LONDON BOROUGH OF CAMDEN	WARDS: ALL

REPORT TITLE

Review of mental health service provision in the London Borough of Camden for young people aged 11-19.

REPORT OF

Cllr Baillie, Chair of review panel
Cllr Jenny Headlam-Wells, CSF Scrutiny Committee Chair
Cllr Oliver Lewis
Cllr James Yarde

FOR SUBMISSION TO:	DATE
Children, Schools and Families Scrutiny Committee	23 March 2017

SUMMARY OF REPORT

This report is presented to the CSF Scrutiny Committee. It includes findings and recommendations from a review of mental health services and provision for children and young people aged 11-19.

The need for the review was identified following a CSF Scrutiny report on Attainment, Achievement and Standards, dated 31March 2016, which identified mental health problems in adolescents as a contributing factor to lower achievement in secondary schools. The aim of the review was to examine the extent and quality of provision for mental health services for young people aged 11-19 in the London Borough of Camden, and to make recommendations for improving outcomes for young people with mental health problems.

The review consists of two parts. The first part of the review entailed a review of available data and information on levels of mental health need in Camden for children aged 11-19, current service provision and spend, service activity data and expenditure.

The second part consisted in gathering evidence through interviews with a wide range of stakeholders including young people, parents, youth workers, commissioners and clinicians. The stakeholders therefore represented service users, providers and those commissioning work. The interviewees were asked about their involvement, experiences, and about what they thought the strengths and gaps in local service provision were.

The findings of the review are presented in section 7 of the report, in two sections. The first section summarises areas of strength in Camden. These are:

- Good levels of service provision and investment
- Strong joint commissioning arrangements between Camden Council and Camden CCG, including joint funding.
- Engagement with children and young people
- *Minding the Gap* initiative (to improve transition from CAMHS to adult mental health services)

- Increased focus on promotion of good mental health in schools
- Intensive Eating Disorders Service

The second section highlights areas for improvement or where further work is needed. These are:

- Tackling stigma
- Communication and promotion of services
- Increased focus on prevention and early intervention
- Knowledge and skills of staff in front line services (teachers, youth workers) and parents
- Access to out of hours support for children in crisis
- Information and data
- Addressing the mental health needs of university students

The panel has agreed a series of recommendations to address the identified gaps. These are provided below.

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RECOMMENDATIONS

TACKLING STIGMA

1. To develop a mental health peer-education and engagement programme, where young people will deliver awareness raising workshops about mental health and substance misuse to their peers, together with learning how to look out for each other.

2. To upskill youth workers and older young people to become mentors and help deliver structured mentoring to younger adolescents in a variety of settings, including outreach.

COMMUNICATION AND PROMOTION OF SERVICES

3. To develop and publish accessible and comprehensive information about mental health services available in Camden, about what good mental health is, how to identify problems, and where to get help. This information should be in a format that easy to understand for young people, parents and families. We recommend that a web page is developed containing up to date information and links to the main Council website. All information should be reviewed and updated on a regular basis.

4. To review the new school mental health policy after one school year, and successful messages or practices should be published in a short booklet, ideally co-created with parents, schools and governors.

5. To ensure that the word leading expertise we have in Camden is harnessed by the different experts providing accessible learning programmes, for example, hosting seminars and posting videos of these on Camden's mental health webpage.

IMPROVING PREVENTION AND EARLY INTERVENTION

6. To review current outreach programmes in the community, in order to explore ways of increasing the availability of therapeutic provision in a wider range of outreach settings, and to ensure successful practices are shared and adopted across the borough to reach more young people.

7. To carry out further work to coordinate the outreach work that youth groups, such as The Winch and Fitzrovia Youth Action, do in schools or in the community, and to help other groups develop a community-based drop-in service, as well as making more use of the facilities at the Hive.

8. To develop young people as peer supporters to enable them to support friends and direct them to further sources of help if required. Peer supporters will be mentored and supported closely themselves to mitigate risk for both supporters and their peers.

9. To review the implementation and uptake of the Mental Health and Resilience in Schools (MAHRS) framework after one year, and evaluate its impact on effectively developing resilience, promoting mental health and support children at risk of, or experiencing, mental health problems.

10. To ensure that best practice guidance identified through the review of how schools have adapted the Mental Health in Schools Policy is shared with all schools.

11. To explore conducting an audit of how all Camden schools are delivering the mental health and wellbeing content included in PSHE, ensuring this is further developed, and that the resources that are available to PSHE Leads are effectively utilised.

KNOWLEDGE AND SKILLS OF FRONT LINE STAFF

12. To carry out a regular audit of who has undertaken training to recognise mental and emotional difficulties as early as possible (for example the Mental Health First Aid training programme), focusing on youth workers, youth offending service staff, housing officers, teachers, as well as early years and social workers. Further targeted work should be focused on engaging those groups where the audit shows there is low uptake.

ACCESS TO OUT OF HOURS AND CRISIS

13. To design and commission, in partnership with clinicians, young people and their families, an out of hours service in the community where children, young people and their families can get help when they are in a crisis, so that young people only have to attend A&E Departments when absolutely necessary.

EATING DISORDERS

14. To consider running regular (at least annual) information programmes for parents to help them watch for signs of eating disorders, learn preventative actions and responses they can use at home, and help them talk to young people about attitudes or damaging new trends towards food.

15. To develop more opportunities for young people to understand more fully the dangers of eating disorders, how to recognise early signs and behaviours, and where and how to get help.

16. To consider engaging external voluntary and charity sector partners on a campaign and to speak in our schools about the most up to date technology, in response to young people reporting that striving for a 'perfect' body image and their use of social media creates serious pressures on their mental health.

Date: 14 March 2017

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1. INTRODUCTION

1.1 Good mental health is essential to everyone's quality of life. The World Health Organisation defines mental health as more than just the absence of mental health problems, but as 'a state of complete physical, mental and social wellbeing'. Children who are mentally healthy are able to learn better, have more positive relationships with others and are better able to cope with life's challenges. Good mental health in childhood provides a foundation for positive mental health and wellbeing into the future. However, mental health problems in childhood, if left untreated, can have a profound and lasting adverse impact throughout adult life.

1.2 Children and adolescent mental health is a very timely topic. National evidence suggests that the rate of children and young people presenting with mental health conditions is increasing. Recent data from the Health and Social Care Information Centre shows that the numbers of young people turning to Accident and Emergency (A&E) departments at hospitals having self-harmed has significantly increased over the last 5 years. The number of young people having suicidal thoughts and seeking treatment for eating disorders has also increased. There are questions about whether needs are being met by professional services quickly enough and in January 2017 the government launched a national review. The Prime Minister emphasised the need for a reviewed focus on tacking stigma, increasing prevention work in schools and workplaces and supporting people in crisis.

2. PURPOSE AND SCOPE OF THE MENTAL HEALTH SCRUTINY REVIEW

2.1 On 31March 2016, a CSF Scrutiny report on attainment, achievement and standards in secondary schools in Camden was published. This report identified mental health problems in adolescents as a factor contributing to lower achievement in secondary schools. Following this report, the Children, Schools and Families Scrutiny Committee agreed that a special panel should be convened to carry out a cross-party review of mental health services for young people in Camden.

2.2 The membership of the panel consisted of the following Camden councillors:

- Councillor Siobhan Baillie (Chair of the panel)
- Councillor Jenny Headlam-Wells (Chair of CSF Scrutiny Committee)
- Councillor James Yarde
- Councillor Oliver Lewis

2.3 The scope of the review was to examine the extent and quality of provision for mental health services for young people aged 11-19 in the London Borough of Camden, and to make recommendations for improving outcomes for young people with mental health problems.

2.4 Specifically, the objectives were:

- To map and assess current service provision in Camden.
- To gather the views and experiences of Camden young people, their families, and other key stakeholders (e.g. clinicians, service providers, and schools).
- To identify strengths and gaps in current service provision.
- To make recommendations to improve mental health services for young people in the borough.

2.5 The review started in November 2016 and was completed in February 2017.

3. METHODOLOGY

3.1 The panel agreed to carry out the review in two parts. The first part of the review consisted of reviewing available data and information on levels of mental health need in Camden for children aged 11-19, current service provision and spend, service activity data and expenditure. A comprehensive needs assessment of children and young people in Camden had been carried out as part of the development of the local CAMHS Transformation Plan, and therefore there was already a wealth of information available to inform this review. A summary of the information gathered for this part of the review is summarised in section 5 below.

3.2 The second part consisted of gathering evidence from a wide range of stakeholders including young people, parents, youth workers, commissioners and clinicians. The stakeholders therefore represented service users, providers and those commissioning work. The panel undertook 14 interviews in total. The interviewees were asked about their involvement, experiences, and about what they thought were the strengths and gaps in local service provision. A full list of stakeholders interviewed is provided in Section 6. Notes from each of the interviews are provided in Appendix 1.

4. NATIONAL AND LOCAL POLICY CONTEXT

4.1 Over the past few years there has been a growing national recognition of the need to make dramatic improvements to mental health services for children and young people.

4.2 In 2014, the House of Commons Health Select Committee carried out a national inquiry into child and adolescent mental health services (CAMHS)[1], which concluded there was a need to drive essential improvements to services. Following the enquiry's findings, NHS England published its national strategy for children and young people's mental health, *Future in mind*[2]. This led to significant investment in these services (an additional £1.25bn over five years from 2015 to 2020). Every area in England was required to develop a Local Transformation Plan, outlining how they would use the new funding to improve children and young people's mental health services.

4.3 *Transforming child and adolescent mental health services in Camden 2015-2020*, Camden's CAMHS Transformation Plan, was published in 2015 and sets out Camden's five year vision for children and young people's mental health. It includes eleven local priority schemes to improve the local service offer and ensure greater integration. The local priorities for 2017/18 are set out in more detail in the CAMHS Transformation Plan[3] and include the following broad areas:

- Prevention and early intervention
- Early help provision with Council partners
- Routine care – delivered in the community by various types of providers in a variety of settings
- Crisis care and outreach intensive support alongside local management of inpatient CAMHS beds when required

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[1] Future in Mind: promoting, protecting, and improving our children and young people's mental health and wellbeing Full report available at: http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/34202.htm

[2] Available at: https://www.england.nhs.uk/2015/03/martin-mcshane-14/

[3] Available at: https://www.camden.gov.uk/ccm/content/social-care-and-health/services-for-children-and-families/children-and-young-peoples-mental-health/

- Care for vulnerable groups
- Specialist care such as eating disorders, early intervention in psychosis and personality disorder

4.4 A refreshed transformation plan was submitted to NHS England in November 2016. It includes an additional focus on increasing prevention and access, improving waiting times, crisis care (linked with north central London wide work on inpatient beds), planning for children and young people in the justice system, provision of perinatal mental health services, workforce capacity and training initiatives.

4.5 At London level, the Healthy London Partnership (HLP) initiative was launched by the Mayor of London in 2015. The HLP includes a London wide mental health programme which aims to move from focusing on treatment of mental health issues to prevention[4]. The HLP team are supporting London CCGs and councils to deliver the CAMHS transformation plan. Support to date has taken the form of teleconference workshops and providing clarity about expectations from NHSE and has also produced London wide guidelines on mental health crisis care for children and young people.

5. DESCRIPTION OF LOCAL NEED AND CURRENT SERVICE PROVISION

Mental health needs of children and young people in Camden

5.1 Estimating prevalence of mental health problems is fraught with difficulties as many people are undiagnosed. Public Health England's estimate is that approximately 10% of children and young people aged 5-16 in England have a diagnosable mental health condition. Data on local prevalence of mental health disorders is limited and it is based on estimates. It should also be noted that most of the data available is for children and adolescents aged between 6 and 15 years of age, with no break-down available to assist us to consider children for the full age range of this review (11-19).

5.2 The local prevalence estimate from Public Health England is 9% (slightly lower than the national average). Using 2014 population estimates, this equates to approximately 1,541 Camden Young People (CYP) aged 11-18 in Camden. However, in the local context, Camden Council believes that housing tenure could be a better indication of need. CYP living in social housing are significantly more likely to have a mental health disorder than average, and twice as likely compared to CYP who live in a house owned by their parents[5]. As at 2014, 52% (n=20,279) of CYP in Camden live in social housing, compared to 31% in London and 21% nationally.

5.3 Taking into account housing tenure is Camden Council's preferred way of estimating the prevalence of mental health problems in Camden. Adjusting for housing tenure means Camden's estimated prevalence is 13%. This is 33% higher than the national and London prevalence. This means that approximately 2,225 children aged 11-18 in Camden are estimated to have a diagnosable mental health disorder.

5.4 Locally commissioned research undertaken by the Dartington Social Research Unit in 2015 into the mental health of young adults (16-24) found that from a survey sample of

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[4] https://www.myhealth.london.nhs.uk/healthy-london/programmes/mental-health

[5] Poor Housing and Mental Health in the United Kingdom: Changing the Focus for Intervention, Chartered Institute for Mental Health, 2002, http://www.cieh.org/jehr/housing_mental_health.html

568 young people, 25% reported having poor mental health (using a broad definition of mental health). The research examined numerous risk factors for poor mental health. The report found that the following risk factors were strongly associated with poor mental health: a history of abuse and neglect in childhood; being socially isolated, and living in poor physical environment.

Most common mental health disorders in children and young people

5.5 The disorders most common in children and young people, based on national estimates, are provided in Table 1 below:

Table 1. Prevalence of common mental health disorders in children and young people (CYP)

Type of disorder	Estimated number of children affected in Camden (aged 11-18)
Conduct disorders Examples: defiance, physical and verbal aggression, vandalism	1424, or 64% of CYP aged 11-18 with a MH disorder
Emotional disorders Examples: phobias, anxiety, depression and obsessive compulsive disorder	890, or 40% of all CYP with a MH disorder
Hyperkinetic disorders (severe, developmentally inappropriate inattention, hyperactivity and impulsivity that significantly impair academic, social and work performance	356, or 16% of all CYP with a MH disorder
Attention deficit hyperactivity disorder (ADHD)	Local prevalence data not available
Psychotic disorders	Local prevalence data not available
Autism spectrum disorders	Local prevalence data not available
Eating disorders Examples: anorexia nervosa and bulimia nervosa)	Local prevalence data not available

5.6 As shown in Table 1, other than for the three most common disorders (conduct disorders, emotional disorders and hyperkinetic disorders), there are no local prevalence estimates for the less common disorders (ADHD, psychotic disorders and ASD).

5.7 Some children experience more than one mental health problem at the same time or over the course of their adolescence. Approximately one in five children with a mental health disorder is diagnosed with more than one disorder. The most common combinations are, conduct and emotional disorders and conduct and hyperkinetic disorder. Boys are more likely to have a disorder than girls and this is likely to be related to higher numbers of boys with ADHD.

What are the main risk factors for mental health in children and adolescents?

5.8 Childhood **poverty** is linked to mental health risk factors such as family stress, debt, overcrowding, poor housing conditions and parental unemployment. Exposure to these can be damaging, increasing the likelihood of developing a mental health condition. A child is considered to live in poverty when living in a household with an income which is 60% below the national average. Children and young people in the poorest households

are three times more likely to have a mental health problem than those in homes who have combined higher incomes. The relationship between poor mental health and poverty is complex; both can influence the other, precipitating a downward spiral of worsening outcomes. Childhood poverty levels are very high locally: 30% in Camden compared to a national average of 19% in 2012[6].

5.9 **Bullying** in schools is a common problem with potentially long-lasting consequences. A national Ofsted survey [7] found that almost four in ten children reported they had been bullied in the previous twelve months. Bullying can cause long term damage to self-esteem, physical health and educational attainment, which all influence psychological wellbeing later in life. **Cyberbullying** has risen in recent years, where the bullying takes place by electronic channels such as social networking websites or mobile phones, and is linked to an increased risk for depression. Additionally, children and young people who are bullies are at greater risk of depression in later life.

5.10 **Looked after children** are significantly more likely to suffer from poor mental health. Nearly 50% of children in local authority care and nearly 70% among children living in residential care have a diagnosable mental disorder. Nationally, studies have found they are at four times greater risk of attempting suicide compared with other young people. In Camden, 283 children were looked after at any time in 2015/16, a 7% decrease on 2014/15 activity when 303 children were looked after at any time. The number of children being looked during a 12 month period has decreased significantly since 2005/06 when a total of 482 children were looked after in the period. At the end of March 2016, 188 children were looked after in Camden. Using national estimates, this means approximately 95 of these children suffered from poor mental health.

5.11 Children with **learning disabilities** are also at increased risk. Over a third of children and young people with an identified learning difficulty have a diagnosable mental health condition. There were 336 children and young people with diagnosed learning difficulties in Camden, as of April 2016.

5.12 Children and young people with **physical disabilities** or a serious or chronic illness are twice as likely to develop psychological problems. It is estimated that 7% of children and young people aged under 20 years in Camden (3,128) have a physical disability. Of these, an estimated 810 would have a mental health problem.

Current CAMHS provision in Camden for children and young people aged 11-18 and key providers.

5.13 Camden's CAMHs provision is very comprehensive, with a group of clinical teams from several providers working together to deliver a broad range of community CAMH services, under the banner of ***Open Minded***. As in most CAMHS services, it covers the 0-18 population, although services go up to people aged 25 for some groups, such as young people with learning disabilities. The providers of *Open Minded* provision and the services they offer are summarised below:

5.14 Camden's main provider of CAMHs is the **Tavistock & Portman NHS Foundation Trust**, which is a specialist mental health trust. It provides the core community CAMHS

[6] There is currently a lack of more recent data on local estimates of childhood poverty. Figures from the Department of Work and Pensions for 2014/15 show that 28% of children were living in poverty, compared to 19% in 2012/13.

[7] Ofsted, 2012. No Place for Bullying. Available at: https://www.gov.uk/government/publications/school-strategies-for-preventing-and-tackling-bullying

service, which includes the joint intake team (this is a single point of referral, where all referrals to CAMHS are made). The joint intake team then makes an initial assessment and refers to the relevant service as appropriate.

5.15 The Tavistock provides generic community CAMHS, but also provides CAMHS staff to a variety of multi-agency teams such as children centres, schools, general practice, and the youth offending team. The Trust also provides the Camden Intensive Adolescent Support Service (CASE) for young people aged 11-18 with a mental health crisis and who may otherwise need to be admitted to a psychiatric ward. They also provide MOSAIC CAMHS (mental health service for children with disabilities). In 2015/16, 1272 children and young people accessed Tavistock CAMHS.

5.16 The **Royal Free London NHS Foundation Trust** provides a range of CAMH services covering general CAMHS, emergency and paediatric liaison, ADHD service, complex disorder services and the eating disorders intensive service, including three inpatient places in the north central London Eating Disorders Intensive Service (EDIS). In 2015/16, the service treated 33 Camden children with eating disorders.

5.17 **The Brandon Centre** is a voluntary sector organisation which offers counselling and psychotherapy for young people aged 12 to 22. Originally focused on contraception and sexual health advice, the centre later expanded to cover other areas of support such as mental health. The focus is on young people rather than children and that means staff are highly skilled in dealing with young people though a time where there are lots of changes happening in their development.

5.18 The Centre provides counselling, psychotherapy, multi-systemic therapy (MST) for young people aged 12 to 25 years and provides access to parenting groups and therapeutic support for young parents whose children have been removed from their care. It has also more recently started to provide courses to support parents of children with ADHD and behavioural problems, and the staff also do outreach work in schools, where they promote the work of the centre.

5.19 In 2015/16, 269 young people accessed the Brandon Centre *Minding the Gap* service. The Brandon Centre has been in existence for over 40 years and it is well known among young people in Camden. As a consequence, they see a lot of self-referrals.

5.20 The **Camden & Islington NHS Foundation Trust** provides the Parental Mental Health Project, a systemic intervention for families where parental mental ill health is impacting on family functioning and child wellbeing. The project works closely with multi-agency teams across Camden. This includes support for parents with children and young people who are experiencing mental health problems, such as behavioural problem and ADHD. In 2015/16, 137 people accessed the parental mental health support service.

5.21 **Fitzrovia Youth Action** is an organisation which provides peer education, comprising mental health awareness workshops to young people in youth clubs and schools across Camden. The delivery of the project is underpinned by accredited training for peer educators in both mental health awareness and peer education techniques. In 2015/16, 31 young people were trained as peer educators and 357 young people received a mental health awareness session from a peer educator.

5.22 **Coram Creative Therapies** is a service that provides art and music therapies to young people with complex special educational needs and disabilities (SEND) who attend Robson House, Camden Centre for Learning, and Swiss Cottage School (these are specialist schools in Camden which provide for children with social, emotional, mental

health and learning difficulties). The service forms part of an enhanced local offer for children and young people with complex needs. In 205/16, 56 children and young people attended this therapy and 48 have attended so far in 2016/17.

5.23 **Strength in Horses**. This consists of equine therapy for children with complex special needs and disabilities who are enrolled at Robson House, the Camden Centre for Learning, and Swiss Cottage School.

5.24 **Anna Freud Centre.** A voluntary sector organisation which offers clinical training, research and therapy services, as well as support to children, young people and families experiencing emotional or behavioural difficulties. Camden commissions them to provide the Parent Infant Project, a model of parent infant psychotherapy which helps families when there are concerns that a parent's feelings are impacting on their baby's development. In 2015/16, 41 people accessed the parent infant therapy.

Service activity and waiting times

5.25 Most of the referrals to *Open Minded* Services are made through Joint Intake, which is Camden's single point of access. However, there are some self-referrals which are made directly to providers.

5.26 The following table represents all referral activity for *Open Minded* services. About 98% of all cases referred to *Open Minded* are seen by the service at least once. They will then be accepted for ongoing treatment or referred to other services. Activity data for each of the *Open Minded* services is provided below:

Table 2: Activity data by provider

Provider	**2015/16**	**2016/17 Q1-Q2**
Tavistock	1,237	913
Brandon Centre	269	182
Anna Freud	41	53
Royal Free Hospital	441	380
Camden & Islington Foundation Trust (Parental MH service)	137	145
Total	2,125	1673

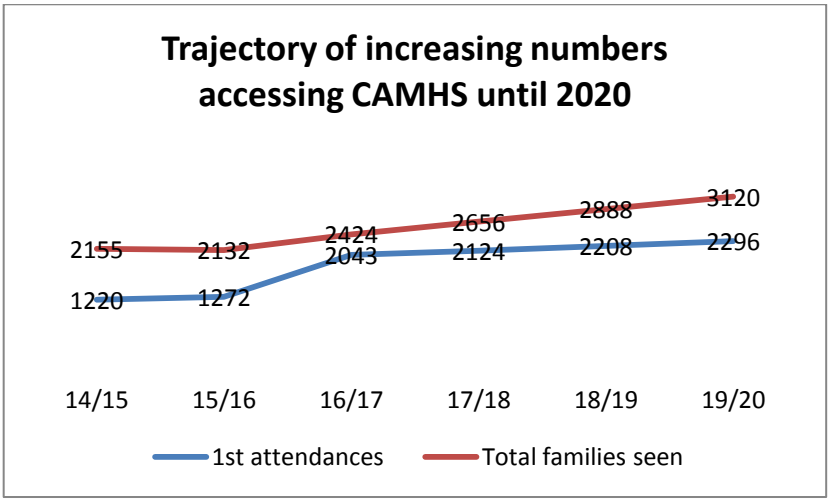
5.27 In 2014/15, the median waiting time by to be seen was 3.6 weeks and the average was 5.5 weeks. Given our position at quarter two it is expected there will be a reduction in waiting times for the majority of CAMHS services from the 14/15 baseline.

5.28 Providers are currently working towards extending availability of services out of usual working hours. This builds on the existing offer which provides a substantial number of appointments out of hours in a variety of locations.

5.29 The additional funding made available through the transformation plans has increased the capacity across the service. Figure 1 shows the increase in the number of referrals accepted by the Tavistock using actual figures up to quarter 2 2016/17 and then shows the estimated increase until 2020. From 15/16, this represents a 2% increase in access per year over the 5 years of the plan.

5.30

Figure 1: Trajectory of increasing numbers accessing CAMHS until 2020



5.31 The targets from NHS England require that at least 35% of those children are seen for treatment by 2020, or increase in the numbers seen by at least 2% per year. Camden has set a stretch local target to see at least 50% of those children and young people by end of 19/20.

Funding

5.32 Camden has a distinct, separately identifiable budget for CAMHS, which includes funding from both Camden Council and Camden CCG. It is centrally managed by the CAHMS Joint Commissioner. The joint CCG/ Local Authority CAMHS commissioning budget for 2015/16 is approximately £7,4M. This budget includes additional CCG investment in *Minding the Gap* (£1.06M), complex needs (£739K), and parental mental health (£445K). The requirement to develop local transformation plans came with additional government funding. For Camden this meant an extra £555K for 2016/17. Taking this into account, the total budget for 2016/17 is £8,442,000. See table 3 below for a detailed breakdown.

Table 3. CAMHS budget breakdown 15/16 -17/18

	2015/16	2016/17	2017/18
CCG	£6,309,760	£6,495,000	tbc
Council	£1,093,026	£952,000	tbc
Total base budget	**£7,402,786**	**£7,447,000**	**tbc**
Transformation fund	£335,007	£555,000	£792,141
TF eating disorders	£133,000	£140,000	£140,000
Healthy minds public health		£300,000	£300,000
Sub total	**£468,007**	**£995,000**	**£1,232,141**
Grand total	**£7,870,793**	**£8,442,000**	**tbc**

5.33 In addition to the joint commissioning budget, Camden commissions and provides a wide range of services that contribute to the emotional wellbeing and mental health of children

and young people, from promotion, prevention and early identification to specialists, and acute activity. These services include:

- Community eating disorder service provided by the Royal Free Hospital (£268K)
- School nursing, Camden Healthy Schools Team, Educational Psychology and Children's Centres (approximately £1.5M of funding).
- SEN expenditure from Camden Council (£1.8M) on Education, Health and Care plans for children and young people with Social, Emotional, and Mental health and Autism Spectrum Disorders.
- Camden Council spends approximately £5.2M on in-borough maintained specialist education provision for children and young people with complex SEMH and ASD.
- Camden CCG and Camden Council jointly fund independent placements for children with complex SEMH and ASD, totalling an estimated £3.6M.

6. LIST OF STAKEHOLDERS CONSULTED

Organisation	**Name and role**
Brandon Centre	Dr Geoffrey Baruch Child, Adolescent and Adult Psychoanalyst
Camden & Islington NHS Foundation Trust	Dr Jeff Halperin Consultant Clinical Psychologist (not Child and Adolescent Psychiatrist) and Clinical Lead for Transitions and Minding the Gap for Camden and Islington NHS FT.
Tavistock & Portman	Dr Andy Wiener Consultant Child and Adolescent Psychiatrist and Associate Clinical Director, CAHMS services
Royal Free NHS Foundation Trust	Dr Mark Berelowitz Consultant Child and Adolescent Psychiatrist Service Lead – Intensive eating disorders service Ruth Ouzia Senior Nurse. Service manager – Intensive eating disorders Service
The Winch Youth Centre	Paul Perkins, CEO
The Hive	Kirsty Magahy Programme Manager
Parliament Hill School	Neera Dhagra, Wellbeing Project Manager. Parliament Hill School
Camden CCG	Dr Oliver Anglin (Camden GP and Camden CCG clinical lead for Children and Young People)
Camden CCG	Dr Martin Abbas (Camden GP and Camden CCG Governing Body lead for Children and Young People)
Camden CCG	Maggie McCutcheon CAMHS Commissioning Manager
Camden Council	Gill Morris Senior Health and Wellbeing and Cross Phase Adviser Camden School Improvement team
Camden Parent Advisory Board	A well-established group of parents who are consulted monthly on various health topics and deliver pieces of work. They also act as participation ambassadors attending local events to

	gather feedback.
Camden Youth Council	A group of young people aged 15 to 25 years who meet regularly to discuss issues, express views and contribute to the development of the local Camden community.
Elfrida Rathbone Camden	Group of students with learning disabilities attending a two hour lesson on PHSE.

7. REVIEW FINDINGS

7.1 The key aim of the review was to assess the level of provision against local need and to gather stakeholder's views on what was working well as well as areas of service provision which could be improved.

7.2 The key issues identified by the panel are summarised in Table 1, and described in more detail below.

Table 4: Summary of findings

Strengths	Suggested areas for improvement
Good levels of service provision and investment Strong joint commissioning arrangements between Camden Council and Camden CCG, including joint funding. Engagement with children and young people Minding the Gap initiative (to improve transition from CAMHS to adult mental health services) Increased focus on promotion of good mental health in schools Intensive Eating Disorders Service	Tackling stigma Communication and promotion of services Prevention and early intervention Knowledge and skills of staff in front line services (teachers, youth workers) and parents Access to out of hours support for children in crisis Information and data Needs of university students

STRENGTHS AND EXAMPLES OF INNOVATIVE PRACTICE

Level of service provision and investment

7.3 The panel found that the range of CAMHS provision in Camden is very comprehensive, with a group of providers working together to deliver a range of community CAMHS under the banner of *Open Minded*. A description of service provision with the different providers is provided in section 5.

7.4 The well-established joint commissioning arrangements which are in place between Camden Council and Camden CCG were mentioned as a strength in Camden, and all providers described the relationship with the Council and CCG as positive.

7.5 The Camden CAMHS Transformation Plan, which has now been in place for a year, has provided an opportunity for Camden Council and Camden CCG to assess the level of provision. It led to a reorganisation of services which included establishing a new team to improve the response to young people in mental health crisis. Eleven local priority schemes were identified to improve the local service offer and ensure greater integration of services across providers, which cover a broad range of areas from prevention and early intervention to provision of specialist care.

7.6 The recently submitted refreshed plan shows Camden has made good progress since the additional CAMHS Transformation funding was first allocated in November 2015, with all the local priority schemes having been implemented to some degree.

7.7 A recent review of CAMHS Transformation Plans in England[8] found that Camden was one of the few plans to be rated 'good' overall in terms of quality against a number of criteria such as transparency, ambition, involvement of children and young people, early intervention, and governance (out of the 122 plans published nationally, only 18 (15%) were rated 'good'). Camden's plan was one of only 6 plans out of the 122 that were rated 'good' against each of the different elements listed above.

7.8 The additional funding made available through the Transformation Plan Fund has enabled services to increase their capacity, and referral data shows the number of children and young people accessing services has been increasing from 1220 in 14/15 to currently estimated 2043 by end of 2016/17. The current target is to increase the number of young people accessing CAMHS by 4% per year over the next five years (which would represent an increase of 16% by 2021). Waiting times are also improving. The current target from referral to treatment is 8 weeks. Current performance data shows Camden is already moving towards an average waiting list of 6 weeks. The data shows that about 90% of children and young people referred are seen at least once.

7.9 The joint CCG/ Council CAMHS commissioning budget for 2015/16 is approximately £7,4M. A full breakdown of the investment is provided in Appendix 1. Although the CAMHS budget is not ring-fenced, there is a joint commitment from Camden CCG and the Council in combining and maintaining resources for provision of mental health services for children and young people and most of the stakeholders consulted for the review acknowledged the level of investment in CAMHS is very good compared to most other areas.

7.10 In a recent analysis by the Royal College of Psychiatrists to benchmark planned CAMHS spend by region (5 year forward view), Camden was the 4th CCG (out of 209 CCGs in England) with the highest spend per head on child and adolescent mental health services, with £121 per child.[9] It was the London CCG with the highest planned spend. The analysis showed that 25 CCGs in England have planned to spend less than £25 per head on CAMHS in the next five years, with some areas spending as little as £2 per head.

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[8] Education Policy Institute, 2016. Progress and challenges in the transformation of children and young people's mental health care. Available at: http://epi.org.uk/report/progress-challenges-in-transformation-of-young-peoples-mental-health/

[9] *Royal College of Psychiatrists analysis of Mental Health Five Year Forward View Dashboard, October 2016* *http://www.rcpsych.ac.uk/usefulresources/camhsspendinginyourregion.aspx*

7.11 The panel heard that the additional funding which has come with the CAMHS Transformation Plans has been welcomed by providers. Although some of the stakeholders interviewed acknowledged that the plans have come with increased reporting requirements and bureaucracy, others mentioned this has actually helped them think in a more structured way about their impact on outcomes and to 'keep them on their toes' in terms of monitoring the service and evaluating its impact.

Engagement with children and young people

7.12 The extent to which Camden engages with young people and parents to obtain their views on mental health and mental health services was also mentioned as something that Camden does well. Extensive consultation and participation with young people underpins and guides CAMHS commissioning and service delivery in Camden.

7.13 One example is the *Real Talk* event which took place in October 2016. This was a debate event for young people aged 14-21 focused on mental health, attended by 60 young people. The aim was to give young people a forum to express and challenge views/misconceptions on issues important to them in a safe environment; to find innovative ways for young people to become better informed about issues that affect/may affect them and to enable local young people to have a say in future service design/development.

7.14 *Takeover Challenge* is a national event led by the Children's Commissioner for England. It offers children and young people the chance to work with adults and get involved in decision-making. Camden's *Takeover Challenge* took place in November 2016, with a strong focus on mental health. The event allowed young people to explore issues regarding their involvement in mental health services, improving mental health education and challenging stereotypes.

7.15 There are other regular mechanisms used to keep young people engaged on mental health, such as The Tavistock *Pizza and Chat* group, which offers a creative space which allows young people to bring up ideas and thoughts in relation to mental health and potential service developments. The group meets monthly and has a membership of 54 young people and parents.

7.16 Commissioners are now planning to formalise structures for involving young people in commissioning and service re-design. This will continue the strong tradition of involvement of children and young people in Camden.

Minding the Gap

7.17 *Minding the Gap* is a three year project, jointly commissioned by Camden Council and Camden CCG, which aims to improve the mental health of vulnerable young people, aged 16 years to 24 years old and support their transition to adulthood.

7.18 The project was set up to address the issue of poor transition rates from CAMHS into adult services (out of 17% of young people who are recommended for transition into adult services, only 3% would make it), as well to increase provision to better meet the high levels of mental health need in young people in the borough. Transitioning into adult services from CAMHS when a young person reaches 18 is difficult as the services experience is very different. Some young people describe it as 'falling off a cliff'. There is a high risk these young people will fall through gaps in the system at this stage.

7.19 *Minding the Gap* has had a high profile and generated interest in national publications and bodies with visits from Sir Norman Lamb, among other politicians. It has also been the subject of recent presentations to the Commissioning Academy and the Cabinet Office. There are three key elements of *Minding the Gap*: The Hive, the Transitions Team and the provision of increased psychotherapy at the Brandon Centre, which are described in more detail below.

7.20 **The Hive** is an imaginative youth base, co-designed by young people, from which a team of eight workers engage with hard to reach young people across the borough. It provides holistic support offer including substance misuse, a sexual health clinic, employment advice and activities including yoga, gardening and cooking. Numbers accessing the services have been increasing, with 160 visits in January 2016 to 258 in November 2016. In November 2016, 60 young people had one to one case support from the Axis team compared to 33 in January 2016. Between April and October 2016 there were a total of 1058 visits to The Hive[10]. The Hive workers also provide outreach work in schools.

7.21 **The Transitions Team** consists of eight transitions champions, appointed by Camden & Islington Mental Health Trust (CANDI) in adult mental health services, to work with young people to improve transition from CAMHS into adult services. A young people's board has developed a transitions protocol and training programme for CAMHS workers.

7.22 There are fortnightly multi-agency case transitions meetings to improve the transition rates to adult services. These are attended by a wide range of professionals including those from adult mental health services, CAMHS, the learning disability service, and the substance misuse service. At the meetings the team discusses cases of young people who are struggling to engage with services and those for whom transition has failed. A multi-agency plan focused on the young person's needs is agreed at the meeting and implemented. The 'no-bounce' policy has ensured that services demonstrate a level of flexibility in order to support the most vulnerable young people from falling through the gaps. The care offered is tailored to what the young person needs, rather than just offering a rigid 'off the shelf' package of care.

7.23 The *Minding the Gap* team have developed a training programme for CAMHS workers, which will be delivered this spring, and have implemented a 'transition champions' initiative which consists of clinicians in adult services promoting the need of young people within their services. Prior to *Minding the Gap* the transition rate from CAMHS to adult mental health services was 3% for the most complex cases. In quarter 2 of this year, 84% of the 26 complex cases discussed at the case meeting made a successful transition.

7.24 The panel heard the service has involved a group of young people to develop a local protocol for transition from CAMHS into adult services. Some of the suggestions so far from young people are that they would like the transition to start earlier at age 17, rather than 18, and have one year of parallel care with CAMHS and adult services. This would mean that when they reach 18 there is not a feeling of 'falling off a cliff edge'. The service is also developing a young person's 'passport' for when they transition. This will not be about the young person's medical treatment and therapy, but more focused on them as a person, on their identity, life interests and goals.

[10] For a comprehensive list of Youth Centres in Camden visit http://www.camden.gov.uk/ccm/content/contacts/non-council-contacts/contact-camden-youth-clubs.en

7.25 As part of *Minding the Gap*, the Brandon Centre[11], a voluntary sector organisation, has received additional resources to increase their capacity, in order to enable them to meet the increasing numbers of young people with mental health needs who do not reach the threshold for adult mental health services, particularly from the Camden university student population. In 2012/13, prior to *Minding the Gap,* 166 young people were seen at the Brandon Centre. In 2015/16 this increased to 269 and this figure will be exceeded in 2016/17. The centre has extended their opening hours and reduced waiting times from 9.4 weeks in 2015/16 to 7.5 weeks in the first half of 2016/17.

7.26 *Minding the Gap* was highlighted by stakeholders as an example of innovative service provision in Camden, particularly in the way it is improving the transition between CAMHS and adult mental health services. Traditionally this has been a weak area in mental health service planning (not only in Camden but in England in general), with many young people falling through the net when they reach 18 and CAMHS support stops. Clinicians and commissioners acknowledged that Camden is 'ahead of the game' in this area, and *Minding the Gap* was mentioned as a very good initiative and something that Camden should be congratulated on.

7.27 *Minding the Gap* was not only mentioned as an example of good transition management but of also multi-disciplinary work between different services and providers, particularly between children and adult mental health services, two services which have traditionally not understood each other well. The aim is that CAMHS professionals are more aware of what will happen to young people when they move to adult services and can better prepare young people before they transition; and on the other hand adult services staff have a better understanding about the young people's needs.

7.28 Some of the stakeholders interviewed expressed concerns about future funding for this project, given the cuts to CCG and Council budgets. The project was initially funded for a period of three years, with funding coming to an end in March 2018. In 2017 /18, the project will be evaluated for its impact on improving clinical outcomes, reducing the number of young people seeking help at crisis point, improved user experience, and system efficiency. Recommendations on whether or not the current service provision and funding will continue will follow from the results of the evaluation.

Mental health promotion in schools

7.29 As a consequence of the transformation plan, there is an increased focus now in Camden on improving mental health promotion in schools, and this is now one of the local priority schemes in the CAMHS transformation plan. Although work in this area is still in early stages, the local ambition is to develop a comprehensive programme of mental health promotion activities in schools, to better promote emotional resilience in pupils.

7.30 Camden Council's Health and Wellbeing Team (within their school improvement team) is responsible for driving forward this programme of work by working with schools to help them develop whole school approaches to health and wellbeing. Though traditionally the team has focused on the promotion of healthy eating and physical activity, it has now an increased focus on supporting schools to develop mental health promotion and resilience

7.31 Last year, a Mental Health in Schools Working Group was established, with responsibility for developing and embedding a comprehensive and coordinated mental health promotion

[11] For more information of the work of the Brandon Centre, please see Appendix 1, notes of interview with Dr Geoffrey Baruch, director of The Brandon Centre.

offer across all schools, as well as provision of targeted work and interventions. The group includes representatives from most Camden schools (the aim is to have a representative from each school). One of the first tasks of the group has been to develop a mental health and wellbeing policy for schools which was introduced in January 2017 (see Appendix 2 for a copy of the policy), and to ensure each school has a named Mental Health Lead.

7.32 The panel heard that there is currently no comprehensive understanding of what each school in Camden is doing to address the mental health needs of children. Personal, Social and Health Education (PSHE) - the subject where mental health promotion and resilience would be covered - is not a compulsory part of the curriculum and it is up to the school to decide how much focus to put into it, meaning there is no minimum requirement on what a school should be doing to promote and ensure the mental health and wellbeing of its pupils. The Health and Wellbeing Team, as part of the Healthy School Award, asks schools whether they are teaching about mental health and wellbeing, and most schools' answer is 'yes', but it is unclear to what extent they are teaching it or the specific contents of what's being taught.

7.33 However, as part of the local priority scheme there are now planned activities which will help gain a better understanding of what schools are doing in this area, for example with the introduction of the Mental Health & Resilience in Schools (MHARS) framework, which started to be implemented in December 2016 .The MHARS framework sets out seven components of school practice and ethos that the school should implement to effectively develop resilience, promote positive mental health, and support children at risk of, or experiencing, mental health problems. Schools will be assessing themselves against the components to see how well they are doing. The aim will be then to choose two or three areas where they are not doing very well and support schools to focus on improving those.

7.34 In addition, the new Ofsted inspection framework (released in September 2016) now includes references to students' emotional and mental health and reference to the essential components of mental wellbeing such as confidence, self-efficacy, self-discipline, communication skills and positive mind-set and attitude. Schools now need to meet certain criteria related to these in order to be graded 'good' or 'outstanding'. This is intended to help Camden's efforts to ensure that schools place more importance on promoting the mental wellbeing and resilience of their pupils.

7.35 The review panel heard about another interesting initiative - to use additional investment from public health to introduce a one-off small grant for schools to help them develop interventions and activities on mental health and resilience, with a focus on prevention and promotion. Schools were asked to submit ideas as part of their application for the grant, with details of how they would use the money and how they would evaluate impact. Nineteen schools were successful in obtaining the grant (12 primaries, 4 secondary and 3 special schools). For example, one school used the grant money to carry out an assessment of children's mental health through 'sociograms' (asking the children to draw pictures of the class and their interaction with other pupils). Through this exercise the school identified a group of children who were at risk of social isolation and needed extra support, and will be running a 20 week programme to support these children. All the projects will be evaluated during 2017 with those which are able to show good outcomes shared as best practice across all schools in Camden.

7.36 There are examples of innovative technologies being piloted in schools, for example, a scheme called *Take Ten* which aims to assist children and young people to self-regulate stress responses. The programme has demonstrated elsewhere improved outcomes for

children in moderating behavioural responses, especially for those with Autism Spectrum Disorders and ADHD.

7.37 The panel learned specifically about provision in Parliament Hill School, which was mentioned as an example of good practice in Camden. More details are provided below.

Parliament Hill School.

7.38 Parliament Hill School is a local authority maintained girls secondary and mixed sixth form school located in Camden. It has approximately 1,200 pupils from Year 7 to the sixth form.

7.39 The school is a good example of a comprehensive level of provision of mental health support for its pupils. The school employs a Wellbeing Manager, with a role in building resilience and promoting mental health wellbeing, as well as supporting pupils with low level mental health needs. The Wellbeing Manager also supervises four trainee therapists. This arrangement works well because the trainees' time is free (although they do require supervision by the wellbeing manager), and they provide a wide range of support for pupils, such as creative therapy sessions. The Wellbeing Manager and the trainees work as part of a wider school inclusion team which comprises pastoral care staff, a CAMHS link worker, special educational needs teachers, and a drugs and alcohol service advisor amongst others.

7.40 The Wellbeing Manager has a dedicated room in the school where she offers drop-in sessions for pupils to provide advice and support with low level mental health issues, such as stress and anxiety. These are children with issues which would not meet the criteria for full CAMHS intervention, and therefore it is a good example of how low level problems can be supported in community settings before they escalate and need more intensive high cost interventions. There are also specific group sessions for pupils who are vulnerable or socially withdrawn. The school offers referral to CAMHS when appropriate, as well as longer-term support for young people after they have been discharged from CAMHS.

7.41 The school has a 'whole school' approach to mental health promotion and resilience, and it offers sessions in school assemblies about issues such as coping with anxiety and stress. The school is currently testing and evaluating new approaches such as MYRIAD mindfulness sessions and *Take Ten*.

7.42 One of the positive outcomes of having mental health promotion and support embedded in the school in such a way is that the stigma associated with mental health is reduced; young people see talking about mental health as part of normal day to day life. The service is seen as universal, children can just drop in during lunch time or after school The school is working with the Research Outcomes Consortium and the Anna Freud Centre to evaluation the impact of the interventions on young people's wellbeing

Camden Intensive Eating Disorders Service (EDIS)

7.43 The Eating Disorders Service in Camden provided by the Royal Free Hospital was also mentioned as an example of good practice. The EDIS is an innovative and highly specialised service which combines intensive community-based interventions with structured admissions to a dedicated area of the paediatric ward in order to manage complex eating disorder cases locally without the need for Tier 4 admission. It is provided across north central London. The service treated 33 Camden children with eating disorders in 2015/16.

7.44 The service is focused on looking after the young person in the community wherever possible and on avoiding unnecessary admissions. They provide an outreach meal support service, where EDIS staff will work with the young people in their home, in school or in other places in the community. The service currently has some of the lowest inpatient admissions in the country and has been recognised by the Royal College of Psychiatrists as a model to follow.

GAPS/ AREAS FOR IMPROVEMENT

7.45 As well as examples of good and innovative practice, the review panel also identified a number of areas where more work is needed. These are summarised below.

Tackling stigma

7.46 Stigma associated to having mental health issues was raised as an important issue by young people, parents and clinicians, and something that can be a barrier to access services:

'In some cultures, when you mention the work 'mental' they do not want to know. There is big stigma attached to it. (Parent's Advisory Group)

'The main issue with parents is about children being 'labelled' as having a mental health problem. They have a big issue with that and that can be a barrier to seeking treatment. There is a lot of stigma attached to mental health' (health and wellbeing manger)

7.47 Young people told the panel that more efforts should be made to remove any stigma associated with mental health conditions. The group commented that it is often quite hard for people to admit they have a problem to themselves, before they even admit it to other people. People are also afraid to be labelled as depressive or unwell. Because of the stigma attached to mental health, young people said they prefer talking to 'learning mentors' or people external to the school such as youth workers, rather than being sent to a counsellor and everybody knowing about it.

Communication and promotion of services

7.48 Young people and parents told the panel they did not always know where to find information about what support services are available for mental health and how to access them. This is reflected in the low number of self-referrals received by the Tavistock. Most of the referrals they receive come from GPs, who seem to be the main first point of contact for people when they need help.

7.49 Health professionals were much more aware of the range of provision, and some mentioned that the fact that there was now a single point of access (called CAMHS Joint Intake) at the Tavistock had made referrals for front line professionals such as GPs much easier. The Joint Intake service means that even though there are several providers and services for children's mental health, front line workers do not need to be aware of each single service and how to refer.

7.50 Young people said that if they had an issue which was bothering them, the first people they would tend to speak to would be their parents, a friend they can trust, or a youth worker if there was one in the school. Parents said they were not sure what to do if their child was experiencing a mental health problem, nor what support was available, nor what to do next.

'There is an issue about people in general not understanding what networks of support are there… it is unclear whether young people in Camden know what support is available' (Parent's Advisory Group).

'Most people are unaware of the services. Camden offers lots of services but people don't know what these are' (Young person)

7.51 Although there is information on the different providers' websites and the Tavistock website has some information about the service, there does not seem to be a local user-friendly website or point of information which describes Camden's comprehensive mental health offer. There are different providers for children mental health services offering different services, and this can make things confusing for parents and young people.

7.52 The need to do more work to promote what's available and communicate it to young people and parents was also recognised by commissioners and clinicians. Although a recent review of how young people access digital information found that young people tend to prefer national websites when seeking information on health and wellbeing, the findings from this review suggest there is also the need for more accessible, user friendly information about the local offer and how to access it, and about what users can expect from the services.

'Camden CAMHS need to improve how they communicate with young people about services. Young people have said they do not always know where to go. It appears that we need information on what services are available, including for professionals and for parents. Information could be provided through websites and through leaflets' (Commissioner)

'The single point of access is a great development but we could do more about parents knowing about what services are available' (clinician)

Prevention and early intervention

7.53 Almost all stakeholders mentioned the importance of prevention and early intervention. Early intervention services make a crucial contribution to preventing mental health problems, providing timely support to children and young people before mental health problems become entrenched and increase in severity. They also play an important part in preventing, where possible, the need to admission to inpatient services.

'In general, we need to do things early. It's odd that funding is much bigger further up the age range, when problems have already developed. If you can get to young people in their teens rather than 20s or 30s the chance of success is much higher' (clinician)

7.54 The panel heard that although there are already good things happening in Camden in terms of early intervention, the bulk of investment seems to be spent on treatment rather than prevention. CAMHS services are focused on treating problems once they have developed, and more needs to be done to tackle issues before they reach that stage. The need for more consistent outreach services to pick up children with mental health issues but who do not meet the threshold for CAMHS was highlighted as a gap.

'Before somebody gets referred to a [CAMHS] service things have been brewing for months and may be this is where early intervention would have helped and prevented the issue from getting worse' (clinician)

'Overall about 13% of CYP in Camden have a diagnosable MH problem. And if you look at the numbers that come through CAMHS it indicates that only about 25% of these 13% are seen by CAMHS. So we are missing a lot. We are trying to increase this to 35%, but this would still leave a gap' (Clinician)

7.55 There was recognition that schools in Camden are playing an important part in the prevention and outreach offer. The well-established CAMHS in school link programme is a good example of outreach provision, with each school in Camden being provided with a named CAMHS practitioner. The practitioner provides direct support to children within the school, including clinical observation, child and family assessment and referral to other services when appropriate, as well as training for school staff.

7.56 In terms of the extent to which children and young people are taught about mental health in schools, the panel received varied responses, with some children saying their school does not teach about it formally at all. A few children said they were taught about mental health in Year 9, and they thought that was too late.

7.57 Regarding the content of what they are being taught, children and young people told the panel that they are taught about the 'mental health extremes' in school, for example what happens if you are in crisis or have a breakdown or are affected by suicide. Young people said they find it difficult to relate to these unless they have had the distressing experience of experiencing these in their lives. The young people felt they are not taught about the 'low-level' mental health issues that cause daily anxieties and pressure, and how to cope with these on a more routine basis (or how to help a friend who is experiencing these). They said they wanted to be taught about how to cope with stress and time management.

7.58 Parents also told the panel that mental health issues should be addressed from an early age, at primary school or even in nursery, because of the potential negative impact it has on a child's self-esteem in the longer term, and to make sure children are better prepared to deal with the pressures when they reach secondary school.

7.59 Youth centres such as The Hive[12] and The Winch[13] are another important part of the outreach early intervention offer, picking up young people through their walk in services before they reach the threshold for CAMHS intervention. However, the Winch, for example, told us that they have tried to do more outreach work in schools but they have not had success in engaging the schools. The Brandon Centre is also able to offer some programmes while young people are on the waiting list for therapy. However, as mentioned before, financial pressures on health budgets mean long-term funding for some of these services is not guaranteed.

Knowledge and skills of staff in front line services (teachers, youth workers) and parents

7.60 Preventative action also needs to involve people being able to spot the signs of mental health problems at an early stage and know what to do to help the young person. Some stakeholders pointed out that teachers lack the necessary knowledge and confidence to teach about mental health and do not necessarily know what to do if a young person approaches them with a mental health problem.

[12] For more information about the Hive, please see Appendix 2, notes from interview with Kirsty Maghani.
[13] For more information about the Winch please see Appendix 2, notes of interview with Paul Perkins, CEO of The Winch Youth Club.

'It would be good to have more awareness in schools for teachers to feel empowered about talking about mental health and to support more services which allow people to get help earlier' (Clinician)

7.61 Young people told the panel that teachers need help recognising whether a child 'is going through something':

'If there's a child who is very quiet, or misbehaving, they normally take this as negative. They say 'you are not concentrating; you are not contributing anything'. But it could be because the child has problems, and is sad' (Young person)

7.62 Camden is already trying to address some of this gap by rolling out Mental Health First Aid Training to all schools in Camden. The aim is for at least one member of staff from each school (ideally the Mental Health Lead) to be trained. There will be 20 courses offered between January and July 2017. One clinician told the panel that it would be good if teachers could be trained to recognise children with 'low mood' as a potential initial sign of mental health problems.

7.63 Lack of knowledge and confidence about tackling mental health problems was not only limited to teachers, but it was mentioned as something that would benefit a wider range of professionals who work with young people on a regular basis, such as youth workers, social workers, and housing officers. It is unclear to what extent this is happening in Camden.

'Training front line workers, teachers, social workers and youth workers [would really help]. They should know how to best approach children with care and concern, even when it is an issue on the mild end of the spectrum'. (Parents Advisory Group)

'Training would be a good idea. We need to realise a lot of staff members such as teachers, and learning mentors, could be better trained and supported. These members of staff are working with vulnerable children and they need support'

7.64 Parents themselves also told us they would welcome training about mental health so that they are able to better recognise symptoms earlier on and are better able to support their children. Some of the services already run courses for parents on specific issues. For example, the Brandon Centre runs courses for parents of children with ASD, and the Royal Free Hospital has also run courses for parents of children with eating disorders. But this training is not necessarily well publicised so parents may not be aware of it.

'There needs to be more training for parents, on awareness of children's mood and that if a child seems down, the parent needs to talk to them'. (Parents Advisory Group).

7.65 The Parents Advisory Group told the panel that some parents in the group have been trained and to go and speak to other parents about sexual and relationship education. This was mentioned as a good model of parent-to-parent education, which could be extended to cover mental health.

Access to out of hours support for children in crisis

7.66 A gap in service provision mentioned by stakeholders was the lack of access to a rapid response community based service for children and young people presenting with a mental health crisis. Waiting lists to access CAMHS services are on average five and a half weeks, and the Tavistock CAMHS team does not provide a 24/7 service. This means that children experiencing a mental health crisis will turn up in A&E departments.

7.67 The panel was told about a recent audit carried out by the Royal Free Hospital on A&E attendances among children due to mental health issues, which showed that approximately 50% of these children were already known to CAMHS services and many of them were on the waiting list for their first appointment. Most of the attendances were for children who were having suicidal thoughts, and hospital admission was not needed. Ideally, they would need to talk to a CAMHS professional rather than attend A&E.

7.68 Clinicians mentioned that the current system, where the only out of hours provision is through A&E, is not sustainable and that an additional crisis service is needed to complement current provision. NICE guidelines state that a child who is in crisis should be seen within one hour. This has already been identified as a gap in the CAMHS transformation plan, and there is a group of clinicians and commissioners working on the model of provision for Camden.

Information and data

7.69 Several stakeholders raised the issue of lack of data and information sharing between different services and providers. This stems primarily from the fact that there are several providers for different services, each using their own records system. Systems are not interoperable so it is difficult to access records from other providers. This includes, for example, accessing patient records in out of hours services. The issue of lack of inter-operability between the different systems goes beyond mental health services and local services, and it is difficult to resolve.

7.70 The panel heard there is also an issue with the quality of the data received from providers, particularly on quality and performance of services. Although this has improved due to national reporting requirements, Commissioners are continuing to work with providers to improve data recording and reporting. More work needs to be done to improve the quality of the data an on measuring the impact of commissioned services on mental health outcomes.

7.71 Through gathering information on mental health needs in Camden, the panel found that data on the local prevalence of specific mental health disorders is not available, particularly for those conditions which are less common. The national prevalence for mental health disorders in children is 10%, and Camden has been able to adjust that estimate to local need (taking into account housing tenure), which gives a local prevalence estimate of 13%. However, as shown in Section 5 (Table 1), other than for the three most common disorders (conduct disorders, emotional disorders and hyperkinetic disorders), there are no local prevalence estimates for the less common disorders (ADHD, psychotic disorders, and ASD).

Mental health support for Camden's university student population

7.72 The review panel was also keen to look at the mental health needs of university students in Camden and their reliance on Camden's mental health services, including the *Minding the Gap* programme.

7.73 Camden is home to a large part of the University of London, including University College London, SOAS, the Institute of Education, and the Royal Veterinary College. The tertiary education in the borough has approximately 45,000 students in total and further increases are planned in the coming years.

7.74 In recent years, widening participation policies adopted by higher education institutions mean the proportion of students from a range of socio-economic backgrounds, students with learning disabilities and mental health problems has increased. These students are likely to face greater adjustment issues when settling into university life and may need extra pastoral care support. In Camden, during the 2014-15 academic year six students tragically took their own life at UCL and a further three in the 2015-16 academic year. Nationally, deaths among full-time students aged 18 plus have been increasing, from 100 in 2013 to 130 in 2014. Most of these deaths (n=97) were in males.

7.75 The panel heard from some of the stakeholders consulted that there are increasing pressures on local services from students at University College London (UCL). *Minding the Gap* received extra funding to help meet the needs of these students, but there is a view among clinicians and borough councillors that the universities should be doing more in terms of pastoral care provision and mental health support for their students, or contributing to the funding of local services. For example, between April and September 2016, approximately 33% of people seen at the Brandon Centre, were UCL students. The local IAPT service (for adults with common mild to moderate mental health problems such as depression and anxiety) has also seen a large increase in referrals from the GP practices where students are registered. This is an area for further investigation and action.

8. RECOMMENDATIONS

TACKLING STIGMA

1. To develop a mental health peer-education and engagement programme, where young people will deliver awareness raising workshops about mental health and substance misuse to their peers, together with learning how to look out for each other.

2. To upskill youth workers and older young people to become mentors and help deliver structured mentoring to younger adolescents in a variety of settings, including outreach.

COMMUNICATION AND PROMOTION OF SERVICES

3. To develop and publish accessible and comprehensive information about mental health services available in Camden, about what good mental health is, how to identify problems, and where to get help. This information should be in a format that easy to understand for young people, parents and families. We recommend that a web page is developed containing up to date information and links to the main Council website. All information should be reviewed and updated on a regular basis.

4. To review the new school mental health policy after one school year, and successful messages or practices should be published in a short booklet, ideally co-created with parents, schools and governors.

5. To ensure that the word leading expertise we have in Camden is harnessed by the different experts providing accessible learning programmes, for example, hosting seminars and posting videos of these on Camden's mental health webpage.

IMPROVING PREVENTION AND EARLY INTERVENTION

6. To review current outreach programmes in the community, in order to explore ways of increasing the availability of therapeutic provision in a wider range of outreach settings,

and to ensure successful practices are shared and adopted across the borough to reach more young people.

7. To carry out further work to coordinate the outreach work that youth groups, such as The Winch and Fitzrovia Youth Action, do in schools or in the community, and to help other groups develop a community-based drop-in service, as well as making more use of the facilities at the Hive.

8. To develop young people as peer supporters to enable them to support friends and direct them to further sources of help if required. Peer supporters will be mentored and supported closely themselves to mitigate risk for both supporters and their peers.

9. To review the implementation and uptake of the Mental Health and Resilience in Schools (MAHRS) framework after one year, and evaluate its impact on effectively developing resilience, promoting mental health and support children at risk of, or experiencing, mental health problems.

10. To ensure that best practice guidance identified through the review of how schools have adapted the Mental Health in Schools Policy is shared with all schools.

11. To explore conducting an audit of how all Camden schools are delivering the mental health and wellbeing content included in PSHE, ensuring this is further developed, and that the resources that are available to PSHE Leads are effectively utilised.

KNOWLEDGE AND SKILLS OF FRONT LINE STAFF

12. To carry out a regular audit of who has undertaken training to recognise mental and emotional difficulties as early as possible (for example the Mental Health First Aid training programme), focusing on youth workers, youth offending service staff, housing officers, teachers, as well as early years and social workers. Further targeted work should be focused on engaging those groups where the audit shows there is low uptake.

ACCESS TO OUT OF HOURS AND CRISIS

13. To design and commission, in partnership with clinicians, young people and their families, an out of hours service in the community where children, young people and their families can get help when they are in a crisis, so that young people only have to attend A&E Departments when absolutely necessary.

EATING DISORDERS

14. To consider running regular (at least annual) information programmes for parents to help them watch for signs of eating disorders, learn preventative actions and responses they can use at home, and help them talk to young people about attitudes or damaging new trends towards food.

15. To develop more opportunities for young people to understand more fully the dangers of eating disorders, how to recognise early signs and behaviours, and where and how to get help.

16. To consider engaging external voluntary and charity sector partners on a campaign and to speak in our schools about the most up to date technology, in response to young

people reporting that striving for a 'perfect' body image and their use of social media creates serious pressures on their mental health.

LIST OF APPENDICES

APPENDIX 1

Camden CSF Mental Health Review 2016/2017

NOTES FROM STAKEHOLDER'S INTERVIEWS

Dr Geoffrey Baruch
Interview on 14th December 2016

Dr Baruch is the Director of the Brandon Centre, Kentish Town and integral to Camden's *Minding the Gap* programme.

1. Dr Baruch helpfully gave us a brief history of the Brandon Centre to explain the role he and the Centre plays in mental services in LB Camden.

The Brandon Centre is a voluntary organisation which has been based in Kentish Town for 48 years. It started as a contraceptive and sexual health service. Young women at the time had no space to talk about emotional issues and the lack of this provision triggered the centre to be set up.

Shortly after, the Centre recognised that other issues kept arising, for example young people presenting to the centre with mental health problems. The service responded to this by expanding to cover more areas and not just sexual health. There have only been three directors in all of its 48 years, which shows attached people are to the Centre (Dr Baruch has been a Director for 24 years). This stability means there has been steady management and secure growth.

On the mental health side, the Centre had very little funding from Camden Council until a few years ago. Most of the mental health work was supported by charity grants. In 1997 more funding for CAHMS became available and the Centre became more part of the general mix of mental health provision for young people in Camden.

A range of services including psychotherapy and counselling services is provided for young people aged 12-24 years but primarily the Centre sees 16-24 year olds (NB: the range of 12-24 is because this has been the age range for sexual health services).
One of the main reasons the service exists is because young people fall into a gap once they reached 18 years old. That was one of the big motivators for the mental health side of provision in the centre to be set up.

A further impetus in the development of the service was the *Minding the Gap* project from Camden. Before that, there could be a waiting list of up to 150 young people, mainly young people 18 years and older, waiting for the Centre's service. It was recognised that these people were not being well served by local adult mental health services and change was needed. The *Minding the Gap* initiative which includes significant input received from commissioning and tendering processes has made an enormous difference in Camden mental health provision for young adults and young people transitioning from CAMHS to adult services. It has also allowed the Centre to expand provision significantly for this age range.

The Centre receives many self-referrals which is an indicator of self-motivation for engagement .

The waiting time has now gone down. There are approximately 90 young people on the waiting list. The waiting time is about seven weeks. Young people are referred via their GP and from i-Cope and Camden and Islington Health, so they have had some sort of provision and attention. In that context the waiting time of seven weeks is considered manageable.

2. With reference to referrals, we asked how these are made and how the Brandon Centre communicates services to young people.

The Brandon Centre is extremely well known, largely because it has been around for a long time. Young people also know about the Centre through contraception services and the sexual health side. A lot of outreach work in schools and you hubs via our sexual health service allows us also to publicise our counselling and psychotherapy service. We are well known by Camden GPs who directly refer and by mental health services in Camden e.g. Open Minded (we are part of Camden Joint Intake), Camden ICope, Camden and Islington NHS Foundation Trust Psychological Services.

We are well known by youth service in Camden and key workers with the supported accommodation pathway from where referrals are made.

3. We discussed what Dr Baruch feels works well in the existing services.

Accessibility to the Centre is free of barriers. Young people can access the service by phone or by dropping-in, as well as being referred.

All the services are very accessible and it means that young people come back. In an age where there are lots of things happening in life, young people may attend one time on a single issue; overcome the problem with help, then at another stage perhaps a few years later when they are struggling with other issues they may return. The Centre recognises that it is a very big step for a young person to decide they want to access psychological therapy. Young men tend to find it more difficult to acknowledge that they have problems and so refer less than young women.

It works well that the Centre specialises in working with teenagers and young adults. The staff has specific expertise working with this group, understanding what the needs and issues are and are flexible in meeting their needs. We have a highly skilled workforce. The Centre staff realise that it is the quality of the relationship that they develop with the young person is what really counts. Having an interest to work with the age group, relating well and building an alliance takes treatment 50% of the way there with a young person.

4. With a view to assisting our recommendations in the report, we asked what pressures are found on the services for young adults.

Most pressures are about assessing and managing risk.

Funding is a problem in this regard; specifically for psychiatrist support. For under 18s this is not so much an issue, as there is a wide network for specialist psychiatric support. However, it is more difficult to ensure that young adults at risk get the support they need.

The funding issue is better than it was as adult services are part of ‘Minding the Gap’ and all are now more aware of the needs of young adults. The crisis teams are available for at risk over 18 year olds, but they are under enormous pressure. It is hoped that this gap will be narrowed more with the *Minding the Gap* provision. *Minding the Gap* has been a fantastic initiative. Camden should be congratulated on this.

5. Are there any areas that Camden could improve in relation to mental health services?

There is no funding at the Centre for a psychiatrist, which would be very expensive. As noted, *Minding the Gap* will hopefully find solutions for this type of support for young people referred to the Brandon Centre who may also require psychiatric oversight.

Services have previously seen their population as one, as if there was no difference between an 18 year old and a 40 year old. *Minding the Gap* has changed this and all efforts must be made to continue the progress.

The Centre would like to run more psychotherapy groups and is considering a number of options.

6. We are keen to learn what it is like dealing with Camden Council, how they compare to other boroughs and whether there are practices elsewhere that we should consider adopting. We asked Dr Baruch about this.

The Brandon Centre has always been linked with Camden Council. Originally a department within the Council which oversaw the voluntary sector was the contact and this has changed over the years. It is a positive relationship and the Centre has good relationships with the commissioners and Council. The Centre never feels ignored and there is always somebody to talk to if necessary.

The Centre runs other programmes. For example, there is a parent training programme for challenging teenagers which the Centre funds from charitable trust funding and a programme for parents of children who are 5-12 years old and diagnosed with ADHD that Camden funds. The latter programme was run successfully for a few years and then funding ran out. Sarah Brown, who was the commissioner before going on maternity leave, was able to find CAHMS transformation funding for the ADHD programme to continue which is well attended with three groups of up to ten parents per annum. This is an example of the commissioners listening and working with the Centre.

One of the things the Centre wants to develop is a preventative mental health programme to focus on resilience, rather than just treatment. This takes a lot of planning but would build on other specific projects we offer, such as around photography. The Centre has a Young People's Ambassador scheme which offers young people who use services the opportunity to get involved with the Centre and learn useful skills which are an asset on their CV.
Young people who are on the waiting list for assessment or treatment could access projects or join such schemes while they are waiting. These extras are very strengthening for them and it is something that we could work with the council to extend support.
With *Minding the Gap*, Camden is definitely in the lead. Hopefully over time we will be able to publicise what is happening and the results to a wider audience.

7. One of the things we have picked up during this review is that there is large student population in Camden that is putting pressure on mental health services. Dr Baruch clarified the impact on the Brandon Centre.

There is definitely an additional pressure, especially from UCL students and the Veterinary College. The CCG expect the Centre to work with UCL students, who have about 40,000 students on their books. The universities offer students psychological services and pastoral care, which appear to be under resourced.

8. Should universities be funding mental health services for their students and should we be making a case for this? Or could we provide training for their in-house staff?

It is not an issue with the quality of services provided by the universities and educational colleges, rather the amount of resource they allocate to their services is not enough. The Brandon Centre will need additional funding to continue supporting the university students. It would be sensible if the universities assisted with funding for *Minding the Gap*.

9. What is the government doing well and what could they do better?

One thing they have done well is the CAHMS transformation programme and transformation funding is positive.

The relationship between the CCG and the council in this area works very well. We always talk about joined up working,but this joint relationship has actually become a reality in Camden and could be a model for improving further joined up working between child and adolescent mental health services, adult mental health services, and other sectors, e.g. education, social care, youth offending.

Attendance:

Cllr Siobhan Baillie
Cllr Jenny Headlam-Wells
Cllr James Yarde

Marta Calonge-Contreras (notes)

Dr Jeff Halperin
Interview on 12 December 2016

Background about Dr Halperin's role and Camden services he provides

I work in adult services, so it's people aged 18+, but I'm the Transitions ead for the Trust so I've got a particular interest in young people aged 17+, as that's when we starting thinking about transition to adult services. So one of the things we look at is how user friendly our 18+ services are.

Transition to adult services is one area which fits into children and adolescent age group. The other connection to this age group is in relation to a gangs project which I'm involved in, with a relatively small number of young people. I can tell you more about that later.

I'm consultant clinical psychologist and also Head of Psychotherapy for the Trust.
Summary of work that we've been doing in Camden:

- I've been involved in the *Minding the Gap* transitions development alongside other partners such as Open Minded, the Brandon Centre and the Anna Freud centre. The background on what this project was set up is that there is evidence of poor transition rates from CAHMS to adult services. Out of 17% of young people who are recommended for transition into adult services, only 3% made it. so we were trying to address this.
- Also, the Dartington report demonstrated there are very high levels of mental health needs in young people in their teens which had never been met. Particularly involving

drugs and alcohol which is a strong risk element for mental health need. There are lots of young people in Camden who move here unsupported and without the stabilising influence of family. So we have a very high risk young population in the area.

- In Camden, because of the particular culture on CAHM services, there are lots of things that can go wrong with transition into adult services. CAHMs provision in Camden is more 'wrap around', more outreach and more family orientated. So it's quite a different experience going from CAHMS into adult services. Young People describe it as 'falling off a cliff' when transitioning into adult services.
- One area where we do well in terms of transition to adult services is in the in the treatment of psychosis. That is pretty seamless. The biggest problem is for young people who present with other disorders such as depression, anxiety, substance misuse, etc or a mixture of these. These are the people who bounce between services, nobody knows how to diagnose them or treat and they end up not being picked up and falling off the system. Another key population that I would add here is young people living in hostel accommodation. The usually come from very unstable backgrounds, are very high risk, and are very difficult to engage with.
- Also, CAHMS usually do not use a diagnosis, as it's seen as stigmatising, labelling etc. But in order to enter into adult services you need to have a clear diagnosis. Young people often do not like this.

So this is the background in terms of need. What we have been doing to address this is the following:

- We set up *Minding the Gap* meetings. This is in my view a very good initiative. There is one multiagency meeting once a fortnight. We bring together senior clinicians from adult services, CAHMS, the local university, Learning Disabilities service, Substance misuse service etc. At the meeting we discuss YP who are are struggling to engage with services and those for whom transition has failed. We try to make a management plan for them.
- The central point we consider at the meeting is 'what does the young person need?' , 'What can we do to make things work for them?' This is important because nowadays a lot of service provision is focused on what the package of care is, and how the young person fits into that. But *Minding the Gap* turns this around: it's about what the young person needs, and if this means having to be flexible with your eligibility criteria, etc. then we are prepared to do this.
- If a young person is referred to one service and it doesn't work for them, then our protocol is that it will come back to the meeting and we'll try to find another service that works.
- The young people who we consider at the meeting are those who are particularly difficult to engage with and are more likely to drop out of services.
- We looked at 61 new cases last year and our rate of getting people into services is very good. It feels very patient centred, that's what is good about it. We are currently doing an audit of how well we are doing in terms of getting people into adult services.
- We get a wide range of professionals into these meetings. The meetings are very popular. I think we've put together something really special here in terms of multiagency work. It's one of the best examples in multi-agency collaboration I've been involved in.
- The other part of *Minding the Gap* is improving access to services, which is done by The Hive. We are one of the partners in that and I manage one of the team leaders in there. So access is also present. If a young person is not ready to engage with

services in terms of treatment, we'll send them to the Hive to engage with them at that level, and then when they are ready for treatment they will be more engaged.

- What works well is that we are seeing a different population, eg. on the autism spectrum, who are more socially isolated, etc. We try to make connections with these young people. It fits very well into this picture of having a more holistic view into what young people need.
- Another aspect of *Minding the Gap* is the transitions champions initiative. These are clinicians based in adult services, and their role is to promote young people's needs within their services. They will come to the minding the gap meeting, and when we have a young person with a personality disorder, they will help them bridge them into service, and they will monitor and provide an oversight of young people when they are into their services.
- Funding is an issue. The eligibility criteria to enter services is tighter and the treatment package is tighter.
- We also have transition champions in IAPT services, with a similar role in terms of trying to bring people up to speed with young people's needs. IAPT has lots of scrutiny from central government, which means it's more difficult to responds flexibly to a young person's needs and the service is much more rigid.
- Another thing we've been trying to improve is maintaining contact with YP services once you discharge them into another service. This was following suicide of a young person who had been on treatment previously and at that time they were on a waiting list to be seen at the Brandon Centre. We've improved things so that young people are not getting lost in the system.
- Another thing we've tried to improve is to make IAPT a more goal based approach – based around things the young person wants to do.
- University student health is another issue. UCL has huge numbers of students. There are concerns about the increasing numbers of young people admitted to our ward with psychosis. I've been liaising with UCL to set up some mental health promotion workshops. We've run four big workshops for the international students.
- It is an issue in terms of pressure added to local services. Students are very unsupported, specially international students struggle a lot and can end up in our ward. At the workshops we try to raise awareness of some of the common issues they will struggle with and we highlight services which are available and how they can access them if they need to. We are currently planning to make some videos. But the university is asking whether we will pay for these – even though they are making a lot of money from university students. So I'm asking the university to pay for these. There has been no progress with this.
- The university also they take more students who have a background of health problems and disabilities, but they have done little to expand health provision to support this very vulnerable population. These are students with physical disabilities, but this group is also likely to experience mental health issues.
- We are also doing some work with Royal Veterinary College Their pastoral care is not very good and lots of students drop out, so we've been doing some work on mental health promotion with them.

Q: Other than the international student population, can you be more granular in terms of high need student populations?

- A: students with ADHD and on the autism spectrum. These are very likely to become very isolated and unhappy.

Q: How does that fit in terms of how you are doing around transition?

- We are working with the Young People's Advisory Board to develop a protocol for transition from CAHMS to adult services. This will be a local protocol. The young people in the advisory board are going to take it to CAHMS service and tell them 'this is what it needs to happen so that we transfer well into adult services'. Some of the things they have suggested is that they can start transition at 17 rather than 18, they could have a parallel care from CAHMS and adults for a period of time, etc. These are things that are just about good logistical planning. It will be good for the young people to present this to CAHMS, that will have a bigger impact than us telling them.
- We are also trying to develop a young person's passport/profile for when they transition. This is not about medical treatment, medication etc. This is about what the young person's interests are, and what they want to do with their life. So it's more person centred in terms of their identity and who they are. It's about de-medicalising it, making them feel we are interested in them as a person.
- There is the transition element but also an element about making adults service better. Trying adult services to do more outreach. Lots of young people are referred but they never turn up. So try and find a way to find those people and engage with them. And generally make the approach more goal focused around what the young people want.
- In Camden we are doing well on psychosis. What we are not doing so well are with those young people not with psychosis. So this is what we are trying to improve.
- What is good is that now quite a few senior clinical across CAHMS and adult services are very willing to collaborate and work together. Traditionally, CAHMS do not know much about adult services. So we're trying to embed this as well into CAHMS, so that they are aware what happens once a young person gets referred to adult services.
- Also, there are lots of scepticism amongst children services about adult services and whether they can meet the needs of young people. So we need to raise awareness. And young people need to be better prepared for what they are likely to encounter when transitioning to adults. So that's another aspect we are working on, trying to improve the understanding of adult services within CAHMS.

Q: How do referrals work in *Minding the Gap*? How are young people referred into your service?

- The referrals come to minding the gap general email address. It's not linked to schools, but it's for other professional agencies. Schools would refer directly to CAHMS and then CAHMS would refer to Minding the Gap when appropriate.

Q: Are some agencies better at referring than others?

- We need to work harder with Looked After Children services. Also the way the referrals from CAHMS are happening are uneven. The referral form university are pretty good now. May be we need stronger links with children with learning disability problems.

Q: How do you communicate services to YP?

- We use email distribution to all the relevant services. We also ensure all services have leaflets for YP about what to do if they are concerned about transition. We've done a lot of promotion of the services, I do a lot of promoting within the Trust, for example in psychiatric admissions ward, crisis team, A&E, etc. We are planning to do some training with A&E. Our aim is to develop a checklist of things to think about when a young person turns up in A&E, for example with self-harm. We need to do more work with mental health crisis teams and A&E because a lot of young people who are 16+

turn up , having self-harmed, etc. and they get lost after that. They should be referred to psychiatric services, but there are some young people who may not be picked up. We could do more proactive outreach.

Q: How do you find working with Camden Council in terms of Mental health provision?

- It's a very good relationship. The council has shown enthusiasm and initiative for developing innovative services and that's very good. Minding the Gap is unusual and gets lots of attention for other areas. The Hive is also very good. So it's been impressive.

Q: Are there any successful practices in other boroughs that we should adopt?

- In terms of managing transitions we are one of the better services by virtue of *Minding the Gap*. But some other areas are considering services which go from 0 to 24, like Birmingham. Doing the transition from CAHMS to adult services are 18 is difficult. This is an age where the changes in a young person's life are massive, i.e. going to university, moving out of home, start developing sexual relations, etc. there are all very big changes in their lives. So it seems odd to add transition at that time. May be it would be better to transition later in the 20s. So that would be an argument, that services should be structured differently.

Q: We get a sense that from schools that there is not awareness of what is available? Do you have much contact with schools to raise awareness?

- We've been doing some mental health promotion in schools. We did some in Camden School for Girls and done a couple of other schools. But we're a bit nervous of that because it's CAHMS' role and every school has a CAHMS link worker and this is part of their role. But I've been talking to Andy (Wiener) about doing this more collaboratively.

Q: Could you name a recent government policy that's made a positive impact on mental health work?

- The guidelines about good transition from CAHMS to adult services.

Q: And what can the government do better?

- In general, we need to do things early. It's odd that funding is much bigger further up the age range, when problems have already developed. If you can get to young people in their teens rather than in their twenties and thirties, the chance of success is higher. But unfortunately teens sometimes drop out, as they are not good into engagement. Then they come back into services in mid 20s with some deep developed problems, and then it takes a lot of catching up because those problems have become entrenched, by that time they've done some pretty bad decisions with their lives, etc. If you can engage earlier is much better.

- Another area of emerging interest is the personality disorder area. We could have a complex presentation service. I don't think we manage to cater for these people as well as we should do. There is an enthusiasm amongst commissioners to do this, but the challenge is finding the money to do it.

- We are also very restricted in what we can do when services are very focused on achieving government targets. Sometimes that doesn't lead to the best treatment being

provided. It's important that numbers are supplemented with narrative and case studies.

Attendance:
Cllr James Yarde
Cllr Jenny Headlam-Wells
Marta Calonge –Contreras (notes)

Dr Andy Wiener
Interview on 7th December 2016.

Dr Wiener is the Associate Clinical Director and Consultant Child and Adolescent Psychiatrist at the Tavistock and Portman NHS Foundation Trust.

1. The Tavistock and Portman is the main provider of child and adolescent mental health services in Camden. Dr Wiener explained his role in how they meet the needs of the population.

Two days each week is spent doing front line work with the CAHMS transformation team based in Camden Council's offices and three days each week at the Tavistock in the management role, therefore travelling across the borough on a weekly basis.

Working both on the 'top floor' (management and transformation) and the 'ground floor' (front line delivery) is very useful. This approach is not unique to Camden, as a psychiatrist in a management role will always do clinical work. A lot of what is done strategically n is informed by direct clinical practice.
Within CAHMS services there are two community teams, a north and a south of the borough team. Anybody can refer or seek services. The biggest number of referrals comes from GPs, but there are also referrals from schools and social services as well as self-referrals or parent referrals.

All CAHMS teams spend time in schools. Every Camden school has a CAHMS clinician allocated to them for one day each week for secondary schools and half a day for fortnight for primary schools. The only exception to this is the UCL academy, which has 3.5 days on a self-funded basis.

In addition, there is a team called Camden Intensive Adolescent support service ('CAISS'). They work with young people aged 11 – 18 years in mental health crisis and who are at risk of needing to be in psychiatric hospital. The team tries to keep people at home if at all possible, but if they need to go back to hospital they support them there too.

At the Tavistock there is also an adolescent and young adult service which provides psychotherapy for 16 year olds.

Minding the Gap provides mental health services for young people and a Tavistock employee works at the Hive, which assists young people from 16 up to 24 years old.
There is a good CAMHS offer within the Local Authority with two teams, the Whole Family Team and the Whole Family with Perinatal Specialism Team who have particular expertise in working in an integrated way with local authority services.

2. We asked how they communicate their services to young people.

It is accepted that communication could be better and more could be done to raise awareness of services. There is some information on services on the Tavistock's website and information on the Camden GPs' website. GPs have a database they can go into which includes information on how to refer people and where to. Much is communicated about Tavistock services by word of mouth in schools. There is a range of professionals who also know about the services, and that is often how referrals are made

.

3. To assist our understanding of the pressures on services for 11-19 year olds, we asked Dr Wiener to give us more information about mental health issues for this age group.

Managing self-harm and suicidal feelings is the biggest issue. In Camden there is a CAHMS Liaison service at UCL Hospital and at the Whittington. Young people who are having a crisis pitch up at A&E rather than with Tavistock services. There is an ongoing debate to decide the best way to respond to young people who are talking about suicide and having suicidal thoughts. Suicides are thankfully still a very rare occurrence. In Camden there have been four suicides of young people over the last ten years.

It is important to respond in a humane way. Young people in this situation need to feel they are talking to somebody who can understand them and be seen regularly, two or three times each week if necessary. Young people need continuity of care with a professional they can learn to trust.

4. As we have learned that out of hours services are being considered for North London we discussed this with Dr Wiener, together with crisis services generally. He explained:

There are different opinions. Some feel that it is better for young people to be seen and treated at home. However, according to NICE guidelines, the recommended practice for children under 18 who self-harm, is that they should be admitted to a paediatric ward overnight. This is because there is often a strong psychosocial context to the difficult event that the young person is struggling with, i.e. there has normally been a big argument at home.

By admitting the young person to a ward, they immediately receive respite and a calm assessment outside the home. Once matters have calmed down and there is a professional understanding of what is happening the young person can then be assessed and can hopefully go home. It is understood that paediatric wards and A&E are happy with this arrangement.

5. What services are missing or should be introduced in LB Camden?

There are plans driven from the centre to reduce waiting times. There is currently an average waiting time of 43 days from referral to first assessment.

Commissioners were focused on first appointment but there can be long wait from first assessment appointment to when treatment commences. Now commissioners are focused on second appointment as a proxy for how long it takes to get treatment.

Unfortunately the waiting time figures can be subject to manipulation. For example you could see people twice [in accordance with the given deadlines], and then they have to wait. To truly reduce waiting times there needs to be more investment. NHSE have said there will be money year on year but it is going into baseline general services and is not ring-fenced for CAMHS. Camden is lucky though. There are commissioners who are committed to young people's

mental health. Theresa Collier is very supportive of CAMHS but the CCG is facing significant cuts and that is a worry.

In terms of what is missing, it would be good to have more awareness in schools for teachers to feel empowered about talking about mental health and to support more services which allow people to get help earlier. Referrals to treatment within 42 days can be achieved but things have been usually brewing for months before that where early intervention could have prevented the issue or assisted greatly.

6. We asked whether there are any other gaps in provision that Dr Wiener as come across, other than waiting times.

With reference to eating disorders, although compared to the national picture Camden has a well-funded service which aims to keep people out of hospital. The evidence tells us that young people with anorexia do not do well in hospital so this should continue to be a focus. Another gap is that even if the Tavistock does well, 13% of children and young people in Camden have a diagnosable mental health problem and if you look at the numbers, they indicate that only about 25% of these young people are coming through the CAHMS system. A lot of children are therefore being missed. There is an effort to push it up to 35% instead of 25%, but that would still leave a gap.

Finally, due to financial cuts, youth provision has taken quite a hit. If a young person has youth workers, it will help their mental health. So a reduction of those services impacts on mental health issues and demands on our services.

7. The review panel is keen to learn more about how professionals and service providers find working with Camden Council in relation to mental health issues. Dr Wiener has significant experience working in the borough and explained that:

The transformation team is one of the beacons of multiagency working prioritising all aspects of a child's care and also the people involved. For example, a youth worker from the youth inclusion has been seeing a child twice per week. The child has been referred to CAHMS twice but keeps dropping out. The situation is very chaotic and out of control but it does not reach the social care threshold. The inclusion youth worker is committed and wanted to do her best, so the transformation team worked together on how to support her is providing this support and in promoting the worker's resilience for the ultimate benefit of the child. The multiagency support for front line workers is particularly good in Camden.

There are a lot of people who overvalue what therapy can do for a child, when everyday things and everyday support can do an awful lot for children.

In terms of more examples of what is working well in Camden: The Hive, which is led by Catch 22; some work was completed with MAC UK on a gangs project helping young people who are being marginalised; The Brandon Centre is another example of good practice; and the Thrive model developed by Anna Freud and Tavistock.

8. What is the government doing well in this area and what could it do better?

The messages from government are good and the fact that CAMHS is in the headlines constantly is positive. That is why services are being protected and funded while other areas are being cut. So in general that is good. However, the government underestimates the impact that of cuts in social care have on child and adolescent mental health services. Without social care provision, then the pressure on the NHS builds up and the messages about pressures in social care only seem to come from providers, when there are blocked beds in hospital.

9. We asked Dr Wiener for information about successful practices in other areas of the country that Camden may want to replicate and ideas for recommendations that could be made to improve services.

There is a charity called ACACTION. It is a mind and body programme currently being implemented in Kent and Bristol. The work is in schools doing screening programmes of young people, then providing any necessary intervention. It may be worth looking into as a way of identifying low level risk.
Support against bullying is a gap in Camden and elsewhere. Children tend to keep bullying to themselves. The Tavistock meets lots of children who have been bullied with far-reaching negative effects. Schools will say they are dealing with it and will undoubtedly have policies in place, but it is so endemic. With phones and social media bullying happens outside the school and around the clock. Bullying is also a big incubator for mental health problems. Young people blame themselves. There is an element of being excluded and singled out, and that's a terrible feeling to have. This is something that could be considered when the panel are making their recommendations.

Attendance:

Cllr Siobhan Baillie
Marta Calonge-Contreras (notes)

Dr Mark Berelowitz
Ruth Ouzia
Interview on 11th January 2017

Dr Mark Berelowitz is a Consultant Child and Adolescent Psychiatrist, Service Lead at the Royal Free Hospital and Ruth Ouzia is the Lead Nurse and operational NHS manager.

1. We opened the discussions learning about the role of the Royal Free Hospital in relation to Camden's provision of CAMHS and meeting the mental health needs of young people.

The hospital's Accident and Emergency department (A&E) is very busy. c75-80% of children and young people who suffer from mental health conditions and present at A&E are from Camden. c15% are from Barnet and 5% from elsewhere. This is happening morning, noon and night. There is a very comprehensive service but the lack of out of hours provision in the borough is not sustainable in the long run for the North Central London sector.

In 2016, there were 114 adolescents from London who were sent to out of London to receive inpatient care. Approximately the same number of outer London adolescents came into London to receive treatment.

Currently, if a young person turns up at A&E with a mental health problem, a psychiatrist needs to be called. This is not practical or affordable as a psychiatrist's time is very expensive. It is important to work on another system.

The services at the Royal Free are audited regularly. During the last audit, it was clear that of

the Camden young people coming to A&E, around 50% were already known to CAMHS and the majority of them had no need to be at the hospital. The reality is that only A&E provides somebody for the young person to talk to.

Many of the young people are on the waiting list for their first appointment with CAMHS. They came to A&E not because they had taken an overdose or self-harmed, but because they were feeling suicidal or desperate about their circumstances. It is important that we consider how these people can talk to somebody from the CAMHS service out of hours, rather than pitching up at A&E. They should be able to get an urgent appointment with CAHMS and it should be clear how they do that.

The Prime Minister, Theresa May, said this week they are going to invest in more out of hours services in the community. However, people will still come to A&E because that is what they know and in a time of crisis it is the obvious choice. Another approach may therefore be required. For example, there could be somebody at A&E trained in mental health conditions who completes an assessment with the young person, ensures their immediate needs are met, take them aside and arrange an urgent appointment with CAMHS.

Another view is that some young people, who may be assessed to require inpatient admission at first, may not do so after a few days being cared for in A&E. It is important to consider carefully the impact of sending a young person to a specialist unit straight away as once there, they may stay for months. The Royal Free team's approach is to think about all of these issues when assessing young people and having more tools (such as emergency CAMHS appointment planning) will reduce inpatient admissions.

2. When young people attend A&E, what are the main mental health conditions that are being assessed and treated?

Young people at A&E are mainly depressed or suicidal. It is very rare for a young person to be psychotic. There are younger and younger children coming in with complex needs and where parents cannot cope any more with their behaviour.

Many young people are self-harming. The reassuring thing is that 99% of people who present threatening self-harm or having harmed themselves are not likely to do anything worse to themselves. The first episode of self-harm is key. The young person may not need to see a mental health professional in A&E, but they need to commence the right treatment. Once a young person has taken an overdose or self-harmed a subsequent time that is when they are at much higher risk or something worse happening.

We asked whether the A&E teams can access the CAHMS notes if a young person attends the Hospital out of hours or at the weekend. No, is the short answer and Dr Berelowitz explained the pressures with data sharing.

The different providers have different computer systems that are not compatible with each other. The Royal Free can check the Child Protection register but cannot get into say the Tavistock's notes on a young person. It may be clear that the young person is waiting to be seen by CAHMS but the A&E team will not be able to verify the details. The Royal Free has a fantastic working relationship with the Tavistock. Their response is very quick, they come the next day when one of their patients gets admitted and sometimes quicker.

It is not hard for a young person to get a bed in the urgent ward. Empty beds are retained in case they are required urgently. However, it can sometimes be hard to get an emergency agency nurse though and the wait can be a problem for a young person. Overall the service is not bad and the refurbishment developments in the A&E ward are excellent. There is a special

CAMHS room and space for mental health patients.

3. With reference to treatment for eating disorders, the Royal Free has a leading team and Dr Berelowitz explained how they work to help young people.

A big part of the Royal Free's work is in relation to eating disorders, providing an intensive eating disorder service across North London. There are c118 referrals every year.
The aim in relation to eating disorders is to reduce inpatient admissions. The Royal Free has the lowest admissions by far of any similar unit in the country and this is the right way to go. Years ago as Camden and Islington were spending a lot of money and time on inpatient treatment and the Royal Free proposed a new model.

The model is to look after people at home wherever possible. A very fast appointment is offered and the experts travel to the patient. There have been no deaths so far and no complaints in six years.

The Royal College of Psychiatrists praised the Royal Free Hospital's work recently as the right model for young people suffering with eating disorders. Such an approach requires at least three boroughs to manage a service like this as it needs to have scale and support from all areas of treatment providers.

To provide the service, there still needs to be beds available in case the out patient approach is not suitable for an individual. Camden has purchased three 'tier 4' inpatient service beds and the provision is commissioned on number of slots considered necessary in the service, not on who uses the beds or periods of 'bed days'. The Royal Free has medical beds available for children who have a medical need in the paediatric ward but nobody has slept there for nine months. There has been incredible support from all CCGs and local authorities in North Central London, including Camden.

4. Part of our review is to consider how each service receives referrals and whether communication to users could be strengthened.

Camden has a single point of entry to services, managed by the Tavistock, which is a great development. As a result, referrals are mainly from the Tavistock and also from A&E. There have been discussions about referrals coming directly from schools and in relation to self-referrals but the service is not ready for that yet. It would require more funding and discussions with the commissioners regarding the increased demand this would generate. Although the Royal Free has a very successful service model, there is always a commitment to improving. For example, there is an aim to shift the balance to 'parent training' rather than therapy. This could naturally change who referrals come from and there are discussions about a day programme.

5. We asked Dr Berelowitz and Ms Ozia whether there were any other practices or service models that they would like to adopt.

A number of meetings have been set up to talk about the existing new model of service and work on eating disorders. Dr Berelowiz is also seeking to make eating disorder treatment more 'curriculum-based'. This follows learning from a visit to a treatment centre in San Diego. All patients had work books. They used the books to record what was happening and plan each day. It assists them to track their own progress.

One difficulty is that some patients can love the service, treatment programme and become attached. The team have worked hard for this not to happen, but it still happens and the work book approach may assist with time limited interventions in the intensive service.

6. With reference to the parent training focus, we explained that we saw the Parent Advisory Board recently and they did not feel they understood what mental health issues are. They also did not know that courses were available.

The Royal Free runs training courses for the parents of our patients and educational talks at the hospital. The aim is to improve the website as it could be used for information videos. In the past, there have been training sessions for schools and would be happy to speak to parents. If the council wants a specific topic explored for parents, they can say when and where. Single point of entry for services is very good and nobody falls through the net, but more could be done to ensure parents know about services too.

There are problems with the Camden CCG website. It gives the wrong information about eating disorders, stating that the service is provided by the Tavistock.

7. Has there been any work done with students or parents from Camden's private schools? For example, it is understood that there are many young people in all schools with eating disorders.

Eating disorders are a very complex area. Nobody knows really how to safely prevent eating disorders. There is evidence where prevention/ awareness work has been done, which has actually increased the number of children presenting with eating disorders. When preventative intervention for a specific condition, you get people to think about that condition and it could actually cause an increase. This could arguably be just due to increased awareness but it is a risk and you have to be very careful about advice on eating healthily.

In discussion about young people reporting to the panel that they do not know how to manage low level mental health 'stuff' and that there is serious pressure on students to achieve, Dr Berelowitz commented that Schools have to be careful about how much pressure they put on pupils to strive. It is positive to help a young person to learn to lighten up and not be such perfectionists, and that not being first all the time is okay.

Learning to pick up young people with low grade mood disturbance would be really helpful. Therefore screening young people for mood issues earlier on would be good and it would be useful to have conversations with teachers about mood disorders.

8. We asked how the team find working with Camden and whether there was anything that could be done better.

They have limited contact with the council but when they do, there have not been any problems. They commented that working with the Clinical Commissioning Group has been amazing.
With reference to improvements, the interface with social care for young people who do not meet the threshold for mental health intervention. There is a question about what they get from the local authority if they are not defined as a Child in Need.

9. Finally, what has the government done well and what could they do better in this field?

The additional money for the CAMHS transformation programmes was great for the Royal Free and very well timed. It came with Key Performance Indicators attached, which is good because created structure and kept everyone on their toes. Camden and Barnet CCGs were very good with the transformation work. The hospital has a very long standing good relationship with them.

Attendance:
Cllr Siobhan Baillie
Marta Calonge-Contreras (notes)

Paul Perkins
Interview on 8th December 2016.

Paul is the Chief Executive of The Winch, a youth charity based in Swiss Cottage. He has worked there for eight years and is also integral to the new North Camden Zone project.

1. We opened the meeting discussing the role that The Winch plays in meeting the needs of young people in relation to mental health services.

During the last eight years, The Winch has been on a journey regarding its approach to mental health, reflecting wider sector changes in this field. Mental health has become much more of a focus, including when planning and evaluating activities. There is a clear drive to support mental health services throughout the centre.

The Winch sees approximately 1200 young people each year, with around 600 of them receiving deeper more regular work and support.

There are five full time youth team members at The Winch, plus staff ranging from librarians to receptionists and a raft of volunteers. All staff at The Winch are AMBIT trained. This is an approach designed by The Anna Freud Centre to support teams working with vulnerable children and young people, using forty metrics, from punctuality to anger and identifying areas to change. It also helps the staff to manage better themselves so in turn they are better placed to assist the young people to step back and work through whatever is happening. It has been a serious commitment to ensure the staff has this training but it is important. The framework helps us all to look after our mental health as well as physical health.

2. There seem to be many different ways that young people access mental health services in the borough. Paul explained how they communicate effectively and receive referrals, thinking carefully about how different age groups are reached.

Word of mouth is top of the list and works for all age groups. The Winch has a strong reputation and good attendance, including of parents who discuss services that work for their children with each other. He broke down the communication plan as follows:

Early years' services: social media and leaflets, as well as word of mouth.
Primary years' services: school engagement and after school clubs.

Young people: lunchtime outreach sessions at four local schools, walking around the playground, 'detached' work in the local community, word of mouth.

Post 18 years' services: this is extremely targeted or from professional referrals as many young adults are vulnerable and there are fewer services for this age group. A current programme is 'The Company' which has a talent scout approach where other workers will introduce the young person to get involved with the programme.

Social media is a good tool generally but not the best way to secure referrals of young people. The Winch also spent a lot of time and money developing an impact measurement app. This was a good exercise at the time but with hindsight, the app has not achieved what was hoped for as funding ran out. The App and social media space is so crowded and fast, it is difficult to know what will work.

People are likely to look at the websites and twitter feeds of The Winch to assess the quality and fullness of service. Such tools therefore need to be up to date, but tweets do not necessarily get people into services and sessions.

Another issue worth noting is that there is so much for young people in London to do. In outer boroughs and around the country, a Youth Centre may be the only place where young people can go to have fun or relax together. In London, young people can miss opportunities as they know something else will be going on the following week and it may be difficult for them to filter through all the offers. Local schools can therefore be key to communications and increasing interest in a particular event.

3. What is Camden Council doing well in this area of work and what can be done better?

There are CAMHS services in some parts of the country that have no funding at all. They are storing up problems for the future but that is not happening here. The youth work sector generally is on its knees but Camden is finding ways to provide funding. The council is supportive and there are word leading experts such as the Anna Freud Centre and the Tavistock on the doorstep.

The Winch has secured funds from outside of the local authority, with Camden providing only around 15% of funding at this time. All young people and families at The Winch are Camden residents but there would be no way that the current meaningful provision could be maintained without the external support.

Camden Council and all councils need to recognise that the Youth Centre model in itself is not enough. It is good that there is a physical building as a base but that will only draw a certain amount of young people, usually who are close to the building or taken there by arranged transport. There needs to be organised outreach from the base, similar to what The Winch is doing in schools.

It is important to coordinate available resources in a time where finances are stretched and that requires a strong local network. The Winch and other groups have lobbied hard in the past for the youth service to be network based and to train (upskill) the existing workforce first before trying new services.

Everybody, including the council needs to get better at sharing data. As part of developing the North Camden Zone, mental health data was requested six months ago and it has still not been provided.

Camden Council is working on the Young People's Foundation and is supportive of the North Camden Zone. It is hoped that within these structures the issue of the network, sharing information and improving skills will be revisited. There has to be a focus on impact, not just delivering services to build on the culture and learning in this field.

4. Members of the Youth Council told us that they would prefer to speak to their youth workers about mental health issues rather than teachers or parents. We asked Paul what his experiences are and what pressures are on youth workers.

There should be more youth work provision in the country. The youth workers are often the only person a vulnerable young person will speak to and listen to. The cross over between youth work and mental health services is massive but they speak different languages.
Youth workers are notoriously bad at articulating how much they add to a young person's life or what they have experienced in their roles. Their modesty is great but this can make it difficult for them to receive the praise or support they deserve.
Youth workers are already naturally doing things that psychologists promote and support that benefits young people. It is however important to supervise and help the workers as well as the young people. The Winch has 'Promise Workers' who have external supervision.

5. Are there any successful practices or services in other boroughs that Camden should consider adopting?

It would be worth looking at other areas which are successfully using online support programmes, for issues such as bullying. Young people spend all of their time online but none of us are there online to help them (i.e. medical professionals, social workers, youth workers, teachers, parents).

It would be helpful to have an update on what Camden council is doing to engage the private sector, including local businesses.

6. What recent government policy or change has made a positive impact on mental health services in Camden and what could the government do better?

Merging health and social care was a good thing and the higher profile given to mental health issues is so much better than previous years.
The government needs to enable local authorities invest in the local infrastructure for mental health services. It is extremely difficult to roll anything of scale out nationally, not least because areas and needs are so different from each other. Serious funding also needs to go into the area of mental health.

Funding is too tight in the area of youth work. It breeds a culture of unhealthy competing and fast reporting that removes focus on the good work that is being done.

7. Finally, we discussed any other comments or experiences that may assist the review panel to make recommendations to improve services for young people.

One key issue is sharing data and learning to really understand the issues surrounding young people and mental health. More needs to be done to assess where an individual is on the mental health spectrum. More help must be given to teachers, parents and youth workers who are worried about talking about mental health for fear that the young person is in fact only experiencing a 'sad day' and not wanting to make things worse.

The Winch tries to help young people understand what is 'good stress' and 'bad stress' and teach them to deal with failure but we need to learn more.

The issue of fear of failure is huge for young people. It also goes across many groups of people, from privileged to disadvantaged children, peer pressure, gangs and in families to name but a few.

It would also assist to re-evaluate the assessment process of new schemes. The Winch recognises that assessing impact at every stage for quick results, for example after six months, can be unhelpful or misleading. Short period assessments are often required for local

or national funding bids. Providers should be able to confidently request longer reporting and assessment periods without being penalised on funding. In some circumstances, the period may be years.

Attendance:
Cllr Siobhan Baillie

Kirsty Magahy
Interview on 20th January 2017

Kirsty Magahy is Programme Manager at The Hive, a Camden Youth Hub Service for 16-24 year olds and situated on the Finchley Road, Swiss Cottage

1. The Hive opened in November 2015 with extensive support from Camden Council and the Clinical Commissioning Group. Kirsty explained how the project has developed and the current make up of the service.

The Hive project has evolved. Initially it was intended to be a wrap around support service for all young people's health concerns but there is an increasing focus on mental health and wellbeing. Young people are using the Hive as a place to go when they have low level mental health problems and if they are not reaching the threshold to obtain formal help. Parents are not realising there are problems at home but the Hive staff are building relationships with the young people so they spot things. If the young people spend a lot of time at the Hive, they make disclosures on their own. The Hive workers become part of their normal lives. There is huge strength in consistency of engagement.

The way the service is set up is to have the Hive building as a base for young people. The contract is held by Catch22 but works in a partnership consortium of youth and mental health focused partners: Tavistock, the Winch, the Brandon Centre and the Anna Freud Centre, C&I NHS Trust and TIM (The Integrate Movement). The building is owned by Camden and the Hive has a lease of three plus one years. The interior was designed and decorated by young people. As an overview, the building is set up with a large leisure and relaxed space upstairs on street level: with a kitchen, lounge, pool table and activities. Upstairs, there are also three small private rooms for one to one appointments and quiet study. Downstairs there is a large open space for group work and is quieter for studying, leading to an outside area. Further rooms are offices for one to one appointments with young people and meetings.

The service opens at 10am and closes at 7pm, Monday to Friday. The activity schedule commences at 3pm and that is the busiest period. The sexual health clinic is held on Thursdays, consisting of appointments and drop in options.

They originally opened at the weekend but the building was not used and young people said they did not want to come at the weekends. The social enterprise group that is running the local art tours is really popular and is getting to the point where they can sustain themselves. Please see the table below at 'KM1' for details of the Hive's usage figures.

2. As we have met service providers and users during this review, many people are considering how to reach young people who do not typically attend a service. We want to know what outreach work the Hive completes and the success of the work.

There is a seasonal approach to outreach work. In summer the young people workers go to

housing estates in four areas, Regents Park, Cantelowes, Somers Town, and Archway. This happens each week with a rotation of the areas. The focus is to reach vulnerable young people and there is a three pronged aim: (a) to tell them about the Hive to encourage them to use the service; (b) arrange an appointment if they require help in a specific area; and (c) to engage in a brief 'street' intervention, i.e. identify and talk about problems (often visibly obvious such as under age drinking and homelessness).

During the winter period there has been a focus on trying to get into schools (see below), as well as set up an outreach service within the Roundhouse and the Sommer town's Youth Centre.

The Hive workers try and get into as many schools as possible. Westminster Kingsway School has been a successful project. There have been presentations at other schools but it has been difficult to get them to take up the offer. The Hive is careful to explain what can be done and that it would be free for the workers to come in but they seem too busy. It would be useful to have some help from Camden to communicate with schools.

3. How does the Hive receive referrals and how are services communicated to young people?

The service has a high level of young people self referring (c22%) often through word of mouth or social media. The Hive feels its social media presence is strong, helped by Catch22 being a national body. They use twitter, Facebook and Instagram. An apprentice has joined the team which will be very good for the social media presence.

Professionals refer young people to the service, often when the person does not meet the threshold for adult mental health services or young people leaving CAMHS. The usual professional mental health service referrers are iCope, CDAT, C&I Assessment, some CAHMS and GPs. They have not received referrals from schools to date, although it is something they want to work on.

Camden did produce a leaflet for schools about mental health services. The Hive is featured on that document.

4. We discussed how the Hive has progressed and what pressures young people they see are under and the Hive generally.

Young people themselves are lacking resilience. They are not receiving the skills to cope with day to day issues. The Hive is not a crisis service but they see young people reaching crisis point quite quickly. In one day there can be four safeguarding issues to report and deal with. This is partially as the young people are relaxed at the Hive and willing to make disclosures.

There is some evidence and reports of eating disorders with the Hive's young people but they are almost always already being treated elsewhere, although the service offers additional support to them. The workers provide a healthy evening meal every day, which is free for young people and teaches them good food options. They are also taught how to cook and reproduce the meals.

The fact that the lease of the Hive's building is coming up for renewal is a pressure on the service. The fear of losing the building is hanging over us all. As part of their roles, the commissioners and local authority tend to want an increasing range on the service or evidence of results but they are very supportive. The frustration for services is that each change, for example, to revenue raise, can detract from time spent on the young people. The Hive may find it difficult to show the impact of the building but the workers can see the

transformation and stability it provides a lot of lonely youngsters who make friends.

It is worth remembering that the promise to Camden young people was to change how mental health services are delivered and these young people do not trust anybody so there are no quick results.

5. What improvements can be made at the Hive and are there any services in other boroughs that could be adopted?

The clinic room is set up and available but is only used once each week. The Hive would like to see this used more widely by GPs and for other specialist appointments. Physical and learning disability support workers are not currently provided. The service relies on the individual child to bring their own SEN support along with them.

The Hive's dream would be to have a smaller sister service in the south of the borough of Camden. This would mean that the outreach work could be spread wider and young people would not need to travel. The aim is to take a young person from service user to perhaps working as a youth worker themselves. This has not been achieved yet but it has been done elsewhere and works.

A housing adviser would be a welcome addition. The Hive workers help young people with applications but they do not have specialist knowledge.

As Catch 22 is such a massive organisation, they have been good at providing best practice learning and giving advice. They install an approach of thinking about emotional health and wellbeing at the core of everything each member of staff does.

If Camden could create a single phone call point of referral for parents, professionals and young people that would be very helpful. The Hive has experience of being passed from pillar to post on the telephone with various local authority MASH teams when trying to secure help for a young person. If that is the experience of professionals, the fear is that it could be worse for parents or they just give up.

We asked whether the Hive has undertaken the Mental Health first aid tool kit. Kirsty said she did it many years ago in Scotland but not recently. She was not aware that all Camden schools were being encouraged to ensure that at least one person in each school had done the course.

6. What does Camden council do well and what could they do better in relation to adolescent mental health?

Camden has made it a priority to focus on mental health, with projects like Minding the Gap. This is excellent. The CCG and Camden work well together and make it known to everybody that mental health is a focus.
The Hive management team remain really proud that Camden took a risk and stepped up with the Hive project. It showed that they are willing to make changes and think creatively. The Commissioners and council officers are always helpful. They are clearly passionate about making things work and the Hive understand the pressures they are under.

With reference to what can be done better, there should be more longevity for projects to provide results. This is the same in many boroughs. There should be more space to learn and to develop new projects. An example of the fast reporting requirements is that the contract for the Hive was awarded in January and the council wanted the service up and running by March. The building was not even ready at that stage.

We asked what they would do if the building was closed. The Hive staff are unclear where such a large group would be housed in the borough and where else young people would be able to go.

7. Finally, what has the government done well in this field and what could they do better?

If the Prime Minister keeps her promise to keep mental health on the agenda, she means it and funds the service that is a good thing. There needs to be an understanding that vulnerable young people will cost more in the long run if they have nowhere to go.
In relation to what the government could do better, over time people have lost sight of social care and emotional health services needing to be top priority for funding.

Attendance
Cllr Siobhan Baillie

Neera Dhingra
Interview on 15th December 2016

Neera Dhingra is the Wellbeing Project Manager at Parliament Hill School and a trainee psychotherapist at the Tavistock & Portman Institute.

1. The programme that Neera runs at Parliament Hill School is unique in the borough of Camden.

The Wellbeing Project commenced in September 2010 and until August 2015 the managerial post was funded by Kids Company, known as a 'Kids Company Team Leader'. From August 2015 the project was developed to ensure the work could continue. To replace the Kids Company funding, Parliament Hill School decided to fund the first two terms of the managerial post salary themselves, and then from the third term, the John Lyon's Charity have agreed to fund the post for the next three years.

Four days each week, the School has the Wellbeing Project manager in house, managing a team comprising of: a school councillor who is employed by the school two days a week, linking with the CAHMS worker from Tavistock and also four trainee therapists. The therapists offer a range of psychological therapies to the children including art therapy, person centred therapy, integrative counselling and child psychotherapy. This is a good arrangement because the trainees do not cost the school anything as it is part of their training and they are supervised by their colleges.

In the school, alongside the Health and Wellbeing team there is a wider inclusion team led by an assistant head teacher who is also the SENDCO. The inclusion team includes two specialist safeguarding and behaviour teachers a connexions advisor (who ensures there are no students who are NEET), an 'English as a second language' team, a pastoral team, a school police officer, a liaison advisor and somebody from the Drugs and Alcohol service in Camden. The teams are careful not to overlap but do work closely together.

Parliament Hill School's Wellbeing Project is a part of Camden's new Mental Health in Schools working group.

2. We discussed how Neera meets the needs of the students and what her typical week at the School looks like.

The school has approximately 900 pupils from year 7 – 11 and 300 pupils in 6th form. There is a 'whole school' focus on mental health wellbeing with sessions in school assemblies, sessions on anxiety or resilience etc.

There are inclusion panel meetings once a fortnight for each year group. All key professionals come to this meeting and there is always a senior leader from the particular year group present. The meetings are resource heavy in terms of professional involvement but they are incredibly useful as it is a place to discuss each year group, including any mental health needs of individuals, safeguarding, attendance, achievement, any wider concerns etc. A decision is then made about any appropriate interventions that are required and whether the child needs a referral to another service.

Children at the school can self-refer into the Health and Wellbeing team. There is a dedicated room open each day apart from Wednesday to just relax in, seek help or arrange appointments for future assistance in private. Any pupil can come into the Health and Wellbeing space and after school any student can drop in too.

Students are seen on a 1:1 basis, some may be a short term interventions but some have ongoing work with for most of the academic year. Some of the students would be going to CAHMS, so the team are picking up that need. If necessary, the student will be discussed at the inclusion meeting.

A programme is also run for students in Year 7 and 8 who are vulnerable or socially withdrawn. The meetings are used to discuss feelings, resilience, and if appropriate it may become necessary to liaise with parents and CAHMS. The Health and Wellbeing team does get involved in chasing CAHMS referrals and managing student's expectations before and after assessments or liaising with inpatient units to provide support.

University College London is part of a study called MYRIAD which is testing mindfulness sessions in schools. It is free and Parliament Hill is taking part, trialling such intervention with a controlled group and comparing to another group which received a different type of intervention. The impact of the mindfulness sessions will be evaluated in due course.

Take 10 – this is an initiative being rolled out in Camden and we were the ones we brought it to Camden. It's a device which allows students to measure and be aware of their stress levels so they can monitor and manage them better.

3. We asked what the students have said about the arrangement at school and whether there have been any negative comments, for example about stigma.

Some students may associate seeking treatment or talking about mental health issues with stigma, but this is not something that has been raised for services at the School. Health and Wellbeing is an integral part of the school offer. It is made fun and very much normalised throughout. It's quite rare that a student may feel worried about going to any session, whether it is an individual one or in a group.

It is clear that having mental health services in schools is important. That is where young people spend a significant amount of their time.

4. How important is having a dedicated room or space in the school?

Very important. Children drop in at lunchtime, after school, when they feel the need to. This includes children who are well and have no particular problems, which helps the service being seen as universal rather than having stigma attached to it. The separate counselling room gives more privacy but is a standard part of the set up.

With the 6th form pupils there are a mixture of boys and girls. New concerns come up with this age range but the space still works for them too.

5. Young people have told us that it is the 'low level' mental health 'stuff' and teachers do not deal with day to day problems. They said that when they are taught about mental health, the lessons will be about schizophrenia or severe anorexia for example. We asked Neera what her experiences are of teaching about mental health.

There has been training in school with CAHMS for school staff. Also, training about young people self-harming, and a bit of resilience training (mainly about role modelling resilience to students).

It is recognised that lots of people do fantastic work without any formal mental health training but the question is how they are doing it without any support in a school setting? That is a gap. At Parliament Hill, teachers are very aware and already know where they can refer children too. Teachers will however come to the Wellbeing space if they are particularly struggling. It is an open door policy at school though so all support each other.

6. In a previous CSF review, the panel there learned that attainment in secondary schools was negatively impacted by students suffering mental health issues. We asked Neera about her experience and how the school addresses the issue.

The impact is huge. If a student is feeling very distressed they cannot focus or concentrate. And on the extreme end they cannot cope with school at all. In the worst case scenarios, if a student cannot come to school it will have a detrimental impact on their studies.
At Parliament Hill right now we have seen an increase is the number of students feeling anxious and experiencing panic attacks. The teams work with them to enable them to cope, so they understand when it is happening and know how to manage it.

The first year I was at the school, there was lots of self-harm. It was on the increase at that time then over the next few years it was anxiety what was rising. Students were reporting anxiety right from Year 7. The worrying thing now is that in the past year, the issue that seems to have increased is the number of young people who are having suicidal thoughts.
Mental health issues in general are more talked about now so it is not necessarily trends or waves of specific problems. Young people now have more emotional literacy, are able to recognise symptoms and name them.

Social media is a big pressure. Now if you are being bullied the bullying is in your pocket and at all times. Fear of failure has also become a big issue. The students feel that if they do not achieve a certain amount of A levels they will be a failure. Also, people in general [around children] are stressed or depressed. Stress from parents about world events such as Trump or Brexit trickles down to the children.

7. Do you look at and monitor the impact on achievement?

Yes. Attainment data comes in several reporting cycles through the year. School teachers also provide regular reports. The attainment data is discussed in the inclusion panels and whether there should be concerns about underachieving.

In terms of monitoring the effectiveness of wellbeing interventions, work is completed with the Anna Freud Centre, who has the Research Outcomes Consortium. These were commissioned by NHSE to do some research and develop ways in which schools can measure wellbeing. There are efforts to monitor wellbeing data in School but there is no one single coherent method of monitoring so that is something that could be improved.

8. Does the school have procedures to help students catch up when they needs to attend sessions?

Yes. The teachers and wellbeing team can always work with the student to make sure they catch up, and try to limit how many sessions they miss. There are currently a couple of students at the Royal Free Hospital and they are attending the school there. Alternatively homework can be sent home if necessary.

When a student has to leave a class to attend a therapy or assessment session, the Wellbeing team now send them back to class ten minutes before the end. This means that they find out what homework they should have and the final round up of teaching. This has worked well. Schools can refer to mitigating circumstances when the students are assessed for exam results. There are strict criteria and it is not always possible but the teachers will try for the student where appropriate.

9. The Youth Council in Camden voted to rebrand CAHMS *Open Minded* and the panel are keen to know whether it is helped with the issue of stigma, as this was the intention.

The reality is that students and families are not really that aware of the re-branding. Schools still call the service CAHMS and not *Open Minded*. But there are no negative views about it and no confusion.

10. With reference to waiting times for CAHMS appointments, are students waiting a long time to be assessed?

In general the response from CAHMS is relatively quick, but it may take longer to offer appointment. When things take a while, the child may not be sure about attending the appointment [as the waiting time means they lose enthusiasm or focus]. For example there was a particular case where the assessment has been going on since the summer and the child still seems unclear what is going on and whether CAMHS will be offering her longer term support. The Wellbeing team does a lot of chasing on cases like this.

Parliament Hill School is lucky though as the Wellbeing Team is able to 'hold' the students focus while they are on the waiting list for CAHMS.

11. We asked how Neera finds working with Camden council.

As part of the mental health in schools Steering Group which has come out of the CAHMS schools link pilot, it has been very good as it enables professionals to share good practice. Otherwise schools work in silos. Camden Council's role in setting up this forum has been very useful.

One of the things that has been discussed recently is the Mental Health policy for schools. Also, at the last meeting the Early Help team from Camden Council came and talked about how they can help.

12. To assist the panel's recommendations once the review is completed, we are keen

to find out what Camden council does well and what it can do better.

The CAHMS service in Camden is very good. The Tavistock is very good generally, and it is recognised that Camden is lucky to have that service in the area, together with world leading institutions such as the Anna Freud Centre. The CAMHS workers are able to work with students and parents, but also offer consultation to the school about particular cases, and ask for advice. Having the CAMHS worker link between the school and CAHMS is excellent.
With reference to what can be done better, training for frontline staff is a good idea. Realising that a lot of staff such as teachers, learning mentors, could be better trained and supported is important. The staff are working with vulnerable groups and need support themselves.
In terms of schools, Parliament Hill has a lot of provision and each school will not know what is happening in other schools. There has to be support in schools.

What would also be useful is if there a website where people can go to see a list of the services, i.e. a one stop shop.

13. Are there any successful practices in other boroughs that Camden should adopt?

Islington have done i-MAHRS. This looks very good and it is going to be rolled out in Camden now.

14. We asked Neera to name a government policy that has been positive for mental health services and what could the government do better.

The Transformation Plans have been very good and provided the blueprint for mental health services and funding. At the moment the government are looking at taking that forward, considering what would be the minimum waiting time and setting mini

At one stage, Neera was contacted by the Anna Freud Centre for input into the Mental Health Provision Expert Review Group and but when she looked at the membership list they did not have any representatives from schools as part of review group. They had very illustrious specialists in mental health who are going to do this next phase of plans, but nobody from schools or social services. This seems a big oversight and could be improved.

Mental health has now more focus and attention than before, but it is unclear where the country is in terms of achieving parity of esteem.

15. Finally, we discussed whether Neera had any further comments for recommendations to improve services and about PSHE not being statutory, possibly due to successive governments not wanting to put more strain on teachers.

There needs to be a baseline of mental health services within schools. Ofsted now includes mental health in their inspection to schools, so there should be some general national guidance of minimum provision in terms of mental health plus specialist and targeted services which are needed for children who are vulnerable.

The use of trainee psychotherapists has been a very good idea and a success at Parliament Hill School. Their involvement is free or the cost is limited to pay for their supervision. A lot of schools have been interested in this but somebody must be there to coordinate or manage the trainees.

Attendance:
Cllr Siobhan Baillie
Cllr Jenny Headlam-Wells

Marta Calonge-Contreras (notes)

Dr Oliver Anglin
Interview on 23rd January 2017

Dr Anglin is a GP and a clinical lead for Camden's Young people in the Clinical Commissioning Group (CCG).

1. Dr Anglin explained his two roles and how they meet the mental health needs of young people in LB Camden.

The week is divided with three days as a General Practitioner in a busy practice in the borough and two days in the CCG role. This provides an important mix of front line work with patients and also managing how services are provided.

Young people tend to come to the practice when they or their parents recognise that something is wrong, whether it is mental health or physical health. GPs therefore often see young people first before other professionals get involved.

In many cases it is the parents that make the initial contact with the surgery. Where children are young (11-15 years) they will come in with parents. Once they start university they begin coming in as they are feeling pressure with exams or due to their life changing and they are encouraged to get help. However, 15 – 18 years old do not come in as frequently.

What GPs find is that young people do not present at the surgery with a mental health problem in isolation They tend to have issues surrounding low mood, depression or eating problems and these issues are often in the context of other problems such as: family concerns, housing, school problems, social media and bullying. If the outside issues are not addressed alongside a mental health problem, treatment will not be as effective. It is very rare that they attend with the early presentation of psychotic illness.

The single point of access for mental health conditions and all services working together is starting to really work. An example of a multiple issue case and where LB Camden departments worked together is where a parent was referred to her GP by the housing officer due to concerns regarding her mental health. Although the problem she was presenting with was in relation to finding new housing, the underlying issues were bullying of her daughter and depression and anxiety in both mother and daughter. The bullying was severe and had taken many forms leading to the child not wanting to leave the house. It was great foresight of the housing department to see the family problems. Council officers are thinking about all the issues and who in the family needs help [which will inevitably make each service more useful].

Another case is a teenager who came in with a parent. The parent was concerned about the child being very underweight and having poor habits with food. A GP is able to assess the child and begin conversations about food and body image, while also understanding who else in the borough can help. The important thing with young people is to establish a rapport with them before using terms like 'mental health', 'condition', or 'disorder'. Much can be done for a young person before they feel labelled.

2. With reference to the point about 15-18 year olds not coming into the surgery so much, we discussed with Dr Anglin why this is, where they may be going for help or whether there may be a gap for that age group as they do not know where to go.

Young people are complex and, in their mid teens, may not be speaking to their parents. Camden conducted a review of IT communications to understand how best to notify young people about services. [This showed the CCG that a good website setting out services would be useful but there would be limited benefit in spending funds on creating Apps or new IT services.]

The Brandon Centre do fantastic work and get very good results for young people. GPs refer young people there and they have self-referrals for this age group. The CCG have worked closely with the Centre as the borough is committed to do as much as possible to protect its funding. The Centre has also been very responsive and flexible in return. It is a very good partnership.

3. How do appointments work in the GP surgery and how are referrals received?

The practice sees a range of referral methods. Some visits are parents who say they are worried about their child. Other times they bring up a problem when attending a routine appointment for themselves. On occasions CAMHS will refer or other services, such as the council.

There is not a long wait for an appointment at his surgery. And if a young person or parent calls feeling the issue is urgent, a GP will speak to them and organise a face to face appointment on the same day if necessary. It is an efficient system.

4. We discussed what type of pressures there are on young people and Dr Anglin made the following points.

Low level day to day health pressures are a concern. There is a serious problem with social media and nobody knows what issues that is storing up for young people. They have lots of online friends but no sense of communication or intimacy. The quantity of friends becomes more important than quality and self-esteem or success is linked to getting lots of 'likes'. A lot of discontent and low level anxiety is flowing from this. More needs to be done to help young people cope.

The focus needs to be on promoting wellness, self care and if a problem is identified, helping the young person to keep their condition stable. How to cope with and live with mental health issues is important. Teaching young people to manage mental and physical health better is similar. If you get them to strive to balance work and social interaction with others with a healthy lifestyle, diet choices, exercise and sleep, mental and physical health will improve.

5. What does Camden do well and what could the council do better in relation to adolescent mental health services?

With a CCG hat on, it is much better not to separate mental health from physical health. That is how Camden has been thinking about the self-care strategy and ensures the services also helps with the low level daily health issues to prevent physical problems.

This is a new approach and Camden is ahead of many areas in the country. Camden is pushing the boundaries with joint commissioning arrangements and a whole systems agenda. In all CCG meetings the leads are always making sure mental health and self-resilience is considered in all services or systems. The CCG has also received a lot of support from the Local Authority in this regard.

In terms of what else Camden could be doing, there is some work being done towards de-

stigmatising mental health. It is not perfect and there is always room for improvement.
Links with primary care services could be better. GPs need more time in primary care, for example to do some multidisciplinary work. The demands on GPs time are too great and funding is being cut. Patient time is obviously prioritised but this leaves time to organise and perform multidisciplinary work that would help the borough meet patients' needs even more efficiently.

In terms of barriers, technology is an issue. Data and information sharing could be better, especially for out of hours provisions.

It also feels as if there could be an issue with crisis provision. Camden's CAMHS services currently are doing okay and it is good to have the Royal Free and UCH in the borough. However, if we want to move towards meeting government guidelines which say children need to be seen by a CAMHS professional within one hour when you are in crisis, more work needs to be done. It is something Camden wants to move towards but the borough is actually still ahead compared to other places.

There have been very good initiatives. The 'Mind the Gap' project and The Hive are doing great work. The Hive is expensive due to the building. The CCG is supporting the service but the commissioners are under huge financial strain.

Outreach work is very important as it allows professionals to pick up issues before they reach the stage that they need an appointment.

6. What is the government doing well and what could they do better?

In terms of what the government could do better, need to consider the initial points raised about mental health problems not being viewed in isolation. Problems such as overcrowding, poor housing, domestic violence, unemployment etc are all contributing to mental health problems. Reductions to social spending for families create an increase in the burden placed on mental health services. If the Local Authority is forced to cut spending, the health service gets punished. All this is at a time when demand is increasing and so much money is being cut from the CCG budget, with a significant reduction from overall budget this year, and then again next year.

It is important to look after the mental health problems that exist now for the young people but also recognise that where social issues are involved; those also need to be dealt with earlier. Over the last three years, the CCG work has been focused on trying to create a joined up system across health and social care. This is in an incredibly complex landscape but there are is progress.

Children's health outcomes are not determined by the access to health services. Health outcomes are multifactorial, and most stem from societal issues. And funding from each of these different elements comes from a different place. At least in Camden there is a shared vision between the CCG and local authority regarding the way forward.

7. As part of this review, we have learned that Camden's secondary schools have commenced initiatives to improve teaching about mental health issues and also to support teachers to respond to young people's needs. We asked Dr Anglin whether he knows what Camden secondary schools are doing and if it is likely to help his work.

The CCG role ensures information about learning and best practice is shared. Parliament Hill School is considered an example of a good approach to mental health support.
GPs tend to have enough information coming across their desks and have limited time so they

will not necessarily know about what is happening in schools. Adolescent mental health is also not the biggest burden on primary care, but there are things that affect families' in general and increase need.

When a young person turns up in a GP practice if they have already realised there is a problem or know about mental health generally, so it naturally makes talking to them easier. Prevention work in schools is also very important. To prevent young people feeling lonely and isolated in the first place can protect them.

Present:
Cllr Siobhan Baillie
Marta Calonge-Contreras (notes)

Dr Martin Abbas

Interview on Wednesday 4 January 2017

Dr Abbas is a senior GP Partner in Camden Swiss Cottage/ Camden CCG Children's sponsor and elected Camden CCG Governing Body Member.

1. **How do we meet the needs of CYP in Camden?**
   We follow the commissioning cycle. We do an assessment of need, of services being providers. Identify Gaps. Involve providers, other commissioners/ and other stakeholders. This is done on a regular basis.

   One of the things we do well is engagement. We have a joint commissioning team between the CCG and Camden Council so we are able to better connect MH services.

   Another thing that works well is governance. We have specific committees which oversee this area of work. We have a Children's Programme Implementation Group. We review performance at those meetings, look at areas for service development, business cases etc.

   We assess performance through looking at Key Performance Indicators. There are some problems with the level of detail we get from the providers, sometimes is difficult to obtain all the relevant information.

2. **What is working well and what do you think are the key gaps?**

   One area which is working particularly well is the complex care work at Swiss Cottage School – very good example of multi-disciplinary group with one single record system.

   Some specific gaps or areas for improvement are:

   a. **IT systems**

      - IT systems do not talk to each other. We have a few different providers, each using their own system. This makes information sharing very difficult.
      - Ideally we would have one record system or multiple systems that talk to each other
      - There is not one single mental health pathway

- KPIs are not always the same; they all have different ideas and perspectives from different providers.

b. UCH students pressure on services

UCH students' pressure. Brandon Centre waiting list is going up but this is because of UCH students – so we are in talks with UCH about increasing their funding offer.

c. Crisis service

Crisis is another concern. Five weeks waiting list is too long. They (CYP) should be seen earlier than that. We are developing our response to our crisis issue. NCL wide crisis concordat, with seamless pathway – so we can connect all services together so they can be treated and discharged more quickly.
We would like better connectivity between all services, which we are looking at within our transformation plan. The concordant may help this. Because of different services, etc.

d. Prevention

Prevention is another area which we could improve. Minding the Gap has helped. It's made it young people's offer more accessible and the referral to CAMHS is more streamlined. Minding the Gap also addresses the issue of transition and it's already showed benefit. The main challenge now is being able to demonstrate good outcomes versus spend.

Schools have played a great part in our prevention offer. We have a great MH offer in schools. Awareness of MH illness is increasing. But some things could be improved, such as the connectivity with universal services including the voluntary sector; and improved communications between CAMHS or School Nurses with GPs about children who are unwell – as a GP I never receive any information on this.

It would be great if we could have a piece of work in terms of how we expand the prevention offer. For example an app for CYP with which you can connect all services, all in one making a very holistic offer. All in one app – why don't we have that in Camden?

The IT offer could be better. In particular, GPs understanding of what the offer is could be improved. GPs are now developing into neighbourhoods. The idea is to move more care out of hospital and into community and there will be challenges for providers in ensuring that those networks are strengthened. More holistic provision rather than working in silos. For example moving more universal services into Children Centres as we know offer is wider. Same idea for MH.

e. Perinatal Mental Health

Perinatal MH is a big issue. It's not very well provided for at local level. So we are developing a North Central London wide offer. We have approved a business case that addresses some of this need. Public Health has given us funding for create a perinatal mental health peer support service. But the pathway will be better connected. There will be some provision within hospitals. Cocoon (voluntary organisation) is involved in this. One of his patients created it to support women with perinatal mental health issues.

Other worry – 'the gap'. Extra issues that we cannot look at – for example issues that LA could be able to help with – availability of green spaces for children, obesity - restricting the licensing of fast food.andfacilities for underage drinking, e.

Problem with the way that people think about alcohol in Camden and how it's portrayed in schools, as a 'rite of passage'.

3. **Do you know of other successful services in other boroughs that you are aware of?**

   We are the ones other boroughs want to learn about. There are some things happening in Islington. For example they now have an 8am to 8pm service offer, and maybe we could replicate this.

4. **Any government policy that you think has been particularly helpful?**

   The recent Sustainability and Transformation Plans are a good idea. These have been submitting at NCL level. It's about improving prevention, shifting care into the community and making health economy more sustainable. Reducing costs in the acute.

5. **What could government do better?**
   We have the 5 year forward plan. Given Camden CCG funding allocation, we need to find a lot of QIPP (Quality, Innovation, Productivity and Prevention) savings within the next five years. That will require us to work more collaboratively with the local authority, and moving care from hospitals into community services so that it's cheaper. It's about more efficient use of the Camden £ .
   But, if we are going to commission in such a way, it should not be undermined by the government negotiating directly with big providers. There has to be a finite envelope. We needs help from higher up to create better contracting models which do not include perverse incentives.

6. **Any other things you could like to mention?**

   - EMIS Web – all GPs in Camden use this. It allows seamless interaction and information sharing between providers and GPs and between GPs themselves. Access to relevant patient data instantaneously. Why is secondary care not changing to this system so that we can all effectively share information?
   - 'Thrive'. The Thrive model is going to be the way that Camden tries to address some of the need. The Thrive model of care is good. It is being developed but not as quickly as I would like. [need to ask Maggie/Andy about progress with developing Hive]

In attendance:
Cllr Headlam-Wells,
Dr Martin Abbas,
Marta Calonge Contreras (notes)

Maggie McCutcheon
Interview on 28th November 2016

Maggie McCutcheon is the Commissioning Manager with responsibility for CAHMS across Camden Council and the Clinical Commissioning Group.

1. **To commence the meeting we asked Maggie to explain how she and her team meet the mental health needs of 11-19 year olds in the borough.**

   The assessment of need is completed through the Joint Strategic Needs Assessment. The process does need updating as while it is refreshed annually there is not a lot of mental health information included, especially for children. There is some information about the local model of estimated 'need' from the Public Health but more detail about categories of mental health conditions and prevalence are required.

   Nationally, 10% of children need mental health support but in Camden 13% of children require support.

2. **With reference to referrals, we discussed how CAHMS services are communicated to young people and how service providers receive referrals.**

   It is already understood that Camden CAHMS need to improve how they communicate with young people about services. The services are not communicated properly and young people have said they do not always know where to go. It appears that we need more information that summarises what services are available for everybody, including professionals and parents. CAHMS will be working on this next year (2017).

   Information could be provided through websites as well as leaflets. There is also a new national Public Health 'app' which is very good and there is a question mark over whether it could combine mental health service information as well. While national websites are often favoured, local information is still useful for example for GP and Crisis services.

3. **As part of the mental health review, we are trying to establish how service providers receive referrals. Maggie explained the position relating to CAMHS and her views on where improvements can be made.**

   In Camden all CAMHS services are known as 'Open Minded' (following a consultation with young people and a youth council decision). Open Minded includes not only the main CAHMS services at the Tavistock but all other mental health services for young people.

   There is one central point of referral to Open Minded and the referral goes to a joint 'intake team'. This is a team of clinicians from the Tavistock but they can refer the young person to other services that are appropriate, for example The Brandon Centre.

   There is not yet any ability for young people to self-refer to services. Other parts of London and the country have a self-referral and this is something that Camden should

explore. Some boroughs have walk in services (i.e. Northampton and Haringey). That facility is called 'Open Door' ensuring that it is accessible to parents and children. Young people alone or with their parents can walk in and access proper therapeutic support as well receiving signposting to other services that may be appropriate.

4. **We explored what pressures are on CAHMS services for 11-19 year olds.**

Waiting times are on the top of the list and could be better in Camden. Given the size of the funding here, children should not have to wait at all and better planning may be required. Further, there should not just be a focus on the wait for the first appointment. Any follow up treatment or assessments should also have limited waiting times and be monitored.

Camden does provide a lot of clinical input into other services, which is very good in terms of improving early intervention.

Clinicians feel that they have been made to revert into a central team model whereas before they were out within the actual services. This creates another dimension as it bypasses the referral process [Marta made a note for Maggie to check this section and I think we need some clarification]

Clinical CAHMS in Camden also commissions creative therapies and equine therapies. The range of services are extremely complex and full. It takes time to understand what is available, even as an employee of Camden. There are a lot of services but we need to build capacity and knowledge within our front line services, for example support in schools and primary care etc. Camden is very focused on the main provision but we ca consider whether we are developing in other areas.

5. To assist the panel to consider recommendations, we made it clear that we are keen to find out what services are missing and what can be improved.

The joint commissioning between the council and health departments in Camden is considered to be a very good arrangement. It works well but they are always looking to improve. There is an event before Christmas (2016) for all service providers to get together and explore what else can be done to achieve more joined up services.

Some of the criticisms which have been raised relate to issues of having a 'disjointed pathway', particularly around perinatal mental health. Camden commissions a lot of work from Anna Freud and from the Tavistock as well in work relating to early intervention. We need to ensure all providers know what each other is doing and clarify who is referring and why. They are working on a detailed survey and will scrutinise the data.

We asked whether providers that have contracts do not refer to other providers because they want to keep the work, together with whether there is a conflict between commissioners and providers regarding who has the expertise.

Maggie did not feel that this was happening and that the providers are good at cross referring. There was a recent issue regarding a child with an ASD diagnosis and whether there was provision for parenting courses. There are some Local Authority parenting courses which are free and could be used [in this context/ for ASD children?] [This was a good example of how better communication between teams and providers would assist.]

Most of the time there are conflicts between commissioners and service providers as it is the nature of the roles. Despite the joint commissioning, there have been some issues trying to share data and the CAHMS team are working to resolve this.

6. **In further discussions about what can be improved in the borough, Maggie made the following points:**

- More outreach to vulnerable communities, reaching out to those who do not normally access health services.
- There is outreach into schools and every child attends school so this is important but they know young people do not want to be treated in schools all the time. Sometimes they prefer a separate service.
- Older young people are likely to want a walk in service.
- Camden needs to do more to upskill the front line service staff. For example, training youth workers and A&E workers to help them deal with difficult mental health situations.
- Involve the voluntary sector more.
- Provision in colleges and sixth forms is a gap. Camden does not do anything here.
- Services for 18-25 year olds is a pressure on Camden's budget. The high student population uses the borough's services when the university pastoral care is not accessible or sufficient.
- There is no overall clinical lead for CAHMS and this is a gap in provision.

7. **We asked how Maggie finds Camden Council in relation to adopting new ideas for mental health and whether it is innovative in this area.**

As a new commissioner to Camden Council, it took a long time to establish what is actually being provided. There are lots of services to feel proud of, but we also need to think about how flexible and cooperative [collaborative?] these services are with each other.

The joint commissioning between CCG and the Council means that there are two governance processes. This adds a lot of bureaucracy [and has the potential to dilute innovation?] . There are lots of layers to go up through in the council, less in the CCG.

The team have had to work hard to gain input from other departments in the council, for example to ensure that they are taking ownership for some areas of the transformation plan that relate to them. There is a bit of a feeling that as there are so many services available, there is no need to do anything differently.

8. **We then asked what Camden council does well.**

The engagement with young people is impressive. It is taken seriously, with lots of events where key stakeholders get to meet the young people throughout the year. In commissioning it is made sure that they follow up on the guidance from the youth events.

They are working on being more structured about how they take young people's views into account and would be open to getting the young people involved on a more ongoing basis.

Peer education, peer support and health promotion is a growing area in the borough from Fitzrovia and the Hive but there has also been resistance to this. It would be good to try and receive more involvement from the voluntary sector into peer work.

The Healthy London programme was commenced by the Boris Johnson Mayoral administration [is followed by Camden]. However, it is not aligned with [DH - Department of Health] and NHS England so they are not joined up and the message can be confusing.

9. The panel wants to know whether there are any successful practices in London or elsewhere that Camden should consider adopting.

Some of these have been noted already but in essence we discussed:

Open Door walk-in services for secondary school children and community based practice.

Children who present to A&E in hospitals should be part of the pathway in terms of having a response team. They are looking at piloting something across North Central London to provide a community based 24/7 response team. The Tavistock does not provide a 24 hour service so an additional crisis service would compliment what is already in place.

Tier 4 CAHMS (inpatient beds) is now commissioned nationally but the government want to move it back locally. North Central London CCGs have put in a proposal to manage beds at the Beacon. If successful, it would help to keep young people who need inpatient care closer to home. The aim is to create a proper plan by the end of December 2016 but it has been a challenge to get the data from providers. A group led by the Tavistock is working on the necessary data, for example to show how much money has been spent on children requiring beds outside of the borough. The information is understandable required to plan services.

10. With reference to the national picture, we asked for a recent government policy or change that has made a positive impact on mental health services in Camden and what the government could do better.

The Future in Mind report was positive. That focus arose following a lot of cross party political pressure to consider mental health issues and as a consequence there are extra resources available now. The resources have however come with a mountain of bureaucracy in terms of reporting back to central government and therefore extra work.

Also, the additional funding for mental health services has not been ring-fenced and the financial guidance on spending can be contradictory. We are lucky in Camden due to the structure in place and commitment from the council but other councils are using the funding generally. However, even with the successful joint structure in Camden, there are financial challenges from the CCG regarding parity of esteem.

The government needs to say clearly that “this money is ring fenced for CAHMS” when it is made available.

The government requires Local Authorities to report on mental health and the transformation plans annually. This conflicts with reporting throughout the rest of health/the NHS, where there is a two year reporting practice, plus an additional year if required (2+1). It makes no sense that CAHMS should be any different [and one year is not long enough to assess]. Further the Mayor of London’s Healthy Living plan is also reported at a different time.

As with thoughts about where Camden can improve, Maggie feels that the government needs to think about what parts of the system can be improved in terms of efficiency and also about upskilling front line clinicians and workers.

Present:
Cllr Siobhan Baillie
Cllr Jenny Headlam-Wells
Marta Calonge-Conreras (notes)

Gill Morris
Interview on 28th November 2016

Gill Morris is the Senior Health and Wellbeing Adviser at Camden Council, leading the Health and Wellbeing Team, part of Learning, School improvement and Partnerships Service and reporting to the Head of that Service

1. We asked what role Gill plays in mental health service provision in the London Borough of Camden and how her work meets the needs of 11-19 year olds.

Gill explained that the team she leads is responsible for supporting children and young peoples' settings, such as children centres, youth centres, after school clubs and schools. The Team covers a wide range of public health priorities, including mental health and also other things such as Obesity prevention (healthy eating, physical activity) sexual health, drug and alcohol misuse and smoking prevention.

They provide some front line services with families on obesity prevention and have some direct contact with children and young people when training them up as health champions or anti-bullying champions Mainly they work with staff in schools, children's centres, after school clubs and youth centres to improve policies and practices in the setting for children and young people. They also work with teachers to plan, manage and deliver the curriculum relating to health and wellbeing and seek to constantly improve all aspects of the school system to improve health and wellbeing.

The team is commissioned by public health and works to both school improvement and public health priorities. They run Camden's Healthy Settings programmes, which focus on 'a whole settings approach' and include healthy schools, Little Steps to Healthy Lives for nurseries and Children's Centres and Healthy Futures for youth centres.

2. In discussion about young people being referred for mental health assessment or receiving treatment, Gill explained that:

Save for some group interventions where children and their families will attend (regarding obesity prevention), the work is to support staff in the school (or other C&YP settings). Gill therefore has no direct experience of referring young people or assessing them for mental health treatment.

We asked whether she had any experience of views from parents about children being assessed for or receiving mental health treatment. Gill felt the main issue for parents is about their children being labelled with a mental health problem 'many Parents have a big issue with that and it's a barrier to treatment. There is still a lot of stigma attached to mental health'.

The team do not personally do any work on treatment; they focus on prevention, which includes preventing stigma. If a school approaches Camden to say that they would like help around mental health, team would look at what can be done in the school to assist the teaching and support staff. For example, they might review the information the school gives

to parents and Children about mental health, arrange training for school staff on mental health, review what the school is teaching about mental health and help the school develop a mental health and wellbeing policy.

In Camden and to date, schools have not asked for support or work specifically on stigma surrounding mental health issues. Schools mainly ask for help on ways they can support children and young people, good teaching resources and advice on dealing with specific mental health problems such as self harm and eating disorders.

3. We had a discussion about what schools have asked for in terms of support and training. We also learned that Camden do not have a breakdown of what each school is doing in relation to mental health teaching or prevention work

Schools are required to publish their curriculum on their school website, and this would include what is being taught in Personal, Social and Health Education (PSHE), which includes teaching about mental health. There is no requirement for Camden to keep records about what is taught about mental health in schools or the prevention work they do but there is now greater knowledge about what schools are doing through the mental health in schools group, the mental health grants project and the CAMHS in schools pilot. Gill has developed (with the mental health in schools group) an example Mental Health and Wellbeing Policy with a strong focus on prevention. The aim is to support all schools to have a policy.

From January Camden has extra funding from public health for two years for an additional post and the person will work with schools to introduce Islington's mental health and resilience in schools framework (iMHARS). This has already been introduced in Islington and Camden will be using the framework and working with Camden schools in a range of ways
The framework contains seven components which are based on evidence about what will enable pupils to develop positive mental health and resilience. Each component has supporting practices that describe what schools should be doing to support children's mental health, including what can be done to support parents, help vulnerable pupils, teach pupils to be resilient learners and support and train staff to build skills.

The framework will help our schools to identify which areas they need to do more development work. It is a framework to help schools reflect on their practice and develop an understanding of how to address areas for development and identify strengths in relation to mental health.

The iMHARS is an in-depth piece of work. In Islington it took schools almost a term to work on all 7 components. Gill anticipates that the new post holder will work with the schools to 'drill down' into say two or three of the seven components rather than look at all seven. For some schools trying to do that with all seven would take too much time.

4. At various stages in this interview the panel councillors mentioned comments made by the youth council about mental health. Young people in the borough want to be involved with developments in the field.

Gill explained that they intend to involve young people as 'part of the work in identifying what's going on in school but we want to first look at what's going on in the curriculum and then talk to teachers, parents and young people themselves. They are clear that they will talk to schools

before they talk to young people so they can decide the best way to help schools use the iMHARS framework. There is a constant awareness in Camden not to overburden schools and teachers.

5. We also told Gill that the young people we met are very keen to be taught about mental health earlier in their education and about the 'low level stuff', such as daily pressures, anxieties and exams rather than the extreme health breakdowns.

Gill explained that the Health and Wellbeing Review for schools to be recognised as Healthy Schools includes asking schools 'are you teaching about mental health?' Most of the schools say yes but in some monitoring is not in place. The team do not have details about what each school is teaching about mental health, or to what extent it is being taught at all but is gathering more information over time to be able to share good practice.

Gill was frank about these issues and believes that the work that will be done over the coming year will give her team a better understanding about what is happening, alongside giving the schools best practice examples. She suspects primary schools are not teaching much about anxiety and eating disorders although they teach a lot about emotions and resilience. Secondary schools do talk about stress and body image and media issues, and there are already some resources that Camden provides schools for this, including nationally produced resources.

While resources available are good and well written, Gill commented that there is a lack of confidence in teachers about how they teach these subjects. They are anxious to avoid making the situation worse, particularly with children harming themselves or suffering from eating disorders.

6. We discussed how Camden could keep track of or audit mental health teaching and matters in schools, which led to more information about what is happening at the moment.

There is a review as part of the Healthy School Programme which includes a question about teaching and they do know schools are doing some of the core things required for prevention of mental health conditions.

In the last 18 months, Gill says that Camden have done much more in schools around mental health issues, motivated by the CAMHS transformation plan that is required by government. Mental health in schools is also one of the local priority areas.
A year ago, the Mental Health in schools steering group was established. Gill is the chair of the group. It includes a wide range of professionals from primary and secondary schools, a special school representative, nurses, counsellors, CAMHS practitioners, Educational Psychologists, public health experts and mental health commissioners. The group has allowed Camden to think collectively about what are the most important issues in terms of mental health that we need to be supporting schools with. It also shares best practice.
It is a new steering group and very well represented. Out of the 23 members, they have regular attendance of c18 members, with the meetings hosted in schools to keep the focus on schools.

Gill explained that what has come out of the steering group has been that schools wanted more guidance. As a result the group has created an example Mental Health and Wellbeing Policy for schools, which is currently in draft and out for consultation. Once finalised it will be made available from January and will need to be kept up to date. This policy has now been finalised and will be disseminated to schools. Gill is conscious that it should not be 'just a document' but feels it can send a message to parents and young people that mental health is

important to the school. She wants to ensure everybody knows that the issue is being considered.

Camden was part of the DfE 'CAMHS in Schools' pilot (Camden was selected for this as part of a national pilot, the aim of which was to strengthen links between CAMHS and schools). Camden is considered very good at linking schools with CAMHS services compared to other boroughs but the lack of mental health and wellbeing policy in schools was highlighted during this work. Schools said 'we don't have enough information about where to go if we need support'. When researching for the draft mental health and wellbeing policy and a 'where to go for information and support' document, Gill explained that she found it incredibly difficult to identify what support is available to parents. There is support, but there is hardly anything providing a central point of guidance at the moment and the range of support is quite confusing. She feels that there used to be more places in the voluntary sector that you could send parents to but this is less clear now. Schools need to know where to send parents who may have mental health problems of their own as part of support for the children and family generally.

7. Camden rebranding 'CAMHS' to 'Open Minded', following discussions with young people and local stakeholders. The panel wanted to know whether this has been a success.

Gill explained that she cannot comment about what parents and children think of the change. She commented that people can become confused about the difference between Open Minded and Minding the Gap.

While we all agreed that it can take time to change from the habit of referring to CAMHS for many people, Gill is clear that it was a positive change. The motivation to change the name was due to young people's views, so everybody is committed to sticking to the new name. Further promotion or advertising could help 'Open Minded' bed in.

8. We asked what Gill believes Camden does well for young people's mental health services (with particular focus in schools).

Support for individual children is considered good, particularly for those who don't meet threshold for CAMHS. For example, the work provided through counsellors, SENCOS, and the school inclusion team goes further than other boroughs. Gill understands that some schools have more developed work around mental health than others. Some schools are also very good at building the relationship with CAMHS.

Gill explained that primary schools have created teaching programmes and interventions to teach about feelings, and resolving conflict, strengthening relationships, friendship and respect for one another. Schools in Camden are part of the UNICEF Rights Respecting Schools campaign. She feels that provision around these areas is strong. The panel would like more information about provision of services or teaching in secondary schools.

With reference to schools that are sharing best practice, Gill explained that Camden has some additional funding from the transformation plan for mental health grants for schools. They gave all schools in Camden the option of making an application to access funds from the grant. They had to write a proposal on how they would use the grant money on a prevention project to improve mental health. They were looking for innovation and creativity but criteria was created so that Gill's team could assess the applications and a scoring system was established. The focus on preventing mental health issues and anything that was implemented had to be sustainable beyond the grant funding.

They had 26 applications and 19 schools were awarded grants, at a range of levels up to £4,000 per school. The applications were wide ranging and interesting. Schools proposed mindfulness sessions, and resilience programmes and enhanced teaching about mental health. For example, one school has used the money to do a thorough assessment of children's needs. They used socio-grams (drawing pictures of the class to help identify children who are isolated) and using professionally validated questionnaires. Through this project, the school identified twenty children who need extra support and are now running a programme to support those children. 'Ten steps to happier living' is another project that won a grant and a couple involved parents too.

Case studies have to be submitted and all projects will be evaluated to see if there has been a positive impact. For the projects which show positive impact, we will have a sharing learning practice event with all schools. The panel asked to be kept up to date with this scheme.

9. We asked whether there are other successful services or practises outside of Camden borough which we should adopt.

Gill initially did not have examples save for the iMHARS in Islington. She explained that she had been to a couple of national conferences where Camden was presented as good example and went on to explain that Cornwall has done a lot around stigma in mental health. Camden has their resources and shared them with schools. Also:
'Take Ten' is a project which originated in Northern Ireland. It's an app/ software. You attach a sensor to an earlobe to teach children to manage stress and self-regulate. So when children feel stressed they learn techniques to calm down using computer games, and they can see what's happening to their heart and breathing rates. We have some funding and Take Ten (they are an organisation) are coming on Thursday to Primrose Hill School for a presentation so that we can find out more. We want to trial it across 10 schools, primary, secondary and special. We can fund the equipment but schools will have to fund the annual license.' There has been a lot of interest in Take Ten. There was an event to introduce Take Ten to schools in December (and there will be another one at the end of January). Since December 16 schools have registered to be part of the Take Ten project.

All the mental health projects will be finished by July 2017 and they expect to share some of the more successful projects across the borough.

10. The panel asked what Gill thinks Camden Council could do better.

'We tell schools that they need to do early identification and early help work. But it could be clearer to schools what that means in practice. Because often, what schools think about when it comes to mental health is the moment they have a child in front of them with a problem, but they often don't reach the CAMHS threshold, even if sometimes they are very complex cases. It's about those children in the middle, and working out what support is available for them. In some cases the school counsellor may be able to deal with it, but sometimes it is more complex.'

So we need to identify earlier, but also have things in place in school to deal with issues when they appear. Also, CAMHS treatment does not always resolve the issue. Once the child is discharged, they will need longer term support. How you support children in the longer term in schools after they've had CAMHS treatment and even inpatient treatment is something we need to think about.

11. And what Gill thinks the government are doing well in this field.

'One of the things that have come out recently as a recommendation from lots of reports is

that PSHE should become statutory. This argument has been going on for years and years. This subject is where you would be teaching about mental health. But it's not compulsory.

So there is no statutory teaching about mental health. Governments have been talking about it for a long time, this government and previous ones, but it still has not happened.
Ofsted is a key opportunity to look at what's happening in schools, and they don't ask about mental health. They talk about safeguarding, and I think mental health could be considered a safeguarding issue. But they don't ask about it. If this was a question from Ofsted then that may help and schools would have to do something about it. There was a letter sent to the government officials signed by the Chairs of 4 Select Committees asking for PSHE to be made compulsory but they haven't yet. The main barrier seems to be that they don't want to place additional burdens on schools.'
'The government doesn't do much in this area anymore, in terms of guidance for schools. I'm a trustee of PSHE association and the government gives them money to produce resources and guidance around mental health, but the Department for Education do not produce things; it's not their role any more. We are unusual in Camden in the sense that no schools in the borough are academies, other than new builds. And we are even more unusual in having a team like mine, a team with responsibility for supporting schools around health and wellbeing provision.'

'The transformation plan was a very good move from the government because it means mental health is now a priority. But CAMHS in schools was already a local priority in Camden.'

12. We asked whether there is there any other work that is being done with schools that Gill wanted to mention.

Training for teachers. Gill explained that teachers are under-confident about tackling mental health and talking to children about mental health. Camden are providing mental health training for schools, which includes the Youth Mental Health First aid Training programme being adapted for schools. Camden intends to roll this out across the borough and wants to have a member of each school trained by the end of the academic year in July 2017. Gill hopes that the school's named 'mental health lead' are clear about their role in each school by the end the same period. Camden will be monitoring take up and impact of the course. 3 courses have been delivered since December; 2 in schools and one as a central course. There are courses available to schools throughout the academic year.

A slightly different resource that the Team developed and has been successful for years 5 and 6 has been lessons about emotions based on the Pixar film 'Inside Out'. We asked whether there was a follow up or equivalent in secondary schools and there is not to Gill's knowledge. Between March and June primary and secondary pupils will be able to complete the health-related behaviour questionnaire. This includes questions relating to mental and emotional health and about pupils' views on learning about mental health. The aim is to involve all

secondary schools and 30 primary schools which will produce comprehensive data to help schools review and plan curriculum and interventions and help Camden when planning support to schools on mental health.

13. At the last full council meeting, the Fitzrovia Youth group made a deputation about their work supporting peers and they are keen to extend their programme. Members of the Youth Council also stated that they are more comfortable speaking to their youth workers than teachers or parents. We asked Gill whether there is there any scope for peer-to peer support in Camden, i.e. on a more formal basis.

Gill believes there is 'definitely scope for peer education' but she is wary of peer support

schemes as she feels it is very hard for the young person providing the support to keep boundaries and protect their own mental health. It is difficult to identify the moment that the problem has become a deeper issue or when you have to stop providing support and seek professional help. She feels that this is a huge responsibility to place on a young person/peer, who will also need supervision. Gill is not convinced that schools currently have the capacity to provide supervision and monitoring of peer support.

Attendance:
Cllr Siobhan Baillie
Cllr Jenny Headlam-Wells
Marta Calonge Contreras(notes)

Camden Parents Advisory Board
Interview on 10th January 2017

The board meets regularly to learn about Camden services for children and discuss ideas or problems that they are facing, together with sharing best practice.

1. The panel met with a packed room of parents who were immediately engaged in the subject of adolescent mental health. We settled into the interview asking the parents what type of mental health conditions and concerns they understand young people are having – drawing from their own experience or from other parents. Below is a record of the points they made to explain their understanding of what falls within the definition of mental health and what creates health problems for young people.

- If children have had problems, not necessarily mental health problems but for example were found to be dyslexic, it can take a long time for the children to be diagnosed. The problem then got bigger and other health or education pressures are created. This could be avoided if it the real issue had been picked up earlier.

- Some parents knew others who had severe problems with their daughters in terms of eating disorders. They had to be hospitalised, which was very distressing.

- Things like phones and gadgets are having a big impact on mental health. Children now have to have the latest gadgets because their friends have them, etc. There is a lot of pressure on parents to provide things and a lot of peer pressure on the children.

- Children are losing social skills. They are on their phones all the time. They do not even look up when they are having lunch or crossing the street. They are not even aware of safety issues by using phones all the time.

- And then there is the issue of what they are looking at when they are on the internet.

- Children have become more isolated. They stay in their room using social media and it is a battle to get them out.

- Parents try to set boundaries, for example by banning a child from touching the phone. This is achievable when a child is young, but much more difficult with teenagers. They use their phones for friendships and the internet for school.

- A range of rules about phone use were given. For example, one parent made their nephew put his phone on the table and they are not allowed to look at it during conversations or meals. All agreed that some adults can be just as bad with mobile phones.

- Teenagers are under a lot of pressure from GCSE's and exams. There is pressure with having to please parents and teachers and a fear of failure. There is a social media bubble that children have to keep up with, this adds to the pressure to be perfect or successful.

- There is an issue about empowering parents. More work should be done to empower parents so they are comfortable with setting boundaries at home.

- There can be disengagement going on between children and school. For example, a parent can be told by teachers that their child is doing well but the parent can see that he is not grasping some fundamental basic things. Children do not seem to have basics, for example how to handle money or not writing properly. It worries parents that teachers are saying things are okay, when if the child leaves school without basic skills, they will not cope.

2. The panel explained that one of the things that children had reported to us was that they are not taught about the 'low level mental health stuff'. They feel they are taught about what happens when there is a crisis or serious issues but not about daily coping mechanisms. We asked the parents whether this sounds right from their experiences.

- Young people do not communicate. They do not know where to go or who to talk to. They will speak to say an older brother, but not a parent. One parent explained he had problems himself when he was 19 and had nobody to talk to but he was lucky as a charity supported him.

- There is an issue about people in general not understanding what networks are there, and that there are people around to talk to about things. And also, that it is okay to talk about your issues and pressures. The message should be that people cope by talking about things. It is unclear whether Camden's young people know what charity support is available.

- Part of the reason why teenagers find it difficult to communicate is because they are very self-conscious about who is hearing them and who else they may tell. They are worried about people judging them.

- Networks are inundated with problems, so they concentrate on those children where there is abuse and serious issues. The lower level abuse or daily issues are not being dealt with.

- A parent felt strongly that there is an issue with black children and children who are cute when they are small but when they become big strapping teenagers, they are perceived as a threat or troublemaker regardless of their actual behaviour. Schools often do not know how to deal with children properly and if they have any problems early on, they can be marked out as trouble for their whole school life.

- Another parent related to the above comment. Her son has ADHD and she feels he is victimised. Whenever he gets in trouble, instead of dealing with him, he is immediately sent out of the classroom. They do not know how to deal with him so their response is to exclude him.

- Crime within Camden is a concern for parents. Recently a young boy was shot in Kilburn. There would have been things going on with young people in the area before it reached that stage. Those low level things could have been picked up by everybody who comes across children. Sometimes children behave well when they are at home but parents lose control or understanding about whether a child is being pressurised to do things by others when they go out.

- There is a stigma about mental health. It is now discussed that one in four of us suffers from mental health problems at some point in our lives. Not everybody knows that and one parent's child expressed surprise about this. There needs to be more awareness about the issues. There should be more training in dealing with mental health issues and what to do if someone asks for help.

- While the focus of this review is on adolescent children, parents felt that a lot of things start happening in primary school. Children are bullied in nursery and parents see the impact of this, often with a child suffering from low self esteem. If issues are tackled in primary school, then by the time children go to secondary they would be better prepared and more aware about the pressures that will be coming. They will be able to cope better.

3. We asked the parents what Camden council can do better in relation to mental health services or education.

- Training front-line workers, teachers, social workers and youth workers. They should know how best to approach children with care and concern, even when it is an issue on the mild end of the spectrum.

- Professionals must show it is okay to talk about mental health issues, so children do not feel they are a victim if they do so.

- Parents should also be trained. Parents need to know who to go to and what to say to children if they confide in them about their own problems or a friend's. The usual advice is to talk to teachers but children sometimes do not want to do that.

- More professionals should go into schools and have more general discussions about mental health, where children can go for help, etc.

- It is daunting for children to seek help from a professional service but if it is someone in the school that they know, and who is familiar, that is much easier.

- From a teacher's point of view curriculum is already very tightly packed. They have targets for maths, literacy etc. and do not have time to dedicate to this. Focus on mental health needs to come from the top. The curriculum needs to include mental health if we want teachers to dedicate time to it.

- Awareness needs to be raised but also need to take a look at society as a whole. Most of parents are raising children by constantly praising them. There has to be a change so parents are also realistic. Parents need to help themselves and educate, learning about 'millennial' children. Camden is one of the leaders when it comes to services provided

within London, so there are services here. It is not only the teachers' responsibility. It is the responsibility of the whole community. Parents need to get to know their children.

- There is not much information from the schools about exams. For example a warning about the pressures that children will feel during exam period and what parents can put in place in homes to make things better.

- It starts at the home, parents need to take control. It would be good if parents and teachers are taught about psychology of children and coping mechanisms. There needs to be training for parents. An awareness about a child's mood and a reminder that if a child seems down, the parent needs to talk to them.

- Must however remember that there are cases where the issue for the child is the parents. Need to understand that sometimes parents can cause children's mental health problems and how the community can help.

- For some cultures, when you mention the word 'mental' they do not want to know. There is big stigma attached to it. A parent explained that they prefer to refer to 'mental wellbeing'.

- Many of the parents in this group have been trained to go and speak to other parents about matters concerning children. It could be another practical solution, to train a group of parents to go to schools to speak to other parents. Parent to parent education works very well.

Attendance:

Cllr Siobhan Baillie (chair)
Cllr Jenny Headlam-Wells
Marta Calonge-Contreras (notes)

APPENDIX 2. CAMDEN SCHOOL MENTAL HEALTH POLICY

Example for Schools

February 2017

This example policy aims to help primary, secondary and special schools develop their own policy through consultation with staff, parents/carers, pupils and governors. It has been produced by Camden's Mental Health in Schools Group and includes a range of ideas and approaches used by schools.

This policy was agreed by Governors on _____ and it will be reviewed in _____

Named mental health lead_____

Named governor with lead on mental health_____

1. Why mental health and wellbeing is important

At our school, we aim to promote positive mental health and wellbeing for our whole school community; pupils, staff, parents and carers, and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children go through ups and downs through their school career/life and some face significant life events. About 1 in 10 children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships and academic achievement. In many cases it is life-limiting.

The Department for Education (DfE) recognises that: 'in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy'.

Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting pupils wellbeing and can help engender a sense of belonging and community.

Our role in school is to ensure that they are able to manage times of change and stress, be resilient, are supported to reach their potential and access help when they need it. We also have a role to ensure that pupils learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where

- All pupils are valued
- Pupils have a sense of belonging and feel safe
- Pupils feel able to talk openly with trusted adults about their problems without feeling any stigma
- Positive mental health is promoted and valued
- Bullying is not tolerated

In addition to children's wellbeing, we recognise the importance of promoting staff mental health and wellbeing.

2. Purpose of the policy

This policy sets out

- How we promote positive mental health
- How we prevent mental health problems
- How we identify and support pupils with mental health needs
- How we train and support all staff to understand mental health issues and spot early warning signs to help prevent mental health problems getting worse and support pupils
- Key information about some common mental health problems
- Where parents, staff and pupils can get advice and support

3. Definition of mental health and wellbeing

We use the World Health Organisation's definition of mental health and wellbeing

' a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'.

Mental health and wellbeing is not just the absence of mental health problems. We want all children/young people to

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

4. How the policy was developed and who was consulted

The development of this policy was led by our Mental Health lead and SENDCO in consultation with pupils, staff, parents and carers, the school nurse and local mental health professionals (Child and Adolescent Mental Health Service (CAMHS) and Educational Psychologists. We used the Camden example policy as the basis of our policy.

We organised a series of consultations to gather their views

- School council gave their views on what to teach and the best ways to teach about mental health
- Parents and carers were invited to a consultation meeting and gave their views on what they wanted their children to be taught and what support would be helpful
- Staff discussed the draft policy at a staff meeting

In developing this policy we have taken account of

- Children and Young People's mental health: state of the nation 2016
- Education, Education, Education, Mental health 2016 (secondary)
- Promoting children and young people's emotional health and wellbeing Public Health England 2015
- Preparing to teach about mental health PSHE Association 2015
- Mental Health and Behaviour in schools DfE 2014
- Supporting pupils with medical conditions DfE 2014

5. Links to other policies

This policy links to our policies on safeguarding, supporting pupils with medical conditions, anti-bullying, PSHE and SEND strategy. It also links to our SEN Information Report. Links with the behaviour policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need.

6. A whole school approach to promoting positive mental health

We take a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise.

This encompasses 7 aspects

1. Creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
2. Helping pupils to develop social relationships, support each other and seek help when they need to
3. Helping pupils to be resilient learners
4. Teaching pupils social and emotional skills and an awareness of mental health
5. Early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services
6. Effectively working with parents and carers
7. Supporting and training staff to develop their skills and resilience

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues.

7. Staff-their roles and responsibilities, including those with specific responsibility

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that pupils with mental health needs get early intervention and the support they need.

All staff understand about possible risk factors that might make some children more likely to experience problems; such a physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy *(see appendix 1 on risk and protective factors).*

Mental Health Lead *(could be part of the role of the Safeguarding Lead/SENDCO/Inclusion Lead) or a member of staff that is part of the Inclusion/pastoral/safeguarding team)*

- Leads on and works with other staff to coordinate whole school activities to promote positive mental health
- Provides advice and support to staff and organises training and updates
- Keeps staff up to date with information about what support is available
- Liaises with the PSHE Coordinator on teaching about mental health
- Is the first point of contact and communicates with mental health services
- Leads on and makes referrals to services

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to pupils with mental health needs and their families. Support includes:

- Heads of Year
- Inclusion Lead
- Safeguarding/Child Protection Lead
- Support staff to manage mental health needs of pupils
- SENDCO who helps staff understand their responsibilities to children with special educational needs and disabilities (SEND), including pupils whose mental health problems mean they need special educational provision.
- Our family support/home school link worker/parent support advisor supports families and leads mindfulness sessions for pupils
- School nurse who runs a health drop in once a month
- Place2Be
- School counsellor who provides 1:1 therapy for pupils who are referred and offers parent sessions
- Psychotherapist from Camden's CAMHS who provides 1:1 therapy and group work to pupils who are referred and support staff to manage mental health needs of pupils- support can be offered in school or at an external agency

8. **Supporting pupils' positive mental heath**

We believe we have a key role in promoting pupils positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including;

Pupil-led activities

- Campaigns and assemblies to raise awareness of mental health
- Peer mediation and Peer mentoring

Transition programmes

- Transition Programme to secondary schools which includes all Year 6 pupils having a staff mentor to support a smooth transition to secondary school
- Transition programme from Key Stage 3 to 4
- Transition programme from Key Stage 4 and beyond

Class activities

- Praise boxes
- Worry boxes
- Mindfulness sessions for pupils
- Mental health teaching programmes e.g. based on cognitive behavioural therapy

Whole school

- Wellbeing week
- Our form tutors are key to supporting the wellbeing of students, particularly in Year 7, and they stay with the same form group all the way up the school providing a consistent support to them
- Displays and information around the school about positive mental health and where to go for help and support both within the school and outside the school

Small group activities

- Nurture groups

We also take opportunities to investigate new evidence-based approaches e.g. Take Ten

Teaching about mental health and emotional wellbeing

Through PSHE we teach the knowledge and social and emotional skills that will help pupils to be more resilient, understand about mental health and help reduce the stigma of mental health problems.

Primary pupils learn

Key Stage 1

- To recognise, name and describe feelings including good and not so good feelings
- Simple strategies for managing feelings
- How their behaviour affects other people

- About empathy and understanding other people's feelings
- To cooperate and problem solve
- To motivate themselves and persevere
- How to calm down
- About change and loss and the associated feelings (including moving home, losing toys, pets or friends)
- Who to go to if they are worried
- About different types of teasing and bullying, that these are wrong and unacceptable
- How to resist teasing or bullying, if they experience or witness it, whom to go to and how to get help

Key Stage 2

- What positively and negatively affects their mental and emotional health (including the media)
- Positive and healthy coping strategies
- About good and not so good feelings
- To describe the range and intensity of their feelings to others
- To recognise and respond appropriately to a wide range of feelings in others
- To recognise that they may experience conflicting emotions and when they might need to listen to their emotions or overcome them
- About resilience
- How to motivate themselves and bounce back if they fail at something
- How to empathise and be supportive of others
- About change, including transitions (between Key Stages and schools), loss, separation, divorce and bereavement
- About the consequences of discrimination, teasing, bullying and aggressive behaviours (including online bullying, prejudice-based language), how to respond and ask for help
- About the importance of talking to someone and how to get help

We also have a 10 week wellbeing programme for Year 5, delivered by our Educational Psychologist called Bright Minds Bright Moods and a weekly circle time to help children learn personal, social and emotional, communication and problem solving skills

Secondary pupils learn

Key Stage 3

- To manage transition to secondary school
- To recognise their personal strengths and how this affects their self-confidence and self-esteem
- To recognise that the way in which personal qualities, attitudes, skills and achievements are evaluated by others, affects confidence and self-esteem
- To accept helpful feedback or reject unhelpful criticism
- To understand that self-esteem can change with personal circumstances, such as those associated with family and friendships, achievements and employment
- What mental health is and types of mental health problems
- Strategies for promoting and managing mental health positively
- Healthy and unhealthy coping strategies
- To be resilient and manage failure positively

- How to deal with a breakdown in a relationship and the effects of change, including loss, separation, divorce and bereavement
- About the emotional aspects of relationships
- To recognise bullying and abuse in all its forms (including prejudice-based bullying both in person and online/via text, exploitation and trafficking) and to have the skills and strategies to manage being targeted or witnessing others being targeted
- To reduce and prevent the stigma of mental health

Key Stage 4

- To manage transition to KS4
- Healthy and unhealthy coping strategies
- Strategies for promoting positive mental health and preventing mental health problems
- The cause and symptoms of stress and managing stress, anxiety and depression
- Strategies for managing strong emotions and feelings
- Evaluate the extent to which their self-confidence and self-esteem are affected by the judgments of others
- The impact of separation, divorce and bereavement on individuals and families
- Where to get help and support

9. Identifying, referring and supporting pupils with mental health needs

Our approach is to:

- Provide a safe environment to enable pupils to express themselves and be listened to
- Ensure the welfare and safety of pupils as paramount
- Identify appropriate support for pupils based on their needs
- Involve parents and carers when their child needs support
- Involve pupils in the care and support they have
- Monitor, review and evaluate the support with pupils and keep parents and carers updated

Early Identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- Using PASS, SDQ, ECM file to identify individuals that might need support
- Analysing behaviour, exclusions, visits to the medical room/school nurse, attendance and sanctions
- Using Leuven scales to identify children in EYFS who need support
- Staff report concerns about individual pupils to the Mental Health lead
- Worry boxes in each class for pupils to raise concerns which are checked by the Mental Health Lead (these are anonymous but give an indication of needs in a particular class regularly)
- A confidential email for pupils to raise concerns that is monitored by the Mental Health Lead
- Weekly inclusion meetings for staff to raise concerns
- A parental information and health questionnaire on entry
- Gathering information from a previous school at transfer or transition
- Parental meetings in EYFS
- Enabling pupils to raise concerns or self-refer-through school nurse, form tutor, class teacher, Head of Year, directly to the Mental Health lead or to any member of staff

- Enabling parents and carers to raise concerns through the school nurse, form tutor, class teacher, Head of Year or directly to the Mental Health lead

All staff have had training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the Mental Health Lead.

These signs might include:

- Isolation from friends and family and becoming socially withdrawn
- Changes in activity or mood or eating/sleeping habits
- Lowering academic achievement
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Secretive behaviour
- An increase in lateness or absenteeism
- Not wanting to do PE or get changed for PE
- Wearing long sleeves in hot weather
- Drugs or alcohol misuse
- Physical signs of harm that are repeated or appear non-accidental
- Repeated physical pain or nausea with no evident cause

Staff are aware that mental health needs such as anxiety might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If there is a concern that a pupil is in danger of immediate harm then the school's child protection procedures are followed. If there is a medical emergency then the school's procedures for medical emergencies are followed.

Disclosures by pupils and confidentiality

We recognise how important it is that staff are calm, supportive and non-judgemental to pupils who disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount and staff listen rather than advice. Staff are clear to pupils that the concern will be shared with the Mental Health Lead and recorded in order to provide appropriate support to the pupil.

All disclosures are recorded and held on the pupil's confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps.

Assessment, Interventions and Support

All concerns are reported to the Mental Health Lead and recorded. We then implement our assessment system which is based on levels of need to ensure that pupils get the support they need, either from within the school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

<table>
<tr><th>Need
The level of need is based on discussions at the regular Inclusion meetings/panel with key members of staff</th><th>Evidence-based Intervention and Support-the kinds of intervention and support provided will be decided in consultation with key members of staff, parents and pupils
For example</th><th>Monitoring</th></tr>
<tr><td>Highest need</td><td>CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies
School counsellor-1:1 support
External agency support such as Place2be that provides 1:1 support and group work
Other interventions e.g. art therapy

If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SEN School Information Report.</td><td rowspan="2">All pupils needing targeted individualised support will have an Individual Care Plan drawn up setting out
• The needs of the pupils
• How the pupil will be supported
• Actions to provide that support
• Any special requirements
Pupils and parents/carers will be involved in the plan.
The plan and interventions are monitored, reviewed and evaluated to assess the impact e.g. through a pre and post SDQ and if needed a different kind of support can be provided.

The Care Plan is overseen by the Mental Health Lead</td></tr>
<tr><td>Some need</td><td>Access to in school nurture group, family support worker, school nurse, art therapy, educational psychologist, 1:1 intervention, small group intervention, skills for life/wellbeing programmes, circle of friends</td></tr>
<tr><td>Low need</td><td colspan="2">General support
e.g. school nurse drop in, class teacher/TA, form tutor</td></tr>
</table>

Pupils are informed that the Mental Health Lead is available when a pupil is dissatisfied with the level of care and support.

Support for friends

We recognise that when a pupil is experiencing mental health problems it can be challenging for their friends, who often want to help them but are not sure the best thing to do and can also be emotionally affected. In the case of eating disorders and self-harm, it is possible that

friends may learn unhealthy coping strategies from each other, and we will consider on a case by case basis what support might be appropriate including one to one and group support.

We will involve the pupil who is suffering and their parents and consider what is helpful for friends to know and what they should not be told, how they can best support, things they should avoid doing/saying which may inadvertently cause upset and warning signs that their friend needs help

We will also make information available about where and how to access information and support for themselves and healthy ways of coping with the difficult emotions they may be feeling.

Support for pupils after inpatient treatment

We recognise that some pupils will need ongoing support and the Mental Health Lead will meet with pupils on a regular basis. We are careful not to 'label' pupils.

We have a duty of care to support pupils and will seek advice from medical staff and mental health professionals on the best way to support pupils. We will carry out a risk assessment and produce a care plan to support pupils to re-integrate successfully back to school.

When a child leaves an inpatient provision and is transitioning back to school we discuss what needs to happen so the transition is smooth and positive

10. Working with specialist services to get swift access to the right specialist support and treatment

In some case a pupil's mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders.

We have access to a range of specialist services and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the pupils' Individual Care Plan.

School referrals to a specialist service will be made by the Mental Health Lead following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the pupil and parent/carer and when it is the most appropriate support for the pupil's specific needs.

Specialist Service	**Referral process**
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral

School Counsellor	Accessed through the Mental Health Lead
Place2be	Accessed through the Mental Health Lead
Educational Psychologist	Accessed through the Mental Health Lead

SEND and mental health
Persistent mental health problems may lead to pupils having significantly greater difficulty in learning, than the majority of those of the same age. In some cases the child may benefit from being identified as having a special educational need (SEN)

11. Involving parents and carers

Promoting mental health

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting their children with mental health needs.

On first entry to the school, our parent's meeting includes a discussion on the importance of positive mental health for learning. We ask parents to inform us of any mental health needs their child has and any issues that they think might have an impact on their child's mental health and wellbeing, based on a list of risk factors pertaining to the child or family (see appendix 1). It is very helpful if parents and carers can share information with the school so that we can better support their child.

To support parents and carers:

- We organise a range of activities such as workshops on protective and risk factors, mindfulness, yoga and our school counsellor offer parents sessions

- We provide information and websites on mental health issues and local wellbeing and parenting programmes and have produced leaflets for parents on mental health and resilience, which can be accessed on the school website. The information includes who parents can talk to if they have concerns about their own child or a friend of their child and where parents can access support for themselves

- We include the mental health topics that are taught in the PSHE curriculum, on the school website

- When children start school, all parents and carers are given our mental health and resilience leaflet that includes information on how parents can support their child's mental health and where to go for help and support.

Supporting parents and carers with children with mental health needs

We are aware that parents and carers react in different ways to knowing their child has a mental health problem and we will be sensitive and supportive. We also help to reassure by

explaining that mental health problems are common, that the school has experience of working with similar issues and that help and advice are available.

When a concern has been raised the school will

- Contact parents and carers and meet with them

In most case parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues. Children over the age of 16 are entitled to consent to their own treatment.

- Offer information to take away and places to seek further information
- Be available for follow up calls
- Make a record of the meeting
- Agree an individual mental health care plan together with next steps
- Discuss how the parents and carers can support their child
- Keep parents and carers up to date and fully informed of decisions about the support and interventions

Parents and carers will always be informed if their child is at risk of danger and pupils may choose to tell their parents and carers themselves. We give pupils the option of informing their parents and carers about their mental health need for themselves or go along with them.

We make every effort to support parents and carers to access services where appropriate. Our primary concern is our pupils, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We also provide information for parents and carers to access support for their own mental health needs.

12. Involving pupils

Every year we train up a group of pupils as our health champions who lead on whole school campaigns on health and wellbeing. Last year the Champions led a campaign on promoting mental health, reducing stigma and the importance of talking to someone if you feel worried and helped plan ways to reduce stress before SATs/exams.

We seek pupil's views about our approach, curriculum and promoting whole school mental health activities.

We always seek feedback from pupils who have had support to help improve that support and the services they received.

13. Supporting and training staff

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in pupils and know what to do and where to get help (see Appendix 3). All teaching and support staff have completed the national Mental Health First Aid training and have annual updates.

Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing, such as yoga, mindfulness, and physical activities. Staff also have access to Camden's counselling service.

14. Monitoring and Evaluation

The mental health and wellbeing policy is on the school website and hard copies are available to parents and carers from the school office. All mental health professionals are given a copy before they begin working with the school as well as external agencies involved in our mental health work.

The policy is monitored at an annual review meeting led by the Mental Health Lead and involves staff with a responsibility for mental health, including specialist services supporting the school and governors.

Appendix 1 Protective and Risk factors *(adapted from Mental Health and Behaviour DfE March 2016)*

	Risk Factors	**Protective Factors**
In the Child	• Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND	• Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the Family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord

	• Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	
In the School	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor pupil to teacher relationships	• Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the Community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Appendix 2 Specific mental health needs most commonly seen in school-aged children

For information see Annex C Main Types of Mental Health Needs

Mental Health and Behaviour in School DfE March 2016

https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

Annex C includes definitions, signs and symptoms and suggested interventions for

- Anxiety (including panic attacks, phobias and Obsessive Compulsive Disorder OCD)
- Depression
- Eating Disorders
- Substance Misuse
- Self-Harm

The DfE guide does not include specific information on suicidal thought

Suicidal Thoughts

Young people may experience thoughts and feelings about wanting to end their lives. Some young people never act on these feelings but may openly discuss and explore them, while other young people die suddenly from suicide without any apparent warning signs.

Appendix 3 Where to get information and support

For support on specific mental health needs

Anxiety UK www.anxietyuk.org.uk OCD UK www.ocduk.org

Depression Alliance www.depressoinalliance.org

Eating Disorders www.b-eat.co.uk and www.inourhands.com

National Self-Harm Network www.nshn.co.uk

www.selfharm.co.uk

Suicidal thoughts Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

For general information and support

www.youngminds.org.uk champions young people's mental health and wellbeing

www.mind.org.uk advice and support on mental health problems

www.minded.org.uk (e-learning)

www.time-to-change.org.uk tackles the stigma of mental health

www.rethink.org challenges attitudes towards mental health

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For support to develop a mental health and wellbeing policy please contact gill.morris@camden.gov.uk

For support to use the Mental Health and Resilience Framework (developed by Islington) to review mental health work in schools please contact lee.james@camden.gov.uk