

## Newcastle JSNA: Improving Mental Health and Emotional Wellbeing in Children

### What do we know?

Throughout the summary a general or national item is signified by a round bullet point, and points specific to Newcastle by a diamond.

Child and Adolescent Mental health Services (CAMHS) refers to all services whose aim is to meet the mental health and emotional wellbeing needs of children and young people. This ranges from health promotion and primary prevention and specialist community-based services, through to specialist care, outlined in tier four of the framework set out in the Children's National Services Framework (NSF).

### Facts and figures

Despite overall improvements, there remain big differences in health between those at the top and bottom ends of the social scale.

- Mental health problems are more common in areas of deprivation.
- In 2002 the World Health Organisation reported that the UK had the lowest rate of suicide amongst 26 countries. However, suicide still accounts for a fifth of deaths amongst our young people.
- ❖ In Newcastle, between 2002 and 2006, the number of actual suicides in the under 18 population was two.
- Mental health problems in children are associated with educational failure, family disruption, disability, offending and antisocial behaviour, placing demands on social services, schools and the youth justice system.
- At least 40% of young offenders have been found to have a diagnosable mental health disorder. (reference: NSF for Children Young People and Maternity Services)
- People's patterns of behaviour are often set early in life and influence their health throughout their lives. Infancy, childhood and young adulthood are critical stages in the development of habits that will affect people's health in later years. (Ref: DH White Paper Choosing Health)
- 10% of five to fifteen year olds have a diagnosable mental health disorder suggesting around 1.1 million children and young people under eighteen would benefit from specialist services.
- ❖ The estimated numbers of Children and Young People aged 0–16 years with mental health disorders in Newcastle are given below (Table 1)

Type of mental health disorder	5 to 16 year olds		
	Boys	Girls	All
Conduct disorders	1,371	672	2,043
Emotional Disorders	575	735	1,310
Hyperkinetic disorder	462	67	529

**Table 1: Estimated prevalence of disorders in Newcastle by type and gender** (estimates were calculated from data in the ONS report 'The mental health of children and young people in Great Britain, 2004)

- There are up to 45,000 young people with a severe mental health disorder and about 40% of those are not currently receiving any specialist service. (Source NSF Standard 9: The Mental Health and Psychological Well-being of Children and Young People)
- According to a 2004 ONS survey on mental health Children in the following circumstances have far greater prevalence of mental health disorders:
  - Lone parent families
  - Reconstituted families
  - Parent with no qualification
  - Neither parent
  - Low income
  - Family in receipt of disability benefits
  - Household reference person in routine occupational group
  - Living in social or privately rented accommodation
  - Living in 'hard-pressed' areas

(Source: Green, H et al. Mental health of children and young people in Great Britain, 2004. National Statistics)

- ❖ Newcastle is ranked the 37th worst Local Authority for multiple deprivations out of 354.
- ❖ In Newcastle up to 67% of the population in the most deprived areas, are reliant on means-tested benefits.
- ❖ Newcastle (22.8%) has a much higher proportion of dependent children living in lone parent families compared to the national average for England (28.9%). Source: [ONS, 2001 Census](#)
- ❖ 28% of dependent children aged under 16 living in Newcastle, live in an income deprived family. This ranges from 1% in North Gosforth to 99% in parts of Cowgate and Benwell.
- ❖ In Newcastle's Health Improvement Strategy's initial consultations, many people identified low self-esteem and poor mental health as the underlying cause of a whole range of problems including excesses in smoking, drinking, drugs and obesity. (Source: [Improving Health is Everyone's Business](#))
- Teenage mothers are known to have significantly poorer mental health during the three years after the birth than older mothers or teenage non-

mothers. This may in turn have significant effects on the health of their children.

- Looked after children are five times more likely than their peers to have a mental health disorder, an estimated 45%.
- ❖ In Newcastle there were 475 looked after children and young people (correct on 31st March 2007). 45 were in residential care, 360 with foster carers and 25 placed with their parents, 40 adopted children and 5 'other' looked after children. (Reference: Local authority LAC figures, DfES Available at <http://www.dfes.gov.uk/>)
- Children and young people with significant learning disabilities are three to four times more likely to have a mental disorder, one survey quoting 40% of these children as having a mental health problem (reference: Foundation for People with Learning Disabilities. 'Count Us In'. 2002).
- ❖ An estimate of 1,035, 5-19 year olds in Newcastle, have a learning disability. (reference: Emerson, E., & Hatton, C. Estimating the Current Need/Demand for Supports for People with Learning Disabilities in England. Institute for Health Research, Lancaster University. 2004)

(Source NSF Standard 9: The Mental Health and Psychological Well-being of Children and Young People)

- ❖ School Census data for January 2007 shows that 13.2% of children in maintained schools in Newcastle are from BME groups. Source: School Census (18 January 2007), supplied by Newcastle City Council

## Trends

- ❖ The most recent official population estimates give the following figures for Newcastle's 0 to 18 year old population (Table 2)

Age group	Boys	Girls	Total
0 – 4	7,382	6,797	14,179
5 – 9	7,008	6,720	13,728
10 – 14	7,805	7,100	14,905
15 – 16	3,365	3,027	6,392
17 – 18	3,610	3,521	7,131
Total	29,170	27,165	56,335

**Table 2: Estimated child and adolescent population of Newcastle – mid 2006**

Source: Mid-year population estimates, 2006 -Office for National Statistics

- National population projections suggest that the under 19 population will decline by about 7 – 8% over the next 10 years.
- ❖ In 2001 it was estimated that in the under 15 population, 10.8% of 49,300 were from BME Groups. By 2005, the total population had fallen to 46,400, while the proportion of BME group children had risen to 12.1% of 0-15 year olds. Source: Experimental Population Estimates by Ethnic Group, Office for National Statistics, 2007

- ❖ The number of under 18 year olds who are admitted to adult wards has decreased slightly in the past few years: 2005/06 - 8; 2006/07 - 6; 2007/08 - 5
- ❖ The trend for Newcastle's teenage conceptions and abortions are shown below (Table 3).

Year	No. of < 18 conceptions	No. (%) leading to abortion
1998	258	95 (36.8%)
1999	287	101 (35.2%)
2000	268	106 (39.6%)
2001	267	117 (43.8%)
2002	283	104 (36.7%)
2003	268	112 (41.8%)
2004	283	105 (37.2%)
2005	257	102 (39.8%)
2006	242	103 (42.6%)

**Table 3: Trends in Teenage conceptions and abortion rates, Newcastle, 1998 to 2006**  
Source: ONS

## Targets

CAMHS identified the following general national and local targets in their strategy for 2008/09:

- Arrangements are in place to ensure that 24 hour cover is provided to meet children's urgent care needs and a specialist mental health assessment is undertaken within 24 hours or during the next working day.
- Services to address the specific needs of 16-18 year old young people are in place.
- Close links between children and young people's learning disabilities services and general CAMHS services are established.
- Procedures are in place for the management and care of children and young people with complex and persistent mental health and behaviour problems.
- ❖ Working in collaboration with PCO's across the North East Strategic Health Authority (SHA), review Tier 4 provision to inform future commissioning intentions.
- ❖ Implement the revised pathway for children and young people with eating disorders across North of Tyne in line with NICE guidelines once the lifespan pathway is agreed.

Newcastle's Local Area Agreement has relevant National Indicators associated with their target outcomes regarding children's mental health and emotional wellbeing:

- ❖ NI 119 Self-reported measure of people's overall health and wellbeing
- ❖ NI 40 Drug users in effective treatment

- ❖ NI 56 Obesity among primary school age children in year 6
- ❖ NI 69 Children who have experienced bullying

## Performance

The Annual Performance Assessment Self assessment 2008 of CAMHS in Newcastle concluded that “In relation to children and young people’s mental health, outcomes are good and significant reshaping has taken place in 2007/8 to improve services at a local level”. Specific performance/ outcomes noted in the assessment were:

- ❖ Children and young People were involved in the Programme Budget Marginal Analysis (PBMA) exercise which established priorities for the CAMHS Strategy.
- ❖ Newcastle has comprehensive CAMH services for children and young people with learning disabilities, 16 and 17 year olds with a 24 hour service. Protocols for children and young people with complex, persistent and severe behavioural and mental health needs will be fully operational within the next 6 months.
- ❖ CAMHS has been reshaped with priorities of focus on early intervention and prevention resulting in more support to schools, young people and parents.
- ❖ More CAMHS are available in community-based settings through other services and projects, e.g. Children’s Centres and Connexions
- ❖ A needs assessment, self assessment matrix and Programme Budgeting Marginal Analysis (PBMA) have been completed and will form the basis for the CAMHS Strategy (2008-11).
- ❖ Almost all under 18s receive treatment in young people’s services (98%).

November 2007 Ofsted produced

A review of Newcastle’s CAMH services, in line with the outcomes framework set out in Every Child Matters, reported the following with regard to the Key Judgement 1.4: Action is taken to promote children and young people’s mental health.

Performance Indicator	Score (out of four)
1. Was a full range of CAMH services for children and young people with learning disabilities commissioned for your council area?	<b>Score 4:</b> A fully comprehensive CAMH service for children with learning disabilities and mental health needs is available, including fully implemented protocols between services and appropriately trained staff, covering the whole council area.
2. Did 16 and 17 year olds from your council area who require mental health services have access to services appropriate to their age	<b>Score 4:</b> A fully comprehensive CAMH service for 16 and 17 year olds who require mental health services is available, including fully implemented protocols

and level of maturity?	between services and appropriately trained staff, covering the whole council area.
3. Were arrangements in place for your council area 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?	<b>Score 4:</b> Protocols and plans are in place and are fully implemented.
4. Were protocols in place for your council area for partnership working between agencies for children and young people with complex, persistent and severe behavioural and mental health needs?	<b>Score 3:</b> Protocols and plans are in place: access arrangements are operating but not across the whole council area

**Table 4: Performance review of Newcastle's CAMH services with regard to Key Judgment 1.4 set out in Every Child Matters**

Other achievements

As recommended in Newcastle's 2005/06 Public Health Annual Report:

- ❖ A Computerised version of Mental Health Promotion in Primary Care Toolkit has been developed and disseminated.

## Local views

'What matters to us' (November 2005): Newcastle Children's and Young People's Strategic Partnership produced a report on the priorities of local children and young people on how their lives could be improved, taking into account over 2000 views. 12 'most important' priorities were identified in the report, a number of them relevant to mental health and emotional wellbeing:

- ❖ Respect for children and young people from adults
  - Respect between different groups of children and young people
  - Fair treatment from organisations
- ❖ Space and opportunities to spend time with friends
- ❖ Discrimination including bullying, racism and homophobia
- ❖ Decent neighbourhoods to grow up and live in
  - Young children were worried about and scared of derelict houses.
- ❖ Healthy lifestyle issues (around food, exercise, drugs and alcohol)
  - "happy is healthy too"
- ❖ Involvement in decision making

In August 2006 Community Action on Health held four events consulting local voluntary and community groups on aspects of Newcastle's Health Improvement Strategy. Feedback on Public Service Agreement (LPSA) targets, Local Delivery

Plan (LDP) targets and 'Choose Health' priority areas. The top ten priorities from the events included the following regarding mental health:

- ❖ Priority 1: Reduce the stigma associated with mental health / reduce social exclusion [of those with mental health problems]
- ❖ Priority 3: Increase access to mental health services
- ❖ Priority 7: Increase the number of people receiving help for "mild" mental health problems (e.g. stress / depression)

The most popular specific outcomes within the top ten priorities suggested were:

- ❖ More sympathetic approach to patients with mental health issues from GPs – including longer consultation times, more family support and appropriate signposting
- ❖ Increased accessibility of services e.g. More community services to be made available and More counselling, alternative therapies or continuity of care from GP rather than just prescribing drugs
- ❖ Improve education around mental health and reduce stigma e.g. A Campaign to explain how 'normal' it is to have a form of mental illness.

Investing in Children produced a report on the views of young people, aged 16 and over, who had been CAMHS in-patient's, regarding Tier 4 services in Newcastle (June 2006). A number of themes on which the young people were very opinionated about arose and are as follows:

- ❖ Information needs to be more informative about the environment of the ward.
  - "You need to have a better description of it before you come in. You think its going to be a quiet therapeutic environment and its not"
- ❖ Education was in some places too focused on group activity. More individual learning would be useful to keep individuals focused with goals.
- ❖ Friends: most in-patients weren't able to keep in contact with friends due to ward regulations but felt it would help them to have contact with them. It would also make re-integration at home easier when discharged.
- ❖ Activities: generally good but often activities within the ward were too often cancelled due to staffing issues or staff did not follow through with promises.
- ❖ Food was described as "boring, horrible" and there was not enough variety.
- ❖ Weekend leave was quite stressful for most people. Some felt uncomfortable being home and it was a problem for parents who did not know the best way to deal with the situation. Inconsistencies with advice/approaches by staff caused confusion for patients.
- ❖ Being discharged: having contact with aftercare workers before leaving in-patient units would make transition easier and more effective. Some

- highlighted the need for a college placement or work to be available on discharge.
- ❖ Working with families as well: Support for families would help both the patient and family. Re-admissions could be prevented and other long term effects could be dealt with.
  - ❖ Re-admissions: most young people involved with the report were in-patients on more than one occasion. Most opinions reflected the feeling that when they were physically healthy they would be let out even though they were not yet mentally healthy.
  - ❖ Diversity on the units needs to be better reflected e.g. celebrating other faith's festivals.
  - ❖ Picking up other problems- a number of people who did not initially have eating disorders were affected by other patient's problems and the general atmosphere at mealtimes.
    - "I didn't have any problems with eating when I went in but I did when I came out".
  - ❖ Choice of counsellor: the need for a female psychiatrist was put forward as many females felt uncomfortable with a male one and therefore seeing them was not actually beneficial.
  - ❖ Making a complaint: it is important that in-patients are aware of how to make a complaint and feel safe doing so.
  - ❖ Culture of the unit: an aspect of interaction with staff that is not entirely focused on clinical observations and conversations was very therapeutic to one individual. Most felt the need for a chance to have "normal conversations with [someone] who would react as a normal human being would". Continuing support for problems and needs outside "mental health" such as autism is needed for in-patients. It is also important for all staff to know a bit about individual Care Plans as it can cause distress to patients to have to explain or defend themselves to staff. Being helped with 'living skills' while on the ward was appreciated and helped people learn whilst there.
  - ❖ Ward Rounds: it was suggested that the patients get a choice of whether or not to attend ward rounds when they are being discussed.
  - ❖ Building self esteem: activities to build self esteem such as personal care activities, initiated by staff would help and also build on 'therapeutic' in-patient nurse relationships. One ward ran 'self-esteem' meetings and they were really appreciated by the patients.
  - ❖ Therapeutic work: sessions on anger management were found very useful by patients. Groups for young people with specific disorders, such as eating disorders, were felt to be useful.
  - ❖ Being listened to: the young people felt that although they were vocal about their opinions their comments were not acted on.

## National and local strategies

[National Service Framework for Children Young People and Maternity Services: The Mental Health and Psychological Well-being of Children and Young People](#) (Feb 2007). The most relevant standards regarding mental health and wellbeing are:

- Standard 1: Promoting Health and Well-being, Identifying Needs and Intervening Early. The health and well-being of all children and young people is promoted and delivered through a co-ordinated programme of action, including prevention and early intervention wherever possible, to ensure long term gain, led by the NHS in partnership with local authorities.
- Standard 2: Supporting Parenting. Parents or carers are enabled to receive the information, services and support which will help them to care for their children and equip them with the skills they need to ensure that their children have optimum life chances and are healthy and safe.
- Standard 3: Child, Young Person and Family-Centred Services. Children and young people and families receive high quality services which are coordinated around their individual and family needs and take account of their views.
- Standard 4: Growing Up into Adulthood. All young people have access to age-appropriate services which are responsive to their specific needs as they grow into adulthood.
- Standard 5: Safeguarding and Promoting the Welfare of Children and Young People. All agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being or who are likely to be harmed.
- [Standard 9: The Mental Health and Psychological Well-being of Children and Young People](#). All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality multidisciplinary mental health services to ensure effective assessment, treatment and support, for them, and their families.

[Choice for parents, the best start for children: a ten year strategy for childcare](#) (Dec 2004) sets out the Government's vision is to ensure that every child gets the best start in life and to give parents more choice about how to balance work and family life.

[Every Child Matters](#) (Sept 2003) identified five outcome areas in provision of services for children to ensure their needs are met; be healthy, stay safe, enjoy and achieve, make a positive contribution and economic well-being. Mental and emotional wellbeing is strongly linked to all these areas and the government's aim is to help children achieve their potential rather than providing intervention at points of crisis or failure.

Department of Health White Paper: [Choosing health: making healthy choices easier](#) (Nov 2004). This paper is set to implement the reforms in Every Child Matters Green Paper and the National Service Framework for Children, Young People and Maternity Services

[Child Health Promotion Programme](#) produced by the DoH aims to provide greater emphasis on promoting the health and well-being of children through pregnancy and their first five years of life and supports a core programme for all children, with additional services for children and families with particular needs and risks. It has been shown that both children and adults future wellbeing is strongly affected by the conditions of their first years of life.

Other relevant national strategies and publications are:

- Together We Stand. The commissioning role and management of child and adolescent mental health services (NHS Advisory Service 1995)
- [Healthy Schools](#). This programme focuses on four areas which schools should promote and provide activities to encourage and enable:
  - Personal, Social & Health Education
  - Healthy Eating
  - Physical Activity
  - Emotional Health & Wellbeing
- National Standards Local Action 2005/06 - 2007/08 (DH July 2004)
- [Aiming High for Children with Disabilities](#).
- Back on Track.
- NE Commissioning Unit for Mental Health & Learning Disabilities redesign of tier 4 and Eating Disorder services October 2007
- The National Child Health Strategy is due to be published in September 2008.

[Improving Health is Everyone's Business](#): A ten-year health improvement strategy for Newcastle 2007 – 2017. Newcastle Wellbeing and Health Partnership and the Local Strategic Partnership (LSP) for Newcastle, agreed the national priorities set out in the DoH White Paper “Choosing health: making healthy choices easier” and identified “improving mental and emotional wellbeing” as the number one priority area for Newcastle. Within that priority, four specific subsidiary priorities (Objectives) were identified. Relevant actions and targets are outlined below in the Mental Health Improvement Delivery Group’s action plan.

The Mental Health Improvement Delivery Group produced an action plan to achieve the four priority objectives in [Improving Health is Everyone's Business](#) within the key settings of schools & higher education facilities and the community:

- ❖ **Objective 1 : To reduce the stigma associated with mental ill health**
  - Audit content of Personal, Social and Health Education (PSHE) curricula in relation to addressing stigma and present results at an event promoting best practice.

- Use World Mental Health Day to promote use of Anti-Stigma Campaign materials and launch a campaign on the impact of mental health in Newcastle.
  - “Mind the Gap”, a museum exhibition on the history of mental health in Northumberland running from October 2008 to January 2009.
  - Self esteem classes to be integrated into Improving Access to Psychological Therapies (IAPT).
- ❖ **Objective 2 : Promote self-esteem and positive mental health**
- Roll out of Department for Children Schools and Families (DCSF) Social & Emotional Aspects of Learning (SEAL) Programme in city schools
  - Continue the effective work of the RESPONSE Anti- Bullying Team and Behaviour Improvement Programme (BIP).
  - Increase the opportunity for people to have a say about priorities and services through participatory budgeting.
- ❖ **Objective 3: Prevent the development of Mental Illness (at risk groups)**
- Develop an approach to identifying and managing children “at risk” of developing mental ill health including people who have suffered or are suffering, violence, abuse or trauma. Also develop approaches to post natal depression.
  - Develop a systematic approach to working with children and parents during the transition from primary to secondary schools and with ‘looked after children’ in the transition to independent living at age 18.
  - Build on the success of the Tyne Bridge Suicide Prevention initiative.
  - Raise awareness and increase skills in service providers so that they are able to identify and support those at risk.
- ❖ **Objective 4 : Encourage early intervention and self-help to prevent unnecessary distress and to prevent progress of the illness**
- Ensure individualised coordination of services for young people with mental health difficulties at all levels.
  - Ensure information about services is available to schools, parents, children and young people and work with HE institutions to develop support and early intervention systems.
  - Increase the range and availability of non- pharmaceutical treatments for mental health problems (to include talking therapies and physical activity programmes).
  - Ensure that evidence based self help materials are available in local venues e.g. libraries and GP surgeries.

- Offer an annual Health check for people on Mental Health Register (QOF)
- Establish a recovery orientated approach for people with mental illness including improved diet physical health and smoking cessation.

[NHS North of Tyne Annual Operation Plan 2008/09](#) “Maximising well-being and health with people living in Newcastle, North Tyneside and Northumberland”, sets out an overview of the progress plans for the NHS in the region for 2008/09. The plan covers proposals for local and national priorities and has a number of key actions regarding mental health services.

- ❖ Further develop initiatives that promote inclusiveness and enable people to access employment opportunities and leisure activities
- ❖ To secure recurrently funded black and minority ethnic community development workers in line with national requirements, improving access to services by increasing BME advocacy.
- ❖ Develop primary care mental health services through a stepped care model in line with national policy.
- ❖ Establishing the North of Tyne recovery and reengineering programme for 2008/09.
- ❖ Providers are required to share information and collaborate with initiatives designed to protect children.
- ❖ Achieving LAA priorities to reduce childhood obesity, increase breast feeding, reduce smoking in pregnancy, reduce sexually transmitted diseases and reduce teenage pregnancies.
- ❖ Develop a pathway of care for children and young people with eating disorders.
- ❖ Define, agree and implement a redesigned model for delivery of local CAMHS services to complement the re-commissioned tier 4/inpatient service.
- ❖ Further develop the implementation of maternity services review which is in line with the direction of travel outlined in Maternity Matters.

Newcastle’s [Local Area Agreement \(LAA\) Appendix 1](#) has a number of priority objectives relevant to children’s mental and emotional wellbeing:

- ❖ Improving mental health and emotional wellbeing
- ❖ Reducing the harm caused by alcohol, drugs and other substances indicator
- ❖ All children and young people are physically and emotionally healthy
- ❖ All children and young people are safe from bullying and discrimination
- ❖ All children and young people engage in positive behaviour out of school

CAHMS strategy 2008/09 for Newcastle sets out a number of priority areas for development, taking into account the priorities identified for improvement and action in the APA Self Assessment 2008:

- ❖ Increase capability and capacity in universal (Tier 1) services for prevention and early intervention.
- ❖ Increase capacity at Tiers 2 and 3 to build capacity for training and advising practitioners working in Tier 1.
- ❖ Implement NICE recommendations for conduct disorders.
- ❖ Implement a pathway for children with ADHD building on the achievements of the pilot project, working in partnership with parents.
- ❖ Manage demand for high cost low volume services through implementation of a High Care Needs process for children and young people requiring CAMHS.
- ❖ Ensure access for all, especially those who do not access current services.
- ❖ Implement You're Welcome (A self-assessment toolkit for services working with young people which will help improve sexual health services for young people).

In response to the "[Pushed into the Shadows: Young People's experience of adult mental health facilities](#)" report North of Tyne CAMHS produced a specific Strategy Implementation/ Partnership Action Plan to address the problems covered in the report. The strategy specifically aims at improving the CAHMS provision to prevent the inappropriate admission of under 18's onto adult mental health wards and adequate support for under 18's who do end up in an adult ward. Specific recommendations include:

- ❖ Better use of the Care Programme Approach (CPA) in particular when transitioning between services and discharge from mental health wards.
- ❖ Adult wards that admit under 18's must have appropriate facilities and daily activities. Also they should make it possible for patients to see their friends and family in private.

Specialist Community Service Developments: In line with North East Region reviews regarding developing alternatives to tier 3/4 admission, commissioners for CAHMS are proposing a redesign of current Tier 3+ child and adolescent specialist mental health and learning disability services. Proposals would result in access to specialist community based services providing comprehensive, locally based assessment and treatment and intervention services in addition to specialist inpatient beds

## Current activity and services

Newcastle CAMHS service is structured according to the following National 4 Tier framework:

Tier	Description	Newcastle CAMHS Services by Tier
Tier 1	A primary level of care (e.g. general practice or schools)	General Practitioners / School Health Advisors / Health Visitors / Social Workers / Teachers /
Tier 2	A service provided by specialist individual professionals relating to workers in primary care	Community Teams / Primary Mental Healthcare Team / Prevention Team / School Health Educational Psychologists *
Tier 2/ 3		Looked After Children Team / ADHD Team / Refugee and Asylum Seekers (unaccompanied minors) Team /
Tier 3	A specialised multi-disciplinary service for more severe, complex or persistent disorders	Self-Harm Team / Drug & Alcohol Service / CAMHS Learning Disabilities / Early Intervention in Psychoses Team / CAMHS Youth Offending Team
Tier 4	Essential tertiary level services such as day units, highly specialised out-patient teams and in-patient units	In-patient services / Young Peoples Unit / Fleming Nuffield Unit / Forensic Inpatients & Outpatients

**Table 6: The 4 Tier Strategic Framework for CAMHS and the corresponding services available in Newcastle** Source: DoH, NSF for Children, Young People and Maternity Services (Standard 9).

\* Educational Psychologists also work in Tier 1 and Tier 3

- ❖ The table below (Table 7) shows the percentages of primary presenting disorders to CAMHS (Tiers 2 and 3) from the 2006/07 CAMHS mapping exercise in Newcastle and England.

Primary presentation	England	Newcastle	
		Caseload	%
Emotional Disorders	33%	141	27%
Conduct Disorders	13%	83	16%
Hyperkinetic Disorders	13%	68	13%
Eating Disorders	3%	18	3%
Psychotic Disorders	1%	2	0.4%
Deliberate Self Harm	5%	22	4%
Substance Abuse	1%	12	2%
Habit Disorders	2%	10	2%
<b>Autistic Spectrum Disorders</b>	7%	16	3%
<b>Developmental Disorders</b>	4%	7	1%
Not Possible to Define	3%	33	6%
Other Disorders	6%	8	2%
<b>More than one Disorder</b>	10%	99	19%
TOTAL	100%	519	100%

**Table 7: Presenting problems to CAMHS: Newcastle compared to England (during sample period only) 2006/07** Source: CAMHS Mapping 2006/07

- ❖ The Early Intervention in Psychosis (EIP) Team in Newcastle had 14 referrals of patients aged under 19 in 2005/06 and 18 in 2006/07, very

similar to the estimated number of people with “probable psychotic disorder”, 18.

- ❖ During the 2006/07 CAMHS mapping exercise the length new cases had to wait to be seen by various teams is shown in Table 8 below.

Service	Total No. of new cases seen	Length of Wait from referral to first date seen		
		<=4 weeks	>4 but <=13 weeks	>13 but <=26 weeks
Drug and Alcohol Service	2	100.0%	-	-
Community Psychology Team for Learning Disabilities	6	-	100.0%	-
Deliberate Self Harm Team	10	90.0%	10.0%	-
Looked After Children Team	7	85.7%	14.3%	-
Unaccompanied Minors Team	5	20.0%	80.0%	-
Primary Mental Health Worker Team	17	47.1%	41.2%	11.8%
East Community Team	25	32.0%	52.0%	16.0%
West Community Team	24	33.3%	58.3%	8.3%
North Community Team	14	78.6%	21.4%	-

**Table 8: New cases seen by CAMHS services in Newcastle by length of Wait**

- ❖ Applying the Royal College of Psychiatrists recommended Tier 2/3 staffing levels to Newcastle would mean 13.5 WTE (whole time equivalents) primary mental health workers and 40.6 WTE other staff. The actual number of primary mental health workers employed is 5.8 WTEs (43% of the recommended staffing level). In relation to other clinical staff, the number of WTEs is 36.8 (91% of the recommended staffing level).
- In terms of prevention and primary intervention, the NHS Centre for Reviews and Dissemination highlighted four high risk groups of children and identified the most effective interventions and treatments
  - Children living in poverty benefited from high quality pre-school and nursery education projects which improved various social and educational outcomes. Parent training through social support visits have also been shown to be effective.
  - Children who exhibit behavioural difficulties may benefit from social skills training.
  - Children who experience parental separation, divorce or bereavement in the family may benefit from cognitive behavioural and socially based interventions.
- ❖ The DCSF CAMHS grant has been reduced from £630,920 in 2006/7 to £541,000 in 2007/8, because Newcastle’s ranking has moved from the 20<sup>th</sup> to 37<sup>th</sup> worst Local Authority for multiple deprivations out of 354.

## What is this telling us'?

### What are the key inequalities?

- Certain groups of children and young people are at greater risk of suffering from a mental health problem.
- An ONS survey carried out in Great Britain in 2004 covered children aged five to 16, and found that 11 per cent of boys had a mental health disorder, compared with 8 per cent of girls. Older children and young people were found to be more prone to a mental health disorder than younger children. 1.9 per cent of all children had more than one disorder (ie one in five children with a disorder).
- Children with an emotional disorder were more likely to come from a single parent family (31 %, compared to 15 % for children with no emotional disorder), and 54 per cent lived in households with incomes under £300 per week. The survey also found that children with an emotional disorder were more likely to suffer poor physical health (23 %, compared to 5 % of children with no disorder). There were no significant differences between ethnic groups.
- It found that the prevalence of mental health problems was higher among children in families where neither parent worked (20 %) compared to those in which both parents worked (8 %), and one parent worked (9 %). Sixteen per cent of children from families with a weekly household income of under £100 suffered from mental health problems, compared to 5 per cent with a weekly household income of more than £600.
- Educational qualifications of the parent, especially the mother, have a strong impact on prevalence of mental health problems. The ONS survey showed a rate of 17 per cent among children whose parent had no educational qualification, as opposed to 4 per cent among those with parents educated to degree level.
- Family make-up can also impact on the mental health of children and young people. Prevalence rates of mental health problems were higher in children from single parent families (16 %) compared to married couple families (7 %).
- The ONS survey found no difference between ethnic minorities. The National Service Framework however, explicitly mentions the need of appropriate mental health provision for families that are seeking asylum and refugees, particularly those from war torn countries. It also emphasises the needs of varying cultures due to the differing concepts of mental illness and understanding.
- The NSF also recognises the needs of those children and young people, such as those in special circumstances or those with learning difficulties and/or disabilities, who are at greater risk of developing mental health problems.

## **What are the key gaps in knowledge / services?**

- The major gap in services, as measured against the outcomes framework set out in Every Child Matters, is the shortfall across the area of partnership working between agencies for children and young people with complex, persistent and severe behavioural and mental health needs.
- A patient consultation exercise, regarding tier 4 services, discovered that communication was an issue on a number of levels. The interpretation of this is that the service is not being appropriately provided because patients are not receiving adequate information regarding their care.
- The Royal College of Psychiatrists suggests that a Tier 2/3 specialist CAMHS service providing evidence-based interventions up to the 16th birthday would need a clinical workforce of 20 whole time equivalents (WTEs) per 100,000 total population, of whom 5 WTEs should be primary mental health workers. According to a needs assessment conducted in March 2008 Newcastle has the following shortfall: 'Applying the recommended staffing levels to Newcastle translates into 13.5 WTE primary mental health workers and 40.6 WTE other staff. The actual number of primary mental health workers employed is 5.8 WTEs (43% of the recommended staffing level). In relation to other clinical staff, the actual number of WTEs is 36.8 (91% of the recommended staffing level). However, the shortfall is greater than the comparison of actual and recommended staffing levels suggest since the recommendations relate to a service for up to 16 year olds, whereas the actual workforce covers a population up to 18 years old.'
- The needs assessment conducted in March 2008 also found an absence of service utilisation data. This makes it difficult to compare referral rates or caseloads with estimated prevalence. These data is essential to estimate levels of unmet need.

## **What are the risks of not delivering our targets?**

The risks of not delivering our targets on child mental health are as follows:

- Failure at school
- An increase in alcohol and drug abuse
- Family discord
- Violent behaviour
- Increased exposure to the criminal justice system
- Increased non-mental health problems
- Increased Suicide

In addition, preventive measures have the potential to reduce the economic burden of mental illness. If these measures are not met the economic burden increases and leads to a reduction in economic productivity.

### **Is what we are doing working?**

- Recent audits of the CAMHS service in Newcastle have revealed that provision is adequate. However there are key gaps especially with reference to staffing gaps. This needs to be rectified to ensure that the service is adequately maintained.
- Communication could be improved as protocols developed by the inter-agency services are not being utilised across the entire area.

### **What is coming on the horizon?**

- Autumn 2008 will see the publication of the Child Health Strategy Document as part of [The Children's Plan](#) from the Department of Children Schools and Family, the aim of which being: 'The Children's Plan aims to make England the best place in the world for children and young people to grow up. Schools, children's services, the voluntary sector and Government all need to play their part to achieve this aim - working to support children, young people and their families. Many of the Department's closest partners are working with us to meet the challenges set out in the plan and to share our vision to build brighter futures.'
- [The Operating Framework for the NHS](#) in England has identified four areas where PCTs will need to take particular action in 2008/2009 to ensure progress, one of these is children and improving their physical and mental health and well-being. This will focus on evidence-based prevention, early intervention and access, designed around the needs of the individual.
- [Children and Adolescent Mental Health Services Review](#). An independent review in conjunction with the Department of Children, Schools and Family and the Department of Health. The purpose of the review is to look at how well services are meeting the educational, health and social needs of children and young people at risk of, and experiencing, mental health problems. It is also a chance to make recommendations for future progress. The review will conclude and publish its findings and recommendations in the autumn 2008.

### **What should we be doing next?**

The following recommendations are based around the findings of the needs assessment conducted by the Newcastle CAMHS partnership in March 2008:

- It has been identified that there are significant limitations with data to make an accurate assessment of service utilisation. It is therefore recommended that attention be directed in capturing service use data.
- Attention needs to be focused on meeting the needs of the BME community, as children from this community are currently under-represented amongst CAMHS users. A programme to increase the understanding of family members is required.
- The service that is currently been in place for children with Autism Spectrum Disorders and development disorders may not be meeting the

needs of the population as children with these disorders are currently less likely to present, compared to national figures. Work needs to be carried to assess how accurate this is and based on those findings initiate a programme that meets the needs of these groups.

- Further develop services for homeless young people and those at risk of becoming homeless. One fifth (21%) of homeless young people in Newcastle have identified mental health problems. This proportion would appear to underestimate the burden of mental ill health amongst the young homeless population, and may reflect a level of unmet need.
- Further Work will be required based upon the findings and recommendations of the national [CAMHS review](#).