



healthwatch
Greenwich



**Preliminary Review of Greenwich Child
and Adolescent Mental Health Services:
Identifying areas for further
investigation**

June 2018

Contents

Contents.....	2
1. Introduction	4
1.1. Service user feedback.....	5
1.2. Disclaimer.....	5
2. Context.....	6
2.1. Young Minds - Mental Health report	7
2.2. CQC - Review of CAMHS.....	8
3. The picture in Greenwich.....	10
3.1. Greenwich - The current system	10
3.2. Greenwich - Access to the service.	11
3.3. Greenwich - Schools service.....	12
4. Our methodology.....	13
5. Engagement.....	13
5.1. Children and young people’s services - fostering team	13
5.1.1. Access	13
5.1.2. Transition to adult services	15
5.2. Foster carer’s experiences	16
5.2.1. Other Comments	18
5.3. Meeting with CCG CAMHS commissioner	18
5.4. Session with the looked after Children - aged 7-11.....	19
5.5. Session with Looked After Children - 11-13 years.....	20
6. Next steps - phase two.....	23
1. Transition from young people to adult services	23
2. Accessing the service for children, parents and carers.....	23
3. Waiting times to receive treatment	24

7. Recommendations	25
1. Access for seldom heard groups.....	25
2. Children and young people’s services	25
3. CAMHS.....	25
8. Provider response.....	26
9. Contact us	29
Acknowledgements.....	29

1. Introduction

This report sets out Healthwatch Greenwich's preliminary review of Greenwich Child and Adolescent Mental Health Services (CAMHS).

An analysis of comments received by Healthwatch Greenwich over the last two years from our public engagement events, indicates that CAMHS may not be responding as effectively as it could to the needs of children, young people, and their families. As a result, we have identified this as a priority for Healthwatch Greenwich.

This report is phase one of a two-stage approach. Phase one has identified key themes emerging from our initial engagement with service users and providers.

In drafting this report, we have identified core principles and requirements we consider to be fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people.

The core principles are:

- Equal and fair access to services.
- Good connections across the system, between children and young people's services, Public Health, the NHS, social care services and Primary Care services to provide a wraparound service.
- As long as a child is engaged with CAMHS, they will receive the service that best meets their needs.

There are a number of voluntary sector mental health organisations operating in the Borough, however the Specialist Greenwich Community CAMHS service is delivered by Oxleas NHS Trust Greenwich CAMHS and is jointly commissioned by Greenwich Clinical Commissioning Group (CCG) and the Royal Borough of Greenwich (RBG). The current three-year contract commenced in 2015 and was originally due to end in 2018. Commissioners have now extended the contract for a further year, for three reasons:

- Positive feedback from the clinical outcomes tools such as parent and young people feedback through CHI-ESQ¹ (experience of service questionnaire) and achievement of goals set with young people.
- To align the contract to the changes identified through the implementation of the Sustainability and Transformation Plan (STP). This plan aims to meet the ‘triple challenge’ set out in the NHS Five Year Forward View: better health; transformed quality of care delivery and; sustainable finances.
- To further embed the clinical in-reach model of delivery.

CAMHS caters for children and young people who have difficulties with their mental, emotional, or behavioural wellbeing up to the age of 18. Once they have reached 18, they may then move into adult mental health services following a period of transition (usually beginning around six months before their 18th birthday).

Children and young people may need help with a wide range of issues at different points in their lives. Parents and carers may also need help and advice to deal with behavioural or other problems their child is experiencing.

1.1. Service user feedback

The key themes we’ve identified for further investigation in phase two are:

- Transition from young people to adult services
- Accessing the service for both children and parents and carers.
- Waiting times to receive the services.

Healthwatch Greenwich will be seeking more detailed information through engagement with service users and providers.

1.2. Disclaimer

Please note that our reports are not necessarily representative of the experiences of all service users, family, carers, and staff, simply an account of what was observed and contributed at the time.

¹ <https://www.corc.uk.net/outcome-experience-measures/experience-of-service-questionnaire/>

2. Context

This is an opportune time for Healthwatch Greenwich to report on this area of work in the Royal Borough of Greenwich with several high profile reports and studies having recently been published. These include the Young Minds Report², the Government Five Year Review for Mental Health³ and the recent national thematic review carried out by the Care Quality Commission on CAMHS. These reports lay the foundation for our review and act as reference point for our final recommendations.

In 2015 the Department of Health, in collaboration with the HHS England, published the “Future in Mind” report, which identified five key mental health issues facing children and young people⁴:

- Promoting resilience, prevention, and early intervention
- Improving access to effective support - a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

A primary outcome from this report was that the economic case for investment in CAMHS⁵ was strong. The report found that:

“75% of mental health problems in adult life (excluding dementia) start by the age of 18. Failure to support children and young people with mental health needs costs lives and money. Early intervention avoids young people falling into crisis and avoids expensive and longer-term interventions in adulthood. There is a compelling moral, social and economic case for change.”

² #FightingForReport young minds. 2018 <https://youngminds.org.uk/media/2258/youngminds-fightingfor-report.pdf>

³ Future in Mind - Promoting, protecting, and improving our Children’s and Young People’s Mental Health and Well-Being (2015)

⁴ Future in Mind - paragraph 1.3 (2015)

⁵ Future in Mind - paragraph 1.5 (2015)

2.1. Young Minds - Mental Health report

Young Minds are a strong national champion of issues facing young people and mental health. They recently conducted two major surveys with more than 2,700 young people who have looked for support for their mental health and more than 1,600 parents whose children have looked for support⁶. The report found that:

- Only 9% of young people and 6% of parents reported that they had found it easy to get the support they needed. 66% of young people and 84% of parents reported they had found it difficult.
- Only 6% of young people and 3% of parents agreed that there is enough support for children and young people with mental health problems. 81% of young people and 94% of parents disagreed.

Young people and parents reported barriers at every stage in their search for help. When asked what barriers they had faced, if any, to getting support for their mental health:

- 51% of young people said that they hadn't understood what they were going through
- 23% of parents said that their child hadn't told them what they were going through
- 42% of parents reported problems getting help from school or college
- 29% reported having problems getting help from their GP.

In 2016 the Government laid out its Five Year Forward View for Mental Health⁷. Chapter two, of the Five-Year report, looked at children and young people's services and identified several objectives for 2020/21.⁸

⁶ #FightingForReport young minds. 2018 <https://youngminds.org.uk/media/2258/youngminds-fightingfor-report.pdf>

⁷ A report from the independent Mental Health Taskforce to the NHS in England February 2016 <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

⁸ A report from the independent Mental Health Taskforce to the NHS in England February 2016 <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf> (Chapter 2)

2.2. CQC - Review of CAMHS

The Care Quality Commission (CQC) was asked to undertake a national review of services. drawing on existing reports, research, and other evidence, including its inspections of children and young people's mental health services, and conversations with young people, to identify the strengths and weaknesses of the current system.

In October 2017⁹, the CQC completed its initial review of CAMHS. The report was the first phase of a Government commissioned review of mental health services for children and young people in England.

The CQC report highlighted some of the difficulties children and young people face in accessing appropriate support for their mental health concerns and described the system as “fragmented” with services varying in quality.

The CQC found that whilst most specialist services provide good quality care: ¹⁰

- Too many young people were finding it difficult to access services;
- Young people do not receive the care that they need when they need it. Some Looked After Children (LAC) could wait up to 18 months to receive a service.

Using estimates from the London School of Economics, Public Health England reported¹¹ that only 25% of children and young people with a diagnosable mental health condition accessed support. The Royal College of Psychiatrists¹² has noted difficulties in finding specialist inpatient beds close to a young person's home.

The Deputy Chief Inspector and lead for Mental Health, Dr Paul Lelliott, summed up the review by stating that, in relation to CAMHS service:

⁹ Review of children and young people's mental health services PHASE ONE REPORT - October 2017

¹⁰ Review of children and young people's mental health services PHASE ONE REPORT - October 2017

¹¹ **Mental health services: cost-effective commissioning:** Return on investment resources to support local commissioners in designing and implementing mental health and wellbeing support services. Published 30 August 2017 [Public Health England](#)

¹² **Survey of in-patient admissions for children and young people with mental health problems** Young people stuck in the gap between community and in-patient care Faculty of Child and Adolescent Psychiatry, Royal College of Psychiatrists. March 2015 (page 6)

“The complexity and fragmentation of the system is an obstacle that must be overcome if this new investment is to result in better services to meet the mental health needs of children and young people.”

Finally, in March 2018¹³ CQC completed phase two of the thematic review. CQC undertook fieldwork to identify what helps local services to achieve, or hinders them from achieving, improvements in the quality of mental health services for children and young people, as set out in the NHS’s Five Year Forward View for Mental Health. They found that:

- Involving children, young people, their parents, families, and carers in decisions about their care makes it easier to provide high-quality care.
- Having a single ‘key worker’ coordinate input from different teams and services enables a child or young person to build trust and rapport with a single member of staff over time and helps to make sure that care is joined-up.
- When services stay in regular contact with children and young people, it improves their experience of care and helps to bridge the gap if they are waiting for treatment.
- Advance planning, good communication and information sharing between services makes it easier for young people to make the transition between services and from children’s services to adults’ services.

The service providers accepted these recommendations.

¹³ Are we listening? REVIEW OF CHILDREN AND YOUNG PEOPLE’S MENTAL HEALTH SERVICES - CQC-2018

3. The picture in Greenwich

From our literature review, CAMHS provided in the Royal Borough of Greenwich mirrors the national picture.

We are aware there has been a significant change in the provision of the CAMHS services in Greenwich. Over the next year, we hope to provide information to enable CAMHS teams to get feedback on the progress they are making.

This is also a good time to review the services as the contracts are coming up for renewal. It is hoped that our findings will contribute to the development of the contract specification.

3.1. Greenwich - The current system

The provision of CAMHS involves the following:

- **Single point of access:** There is a single point of access where referrals are received. A clinical triage team then screens referrals to make decisions about whether referrals are accepted, which pathway they are allocated to and whether any immediate action is necessary to manage risk. The triage team consists of senior clinicians and managers from across the service. There are approximately 8-10 referrals per day although referral numbers can vary from day to day
- **Speciality teams:** There are 5 speciality teams:
 - Early intervention;
 - Generic;
 - Adolescent;
 - Neuro-development;
 - Looked After children/edge of care.
- **Referrals** - Any professional working with children and young people can refer to CAMHS. Young people can also self-refer via the online portal

Headspace, which offers self-help materials and an option of a direct referral into Greenwich CAMHS.

- **Clinical in-reach service** - The Clinical in-reach service is provided to all state funded schools, nursery schools, children's centres, and all areas of children's social care. Clinical in-reach involves the provision of specialist consultation (advice and support) to professionals, and some direct interventions with children and young people and their families (see 3.3 below).

3.2. Greenwich - Access to the service.

To enter CAMHS, children and young people are usually identified via existing systems, including schools, GPs, social services, and the Youth Offending Services (YOS). They can also self-refer.

Oxleas NHS Trust's 'clinical in-reach' enables professionals to discuss emotional health and well-being concerns with a CAMHS professional, which could lead to a brief intervention with the child/young person. It allows professionals to discuss referrals into the service or consider any other appropriate provision based on the child's clinical needs. Specialist targeted training and workshops are also offered to up skill social care professionals in specific conditions.

The young person can be supported through a direct intervention during in-reach. Additionally, they may be directed elsewhere if they do not meet the needs threshold for specialist CAMHS, or it may result in a referral being generated. The in-reach service supports schools in supporting young people below specialist level CAMHS or referring in when needed. Feedback from social workers so far has been positive.

For social workers there are six slots available a week; CAMHS link workers can pick up thematic issues and then provide training. These can be tailored to meet foster carers' and social workers' concerns - although foster carers cannot access the in-reach service directly, only able to access it via the social worker. The

foster care service is currently looking at whether foster carers would be able to access the service directly.

3.3. Greenwich - Schools service

Each school in the Borough gets an allocation of CAMHS consultation hours for the year, which is provided by a CAMHS link worker. This service is jointly commissioned by the CCG and Local Authority and provided by Oxleas NHS Trust. The number of hours the school receives depends on pupil numbers and how many students are on pupil premium but tends to range between 12-20 hours annually. Schools also have the option of buying additional hours. Staff can tap into this, including school mentors for instance.

All Greenwich schools are now also part of a scheme called Attachment Aware Schools¹⁴. The Attachment Aware Schools project is premised on the basis that ‘an attachment-informed approach for all professionals working with children, including those within the universal services, offers the best prospect for effective early intervention for children, whatever their age or family situation’. ¹⁵

¹⁴ Rose, J., McGuire-Snieckus, R., Wood, F. and Vatmanides, O. (2016) Impact Evaluation of the Attachment Aware Schools Project for B&NES Virtual School: Phase 1 Pilot Study, Bath: Institute for Education, Bath Spa University.

¹⁵ Furnivall et al., 2012).

4. Our methodology

In undertaking this preliminary review, we wanted to speak directly with users and providers of the services to get a view of the challenges they were facing and possible areas of improvement. We would like to say a big thank you to those departments, organisations, young people, and carers that gave us their valuable time. We have no doubt that all the people that we spoke to were committed to the service and striving for excellence.

Over the last few months, we have been able to speak to the following.

- Oxleas NHS Trust - CAMHS operational Manager
- Royal Borough of Greenwich - children and young people's service - looked after children and fostering staff
- Greenwich Clinical Commissioning Group (CCG) - CAMHS commissioner
- Oxleas NHS Trust - young people using the services
- Royal Borough of Greenwich - foster carers
- Royal Borough of Greenwich - young people on the Children in Care Council.

5. Engagement

Set out below are our main findings from the different groups. We recognise that phase one is an exploratory examination of some of the experiences of service users and providers. It is our intention to undertake further in-depth consultation with users, parents, and carers.

5.1. Children and young people's services - fostering team

5.1.1. Access

- Young people entering the care system were often not able to access mental health support immediately, and instead had to wait until the placement was 'settled'. Social workers have recognised the need for immediate intervention in some cases, especially those with a history of trauma, and now approach CAMHS with these cases stating there are 'no

plans to move' [the young person] rather than saying the placement isn't settled.

- CAMHS have previously expected details of the whole family history before they could start to work with a young person, which can take several months to access, especially if the young person has moved from another Borough or changed placements a lot.
- It is recognised that sometimes children do need short term crisis work and this can be difficult. This is different from knowing when the right time is to really start digging into past trauma.
- It is a challenge for children and young people's services to provide suitable support as some children never really settle, especially if they are a late entrant into CAMHS at an older age, and they don't have time to settle into a new home. There is a growing need to work with children that have experienced trauma as well as diagnosed mental illness.
- During the session with the fostering team, we were informed that the key performance indicator (KPI) for CAMHS is 12 weeks from referral to assessment, then a further 18 weeks from assessment to treatment. Oxleas NHS Trust states that the KPI is actually eight weeks from referral to assessment then a further four weeks to treatment. Unfortunately, these KPIs are not always being achieved.
- Other issues which may delay or prevent treatment include: -
 - Children and young people who don't want to see a practitioner or receive treatment.
 - Young people forgetting or not being brought to appointments - this is especially true with families who have complex lives.

- Children and young people needing to attend CAMHS services, rather than having the services come to them or happening in a place where the child feels comfortable.¹⁶
- A limited number of treatment methodologies. For example, an over reliance on short course cognitive behavioural therapy (CBT), which may not be appropriate in many cases.

5.1.2. Transition to adult services

- This can be hard for a young person as the threshold for adult services tends to be significantly higher than for CAMHS. This means either;
 - they receive treatment and support as a child, but don't meet the threshold for adult services so don't receive anything or,
 - the kind of services they can access as an adult are less supportive, and potentially traumatic for an 18 to 20 year old.
- Young people are not always proactive in seeking support and as they transition into adulthood, it becomes much more unlikely for anyone to reach out to them. It therefore becomes dependent on the young person recognising their own need for help/ support.
- Other services can be put in place to encourage a young person who is not receiving support, for example, young people can be encouraged to go the gym. This can then become a more holistic approach to emotional wellbeing. Social workers and foster carers do try to signpost young people towards other services when they approach 18, but they do not generally receive the same type of support they did as a child.
- There is a national Children and Young People transitions CQUIN ¹⁷ which mandates that at least six months before an ending all involved will be

¹⁶ It is recognised that treatment at home can sometimes be counter-productive and even detrimental for some young people.

¹⁷ The Commissioning for Quality and Innovation (CQUINs) payments framework was set up in 2009/2010 to encourage service providers to continually improve the quality of care provided to patients and to achieve transparency. CQUINs enable commissioners to reward excellence, by linking a proportion of service providers' income to the achievement of national and local quality improvement goals.

working on a plan for transitioning the child into adult services. This appears to be working well but the onus is on the young person to share this information with professionals. Many of the colleges and universities are unaware of the student's mental health issues until they have a crisis.

- Social workers have commented that they don't often hear young people say that they need to carry on with mental health services at 17/18 (CAMHS is commissioned up to 18). Instead it's more common for young people to return at 23 to 25 years old and say that they need services. This suggests that a light touch transition, extending the age range for CAMHS to 25 whilst keeping in contact with care leavers for a prolonged period, would allow them access back into services when they're ready.

5.2. Foster carer's experiences

The comments below are the views of the two foster carers that were present during our focus group with the looked after children and fostering teams. They shared their experiences of supporting looked after children with difficult emotional and mental wellbeing. Listening to the views of carers and parents is critical to enable the improvement of services. During phase two of our programme, we intend to hold a series of focus groups and discovery interviews with them. Comments included:

- One carer told us how she had put in a CAMHS referral for one of her foster children, but it had taken a very long time before the child received any treatment (almost a year). This happened due to the CAMHS requiring looked after children to be in a 'settled placement' before CAMHS

About the 2016/17 mental health CQUIN - Improving physical healthcare to reduce premature mortality in people with severe mental illness continued to be one of the CQUIN goals for 2016/17. Its aim was to support NHS England's commitment to reduce the 15 to 20 year premature mortality in people with severe mental illness and improve their safety through improved assessment, treatment, and communication between clinicians.

The 2016/17 CQUIN continued to focus on all patients with psychosis, including schizophrenia and bipolar affective disorder, in all inpatient beds in all NHS commissioned sectors including the independent sector. In addition to those in inpatient setting, the 2016/17 CQUIN also collected data on patients in community settings.

practitioners will work with them. This is not always possible, with long waits before being assessed/treated leading to potentially long-term damaging effects on the well-being of a young person.

- CAMHS staff are generally very good at engaging and communicating with carers: *“if anything went wrong I knew I could phone them up and they would be very responsive”*. An example was given of when a carer’s child’s CAMHS practitioner rang after an appointment to let the carer know that the child may well have a bad week, as they’d had quite a difficult session. This was very helpful as the carer was then able to prepare effectively when the child came home.
- Another foster carer told us: *“I didn’t know anything really... I would have liked to attend a meeting with CAMHS for them to explain how they go about things”*.
- There can sometimes be difficulties when a child receiving CAMHS support moves to another home or borough. There can be a gap in their treatment, because either the new carer or local CAMHS may not be aware of the situation. The carers expressed that CAMHS don’t routinely attend placement planning meetings, which are critical to the long-term care of the child, and ideally would be the forum where CAMHS could be informed of the case history.
- More mental health training should be available for carers. One foster carer told us that she attended a six-week mental health training course run by CAMHS a few years ago¹⁸ which had been immensely helpful, but she had the sense that these were no longer running for foster carers. Another person confirmed these had stopped three or four years ago, but there is currently some discussion around reactivating them.

¹⁸ Course delivered through one off funding by Health Education England.

- For looked after children, support should be offered up to at least the age of 21, although it was recognised that this may have significant budget implications.

5.2.1. Other Comments

- Learning disability including children and young people on the autistic spectrum disorder (ASD): there are posts in CAMHS that provide support to specialist schools, through the clinical in-reach system.
- Family Action at The Point, which offers tier 2 CAMHS services.
- Discussion around the use of the acronym CAMHS and the idea that it should be renamed because to something more child-friendly.
- Youth Offending Service have their own specialist CAMHS worker.

5.3. Meeting with CCG CAMHS commissioner

The following services are being developed to improve support for children and young people.

- Specialist children and young people mental health support service out of hours - 5pm to 12am, starting in June/July this year.
- Children and young people mental health home treatment team style model, where young people are supported in the community.
- The delivery of dialectical¹⁹ behavioural therapy for children with early diagnoses of a personality disorder. It's mainly used to treat problems associated with [borderline personality disorder \(BPD\)](#), but it has also been used more recently to treat a number of other different types of mental health problems.
- 'Bursting Stigma' is a CAMHS service user reference group that has been established for a number of years.
- Whether children and young people could be invited to sit in contract monitoring meetings as well as parent and carers.

¹⁹ Dialectical behaviour therapy (DBT) is a type of talking treatment. It's based on [cognitive behavioural therapy \(CBT\)](#), but has been adapted to help people who experience emotions very intensely.

- CAMHS help line to have extended hours over weekends and evenings - 6pm to 11pm.
- A Health Equality Audit is looking at how minority ethnic groups fare with CAMHS referrals into the service, as well as drop-out rates.

5.4. Session with the looked after Children - aged 7-11

We carried out an interactive session with 11 looked after children. We were interested in finding out:

- What they thought a good service would look like,
- What made them happy or sad,
- If they were sad, who they felt safe with,
- What would a good person to look after them would look like,

We asked them to write or draw their comments on flip chart paper. The session was a fun, noisy and enjoyable.

Some of their comments are captured below.

- When asked who they would speak to when sad, the main responses were 'their carer', 'mum', 'family member', 'independent visitor' or 'social worker'. However, worryingly, five of the children said 'no one'. Of those five, three said they were happiest to be 'on the sofa with their x-box'.
- When asked where they felt safe, the main responses were 'at home', 'at school', and, 'at home with my carer'.
- When asked what would make them upset the key response was 'not been listened to'. One child said, 'I would be angry and throw a tantrum if no one is listening'.
- All the children felt that of the person they wanted to look after them, age, gender and race were not important, they just needed to be trustworthy. Relaxed, calm, and fully trained.

These responses demonstrate that children respond better when they feel safe and with people that they trust.

5.5. Session with Looked After Children - 11-13 years.

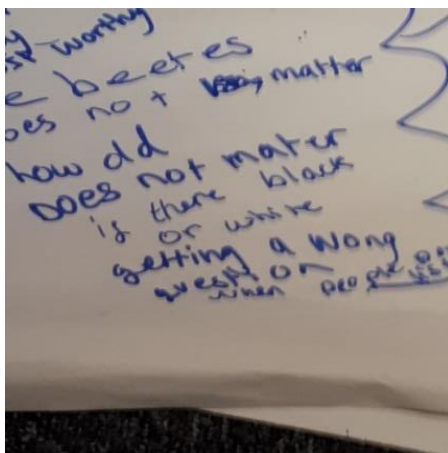
Four young people attended this session which lasted approximately 45 minutes.

All the young people had experienced or were currently using CAMHS.

We asked a number of general questions, following up depending on their responses, including:

- How did you get into the service?
- What was good about it/what was bad about it?
- Do you feel it has helped you?
- What would you change?
- If you were going to speak to someone about how you were feeling or thinking, where would you want them to be based?
- Who would you be comfortable talking to?
- What might make it hard to talk about personal things with them?

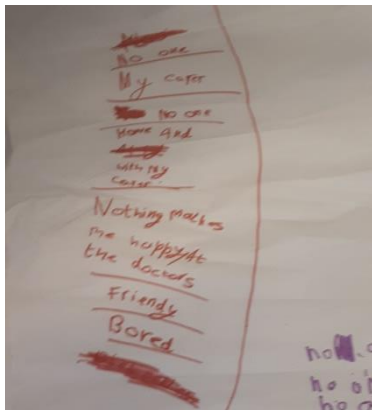
Responses included:



"It would be better if you were in a group with other younger people, rather than just the therapist. If you were with people with similar experiences and backgrounds with you that would help."

"I really like it. They use different methods that I like, like mindfulness²⁰. I like it now because it's in a much bigger place."

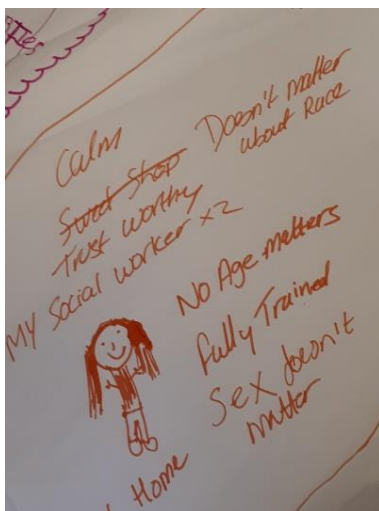
²⁰ **Mindfulness** means maintaining a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment, through a gentle, nurturing lens. ... When we practice **mindfulness**, our thoughts tune into what we're sensing in the present moment rather than rehashing the past or imagining the future.



"In one of my sessions the alarm went off twice accidentally in one session. It was really off putting."

"When I was younger they used different things like a sandbox. Now I'm older a lot of it is just face-to-face talking. I'd like to use some of the other stuff again."

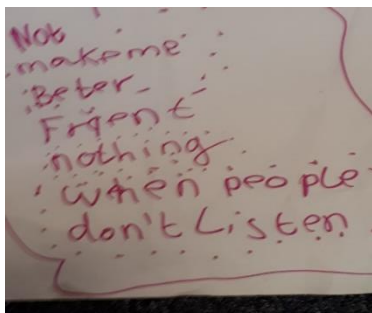
"There was music when I went for my session, and I got to choose my music."



"If we could choose our own music in the session that would be good."

"They take things too far even when you don't want them to."

"I don't like talking to my friends about mental health"



"I think [CAMHS] should be optional, if you feel like you need it. They should offer a drop-in session and then if you like it you can ring up and go from there."

"You can't please everyone with one system"

"[I] wouldn't like it to be based at school - at school everyone knows where you are going, there's no privacy. It's good that it has its own building."

"I asked if my carer could come in. She understood what I was going for, but they didn't let her."

One young person didn't enjoy the assessment, and felt that he had no choice in being recorded:

"it felt like a police cell. You knew they were watching you behind the mirrors and recording you."

The two sessions with the children and young people, with underlying issues around engagement, safety and support featuring in both sessions.

6. Next steps - phase two

As mentioned earlier, the three key issues that emerged from our initial engagement are set out below. During phase two we will be undertaking more detailed engagement with the users and looking specifically at these areas.

- Transition from young people to adult services.
- Accessing the service for children, parents, and carers.
- Waiting times to receive the services.

We will be using the following key lines of enquiry:

1. Transition from young people to adult services

- Whether CAMHS can be or should be extended up to the age of 23, as many young people are diagnosed late and are requesting help late. For example, the development of a 'Young Adult Service' capturing young people aged 16 to 21/25.
- What services are doing to do to better inform and engage with carers and parents around transition.
- Whether schools, colleges and universities could play a greater role in the assessment and referral process.
- What support and resources need to be put into place to effectively plan and improve communication and information sharing between services, to make it easier for young people to make the transition between services and from children's services to adults' services.

2. Accessing the service for children, parents, and carers

- What changes, if any, need to be made to the current system to improve access and support from CAMHS for children parents and carers.
- What changes need to be made to enable children and young people to engage more effectively.
- As a result of the Health Equality Audit findings, what changes need to be made to improve the services to BAME and hard to reach communities.

3. Waiting times to receive treatment

- How best to support a child or young person (and their carer) who may need help but has not yet settled into a placement, including clinical and non-clinical interventions.
- Service user feedback on the quality and variety of therapies currently provided.
- Availability of community services for young people with either a wait to access CAMHS, or for those who don't meet the threshold for formal treatment but still need support with emotional and mental wellbeing, identifying gaps in provision.

7. Recommendations

Royal Borough of Greenwich (RBG) and the Greenwich Clinical Commissioning Group (CCG) should:

1. Access for seldom heard groups

- Undertake a health equality audit to identify if the current policies and procedures have any impact on the take up and use of CAMHS by children and young people, parents, and carers from BAME and seldom heard communities.

2. Children and young people's services

- Provide an update in response to the Government's review of the Children and Mental Health Services (phase one) and the CQC review.
- Respond to foster carer requests for access to training and provide an update on accessing training and development for carers and parents.

Oxleas NHS Trust should:

3. CAMHS

- Identify under what circumstances assessments and treatment can be undertaken at the child's home.
- Identify what additional support could be put into place for looked after children to receive services before their placement is considered 'settled'.
- Liaise with colleges and universities to investigate ways young people with mental health concerns attending further/higher education organisations can be better supported.

8. Provider response

Oxleas NHS Trust, NHS Greenwich CCG and Royal Borough of Greenwich were given the opportunity to review this report for factual accuracy and to comment prior to publication. Any factual inaccuracies identified have been amended. Additional comments are included below:

5.1.1. Access

Bullet point 1

“In relation to urgent care any children and young people in mental health crisis requiring rapid risk management are also seen for a same day crisis risk assessment and safety plan should their clinical risks warrant it. If their needs merit a routine response, they are accepted onto the LAC pathway and the intervention starts in the normal way. Treatment is offered when the young person is assessed as able to make use of the treatment and it is likely to be effective.”

Bullet point 4

“If young people are approaching 18 and require a treatment, the intervention will be determined based on the clinical risks presented. Often there is a challenge if a young person is referred to CAMHS nearing their 18th birthday. Many of the young people referred will have significant attachment needs and beginning a new therapeutic relationship that will end shortly can be detrimental to the young person.”

Bullet point 5

“A key performance indicator (KPI) for CAMHS is 8 weeks from referral to assessment, then a further 4 weeks from assessment to treatment. While the majority of young people meet these timescales, they are not always achieved. This is largely due to the increasing numbers of children and young people who present in crisis and require an emergency same day response.”

Bullet point 6, sub point 4

“Greenwich CAMHS are a Children and Young People Improving Access to Psychological Therapies (IAPT) site who deliver all service provision in line with the principles, including evidenced based therapies. The service delivers a broad range of specialist evidence based therapies and have been recently named as a beacon site for compliance with the CYP IAPT principles. Some of those therapies offered include but are not limited to CBT, IPT-A, Child Psychotherapy, Early Years Parenting, MBT and Systemic Family Therapy.”

5.2. Foster Carer’s experiences

Bullet point 1

“This is quite a complex issue around the assessment of the effectiveness on specific types of interventions. In terms of the LAC pathway the initial intervention will begin through working with the network. This is provided to all LAC receiving a service, regardless of their circumstances (i.e. if they are in a stable home or not), along with direct work with the foster carer. It’s important to recognise this form of intervention through the network around the child as this should always be taking place.

“In terms of direct treatment with the young person, there will be an assessment from CAMHS in relation to whether a young person is in an unstable care setting/state of impermanence. They may then assess that the child is unable to make use of a treatment if they do not feel sufficiently safe psychologically to enter into a process of getting in touch with deep pain. This process is necessary to effect internal psychological change. In these cases, CAMHS often assess that the most effective interventions are indirect through supporting the network in place around the child (e.g. social worker, foster carers etc.).

“This can present friction between professionals/foster carers who may feel the child needs direct intervention from CAMHS to address the behaviour and CAMHS clinicians who do not feel direct treatment will be effective in addressing the behaviour at that point in time.”

Bullet point 3

“Foster carers are routinely invited to initial assessment meetings at the point of entry to CAMHS and are a central part of the work. Unsure on specifics of this case and when this happened but based on recent audits undertaken this is normally happening.”

Bullet point 4

“CAMHS are routinely involved in the handover of care to a new service in another borough.

9. Contact us

Address: Gunnery House, Gunnery Terrace, Woolwich, London SE18 6SW

Telephone: 020 8301 8340

Email: info@healthwatchgreenwich.co.uk

Website: www.healthwatchgreenwich.co.uk

Twitter: @HWGreenwich

If you require this report in an alternative format, please contact us at the address above.

We know that you want local services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

Acknowledgements

Healthwatch Greenwich would like to thank the CCG, Oxleas, RBG, service users, foster carers, young people, and staff for their contribution to the report.

Healthwatch Greenwich would also like to thank the Healthwatch volunteers and representatives who assisted with the visits.