

BEHAVIOUR SUPPORT TASK AND FINISH REVIEW

1.30pm - Friday, 14th July, 2006

Committee Room 1, Town Hall

PRESENT – Councillors Armstrong, Copeland and Francis; Mark Cain, CAMHS Strategy and Commissioning Manager, Jo Dawson, CAMHS General Manager and Paul Dalton, Democratic Support Officer.

The following issues were discussed :-

- Councillor Copeland opened discussion by explaining the purpose and objectives of the Group to Mark Cain and Jo Dawson.
- Mark explained his role as the CAMHS Strategy and Commissioning Manager for Durham, which has an informal working relationship with Darlington.
- Child and Adolescent Mental Health Services cover a very broad spectrum – from those with emotional or well being needs, to those with diagnosable mental illnesses.
- A high percentage of those cases referred to CAMHS are for behavioural difficulties, however in many of these referrals the behavioural problems are usually the primarily identified symptom, and an individual can be also suffering from a recognised diagnosable disorder (ADHD, Asberger Syndrome, etc.) – this condition is known as ‘Co-Morbidity’.
- 10 – 20% of Children or Young People (up to the age of 18) have experienced Mental Health issues.
- Prior to 1995 there was little investment in CAMHS and Mark described it as a ‘Cinderella Service’. In 1995, the Health Advisory Service conducted a thematic review, which looked at CAMHS on a national level. Though this provided a strategic vision for CAMHS, unfortunately there were still issues regarding lack of funding.
- Over the last 4 – 5 years however, CAMHS (Darlington) has benefited from significant investment.
- A number of reviews have been conducted in recent years:
 - 1995 ‘Together We Stand’ – Health Advisory Service Thematic Review
 - 1997 National Planning Guidance
 - 2002 Public Service Agreement – Increasing Investment
 - 2004 Children’s NSF ‘Comprehensive CAMHS’
 - 2004 Children Act

The latter two pieces of legislation are intertwined and encompass the ‘Every Child Matters’ initiative.

- **‘Every Child Matters’** – introduced a radical change in the whole system of Children’s Services, with Emotional Health and Mental Well Being remaining key issues

throughout. The main focus on the initiative is on early identification and intervention, and strengthening health promotion in local communities. The Children and Young People Plan has a high priority on Mental Health.

- CAMHS are required to deliver Standard 9: Mental Health and Psychological Well Being, which states that all children and young people, from birth to 18 years of age, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessments, treatment and support for them and their families.
- In order to deliver Standard 9, and deliver a comprehensive CAMHS, four specific targets have been devised:
 - Emergency and 24 hour access
 - Services for 16 and 17 year olds
 - Mental Health and Learning Disability provision
 - Complex presentations/Behaviour problems/Mental Health Needs
- In addition, CAMHS provide a range of other services, including workforce skills and training and development.
- Darlington CAMHS was awarded Beacon Status in 2003 and is a key stakeholder in within the Strategy Implementation Plan, which was implemented in November 2000.
- **Key Priorities of the CAMHS Strategy**
 - **Engagement of Young People** – Investing in Children
 - **Integration** – Darlington is ahead of the CLASP Service (Post Trauma and Abuse Service). Use of forums where Clinicians can come together and discuss more effective forms of communication. Darlington CAMHS are very advanced in this area.
 - **Learning and Development** – Pass on Skills and Development
 - **LAC / CAMHS Provision** – Primary Mental Health Worker providing staff assistance, in such areas as assessments, treatment plans, etc., within a universal setting.
 - **Educ / CAMHS** – Darlington is at the forefront of emotional health and well-being - development of Counselling per locality (Mulberry Centre, formerly the Marion Unit).
 - **Services for 16/17 Year Olds** – There was no Mental Health Service for 16/17 year olds in 2000 and previously such cases fell through the ‘mental health gap’. Due to a high proportion of emotional disorders, as well as behavioural disorders, within this age group CAMHS developed a transitional service. In the South of the region this is based at the Pierremont Unit.
- **Current Resource** - Darlington Youth Offending Service currently have 1 Mental Health Service Worker.
- Where a child is under 16 with involved parents, every effort is made to educate the parents.
- **Experience of Current Services**

- CAMHS received 500 referrals in the year 2005.
 - The longest waiting time for CAMHS Referral is 11 weeks.
 - Learning Disability waiting times are less than 11 weeks, but are increasing unfortunately, due to lack of staff.
 - There are a higher level of referrals for children without statement to Learning Disabilities.
 - Darlington only team that has a dedicated worker in the Youth Offending Service. It is funded partly by Darlington PCT and Youth Funding.
 - Darlington Youth Offending Service were quick to realise the link between Mental Health and offending.
 - There is a lack of qualified human resource available.
 - CAMHS will be carrying out a review over the summer period to make an assessment of 'ideal resource'.
- 10% of current CAMHS caseload have a 'conduct disorder', which represents an increase of 1.8% from 2004.
 - 19% of these 'conduct disorder' cases relate to Darlington CAMHS. The reasons as to why the Darlington figure is so high basically comes down to crude numbers – higher population.
 - **Early Intervention** – Potential capacity constraints may limit full implementation without additional resource – For example, Primary Mental Health Workers have a wide remit including administration, care, diagnosis, etc...
 - **Referral Mechanisms** – Referrals can be made by School Nurses or Educational Psychologists (Local Authority employees). Schools can make referrals directly to CAMHS, in which case CAMHS contact the family and the family are required to engage.
 - Referrals are prioritised between conditions – emerging psychosis, self harm and eating disorders are prioritised before schools referrals, as CAMHS have a better knowledge of the circumstances they are dealing with.
 - This can lead to 2 systems running in conflict – an exclusion can happen while waiting for the referral to CAMHS, unless CAMHS are informed of any urgency on the referral. The quality of the referrals needs to be improved and a standard referral form is being devised.
 - One of the main requirements from the CAMHS Service is to build up the expertise within Schools.
 - **IT WAS AGREED TO MEET ON 16th AUGUST 2006 TO FINALISE THE REPORT INTO BEHAVIOUR SUPPORT.**