

Health Scrutiny Panel

Children & Young People's Mental Health Services Scrutiny Challenge Session



London Borough of Tower Hamlets
April 2016

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1. Chairs Foreword

Good mental health and resilience are fundamental to our physical wellbeing, our relationships, our education, our training, our employment and to realising our full potential. Many mental health issues appear in childhood and if left untreated have a profound and lasting impact throughout adulthood. The Health Scrutiny Panel wanted to investigate the performance of children and young people's mental health services in Tower Hamlets to ensure children are able to access the appropriate services at the earliest opportunity possible.

National evidence suggests that the rising rates of children and young people presenting with mental health conditions are not being met by professional intervention that is both timely and suitable. Children and young people are being left untreated at a time when there is a higher number in a state of emotional suffering than ever before. Available data shows that increasing numbers of young people are turning to self-harm with hospital admissions over the last five years rising by almost 93% among girls and 45% among boys¹. There are also more young people considering suicide and an increasing number of young people are being treated for eating disorders.

Successful and effective treatment of mental health requires many different partners to work well together and as such the Health Scrutiny Panel wanted to invite representatives from the council, Tower Hamlets Clinical Commissioning Group, Child and Adolescent Mental Health Services, and leading third sector organisations to discuss how they are working in partnership to improve outcomes for children and young people suffering from a mental health issue.

I am pleased to present this report which explores the challenges facing children with a mental health issue, and the challenges to delivering high performing children's mental health services. The report makes a number of practical recommendations for the council and its partners for improving the access to, and performance of, children and young people's mental health services in Tower Hamlets.

I would like to thank the officers that contributed to the challenge session, especially Nasima Patel, Martin Bould, Simon Twite, Percy Aggett, Jennifer Fear, Shamsur Choudhury, and Runa Khaliq for their presentations. I am also grateful to my Health Scrutiny colleagues for their support, advice and insights.

Councillor Amina Ali,
Health Scrutiny Panel Chair

¹ Health and Social Care Information Centre (2016)

2. Recommendations

Recommendation 1:

That the council and Tower Hamlets Clinical Commissioning Group (THCCG) work with the voluntary and community sector to support and strengthen early intervention services in the borough.

Recommendation 2:

That the council, CCG, specialist CAMHS and local services raise awareness of mental health issues, before children and young people reach specialist services, by promoting patient stories and examples of what mental health issues can turn into, with particular focus on BME communities.

Recommendation 3:

That the council ensure all frontline professionals who come into contact with children regularly or/and in a professional capacity (not just mental health professionals) are able to identify children with mental health issues and know what to do once they have identified a vulnerable child.

Recommendation 4:

That the council reviews the data it holds on care leavers and pregnancy to investigate if there is a link between care leavers, teenage pregnancy and mental health issues.

Recommendation 5:

That the council undertakes further work with young care leavers to educate them on sexual health.

Recommendation 6:

That as part of any future re-refresh of the Local Transformation Plan, the council, CCG and partner agencies should consider how services can be improved for children and young people who are in contact with criminal justice services, and who have a higher vulnerability to mental health problems.

Recommendation 7:

That the council and THCCG strengthen engagement and training for CAMHS service users to empower them with the skills and knowledge to effectively contribute to service development.

Recommendation 8:

That the THCCG work with CAMHS to review GP training in children and young people's mental health, including raising awareness of referral pathways for service users.

Recommendation 9:

That the council, THCCG, and Tower Hamlets CAMHS work with community leaders to improve cultural understanding of mental health and raise

awareness of the services in place to support residents with a mental health need.

Recommendation 10:

That the council, THCCG and CAMHS undertake work to reduce the stigma of mental health including rebranding and renaming services.

Recommendation 11:

That CAMHS consider ways to make the service more accessible through reviewing their workforce to ensure it is reflective of the community.

Recommendation 12:

That the council, THCCG and CAMHS improve engagement with children and families in order to increase awareness of mental health in all communities in the borough.

Recommendation 13:

That the council undertakes an audit to check the usage and success of the CAF system in Children Centres and other universal services.

Recommendation 14:

That the council and THCCG raise awareness about mental health and support services amongst non-MH staff working with young people to improve accessibility to appropriate support.

3. Introduction

- 3.1. Mental health problems pose a significant challenge on both a national and local level, and are estimated to disadvantage the UK economy by £105 billion a year. Mental health conditions are widespread, with one in four adults diagnosed with a mental health problem in any one year and treatment costs projected to double in the next 20 years.
- 3.2. Many mental health conditions first present during childhood and if left untreated can develop into conditions which need regular care and have long lasting effects throughout adulthood. Nearly half of all mental health conditions emerge before the age of 14, and 75% emerge before the age of 24.² One in ten children between the ages of five and sixteen have a diagnosable mental health problem – with children from low income families three times more likely to be affected than those on a high income. Approximately 200,000 young people between the ages of 10 to 18 are referred to specialist mental health services each year³, but evidence suggests that nationally the rising rates of young people presenting with serious mental health problems are not being sufficiently met by appropriate service interventions.
- 3.3. Child and Adolescent Mental Health Services (CAMHS) across the country have been struggling to manage increasing referrals to their services within limited budgets. As a result, many areas have either tightened or redefined their eligibility criteria and have raised thresholds in order to manage demand, potentially leaving many children and young people who fall outside of this threshold with no viable or effective means of treatment.
- 3.4. As part of its work programme the Health Scrutiny Panel was keen to explore the level of provision and the performance of children and young peoples' mental health services in Tower Hamlets. A scrutiny challenge session was held on Tuesday 25th February at the Children and Young People Centre. The challenge session aimed to develop an understanding of:
- The availability of mental health services for children and young people in Tower Hamlets
 - The performance of children's and young people's mental health services, particularly in terms of how accessible the services are for young people, how these services are promoted, and how the

² LBTH Joint Strategic Needs Assessment (2016)

³ The Children's Society: *Access Denied; A teenagers Pathway through the mental Health System* (2015)

services actively engage service users with a wide range of mental health needs.

- The gaps in the current service provision, and the areas of good practice and success which can be developed further.

3.5. This session was attended by the following stakeholders:

Councillor Amina Ali	Health Scrutiny Panel, Chair
Councillor Dave Chesterton	Member of the Health Scrutiny Panel
Councillor Danny Hassell	Scrutiny Lead for Children’s Services
Councillor Amy Whitlock Gibbs	Cabinet Member for Health & Adult Services & Lead for Mental Health
David Burbidge	Member of the Health Scrutiny Panel
Nasima Patel	Service Head Children’s Social Care, LBTH
Karen Badgery	Children Commissioning Manager, LBTH
Simon Twite	Senior Public Health Strategist, LBTH
Carrie Kilpatrick	Deputy Director of Mental Health and Joint Commissioning, THCCG/LBTH
Martin Bould	Senior Joint Commissioner, THCCG
Billy Williams	General Manager, CAMHS, ELFT
Percy Aggett	Psychological Therapies & Clinical Team Lead/Lead Clinician, CAMHS, ELFT
Shamsur Chowdhury	Healthwatch Tower Hamlets
Jennifer Fear	CEO, Step Forward
Runa Khalique	Docklands Outreach
Afazul Hoque	Senior Strategy Policy & Performance Officer, Corporate Strategy & Equality, LBTH
Daniel Kerr	Strategy Policy & Performance Officer, Corporate Strategy & Equality, LBTH

4. National Policy

4.1. In 2011, the Government published its mental health strategy *No Health without Mental Health: a Cross-Government Outcomes Strategy for People of All Ages*. This strategy aimed to improve mental health in all ages, and people from all backgrounds. It had six objectives:

- More people will have good mental health.
- More people with mental health problems will recover.
- More people with mental health problems will have good physical health.
- More people will have a positive experience of care and support.
- Fewer people will suffer avoidable harm.
- Fewer people will experience stigma and discrimination.

- 4.2. In 2014, the House Of Commons Health Select Committee held an enquiry into CAMHS services which concluded that there were significant problems with children waiting for hospital beds, cuts to early intervention services and waiting times for CAMHS. Moreover the Committee concluded that there was a lack of reliable and up to date information about children's and adolescents' mental health, that there were insufficient levers in place at a national level to drive essential improvements to CAMHS services, and that more training was needed for GPs and school teachers to provide them with the knowledge and confidence to support children and young people with a mental health issue.
- 4.3. The NHS England policy document for promoting, protecting and improving children and young people's mental health, *Future in Mind*, was published in February 2015. This set out an ambitious programme of change, and introduced the intention to require every area in England to develop a local Transformation Plan. The implementation of the Transformation Plan is the responsibility of the Clinical Commissioning Group.
- 4.4. Most of the changes in *Future in Mind* and much thinking about service transformation have been based on different ways of doing business within existing resources. However, the need for some additional financial support was recognised and the Government announced its strategic intention to invest £1.25bn over 5 years (from 2015/16) in children and young people's mental health services in England.

5. Local context- background to Children's and Young People's Mental Health in LBTH

- 5.1. Mental ill health is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour.
- 5.2. Mental ill health is a prevalent issue for children and young people nationally, with 10% of children and young people diagnosed with a clinically recognised mental disorder, 6% of 5 to 16-year-olds diagnosed with a conduct disorder, 18% diagnosed with a 'sub-threshold' conduct disorder and 4% an emotional disorder.
- 5.3. Socio-economic status and parenting are two key determinants of mental health throughout the early years and childhood, and deficits in either are clearly associated with poorer outcomes for children. Children and young people in the poorest households are three times more likely to have a mental health problem than those in better-off homes.
- 5.4. Most mental health issues begin before adulthood and often continue through life. Cost-effective interventions exist to both prevent mental ill health and to promote wider population mental health initiatives that

complement the treatment of mental ill health. Improving mental health early in life will reduce inequalities, improve physical health, reduce health-risk behaviour and increase life expectancy, economic productivity, social functioning and quality of life.

5.5. Looked after children, children with disabilities (including learning disabilities), and children from BME groups have been identified as being particularly vulnerable to developing a mental health issue. The following risk factors have been identified as disproportionately affecting the mental health of all children: reduced levels of 'school readiness', child poverty, lower levels of parental education and employment, and bullying.

5.6. The council has a number of projects in place to help prevent mental ill health in children and young people:

- The *Family Nurse Partnership* provides specialist health support for young mothers pregnant with their first child;
- The *School Nursing Service* is responsible for delivering the healthy child programme;
- The *Education Psychology team* provides a range of support to children and families in education establishments, e.g. children in pupil referral units, children with special needs, and children with language difficulties;
- *Better Beginnings* is a pilot peer support programme which provides support to parents throughout pregnancy and up to the point their child turns 2 years old;
- The *Mindful Schools Programme* is a pilot programme in partnership with the LBTH Educational Psychology team which is testing how effective it is to work in schools to support children's emotional wellbeing.

5.7 Tower Hamlets' specialist CAMHS provision offers assistance and support to children, young people and their families with significant emotional, behavioural and mental health difficulties. CAMHS services include multi-disciplinary teams comprising of psychiatrists, psychotherapists, psychiatric social workers, psychologists, specialist community mental health nurses and family therapists. The term CAMHS is used to refer to services provided by a whole range of agencies in Tower Hamlets, however specialist CAMHS are jointly commissioning by THCCG and LBTH, and provided by the East London Foundation Trust.

5.8 CAMHS is still often thought of in terms of four tiers; (1) universal, (2) targeted, (3) specialist and (4) residential:

- Universal services (tier 1). Provided by practitioners who are not mental health specialists and this includes GPs, health visitors, school

nurses, teachers, social workers, youth justice workers and voluntary agencies. Practitioners will be able to offer general advice and treatment for less severe problems, contribute towards mental health promotion, identify problems early in their development, and refer to more specialist services;

- Targeted services (tier 2). Provided by practitioners who are CAMHS specialists working in community and primary care settings, such as primary mental health workers, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services. Practitioners offer consultation to families and other practitioners, outreach to identify severe or complex needs which require more specialist interventions, assessment (which may lead to treatment at a different tier), and training to practitioners at tier 1;
- Specialist services (tier 3). Provided through specialist CAMHS provision and are targeted at children and young people with more severe, complex and persistent disorders;
- Inpatient, day and residential services (tier 4). Highly specialised services for children and young people with the most serious problems. These are essential tertiary level services such as day units, highly specialised outpatient teams and in-patient units. These can include secure forensic adolescent units, eating disorders units, specialist neuro-psychiatric teams, and other specialist teams.

6. LBTH - Children's Social Care

- 6.1. The NHS has statutory responsibility to commission and provide specialist CAMHS, and the local authority duty is to ensure that the emotional health and wellbeing needs of vulnerable children are met through co-operation of key partners which includes key funding arrangements.
- 6.2. The council is working with partners to deliver the Mental Health Strategy and has made a commitment to review the LBTH CAMHS service. The work the council has been undertaking has been guided by a number of principals which are set out in a national policy document called *Future in Mind* (see 4.3).
- 6.3. The underpinning principles guiding the council in relation to children and young people's mental health are resilience, prevention and early intervention. The council's aim is to work with families and children at the earliest stages of identification of a mental health issue, as when symptoms are left to escalate the outcomes are markedly exacerbated. Moreover the council wants to strengthen the support structure in place for children to help prevent mental ill health.

- 6.4. The council invests approximately £1.6 million a year into mental health services. £1.3 million is allocated to the East London Foundation Trust to deliver CAMHS.
- 6.5. From a children's social care perspective its clinical partnership with CAMHS is of the highest importance. There are approximately 2,500-3,000 vulnerable children within the remit of Children's Social Care at any given time and a high proportion of these will exhibit early signs of emotional distress and mental health issues, or will come from families where adults exhibit these symptoms. A key ambition for the council is to integrate CAMHS into their mainstream offer. The council is currently reviewing their investment with CAMHS and is exploring the possibility of embedding CAMHS within the social work team in the council.

7. THCCG - Local Transformation Plan

- 7.1. NHS Tower Hamlets Clinical Commissioning Group (THCCG) and its partner organisations, including the council, are currently working on a number of local initiatives that will improve the mental health and wellbeing of children and young people in Tower Hamlets through the transformation of local services. The local Transformation Plan seeks to improve the mental health and wellbeing of children and young people through developing a system which responds to residents needs with evidence based interventions (See Appendix 1 for a detailed summary of the 2015/16 Transformation Plan initiatives.)
- 7.2. As part of the Transformation Plan THCCG commissions the following children and young people's mental health services (2014/15 spend): East London Foundation Trust Specialist CAMHS (£3,292,900 pa), inpatient (East London) and medium secure (West London) services (£1,082,411 pa), CHAMP (children's social workers with adult CMHTs): £56,375 pa, Perinatal services (delivered by ELFT adult services): £326,163.
- 7.3. The THCCG is engaging children and young people in a number of ways to ensure the services it commissions reflect the needs of service users and provides them with an opportunity to shape the service they use. Significantly a shared outcomes framework has been developed involving service users and key stakeholders. This was developed in order to determine what is important to young people and to talk in a language which young people understood. Consultation was carried out through six listening events, which were attended by 56 children, young people, parents and carers as well as 25 key stakeholder organisations. Through this engagement twenty outcomes have been developed to meet three ambitions for children and young people's mental health, which are; improve health and wellbeing, improve resilience and enable flourishing lives, reduce inequalities for those affected by mental health issues. This has produced a list of 20 core outcomes and the next challenge for the THCCG is to consider how they implement these across all partner agencies to begin to measure the success of the system as a whole. See

appendix 2 for an outline of the Tower Hamlets Shared Outcomes Framework for Children and Young People's Mental Health.

- 7.4. In regard to the engagement and promotion elements of the Transformation Plan, the THCCG will sponsor Healthwatch Tower Hamlets Young People's Panel to create their own video on mental health and to lead a peer evaluation awareness campaign. There is also an agreement in place to work with the Parent and Family Support services and through them with bodies like the Parent and Carer Council and the SEND Forum. The THCCG and the council hope to promote engagement through schools and the youth council and hope to set up an ongoing child and young people advisory group for transformation.
- 7.5. The THCCG has commissioned Youthnet (recently renamed The Mix) to develop a trial portal for mental health information with the aim of connecting with a wider range of children and young people who are currently not accessing information.

8. Tower Hamlets Child and Adolescent Mental Health Services (CAMHS)

- 8.1. The specialist CAMHS provision in the borough is delivered by East London Foundation Trust and is jointly commissioned by the THCCG and LBTH.
- 8.2. Tower Hamlets CAMHS provides a targeted and specialist assessment and intervention service to children and young people aged up to 18 years old who are at risk for urgent, persistent, complex and severe mental health difficulties. The service receives referrals from schools, community health services, GPs, social care teams and third sector organisations. The service receives approximately 1,700 referrals per year and currently employs 37 staff (whole time equivalent). There are a large number of young people in need of specialist CAMHS which stretches beyond the current capacity, hence there is a heavy reliance on partnership working to ensure everyone receives effective treatment.
- 8.3. CAMHS is trying to ensure all patients are seen quickly, with the current waiting time at just over five weeks for routine referrals. For moderate risk cases they are trying to see people for 6-12 sessions, and these might take the form of generic counselling, working with the family, and/or liaising with the network. Moreover there are specific therapies which they have to deliver; these might be 25 sessions for depression, cognitive behaviour therapy, or long term family therapy. Finally they have to work with high risk looked after children who are considered most vulnerable. CAMHS is trying to provide a service which delivers each of these four things to a very high level, with each of placing different demands on the service.
- 8.4. CAMHS is currently trying to improve access to the service through developing a website. Bilingual workers are used to make the service easier to navigate if the service user has a language need. Service users are included on interview panels presenting them with the opportunity to

shape the service they use. CAMHS is also creating email networks for their stakeholders and are developing a better sense of who their referrers are.

8.5. CAMHS is trying to create a 'provider alliance' which will compose of a network of stakeholders such as City Gateway, the PRU, Docklands Outreach, YOT, FIB, Parenting Services/third sector and specialist CAMHS. Previously children were moving between these groups and if they missed an appointment their case would be closed. However with the 'alliance' providers will not be able to unilaterally close high risk cases without consultation with other agencies first. This idea is currently in its early stages however results are indicating that it is effective and the aim is to roll this out to other areas and involve more key stakeholders.

9. Community Perspective

9.1. Healthwatch Tower Hamlets

9.1.1. Healthwatch Tower Hamlets set up a Youth Panel three years ago to help them engage with young people. The Panel consist of 20 young people and they decide annually on a set of priorities and the topics they want to work on. They have previously worked on the issue of diabetes, the output of which will be published in a journal, and shisha consumption –creating an awareness video that is currently used in schools.

9.1.2. Healthwatch Tower Hamlets Youth Panel undertook a survey amongst young people to better understand young peoples' awareness levels and attitudes towards mental health, as well as receiving suggestions on how best to tackle issues related to young people and mental health. The surveys were carried out by 4 Youth Panel members that received training in order to become 'Peer Researchers'. A total of 237 young people across Tower Hamlets aged between 15 and 24 years old took part in the survey. The young people presented their work and their recommendations to the Health and Wellbeing Board in November 2015.

9.1.3. Their research found that there was a generally a lack of awareness about what constitutes mental ill-health including key symptoms and its possible impact. Stigma was identified as a key factor in preventing young people from talking about mental health concerns and avoiding help, with participants citing family and community barriers as contributing to this. For example, within certain communities such as the Bangladeshi and Somali communities, mental health is not widely recognised as requiring professional intervention, and there is a more limited recognition of the impact it can have on young people's overall wellbeing. There is an overwhelming feeling that schools should provide more support for young people. The term 'Mental Health' is not viewed positively, as it has associations with stigma. There is a preference for using the term 'Mental Wellbeing'. There is a lack of awareness around local support services that

can help young people. Family and support systems was identified as a major factor in contributing to young people's mental health.

9.1.4. The Youth Panel made the following recommendations:

- Awareness raising amongst young people the need to care for their mental as well as their physical wellbeing;
- Work with schools and community groups as an access point to empower parents and families to promote good wellbeing for young people;
- Involve children and young people in co-producing a peer led health and wellbeing campaign to:
 - raise awareness of the importance of looking after your physical and mental health,
 - tackle the stigma around mental health,
 - tackle issues like exam pressure, bullying and family pressures,
 - build on existing resources and activities in other areas.

9.1.5. Tower Hamlets THCCG have taken most of the recommendations on board as part of their 'Transformation of children and young people's mental health and wellbeing in Tower Hamlets' programme. Healthwatch Tower Hamlets Youth Panel has received £15,000 of funding from the THCCG to undertake the following work as part of the overall awareness campaign:

- To produce a video on mental health awareness for children and young people in Tower Hamlets. The video is one of the tools that will be used as part of a wider awareness raising campaign;
- To undertake a peer evaluation survey on the impact of the overall awareness raising campaign.

Both pieces of work will be completed by November 2016.

9.2. **Step Forward**

9.2.1. Step Forward is an independent charity organisation which aims to improve the health, wellbeing and life chances of local young people. They deliver a range of free therapeutic, psychosocial support services, and sexual health support services. Step Forward's services are developed directly as a result of what their service users' needs are, and they started to provide sexual health support services 14 years ago as a direct result of service users expressing a need for it.

9.2.2. The demand placed on Step Forward has grown significantly in the last two years and is indicative of the level of need the borough is dealing with. There has been a 300% increase in health service referrals since 2013, with 25-30 referrals per month in 2015. The demand for services continues to increase and Step Forward now has a waiting list for people who want to access the service. There is an increase in the severity and complexity of

issues young people present with and the time young people need support for.

- 9.2.3. There is a diverse range of people accessing Step Forward with a wide range of issues. The most prevalent problems for the children and young people involved with Step Forwards Youth Access Counselling are generalised anxiety (92%), depression/low mood (91%), family relationship difficulties (77%), poor peer relationships (67%), anxious in social situations (61%), disturbed by traumatic event (52%), self-harm or have suicidal ideation.
- 9.2.4. In regards to the complexity factors of young people accessing counselling 47% have experience of abuse or neglect, 25% have experienced sexual violence, 23% are living within financial difficulty, 17% live with parents who have health issues, 18% identify as having a disability, 33% have additional issues at home, and 29% have additional issues in education/work/training.

9.3. **Docklands Outreach**

- 9.3.1. Docklands Outreach delivers targeted work with vulnerable young people who do not access mainstream services on a regular basis. They are linked in with Tower Hamlets CAMHS. Docklands Outreach developed a Detached Street-Work, Outreach & Advocacy model (DSOA) to meet this gap and have been delivering this model of work since 1997.
- 9.3.2. This model works with those who are affected by, or at risk of alcohol/substance misuse, poor sexual health, youth violence, anti-social behaviour and other social and mental health issues. Positive relationships are built, advice and information is given out on the streets, estates and community and statutory venues, and is reinforced by advocacy, therapeutic and practical support.
- 9.3.3. An extension of this model is the A&E Intervention at the Royal London Hospital. This project aims to support children, young people and their families/carers, who have presented at the A&E following traumatic incidents. It also offers support and mediation between friends and families of patients and hospital and security staff to ensure that situations remain calm and do not escalate. Moreover it provides follow on support through engagement, assessment, therapeutic interventions such as Cognitive Behavioural Therapy (CBT) and systemic family practice, and it makes referrals (internal and external), and supports them into accessing specialised services according to need.
- 9.3.4. Through the information collected from the A&E sessions Docklands Outreach deliver targeted street-work, engaging with young people on streets, parks, and estates, who are at risk of alcohol and substance misuse, anti-social behaviour and youth violence, and deter them away from at risk activities and future A&E admissions.

9.3.5. The intervention is a small pilot at present with 2 staff (WTE), but has had over 150 referrals from the hospital, street-work and outreach since May 2015.

10. Key Findings and Recommendations

- 10.1. National and local policy work illustrates that the way services in CAMHS are currently configured are not the best way to meet the needs of children and young people with mental health problems. This is particularly the case for young people in schools, pupil referral units (PRUs) and in non-specialist settings where they spend a lot of time with professionals. For vulnerable young people in these spaces who are suffering from a mental health problem, the service response is sometimes insufficiently robust. When specialist CAMHS get referrals there is a cohort of approximately 13% who do not reach the threshold for treatment and a less specialist service is required to treat this group. CAMHS has a higher threshold for mental health treatment and a lot of emotional difficulties presented by young people in the spaces formerly referred to as 'tier two' do not often present as a mental health issue. Some young people are self-harmers and suicide risks and they will receive a CAMHS service. However other young people present in different ways and some of their symptoms can be invisible, especially in cases of child abuse and sexual exploitation. The professionals working at 'tier two' need to work in partnership with specialist mental health professionals to recognise individuals who are suffering from mental health issues and refer them to the right service at the right time. The Transformation Plan is designed to respond to this gap in service provision and provide a more accessible and flexible response.
- 10.2. More support is required to support the 13% of children and young people who do not meet the specialist CAMHS threshold. Early intervention mental health services at tier 2 can be delivered by CAMHS, voluntary sector providers or other agencies. These provide mental and emotional health services for children and young people who require support, but who do not require more highly specialised tier 3 services. Early intervention services can make a crucial contribution to preventing mental health problems, providing timely support to children and young people before mental health problems become entrenched and increase in severity, and preventing, wherever possible, the need for admission to inpatient services.

Recommendation 1:

That the council and Tower Hamlets Clinical Commissioning Group (THCCG) work with the voluntary and community sector to support and strengthen early intervention services in the borough.

Recommendation 2:

That the council, CCG, specialist CAMHS and local services raise awareness of mental health issues, before children and young people reach specialist services, by promoting patient stories and examples of what mental health issues can turn into, with particular focus on BME communities.

- 10.3. There is a need to improve access to effective support and provide a more seamless service between different service levels, as currently the provision is disparate and difficult for service users to navigate which could potentially cause some to be left untreated.
- 10.4. The council has a duty to care for the most vulnerable and there is a need to improve the mechanisms in place to help identify those most at risk to ensure they receive the correct help. A significant risk which was identified by a recent external review of the service is that front line professionals do not like to stigmatise and therefore do not involve the psychologist and psychiatrist as quickly as they should, instead continuing to offer the standard generic service, which is not an effective treatment method for those children and young people who are most vulnerable. The council needs to equip frontline practitioners with the skills and knowledge to realise that when they need to refer to more specialist CAMHS, and in turn CAMHS need to respond to such referrals in a timely and efficient way.

Recommendation 3:

That the council ensure all frontline professionals who come into contact with children regularly or/and in a professional capacity (not just mental health professionals) are able to identify children with mental health issues and know what to do once they have identified a vulnerable child.

- 10.5. In order to ensure the service is accessible for all children and young people the council is aiming to develop a service which is built through images and with language they understand and find familiar. The traditional council model of service delivery is office and appointments based, which works against the principles of some of the most innovative and successful delivery approaches. Assertive outreach and persistence work, and the council is aiming to mainstream these skills so that all professionals can use them to engage young people in a more innovative way. Furthermore there is a need to eliminate a 'do not attend culture' which sees young people removed from the service if they do not attend an appointment and are subsequently left untreated.
- 10.6. The Health Scrutiny Panel expressed their concern relating to young parents (particularly mothers) with mental health issues, many of whom have been in care themselves and who require the local authority to respond to the consequences of failed, historic service interventions. If the young parents had their mental health issues addressed when they were a

looked after child it is less likely that the council would need to intervene and take another child into care in later years.

- 10.7. Nasima Patel stated that the teenage pregnancy rate in Tower Hamlets is low compared to the England average, the inner London average and the Greater London average (conception rates for under-18s fell from 57.8 per 1,000 in 1998 to 18.1 per 1,000 in 2014). However the council can undertake research to further understand the relationship between care leavers and pregnancy. A proportion of looked after children come from early years abuse and non-treatment. The council needs to improve early identification of abused children and provide them with a positive in-care experience. Tower Hamlets often takes children into care late in their childhood, which means that the ability for the in-care experience to have a significant impact is limited. Work is being undertaken to embed a CAMHS team within Children's Social Care to help address this. Additionally the council is going to ensure that every child who becomes looked after has an early mental health screening. This is currently being undertaken with some looked after children but it will be implemented systematically going forward. There is more work which needs to be carried out around sexual health and young people in care and Children's Social Care is working with Public Health to equip social workers with the skills and confidence to talk about sexual health issues, as this has been identified as a weakness in the current workforce.

Recommendation 4:

That the council reviews the data it holds on care leavers and pregnancy to investigate if there is a link between care leavers, teenage pregnancy and mental health issues.

Recommendation 5:

That the council undertakes further work with young care leavers to educate them on sexual health.

- 10.8. The Health Scrutiny Panel asked what measures are being taken to specifically support children in the youth justice system with a mental health issue. The youth offending teams nationally conclude that between 60% - 80% of children appearing in the youth court have mental health issues, and for those that are in custody the rate is around 70%. This figure is taken from neighbouring European countries who undertake CAMHS equivalent mental health assessments for children in the youth justice system, which doesn't happen in the UK. The impact that these children have on our communities is significant and the Health Scrutiny Panel is concerned about care proceedings, the cost and damage caused by this group, and our failure to adequately engage with children who are caught up in youth offending.
- 10.9. The Health Scrutiny Panel stated that in terms of outcomes in youth justice the ultimate aim is for a reduction of re-offending, however three quarters of all children will be reconvicted for a further offence within a year. This

means there are children and young people who have a known mental health need and are stuck in a pattern of criminal activity. The Panel commented that CAMHS should look to improve outcomes for this group and suggested that lessons could be learned from experience in Europe in reducing youth recidivism through better mental health interventions.

- 10.10. In regards to Youth Justice there is a cohort of young people that are not identified and supported early and this leads to them committing criminal activity. There has been work recently undertaken focusing on gangs and one of the things recognised is that some of the young people in youth justice come from families where there is a history of domestic violence. There is a need to pair traditional social work with youth justice, which has already started, with the council undertaking joint projects between Youth Justice and the Troubled Families work. To further compound the challenge in supporting these service users, the Health Scrutiny Panel noted that approximately three quarters of all children appearing in the youth justice system have a serious speech or language difficulty.
- 10.11. The Health Scrutiny Panel asked how service users are engaged in the development of services. Martin Bould stated that there is more work to be done to engage service users and one of the reasons the THCCG has established a partnership with the Parenting Support Service is so that the issue of mental health can be addressed by the existing consultative forums. They want to build on the work engaging young people and establish an advisory group for the Transformation Plan which will be ongoing. The CCG have just begun to talk with young people about specifications for new services and they will be involved in bidder selection, which is something they have not previously been able to do. The additional resources from the Transformation Plan have allowed this. Moreover Percy Aggett indicated that more work needs to be undertaken to collect feedback on the service and CAMHS will be setting up service user groups, particularly with service users who have dropped out after one appointment. The Health Scrutiny panel stated that one of the problems when dealing with this specific group of service users is training and empowering the group because they may have difficulty comprehending questions asked of them and may have no idea about the health (CAMHS) system or where they fit in. To this end they need training and support to be able to ask the right questions and effectively engage with the service.

Recommendation 6:

As part of any future re-refresh of the Local Transformation Plan, the council, CCG and partner agencies should consider how services can be improved for children and young people who are in contact with criminal justice services, and who have a higher vulnerability to mental health problems

Recommendation 7:

That the council and THCCG strengthen engagement and training for CAMHS service users to empower them with the skills and knowledge to effectively contribute to service development.

10.12. The Health Scrutiny Panel expressed concern about GPs ability to refer patients to mental health services, with some GPs not referring patients to the appropriate service when it is required. The Panel identified primary care as an important element in tackling mental health issues and an area where improvements can be made. GPs provide universal services which are available to all children and young people without prior referral, and because of this, they may be one of the first places children or their parents turn to when they are experiencing mental health problems. The Panel identified problems of communication, especially in regards to language issues, as a key barrier to identifying a mental health issue. Many GPs are unequipped and lack the confidence in dealing with children and young people mental health issues. Moreover some GPs are not well informed of what local services are available and what the correct pathways to refer patients onto are. Martin Bould stated that the THCCG want to work more closely with GPs and that CAMHS will be arranging a meeting between their psychiatrists and psychologists and local GPs in order to develop knowledge and improve communication about referrals.

Recommendation 8:

That the THCCG work with CAMHS to review GP training in children and young people's mental health, including raising awareness of referral pathways for service users.

10.13. The Health Scrutiny Panel asked what services are in place to help children who are emotionally impacted by FGM. Nasima Patel stated that within Social Care there is a MOPAC funded project to address both the physical and mental symptoms of FGM, and there is a full time worker placed at the hospital picking up case work. The challenge for FGM has been long standing and a clear gap remains in identifying the total number of people who have been impacted by this.

10.14. The Health Scrutiny Panel stated that there is a clear stigma around mental health for some BME communities and asked if this has led to the reported increase in exorcisms, with some people in particular BME communities going to witch doctors for treatment. Percy Aggett stated that it is an issue and CAMHS work with Imams and the Muslim Families Group to tackle this. Bill Williams stated that there is more work to do around the cross cultural understanding and definitions of mental ill health. Providers need to work with community leaders, specifically Imams to develop an understanding of when it is appropriate for a young people to seek support from an Imam (or other religious leader) and when it is appropriate to be referred to a specialist CAMHS.

Recommendation 9:

That the council, THCCG, and Tower Hamlets CAMHS work with community leaders to improve cultural understanding of mental health and raise awareness of the services in place to support residents with a mental health need.

10.15. Nasima Patel stated that there are many services in the borough to support children with mental health issues however there are still many service users whose needs are not being met, partly because we are relying on professionals telling us and leading the way and partly because we are relying on families presenting with issues, and neither mechanism is sufficient to identify all those with a mental health issue. The Health Scrutiny Panel asked where mental health services for children and young people are being advertised, because in their experiences a lot of parents are unaware of the support available. Nasima Patel stated that the Parent and Family Support Service is used by a large number of residents and this is particularly true for BME families, however the problems stem from the service failing to engage the most vulnerable clients. The Health Scrutiny Panel stated that in the Youth Court, for any parent of a child under 16, it has to consider a parenting order. This is a Court Order which is designed to provide parents with support and guidance. It aims to help parents prevent their child from offending and committing antisocial behavior, and helps parents get their child to attend school every day and address issues of behavior at school after they have been excluded. However the Tower Hamlets Youth Offending Service has advised the Youth Court against taking such action and this is something which needs to be re-evaluated.

10.16. There are cultural and stigma issues attached to mental health issues for BME communities and this is an area which needs to be addressed in Tower Hamlets. Furthermore at a national level we know there are gender barriers restricting access to the service and consequently work has been undertaken to overcome the gender barriers in Tower Hamlets.

Recommendation 10:

That the council, THCCG and CAMHS undertake work to reduce the stigma of mental health including rebranding and renaming services.

10.17. East London Foundation Trust data shows that only 36% of young people seen at Tower Hamlets specialist CAMHS are Bangladeshi. Given that the schools data indicates that approximately 60% of children and young people in schools are of Bangladeshi origin it is evident that they are significantly underrepresented. There is evidently an unmet need in the Bangladeshi community which could also be reflected among other ethnic minorities which may be hard to reach if only traditional mainstream approaches are used. The Health Scrutiny Panel commented that services need to do more work to ensure they are representative of the community. It will be more effective for services if they recruit people from backgrounds which are representative of Tower Hamlets as people are more likely to engage with people from their own background and culture, especially given the stigma attached to mental health in BME communities.

Recommendation 11:

That CAMHS consider ways to make the service more accessible through reviewing their workforce to ensure it is reflective of the community.

Recommendation 12:

That the council, THCCG and CAMHS improve engagement with children and families in order to increase awareness of mental health in all communities in the borough.

- 10.18. The Health Scrutiny Panel commented that a lot of the work performed by Docklands Outreach should be performed within the council by Youth Services. The council's Youth Services need to engage more young people on the streets through actively walking the streets and meeting them in places where they are comfortable. Runa Khalique stated that Docklands outreach have been working in partnership with the council's Youth Services by delivering street and outreach services that compliment centre based provision. As a trusted organisation most young people feel more comfortable talking to Docklands staff about sensitive issues like mental health, and they are trained in various forms of detached work like drugs & alcohol, sex & relationships, conflict & mediation and some clinical interventions in addressing low mood, anxiety and depression. Karen Badgery stated that there is currently a review of Youth Services with the aim of redesigning it to better meet the needs of service users. The Health Scrutiny Panel feels it is imperative for a representative from CAMHS to be involved in the review of Youth Services.
- 10.19. The Health Scrutiny Panel asked about the role of the Children Centres in supporting the emotional wellbeing needs of children and parents, and how well equipped staff in these a centre are to identify children who may have a mental health issue and be in need of additional support. Nasima Patel stated that health visitors are placed in Children Centres to act as a safety net and ensure families and children receive the correct support. All staff in Children Centres use the Common Assessment Framework (CAF) to recognise when a child requires additional support or referral to further CAMHS. The Health Scrutiny Panel asked how good youth services and other universal services are at using the Common Assessment Framework (CAF) to refer cases. Nasima Patel stated they are not as good as Children Centres and there is more work which needs to be done in this area.

Recommendation 13:

That the council undertakes an audit to check the usage and success of the CAF system in Children Centres and other universal services.

- 10.20. A key challenge for the council is developing the skills and knowledge of not just the mental health workforce but the wider workforce of teachers, youth workers and council officers. This remains a core target for the council and has already been achieved in small pilot projects however the challenge is mainstreaming this model in an effective way across a varied workforce.

Recommendation 14:

That the council and THCCG raise awareness about mental health and support services amongst non-MH staff working with young people to improve accessibility to appropriate support.

Take-off to transformation

A series of local initiatives for children and young people's mental health services in Tower Hamlets

(January to September 2016)

NHS Tower Hamlets Clinical Commissioning Group (THCCG) and its partner organisations are currently working on a number of local initiatives that will improve the mental health and wellbeing of children and young people in Tower Hamlets through the transformation of local services.

Campaign to help increase awareness and reduce stigma

We will soon be planning and running a mental health awareness and anti-stigma campaign for children and young people and their families in the borough. Children and young people will be actively involved in this.

We have had an initial planning meeting with the voluntary sector forum to get feedback on the key messages and themes and we had a meeting for young people across the borough on 28 January in order to help plan the campaign. We have invited organisations to quote for campaign materials, reaching out to the Bangladeshi community, and engaging groups with higher vulnerability to mental health problems

Involving children, young people and their families

We will be setting up an advisory group of young people who will be able to suggest ways we can make the most of our transformation opportunities. Tower Hamlets Parent and Family Support Service will help us get this started.

As well as the advisory group, there will be opportunities to include young people in:

- Improving information about eating disorders and how to get help
- A review of local services for young people in crisis
- Testing out digital access and shaping mental health services in the future
- Development and evaluation of our awareness campaign

Improving information

We will soon be developing a digital platform localised for Tower Hamlets through which children, young people and parents can find out information about services, contact services, and get information about early signs of difficulties and tips for dealing with them.

Partnership and feedback project for specialist CAMHS

This service will increase efforts to gather feedback from users of specialist Children and Adolescent Mental Health Services (CAMHS). We intend to double the number of children and young people responding from 15 to 30%.

Young people in care and children at the Pupil Referral Unit (PRU) will benefit from in-depth studies undertaken by specialist CAMHS and the Tower Hamlets Council. We will use the information about their needs to improve the support they get, including for those known to the PRU at risk of social isolation.

Specialist CAMHS will support their staff in a capacity-building project to get feedback from families and to involve partner organisations in a new way of working together on promotion and prevention so children and young people thrive, following the principles of the 'Thrive' model developed by the Anna Freud Centre (a mental health research and training charity).

Working with local schools and GPs

Twenty-four schools in Tower Hamlets are taking part in local workshops run by the Anna Freud Centre to improve links between specialist CAMHS and schools, as part of a national initiative announced late last year*.

In addition, training sessions on mental health and emotional wellbeing are being offered to school governors. We also plan a fact-finding initiative to identify how children can get the best joined up support from physical and mental health services, so they can make the most of their education.

East London NHS Foundation Trust (ELFT) will be organising workshops for GPs to talk through when and how to refer a child or young person for more specialist help around mental health.

We will also be undertaking some specific awareness raising about eating disorders.

New services planned for 2016

The THCCG commissioning intentions include the following new services:

- A community eating disorder service for children and young people, as part of our local specialist CAMHS, offering treatment within a week for urgent cases and four weeks for everyone, following assessment by an eating disorder specialist team
- A new mental health service for young people, working with existing local youth organisations

A telephone advice service for professionals wanting to refer children and young people to specialist CAMHS has already been piloted by ELFT in 2015.

We have also identified priority areas for new service development:

- Children with higher vulnerability to mental health problems – including looked after children, those in touch with the criminal justice system, and those who have been abused
- Teenagers with severe and persistent conduct disorder
- Perinatal and neurodevelopmental mental health services

Outcomes based commissioning

We have already agreed a shared outcomes framework and a set of outcome measures based on the views of children and young people about what is important, and those of professionals. We will be working with staff in organisations to develop their awareness and understanding of those outcomes and how to measure them.

We will be testing out digital ways of easily measuring those outcomes and collecting the data so we can see if there is improvement in children and young people's mental health in the borough. We are also commissioning an expert study to help us define the outcomes universal children's services should be aiming for, if they are going to give children the best chance of avoiding mental health difficulties in later life.

	Outcome cluster	Outcomes
Individual	Symptom improvement / maintenance	1. My issues with mental health are reduced
	Functioning	2. I can carry out the daily activities expected of me
		3. I lead a healthier lifestyle
	Achievement of goals	4. I am able to take part in activities that are important to me
		5. I am working towards developing my potential
Empowerment: Self-determination	6. On balance, I feel good about myself	
	7. My life has a sense of purpose	
Empowerment: Self management	8. My family / carers and I have a better understanding of my mental health	
	9. I am able to manage when things get difficult	
Interpersonal	Improved interpersonal relationships	10. I am able build and maintain good relationships
	Family / carers	11. I am able to express my feelings
Whole System	Improved experience	12. I am supported as part of a family
		13. My family and I have a positive experience of the services
		14. My family and I feel listened to by the services
	Improved access and early intervention	15. I feel safe from harm
		16. My family and I can access services when we need it
		17. My family and I know where to go when I want help
	Reducing exclusion and stigma	18. My physical health needs are considered alongside my mental health needs
19. My family and I do not feel we are treated differently on account of my mental health		
		20. My cultural and religious needs are met

1
Improve health and wellbeing

2
Improve resilience enabling flourishing lives

3
Reduce inequalities for those affected by mental health issues