



Innovation in Child & Adolescent Mental Health Services

SBRI Healthcare NHS England competition for development contracts

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Academic Health Science Networks working together for Children and Young People



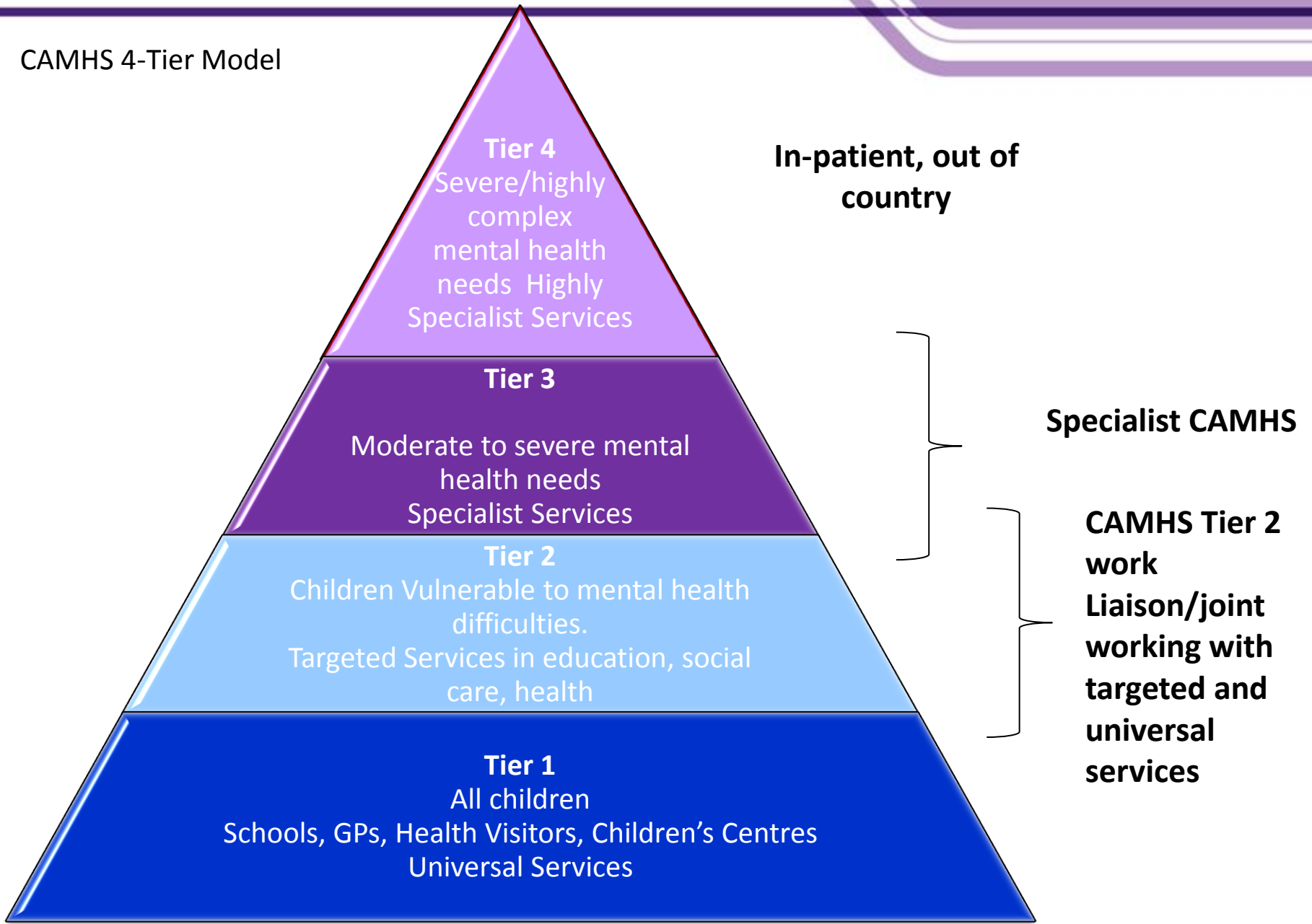
What is CAMHS?

CAMHS stands for Child and Adolescent Mental Health Services

It is often conceptualised as a four tier model.

- Starting from a universal perspective that ALL children and young people have a need for good mental health (Tier 1).
- Through increasingly specialised services for children and young people with mild to severe mental health difficulties (Tiers 2 and 3).
- To highly specialist inpatient mental health services for a few young people (Tier 4).

CAMHS 4-Tier Model



Why is CAMHS so important?



There is a growing evidence base that if our early years go well they generally help us achieve great long term outcomes in:

Physical health

Mental health

Stable relationships

Academic attainment

Economic success

Wellbeing and happiness



This is because our brains, bodies and emotional resilience are growing and developing.

At full term birth a baby has most or all of the brain cells they will ever have.

Connections or 'wiring' between these cells is incomplete and connections in the form of synapses have to be made.

In the first **3** months of life synapses multiply more than **20** times, reaching over

1000 trillion connections.

Making a Difference

Effective Tier 2 and 3 CAMHS can help a child or young person and their family by:

- Providing information and advice about how to promote good mental health and emotional resilience
- Offering therapeutic interventions (talking, play, family and creative therapies and medication)
- Offering consultation and support to professionals working in Tier 1 CAMHS

Current challenges in UK CAMH services

- 1 in 10 children and young people will have a diagnosable mental health difficulty
- Demand for services is rising
- Children and young people are self harming more
- There are many providers of CAMH services especially at Tiers 1 and 2 and this can be confusing and hard for families to navigate
- Some families find current service provision difficult to access

One child's story

Kieran aged 7 is causing concern at his school because of fidgety behaviour, lack of attention in class and fights in the playground.

Tier 1 – Kieran's class teacher knows this is recent behaviour, he wasn't like this before the Summer holidays. Takes him to one side and asks if everything is OK. Kieran is upset as his grandmother has died. The school then actively support Kieran for several months but his behaviour continues. It seems to the teacher that its more than just a natural bereavement reaction.

Tier 2 – Active intervention. At parents evening the Teacher asks Kieran's parents if they would like any support and family agree to go and see a voluntary sector organisation.

Tier 3 – After 6 sessions of counselling Kieran's behaviour is not improving and the counsellor has noticed some obsessional behaviour. She feels that a referral to a specialist mental health team is helpful. Kieran is offered an Outpatient Appointment with a mental health professional.

Young person in distress

Isobel aged 16 has been rapidly losing weight. She goes to her GP who weighs her and finds that her BMI is less than 15. The GP knows that this is very worrying and refers Isobel and her family urgently to the specialist mental health team in Tier 3.

Tier 3 – Isobel and her family are seen by a team of eating disorder specialists and they diagnose Isobel as having anorexia nervosa and depression. Treatment is a combination of talking therapies and medication and practical support for Isobel and her family.

Tier 4 – Isobel does not do well in her exams and unfortunately takes an overdose and stops eating altogether. Isobel, her family and the care team feel a short inpatient admission to a Tier 4 unit is necessary until Isobel is stabilised.

Challenge 1:

Supporting children and young people and their families to give real-time feedback about the services that they receive and discover if they are meeting their needs.



Challenge 2:

Helping support children and young people their families and carers to improve their emotional regulation.



Challenge 3:

Using technology to promote emotional wellbeing and support evidence based treatments in child and adolescent mental health.



Challenge 4:

Improving access to treatment and support for 'seldom reached' groups.



Challenge 5: Making young carers' lives easier.



Challenge 6:

Making a difference to the emotional health and resilience of children and young people with long - term conditions, disabilities and life threatening conditions



Working Together to Deliver Excellent Outcomes

