CAMHs service has timely, effective and efficient integrated working across Tiers (and therefore agencies)- a seamless pathway
- Local Authorities, individual schools and health commission Tier 2- mixed picture of provision.
- Demand for in patient beds often outstrips supply
- Some 16 and 17 year olds are admitted to adult wards while adolescent in patient beds are sourced
- Lack of 7 day in patient beds in Berkshire means that young people are placed a distance from home
- Can be delays in repatriating young people to Berkshire- related to the right support not always being available locally, especially over weekends and bank holidays
- Berkshire model of CAMHs provision is different to most other areas- it is time for CCGs to review what is commissioned.

CAMHs REVIEWS

- **NHS England National Tier 4 review-** reporting April 14. What beds are where? How many beds? Who uses the beds? How are they accessed? What services are in the community- pathway in and out of Tier 4?
- **Public Health with Local Authorities-** mapping providers who contribute to the delivery of the Healthy Child Programme across the Tiers
- **BHFT** have been reviewing their own CAMHs service.
- **NHS Benchmarking Network-** National CAMHs benchmarking has been undertaken looking at e.g. waiting times, skill mix
- **Berkshire CCGs led review of CAMHs -** reporting May 14. This will pull together information and recommendations from the other reviews & feed into a Thames Valley Strategic Clinical Network review of CAMHs in Bucks, Oxon and Berks.

Berkshire review of CAMHs

Does CAMHs provide timely, effective and efficient services to the population of Berkshire?

When? Feb- April 14.

Who? Service users, families, carers, Local Authorities, voluntary sector, clinicians, schools.

How do I get involved? Contact jacqueline.malone@jemmbarrio.co.uk

USEFUL REFERENCE

www.jcpmh.info Guidance for Commissioners of Child and Adolescent Mental Health Services, November 2013, Joint Commissioning Panel for Mental Health



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ANY QUESTIONS?