

B.E.S.T Event for GP's May 2016

Barnsley CAMHS

Dr Mini Pillay : Consultant Child and Adolescent
Psychiatrist and Clinical Lead for CAMHS

Dr Nilou Mirhaghani : Consultant Child and Adolescent
Psychiatrist Barnsley CAMHS

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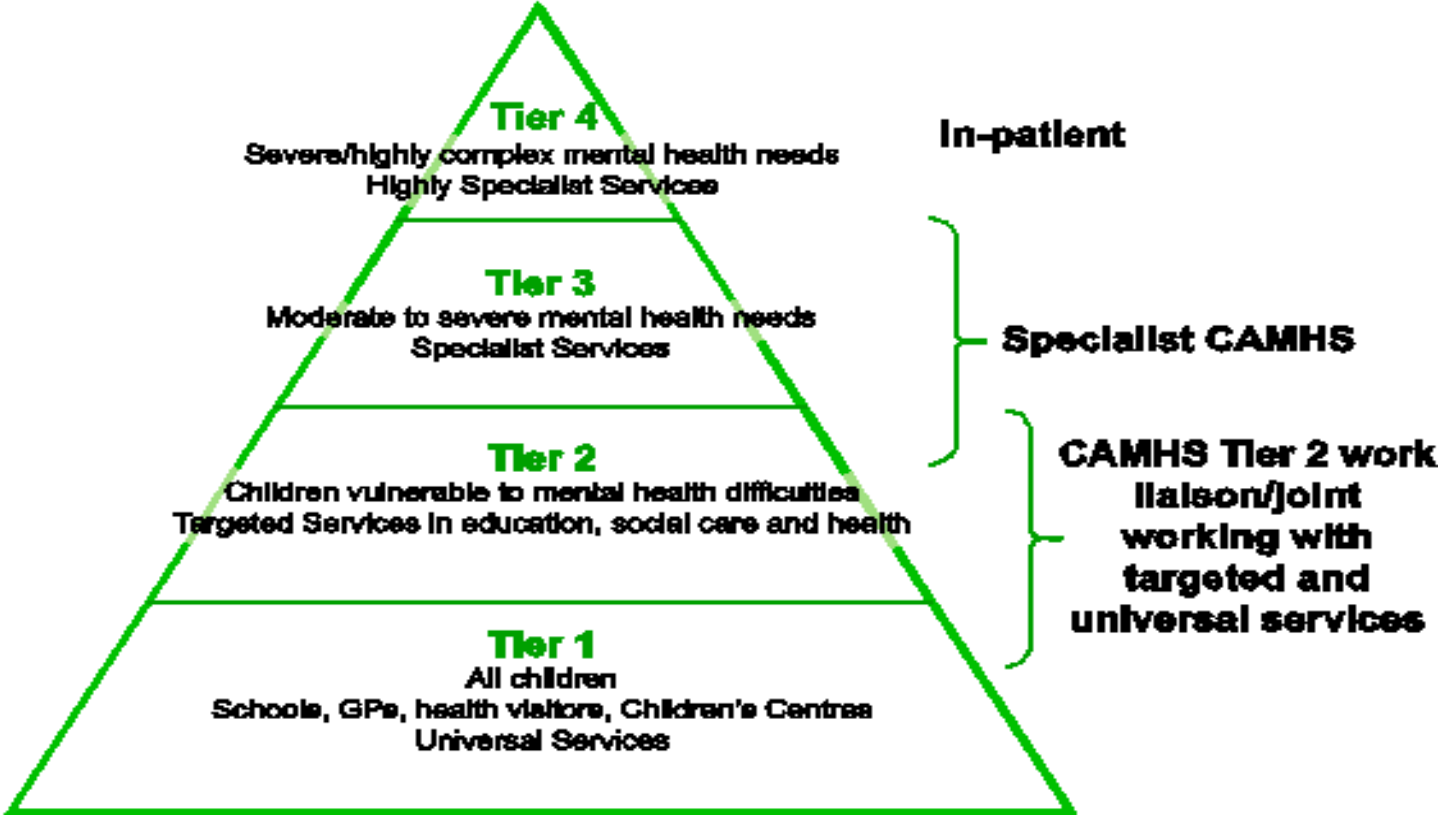


***Future in Mind* - national data**

- 10% children aged 5 -16 have a mental health problem
- 50%+ mental health problems in adult life start by age 14 and 75%+ by age 18
- Child mental health problems associated with;
 - educational failure
 - family disruption
 - disability
 - offending and anti-social behaviour
- Historical lack of investment in service area



CAMHS - the 4 Tier Model



With all of us in mind

Tier 1 - Universal Services

All children

- GP
 - School Nurses
 - Teachers
 - Health Visitor
 - Social Workers
 - Connexions
 - Midwives
 - Youth Justice Workers
 - Voluntary Agencies
 - Early Years Practitioners
- Advice and treatment of less severe problems
 - Prevention
 - Referral



Tier 1 - Case Example

- John 14, finding school difficult
- Having difficulty sleeping and crying before school
- Mum takes to see GP
- GP encourages Mum to discuss with school, directs her to information on Young Minds website
- Form tutor meets with John to discuss work and help with understanding
- John starts to feel better



Tier 2 - Targeted Services

Children vulnerable to mental health difficulties

- Behaviour Support Service
- Educational Psychology
- Family support workers
- Paediatricians
- CAMHS workers

Looked after Children, Children with Disabilities, young offenders

- Prevention
- Early intervention
- Consultation
- Referral to specialists
- Training
- Advice and treatment of less severe problems
- Prevention
- Referral



Tier 2 - Case Example

- John still feeling upset and not sleeping again and being bullied
- Form tutor asks school nurse to see him and refers to Educational Psychologist
- School nurse works with Mum and John over 3 sessions
- Helps by looking at ways of managing emotions, helps with stress relief, advocates for extra help at school / bullying to be resolved
- Educational Psychologist – discovers learning difficulties, recommends strategies to help
- John starts to feel better again,
- Joins youth club school nurse told him about - makes new friends



Tier 3 - Specialist Services

Moderate to severe mental health difficulties

- Specialist CAMHS
 - Nurses
 - Psychologists
 - Psychiatrists
 - Play therapist
 - Family therapist
 - Creative therapists
 - Occupational Therapists
- Depression
 - Suicidality and self harm
 - Obsessive Compulsive Disorder
 - Severe anxiety
 - Autism Spectrum disorder
 - Psychosis - Schizophrenia / Bipolar Affective Disorder
 - Attention Deficit Hyperactivity Disorder
 - Eating Disorders
 - Traumatic experiences - after effects of abuse and neglect



Tier 3 - Case example

- John still struggling
 - Not eating , poor sleep, crying, avoiding friends and finding reasons not to go to school
 - Thoughts of hurting himself School
 - Nurses refers to Specialist CAMHS
 - CAMHS assessment identifies depression and severe anxiety
 - Referral to out of school education provision educated at home, teacher comes 3 times week
 - Treated with CBT by CBT Therapist
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- Family therapy to improve relationships
 - School Nurse and CBT Therapist liaise with school and support his return
 - Within 6 months full recovery



Tier 4

- For children and young people requiring specialist intensive mental health interventions
- Includes day hospitals, inpatient psychiatric units
- No local provision.



Referring to CAMHS

- Who can refer?
- How is the referral made?
- What is an 'adequate' referral?
- What happens after a referral is made?
- What happens when a patient fails to attend an appointment?



Referral Information

- Demographics
- Consent for referral
- Care arrangements
- Professional network around child
- Child protection concerns
- Referrer's concerns and aims
- Child/parent's concerns and aims
- Risk issues - safeguarding and mental health risks



CAMHS Team

CAMHS Staffing	WTE
Consultant Psychiatrist	2.8
Staff Grade	1.8
Managers/Clinical Leads	3.5
Psychologist	5.4
Mental Health Practitioners (nurse, social worker, occupational therapist)	19.6
Assistant Psychologist/HCA	2.4
Admin and Clerical	9.1
Total	44.6



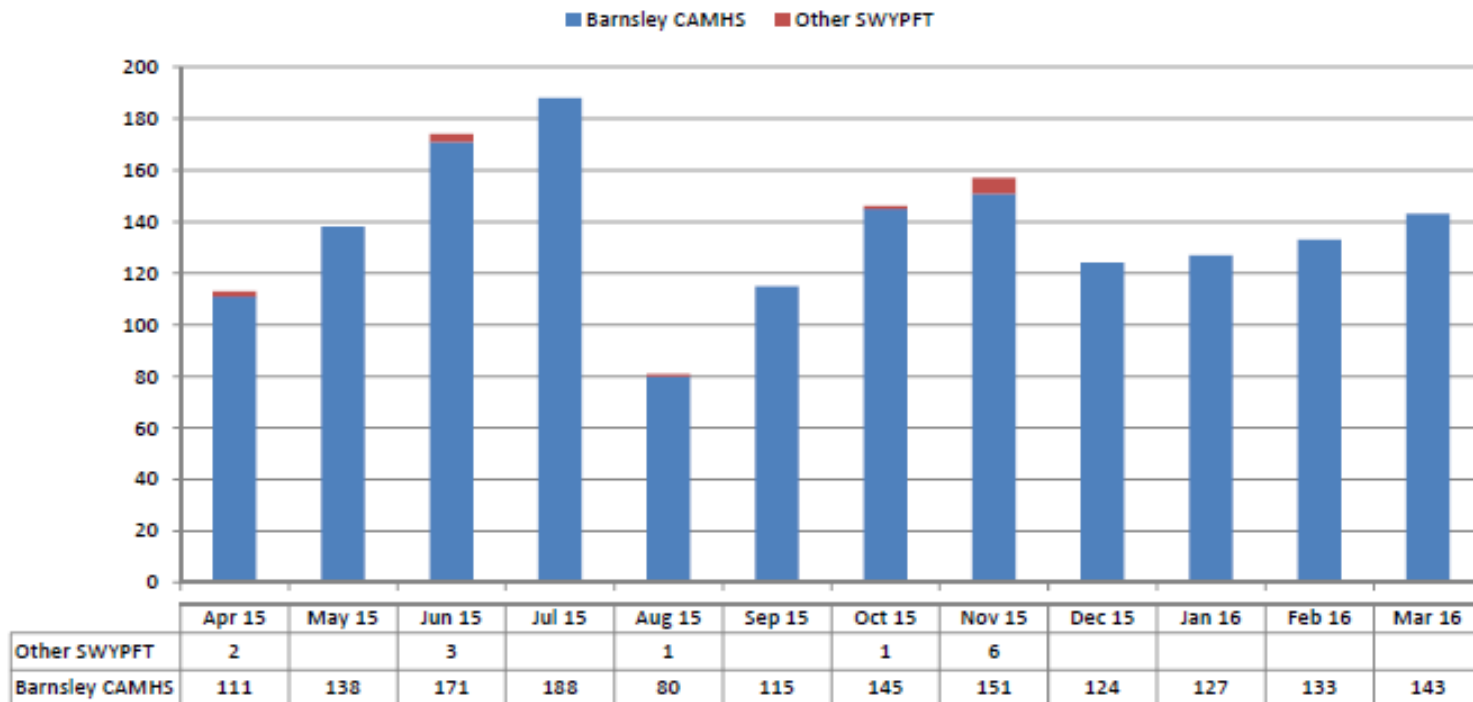
Service data

- Referral numbers are variable
- Significant impact of emergency referrals
- Significant number of inappropriate referrals
- Long waiting times for initial and subsequent appointments
- Waits for ASD assessment and diagnosis particularly long

- Shhhhhh



Total Referrals Received



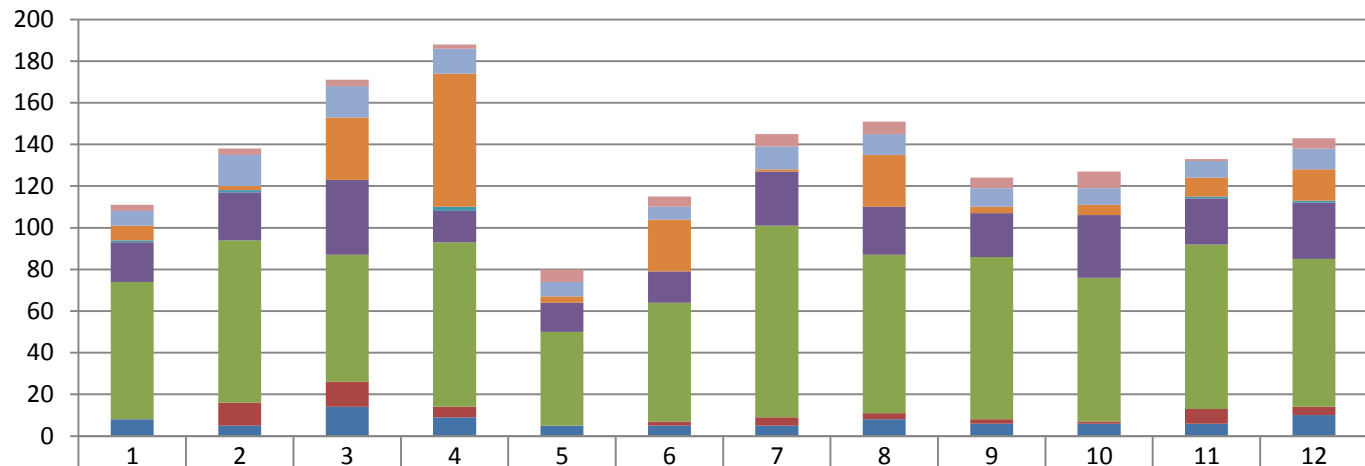
Description: A count of all referrals received during the reporting period by month and team. Includes all referral sources, urgencies and inappropriate referrals.

Comments: Information up to and including September is based on a combination of data collected manually (emergency referrals) by the service and recorded via RiO (other referrals).



Referrals Received by Source

■ Community based Paediatrics
 ■ Eductaion Services
 ■ GP
 ■ Hospital based Paediatrics
■ NHS Hospital Staff - Other
 ■ Other
 ■ School Nurse
 ■ Social Services



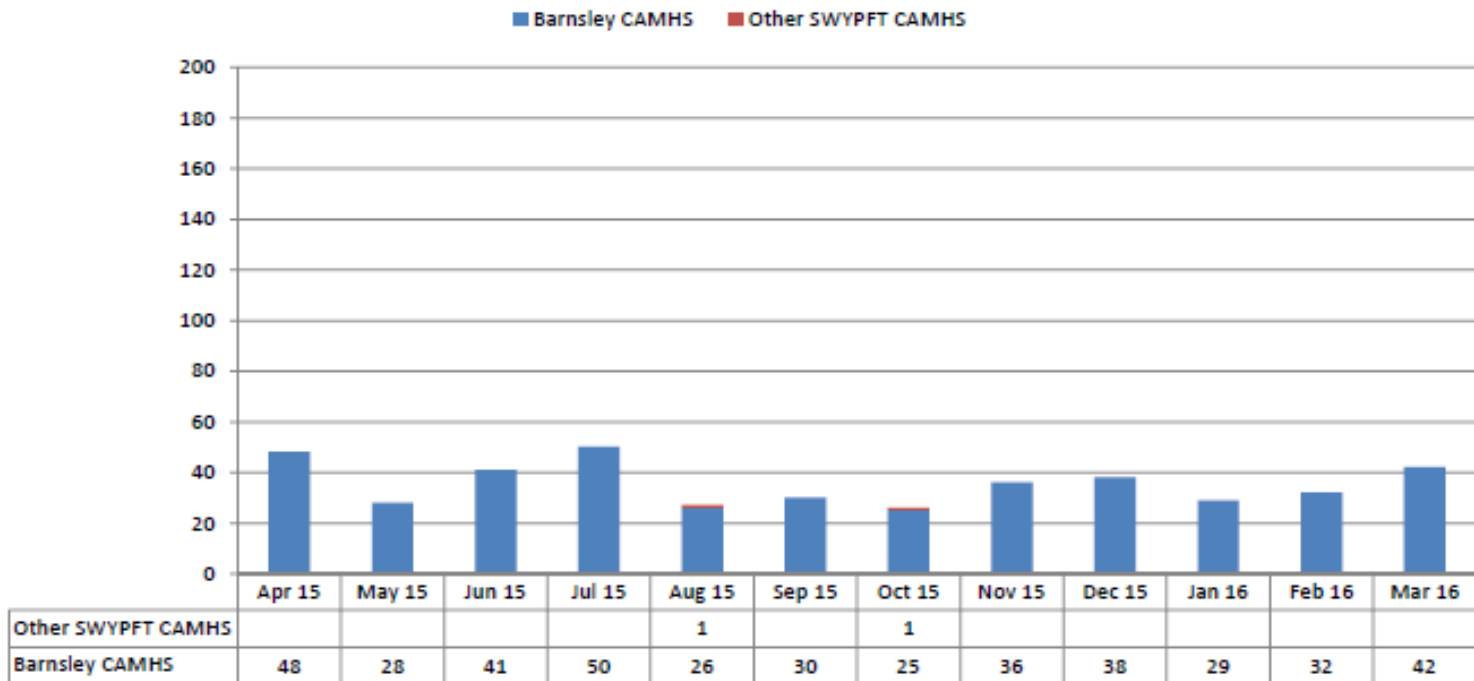
	1	2	3	4	5	6	7	8	9	10	11	12
Social Services	3	3	3	2	6	5	6	6	5	8	1	5
School Nurse	7	15	15	12	7	6	11	10	9	8	8	10
Other	7	2	30	64	3	25	1	25	3	5	9	15
NHS Hospital Staff - Other	1	1		2							1	1
Hospital based Paediatrics	19	23	36	15	14	15	26	23	21	30	22	27
GP	66	78	61	79	45	57	92	76	78	69	79	71
Eductaion Services		11	12	5	0	2	4	3	2	1	7	4
Community based Paediatrics	8	5	14	9	5	5	5	8	6	6	6	10

Please note the above table relates to referrals received directly to Barnsley CAMHS



With all of us in mind

Total Inappropriate Referrals



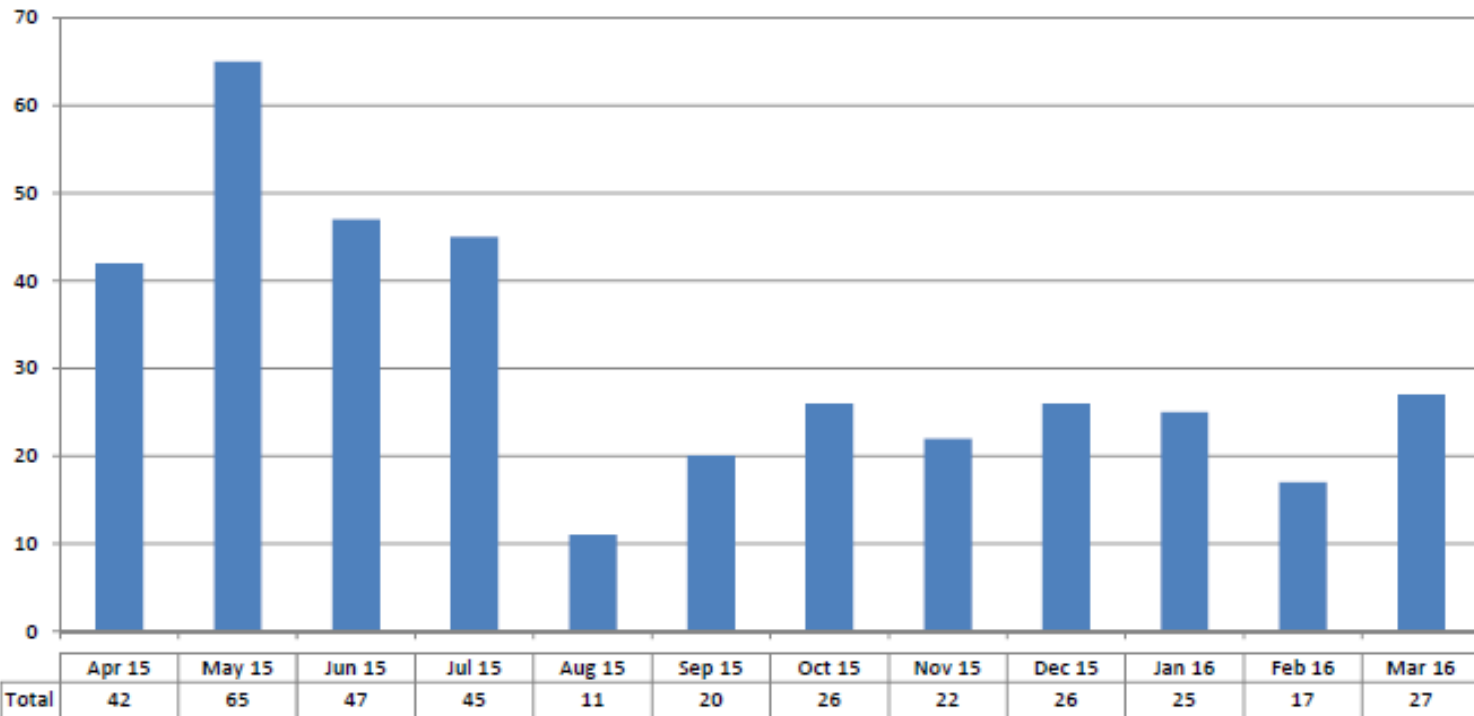
Description: A count of all inappropriate referrals to the service reported by month of discharge.

Comments: Information based on data sourced from RiO. Inappropriate and signposted referrals are defined by the discharge reason selected by the person inputting the information and are open to interpretation. From July onwards, this KPI includes all referrals marked as inappropriate or "inappropriate (signposted)" upon discharge. From the 42 referrals deemed as inappropriate in March; 9 were redirected to more appropriate service and 31 relate to referrals by referrer and 2 were found to be inappropriate from Choice appointments.



With all of us in mind

Emergency Referrals Received



Description: A count of all 'Emergency' referrals received during the reporting period.

Comments: Information up to and including March was based on data collected manually by the service. prior to August all out of hours and duty contacts were registered as emergency, from August the service refined the definition of "Emergency" and "Urgent", therefore the reduction in referrals registered as Emergency is a result of this redefining. All the March referrals were dealt with within 24hours (either



Service priorities

- Improved data set
- Waiting time for initial assessment max 5 weeks
- Strengthened GP links
- Early intervention
- Eating Disorders (£146k of £512k)
- Vulnerable groups
- New ASD pathway



