

# New Ways and Means of Working and Delivering Care to meet needs across the Age Range

---

- Trudy Klauber

Dean of Postgraduate Studies

Tavistock and Portman NHS Foundation Trust

- Mick Cooper

Professor of Counselling

University of Strathclyde

# Who owns Children and Young People's Mental Health Services?

---

- DoH
- DCSF
- CWDC
- NWW (IAPT)

# Department of Health

---

## **Vision (from Standard 9 of the NSF - The Mental Health and Psychological Well-being of Children and Young People)**

**“We want to see: -**

- An improvement in the mental health of all children and young people.**
- That multi-agency services, working in partnership, promote the mental health of all children and young people, provide early intervention and also meet the needs of children and young people with established or complex problems.**
- That all children, young people and their families have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.**

**“**

# Skills for Health

---

## **CAMHS CORE FUNCTIONS – Specialist and targeted, Tiers 3 & 4**

<b>1</b>	<b>Effective Communication &amp; engagement with children, young people, their families and carers.</b>
<b>2</b>	<b>Assessment</b>
<b>3</b>	<b>Safeguarding &amp; promoting the welfare of children</b>
<b>4</b>	<b>Care co-ordination</b>
<b>5</b>	<b>Promoting health &amp; wellbeing</b>
<b>6</b>	<b>Supporting transitions</b>
<b>7</b>	<b>Multi-agency working</b>
<b>8</b>	<b>Sharing information</b>
<b>9</b>	<b>Professional development and training</b>

# Department of Children, Schools and Families - Every Child Matters

---

## Care Matters -

Transforming the lives of children and young people in care

■ CAMHS equals all services provided by health, education, social services and others. This includes GPs in schools.

■ Specialist CAMHS – tiers 2,3 and 4

■ “Most children and young people will be seen at tiers 1 & 2.”

■ “in reality some children requires services from a number or even all of the tiers *at the same time*”

# Department of Children, Schools and Families

---

**(NEW) CAMHS Review – interim report is out : -**

**“... At National level – the relationship between the DoH and the DCSF needs clarifying”.**

**“... at regional level – the roles and responsibilities of SHAs and government offices and the ways they work together need clarifying”.**

# **Children's Workforce Development Council**

---

**One of six bodies forming the UK skills for care and development sector skills council**

# **Children's Trusts: bringing together local authority, education and social services with CAMHS**

---

**End of October 2008 – Children's Trusts functioning was questioned - “not effective ... little difference to children's services since Victoria Climbié's death in 2003.” – Audit Commission.**

# **New Ways of Working (NWW) – Psychological Therapies**

---

- **NWW – Psychological Therapists across the age range, now strongly linked with improving access to psychological therapies across the age range.**

# Challenge of NWWPT for Children and Young People in the IAPT context

---

- NWW for Psychological Therapists has a Children and Young people's reference group
- Deliberately chosen not to be a work stream of NWWPT BUT: -
- To provide experience and knowledge from CAMHS relevant to an effective Psychological Therapist Workforce

# The complex reality of Children and Young People's Difficulties

---

- Children and young people are part of a system – family, school, possibly social care – relationships and perceptions influence all parts.
- Mild to moderate anxiety and depression are not frequently diagnosed entities.
- Parent or Carer mental health impinges greatly on children and young people.
- Children and young people are growing and effective assessment and treatment can change the developmental trajectory of their adult and later life.

# Child Protection (vulnerability – elderly too)

---

- Children in particular do not bring themselves for help (some do).
- Children and young people are vulnerable (as are some older people) and the framework for safeguarding must be in place. (this is not a simple matter – cf Climbié enquiry).
- Assessment for child protection is difficult, stressful and subject to professional “blindness”.

# Multi-Disciplinary

---

**It is completely accepted that complimentary skills are required in a comprehensive CAMHS from tier 1 upwards for: -**

- **Triage/assessment/first consultation**
- **Specific assessments for treatment**
- **Professional networking**
- **Child Protection**
- **To offer a full range of treatment options, often within a kind of stepped care framework.**

# Multi-Agency

---

All CAMHS psychological treatments requires multi-agency working. Children and young people mostly attend school. Some have social workers, are in care, or are linked with youth justice or youth offending teams, PRUs etc.

# **The NWW Questionnaire – given out at the last CAMHS workforce conference**

---

**14 respondents -**

# Question 1 – “Psychological Therapist” is a broad definition. Who would you include in a list of psychological therapists?

---

- 50% listed the professions in CAMHS – psychotherapists of different modalities (child, psychodynamic, systemic, CBT), psychologists, psychiatrists, nurses, social workers.
- Others:
- 1 response - “I’d start with the young person’s report in improving psychological well being”. “I’d do it by a list of skills YP value”.
- 4 responses – mention any professional who can evidence a compelling based framework, voluntary sector, unqualified support staff at basic level for psychological therapies, any person with “an appropriate qualification, graduate workers., counsellors, graduate trainers, IAPT low and high level intensity workers.”

## **Question 2 – In the service you are involved with, would you say there was “comprehensive” Psychological Therapies provision? If not, what is missing?**

---

- **Missing: – IPT, Art, Music, Drama, Play therapies, lack of provision for children with learning disabilities, very little family therapy for adults, family therapy, no provision of psychological therapies at Tier 2.**
- **Very short and CBT**
- **can be long waiting lists, not enough trained staff, in some areas there are only generic staff who are not able to effectively deliver psychological therapists.**

## **Question 3 – What can be done to improve access to Psychological Therapies for children, young people and their families?**

---

- **increased training in a range of psychotherapeutic modalities – more flexibility.**
- **Improved education of GPs to enable them to make appropriate referrals at the appropriate time.**
- **Better information for parents about mental and emotional well-being.**
- **Training at Tier 1 upwards in a wide range of settings – schools, colleges, workplaces.**

## **Question 4 – What barriers might there be to improved access?**

---

- **Professional resistance to change.**
- **Lack of skills in the workforce – funding – capacity within services to deliver evidence.**
- **Funding of specialist services**
- **lack of information for service users and other professionals.**
- **waiting lists, inadequate estate portfolio.**

## **Question 5 – What aspects of the ways in which Psychological Therapists work would you change to help improve access?**

---

- **Engage more with third sector.**
- **More flexibility, more training and supervision – wider contexts for the provision of therapy.**
- **Undertake outreach within communities in accessible places.**

# Question 6 – Where should Psychological Therapies be provided?

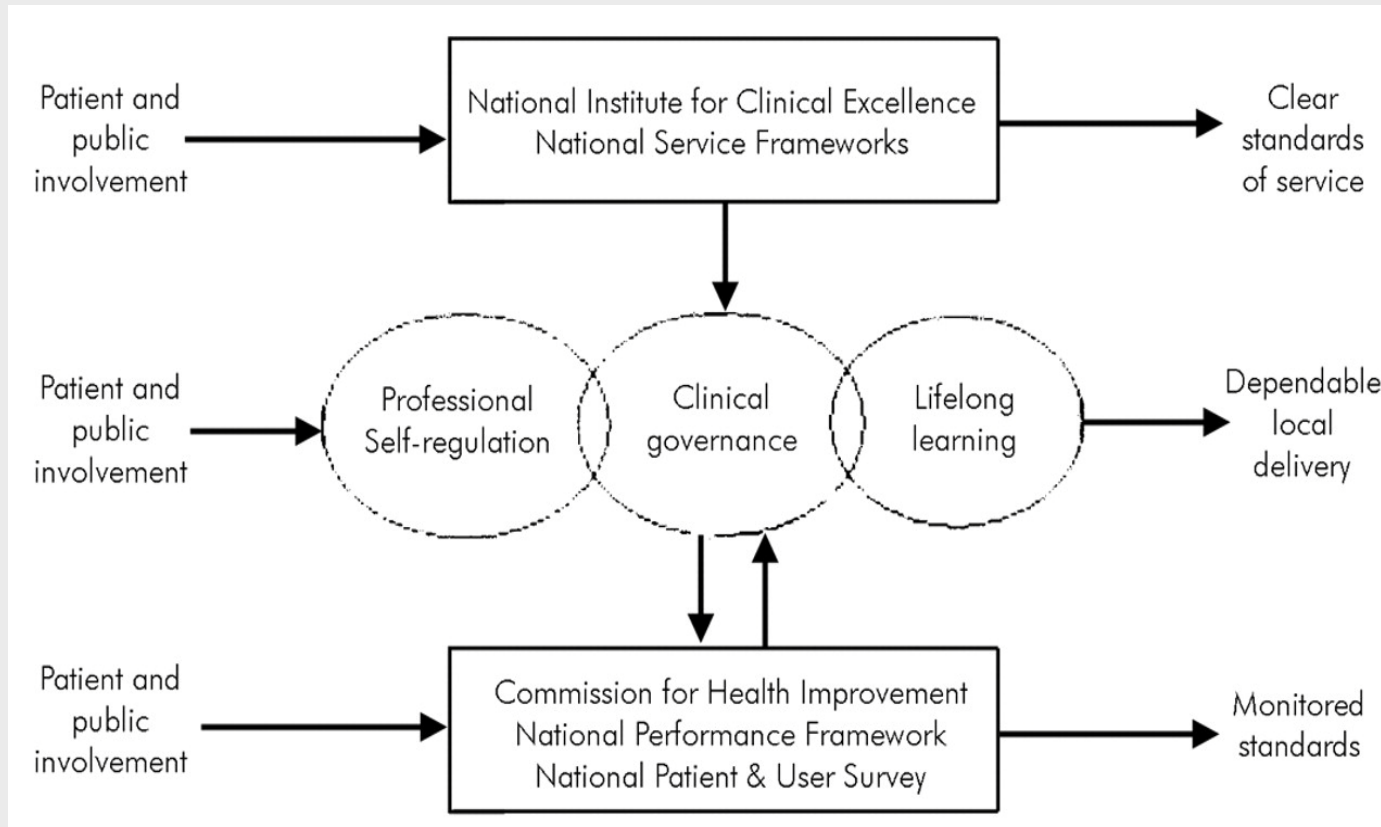
<b>Primary Care</b>	<b>13/14</b>
<b>Specialist CAMHS</b>	<b>13/14</b>
<b>Schools</b>	<b>12/14</b>
<b>Children's centres</b>	<b>13/14</b>
<b>Young Offender Institutions</b>	<b>13/14</b>
<b>Residential Settings</b>	<b>12/14</b>
<b>Voluntary Sector</b>	<b>12/14</b>
<b>Others</b>	<b>Schools, places YP feel safe to reduce stigma, colleges, need choice, work</b>

# Question 7 – What issues do you think the NWW for psychological therapists programme should focus on?

---

- YP/family working as equal partners.
- Outcome focuses – de-medicalise start with low level as required – training of lower band staff.
- how to make talking therapies accessible to BME communities – how therapists can work across boundaries –i.e. child & adult mental health
- build in effective structures for supervision – specialist leads to create secure base for creativity and flexibility
- multi-agency and network models
- pathways – accreditation of third sector schools i.e.

**Fig. 1. Setting, delivering and monitoring standards (from Littlejohns, 2003).**



**Kendall, T. et al. Psychiatr Bull 2004;28:156-159**

# **CAMHS CORE FUNCTIONS – Tiers 3 & 4**

<b>1</b>	<b>Effective Communication &amp; engagement with children, young people, their families and carers.</b>
<b>2</b>	<b>Assessment</b>
<b>3</b>	<b>Safeguarding &amp; promoting the welfare of children</b>
<b>4</b>	<b>Care co-ordination</b>
<b>5</b>	<b>Promoting health &amp; wellbeing</b>
<b>6</b>	<b>Supporting transitions</b>
<b>7</b>	<b>Multi-agency working</b>
<b>8</b>	<b>Sharing information</b>
<b>9</b>	<b>Professional development and training</b>

# Question of Evidence – Psychological Therapies for C & YP

---

“ The picture presented by many children, young people and families .... Is complex and the answers to the child and the families problems are sometimes not at all obvious. For example, very little is known about the appropriateness of most relatively well evaluated treatments with minority cultural groups. Any attempt to “prescribe” treatment on the basis of diagnosis or presenting problem alone is likely to be over simplistic...

... One complication ... is that the research on effectiveness is conducted largely on groups of children defined by diagnostic classifications..... most children do not present to CAMHS services with such neat diagnostic labels. Families tend to present with complex predicaments.

*“Drawing on the Evidence. Advice for MH Professionals working with children and adolescents”. 2006. Wolpert et al.*

# Evidence for Psychological Therapies in CAMHS

---

**NICE guidelines- often indicate an absence of evidence.**

**There is a lot of practice-based evidence and outcome research and indications that “talking” therapies are valued and have impact which lasts**

# Evidence for Psychological Therapies in CAMHS

---

■ There is evidence growing all the time for CBT, systemic psychotherapy, psychodynamic/analytic psychotherapy, systemic family therapy for children and young people and their families with referrals for: -

- Depression
- Sexual Abuse
- Conduct Disorders
- Eating Disorders
- Suicidal ideation/behaviour
- Looked after Children

# **Evidence for Psychological Therapies in CAMHS**

---

**Practice based evidence is most valued in CAMHS were cases present with co-morbidity, complexity and need multi-disciplinary input**

# What is a CAMHS Psychological Therapist ?

Band 6-7

---

- CAMHS Core Competencies
- Personal therapeutic capacity
- Modality training
- Clinical supervision and CPT
- Capacity to work with team and network
- Clinical skills in assessment – part of team
- Able to work with parents
- Able to understand and work within an evidence base

# What is a CAMHS psychological therapist?

Band 8 (?)

---

- Trained in supervision
- Trained to teach tier 1
- Able to work in Tier 1 and other community settings
- Management skills/team leadership skills
- Capacity to offer consultation (evidence of skills)
- Capacity to manage outcome projects