

Children and Young Peoples Wellbeing Practitioners

WP-CYP

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IAPT Connect - 2017



CONTEXT

Challenges facing childrens mental health services included:

1. Lack of information on services (Future in Mind, 2015)
 - No coherent data collection or incentives
2. The treatment GAP
 - The last UK epidemiological study suggested that less than 25% – 35% of children with a diagnosable mental health condition accessed support. (Green et al., 2005)
3. Difficulties in access
 - NHS benchmarking and audit identifies increasing demand, waiting times and complexity (Future in mind, 2015)

Are psychological interventions available?

- Few children are referred for treatment
- 33% of those with anxiety and 45% of those with depressive disorders had no contact with any health service (primary & secondary) **over 3 years** (Ford et al., 2008)
- Specialist treatment is scarce
- UK survey of child focused CBT highlighted that CBT informed practice was the dominant approach of only **one in five** specialist CAMHS clinicians (Stallard, et al., 2007)

Current service provision: A snapshot



Fragmentation of services for children and young people

Artificial structural divisions in terms of



Different lines of funding

Fragmentation of services for children and young people

Artificial structural divisions in terms of



Statutory vs voluntary providers

Accessibility gap



CAMHS criteria often 'severe and enduring'

Waiting times



Long waiting times for treatment

Future in mind

The Children and Young People's Mental Health and Wellbeing Taskforce¹ was established in September 2014 to consider ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided.

Key themes leading to 'future in mind'.

Future in mind

Promoting, protecting and improving our children and young people's mental health and wellbeing



CYP mental health 2015

(Future in mind report)

- 1 in 10 children need treatment for mental health problems
- Mental health problems result in lower educational attainment
 - (e.g. children with conduct disorder are twice as likely as other children to leave school with no qualifications)
- MH problems are strongly associated with behaviours that pose a risk to health
 - (e.g. smoking, drug and alcohol abuse and risky sexual behaviour).
- 75% of mental health problems in adult life start by the age of

18

CYP mental health 2015 (Future in mind report)

“Services need to be outcomes focused, simple and easy to access, based on best evidence, and built around the needs of children, young people and their families rather than defined in terms of organisational boundaries.”

Five Year Forward View

- Five Year Forward View (2016) highlights the need for significant expansion in access to high-quality mental health care for CYP
- Requires significant expansion in the workforce: by 2020, at least 1,700 more therapists will be needed to meet the expected demand.

A NEW ROLE



Role of the CWP

- Aim to create a new cohort of psychological practitioners training graduates in psychology and a range of other disciplines
- Health Education England (HEE) commissioned training for a new post that draws on the experience of the adult IAPT PWP programme,
- The post-holder will work within a CYP service as part of a multi disciplinary team delivering, under supervision:
 - High-quality
 - Outcome –informed
 - Focused
 - Evidence-based interventions

WP-CYP: Service Context

- Consideration will be needed as to where these new roles sit
- Need clear remit and supervision and governance so they don't just get 'swallowed' in to business as usual.
- Strong consideration to where they are deployed (i.e. consideration in relation to universal / targeted settings) so as to facilitate best access for CYP

WP-CYP: Service Context

- Looking for partnership approach – i.e. sharing of supervisors, shared view on the role and support around it
- Clear referral criteria (may need flex in existing criteria) - based on prompt, early intervention, mild – moderate presentations
- Local steering group to support implementation and development of role, setting, context and pathways

Addressing the gaps

- Addressing fragmentation through coordination and signposting
- Bringing different services together
- Drawn from statutory and voluntary services (cross collaborative)
- Increasing the workforce
- Intervening earlier with stepped care
- Accessing evidence based treatments
- Outcome led
- Increasing choice and access
- Facilitating CYP preferences for treatment models

Low Intensity CBT

- Low intensity CBT interventions require fewer resources than the traditional individual therapy model in terms of:
 - The amount of time the clinician is in contact with the patient
 - fewer/shorter sessions
 - guided self-help books, computerised CBT etc.
 - short-term CBT groups
 - Using paraprofessionals, peer supporters etc. specifically trained to deliver low intensity CBT interventions
 - Use of less intense content, self-paced, own time, bite-size pieces, etc.

Bennett-Levy et al. (2010)

What severity?

- The young people they will support can have low level, common mental health issues, and should not pose a high risk to themselves or others. Ideally, practitioners will work with mild to moderate levels of complexity (and associated impact on daily living) however, it is possible to make gains in a more complex situations (as long as this does not equate to high risk).

What presentations?

- Low Mood
- Panic
- Worry/generalised anxiety
- Sleep problems
- Simple phobia
- Stress/Tension
- Difficulties self-organising
- Behavioural and emotional regulatory difficulties
- Some low level difficulties with anger
- Low level self-esteem difficulties
- Mild social anxiety
- Low level compulsive behaviour
- Mild Health anxiety
- Assertiveness or interpersonal challenges (e.g with peers)

TRAINING



CWP Training

- 3 modules
- 45 days (6 based in service)
- 12 month training programme
- Mostly 2 days in Uni, 3 days in practice
- Training band 4 qualifying band 5

Modules

- Module 1: Context and Values
- Module 2: Assessment and engagement
- Module 3: Intervention

Key Content

- CYP services context and Service role
- Outcomes informed practice
- Legal / professional issues
- Working with families/systems
- Engagement of CYP and Families
- Using creativity to engage CYP
- Use of supervision
- Assessment
- Risk Assessment, safeguarding
- Information giving
- Parent-Led CBT
- Cultural diversity and engagement
- Pharmacology
- Goal based measures and Goal setting
- Low intensity models
- Behavioural Activation
- Lifestyle Management
- Worry Management
- Exposure
- Cognitive Restructuring
- Behavioural Experiments
- Working with parents
- Bibliotherapy and LI / self-help

Supervision

PWP need low case management, clinical skills and line management supervision:

- Weekly individual case management
- fortnightly group clinical skills
- Monthly line management

Impact: Evaluation and Data Collection

- The role and implementation will be closely monitored and evaluated.
- National steering group with collaborative representation formed in Jan 2017
- Services will need to use the funding to support collection, collation and dissemination of data to collaborative
- Strong collaborative support for evaluation process
- Collaborative as a whole will be responsible for providing this information to national steering group
- Evaluation lead and innovative data collection procedures

Impact: Sustainability

- The sustainability of the Wellbeing Practitioner role is a key focus
- Linked in with key national policy, STP's and workforce planning
- Evaluation a mechanism to demonstrate impact and rationale for sustainability
- NHS Planning Guidance mandates performance to this target : more high-quality mental health services for children and young people, so that at least 30% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of CYP IAPT by 2018;
- Learning from adult PWP programme
- Progression and attrition

HOW'S IT GOING?



Trainee Testimonials

“I found the clear and concise interventions very useful within client work, allowing me to update my clinical practice. By learning to apply the concepts of evidence based research into practical application I feel better equipped to use assessment and ROMS appropriately to aid therapeutic alliance and outcomes”

Service Testimonials

“The WP-CYP programme has given the opportunity to create new local pathways that open the door to early intervention for young people in a manner, time and place that is accessible for them.”



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