

# Children and young people's mental health

Currently only one in four children with a diagnosable mental health condition access treatment and evidence based care. As stated in the Business Plan and Implementing the Five Year Forward View for Mental Health, NHS England has committed to increasing access to 70,000 more children per year by 2020/21.

An additional £1.4bn has been made available to accelerate improvements in the quality of services provided and access to those who need services. In terms of immediate priorities, CCGs are asked to:

- Refresh their Local Transformation Plans on an annual basis, detailing how children and young people's mental health services will be commissioned across all relevant local services, in line with the recommendations set out in Future in Mind
- Make sure that they are ready to deliver dedicated community eating disorder services for CYP as outlined in guidance published in 2015 by NHS England
- Work with the local Health Education England team with a view to improving workforce planning to build capacity
- Ensure that all financial returns, especially on the spending of additional funds, are accurate. These figures will be published in NHS England's Mental Health FYFV dashboard as a measure of local accountability.

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The indicators included in this pack are drawn from the CCG Improvement and Assessment Framework (CCG IAF) and the recently published Mental Health FYFV dashboard.

Providers are now also required to flow data for children and young people through the mental health services dataset (MHSDS). However this is a relatively new dataset and there are issues related to data quality and completeness. There are also some providers who are not yet flowing data to the MHSDS. Although this is an issue across mental health pathways (see page 17), this problem is considered particularly acute for data relating to children and young people's mental health. Commissioners can access data from the MHSDS through the NHS Digital website.

It is expected that any future iteration of this pack will include CYP mental health data. However, commissioners should already be using this data for planning purposes and highlighting issues regarding reporting practices to providers. Commissioners should ensure that all services funded by the NHS can flow data as mandated in the standard NHS Contract.

The Mental Health and Dementia Intelligence Network public health profiles contain useful information on those factors known to increase the risk of the development of mental health conditions in children and young people. Evidence shows that around 60% of looked after children (72% for those in residential care) have some level of emotional and mental health problem.

# Children and young people's mental health case study: County Durham CAMHS

## Background

Before the County Durham CAMHS Crisis and Liaison Team became operational, a referral received out of hours for high risk individuals would be seen by the on-call psychiatrist. Routine on call referrals would be seen that day by the duty worker, with those received after 5pm admitted to a paediatric ward and seen the next day, with expected wait time for a psychiatric assessment in these cases typically 18+ hours.

Between May 2014 and December 2014, the Crisis and Liaison team conducted 434 assessments, with 83% of presentations assessed in fewer than 4 hours, greatly relieving the strain on front-line emergency services, and improving patient experience by offering faster access to necessary services.

## The service provides:

- open access, with telephone support offered 8am –10pm, and liaison and consultation with other professionals and members of the children's workforce and including an out of hours response
- comprehensive mental Health and risk assessments, initial assessment appointment which aims to commence within one hour of referral being received by the service (four hours max)
- intensive support within the home/appropriate setting for up 72 hours post assessment or until the risks are contained
- training to other services and professionals.

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## Outcomes

Initial evaluation for the period May to December 2014 showed key benefits as:

- Reduction in 204 overnight stays in paediatric beds
- Reduction in 109 attendances to A&E
- Reduction in time waited for young people and families (18+ hours reduced to average 1hr.36mins)
- Increase of 45% in community CAMHS crisis assessments

## Further information

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