

Case study: City and Hackney CAMHS Extended Service

Summary

East London Foundation Trust has developed City and Hackney Child and Adolescent Mental Health Service (CAMHS) to extend their Tier 3 service provision to young people past the age of 18-25 years. The extended service works primarily with young people who do not currently meet the criteria for Adult Mental Health Services (AMHS) in Hackney but who are considered to require a mental health service.

How the service works

In 2009 City and Hackney Primary Care Trust (PCT) commissioned East London Foundation Trust to provide an extended CAMHS service. The service is specifically focused on young people who do not currently meet the criteria for adult mental health services in Hackney and therefore risk falling out of the mental health system when they turn 18. It also targets young people who may need to be transferred to adult services at a later date, but who need a period of preparatory work before they are ready to make this transition due to their developmental needs. Some young people also need additional support through such a transition. Contact with the service can be maintained until the young person is fully engaged in adult services, rather than closing the case at the point of referral. The service forms part of the wider City and Hackney CAMHS service and works in partnership with primary and social care, youth services, adult services, third sector organisations, and colleges.

When young people being seen by CAMHS turn 18 they may not meet the criteria for adult mental health services, and in some cases are likely to have lost other statutory support. The extended CAMHS service is preventative, enabling young people from this group to remain in CAMHS care. This increases their chances of completing treatment and reduces the need for unnecessary service transition, a period when many young people can stop engaging. Previous year's figures for Hackney show the number of young people leaving CAMHS aged 18 was approximately 60-70, including 12 who were referred to AMHS.

Typically the extended service manages a moderate level of risk in line with the rest of generic CAMHS and has seen young people with the following conditions (often a combination of):

- emotional and psychological problems in the family and social environment

- neurological developmental disorders such as Asperger's Syndrome and Attention Deficit Hyperactivity Disorder (ADHD)
- mild learning disabilities
- depression
- anxiety disorders including general anxiety, obsessive compulsive disorder, social anxiety and health anxiety
- self harm and emotion regulation difficulties
- eating disorders and body dysmorphic disorder
- conduct disorder

If a young person has active psychosis they would be seen by the Early Intervention in Psychosis team (EIP). If young people needed a Care Programme Approach (CPA) or were actively suicidal and over the age of 18 they would be referred to AMHS.

The extension of CAMHS was intended to create additional capacity to work with young people in this age category who are known to the service at the point of potential transition. CAMHS staff in the generic team also continue to work with clients aged over 18 when clinically appropriate. Due to the outreach nature of the work, the dedicated posts are managed within the multidisciplinary Youth Support Mental Health Team, a specialist team within CAMHS that works to an assertive engagement model.

Background to project

The CAMHS extended service was informed and driven by both local and national evidence. Locally, feedback collected from people who use services when they were discharged from CAMHS showed that some young people had found transitioning to a new service difficult and wanted more put in place to make service transition easier.

The extended service also aimed to address a number of barriers to services and transitions for adolescents that have been reported on nationally. For example, the Royal College of Psychiatrists 2008 report *Working at the CAMHS/adult interface: good practice guidance for the provision of psychiatric services to adolescents/ young adults*¹ states that the transition from adolescence to adulthood is a crucial stage of social, personal and emotional development. It coincides with the emergence of personality disorders and a steep rise in the rates of mental disorder, particularly the severe end of the spectrum of affective disorders, anxiety disorders, eating disorders, obsessive compulsive disorder and psychosis.

Other research² reports that a mental health service for older adolescents should aim to provide interventions to prevent the majority of young people from developing long-term mental health problems, while engaging and treating those who have early onset of specific severe mental illness and facilitating their

transition to ongoing treatment in adult services. Service transitions during adolescence should be a smooth process that offers uninterrupted continuity of care and takes into consideration a young person's physical, social and psychological growth and development.

The service recognises that cultural differences between CAMHS and AMHS can act as a barrier to transition. The different professional cultures of CAMHS and AMHS have contributed to differences in theory and practice, including differences in eligibility thresholds for referral and in the level and style of intervention.³ There are a number of neurodevelopment disorders (e.g. Attention Deficit Hyperactivity Disorder and Autistic Spectrum Disorder) that persist into young adulthood but have not previously met the criteria for referral to adult mental health services.

Designing the service

The service was designed to bridge and work jointly with adult services to meet the generic mental health needs of older adolescents. The team provides direct individual and family psychosocial and psychological interventions alongside psychiatric reviews and medication when appropriate. The team includes therapists with expertise in systemic and cognitive behavioural approaches, and the team works in a holistic and developmental way with young people, families and carers.

Referrals can be made into the extended CAMHS service from any of the CAMHS teams in Hackney including both the generic and outreach CAMHS teams. If a professional from outside of CAMHS wanted to access the service they would need to refer into generic CAMHS who would then pass the referral to the extended service if appropriate.

The service promotes a youth-centred and flexible approach with an emphasis on effective engagement of young people through outreach and joint working with other agencies. For example, the team will follow an assertive outreach style of engagement following up the individual with text messages, phone calls or email, and the offer of another appointment at a more convenient time or location to try and keep the young person engaged with the service. Knowledge of adolescent development and the impact on engagement is considered, for example at this age young people may be seeking to separate from figures of authority. Young people may also sometimes wish to 'dip in and out' of support; this requires a risk assessment and management plan, but usually can be accommodated so that their file can be kept open for a set period of time.

¹Lamb C et al. (2008) *Working at the CAMHS/Adult Interface: Good practice guidance for the provision of psychiatric services to adolescents/young adults*

http://www.rcpsych.ac.uk/pdf/Transition_2008.pdf

² For example Forbes, A., While, A., Ullman, R., Lewis, S., Mathes, L., & Griffiths, P. (2001) *A multi-method review to identify components of practice which may promote continuity in the transition from child to adult care for young people with chronic illness or disability*, Southampton: National Co-ordinating Centre for NHS Service Delivery and Organisation R & D (NCCSDO)

The service provides expertise to treat the range of mental health difficulties presenting in this age group. Interventions provided by the service include:

- a range of cognitive behavioural therapy (CBT) and behavioural interventions
- systemic/family therapy and narrative approaches
- brief solution-focussed therapy and motivational interviewing
- neuro-psychological assessments for specific learning difficulties or possible neuro-developmental disorders
- psychiatric reviews and medication
- intervening in Multiple Systems
- consultation to staff in CAMHS and other agencies.

The team is also involved in indirect work, for example linking with clinicians in AMHS teams to facilitate smooth transitions and maintain up-to-date information on referral criteria and pathways. The service therefore also operates to strengthen transitions that take place from CAMHS to AMHS through consultation and relevant information to staff based in CAMHS and adult services. Other activities include supervision and training of staff in the Youth Support teams on mental health and therapeutic approaches, research and audit, and generic CAMHS roles as appropriate.

The extended CAMHS service is provided in a variety of settings according to the profile of service users including Hackney College and the youth service. To date most young people have attended sessions at the two Children and Young People's Centres where CAMHS are based, or in their own homes.

The case load of the service has grown steadily over the first year of running and it is now an established part of CAMHS. Therapeutic input has been taken up by clients who are not likely to have received a service elsewhere and referrals have come from a variety of sources within CAMHS including the generic Child and Family Consultation Service, the Youth Support Mental Health Team, Adolescent Mental Health Team, and Family Therapy Clinic.

³ Reder, P., McClure, M., & Jolley, A. (2000). 'Interface between child and adult mental health', in Reder, P., McClure, M., and Jolley, A., (Eds). *Family Matters: Interface Between Child and Adult Mental Health*. London: Routledge.

Intended outcomes and measuring impact

The aim of this service is:

- to improve therapeutic services and outcomes for people with mental health problems who do not meet the criteria for adult mental health services
- to enhance capacity within CAMHS to continue engagement of older adolescents who may be at risk of non-engagement with services at a transition point
- to prevent young people falling through the gaps between services and multiple transitions
- to reduce demand on primary care services
- to ensure the young people receive a developmentally appropriate service
- to reduce the numbers of emergency admissions within this age group
- to reduce health inequalities of young people.

The service collects outcome data through: CORC, the system used in CAMHS which include the Children's Global Assessment Scale (CGAS), Strengths and Difficulties Questionnaire (SDQ), the Experience of Service Questionnaire (ESQ) and goal-based measures where appropriate. As the service is relatively new, data sets on outcomes for young people are limited in number but early signs are promising.

Sustainability and transfer to other settings

Sustainability is dependent on funding arrangements continuing in 2011. There may be cost savings from this service if the preventative function results in fewer entries into higher tiers of AMHS. However, a cost-benefit analysis would need to be conducted to provide data for this. The model adopted in Hackney would be applicable when there is a gap in service provision for this age group, for example when CAMHS stops at age 16. It may also be appropriate when working with populations who are not accessing services or have been shown to be at particular risk of disengagement, for example considering local demographics such as ethnicity and socio-economic status.

Next steps

The first priority for the extended service has been to develop strong links with local services and establish the internal referral pathway with existing CAMHS and adult services.

Working more closely with local adult services to help think about engagement issues with this client group is being considered to help facilitate successful transitions, for example by providing training on adolescent developmental needs

and working with those who have had disruptions to typical development. Another development would be to branch out to engage with partners and agencies who work with young people who would benefit from the service but may not currently be accessing CAMHS. In order to do this effectively and in the most efficient way the team will be careful to map what already exists in terms of emotional and psychological support for this age group so this service adds value and does not duplicate existing service provision.

Resources involved

The extended service team consists of:

- 1.0 WTE Clinical Psychologist/Cognitive Behavioural Therapist
- 0.4 WTE Systemic Psychotherapist
- 0.2 WTE Consultant Child & Adolescent Psychiatrist
- Consultation and management from a Clinical Nurse Specialist team manager
- 0.5 WTE Admin

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