

Health Scrutiny Panel

18th October 2011

CAMHS Briefing Paper

1. CAMHS – Children and Adolescent Mental Health Service

Tower Hamlets CAMHS is part of a wider network of statutory, non-statutory, universal and targeted services who regularly engage with children and young people who have mental health difficulties. We will accept referrals of children and young people up to the age of 18 years.

CAMHS is funded by the PCT and LBTH (ABG)

CAMHS is a specialist provision aiming to offer high quality mental health assessment and treatment services to children and young people who are experiencing serious risks to their emotional and psychological wellbeing and development. The threshold for referral to core CAMHS is that the suspected mental health difficulties must be urgent, or persistent, complex and severe. We will say more about this later in the paper.

CAMHS professionals include psychiatrists, psychologists, social workers, nurses, family therapists and psychotherapists.

CAMHS are delivered from 3 main community bases but CAMHS professionals also see young people in schools, children's centres and other community settings as well as undertaking home visits.

CAMHS provides 24 hour psychiatric cover 52 weeks of the year. Access to CAMHS is available to all children and young people regardless of their age, gender, race, religion, ability, class, culture, ethnicity or sexuality.

CAMHS offers a variety of assessments and treatments to children and young people and their families. All treatment options are explained and discussed with the children and families/carers.

2. The Demographics

Tower Hamlets has the fastest growing population in London, estimated to be 242,000 and projected to increase to 316,300 by 2026. The borough has a relatively young population with 37% of people aged 20-34, compared to 20% across England. Twenty four percent of the population in the borough are aged 0 to 19. Of these residents, 77% are from BME groups (55% Bangladeshi groups and 22% from other BME groups).

3. Partnership Working

Tower Hamlets CAMHS is committed to delivering a multi-disciplinary service to the community. This aspect is strengthened by a long history of partnership work between ELFT and LBTH. This partnership is in part evidenced by the

ongoing commitment of LBTH to embedding social workers within CAMHS provision.

4. Demand and Capacity

Referrals to the service have increased over the past 2 years. It is difficult to make direct comparisons with earlier years as methods of collecting data have changed.

In 2009/10 there were 1618 referrals made to the service and 1314 taken on. In 2010/11 these figures increased to 1807 referred and 1529 taken on by the service. In most cases those cases not accepted were signposted to other provision.

Year	Referrals Received	Referrals Accepted
2009/10	1618	1314
2010/11	1807	1529

Referrals are received from a number of sources including schools, CSC, primary care, GP's and the third sector.

2009/10 saw 61% of the referrals male and 39% female. These margins narrowed in 2010/11 with 54% male and 46% female.

The pattern of age in referrals has remained relatively consistent.

Age	0-4	5-11	11-17
2008/09	16%	32%	52%
2009/10	14%	35%	51%

The largest ethnic group referred is Bangladeshi followed by white British. There are 18 ethnic category groups of which 4 are highlighted below.

Ethnicity	2009/10	2010/11
Bangladeshi	782	606
White British	672	452
Black/Black British other	87	73
African	74	54

5. Presenting Condition

CAMHS take referral of clients who present with a wide range of problems. Severe and life threatening conditions can include psychosis, risk of suicide or severe self harm, a severe depressive episode or anorexia nervosa.

Some young people can display a severe impairment of functioning associated with mental health disorders such as severe obsessive-compulsive disorder (OCD), severe anxiety/phobic/panic disorders, ADHD, ASD, Learning Disabilities and Tourette's syndrome.

6. How do we decide who is an appropriate referral

CAMHS use 4 criteria to make decisions about whether or not to accept a referral.

(a) Severity of mental health disorder

Specialist CAMHS will accept referrals where there is a likelihood that the child or young person has a severe mental health disorder

(b) Severity of impairment

Specialist CAMHS will only accept referrals of children and young people whose symptoms, or distress, and degree of social and/or functional impairment are severe.

(c) Duration of difficulties

Usually, the duration of these difficulties should be not less than three months. For severe / urgent/ life-threatening conditions and for other conditions where there is severe impairment of functioning, the referral will be considered immediately.

(d) Case Complexity

Specialist CAMHS will accept referrals where there is a high level of case complexity, that is, where there are *significant* mental health problems, and in addition, multiple risk factors (co-morbidity), including complex family problems, child protection concerns, significant risk of harm to self or others, risks of violence, terminal illness, substance misuse, parental mental illness, seeking asylum, refugee status, or being the victims of torture, placing self or others at risk, being at the threshold of corporate care or being looked after, or being subject to child safeguarding procedures.

7. Accountability and Governance

A Commissioning Group made up of LBTH and the PCT meet quarterly to agree strategy and monitor service targets. Although the PCT are the major service funders the lead commissioning role is held by LBTH.

A separate quarterly meeting is held to monitor performance.

We look forward to developing this conversation with you on 18th October 2011.

Bill Williams and Dr Ruma Bose

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