How children and adolescents potentially at risk of developing mental health problems are identified & how these problems should be prevented

In order to begin to identify those children and young people who are potentially at risk, the emphasis needs to be on the assessment and detection of mental health problems by Tier 1 and 2 professionals working in the community (e.g. GPs, nursery nurses, school nurses, health visitors, teachers, educational psychologists, social workers, etc). Tier 3 professionals such as clinical psychologists can play a role in this by providing teaching/training, supervision, and consultation to the relevant Tier 1 and 2 professional groups.

All of the above staff should have the level of awareness of mental health issues that enables them to identify signs of mental health difficulty in children with a learning disability or an autism spectrum disorder.

In the NHS Highland Partnership, we have prioritised the development of the Primary Mental Health Worker role whose function, is not only to deliver a direct clinical input to children and young people with less severe mental health problems but also to increase the capacity of tier one professionals to meet the mental health needs of children and young people by the provision of consultation regarding children and young people of concern and training to primary care workers, such as school nurses, teachers, voluntary sector workers etc. The aim of the consultation and training role is to ensure that those professionals who are likely to be the first point of contact for children, young people or their parents are equipped with knowledge and skills to identify young people who are developing mental health problems early in the problem cycle and also to be able to intervene appropriately before referral onto specialist CAMHS services becomes necessary. The PMHW service provides improved access to CAMHS in that services are available locally but also there are limited or no waiting lists ensuring quick access to short term interventions for those with potential to develop more serious mental health problems both now and in the future.

The Primary Mental Health Worker model is now being discussed and developed in the partnership with Argyll and Bute Council. Both partnerships have confirmed their support for the mental health link worker role which will be embedded in the coming months and years.

Preventing mental health problems requires a society-wide response but some factors that may be of note are:

- To provide new parents with all the knowledge and skills they need to promote positive mental health.
- For the media to promote resilience and support this agenda by modelling the sort of interactions and behaviour the research tells us promotes positive self esteem thereby preventing or at least reducing the possibility of developing mental health problems.

Prevention of more serious mental health difficulties requiring referral to specialist services can be effected by the wider availability of early intervention programmes that can be delivered in the community. Programmes such as “Time Out” geared towards parents of children with learning disabilities, and “Early Bird” for parents of children with Autism Spectrum Disorders are in use in the Highlands.
What obstacles there are in identifying children and adolescents with mental health problems and how they might be overcome?

NHS Highland seeks to address the challenges of geography, distance and working across two local authorities and with neighbouring NHS systems by building meaningful and productive partnerships with senior managers across the NHS and with integrated children’s partners across the two partnerships. The intention for CAMHS services are detailed in the Highland CAMHS Implementation Plan which is updated on a bi-annual basis and forms the basis of our integrated children’s service plans across the two partnerships.

Tier 1 and 2 professionals are on the whole very interested in expanding their skill set and learning more about how to screen for mental health problems as well as how to carry out some basic interventions. The type of obstacles that exist in this area are mainly due to lack of capacity to provide the above services across the whole school range, particularly pre school and primary and lack of qualified workers to work with younger age group children.

In general Primary care staff are keen to receive knowledge and input regarding recognition of young people’s mental health problems. Additional workers and in particular increased social work input is crucial. Vulnerable young people are often in complex and distressing social situations and repeatedly we experience lack of social work capacity or under skilled workers being unable to provide the level of input required to support young people or lack of suitable foster or residential placements meaning that vulnerable young people are not being adequately cared for adding to emotional vulnerability rather than reducing it.

Another obstacle in the prompt identification of individuals with mental health problems is the lack of awareness among primary care staff in particular regarding how mental health problems can manifest in children and young people with learning disabilities. All too often deteriorations in general behaviour are seen as “just what is expected” from time to time rather than as possible indications of poor mental health. Awareness raising targeted at GPs and other primary health care staff and school staff would help early identification.

Specialist mental health services are in great demand across the NHS Highland system. In order to support children and young people accessing the right service at the most appropriate time, as required through the principles of Getting It Right For Every Child, the Choice and Partnership Approach (CAPA) is being implemented across the Highland partnership over the coming months. There are related discussions with Argyll and Bute CAMHS services as to whether CAPA might be used the Argyll and Bute CHP.

Provision of specialist CAMHS across the Argyll and Bute partnership requires NHS Highland to work closely with Argyll and Bute CHP and two NHS Greater Glasgow and Clyde CHPs. These organisational and financial boundaries require a sophisticated approach to planning and funding decisions. This is a learning process.
What action is being taken to facilitate early intervention and what else can be done

The introduction of the PMHW service across the Highland Partnership is one of the ways of facilitating early intervention in the problem cycle but this is a mental health service and therefore has a stigma attached to it. Within the school environment in Highland a school counselling service was introduced and also a needs assessment was carried out looking at what young people wanted. The school counselling service has now come to an end but introduction of such a service across all schools, primary and secondary would provide a non stigmatising service that could intervene at an early stage providing children and young people with access to a confidential ‘helping adult’ at problem onset and before it leads to the problem interfering with normal functioning which is likely to be the stage at which mental health services become more involved. Early intervention in the life cycle has proven particularly difficult as this is required to begin in preschool or in primary schools. The level of need at secondary level has been such that capacity has not allowed for input to primary schools or preschool in a consistent manner across the area.

Improvement in raising awareness with school nurses and health visitors regarding mental health issues and increasing their skills in addressing this is crucial. In particular raising awareness with new parents about how they can contribute to their child’s emotional wellbeing is a key role for the health visitor. Training that raises awareness and ensures young people are recognised for early intervention is due to be delivered to all agencies across Highland and a formal training programme to raise awareness of mental health issues is underway that will ensure all staff working with Children and young people are able to both recognise and intervene appropriately to facilitate early intervention. The message “Young people’s mental health is everyone’s business” is being promoted across the area.

A best practice pathway for managing mental distress in the school setting has recently been developed in partnership with Highland Council education staff. This will be implemented across Highland associated school groups with related discussion with Argyll and Bute education colleagues to see how it might work to support mental health and well being across all of NHS Highland. In both the Highland and the Argyll and Bute partnerships specialist CAMHS staff work closely with educational psychology services and pupil behaviour support services. Through partnership working we are seeking to make the most of the work being undertaken to support behaviour support through the promotion of emotional literacy and emotional intelligence in education services.

Clinical Psychology, within the Highland Partnership, set aside some dedicated time for early intervention and prevention work, but this mainly has to do with children with physical illnesses. For example, they provide input to the children’s diabetes clinic, paediatric oncology clinic, and SCBU with the emphasis being on identifying those families, children, or young people most at risk of developing psychological difficulties as a result of the physical illness and then intervening in a timely fashion so as to prevent acute problems from becoming chronic ones. It should be noted that this is a very limited service. Waiting lists are also prioritised on the basis of those psychological difficulties that research has shown are most responsive to treatment. This means that families, children, or young people whose difficulties meet particular criteria (e.g. focal as opposed to multiple difficulties, acute rather than chronic, family resources to draw upon as opposed to a family
under stress) are seen for early intervention so that their difficulties do not have the opportunity to become more entrenched and therefore requiring more frequent and intensive input to treat.

Within NHS Highland and our partner agencies a number of initiatives are being taken, for example offering parents of newly diagnosed children with Autism Spectrum Disorders access to parent workshop programmes such as the National Autistic Society’s “Early Bird” programme. Similar approaches are delivered in Argyll and Bute through NHS Greater Glasgow and Clyde.

The Clinical Psychology Service for Children and Young People with Learning Disabilities and Autism Spectrum Disorders in the Highland Partnership, are piloting an intervention that targets parental stress levels via a stress management programme and follows with a short course that covers a number of key topics such as effective communication and behaviour management techniques. Training staff within specific locality or CHP areas (such as Community Learning Disability Nurses) to deliver interventions like this could have an impact on the number of young people and their families referred for more serious difficulties.

Over the coming months an infant mental health best practice pathway is to be developed for across NHS Highland that will provide a framework for support and intervention across universal and more specialist services. The work will be linked to related work to support parenting in the early years. This will ensure the earliest possible support and intervention for parents to support the well being of their infants. This will be challenging for services, requiring at times, a refocusing of provision away from adolescents to the smallest in society yet where there is great potential for offsetting future poor mental health, intended to break the cycle of poor mental health outcomes for some of the most vulnerable in our societies.

How access to services and ongoing support can be improved

Within NHS Highland we are taking the learning from the primary mental health service in the Highland partnership and the service model of devolved Tier 3 posts in remote settings from the Argyll and Bute partnership to develop a comprehensive CAMHS service across all of our system. This approach is informed by the principles of Getting It Right For Every Child.

The PMHW service has improved skills and access to tier one and two services yet identified additional Tier 3 need and put pressure on specialist Tier 3 services. Access has improved in that PMHW’s do not have lengthy waiting lists and are locally, rather than centrally based. Where there is locality based Tier 3 provision there no underpinning primary mental health worker service. In the absence of adequate provision across the Tiers, service delivery is skewed and the right children/young people are not seen in the right place or the right time by an individual with the most appropriate skill set.

Increasing the delivery of tier three services in local areas is most important but there needs to be adequate capacity and suitable facilities for this to be effective. Frequently services are provided from unsuitable venues that are for example, not sound proof,
frequently interrupted, not private, not child centred. It also can be difficult for clinicians to gain access to clinic rooms in some peripheral areas due to already existing pressures on space in those areas.

Provision of support from Tier one services can be facilitated by better or improved liaison from specialist mental health services.

Knowledge of referral processes and more effective use of specialist CAMHS could lead to better and more efficient access to services.

Raising awareness of mental health problems and challenging stigma in order that young people feel more able to access services and recognise potential difficulties themselves has been another area that has been worked on both by voluntary organisations such as the Highland Users Group (HUG) both independently and in partnership with CAMHS.

Within Highland the availability of specialist CAMHS services for children and young people with learning disabilities is very limited. There is also currently no dedicated Challenging Behaviour service for children and young people. These areas are to be addressed through the Highland CAMHs Framework implementation plan.

The coming months will see the development of a Highland CAMHS Network which will support the design and delivery of CAMHS services across the NHS system. The allocation of funding to a post to work with Tier 3 need in the North CHP will spearhead a different approach to service design and delivery in the Highland partnership. The development of this service model, the associated learning, along with the implementation of CAPA (as above) will seek to ensure that the specialist CAMHS resource is used in the most efficient way, targeted at the greatest need and risk and where there is evidence of good outcomes.

Highland is also participating in the Quality Improvement Network for Multi Agency CAMHS (QINMAC) audit which will detail our respective strengths and weaknesses and benchmark our services across the rest of the UK.

What problems there are around transition from CAMHS to adult mental health services and how a smoother transition may be achieved?

Discussions are underway across the Partnerships, between Adult Mental Health Services and CAMHs with a view to addressing transitions. There has also been considerable work progressed in Education with partners to streamline transitions from children’s to adult services including Mental health services and these procedures are currently being implemented.

Adult mental health services have different admission criteria and therefore referral to adult mental health services can be complex if cases from CAMHs do not have a specific diagnosis. A more flexible approach to dovetailing services i.e. adult mental health and CAMHs being able to start or continue work before or after their cut off points regarding referral criteria for age may be helpful.
Lack of family based interventions in adult mental health means there is no ongoing therapeutic facility that addresses or involves families in looking at problem solving systemically after a young person has left CAMHS. Development of family therapy services in adult mental health could reduce this gap in therapeutic service delivery.

Within the experience of those with a learning disability and autistic spectrum disorder the main problems can be summarised as follows:
- Transition is not planned sufficiently early (e.g. ideally around two years before school leaving age)
- Adult services are not geared to providing for those with complex needs e.g. significant challenging behaviour, or co-occurring medical problems and physical disabilities.
- There is a gap in service provision as those with High Functioning Autism or Asperger's Syndrome are not routinely accepted into either Adult Mental Health or Learning Disability Services.
- Timely transition planning and clear pathways of care into adult services would greatly improve the above problems.

Roger Gibbins
NHS Highland
19 January 2009