

# Children and young people's mental health – a national perspective

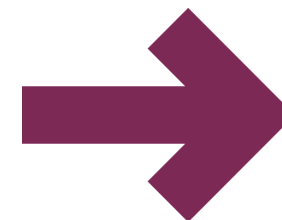
**Sally Milne**

**Children and Young People's Mental Health**

**Operations and Information**

**NHS England**

26 September 2017



# This presentation includes

- NHS England's CYP MH programme
- Key national programmes for standardising care
  - CYP IAPT
  - Care pathways
- Improving data collection
- Transitions
- Local areas driving transformation

# Children and young people's mental health: a national focus



HOME » EDUCATION » EDUCATION NEWS

## Mental health issues 'ignored by schools', head warns

The well-being of pupils is being ignored by some schools in pursuit of academic results, a former leading headmaster has warned

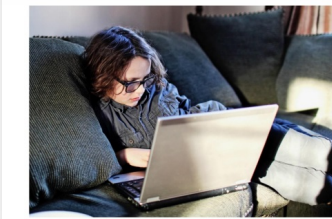


News » UK

## Children who spend too much time online at risk of mental health, report claims

claims

NEWS ASSOCIATION | Friday 16 May 2014 | 528 comments



Health risk: Public health England warns children could be at risk of mental health problems if they spend too much time online

Lifestyle » Health & Families » Health News

## Number of children prescribed anti-depressants increases by 50% in seven years

World Health Organisation says use of drugs to treat children is concerning

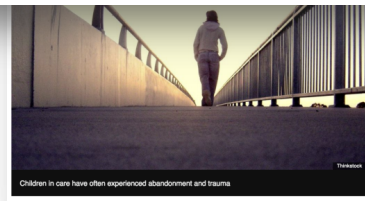


News » UK News » Mental health

## Betrayal of the vulnerable as rise in mentally ill children dumped on adult wards

## Mental health services 'turning care children away'

By Hannah Richardson  
BBC News education and social affairs reporter



Children in care have often experienced abandonment and trauma



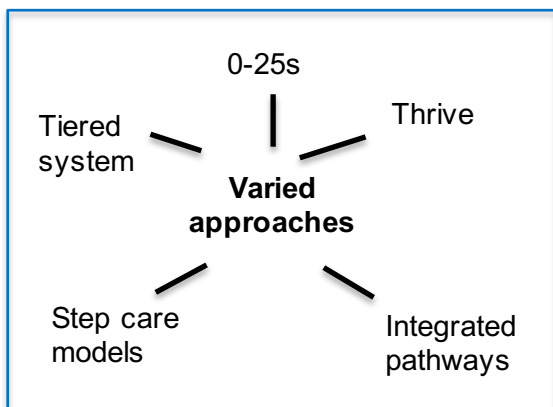
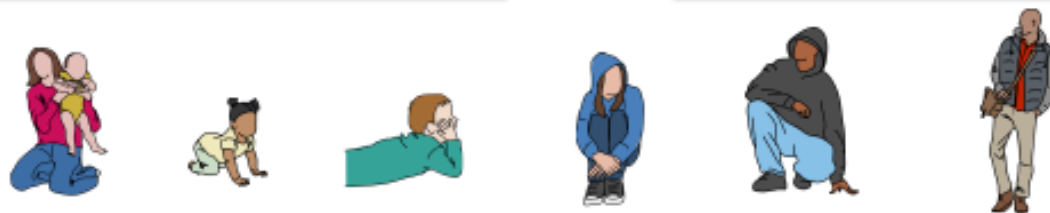
# CYP Mental Health issues

**Economics of investment**

- CYP MH spend was 7% of total NHS MH spend (2016/17)
- Getting it wrong is expensive
- Low costs of intervening early

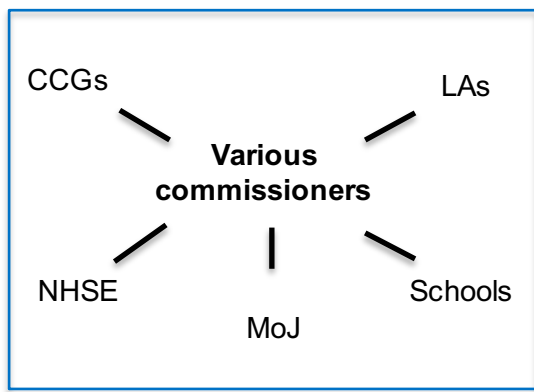
**Infrastructure/resources**

- High numbers of referrals
- Variable waiting times (2-48 weeks to first appointment, 9 weeks average wait)
- Limited workforce capacity



**Systems**

- There are many varied approaches
- Various commissioners



# Future in Mind: Key themes

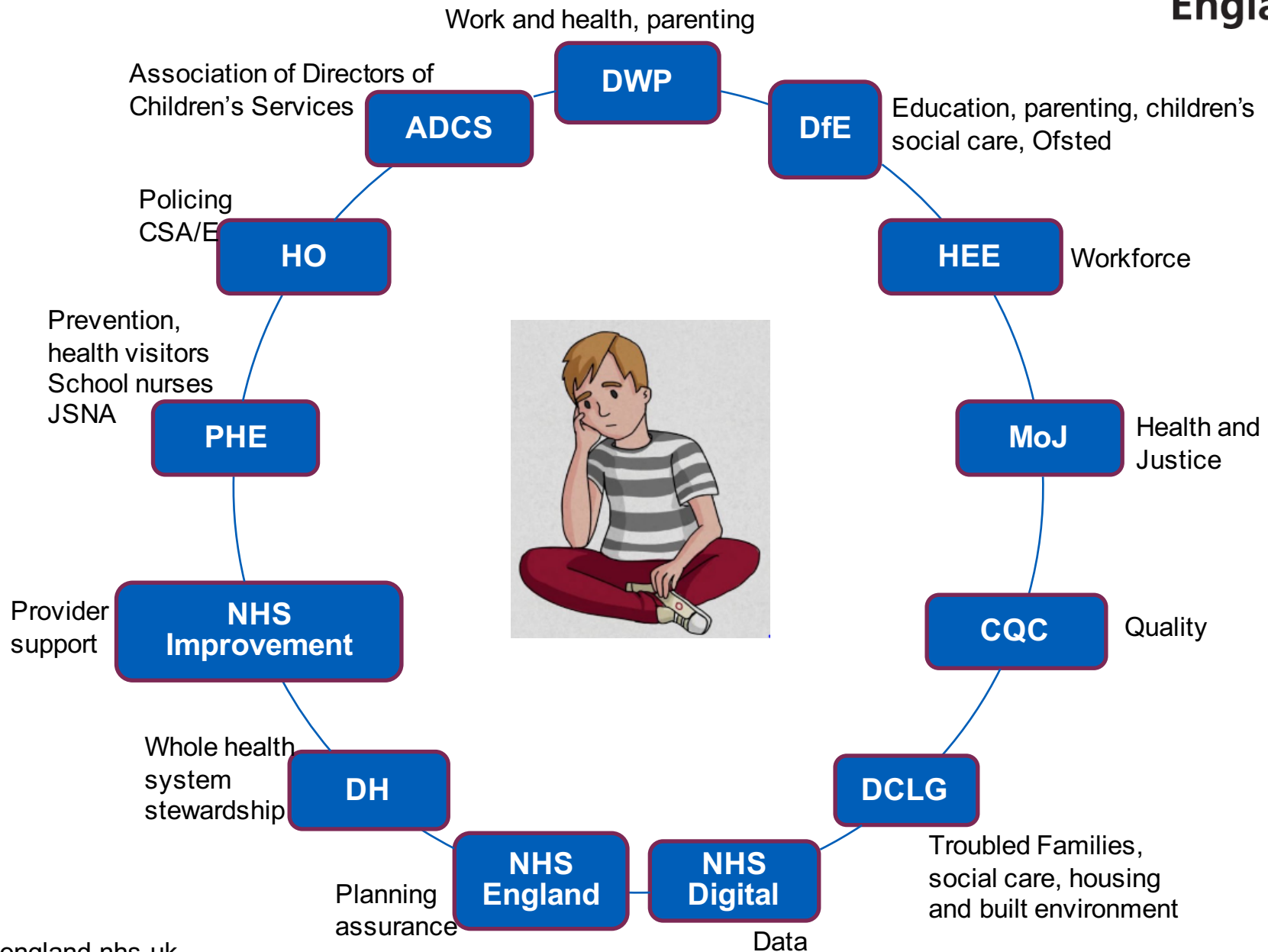
By 2020 there will be system-wide transformation of the local offer to children and young people underway, with LTPs embedding *Future in Mind* principles and fully integrated into STPs across the country.

March 2015



- Sets **direction of travel** across **health, education, children's social care** and **youth justice**
- **Consensus** across the **whole system** built on **principles of CYP IAPT, EBP**, including the core need for **participation** from children, young people, families and carers, **outcomes focused**.
- A clear steer and some key principles about how to make it **easier** for children and young people to **access** high quality mental health care when they need it.

# The 2020 vision: whole system change



# NHS England's CYP MH Programme

# The 2020 vision

**70,000 more children and young people accessing CYP MH services**

**1,700 newly qualified therapists working in CYP MH services**

**3,400 existing CYP MH therapists trained in evidence based treatments**

**Improved Crisis Care for all ages, including places of safety**

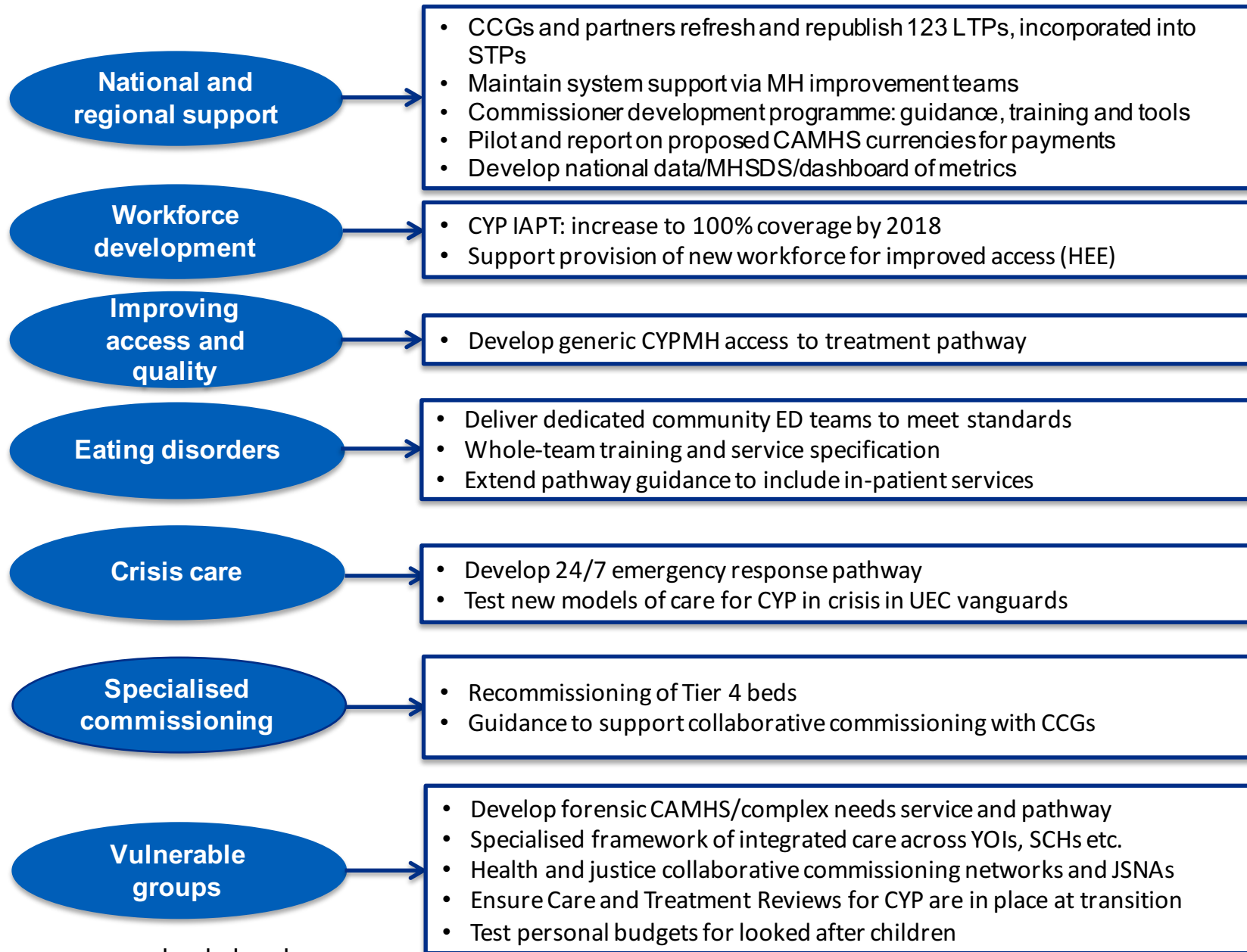


**95% of those in need of eating disorder services seen within 1 week for urgent cases & 4 weeks for routine cases.**

**Improved access to and use of Inpatient Care, having the right number and geographical distribution of beds to match local demand with capacity, and an overall reduction in bed usage.**



# Our programme of work



## **Key national programmes for standardising care**

- CYP IAPT**
- Eating disorders**
- Care pathways**

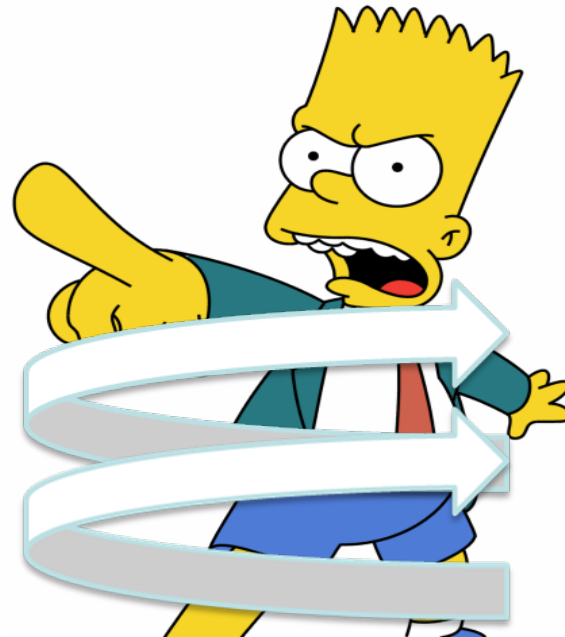
# Evidenced Based Practice

Shared Formulation  
&  
Agreed Intervention  
Goals

**NHS**  
England



+



+



Research evidence

YP/Family's goals  
preferences, values, and  
unique context

Clinician  
expertise

# Our Goal:

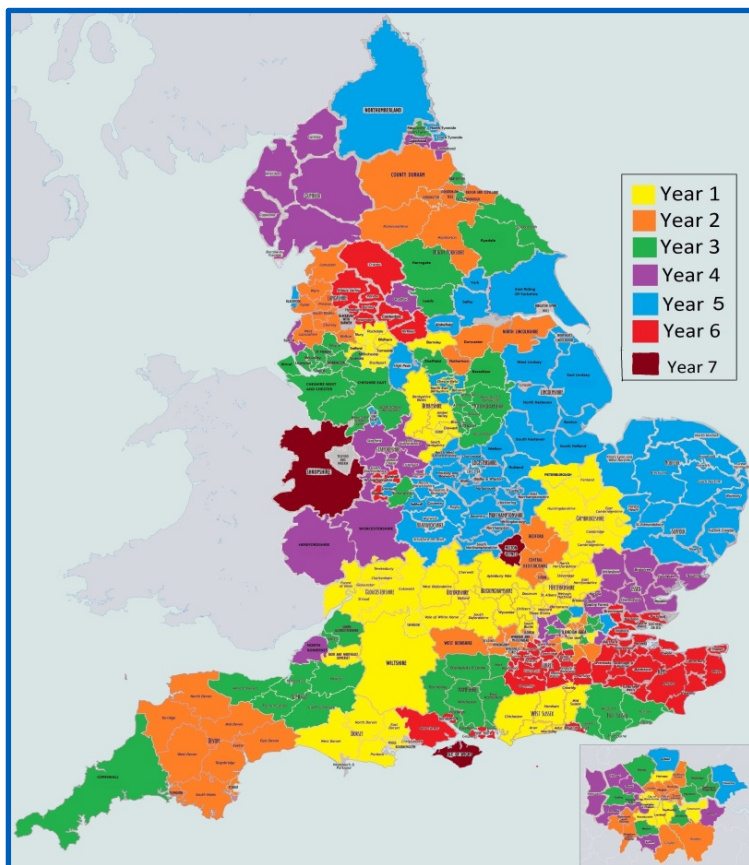
## Appropriate CYP MH services



# Children and Young People's Improving Access to Psychological Therapies

From 2015-2018, contribute towards: 3,400 existing CYP MH therapists trained in evidence based treatments

Support HEE target: 1,700 new staff trained in CYP MH evidence based interventions



## How are we doing it?

Following recruitment of 6<sup>th</sup> collaborative (HEI with CYP MH services), programme on target to work with services covering 100% of population by 2018 (96%- Aug 17)

Services are supported to embed CYP IAPT principles and release staff and to take up the offer of training places

**HEE recruit to train offer:** covers salary support and training costs for new staff; contributes towards achieving **1,700 new CYP MH therapists**

## Where next for CYP IAPT? (NHS England and HEE)

- Now integral part of the Transformation Programme in England - embedding **evidence based, outcome focussed collaborative service transformation** with **FULL PARTICIPATION**
- **Centrally funded and supported (2011 to 2018)**
- **CCGs and providers are to use the CYP MH additional funding to increase workforce capacity and capability in order to improve access for an additional 70,000 CYP by 2020.**
- Increased **geographical coverage** of service transformation programme **to 100 % by 2018 – greater reach and depth**

# Where next for CYP IAPT? (NHS England and HEE)

**Continue to offer training across CYP MH partnerships (NHS, LA, Vol sect):  
(2011-17-exisiting staff: 1,760 therapists; 442 supervisors; 422 service leads with HEE 2016-17 offer for 104 new therapists to contribute towards increasing capability and capacity**

- CBT for young people with depression and anxiety
- Parenting for children (under 10 years) with conduct and behavioural problems
- Systemic Family Practice (SFP) for over 10s with conduct problems, or anxiety and depression
- SFP for the treatment of eating disorders
- Interpersonal Psychotherapy for adolescents
- Counselling children and young people with mild anxiety and depression
- Combination – pharmacological and psychological therapy
- Enhanced Evidence Based Practitioners (EEBP)
- Outreach service development
- Outreach enhanced supervision (for supervisors not attending full diploma course)
- Supervision (diploma level)
- Service Transformational Leadership
- Inpatient CAMHS whole team training (HEE 2017)
- Eating Disorder (SFP; CBT for ED; whole team training for CED)

*Evidence based interventions for:*

- Children and young people with learning disabilities or autistic spectrum disorder
- Working with 0-5s

# Evidence Based Pathways

*The Five Year Forward View for Mental Health:*

*“By 2020/21, NHS England should complete work with ALB partners to develop and publish a clear and comprehensive set of care pathways, with accompanying quality standards and guidance, for the full range of mental health conditions based on the timetable set out in [the FYFVMH]”*

NICE and National Collaboration Centre for Mental Health (NCCMH) commissioned to develop a suit of mental health EBTPs.

## Already Published:

- Early intervention in psychosis
- Community services for eating disorders in children and young people (extended during 2016/17 to include in-patient services)
- Crisis care: Urgent and emergency mental health liaison in acute hospitals(18-end of life)

## Planned for 2016/17

- Generic children and young people’s mental health including Urgent and emergency mental health response for children and young people
- Perinatal mental health
- Crisis care:
  - Urgent and emergency ‘blue light’ mental health response (all ages)
  - Urgent and emergency community-based mental health response (18-end of life)
- Acute mental health care
- Integrated psychological therapies for people with common mental health problems
- Plus Looked After Children (SCIE, DH,DfE)

## Planned for 2017/18 and 2018/19

Community mental health care  
Self-harm



# CYP MH Care Pathways

## Pathways in development

We are working with experts and stakeholders to develop pathways that set out what good looks like in CYP MH services, all of the groups include children and young people and parents/carers

**Generic CYP  
MH**

**Crisis care (all  
ages)**

**Eating  
Disorders –  
amending to  
include whole  
pathway**

# Eating Disorders (CYP)

**95% of those in need of eating disorder services start treatment within 1 week for urgent cases & 4 weeks for non-urgent/routine cases.**

## How are we doing it?

- Access and waiting time standard introduced in 2016/17 and monitored via MHSDS and UNIFY data collection. **The eating disorder pathway is being extended to include episodes of care in day and inpatient settings with the involvement and oversight of the community eating disorder team**
- Multi-disciplinary community eating disorder teams are being set up across the country
- **Systemic family practice** curriculum for eating disorder
- **Whole team training** available for multi-disciplinary community eating disorder services/teams – being delivered 2017
- Modality specific **evidence based interventions** to be in line with updated eating disorder NICE guideline published in May 2017 – curriculum for CBT-ED in CYP IAPT

## Results - Q1 of 17-18

- **73%** of urgent cases seen with 1 week
- **79%** of non-urgent cases seen within 4 weeks.
- All 70 community eating disorder teams for CYP are participating in whole team training

# Development of the Generic CYP MH Pathway

Three key elements

- 1) First point of access and the initial response (including signposting to other help) and initial intervention.
- 2) Scheduled care and evidence based treatment
- 3) Intensive Interventions and Risk Support, support for complex cases, intensive outreach, the link with inpatient services



Expert Reference Groups include representation from a range of professionals (including NHS clinicians, teachers, school nurses, commissioners), commissioners, young people representatives, parent/carer representatives.

Draft pathway shared with an extensive virtual stakeholder group.

# Improving data collection

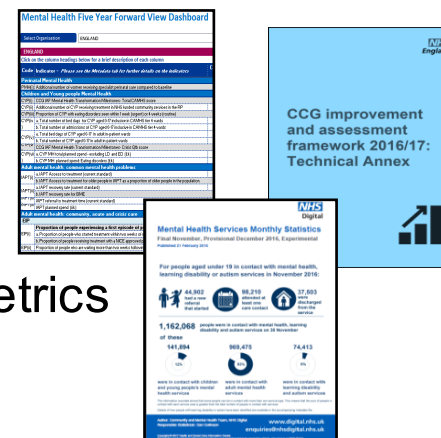
# Data

Why is data important?

- Tells us if our programme is working;
- Helps us make the case for future investment;
- Supports commissioners and providers to make effective decisions.

What is 'data' in CYPMH?

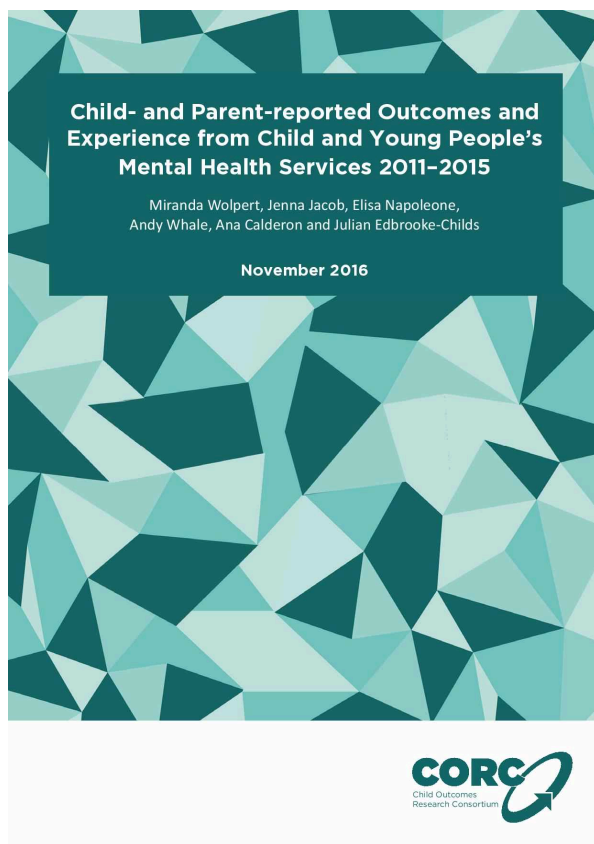
- Local data
- CCG IAF, MHSDS, FYFVMH Dashboard
- Bespoke collections to track new standards and test new metrics



What are the biggest issues right now, and what are we doing?

- Some providers are having difficulties submitting data – we are working with NHS Digital to find out why and support them with information and advice.
- Similarly, we are supporting commissioners with information and advice on how to use data and how to work with providers for better data quality.
- We help review and update the MHSDS with NHSD and also create bespoke collections to track new standards and policies.

# CORC Report on Child and Parent Reported Outcomes from Children and Young Peoples Mental Health



- Published November 2016
- Analyses data from the services involved in CYP IAPT 2011-15.
- First detailed analysis on outcomes
- Data was limited with relatively few of the 96,325 cases had paired scores
- This underlines the need to improve data collection

# Data: problems seen by services in terms of allocations to NICE- guided treatment

Table 5: Potential allocation to support guided by NICE guidelines

Index difficulties as indicated on current view	Percentage in CYP IAPT dataset	Relevant NICE guideline (at time of development of algorithm 2014)
Difficulties sitting still or concentrating (ADHD)	6%	ADHD NICE guideline 72
Pervasive developmental disorder (autism)	2%	Autism spectrum NICE guideline 170
Behavioural difficulties (conduct disorder or oppositional defiant disorder)	4%	Anti-social behaviour and conduct disorders NICE guideline 158
Extremes of mood (bipolar disorder)	1%	Bipolar disorder NICE guideline 185
Depression/low mood (depression)	5%	Depression NICE guideline 28
Anxious generally (generalised anxiety disorder, GAD) and/or panics (panic disorder)	5%	GAD and/or panic disorder NICE guideline 113
Compelled to do or think things (obsessive compulsive disorder, OCD)	1%	OCD NICE guideline 31
Disturbed by traumatic event (post traumatic stress disorder)	2%	PTSD NICE guideline 26
Self-harm (self-injury or self-harm)	6%	Self-harm NICE guidelines 16 and/or 133
Anxious in social situations (social anxiety or phobia)	2%	Social anxiety disorder by NICE guideline 159
Eating difficulties (anorexia, bulimia)	2%	Eating disorders NICE Guideline 9
Delusional beliefs and hallucinations (psychosis)	1%	Psychosis NICE guidelines 155 and/or 185
Co-occurring emotional problems	10%	One or more of NICE guidelines above
Co-occurring emotional and behavioural difficulties	2%	One or more of NICE guidelines above

28% only mild problems or one moderate that doesn't fit NICE guidance

25% multiple or severe problems that don't fit easily into NICE guidance

n = 31,037 cases; current view completed within 56 days of the recorded start of therapy. **Categories are mutually exclusive**

# Data: Problems seen by services

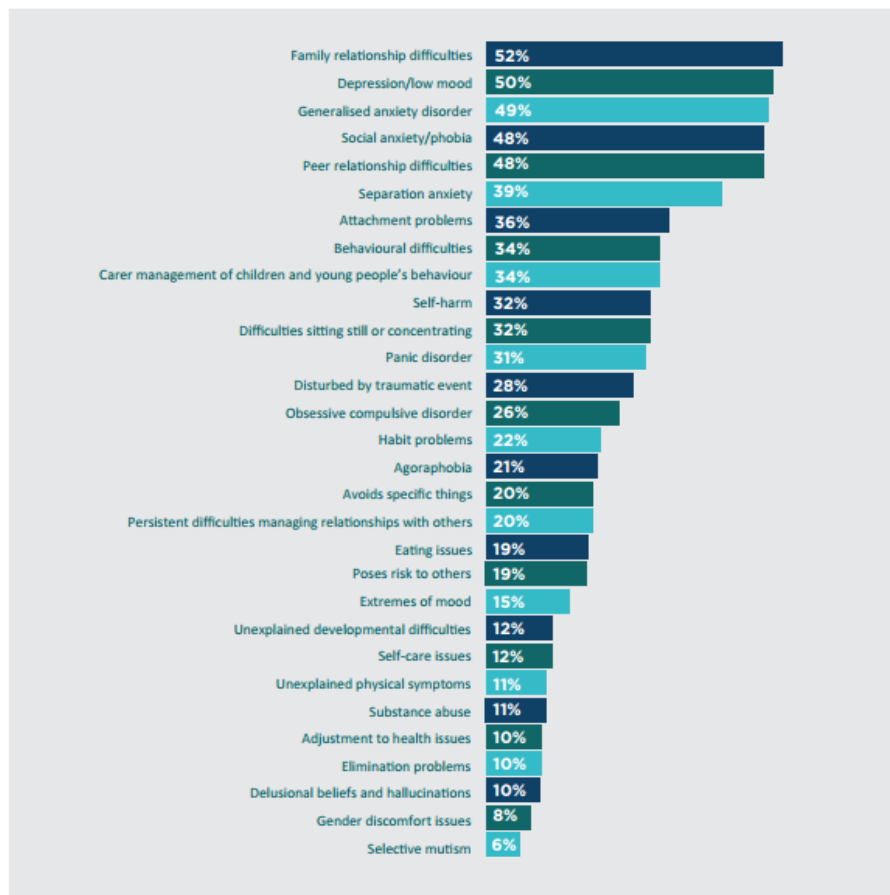


Figure 3: Percentage of cases with a provisional problem descriptor endorsed as mild or above in the first recorded Current View.

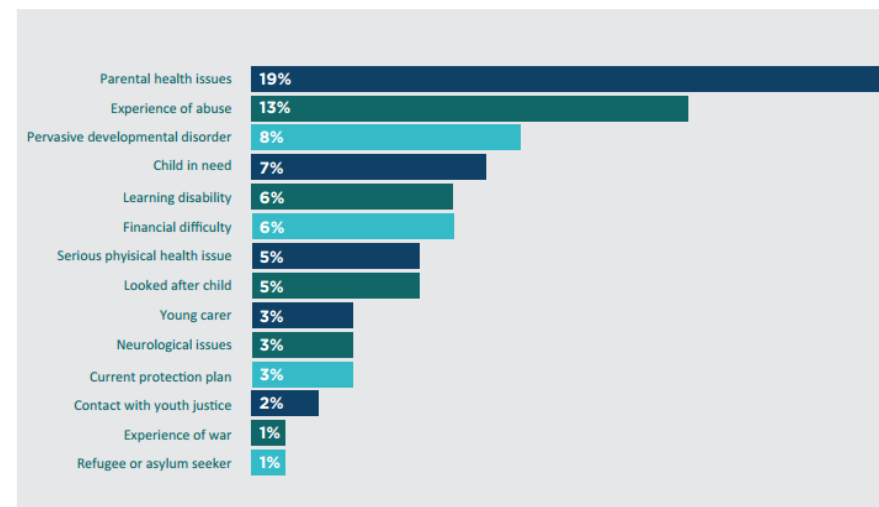


Figure 4: Percentage of cases with a complexity factor endorsed in the first recorded Current View.

n = 42,798 (44% of the sample); percentages are out of those with a completed Current View form 2011-15; categories not mutually exclusive

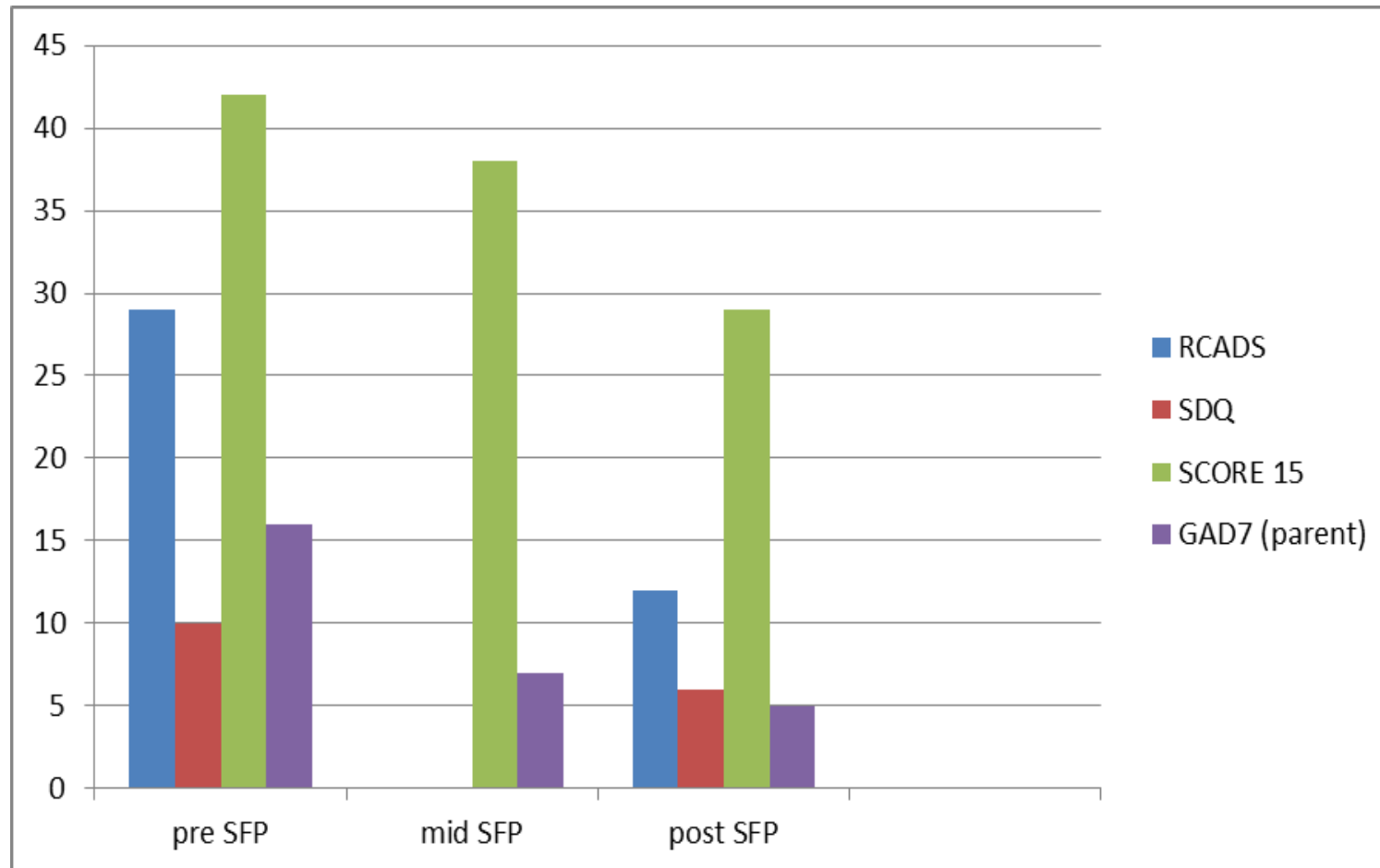


# Derby - Data Presented to Commissioners in support of the development of Systemic Family Practitioners in Multi Agency Teams

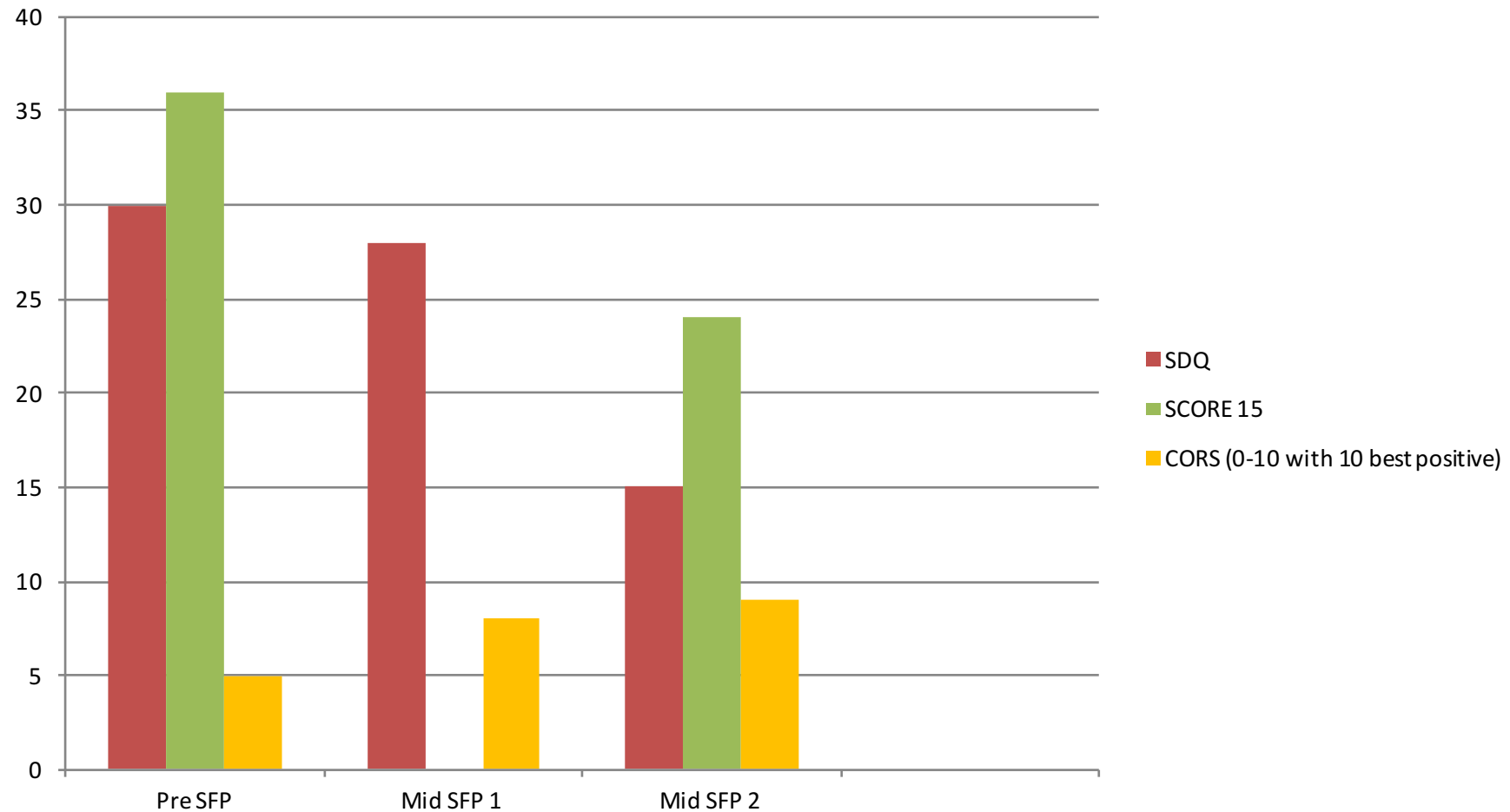


- Promoted evidence based pathways
- So far - 20 practitioners outside of CAMHS have been trained in Enhanced Evidence Based Practice and Systemic Family Practice - (MATS, YOS, School Health, 3<sup>rd</sup> sector – Counsellors).
- 16 practitioners trained in CAMHS – CBT/SFP for Depression and conduct disorder /SFP for eating disorders and parent training
- Pathways identified using Multi Agency SPOA

## Derby - Family A – 16 year old presenting with self-harm and overdose 16 sessions (completed case)



# Derby - Family B - 8 year old presenting with oppositional and aggressive behaviours and anxiety - 11 sessions



# Transitions

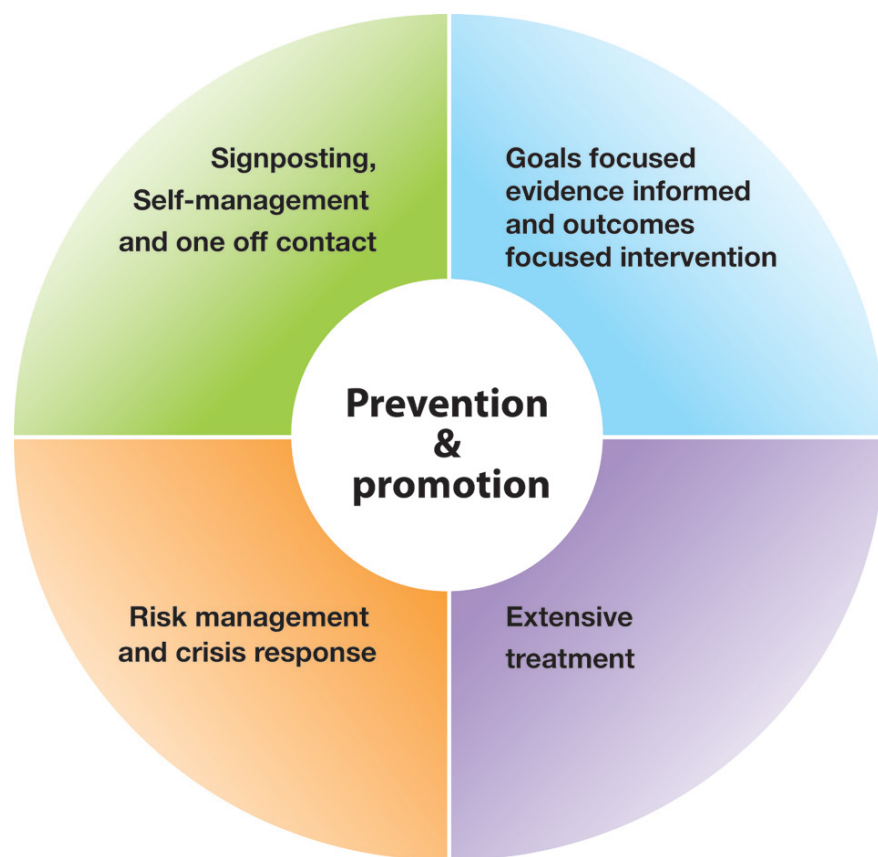
# Transition CQUIN

- A national financial scheme incentivising adult's and CYP mental health providers to:
  - Plan together with the young person for transitions from children's to adult's services;
  - Support the young person through the process, giving them a named contact throughout and making sure their GP knows about the process;
  - Ensure the young person's voice is central – providers are rewarded partly on the basis of young people's feedback via surveys.
- **Who does it cover?** All young people transitioning out of CYPMHS on the basis of their age.
- **When is it running?** 2017 → 2019, at which point it will be reviewed.

# Local areas driving transformation

# 'Thrive' model for CYP MH Services

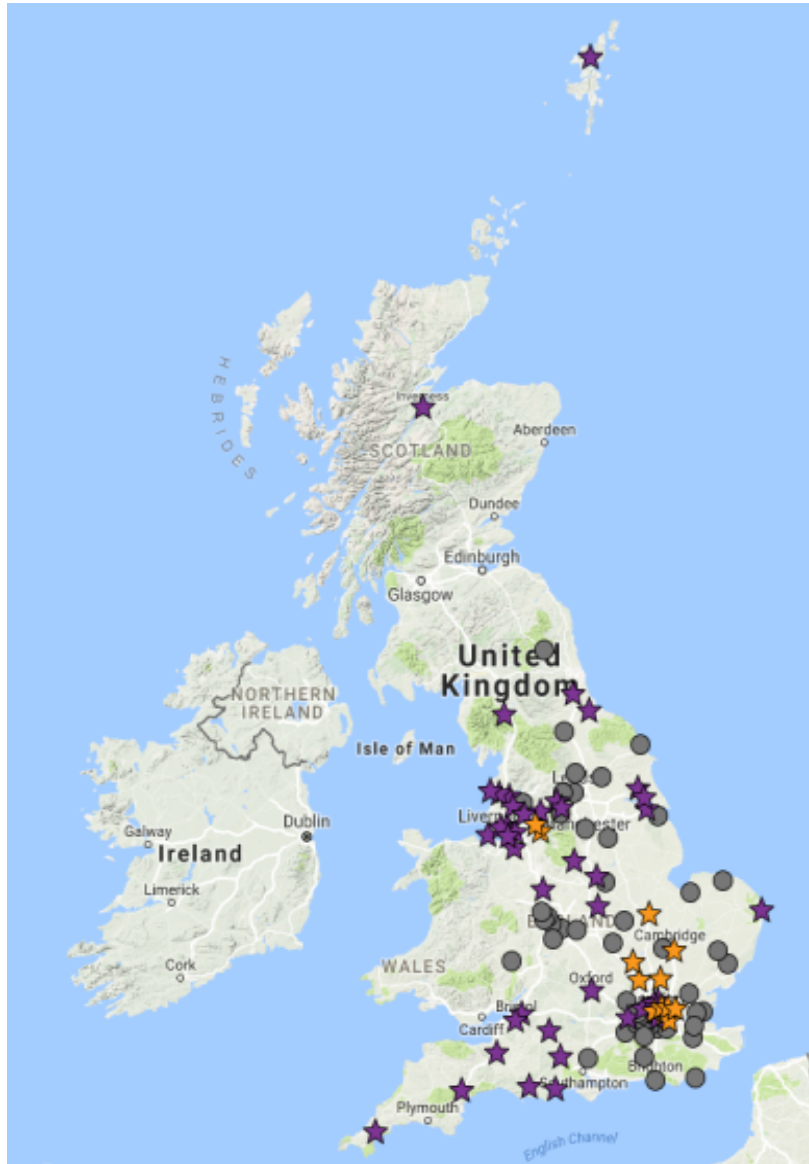
## 1. Input offered



## 2. State of being of group



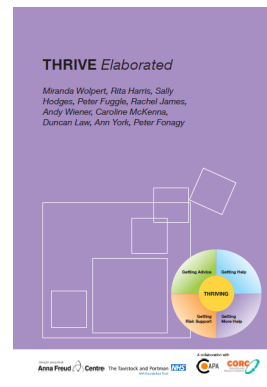
# i-THRIVE



10 national accelerator sites in October 2015

72 CCG areas by June 2017

i-THRIVE COP sites are responsible for 47% of children and young people in England.



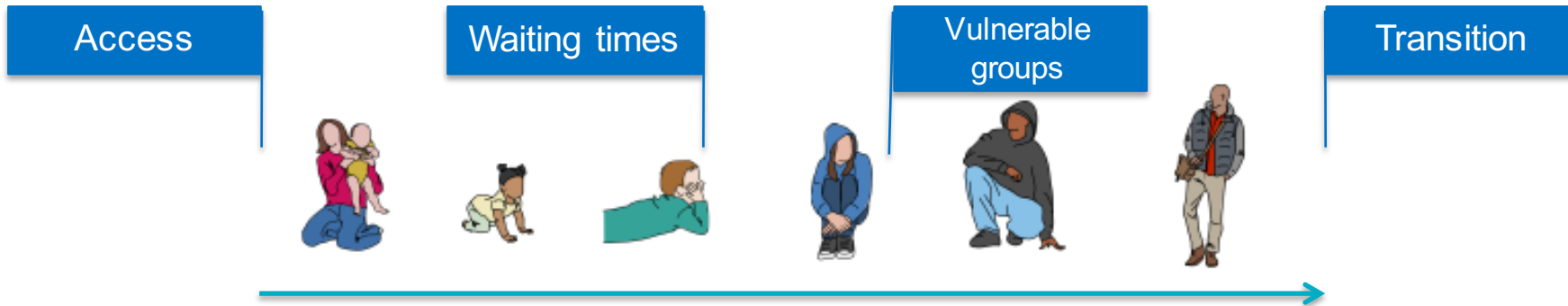


**Thank you...**

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# CYP Mental Health issues



Economics of investment	Infrastructure/resources	Systems
<p><b>£ spent</b></p> <p><b>7%</b> CYPMH as proportion of MH NHS spend (2016/17). 17/18 CCG plans 3.9% increase in spend on CYP, 2% increase in spend on CYP EDs <b>LA and schools unknown</b></p> <p><b>The high cost of getting it wrong</b></p> <p>YP with a MH problem are...</p> <ul style="list-style-type: none"> <li>• 8x more likely to have contact with YJS</li> <li>• Twice as likely to be claiming benefits</li> </ul> <p><b>The low cost of investing early</b></p> <p>Unit cost: £229 → Total lifetime benefit: £7,252 (Group CBT)</p>	<p><b>Low workforce capacity</b></p> <p>0.67 → 102</p> <p>Number of WTE CYPMH clinical workforce per 1,000 0-17 yr olds in England. (NHS Benchmarking)</p> <p>Number of 5-16 yr olds with a diagnosable MH condition per 1,000 in England.</p> <p><b>High numbers of referrals</b></p> <p>44%</p> <p>Approx increase in referrals last four years (NHS Benchmarking)</p> <p><b>Variable waiting times</b></p> <p>2 - 48 weeks</p> <p>Shortest to longest wait for first appointment (NHS benchmarking)</p>	<p>0-25s</p> <p>Thrive</p> <p>Tiered system</p> <p>Step care models</p> <p>Integrated pathways</p> <p>CCGs</p> <p>LAAs</p> <p>NHSE</p> <p>MoJ</p> <p>Schools</p> <p><b>Varied approaches</b></p> <p><b>Various commissioners</b></p>

# Helpful resources

## MHSDS Monthly Report Pages

- <http://content.digital.nhs.uk/mhsdsmmonthly>

## Mental Health Services Dataset Monthly Reports

- <http://content.digital.nhs.uk/mhldsreports>

## NHS England Shared Planning Guidance

- <https://www.england.nhs.uk/deliver-forward-view/>

## NHS England Planning Guidance Technical Guide to Indicators

- <https://www.england.nhs.uk/wp-content/uploads/2015/12/tech-guid-17.pdf>

## Five Year Forward View Mental Health Dashboard

- <https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/>

## CCG IAF (see indicator 123c)

- <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2017/07/ccgiaf-tech-annex-1617.pdf>

## Quality Premium (includes stretch ambition on CYP MH Access)

- <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

## New national CQUIN (includes CQUIN on CYP MH transition)

- <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>

## CORC report on child and parent

- <http://www.corc.uk.net/child-and-parent-reported-outcomes-and-experience-from-child-and-young-people-s-mental-health-services-2011-2015-thoughts-from-experts-by-experience/>