One St Aldates | Oxford | OX1 1DE
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Questions and answers from the webinar:

"How to improve CAMHS", Monday 29 October 2018, 1-2pm

Speakers included:

Dr Duncan Law, Consultant Psychologist at the Anna Freud National Centre for Children and Families, Director of MindMonkey Associates;

Dr Louise Theodosiou, Royal College of Psychiatrists, Consultant Psychiatrist at Manchester University NHS Foundation Trust;

Jackie Shaw, CAMHS Service Director at Central and North West London NHS Foundation Trust;

Jenny Welling-Palmer, Mental Health Lead at Consultant Connect chaired the webinar.

Question 1: Would STPs and ICs help in improving CAMHS?
(Louise) I think they can play a role, but I think they have to be very collaborative and we have to make sure that they are providing solutions right across. We know what makes the different components of our services too complex, is that they are so different. Within our services, within the area that I work in we've got: the under 5s services, we've got ADHD specialist services, we have services directly related to people who are in contact with the youth justice services – it's about making sure that all of those people are able to be part of whatever plans are being developed and that their voices are heard equally. Sometimes what happens is some people are more involved in developing plans than others, so it is really just about making sure that everyone has the opportunity to feed their knowledge and experience into the plans being developed.

Question 2: How can we mobilise more MH Nurses into schools?

(Duncan) My immediate thought is: why would we want to? This is nothing against MH Nurses. The problem of mental health issues in schools is not solved by flooding them with MH experts. Schools do a really good job on the whole in terms of providing good, mentally healthy environments for their kids, despite a system which I think puts more and more pressure on kids these days. I think what we need to do, rather than thinking we need to put more staff into schools who could provide MH support, is to actually think – how can we provide schools with the skills to provide an even better mentally healthy environment?

We know there's some really good work that has been done around whole school approaches to mental health and wellbeing, some schools have developed their workforces to have the skills to have the initial conversations with young people. As I said earlier, young people want to talk to someone that they already have a trusted relationship with. They don't want to speak to someone who's come in from outside that they've never met before, and certainly not with someone with 'mental' in their job title. As a young person, you want to speak to someone who you know and trust because often when you talk about MH difficulties you are talking about things that have come with an element of shame and you don't want to speak to an expert from outside the organisation about these very shameful things – you want to speak to people who you can trust. So, what I would say is it's more about how we can encourage people who work in schools who have capacity to do that –

you can't expect teachers to just mop up all the students who have mental health difficulties in schools. There has to be capacity for school staff to apply knowledge. What I'd like to see is that we draw on the local community to provide input – whether that's MH nurses, or through the education MH practitioner programme that's been rolled out through the green paper - not to draw on bright young graduates - but to draw on people who are part of the local community, who will stay in those schools, who look like the kids who are in those schools and who are likely to stay in those roles and not move on into clinical psychology training or psychiatry training down the line. Nothing against MH nurses, I just think it's the wrong solution to a very tricky problem.

Question 3: Services that are overwhelmed with long waitlists are trying desperately to get through to more young people in need early into group therapy sessions. Intervening early indeed has better outcomes. But are any of the panel members aware of some robust evidence for similar interventions offered in your localities or elsewhere?

(Louise) I'm not hugely aware of what is being done apart from the fantastic work being done by our under 5s service who do a lot of work around early years programmes. I know that they are involved in a lot of the early intervention work. What I would do is widen the question slightly and pick up on Duncan's excellent point about making sure that our school staff have the proper tools to be enhancing children's wellbeing. I think early intervention is incredibly important, but I suppose I would say this because I'm a psychiatrist, I think it has to be balanced with early recognition because I think there are things – for example autism – that need to be recognised early and that in doing so we can then prevent secondary difficulties. So, I think in addition to early intervention work we need to make sure we have robust, accessible online, digital flexible programmes where people can both understand how to improve resilience but also how to recognise conditions that can sometimes need more specialist care.

Question 4: Jackie, earlier in the webinar you talked about collaboration with children and young people – can you explain how that works, what the services are and how you work with young people in that way?

(Jackie) Up until today we have a number of services that are commissioned by the local authorities, who have a more outreach approach. So, it's not in all of our teams but in a couple of our teams we will have a small number of practitioners from various backgrounds – people will remember the primary care MH workers – they are from those days, various CAMHS backgrounds, and Adult MH backgrounds that will go out and meet with services – so the support services, they will go and see kids where they are; so they might be going to their schools, they might be meeting them elsewhere. We have a worker who links with the addiction services – so they go where the child is and work with them that way. I don't have this in all of our teams, but I have this in a couple of our services.

(Duncan) Can I just add - that is absolutely the right thing – you go to where the child is and go to the environment, they feel comfortable in. I usually judge whether I'm in a setting that's too clinical by whether I feel comfortable in it. So, if I feel comfortable it's that it's too clinical and if I'm in a setting where I feel uncomfortable as an 'older white man' then it's probably more comfortable for the kids who want to be there. So, you go to where they are at and then start providing the opportunity for you to offer them some psychological input if and when that's what the young person wants, and if that means literally going out onto the streets and doing that then I think that is one of the options we need to bear in mind. Organisations like MAC-UK - that's exactly what they do – they do street therapy, they

provide safe youth hubs which they then can deploy as good sound evidence-based psychological interventions.

Question 5: In terms of that feet on the street work, street therapy for all 3 of you are those kinds of services currently commissioned by CCGs do you see?

(Louise) Yes, they are, but only in specialist areas. For example, our youth justice workers provide amazing opportunities for very vulnerable young people – one of the points that was picked up at the beginning – is that we're not necessarily seeing the 1/3 of children with the highest needs we're maybe seeing 1/3 of children who are most able to access our services. I think it's there for young people perhaps with additional needs – for example youth justice needs – but it's not rolled out across all young areas all young people.

(Jackie) There's also online services that have been commissioned in our area as well in our inner boroughs and in our outer boroughs, in one particular college those have been commissioned and that's quite interesting because there's young people males that are accessing but also young people from other backgrounds as well who traditionally don't want to come to CAMHS.

Question 6: What is your hope for what you want to see change over the next 5 years?

(Duncan) I hope that services look different, that we still have highly skilled professionals but they are deploying their skills and knowledge much closer to where young people are and in a way that feels more comfortable to young people and we will know this because we will have co-produced these services with young people and they will continue to tell us that actually these are the sort of services that they find helpful and want to be in.

(Jackie) That we have system that supports CYP that does not just rely on a child being in crisis or ill therefore requiring specialist CAMHS but we will have shifted somewhat to an offer across education social care and health that is flexible enough to offer direct services as well as confident enough to work alongside or through staff who are able to support early identification and resilience building for CYP and their parents.

(Louise) Seamless transition, whether that means staying within our Child and Adolescent services until you're ready to transition or Adult Services that maybe provide the one stop shop flexible approach that you might need if you've got more than one MH need when you're a young person.

Question 7: As there are issues around BME including the Muslim community finding it difficult to progress to senior levels and how's that impacting delivering improved CAMHS?

(Jackie) I would say new roles in the workforce will attract people from more diverse backgrounds, local communities and maybe previous careers who can then offer more or something different. I firmly believe service user involvement and participation in recruitment attracts a different cohort of staff. We need to look at other roles and create career path opportunities through apprenticeships as well as evidence based treatment training which will encourage people from diverse background into services. Evidence and learning is out there in outreach services.

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