Wandsworth Children and Young People’s

Mental Health Strategy

2014-2016

Final Version

[Type here]

Subject to Approval by the Board
# Table of Contents

1. Signatories ................................................................................................................. 2
2. Introduction .................................................................................................................. 3
3. Definition and scope ..................................................................................................... 3
   3.1 Definitions .................................................................................................................. 3
   3.2 Scope .......................................................................................................................... 3
4. Key national statistics on children’s mental health ......................................................... 3
5. National policy context ................................................................................................. 4
6. Local context .................................................................................................................. 4
   6.1 Local indicators of need ............................................................................................ 4
   6.2 Estimated prevalence of mental health problems in children and young people in Wandsworth ........................................................................................................ 5
   6.3 Estimated need for CAMHS at each tier ................................................................. 5
   6.4 Service configuration ............................................................................................... 6
   6.5 Service delivery problems ....................................................................................... 7
   6.6 The Access service .................................................................................................... 7
   6.7 Service utilisation ...................................................................................................... 8
   6.8 Projected future demands ....................................................................................... 8
   6.9 Effectiveness of CAMHS in Wandsworth ............................................................... 9
7. Where we need to be ..................................................................................................... 9
   7.1 Standards for child and adolescent mental health service ....................................... 9
   7.2 Effective 0 to 5 early years intervention programmes and outcomes ...................... 10
   7.3 Treatments for mental health problems in childhood and adolescence .................. 10
8. Strategic objectives ...................................................................................................... 11
9. Principles ...................................................................................................................... 11
10. Actions relating to the strategic objectives ................................................................... 12
11. Implementation and monitoring .................................................................................. 17
12. Appendix 1: Tier 2 CAMHS in Wandsworth .............................................................. 18
13. References ................................................................................................................... 20
1. Signatories

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicola Jones</td>
<td>Chair, Wandsworth CCG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emma Whicher</td>
<td>Medical Director, South West London &amp; St. George’s Mental Health Trust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dawn Warwick</td>
<td>Director of Education and Social Services, Wandsworth Borough Council</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Introduction

Mental health problems in children and young people cause distress and can have wide-ranging effects, including impacts on educational attainment and social relationships, as well as affecting life chances and physical health. Mental health in children and young people is not only a health issue but also an issue of inequality. There are strong associations between mental health problems in children and young people and social disadvantage, with children and young people in the poorest households being three times more likely to have a mental health problem than those growing up in better-off homes.¹ Looked after children, children with learning difficulties and young offenders are particularly prone to experiencing mental health problems.

This strategy sets out the steps the Wandsworth CAMHS Commissioning Partnership intends to take to meet the mental and emotional health needs of children and young people in Wandsworth.

3. Definition and scope

3.1 Definitions

Mental health is defined as “A state of wellbeing in which the individual realises his or her own abilities, 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.”²

Emotional wellbeing is defined as “A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.”³

3.2 Scope

This strategy is for children aged 0 to 18 years, for whom Wandsworth is responsible either as a GP registered or resident population, in need of mental health services for children and young people. Children with additional/special needs would be managed based on the relevant legal framework and requirements relating to their ages.

4. Key national statistics on children’s mental health

- One in 10 children and young people under the age of 16 had a diagnosable mental disorder. Among 5 to 10 year olds, 10% of boys and 5% of girls had a mental health problem while among the 11 to 16 year olds the prevalence was 13% for boys and 10% for girls.
- The most common problems are conduct disorders, attention deficit hyperactivity disorder (ADHD), emotional disorders (anxiety and depression) and autism spectrum disorders.
- Mental health problems in children and young people can be long-lasting. 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18. In addition, there is well-identified physical health problems associated with mental health.
- Parental mental illness is associated with increased rates of mental health problems in children and young people, with an estimated one-third to two-thirds of children and young people whose parents have a mental health problem experiencing difficulties themselves.
- LGBT men and women have high rates of mental illness (44%) some of which is attributable to discrimination on the basis of their sexuality. 51% of this group have experienced bullying at school, 48% have used drugs within the previous month and 47% have considered suicide.
- Mental health problems in children and young people are associated with excess costs estimated as being between £11,030 and £59,130 annually per child. These costs fall to a
variety of agencies (e.g. education, social services and youth justice) and also include the direct costs to the family of the child’s illness.

- There are clinically proven and cost-effective interventions. Taking conduct disorder as an example, potential life-long savings from each case prevented through early intervention have been estimated at £150,000 for severe conduct problems and £75,000 for moderate conduct problems.

5. **National policy context**

The following are some of the relevant national document supporting the development a local CAMHS strategy:

- No Health without Mental Health: A cross-government strategy\(^4\)
- Children and Young People’s Improving Access to Psychological Therapies (IAPT).
- 2010 Marmot review\(^5\)
- 2013-16 Public Health Outcome Framework
- Better health outcomes for children and young people: Our pledge\(^6\)
- Report of the children and young people’s health outcomes forum.\(^7\)
- Healthy Child Programme documents – the first five years of life and from 5 to 19 years\(^8\)

6. **Local context**

6.1 **Local indicators of need**

- Children in lone parent households could be 20% more likely to have emotional disorders compared with those in two-parent households and 43% more likely to have conduct disorders. The three most deprived wards - Roehampton, Latchmere, and Queenstown - are those with the highest proportion of lone parent households with dependent children.
- Prevalence of mental health problems in young people (16-18 years) in homeless settings is higher in that of their peers nationally. In Wandsworth, statutory homeless households with dependent children or pregnant women was 23.2 per 1,000 households and this significantly worse than national average.\(^9\)
- Children Looked After (CLA) are more likely to experience mental health problems. There were 210 CLA in Wandsworth in 2013. Though recent local data show a downward trend in the CLA rate, CLA rates are highest among children from Mixed and Black ethnic backgrounds, while the lowest rate is in those from Asian ethnic background.
- Nationally, one in three children with a learning difficulty has a mental health problem. Estimates show that about 39.8% of children with learning disabilities in Wandsworth have mental health problems.\(^*\)
- Proportion of children with a Special Educational Need (SEN) statement in Wandsworth schools is increasing. Wandsworth January 2012 School Census shows that “Speech, Language and Communication Needs” is the commonest special educational need affecting 3.4% of the pupils followed by “Behaviour, Emotional & Social Difficulty” which affects 3.3% of the pupils. Autistic spectrum disorders (ASD) are the commonest special educational need in special school affecting 24.3% of the children.
- Nationally, one in five youth offenders have significant depressive symptoms, one in ten has reported anxiety or post-traumatic stress symptoms and one in ten has reported recent self-

\(^*\) CHIMAT, 2013
harm. 416 children and young people aged 10 to 18 years from Wandsworth have formally entered the Youth Justice System between 2010 and 2011 with the 10-14-year age group being the highest proportion.

- School exclusion is associated with adverse mental health and socio-economic consequences for the children excluded. Children with mental health problems are more likely to be excluded from school. Wandsworth had a significantly higher permanent exclusion rate compared to national and region averages (0.15% for Wandsworth; 0.08% for England; 0.09% for London) in 2011/12 academic year. The exclusion rate was particularly marked among Black children in Wandsworth: 0.27% compared 0.11% for White children.\[^{10}\]
- Teenage mothers are three times more likely to suffer from post-natal depression. With a rate of 25.5 per 1,000 females aged 15-17 years in 2012, Wandsworth has 14\(^{th}\) lowest teenage conception rate among 32 London boroughs. The 2012 rate represents a 64.1% reduction from the 1998 baseline.
- Young carers experience substantial stress, anxiety, low self-esteem and depression. Over one-third self-harm and a similar proportion have thought of suicide. According to the 2011 Census there were 1,719 carers aged between 0 and 24 years representing 2.0% of the population in the age group. Graveney Ward had the highest concentration of young carers aged 0 to 24 years (3.2%) while Northcote has the lowest of 0.6%.
- Substance misuse, intoxication, harmful alcohol use, withdrawal and dependence may lead to or exacerbate psychiatric or psychological symptoms or syndromes.\[^{11}\] Prevalence of alcohol and substance misuse among Wandsworth school children has declined since 2004 from 49% to 33% (alcohol) and 36% to 19% (substance).\[^{12}\]

### 6.2 Estimated prevalence of mental health problems in children and young people in Wandsworth

The estimated numbers of children and young people aged between 5 and 16 years in Wandsworth who may have a diagnosed mental health disorder are shown below. These are based on 2004 ONS survey\[^{13}\] and 2011 ONS mid-year population projection for Wandsworth.

- 2,984 estimated to have a clinically diagnosed mental health problem
- 1,135 estimated to have an emotional disorder
- 1,798 estimated to have conduct disorder
- 474 estimated to have a hyperkinetic disorder
- 422 estimated to have less common disorders of which autistic spectrum disorder (ASD) constitute the majority
- CHIMAT has estimated that about 63 children aged 9 to 10 years and 229 aged 5 to 9 years have ASD in Wandsworth (CHIMAT, 2013).

### 6.3 Estimated need for CAMHS at each tier

Estimates of the number of children and young people who may experience mental health problems appropriate to a response from CAMHS at Tiers 1, 2, 3 and 4 have been provided by Kurtz.\[^{14}\] Table 1 shows these estimates for the population aged 17 and under in Wandsworth.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Estimated number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>8,436</td>
</tr>
</tbody>
</table>

Page 5 of 20
Subject to Approval by the Board

<table>
<thead>
<tr>
<th>Tier</th>
<th>Estimated number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 2</td>
<td>3,937</td>
</tr>
<tr>
<td>Tier 3</td>
<td>1,040</td>
</tr>
<tr>
<td>Tier 4</td>
<td>42</td>
</tr>
</tbody>
</table>

Source: CHIMAT, 2013

6.4 Service configuration

Figure 1 shows the configuration of CAMHS based on tiers in Wandsworth. See Appendix 1: Tier 2 CAMHS in Wandsworth for details of CAMHS.

Figure 1: CAMHS Configuration in Wandsworth

Highly Specialised Services
- Inpatient Units
- Eating disorder units
- Children in residential Placement with mental health issues
- Forensic psychiatric services

Specialist Services
- Specialist CAMHS
- Joint working/interface with Tier 2 services
- Specialist Learning Disability Services
- Children Looked After services
- Educational Psychologist

Targeted Services
- Multi-agency service provision
- Psychological and Therapeutic support for CLA
- Schools and Community Psychology Service
- CAMHS in Early Years
- Support for Family Centres and Children In Need teams
- CAMHS within the Behaviour and Learning Support Service
- Wandsworth Bereavement Service
- Targeted Metal Health in Schools Project

Universal Services
- Multi-agency provision of:
  - mental health promotion and prevention
  - general advice
  - early identification of mental health problems
  - referral to more specialist services by:
    - GPs
    - Children Centres
    - Health Visiting, School nurses, Children Social Care, Community Midwives
    - Early years provision

Severe mental health problems and very complex cases
Moderate to severe mental health problems
Vulnerable clients in need of support
All children and their families

Tier 4
- Provided by NHS England

Tier 3
- Commissioned by CCG

Tier 2
- Jointly commissioned

Tier 1
- Jointly commissioned

Access Service:
- Single point of contact and referral into other services

6.5 Service delivery problems

The Wandsworth Child and Adolescent Mental Health Service was inspected by Ofsted in July 2012. The service was criticised for a lack of clarity in relation to availability of services and the access thresholds for such services. The inspection also highlighted the need for therapeutic services for children suffering from sexual abuse in Wandsworth. Delays in the referral pathway have also been identified.

Access Issues – Access arrangements within the existing model can be complex and unclear for health professionals, children, young people and their families alike. Often Tier 2 services are overlooked either due to unclear access arrangements or because referrers are put off by having to complete complex documentation. The level of referrals that do not meet CAMHS access criteria was approximately 80 per quarter.

Long Waits – Children, young people and their families can wait too long for specialist assessment and thus undefined risks are hidden in the waiting list. At the same time patients who might benefit from less specialist interventions are unnecessarily delayed in the queue for assessment. Referral networks are often limited, referrals 'back up' in the system, sometimes as a result of limited integrated working within downstream services.

Limited Integration – Key professional groups within the model are not sufficiently well integrated and this can lead to needless referrals between services and a lengthy and tiresome journey for children, young people and their families, often negotiating arbitrary service boundaries.

Limited ‘end to end’ management of the patient journey – The model is not capable of tracking the progress of children and young people across the CAMHS as a whole, to ensure optimal management of cases, safe guarding and flow through the system.

6.6 The Access service

To help address the problems highlighted above, a new service called Access has been developed. The service is delivered as a partnership between South West London and St George’s Mental Health Trust and Wandsworth Local Authority. The key features of the service are below:

- A single point of referral for any child or young person who may be experiencing poor emotional health.
- Provide consultation and/or assessment intervention to young people and their families.
- Support signposting to other services so that families can access a service that meets their needs.
- Young people able to self-refer into the service
- The service supports a graduated, flexible and rapid response.
- There has multi-disciplinary input to make the most of referral networks.
- All referrals are received and.actioned thus eliminating ‘bounce backs’.
- The service has comprehensive governance and safeguarding mechanisms.
- The service is monitored in terms of activity data and outcomes for young people.
- Interventions are delivered according to best practice and/or NICE guidelines.
- The service seeks young people and parents/carers views in relation to service development and evaluation.

The Access service has recently received a CAMHS Award in recognition of the partnership developed between the CCG and the Local Authority.
6.7 Service utilisation

Table 2 shows the number of referrals into specialist CAMHS between 2011/12 and 2012/13. The referrals have increased by 37.7% and the proportion of referrals not seen by the service declined from 11.7% in 2011/12 to 5.3% in 2012/13.

| Referrals into specialist CAMHS (2011/12 – 2012/13 data for Wandsworth clients CCG). |
|---------------------------------|--------|--------|
|                                | 2011/12 | 2012/13 | Total   |
| Total referrals                 | 5,702   | 7,852   | 13,554  |
| Seen - Face-to-face             | 4,971   | 7,366   | 12,337  |
| Seen - Telephone Contact Only   | 62      | 71      | 133     |
| Not Seen                        | 669     | 415     | 1,084   |
| % not seen                      | 11.7%   | 5.3%    | 8.0%    |

Table 3 shows utilisation of specialist CAMHS between 2011/12 and 2012/13. The number of clients in contact with the service has increased by 21.5% and the average number of contacts has also increased from 5.8 to 7 per client. Among the clients seen in 2011/12, 585 (66.9%) were seen at least on one additional occasion in 2012/13. Among the 1,063 clients seen in 2012/13, 478 (45.0%) had their first contacts with the service.

It is apparent that access to specialist CAMHS has improved and the demand for the service is growing, though some of the increases observed could be attributed to improvements in data quality.

Table 3: Utilisation of specialist CAMHS (2011/12 – 2012/13 data for Wandsworth clients CCG).

<table>
<thead>
<tr>
<th>Financial year</th>
<th>2011/12</th>
<th>2012/13</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of clients</td>
<td>875</td>
<td>1,063</td>
<td>1,353</td>
</tr>
<tr>
<td>Total number of contacts (those seen)</td>
<td>5,033</td>
<td>7,437</td>
<td>12,470</td>
</tr>
<tr>
<td>Average number of contacts per client</td>
<td>5.8</td>
<td>7.0</td>
<td>9.2</td>
</tr>
</tbody>
</table>

6.8 Projected future demands

Figure 2 shows the projected annual clients using specialist CAMHS. By 2030, with increases in population, increased awareness and increase case detection rate, it is expected there would be close to 2,600 clients accessing the service.

It was assumed those who did not have prior contacts with the service in 2011/12 had their 1st contact with the service in 2012/12 as there are no data pre-dating 2011/12.
6.9 Effectiveness of CAMHS in Wandsworth

Wandsworth has achieved the best score possible across all the 4 domains of effectiveness for quarter 4 of 2011. There are new no data since 2012.

There is currently very limited routine data on specific outcomes in services delivered making it difficult to access the impact of the services in various settings. Wandsworth is developing session-by-session outcome measures using the IAPTUS IT management tool. This will require the commitment of providers to ensure successful implementation of the tool in several settings.

Table 4: Effectiveness of CAMHS - Quarter 4 2011 (CHIMAT, 2013)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Score*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a full range of Child and Adolescent Mental Health Services (CAMHS) for children and young people with learning disabilities been commissioned? (Scale 1-4)</td>
<td>4</td>
</tr>
<tr>
<td>Do 16 and 17 year olds who require mental health services have access to services and accommodation appropriate to their age and level of maturity? (Scale 1-4)</td>
<td>4</td>
</tr>
<tr>
<td>Are arrangements in place to ensure that 24 hour cover is available to meet urgent mental health needs of children and young people and for a specialist mental health assessment to be undertaken within 24 hours or the next working day where indicated? (Scale 1-4)</td>
<td>4</td>
</tr>
<tr>
<td>Is a full range of early intervention support services delivered in universal settings and through targeted services for children experiencing mental health problems commissioned by the Local Authority and PCT in partnership? (Scale 1-4)</td>
<td>4</td>
</tr>
</tbody>
</table>

* Scores between 1 and 4 with a score of 4 being the best

7. Where we need to be

7.1 Standards for child and adolescent mental health service

Annual Report of the Chief Medical Officer 2012, “Our Children Deserve Better: Prevention Pays” identified specific standards for CAMHS:

- The service must be able to offer comprehensive assessment by clinicians who are skilled in engaging children and young people and who have a good understanding of how mental health problems manifest at different developmental stages and ages.
- Intervention should be based on careful formulation of evidence and practice and be collaborative between families and practitioners, and the effects should be systematically monitored using appropriate outcomes measures, with intervention being modified on the basis of the outcomes.
- Services should be able to report treatment outcome in at least 50% of cases on the basis of a standardised patient or carer-rated measure.
- The service must be able to offer a range of evidence-based treatments for the most common child and adolescent mental health problems including:
  - treatment for ADHD including medication and psychosocial treatments
  - interventions for suicidality and self-harm
  - cognitive behavioural therapy and other evidence-based treatments for anxiety (including obsessive compulsive disorder and social phobia) by clinicians trained to at least CYP IAPT practitioner criteria
  - parent training groups for oppositional and conduct disorders
  - family therapy including evidence-based approaches for conduct problems
Subject to Approval by the Board

- cognitive behavioural therapy and interpersonal therapy for depression and medication where appropriate.
- Services should have arrangements in place to ensure provision of specialist interventions/services for less common problems where there may not be a sufficient critical mass of patients presenting to an individual team to warrant provision.
- Services must take active steps to increase access, including multiple access points, telephone advice and psycho-education, and carry out ethnic monitoring to show accessibility to diverse communities.
- There should be joint agency protocols across health (including adult mental health services), education and social care in relation to joint working, referrals between agencies and the management of risk, including safeguarding concerns.

7.2 Effective 0 to 5 early years intervention programmes and outcomes

The following have been identified in the 2012 Chief Medical Officer’s (CMO’s) report:

- pre-school curricula to enhance children’s readiness for school, in particular skills in language and literacy (e.g. Early Literacy and Learning Model with a benefit-to-cost ratio\(^*\) of approximately £2.14)
- parenting group programmes to improve children’s behaviour (e.g. Incredible Years BASIC with a benefit-to-cost ratio of approximately £2.49)
- parent and child therapy programmes to improve children’s relationships with their parents/carers (e.g. parent–child interaction therapy with a benefit-to-cost ratio of £4.38)
- home-visiting programmes to improve children’s relationships with their parents/carers (e.g. Nurse-Family Partnership with a benefit-to-cost ratio of approximately £1.92)
- intensive child and family support programmes to improve behaviour and children’s relationships with their parents/carers (e.g. multidimensional treatment foster care with a benefit-to-cost ratio of approximately £3.09).

7.3 Treatments for mental health problems in childhood and adolescence

The following have been identified in the 2012 CMO’s report:

- Using evidence based practice (EBP) has been shown to reduce costs by up to 35% and duration of treatment by up to 43%
- Early intervention in the course of disorder can reduce the risk of later disorder and has the potential to generate savings for services and society e.g. potential savings from each case of conduct disorder prevented through early intervention have been estimated at £150,000 for severe conduct problems and £75,000 for moderate conduct problems.

\(^*\) Conversion from US dollar to pounds done on 28 April 2014 using exchanged rate of 1.00 USD = £0.593727 (Source: http://www.xe.com/currencyconverter/)

\(^*\) Benefit-to-cost ratios are calculated from the ratio of the monetary gain that follows from an intervention against the costs of setting up and providing the intervention, and attempts to summarize the overall value for money of the interventions.
8. Strategic objectives

The strategic objectives relate to the 2011-15 Wandsworth Children and Young Peoples Plan. Priority one – “More Children and Young people develop emotional resilience and achieve positive mental health and well-being throughout childhood”.

The objectives for the priority are to:

- Provide parents with the skills to develop good behaviour, emotional well-being and appropriate attachment in young children
- Increase the skills and capacity of universal providers to develop good emotional and mental health for children and young people and intervene early where appropriate
- Increase the capacity of young people to build positive relationships and reduce the levels of sexual bullying
- Provide targeted, preventative mental health projects for vulnerable groups including children who are looked after
- Provide appropriate and timely referrals to effective higher tier mental health services for those children and young people who need it.
- Improve data quality and raise awareness amongst the children services workforce of the emotional and mental health and well-being of children and Young People.

9. Principles

The main principle guiding this strategy development and its implementation is to ensure key principles relating to children’s health and wellbeing contained relevant national and local policy documents are embedded in our approach to addressing mental health problems in children and young people.

- Report of the children and young people’s health outcomes forum supports a ‘life course’ approach to tackling key health and wellbeing inequality issues. For children and young people this means a focus on ‘starting well’ and ‘developing well’, and ”Making Every Contact Count”.
- Equity and Excellence: Liberating the NHS, places emphasis on giving patients and the public a stronger voice when decisions are made. It states that “…..no decision about me without me”. This will ensure that everyone, including children, is given a bigger role in decisions made about the services they receive by involving them at all stages of the service delivery process.
- Better health outcomes for children and young people – Our Pledge:
  - Children, young people and their families will be at the heart of decision-making, with the health outcomes that matter most to them taking priority.
  - Services from early years through to adolescence and beyond, will be high quality, evidence based and safe, delivered at the right time, in the right place, by a properly planned, educated and trained workforce.
  - Good mental and physical health and early interventions, including for children and young people with long term conditions, will be of equal importance to caring for those who become acutely unwell.
  - There will be clear leadership, accountability and assurance and organisations will work in partnership for the benefit of children and young people.
- Wandsworth Children and Young Peoples Plan 2011-2015 describes eight partnership principles relating to:
Subject to Approval by the Board

- Working together
- Safeguarding
- Strong leadership
- Workforce development
- Helping the most vulnerable
- Equality
- Participation
- Commissioning

The Wandsworth Pledge to Children and Young People in Care

Among the commitments made are:

- “Assess your emotional needs and provide you with access to health professionals and services when required.”
- “If you have a disability we will make sure that we have a good understanding of your needs and provide you with the right kind of support and services.”

10. Actions relating to the strategic objectives

Provide parents with the skills to develop good behaviour, emotional well-being and appropriate attachment in children.

<table>
<thead>
<tr>
<th>Actions</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research into the evidence of works in early years, schools and parenting to inform programmes in various settings.</td>
<td>Public Health in conjunction with key stakeholders to identify evidence base practice to support service development</td>
</tr>
</tbody>
</table>
- Deliver evidence-based programmes for parents of very young children to improve attachment and language development working in partnership with early years settings:
  - Family Nurse Partnership (FNP)
  - Wandsworth Parenting Groups
  - Troubled Families programme

- Wandsworth has signed-up for the FNP programme which will be implemented by NHSE up until October 2014 when it will be transferred to the Local Authority.

- Wandsworth Parenting Group has been established. Uptake of the sessions has seen a decline in recent years. There is a need to improve access to the services provided

- The council’s Troubled Families programme has helped vulnerable families turn their lives around quickly and was hailed as the best in London. Just under 68% of troubled families have successfully turned their lives around within one year. This is the highest ranked score in the capital.
Subject to Approval by the Board

Increase the skills and capacity of universal providers to develop good emotional and mental health for children and young people and intervene only where appropriate

<table>
<thead>
<tr>
<th>Actions</th>
<th>Comments</th>
</tr>
</thead>
</table>
| • Mental Health Lead Training across all organisations and in all settings  
  • Develop an on-line E-training resources commission universal training package  
  • Pilot Universal Training Model  
  • Roll out Universal Training  
  • Commissioners and providers of services to children in primary education should develop and agree arrangements to ensure all primary schools adopt a comprehensive, ‘whole school’ approach to children’s social and emotional wellbeing | • Provider has been identified to carry out the scoping exercise of the training needs of staff in all settings  
  • A time frame for this to happen should be defined  
  • National Institute of Health and Care Excellence - Public Health Guidance (NICE PH12) Social and Emotional Wellbeing in Primary Education |

Increase the capacity of young people to build positive relationships and reduce the levels of sexual bullying

<table>
<thead>
<tr>
<th>Actions</th>
<th>Comments</th>
</tr>
</thead>
</table>
| • The CAMHS Partnership to build on the existing anti – bullying strategy and to identify the key areas to address sexual bullying / bullying | • There is a separate issue of sexual bullying, sexual exploitation and vulnerable children  
  • The gang culture also has an impact on sexual behaviour |
| • Include sessions on sexual bullying in PSHE in school  
  • Include sexual bullying awareness in school nursing service provision | • These issues should be considered by the Partnership in conjunction with relevant agencies commissioning and providing school-based health promotion services |
## Provide targeted preventative mental health projects for vulnerable groups

<table>
<thead>
<tr>
<th>Actions</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Conduct a service redesign and care pathway for targeted mental health services</td>
<td>A new early intervention access service has been commissioned</td>
</tr>
<tr>
<td>- Develop a Commissioning Standards for targeted services for all partner agencies to ensure consistent and high standards of service delivery</td>
<td>Standards to be defined by the partnership and to be informed by a review of the evidence relating to effective commissioning. Those recommended in the 2012 Chief Medical Officer’s report would be a good starting point</td>
</tr>
<tr>
<td>- Targeted support for vulnerable groups;</td>
<td></td>
</tr>
<tr>
<td>- Develop strategy to support children excluded from schools in Wandsworth</td>
<td>Strategy to support excluded pupils is a new area of development for consideration by the Partnership</td>
</tr>
<tr>
<td>- Improve access to CAMHS for Lesbian, Gay, Bisexual and Transgender young people</td>
<td>Ensure that clear care pathways exist between CAMHS and young people’s LGBT specific services</td>
</tr>
<tr>
<td>- Develop schemes to support children and young people in homeless settings</td>
<td>Schemes to support children in homeless settings is a new area for development requiring consultation with local authority housing department</td>
</tr>
<tr>
<td>- Improve access to CAMHS for Children Looked After</td>
<td>The local authority provides support to 16/17 year olds who are homeless through the New Generation Scheme</td>
</tr>
<tr>
<td>- Improve access to CAMHS for children with disabilities and special needs</td>
<td>NOTIFY provides information to other services of households in temporary accommodation so they can offer relevant support</td>
</tr>
<tr>
<td>- Improve access to CAMHS for youth offenders</td>
<td>A dedicated service, Psychological and Therapeutic support for Children in Public Care, has been commissioned for Children Looked After</td>
</tr>
<tr>
<td>- Ensure teenage pregnant clients receive appropriate support during pregnancy and after delivery</td>
<td>CAMHS for children with learning disabilities have been commissioned</td>
</tr>
<tr>
<td>- Develop schemes to support young carers</td>
<td>Joint commissioning of services as specified in the SEN Reforms 2014 in development. This will be implemented from September 2014</td>
</tr>
<tr>
<td>- Deliver interventions to prevent and reduce drug and alcohol misuse among children and young people</td>
<td>A dedicated service for youth offenders has been commissioned and co-located in the Youth Offending Team</td>
</tr>
<tr>
<td></td>
<td>Review of the perinatal care pathway with emphasis on women at risk or suffering from post-natal depression is underway</td>
</tr>
<tr>
<td></td>
<td>Joint CAMHS Drug and Alcohol worker has been commissioned. Need to explore evidence-based interventions for implementation in various settings e.g. in schools</td>
</tr>
<tr>
<td></td>
<td>Strengthen delivery of PSHE to ensure consistent delivery of drug and alcohol awareness interventions in schools</td>
</tr>
</tbody>
</table>
Subject to Approval by the Board
Provide appropriate and timely referrals to effective higher Tier Mental Health services for those children and Young People who need it

<table>
<thead>
<tr>
<th>Actions</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop a single point of access for families to facilitate a single referral process</td>
<td>• The new Access service has a single point of access for all referrals. This has greatly reduced issues regarding thresholds and eligibility criteria for CAMHS</td>
</tr>
<tr>
<td>• Reduce the number of referrals to Tier 3 CAMHS and increase capacity</td>
<td>• The New Access service has reduced the amount of referrals to the T3 Service by 37%. There is also evidence that the new service is sign posting referrals to T2 services more speedily. The service is providing more appropriate and timely referrals for the children and young people who require help</td>
</tr>
</tbody>
</table>

Improving the quality of data collected and to raise awareness amongst the children services workforce for the emotional and mental health and well-being of children and Young People

<table>
<thead>
<tr>
<th>Actions</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Extend IAPTUS principles of data recording to all services where appropriate</td>
<td>• IAPTUS would demonstrate session-by-session clinical outcome measures. This data would inform future commissioning priorities</td>
</tr>
</tbody>
</table>

11. Implementation and monitoring

The strategy will be supported by a robust implementation plan which will be developed, monitored and reviewed by the CAMHS Commissioning Partnership.
### 12. Appendix 1: Tier 2 CAMHS in Wandsworth

**Table 5: Tier 2 CAMHS in Wandsworth**

<table>
<thead>
<tr>
<th>Service</th>
<th>Groups served</th>
<th>Key service elements and features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increased Access to Psychological Therapies</strong></td>
<td>• 4-18 years with anxiety, depressive and conduct disorders, using cognitive behavioural therapy (CBT) and parenting programmes.</td>
<td>Wandsworth has been chosen as an implementer site for the development of IAPT The focus of the service is on the management of anxiety, depressive and conduct disorders, using cognitive behavioural therapy (CBT) and parenting programmes.</td>
</tr>
<tr>
<td><strong>Targeted Mental Health in Schools Project (TaMHS)</strong></td>
<td>• School aged pupils in Wandsworth schools</td>
<td>The main aim of the project is to create sustainable services to support children and young people. It provides a distinct hub for the delivery of additional school and community targeted mental health initiatives.</td>
</tr>
<tr>
<td><strong>Marlborough Family Groups</strong></td>
<td>• Vulnerable young people aged between 7 - 13 years old and their families</td>
<td>Tier 2 early intervention programme aimed at helping families who are experiencing difficulties accessing CAMHS. It is a collaborative approach with schools and families and uses multi-family therapy group meetings to manage clients. The service also provide the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Additional family work where required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Child and parent 1:1 individual sessions if needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Support with signposting and directing families to other services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• In-school support for teaching staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Liaison and feedback to staff</td>
</tr>
<tr>
<td><strong>Place 2 Be</strong></td>
<td>• Primary school children</td>
<td>Place2 Be (Voluntary and Community Sector organisation) is operational in 11 of the borough’s primary schools. Provides counselling and support services for children with emerging emotional wellbeing problems. The Place2Be uses the SDQ as the principal pre and post intervention evaluative measure for individual therapeutic work undertaken.</td>
</tr>
</tbody>
</table>
| **Psychological and Therapeutic support for Children in Public Care** | • Children aged 0-18 years in Public Care                                     | The service is staffed by 1.5fte Clinical Psychologists to provide direct support to young people / foster carers and consultancy to the Placement Support team and also limited support to CLA teams. 0.6 fte Educational Psychologists provide psychological input into the Children Looked Education Support Service and they liaise closely with the PST psychologists on shared cases.  
The service also has access to advice and consultation from a Consultant Psychiatrist based at the Wandsworth Tier 3 CAMH Service. |
| **Support for Family Centres and Children In Need teams** | • Children and their parents                                                 | The SCPS currently provides 0.6 FTE to Smallwood Road and Woking Close Family Centres providing consultancy, assessment and training.  
Clinical Psychology consultancy is also provided to Falcon Grove and the other two family centres, focusing on complex casework and staff development. |
| **Schools and Community Psychology Service**  | • School-age children.                                                        | The SCPS provides 0.3 fte equivalent to work as part of the Tier 3 CAMHS team. The Post holder is also a member of the TaMHS team and provides an important link between TaMHS / Tier 2, the SCPS and Tier 3 services. |
### Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Groups served</th>
<th>Key service elements and features</th>
</tr>
</thead>
</table>
| CAMHS in Early Years | Vulnerable families with young children | This service is a targeted early intervention service for vulnerable families. The service focuses on children’s early formative experiences.  
- 10/12 week risk assessment and direct work for families with young children where emotional and parental mental health issues are impacting on the child’s attachment and development, with consequent difficulties in behaviour and learning. These families are identified by HV’s, GP’s and the multi agency team. CORC Goal Based are used as outcome measures.  
- Consultation and Teaching to multi-agency team. |
| CAMHS within the Behaviour and Learning Support Service (B&LSS) (Primary PRU and Outreach) | A targeted service provided through the primary PRU and outreach service and is available to all schools in Wandsworth | The role of the CAMHS clinicians within the B&LSS is to:  
- To provide a specialist CAMHS service to the B&LSS, working with children and young people whose social, emotional and/or behavioural needs are putting them at risk of exclusion from their primary schools;  
- Providing specialist CAMHS assessment and therapy at the same time as offering advice and consultation on the children and young people’s psychological care to colleagues in the professional network as well as to parents and carers;  
- Working autonomously within professional guidelines and the overall framework of the team’s policies and procedures;  
- To utilise research skills for audit, policy and service development and research within the area of the B&LSS. |
| CAMHS Services provided to the Wandsworth Youth Offending Team | Young offenders | CAMHS are available and co-located in the Wandsworth Youth Offending Team. The Children referred to the Youth Offending Team if appropriate assessed by a clinical psychologist. |
| Paediatric Liaison Service | Children and young people attending A&E with self-harm and other mental health problems | The Paediatric Liaison Service was formally established in June 2008, following many years of an informal and unfunded arrangement whereby the Wandsworth Tier 3 CAMHS St George’s Team undertook the assessment of all children and young people presenting at the A&E Department of St George’s Hospital, or following admission to an inpatient/paediatric ward, for self harming behaviours and/or mental health concerns.  
The service is funded by the Wandsworth CAMHS Commissioning Partnership, and is staffed by two full time nurses. |
| Catch22 | School-age children | Provides impartial support, information, advice and awareness raising to young people in Wandsworth about issues around sexual health, pregnancy, alcohol, drugs and emotional health. |
| Wandsworth Bereavement Service | Children and young people aged 5 to 18 years | Provides bereavement counselling services for adults and children in Wandsworth.  
- Children and young people who have been bereaved are able to share their loss in a safe therapeutic environment in order to help them to feel understood and to achieve a sense of well-being which will improve their transition into adulthood. |
13. References


