Appendix (g)

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Tier 1 and 2 Child and Adolescent Mental Health and Wellbeing Services in Central Bedfordshire:

Review of Need, Service Provision, Gaps and Areas for Improvement

November 2013

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EXECUTIVE SUMMARY

The mental health and wellbeing of children and young people is recognised as a priority through the Health and Wellbeing Board and the Children's Trust in Central Bedfordshire.

The aim of this review is to examine and evaluate the Tier 1 and Tier 2 CAMHS (child and adolescent mental health) service provision in Central Bedfordshire and identify information to inform future Tier 1 and 2 CAMHS commissioning.

A separate review of Tier 3 CAMHS services is being undertaken by Bedfordshire Clinical Commissioning Group, and the results of this review have been shared with those undertaking this review. Definitions of the Tiers of CAMHS services can be found in the main report.

Identifying Need and Evidence

- Summary of information on estimated local need for CAMHS services
- Review of National Institute of Clinical Effectiveness (NICE) guidance about what interventions are effective

Identifying Current Service Provision

- Questionnaire and interviews with service providers about service provision
- Information about commissioners regarding service provision and costs

Stakeholder Engagement: Identifying Areas for Improvement and Un-met Need

- Questionnaire and interviews with service providers about gaps, areas for improvement and outcomes data
- Summary of findings from the Health in Schools Review relating to mental health and wellbeing
- Questionnaire to a local GP practice about use of services, gaps and areas for improvement

The findings were considered by the project team who identified recommendations for action

Key findings from the review include:

Need: It is estimated that 8580 young people will have experienced mental health problems appropriate to a Tier 1 response from CAMHS, and 4,005 young people will have experienced mental health problems appropriate to a Tier 2 response from CAMHS in Central Bedfordshire in 2012. Further details are outlined in the needs section of the report.

Service Provision: A number of Tier 1 and 2 CAMHS services currently operating in Central Bedfordshire were identified. These are described in the service provision section of the report.

Gaps in Services and Areas for Improvement:

Some of the key gaps and areas for improvement identified are listed below. Further details of these are outlined in the full report:

- **Referral routes** - There are currently a number of ways in which a young person can be referred to child and adolescent mental health services in Central Bedfordshire. This has been reported as causing some confusion and delays and a need was identified for a single point of referral for such services. Bedfordshire Clinical Commissioning Group, South Essex Partnership Trust and CHUMS are working on piloting a single point of referral for Tiers 2 and 3 CAMHS as part of their CQUIN (commissioning for quality and innovation) in 2013/14 which can usefully inform development of a referral route for all Tiers of CAMHS.

- **Awareness of services –** There was a lack of clarity about current services available in Central Bedfordshire and a need was identified for a directory of services to be available, and which longer term, could be used for the development of a pathway for child and adolescent mental health.

- **CAMHS service information –** Outcomes and activity data reported by providers of Tier 1 and 2 services often did not include outcomes data as part of routine monitoring of performance. Similarly, referral and presenting issue data was not always reported routinely by local authority area. A need for a consistent way of reporting information and outcomes of services was identified.

- **Tier 2 demand and longer term Tier 2 support –** the majority of Tier 2 services are commissioned to deliver a short term Tier 2 service (e.g. 4 sessions). Few services were identified who could provide longer term support for those who need it. Many of the Tier 2 service providers also had a waiting list for services meaning services are not always delivered in a timely manner. Further group based support at both Tiers 1 and 2 was identified as an area that could be expanded.

- **Increased early prevention/Tier 1 work** – was identified as an area that could be further strengthened.

- **Family based mental health and wellbeing support** – provision of family based (rather than child only focused) mental health services were identified as an area that could be expanded, given that a high proportion of children with mental health issues are reported to also have a parent with mental health issues.

- **Pathway for children with autism** – was identified as an area that could be strengthened, both for those with autism and mental health issues and autism alone.

- **Continuity of Care** – between children's mental health services and adults' mental health services was identified as an area of weakness as eligibility criteria for children's and adults' services differ which can result in interruption or cessation of service provision.

- **Communication between Service Providers** – some areas was identified where service providers could better share information to allow more responsive service provision.

- **Gaps in specific services** – some service providers perceived there to be few services locally specifically for addressing self-harm or prevention of drug addiction (rather than treatment once an addiction has already been identified).

- **Limitations of data availability*:*** There were a number of gaps identified in the data available on Tier 1 and 2 child and adolescent mental health services locally. These included limited local information on needs/prevalence (although local estimates based on national prevalence were available) and limited outcomes data on child and adolescent mental health outcomes (e.g. outcomes data not reported by local authority area).

Recommendations:

Recommendations made by the CAMHS Tier 1 and 2 project team as a result of the review are:

Recommendation	***Lead Organisation:***
1. Develop a pathway for child and adolescent mental health services (including talking therapies), with a single referral route where appropriate (e.g. through the early help CAF service).	Central Bedfordshire Council, Bedfordshire Clinical Commissioning Group
2. As part of the development of a pathway, consider integration/pooling budgets to streamline the pathway and reduce duplication of services	Central Bedfordshire Council, Bedfordshire Clinical Commissioning Group
3. Ensure that provision of current Tier 1 specific services (school based support/training in early identification for mental health) continues in future.	Children's Services,, Central Bedfordshire Council
4. Embed the enhanced School Nurse (SN) Service Tier 1/2 Emotional and Behaviour Management Pathway	Public health, Central Bedfordshire Council

(pathway currently in draft form).

5. As part of action 3 above, undertake stakeholder work with GPs, schools and health visitors to identify early intervention (Tier 1) actions that could be taken to prevent young people developing more serious mental health and wellbeing issues.	Central Bedfordshire Council, Public Health
6. Develop a standard template to be used for monitoring/evaluation of child mental health and wellbeing services to include information about outcomes, quality, client feedback and breaking down service use information by local authority area.	Children's Services, Central Bedfordshire Council
7. Develop an emotional health and wellbeing (CAMHS) strategy for Central Bedfordshire, to be reported to the Children's Trust Board	Central Bedfordshire Council, Bedfordshire Clinical Commissioning Group
8. Raise awareness of existing Tier 1 and 2 child mental health and wellbeing services locally. As part of this develop a directory of services (e.g. on a webpage) for child mental health and wellbeing and identify an agency to keep it up to date. This could include having information on the GP ref system and as part of early help (CAF) work training GPs	Central Bedfordshire Council, Bedfordshire Clinical Commissioning Group
9. Work with service providers on further analysis to map Tier 1 and 2 child mental health need on a geographic basis (localities).	Central Bedfordshire Council, Public Health Public health
10. Revise and update the service specification for all Tier 1 and 2 provision, to implement the recommendations of the review and ensure outcome focus	Central Bedfordshire Council, Bedfordshire Clinical Commissioning Group

MAIN REPORT

1. AIM

The mental health and wellbeing of children and young people is recognised as a priority through the Health and Wellbeing Board and the Children's Trust in Central Bedfordshire. The aim of the review was to examine and evaluate the Tier 1 and Tier 2 CAMHS (child and adolescent mental health) service provision in Central Bedfordshire and identify information to inform future Tier 1 and 2 CAMHS commissioning. This included collecting service providers' and local stakeholders' views on local services, gaps and areas for improvement.

2. BACKGROUND

The mental health and wellbeing of children and young people is recognised as a priority through the Health and Wellbeing Board and the Children's Trust in Central Bedfordshire.

A separate review of Tier 3 CAMHS services is being undertaken by Bedfordshire Clinical Commissioning Group, and the results of this review have been shared with those undertaking this review.

Definition of Tiers of Child and Adolescent Mental Health Services

Tier 1: Social, emotional and developmental support from professionals outside specialist CAMHS, as part of their everyday work that generates resilience and prevents mental health (e.g. teachers, social workers, SEN workers, Health visitors, school nurses and GPs).

Tier 2: Any specialist CAMHS workers using individual professional skills with children and families (e.g. primary mental health workers, psychologists and counsellors working in community and primary care settings.

Tier 3: Specialist CAMHS workers working in specialist therapeutic teams in community mental health clinics or child psychiatry outpatient service.

Tier 4: Highly specialist teams working in day and in-patient units providing services to children and young people with the most serious problems.

The tiers are based on the CAMHS four-tier strategic framework, which was laid out in 1995 (HAS) and is widely used.

3. METHODS

A project team was established to carry out the review, members of which are outlined above. Input from a range of other stakeholders was also included.

Key steps in the project included:

Identifying Need and Evidence

- Summary of information on estimated local need for CAMHS services
- Review of NICE guidance about what interventions are effective

Identifying Current Service Provision

- Questionnaire and interviews with service providers about service provision
- Information from commissioners regarding service provision and costs

Stakeholder Engagement: Identifying Areas for Improvement and Un-met Need

- Questionnaire and interviews with service providers about gaps, areas for improvement and outcomes data
- Summary of findings from the Health in Schools Review relating to mental health and wellbeing
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The findings were considered by the project team who identified recommendations for action

4. FINDINGS

4.1 Need for CAMHS services in Central Bedfordshire and NICE Guidance

4.1.1. Summary of Needs:

- It is estimated that 3,585 children aged 5-16 in Central Bedfordshire have a mental health disorder.
- Among school aged children, the number of children with a mental health disorder is highest in the 11-16 year old age group.
- Among school aged children, prevalence of mental health disorders is higher in boys than girls at all ages.
- Across all children aged 5-16 years conduct disorders (e.g. anti-social behaviour) are the most common mental health disorder.
- It is estimated that a further 1,650 young people aged 16-19 in Central Bedfordshire have a neurotic disorder (e.g. anxiety, depression, phobias).
- It is estimated that in Central Bedfordshire, 8580 young people will experience mental health problems appropriate to a Tier 1 response from CAMHS, and 4005 young people will experience mental health problems appropriate to a Tier 2 response from CAMHS (aged 17 and younger in 2012
- Over the next 10 years in Central Bedfordshire it is estimated that there will be a significant increase in 5-9 year olds of nearly 24%. Numbers of 0-4 and 10-14 year olds are also predicted to increase by around 11%.
- Further details about need and data sources are found in Appendix 1.
- A range of effective ways of promoting and treating child mental health and wellbeing issues were identified in NICE guidance and are summarised in Appendix 1.

Estimated need for services at each tier

Estimates of the number of children and young people who may experience mental health problems appropriate to a response from CAMHS at Tiers 1, 2, 3 and 4 have been provided by Kurtz (1996). The following table shows these estimates for the population aged 17 and under in Central Bedfordshire.

Estimated number of children / young people who may experience mental health problems appropriate to a response from CAMHS (2012)

Tier 1	Tier 2	Tier 3	Tier 4
8580	4005	1060	45

Source: Office for National Statistics *mid-year population estimates for 2012*. Kurtz, Z. (1996).

Estimated number of school age children with mental health disorders in Central Bedfordshire by age group and gender

Estimated number of children with a mental health disorder (2012)								
Estimated number of children aged 5-10 yrs	Estimated number of children aged 11-16 yrs	Estimated number of children aged 5-16 yrs	Estimated number of boys aged 5-10 yrs	Estimated number of boys aged 11-16 yrs	Estimated number of boys aged 5-16 yrs	Estimated number of girls aged 5-10 yrs	Estimated number of girls aged 11-16 yrs	Estimated number of girls aged 5-16 yrs
1425	2165	3585	965	1220	2185	465	945	1420

Source: Office for National Statistics, mid-year population estimates for 2012. Green, H. et al (2004).

Looked After Children

A report on the health of looked after children (LAC) (Meltzer, H. et al. 2003) found that among LAC aged 5-17 years:

- 45% had a mental health disorder
- 37% had a clinically significant conduct disorder
- 12% had emotional disorders (such as anxiety or depression)
- 7% were hyperkinetic

Further details about mental health and wellbeing needs in Central Bedfordshire including estimated numbers of children with specific mental health conditions can be found in Appendix 1.

4.1.2. NICE Guidance

Evidence of effective interventions for promoting social and emotional wellbeing and specific mental health conditions have been developed by NICE and a summary of the guidance is shown in Appendix 3.

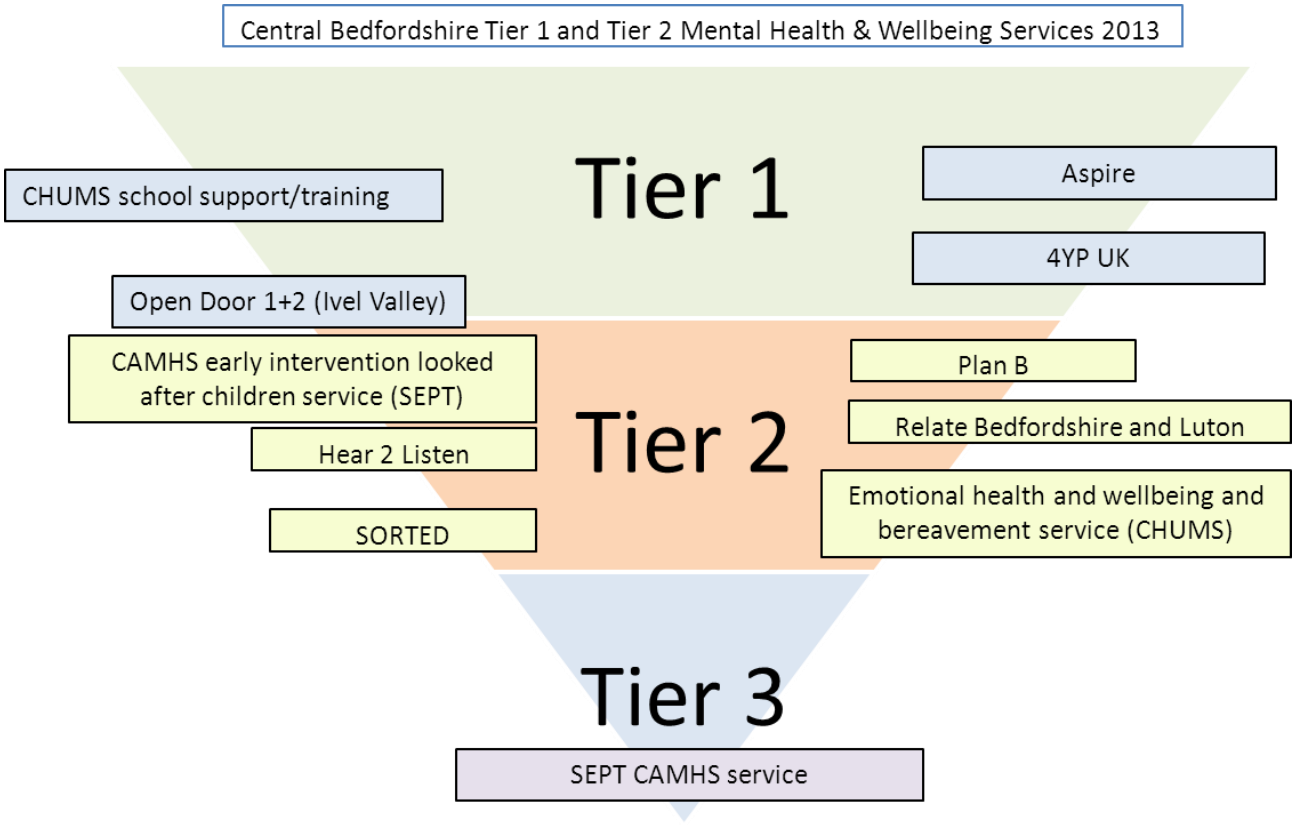
4.1.3. Cost Effectiveness

The Allen report “Early Intervention: Smart Investment, Massive Savings” concludes there is “overwhelming” evidence that intervening early in child social and emotional wellbeing is cost effective and savings delivered by such programmes can far outweigh costs (Allen, 2011). Actions to improve social and emotional wellbeing

among young people identified in NICE guidance have also been assessed as cost effective (NICE, 2012). This is particularly relevant given the significant costs of treating mental health problems and behavioural difficulties in the UK. For example, each child with untreated behavioural problems costs an average of £70,000 by age of 28. This is 10 times the cost of children without behavioural problems (Edwards et al, 2007).

4.2 Current Service Provision

Figure 1: Current service provision of Tier 1 and 2 services



The Tier 1 and Tier 2 services identified in Central Bedfordshire are shown in the above diagram. A brief description of each service is outlined below. Further details of each service are outlined in Table 1, which includes information about referral sources; numbers of referrals; commissioning arrangements and timescales; opening times; catchment areas and ages of service users for each service identified.

Service	Delivered By	Tier	How many individuals/sessions is service commissioned to see/offer (2012/13)	Catchment Area	Age Group	Referrals From	Commissioned By in Central Bedfordshire	Commissioned Until	Service use in 2012/13 in Central Bedfordshire
Aspire	CSUK	1	11 programmes in schools	11 schools in Central Bedfordshire	Children in Years 7- 9	20 children identified by each school	Early Intervention and Prevention Team and the Public Health Team- CBC	On-going	166 in total 92 boys and 72 girls
Early intervention work with Young people	4YP UK	1	-	Central Beds	11-25 years and wider family	Troubled family triage	Central Bedfordshire Council	2014	2100 clients seen by early intervention project (April 2011 – March 2013) 150 families 2013/14
Mentoring	4YP UK	1	-	Central Beds	-	-	Central Bedfordshire Council	2015	85 group mentoring for those at risk of school exclusion
Young people at risk of teenage pregnancy	Brook	2	20 per quarter	Central Beds	15+	Schools, Agencies, Services	Central Bedfordshire Council	2015	Not available as contract has been re-focused on more

									vulnerable from 1/4/13
Early intervention – children affected by parental drug/alcohol abuse	Plan B/CAN	2	Not available	Central Beds	5-18	Schools, LA, CAMHS, voluntary sector, self; infrequently school nurse or primary care	Central Bedfordshire Council	01/09/2014	121 clients seen by risky behaviours partnership
Tier 2 Drug and Alcohol Service	Plan B/ CAN	2	100 young people per annum offered one to one programme. Group work meets demand (approx 150 per annum)	Central Beds	12-18	Schools, social care, voluntary sector, self.	Central Bedfordshire Council	31/03/2015	30 YP seen in Q1 in one to one sessions, 25 seen in group work. Awaiting Q2 data.
Prevention and Treatment for young people with emerging substance misuse issues	Plan B/CAN	2/3	Not available	Central Bedfordshire and Bedford Borough	<18 years	Not available	Public Health (Pooled Treatment Budget)	Not available	Not available
Early Intervention Looked After Children's Service	South Essex Partnership Trust	2	Not available	Central Beds and Bedford Borough	0-21	CAMHS, LA, primary care, school nurse, education	Jointly commissioned by BB Council & CB Council	31/03/2014	61 direct contacts and total caseload of 18 (Q1 2013 -

									service has not operated for whole year)
Talktime Early intervention Counselling Service	Relate Bedfordshire and Luton	2	-	Central Beds	10-21	Usually self, also voluntary sector, LA, primary care, education	Central Bedfordshire Council	31/03/2014	515 (Total clients) 440 (Talktime clients)
Talktime – Leighton Buzzard	Relate	2	6 hours per week	Leighton Buzzard	10-21	GPs, Self	Bedfordshire CCG	30/09/2014	-
Talktime in schools	Relate	2	2-6 hours per week	8 middle/Upper schools	Middle-upper school age		Schools		
Family counselling	Relate Bedfordshire and Luton	2	-	Central Beds		Usually self, also voluntary sector, LA, primary care, education	-	-	75 (Family Counselling clients)
Tier 1 EWB Awareness	CHUMS	1	-	Central Beds	3-18	-	Central Bedfordshire Council	31/03/2014	-

Tier 2 EWB Service	CHUMS	2	66 referrals per month (across Bedford Borough and Central Bedfordshire)	Central Beds and Bedford Borough	3-18	Usually self, also includes voluntary sector, LA, primary care including GPs, education, social care, youth Workers	Bedfordshire CCG (tier 2)	30/09/2014	(903 in total) 595 in CBC
Bereavement service	CHUMS	2	n/a	Central Beds and Bedford Borough	3-18	Self, parents/carers, education, social care, primary care, CAF, CDC	Bedfordshire CCG (tier 2)	30/09/2014	423 in total 262 in CBC
Open Door	Open Door	1+2	Not available	Ivel Valley	13-25	GP	Ivel Valley BCCG GP Group, grants	30/09/2014	97 clients seen in the community from Ivel Valley in Central Bedfordshire and Bedford Borough combined. Numbers of clients not analysed separately by local authority area.

Early intervention and wellbeing	SORTED	2	244 hours	Central Bedfordshire	18-25 (core service)	Early help (CAF), primary care including GPs, self, education, other young people's services	Bedfordshire CCG,	30/09/2014	234 clients seen in 11/12
Work with children affected by domestic abuse	SORTED	2	-	Central Beds	5-13	Early help (CAF)	Central Bedfordshire Council	31/12/2014	-
Hear 2 Listen	Hear 2 Listen	2	N/A	Central Beds	11-25	Education, primary care, self	Trusts, grants etc.	Ongoing	50-100

CBC+ Central Bedfordshire Council, BBC= Bedford Borough Council, LA=local authority; IFSS = Intensive family support service; Early help CAF= Common assessment framework, CDC= Child development centre

4.3. Stakeholder Information
4.3.1. Where Services Could be Improved

Through questionnaires and in-depth interviews with service providers and commissioners, a number of gaps in services and areas for improvements for tiers 1 and 2 mental health services in Central Bedfordshire were highlighted Areas identified were:

Awareness of Services
Several providers in Central Bedfordshire felt that there was a lack of awareness locally of available services for young people's mental health and wellbeing among families and young people. This is supported by research undertaken by Relate in 2011 (across Bedfordshire and Luton), which reported that young people were largely unaware of mental health services available locally and were therefore likely to go to a friend or family member for mental health support.

There was a general perception that it is also difficult for health professionals to keep track of what services are available for child mental health and wellbeing locally. This was particularly the case as services provided change often (largely due to short term commissioning arrangements). There is currently no, one directory or place locally where young people or families can go to find out what services are available for mental health support. Such a directory was thought to be useful; however this should include all local organisations, not just those commissioned by the organisation compiling the directory.

Some Tier 2 providers were not aware of Tier 1 provision available locally. CHUMS however, felt there was good awareness of their services locally.

Communication between Mental Health Service Providers
It was perceived that improved networking between local mental health services would be useful to improve communication. However, the time-consuming nature of this was acknowledged. 4YP UK, for example, felt that it would be useful if there were opportunities for tier 1 organisations to feedback information to tier 2 providers about their work with young people and mental health problems at the early intervention stage.

The Tier 2 SEPT mental health service for looked after children felt there are more opportunities for communication and joint working with organisations such as the local authority. For example, being more involved/informed about looked after children reviews, children in need cases and child protection plans could help to identify children at an earlier stage who could be supported by the looked after children mental health service. This could also include ensuring minutes from relevant meetings relating to looked after children (e.g. looked after children's reviews) are shared in a timely fashion. The looked after children's mental health team also perceive they could be more involved in the planning of children's care, for example out of area placement moves that may impact a child's health and wellbeing.

Some providers said communication, information sharing and joint working is stronger between some local mental health organisations than others and that there are areas for improvement.
SORTED, for example, felt that it would be useful as part of improved communication/networking if there was one organisation locally which took responsibility for disseminating e.g. legislation regarding mental health. A good example of this already taking place locally for another service was given as Central Bedfordshire's Family Network, which helps share information about local services for families etc.
A number of examples of good communication were, however, provided. For example, CHUMS felt they had good communication with SEPT CAMHS Tier 3 services and meet with them regularly to discuss clients.

Referrals/Access to Services
At present there are a number of referral routes, and this plethora causes some confusion.

1. Early Help (CAF referrals)
   Referrals are received by the CAF team for a range of tier 2 services including those offered by Sorted, Relate and CHUMS. For such referrals, an early help (CAF) form with consent is completed. This ensures that the case is logged as participating in Early Help.
2. Tier 2 referrals can also be made directly to CHUMS and to other Tier 2 services e.g. SORTED and Relate. In such circumstances, a CAF form is not completed.
3. Tier 3 referrals are also directly made to CAMHS (SEPT).

Referring through Early Help (CAF) allows a holistic assessment of a young person's needs to be carried out so that referrals can be made to other services where required in additional to mental health/wellbeing services. Additionally, referrals through the Early Help (CAF) allow tracking of needs information so that trends in need can be identified. Outcomes are also able to be tracked through the Early Help (CAF) process.

Anecdotally, there was some confusion among professionals (e.g. GPs) and among young people themselves about which organisation to contact/refer to when a young person has a mental health need. This sometimes resulted in families not knowing which organisation they had been referred to. In addition to this, for some of the Tier 2 organisations, if a young person is referred to them and they need to then be referred on elsewhere, they have to refer back to the GP to refer them on to SEPT Tier 3 services rather than being able to refer them directly to this service, which could create delays in supporting young people.

For example, SORTED stated that a central referral route would be useful as if an individual has been referred to SORTED but they are found to have a Tier 3 need, they have to be referred back to the GP for onwards referral to SEPT Tier 3 services as SORTED are not able to refer directly to SEPT Tier 3 services.
It was also reported anecdotally there may be case of some referrals being made to CHUMS as there is a perception that this may be a way of gaining speedier access to CAMHS.

The CAMHS Tier 2 looked after children team are currently looking at piloting a one-point of referral scheme to address this difficulty. This would mean that all referrals were made to one place which would then assess referrals and ensure they were signposted to the correct organisation. This could then mean that self-referrals may be able to be made (self-referral to tier 2 or 3 CAMHS is not currently available). A number of stakeholders felt that having one point of referral would be useful. However, it was acknowledged that having one point of referral would be a big commitment and that the team responsible for referrals would have to have a very good understanding of and communication with different local mental health services to be able to effectively channel the referrals to the most appropriate place.

Some service providers felt that sometimes young people may not wish to go through an organisation (e.g. school, doctors) due to a difficulty with perceived authority figures and would benefit from the ability to self-refer.

Hear 2 Listen perceived that sometimes 'red tape' can prevent quick responses e.g. with assessment forms needing to be completed and processed in their work with schools in Central Bedfordshire. They felt that sometimes young people need more immediate support.

Continuity of Care

Looked after children who are accessing Tier 2 CAMHS services in Bedfordshire may be moved to out of area placements, sometimes at short notice. As not all neighbouring locations have a Tier 2 CAMHS service, this may result in interruption or discontinuation of their care. Improved communication between the CAMHS looked after children Tier 2 service and social services may help teams to plan continuity of service at an earlier stage.

Criteria for accessing support from children's mental health services are different from criteria for eligibility for adult mental health services. Therefore there is a gap as some young people with Tier 2 needs may not meet the criteria to continue receiving support once they become an adult at age 18.

Talking Therapy Strategy

It is currently unclear how improving access to psychological therapies and talking therapies for children are integrated into other CAMHS services.

4.3.2. Potential Areas of Unmet Need

Feedback from stakeholders has highlighted the following areas as gaps in the current service provision for children in Central Bedfordshire:

- **Tier 2 demand and longer term Tier 2 support:**
  Anecdotally, a number of service providers identified a gap between Tier 2 and Tier 3 services in Central Bedfordshire for those that need longer term Tier 2 interventions. Most of the current providers offer only short Term Tier 2 interventions (e.g. CHUMS on average offer 4 sessions). This may not be a sufficiently long enough intervention to resolve Tier 2 mental health issues. Anecdotally, CHUMS stated that around 80% of their clients improve within 4 sessions of treatment, however this leaves a proportion who may need longer

term support. A number of service providers felt that they are seeing an increasing number of complex cases, with a high level Tier 2 demand (just below the threshold for Tier 3 services). For example, some individuals who had experienced issues such as sexual abuse or sexualised behaviour had been referred to Tier 2 services as they had not met the criteria for Tier 3 services.

CHUMS stated that demand for their Tier 2 bereavement and emotional health and wellbeing services are greater than the service they are commissioned to provide. This results in capacity difficulties and may result in waits of up to 3 months between being referred and receiving treatment. For example, CHUMS are commissioned to deliver emotional health and wellbeing support to 720 young people across Central Bedfordshire and Bedford Borough. However, in 2012/13, this service was delivered to approximately 595 young people in Central Bedfordshire. A number of other service providers felt that there was a need for further Tier 2 services locally.

- **Family based mental health and wellbeing support**
  CHUMS data suggests that 50% of children referred to their emotional health and wellbeing service also have a parent with a mental health issue. Therefore, it was suggested that there is a gap relating to integrated family mental health services. Currently, it was felt that adult and child mental health services operate independently and there is little work involving the family unit as a whole. This type of work may support a young person to ensure they maintain emotional wellbeing in the home environment after Tier 1 or Tier 2 interventions.

- **Pathway for children with autism**
  A number of Tier 1 and 2 mental health service providers felt that a better pathway for children with autism is needed (both those with and without mental health issues as well as autism). CHUMS provide some Tier 2 support for children with both autism and mental health needs but were not aware of any services young people with autism could be referred on to if they did not have the mental health needs to meet CHUMS criteria.

- **Increased early prevention/Tier 1 work**
  A number of organisations anecdotally felt that there was a need for further early intervention/Tier 1 work locally. For example, SORTED said further work promoting resilience, self-esteem and coping skills would be helpful locally. 4YP UK also stated anecdotally that more services for early intervention were needed. However, there are already a number of existing Tier 1 services in Central Bedfordshire including CHUMS, 4YPUK and Open Door (in Ivel Valley). Anecdotally it was also felt that more preventative work with younger clients who are experimenting with self harm was needed (e.g. Open Door and 4YP UK).

- **Service use by males**
  One service provider stated that anecdotally, although the number of males presenting to Tier 2 services is increasing, a much greater proportion of service users are female. This is despite mental health issues being common

among males. Therefore further work may be needed to encourage young men to present to mental health services at Tiers 1 and 2.

- **Self-harm support services**
  Several service providers expressed concern that there is little support for young people who are self-harming.

- **Addiction prevention**
  Hear 2 Listen perceive there to be little provision for addiction prevention in Central Bedfordshire. For example, young people can only access CAN/Plan B after a substance misuse issue has been identified. There is little provision from a preventative point of view that can work with the underlying issues before young people find routes into addiction to cope. Hear 2 Listen are doing some work in this area in Central Bedfordshire schools however, and would potentially have capacity to be able to deliver this to additional schools.

- **Domestic violence support for parents of children experiencing domestic violence**
  Although SORTED provide a domestic violence support service for young people, anecdotally they have identified a gap in services supporting parents of these young people who have experienced domestic violence.

- **Group based Tier 1 and 2 support**
  CHUMS stated there would be enough demand to run support groups for children affected by divorce or separation and low mood but currently these are not provided due to capacity. Other providers felt that group sessions supporting young carers would be beneficial. SORTED felt there is little group based Tier 1 and 2 support for young people in Central Bedfordshire.

- **Communication of secondary care referral pathways**
  Not all service providers were aware of referral routes from secondary care e.g. there was a lack of clarity about where children who have had an overdose might be referred to now that emergency services at Bedford Hospital have changed. Services were unclear if young people who have had such overdoses could still be referred to Tier 2 mental health services in Central Bedfordshire following treatment/discharge or if they would be referred to other services at another hospital.

- **Support for those who have experienced sexual abuse or who have shown sexualised behaviour**
  Sexualised behaviour services/sexual abuse was identified as a gap in service provision as some individuals with these issues are currently being referred to Tier 2 services where they do not meet Tier 3 criteria.

- **Funding for travel to appointments**
  4YP UK stated that mental health services in Central Bedfordshire could be improved by providing funding for people with mental health issues to get to appointments. CHUMS was the only organisation who stated that they have volunteer drivers etc. to support young people in attending appointments.

- **Waiting times for Tier 2 services**
  CHUMS stated that demand for Tier 2 services is greater than that which they are commissioned to provide and subsequently, there are often long waiting times to see young people.

- **Services for under 5s**
  Plan B stated anecdotally that they are aware of few services that can be referred onto for children who are aged under 5 years who may have mental health needs that cannot be addressed by Plan B

4.3.3. Emerging Trends

Anecdotally, the following issues about why young people present to mental health and wellbeing services were raised:

- It was felt that young people are becoming more aware of mental health issues and are more willing to discuss them than in the past.
- It was felt that there is an increasing demand for Tier 2 mental health support among young people.
- One provider stated that anger is becoming more common as a reason for presenting to some Tier 2 services.
- A number of providers felt that more complex cases are more commonly presenting to Tier 2 services e.g. presenting with anxiety, but also having e.g. an eating disorder or self-harming.
- Anecdotally, SORTED predict that demand for their domestic violence support service for young people in Central Bedfordshire is likely to increase.

4.3.4. Tier 1 and 2 Child and adolescent mental health and wellbeing services in Central Bedfordshire schools

A health in schools review is carried out biennially in Central Bedfordshire to help schools to self-assess the health and wellbeing in their school. This was most recently carried out in 2013. Key findings are outlined below, and include findings relevant to Tiers 1 and 2 services (although the survey was not specific to these tiers):

Referring to specialist services for advice

Schools referred to a wide range of specialist services for advice. Services most commonly referred to were:

- CAMHS
- CHUMs
- Educational psychologists
- Child protection
- School nurse

- Jigsaw (behaviour support)

Referrals were often made through the Special Educational Needs Co-ordinator or the Common Assessment Framework (CAF).

Services less commonly identified by schools included: Cruse (bereavement support), SMILE (supporting minds in a learning environment), learning mentor, family justice, intensive family support, education support panel, parent partnership advisor and child development centre (helps children with disabilities and special needs), behaviour support team, Connexions, Relate and Plan B, pastoral carers, 2 can counselling and other counselling services, play therapy, action for children, Chilterns' outreach team, the Edwin Lobo centre and the Red Bear Multi-Agency support tram.

Schools identified a number of school policies which may relate to wellbeing, such as safeguarding policies and anti-bullying policies. One of the schools had a stress management policy. However none of the schools identified a specific mental health/health and wellbeing policy.

Signposting

The most common ways schools sign-posted young people to mental health and wellbeing services were using display boards, newsletters, websites and leaflets. The Special Educational Needs Co-ordinator also signposted to relevant services in some schools.

Identifying and providing support for children facing challenging circumstances

The most common ways in which children facing challenging circumstances were identified included using individual education plans to identify need, monitoring and tracking pupils (e.g. monitoring school attendance), staff meetings to review pupil progress and identify children who may be facing difficulties, meetings with parents, circle time activities and having worry/suggestion boxes.

In addition to the above services that may be referred to, there were a number of services within schools identified to support young people's health and wellbeing. Schools frequently identified the SEAL programme (social and emotional aspects of learning programme). Other services included were mentoring, support from the Family Support Worker (for example for children in need or child protection issues), buddy systems and intervention groups. SMILE (supporting minds in a learning environment) was commonly talked about by schools in Central Bedfordshire. Smile aims to promote positive mental health and wellbeing e.g. by raising awareness, building capacity and providing access to Counsellors.

Opportunities for children and young people to develop responsibility, build confidence and self-esteem

Schools offered a number of ways for young people to build confidence and self-esteem, such as peer mentoring, extra-curricular clubs and being able to take on responsibilities e.g. as form representative or on a school council. One school has a lunchtime club for children with emotional needs, and another school holds a health and happiness week.

4.3.5. Outcomes Data

The table in Appendix 4 gives an overview of the outcomes data that is available from mental health and wellbeing services locally, identifies gaps in information and highlights trends where these can be identified from the data.

RECOMMENDATIONS

Recommendations:

Recommendations made by the CAMHS Tier 1 and 2 project team as a result of the review are:

Recommendation	***Lead Organisation:***
1. Develop a pathway for child and adolescent mental health services (including talking therapies), with a single referral route where appropriate (e.g. through the early help CAF service).	Central Bedfordshire Council, Bedfordshire Clinical Commissioning Group
2. As part of the development of a pathway, consider integration/pooling budgets to streamline the pathway and reduce duplication of services	Central Bedfordshire Council, Bedfordshire Clinical Commissioning Group
3. Ensure that provision of current Tier 1 specific services (school based support/training in early identification for mental health) continues in future.	Children's Services,, Central Bedfordshire Council
4. Embed the enhanced School Nurse (SN) Service Tier 1/2 Emotional and Behaviour Management Pathway (pathway currently in draft form).	Public health, Central Bedfordshire Council
5. As part of action 3 above, undertake stakeholder work with GPs, schools and health visitors to identify early intervention (Tier 1) actions that could be taken to prevent young people developing more serious mental health and wellbeing issues.	Central Bedfordshire Council, Public Health
6. Develop a standard template to be used for monitoring/evaluation of child mental health and wellbeing services to include information about outcomes, quality, client feedback and breaking down service use information by local authority area.	Children's Services, Central Bedfordshire Council
7. Develop an emotional health and wellbeing (CAMHS) strategy for Central Bedfordshire, to be reported to the Children's Trust Board	Central Bedfordshire Council, Bedfordshire Clinical Commissioning Group

8. Raise awareness of existing Tier 1 and 2 child mental health and wellbeing services locally. As part of this develop a directory of services (e.g. on a webpage) for child mental health and wellbeing and identify an agency to keep it up to date. This could include having information on the GP ref system and as part of early help (CAF) work training GPs	Central Bedfordshire Council, Bedfordshire Clinical Commissioning Group
9. Work with service providers on further analysis to map Tier 1 and 2 child mental health need on a geographic basis (localities).	Central Bedfordshire Council, Public Health Public health
10. Revise and update the service specification for all Tier 1 and 2 provision, to implement the recommendations of the review and ensure outcome focus	Central Bedfordshire Council, Bedfordshire Clinical Commissioning Group

APPENDICES AND REFERENCES

Appendix 1: Detailed Needs Information: Need for CAMHS services in Central Bedfordshire

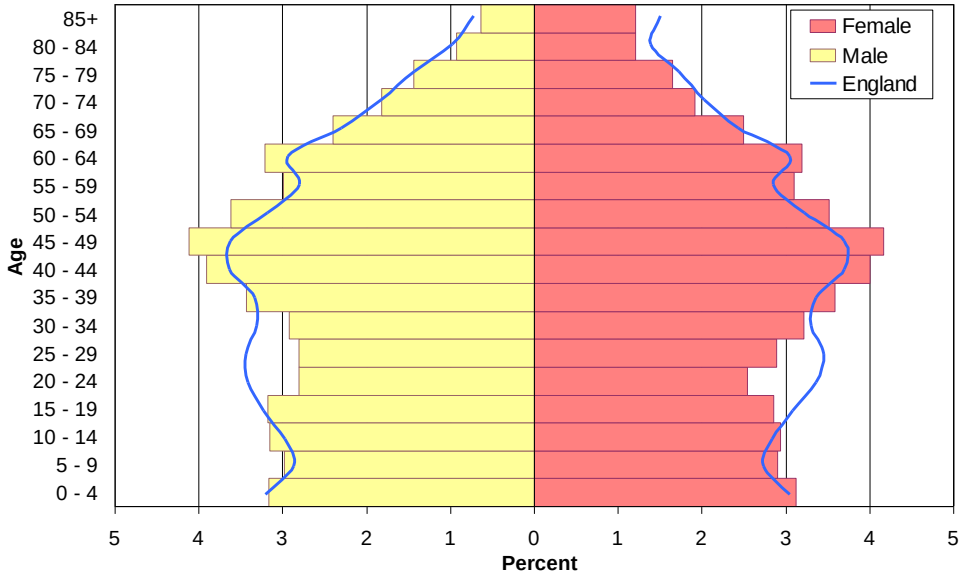
Population in Central Bedfordshire

Age (Years)	0-4	5-10	11-16	17-18	16*-19	Total 0-18	Total population (all ages)
Central Bedfordshire	16,643	18,505	18,813	6,372	12,059	60,333	259,969

Source: ONS Mid 2012 estimates

*16 year olds counted again to match age bands used in subsequent report

Age profile by sex 2011, Central Bedfordshire compared to England



*(**Source:** Office for National Statistics, 2011 Census)*

Projected changes in population

Central Bedfordshire's total population is estimated to grow by between 1.2-1.3%% each year for the next 10 years, with a total population increase of 13.7% estimated between 2011 and 2021. For the 0-19 year olds the estimated growth over the next 5 and 10 years is shown below:

Age	% Growth 2011-2016	% Growth 2011-2021
0-4	9.4%	11.6%
5-9	12.4%	23.9%
10-14	-1.0%	11.3%
15-19	-6.9%	-7.0%

Source: ONS Interim 2011-based population projections

Within this age range, by 2016 there will be an increase in the 0-9 year olds and a decrease in the 10-19 year olds. There will be an overall decrease in the 15-19 year olds. Over the next 10 years it is estimated that there will be a significant increase in the 5-9 year olds of nearly 24%. Numbers of 0-4 and 10-14 year olds are also predicted to increase by around 11%. The number of 15-19 year olds will decrease by 7%.

Key facts

A report by Green et al (2004) estimated the prevalence of mental disorders in children:

- **It is estimated that 1 in 10 children and adolescents has a mental disorder**
- **Boys are more likely to experience mental health problems than girls (11.4% compared to 7.8%)**
- **Children aged 11-16 years are more likely (11.5%) than 5 to 10 year olds (7.7%) to have mental health problems**
- **For Looked After Children the rates are significantly higher**

The local picture

A CAMHS Needs Assessment Report has been produced by CHIMAT and provides prevalence and need data for the Central Bedfordshire population.

Pre-school children

There are relatively little data about prevalence rates for mental health disorders in pre-school age children.

A literature review of four studies looking at 1,021 children aged 2 to 5 years inclusive, found that the average prevalence rate of any mental health disorder was 19.6% (Egger, H et al, 2006). Applying this average prevalence rate to the Office for National Statistics (ONS) mid-year population estimates for 2012, gives a figure of 2,595 children aged 2 to 5 years inclusive living in Central Bedfordshire who have a mental health disorder.

School-age children

Estimated prevalence for each mental health disorder

The following tables show the estimated number of children with conduct, emotional, hyperkinetic and less common disorders in Central Bedfordshire by applying the prevalence rates to the 2012 population (the numbers in this table do not add up to the numbers in the previous table because some children have more than one disorder).

Estimated number of children with mental health disorders by age group and gender

	Estimated number of children aged 5-10 yrs (2012)	Estimated number of children aged 11-16 yrs (2012)	Estimated number of boys aged 5-10 yrs (2012)	Estimated number of boys aged 11-16 yrs (2012)	Estimated number of girls aged 5-10 yrs (2012)	Estimated number of girls aged 11-16 yrs (2012)
Conduct Disorders	910	1245	655	785	255	470
Emotional disorders	445	945	210	390	230	560

	Estimated number of children aged 5-10 yrs (2012)	Estimated number of children aged 11-16 yrs (2012)	Estimated number of boys aged 5-10 yrs (2012)	Estimated number of boys aged 11-16 yrs (2012)	Estimated number of girls aged 5-10 yrs (2012)	Estimated number of girls aged 11-16 yrs (2012)
Hyperkinetic disorders	300	265	260	235	40	40
Less common disorders	245	265	210	155	40	105

Source: Office for National Statistics mid-year population estimates for 2012. Green, H. et al (2004).

Across all children aged 5-16 years conduct disorders are the most common mental health disorder with the highest numbers seen in the 11-16 year olds. Amongst boys conduct disorders is the most prevalent disorder in both the younger and older age group. Girls are more likely to experience a disorder between the ages of 11-16 and emotional disorders account for the highest rates.

Older children aged 16-19 years

A study conducted by Singleton et al (2001) has estimated prevalence rates for neurotic disorders in young people aged 16 to 19 inclusive living in private households. The tables below show how many 16 to 19 year olds would be expected to have a neurotic disorder if these prevalence rates were applied to the population of Central Bedfordshire.

Estimated number of males aged 16 to 19 with neurotic disorders in Central Bedfordshire

Mixed anxiety and depressive disorder (males 16-19 yrs) (2012)	Generalised anxiety disorder (males 16-19 yrs) (2012)	Depressive episode (males 16-19 yrs) (2012)	All phobias (males 16-19 yrs) (2012)	Obsessive compulsive disorder (males 16-19 yrs) (2012)	Panic disorder (males 16-19 yrs) (2012)	Any neurotic disorder (males 16-19 yrs) (2012)
325	105	60	40	60	35	545

Source: Office for National Statistics *mid-year population estimates for 2012*. Singleton, N. et al (2001).

Estimated number of females aged 16 to 19 with neurotic disorders

Mixed anxiety and depressive disorder (females 16-19 yrs) (2012)	Generalised anxiety disorder (females 16-19 yrs) (2012)	Depressive episode (females 16-19 yrs) (2012)	All phobias (females 16-19 yrs) (2012)	Obsessive compulsive disorder (females 16-19 yrs) (2012)	Panic disorder (females 16-19 yrs) (2012)	Any neurotic disorder (females 16-19 yrs) (2012)
715	65	155	125	55	35	1105

Source: Office for National Statistics *mid-year population estimates for* 2012. Singleton, N. et al (2001).

In the older age group of 16-19 year olds mixed anxiety and depressive disorder is the most prevalent mental health disorder with the number of females affected more than double that of males.

Appendix 2: Service Descriptions – Tier 1 and 2 Child and Adolescent Mental Health Programmes

TIER 1 SERVICES

The Healthy Child Programme (HCP)

The Healthy Child Programme (DH, 2009) is an early intervention and prevention programme. It is a single programme divided into two life stages: pregnancy and first five years of life (0-5) and 5-19 years.

The SEPT 0-19 Children's Service incorporates Health Visitors and School Nurses and they are commissioned to provide key elements of the HCP 0-5 and 5-19 programmes (other partners include GPS, Schools, Children's Centres). The universal offer is key to early identification of need and risk. The Universal Plus and Partnership Plus programmes can then be implemented appropriate to need and should ensure the most vulnerable are identified and supported.

Current provision

An evaluation of the 0-5 HCP (2010) found that full universal offer was not available in Central Bedfordshire. However with increased numbers of health visitors being recruited the following improvements are planned in the next 2 years as part of the universal provision:

- Increase in number of women seen antenatally by the health visitor
- 95% of mothers to receive face to face postnatal contact by 10 weeks to include assessment of maternal mood by end of 2014/15
- All children/parents to attend 1 year and 2-2½ year Health and Development Review.

The 0-19 Team are also working to ensure those families identified as Universal Plus and Universal Partnership Plus receives appropriate early interventions or referrals.

Reduced numbers of school nurses in recent years has affected implementation of the 5-19 HCP which has also been patchy in Central Bedfordshire with the following implications:

- There is inconsistency around content and follow-up of the School Entry Review
- There is no health review provided at transition year (Year 6/8) – a key time to identify emerging health and wellbeing issues
- Weekly school Nurse drop-ins are being rolled out to 5 Upper Schools in Central Bedfordshire and their 13 Middle schools, all in areas of higher deprivation during 2013/14. These will be rolled out to all remaining Upper and Middle schools and special schools in Central Bedfordshire during 2014/15.

- Opportunities for public health education/promotion to improve emotional health and wellbeing are very limited.

There is planned expansion of the School Nurse Service to deliver the full HCP 5-19 in Central Bedfordshire. The service specification has been redeveloped recently to ensure full delivery of the 5-19 Healthy Child Programme by the end of the 2014/2015 academic year. This will include Solihull and CAMHS training for School Nurses to enable them to assess and provide support at Tier 1 and 2.

Aspire

The Aspire Programme is an early intervention workshop and coaching programme for vulnerable children susceptible to poor outcomes. The programme aims to help them reach their potential and addresses the risk factors that may lead to teenage pregnancy. It is delivered over 14 weeks, with 6 weekly workshops, followed by 6 weeks' telephone coaching and 2 further workshops. This is followed up by quarterly tracking over 12 months. Schools nominate children to join the programme. In Central Bedfordshire the programme runs in 11 targeted schools for 20 children per school (10 boys and 10 girls).

CHUMS – Emotional Health and Wellbeing School Based Training and Support

CHUMS provide Tier 1 early intervention and prevention service for schools promoting emotional health and wellbeing school based training for all schools in Central Bedfordshire. An emotional health and wellbeing lead will be trained in each school, and training involves being able to support young people, identify early signs of emotional distress and being able to signpost to appropriate Tier 2 services where appropriate. This is also being expanded to include work with school nurses and drop in sessions.

CHUMS offers supervision and consultation to the emotional wellbeing lead from those schools that sign up. Each locality has its own cluster enabling those trained to network and gain support from peers as well as working alongside the CHUMS Family Care Practitioners.

4YP UK

4YPUK are a Tier 1 and 2 service offering guidance, support and mentoring to young people aged 11 to 25 years. These are delivered by drop in sessions in Leighton Buzzard, Houghton Regis, and Dunstable, however sessions are also held at youth centres across Central Bedfordshire by appointment. 4YP also provide support and mentoring for young people in schools in Central Bedfordshire.

Referrals to 4YP are made for a range of mental health issues and frequently include referrals for anxiety, depression, attention deficit hyperactivity disorder (ADHD), conduct disorders, emotional disorders, anger management, self-harm and sexual

exploitation. Other common reasons for presentation to the service include homelessness, benefit issues, to encourage community and peer involvement, for intensive support and mentoring.

Sources of 4YP referrals are outlined in table 1 but are rarely received from primary or secondary care.

In Central Bedfordshire 4YP UK are commissioned to provide:

- Intensive support project – referral to this is only via early help (CAF) and can be made by any professional working in Central Bedfordshire
- Troubled families programmes – commissioned from Sep 2013 – 2014, working with families identified as requiring High and Medium levels of support – referral to this is via the Troubled families triage
- Group mentoring - 85 school pupils in Central Bedfordshire receiving group mentoring (for those at risk of school exclusion) in 2012/13
- Early intervention project, 2100 clients seen by early intervention project (April 2011 – March 2013)

Open Door

Open Door deliver both Tier 1 and Tier 2 services to young people aged 13-25 but only in the Ivel Valley area of Central Bedfordshire. Open Door offers short term counselling, support and treatment (usually up to 12 sessions).

Main reasons for presentations to Open Door include anxiety, difficulties with family relationships and self-esteem and self-harm.

In Ivel Valley, Open Door referrals are only accepted from GPs. There is currently a waiting list to be seen and this may fluctuate seasonally (e.g. demand peaks after Christmas and before the school summer holidays). Services are delivered by volunteer counsellors with the exception of two paid counsellors working in schools.

TIER 2 SERVICES

CHUMS – Emotional Health and Wellbeing Service and Bereavement Service

CHUMS offer a short term (on average 4 sessions) emotional health and wellbeing service for young people across Central Bedfordshire delivered by a multi - disciplinary team using evidence based interventions. This is for young people with mild to moderate mental health issues, with common presenting issues being anxiety, family relationships, autism, behavioural issues and some self-harm.

In addition to this, CHUMS offer a number of Tier 2 group support sessions across Central Bedfordshire, for example support with anxiety, behaviour issues, self-

esteem, and for those on the autistic spectrum. CHUMS also run parents' support groups alongside the children's groups.

CHUMS also deliver a Tier 2 bereavement and trauma service across Central Bedfordshire. This service is commissioned to support children who have experienced bereavement relating to specific types of traumatic event (suicide, murder or road traffic accidents). The service is delivered by a consultant trauma psychologist and a principal psychologist two trauma psychiatrists and a number of trainees.

CHUMS have volunteer drivers and are sometimes able to pay for taxis to support young people to make appointments as well as offering appointments in a range of locations including community based settings and individual's homes.

Plan B/CAN

Plan B is a Tier 2 service which offers support, information and advice to a young people aged 5 to 18 who use drugs or alcohol or who are affected by someone using these substances. Outreach services are delivered across Central Bedfordshire Monday to Friday 9am to 4:30pm, with late appointments offered to those in crisis in the week.

The main reason why young people present to Plan B is because either themselves or someone close to them (mainly parent/carer) is affected by drugs and/or alcohol (experimental drug users through to problematic drug users in the Tier 3 service). Support is also available for those with complex trauma, historical abuse, sexual abuse or sexual exploitation when these issues have led them into drugs/alcohol. Depression, personality disorders, anxiety and other emotional disorders are common among those presenting to the service.

Sources of referrals to Plan B are outlined in table 1, but are rarely or never received from primary or secondary care. If referrals do not have Tier 2 needs that can be addressed by Plan B, they may be referred on to CHUMS, Open Door (in Ivel Valley only), Relate, MIND or SEPT. There is currently no waiting list for the Plan B service.

The service is commissioned by Central Bedfordshire Council and Public Health until 2014.

SEPT – Early Intervention Looked After Children's Service

The only Tier 1 or 2 service delivered by SEPT is the early intervention looked after children's service (all other CAMHS services are tier 3).

This is a Tier 2 service for young people aged 0-18 years delivered by South Essex Partnership Trust (SEPT) and which operates across Central Bedfordshire. Support is provided to families and children for up to 16 weeks (although timescales are flexible). Services provided include art therapy, nursing support and play therapy. It

is planned that Improving Access to Psychological Therapies (IAPT) services will be introduced to this service later this year.

The service frequently receives referrals from organisations such as the local authority, school nurses and primary care. Referrals are rarely or never received from secondary care or the voluntary sector. Individuals are not currently able to self-refer into this service; however self-referrals may be introduced later in the year as part of the introduction of IAPT. There is currently no waiting list for the service.

Placement breakdown is a common reason why young people present to this service, as well as issues such as anxiety, depression, ADHD and conduct disorders. Many of the children using this service are complex cases and risky and anti-social behaviours are common.

The service is commissioned jointly between Bedford Borough and Central Bedfordshire Councils until 2014. There were 61 direct contacts in Central Bedfordshire in quarter 1 of 2013, with a total caseload of 18 young people in this period. The service is new and has only been in operation since April 2013.

As this is a new service that commenced in 2013, no outcomes data will be available until late 2013 (October onwards).

Relate Bedfordshire and Luton

Relate offer Tier 2 short term counselling services to young people and families across Central Bedfordshire. Services are provided by trained counsellors. These are:

- Talktime young people's counselling

This is one to one counselling for 10-21 year olds which is delivered face to face in a number of venues across Central Bedfordshire, free of charge to the young person. Up to 6 sessions are delivered and common mental health issues dealt with include anxiety and anger. Additional sessions can be delivered if a clinical decision is recommended. The majority of referrals to Relate are self-referrals however referrals to the service can also be made by professionals (e.g. teacher, local authority worker etc.) by ringing Relate.

Talktime is commissioned by Central Bedfordshire Council until April 2014. Bedfordshire Clinical Commissioning Group (CCG) also commission Talktime in Leighton Buzzard. This service is primarily for Leighton Buzzard residents (90%) and GPs can refer to this service, or self referrals can be received. The Leighton Buzzard service is commissioned for 6 hours per week by BCCG.

8 middle/upper schools in Central Bedfordshire also commission Talktime directly, which means the service is accessible to pupils at those schools for between 2 to 6 hours per week at the school location. In 2012/13, 440 clients were seen by Talktime in Central Bedfordshire.

Young people are referred on to Tier 3 Child and Adolescent Mental Health Services if they have more severe mental health needs or to safeguarding services if there are safeguarding issues. No areas for improvement in the referrals process were identified.

- Family counselling

This service is commissioned by Central Bedfordshire Council until April 2014 and consists of short term counselling sessions for young people together with their families to address the family and young person's tier 2 mental health issues.

Referrals for family counselling and Talktime are via the early help (CAF) process. Clients can self-refer and a early help (CAF) form will be completed with the permission of the client(s). 75 families received family counselling in 2012/13 in Central Bedfordshire.

Relate nationally also offer a range of online support and on-line chat resources to support young people and families

- Education and learning services

Commissioned directly by schools and organisations and previous workshops have included delivering e.g. anti-bullying training to staff.

SORTED

Sorted is a Tier 2 service for young people aged 18-25, which operates across Central Bedfordshire. SORTED deliver emotional health and wellbeing support, which may include object therapy or cognitive behavioural therapy.

Referrals can be from a range of sources including primary care, self-referral or education. The most common method of referral is from a GP.

SORTED also deliver a service for young people aged 5-13 in Central Bedfordshire who have been affected by Domestic Violence. Referral to this service is via the early help (CAF).

In addition to this, SORTED deliver an early intervention and wellbeing service across Central Bedfordshire. Referrals to this service are through the early help (Common Assessment Framework - CAF). Relate and SORTED deliver 900 hours annually of this service in Central Bedfordshire (450 of these delivered by SORTED).

Common presenting issues to SORTED's mental health service include Obsessive Compulsive Disorder, anxiety/panic attacks, depression, eating disorders, self-harm, bullying/domestic violence and anger.

SORTED's domestic violence service and early intervention service deliver 12 weeks of support. In addition to this, SORTED's mental health service delivers on average 9 weeks of support to an individual however the number of sessions is open ended (e.g. no cut-off after a specific number of sessions).

SORTED are commissioned by Bedfordshire CCG. The domestic violence service is commissioned by Central Bedfordshire Council.

Hear 2 Listen

Hear 2 Listen is a Tier 2 service, for 11-25 year olds across Central Bedfordshire, which provides a young people's counselling service. Anxiety, depression, ADHD, conduct disorder and emotional disorders are all common reasons for people presenting to Hear 2 Listen. Other common presenting issues include low self-esteem, difficulty with relationships (personal and educational), eating disorders, self-harm, abuse, lack of confidence and substance misuse. Hear 2 Listen also run workshops and support groups for young people to help raise awareness and increase support on a variety of issues including addiction, understanding addiction within the home, self-esteem, confidence and relationships.

Hear 2 Listen operates mostly 9am to 5pm during the week, but is able to offer some services during the evenings and at weekends. The service is based in Biggleswade, but also operates from some schools in Central Bedfordshire.

Referrals to Hear 2 Listen are most commonly received by education; however self-referrals and school nurse referrals are also common. Referrals are uncommon or rare from CAMHS, the local authority, voluntary sector, primary or secondary care. There is a waiting list for the service of no more than 6 weeks. Hear 2 Listen have not yet needed to refer on to other organisations as they operate across multiple tiers.

Hear 2 Listen is currently funded on an on-going basis from a variety of sources e.g. trusts, grants and local contributions, however there are currently no local commissions. Between 50 and 100 referrals were received in Central Bedfordshire during 2012/13.

Brook

Brook delivers a planned programme of 4-6 one-to-one interventions for young people who have been identified as exhibiting potentially risky sexual behaviours.

Service aims:

- To provide information, support and opportunities to young people
- To provide appropriate evidence strategies for reducing unintended teenage pregnancies
- To identify the societal, community and family level factors that may influence the young person's routes to early parenthood and supporting them to overcome individual barriers
- To provide accurate , up-to-date, objective information about personal and lifestyle issues, learning and career opportunities, progression routes, choices, where to find help and advice and how to access it

- To develop young people's resilience as a means of reducing the risk factors associated with early parenthood
- For the provider to work collaboratively with local services to address the multiple factors associated with teenage pregnancy

Appendix 3: Evidence base

NICE Best Practice for social and emotional wellbeing in children and adolescents

Social and emotional wellbeing provides the building block for healthy behaviours and educational attainment. It also helps prevent behavioural problems and mental illness. The following tables summarise NICE recommendations about emotional health and wellbeing and specific mental health conditions.

Table taken from the NHS Bedfordshire Mental Health Assessment (2012)

Promoting social and emotional wellbeing in schools (NICE)

Social and emotional wellbeing: early years NICE PHG 40 (October 2012) 1. Ensure social and emotional wellbeing of vulnerable children features in the Health and Wellbeing Strategy and JSNA and informs integrated commissioning of universal and targeted services for children under 5 – including GP's, maternity, health visiting and early years providers 2. Early years and health professionals should identify vulnerable children and assess need by building trusting relationships with vulnerable families and identify risk factors e.g. using the early years foundation stage assessment process 3. Health visitors and midwives should offer a series of intensive home visits for vulnerable children and families 4. Children's services should ensure all vulnerable children can benefit from high quality childcare and take up their entitlement to early childhood education where appropriate 5. Health and early years providers should pit systems in place to deliver integrated universal and targeted services to support vulnerable children, involving parents and encouraging vulnerable parents to use early years services	Universal/Tier 1
Promoting children's social and emotional wellbeing in primary education NICE PHG12 (2008) 1. Ensure all primary schools adopt a whole school approach and work with local CAMHS to support a "stepped care" approach to prevent and manage mental health problems 2. Develop a programme to develop children's social and emotional skills including: • a curriculum that develops	Universal/Tier 1

social and emotional skills across all subject areas and integrated activities to support development of skills e.g. assemblies, homework • Training and development for teachers to deliver curriculum and manage behaviour • Support for parents to develop parenting skills 3. Ensure teachers/practitioners are trained to identify and assess early signs of anxiety, emotional distress and behavioural problems and use the CAF process where appropriate 4. Provide a range of interventions including problem-focused group sessions delivered by specialists and parenting sessions alongside.	Tier 1-2
Social and emotion wellbeing in secondary education NICE PHG 20 (2009) 1. Secondary education settings to take an organisation-wide approach to promote the social and emotional wellbeing of young people 2. Schools to ensure social and emotional wellbeing features within plans, policies, activities and an ethos of mutual respect is promoted. 3. Ensure young people have access to pastoral support and specialist services 4. Integrate social and emotional skills across the curriculum to promote positive behaviours and successful relationships and reduce bullying etc. Reinforce learning through extra curricular activities e.g. homework, voluntary work 5. Work in partnership with parents/carers and help develop parenting skills where appropriate 6. Work in partnership with young people to give them to the opportunity to contribute to decision making and build relationships e.g. through peer education 7. Integrate social and emotional	Universal/Tier 1

	wellbeing within the training and continual professional development of practitioners and governors	

Conduct Disorders		
NICE Parent-training/education programmes in the management of children with conduct disorders TA102 (2006)	Parenting programmes (for children under 12 years old). Evidence based and ideally last 8-12 sessions. Some evidence for individual interventions to help with coping skills and problems solving in adolescents.	Tier 1/2

Emotional disorders		
NICE Depression in children and young people : identification and management in primary, community and secondary care CG28 (2005)	Mild depression can be treated at tier 1 or 2 with psychological interventions for 2-3 months (if not improved after 4 weeks of watchful waiting). Include individual non-directive supportive therapy, group CBT or guided self-help. Referral to specialist services is suggested if not improved. Psychological therapies are also appropriate therapy for anxiety problems.	Tier 1/2/3

Hyperkinetic Disorders		
NICE Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults CG72 (2008)	Watchful waiting up to 10 weeks or offering a referral to a parent-training/education programme considered if suspected ADHD is having an adverse impact on development or family life. For young people with moderate levels of impairment a group parent-training/education programme, either on its own or together with a group treatment programme, CBT and/or social skills training, for the child or young person.	Tier 2/3

Developmental Disorders		
NICE Autism in children and young people CG128 (2011)	Local pathway for recognition, referral and diagnostic assessment of possible autism. 'Autism team' to be set up. Single point of referral to autism team. Behavioural interventions to address a wide range of specific behaviours in children and young people, to reduce symptom frequency and severity, increase development of adaptive skills.	Tier 2/3

Eating Disorders		
NICE Eating disorders CG9 (2004)	People with suspected anorexia nervosa should be referred to specialist care immediately. Those with suspected bulimia can be managed with an evidence-based self-help programme. Adolescents can be appropriately managed with cognitive behavioural therapy but will normally need 16-20 sessions over 4-5 months	Tier 1/2/3

Self - Harm		
NICE Self Harm CG16 (2004)	Referral for further treatment and help should be based upon a comprehensive psychiatric, psychological and social assessment, including an assessment of risk, it should not be determined solely on the basis of self-harming.	Tier 1/2/3

Appendix 4: Outcomes data

Provider	Outcomes data	Trends in Outcomes/Referral data	Information Gaps/Comments
CHUMS	**Outcomes:** • Change in SDQ score, annual audit • Not currently analysed by BB/CBC **Need(Referrals/presenting issue):** • Monthly reporting of referral data/presenting issue etc. • Referrals stepped up/down to CAMHS Tier 3 reported but not by BB/CB	**Outcomes: (September 2012-March 2013)** **EMS Service** • Mean SDQ scores for the emotional wellbeing (EMS) service (pre/post intervention)decreased from 18 to 15 (cohort 1) and 18 to 16 (cohort 2) • The mean pre SDQ score is in the 'abnormal' range (17-40), while the mean post SDQ score is classified in the 'raised' range (14-17) • The majority of reduction made on the SDQ was for those who received between 2 and 6 sessions • Older individuals showed greater improvements following treatment, although this may be due to better perception of the difficulties • Relationships showed the most improvement on SDQ scores following treatment, with autism and low mood making the least improvement • Individual support resulted in larger decreases in SDQ scores than group support • In group sessions, behaviour difficulties followed by anxiety showed the biggest reductions in SDQ score • When comparing the scores in the SDQ audit with the September 2012 Audit, the Total Difficulties Score has increased from 16 to 18. This suggests that CHUMS is now dealing with children more significant presenting issues than in the previous year	• Outcomes data not currently reported monthly with performance report • Outcomes data spilt by BB/CB is not currently available/reported • Only no of referrals accepted is reported by BB/CBC • All other referral/presenting issue information is reported monthly but not broken down by BB/CBC • Postcode level data is collected for referral data so it would be possible to report this by BB/CBC in future • Provider keen to collaborate in future to further develop reporting of information

	Need(Referrals/presenting issue): • Monthly reporting of referral data/presenting issue etc. • Referrals stepped up/down to CAMHS Tier 3 reported but not by BB/CB	**Referrals (January-July 2013):** **EMS Service** • Number of monthly referrals received ranged from 64 to 135, with very few inappropriate referrals (where eligibility criteria are not met) • Approximately two thirds (56% to 84.6%) of the monthly referrals accepted to the EMS service were from CB and one third from BB • Behaviour issues (including anger, aggression and conduct) and anxiety were the most common presenting issues, with depression also being common • GPs, parent/carer and school are the most common sources of referral • Those using the EMS were most commonly aged 5-15 years • There was an approximate 50:50 split of males/females using the EMS service • The majority of service users were White British • Wait time average for 1:1 appointments ranged between 8 and 12 weeks during this period (waiting list of 74-103 young people) • In 2013, CHUMS received more service demand (referrals) than they were commissioned to provide (across CB+BB combined). E.g. Jan-April 2013 CHUMS were commissioned to provide the EWS service for 264 people, but the actual number delivered was 358 **Bereavement service:** **Referrals (January-July 2013):**	to identify need etc. • For 20% of clients post intervention SDQ score was not available (e.g. non return of questionnaire) • Outcome of therapy not reported on monthly performance report • Data not available by

		• Number of monthly referrals received ranged from 27 to 46, with between a quarter and a third of these being Central Bedfordshire children (approximately 70 in the period) • The majority of referrals were from schools • A small number of referrals were from GPs and health professionals, but a very small number of referrals were from CAMHS or social services • Between 83% and 96% of children were contacted within 3 days	BB/CB apart from number of referrals
CAMHS Tier 2 Looked after children service	**Outcomes:** • Not available • Will include IAPT outcomes including SDQ score **Need(Referrals/presenting issue):** • Monthly reporting of referral data/presenting issue etc. • Referral data broken down by Bedford Borough and Central Beds and includes referral source, age, ethnicity, discharge destination etc.	**Outcomes: Not available** **Referrals:** • Total caseload numbers in Q1 2013 were 18 in Central Bedfordshire (61 direct contacts) • Social services was by far the largest referrer to this service • 75% (Central Bedfordshire) of first contact to clients was within 4 weeks of initial contact • Postcode level data collected on number of referrals	• No outcomes data will be available for this service until after quarter 2 later in 2013 (post October) as it is a new service • Only 1 quarter's referral data available so far, so too early to identify trends • Presenting issue not recorded on performance reports
Relate	**Outcomes:** • Outcomes not reported for BB/CB separately except for on specific projects	**Outcomes:** • Talktime and Family counselling client feedback in Central Bedfordshire showed an increase in the wellbeing of clients following their counselling sessions	• Presenting issue or outcomes data not currently collated/analysed by

	where e.g. commissioned only by CB **Need(Referrals/presenting issue):** • No of referrals available by BB/CB separately • Presenting issue and other info not generally reported separately for BB/CB • Talktime/family counselling funded by CBC: main presenting issues were: ability to cope with problems, stress/worry/anxiety and relationships	• Before counselling 42% felt bad about issues such as relationships, stress and anger whereas 1% felt bad about these issues following counselling **Need(Referrals/presenting issue):** • Figures for Central Bedfordshire funded work (one contract family counselling and talktime) suggest ability to cope with problems followed by stress/worry/anxiety and relationships are the most frequent presenting issues • Higher numbers of families use Talktime and family counselling in Central Bedfordshire than Bedford Borough	CB/BB as contracts/funding are from a number of sources
4YP UK	**Outcomes:** • Improvement in scores on an “opportunity wheel” and on specific soft skills e.g. self-esteem, confidence and motivation are captured for specific services/projects delivered **Need(Referrals/presenting issue):** • Not provided	**Outcomes:** • The intensive support service in Central Bedfordshire (19 of 21 clients completed evaluation) showed a 52.6% increase in areas such as feelings, motivation, confidence and feelings following completion of counselling • Group mentoring in Central Bedfordshire in January – May 2013 (7 attendees) showed increase in soft skills following counselling sessions such as an 80% increase in self-esteem and a 147% increase in motivation	• Performance info provided did not include data on presenting issue, referral source, discharge destination, age or gender

		• Qualitative outcomes were collected for counselling for those at risk of school exclusion (provided in one school) in Central Bedfordshire and reported positive outcomes e.g. “It helped me, I’m less angry and I talk to people more”	
Hear 2 Listen	**Outcomes:** • Exact outcome figures not available **Need(Referrals/presenting issue):** • Exact figures not available but all referrals due to problem behaviour at school	**Outcomes:** • Exact figures not available but approximately 95% of those who accessed the service showed improvements e.g. improved social relationships, increases in self-esteem, emotional awareness, communication and educational engagement **Need:** • All referrals were for disruptive behaviour e.g. difficulty with emotional management (anger), difficulty maintaining healthy relationships or for isolation e.g. anxiety, lack of confidence and low self-esteem	• Outcomes data, breakdown of referrals data by presenting issue, figures of referral source and destination
Open Door	**Outcomes:** • Improvement in traits such as happiness, self-confidence and ability to solve problems recorded before and after counselling and can be analysed by BB/CB **Need(Referrals/presenting issue):** • Analysis is by CB/BB combined in e.g. annual	• In Central Bedfordshire, self-confidence, dealing with problems and happiness showed the biggest improvement after counselling, but all areas measured (including looking to the future, attitude to others ability to cope with life and feelings about yourself) all showed improvements after counselling	• Referral numbers and presenting issue by BB/CB

	report		
Plan B	**Outcomes:** • Various depending on individual project but include increased knowledge, feeling safer, better relationships and quality measures **Need(Referrals/presenting issue):** • Split by BB/CB	**CAN young people's team: Tier 2 support** • The CAN young people's team in Central Bedfordshire saw 30 young people in Q1 2013 • Cannabis followed by alcohol were the most common reasons for young people presenting to CAN (in Q1) • Service users were most likely to be male and White British • Universal education followed by a relative were the most common referral sources • Between 40 and 45% of service users improved after service use in areas such as health and wellbeing, social functioning and quality of life. However, • Many of the projects see very small numbers of young people quarterly, making it difficult to identify trends • Data provided separately for BB/CB	• Good data and split by CB/BB • Good qualitative feedback captured • No annual analysis/compilation of data for trend analysis available as far as commissioner aware (data collection quarterly)

Appendix 5: References

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