



# **Child and Adolescent Mental Health Services in Brent**

A Scrutiny Task Group Report

**Chair, Cllr Ahmad Shahzad OBE**

**Community and Wellbeing Scrutiny Committee**

**July 2017**

### **Task group membership**

Councillor Ahmad Shahzad OBE, task group chair

Councillor Ruth Moher,

Councillor Neil Nerva

Dr Jeff Levison, co-opted member

Hamza King, Brent Youth Parliament representative, co-opted member

**The task group was set up by members of Brent Council's Community and Wellbeing Scrutiny Committee on 1 February 2017.**

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## **Chair's Foreword**

Many of today's young people are growing up in an environment of unprecedented pressure and stress as a result of social media, exams, and in too many households, unstable housing and low incomes. This is straining the mental health and emotional wellbeing of many young people. These pressures are far greater than those which mine and other generations experienced. However, we know that probably only one in three of those with a diagnosable mental health condition will access any support. That's why as members we set up a scrutiny task group to review how Child and Adolescent Mental Health Services (CAMHS) are meeting these challenges in Brent.

Young people's mental health has proved to be a very timely subject for a scrutiny task group. In Brent, services are undergoing a transformation, and nationally the issue of mental health is now far higher up the political agenda. I hope this report and recommendations can contribute to this discussion and to improving these important services even further.

I would like to thank all those hard-working professionals who gave up their time to meet with me and the other members of the task group while we carried out our work. We were fortunate to be able to meet and talk with a number of community representatives. Again, I would like to thank them for giving up their time to speak with us. Finally, I would like to say a special thank you to Dr Jeff Levison, a former co-opted member of the Community and Wellbeing Scrutiny Committee, and Hamza King who represented Brent Youth Parliament, for their work as members of the task group. I would also like to thank Cllr Ruth Moher and Cllr Neil Nerva for their valuable input and suggestions, and the scrutiny team for its work.

**Councillor Ahmad Shahzad OBE**

**Chair, Scrutiny task group**

## Executive Summary

The scrutiny task group has reviewed Child and Adolescent Mental Health Services (CAMHS) to evaluate the existing model and its effectiveness in delivering services. CAMHS in the borough is presently going through a period of transformation set out in the Local Transformation Plan.

An important part of the plan is incorporating a new approach and thinking into CAMHS, which is known as the THRIVE model.<sup>1</sup> The plan sets out how to move away from the existing tiered model around which services have been organised towards this new approach, and members of the task group looked at how well existing or proposed services would meet the requirements of the THRIVE model.

The task group was supportive of the THRIVE model and the way it is being incorporated in the Local Transformation Plan and the development of services, and welcomes this way of thinking about services for young people in a wider social context and local community. The task group believes that the development of initiatives such as peer support and community champions would complement this new approach and way of working.

The task group also set out to evaluate the existing referral system for parents, the local authority, schools, voluntary organisations and other organisations, and how any proposed changes might work in practice. Members of the task group believe that changes which now allow schools to make referrals to CAMHS services are particularly welcome.

Particular projects which work in schools to promote positive mental health and emotional wellbeing were considered as part of the task group and found to be well-regarded and viewed positively by schools. However, not all schools in the borough are at present accessing these projects.

Finally, the task group looked at co-ordination, planning and co-operation between different organisations and agencies in the provision of services and believes that more partnership working in this area should be supported and encouraged in the borough.

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<sup>1</sup> A full explanation of the THRIVE model is set out on p9 of the report.

## **Recommendations:**

### **Brent Clinical Commissioning Group**

1. Increase investment in mental health support with Brent's schools to ensure all schools can access Targeted Mental Health in Schools (TaMHS), Place2Be or an equivalent mental health support programme for schoolchildren.
2. Improve pathways to young people receiving CAMHS support by emphasising to head teachers that they can refer directly to CAMHS and increasing the CCG's information and communication to schools about what support is available.
3. Offer a programme of peer and staff support in schools and further education to strengthen awareness of emotional health and wellbeing and signpost them to effective support.
4. Organise a network of community champions to promote good mental health and wellbeing among children and young people in their community and signpost young people to effective support.

### **Brent Clinical Commissioning Group and Brent Council**

5. Organise a one-off event for parents modelled on It's Time to Talk to develop community-led solutions to improving children and young people's emotional wellbeing and mental health in Brent, and strengthen partnership working between the CCG, local authority, schools, voluntary sector, faith and community groups, youth organisations, and further education colleges on this issue.

## Methodology

The task group gathered qualitative and quantitative evidence to complete the report and develop its recommendations. In particular, the task group carried out face-to-face discussions with those involved in child and adolescent mental health services (CAMHS) or work with young people. A list of those who took part is in Appendix A.

Members of the task group took part in three themed meetings in which they discussed issues facing CAMHS with the invited participants. The themes of the meetings were:

- Schools and other youth settings
- Specialist services
- Working with communities

However, as was set out in the original scoping paper, the task group decided not to consider the entire scope of CAMHS, but limited its focus to a key areas as set out in the scoping paper agreed by the Community and Wellbeing Scrutiny Committee on 1 February 2017. These were:

- children and young people in Brent aged 12 to 18
- existing referral and discharge pathways
- examples of good practice
- existing identification at tiers 1 to 3
- awareness in schools and other settings for children and young people.
- how well existing or proposed services would meet requirements of National Institute of Clinical Excellence (NICE) guidance and the THRIVE model.

As well as the themed meetings, the task group also requested data and quantitative information. All data was anonymised so there was no risk of identification, and there was no discussion of a particular case or young person.

Recommendations were developed according to existing legislation for local authority scrutiny. The task group notes that an external body or local authority executive is not compelled to act on a recommendation; however, an executive must respond within two months, and NHS organisations are expected to give a meaningful response within 28 days of recommendations being agreed by a scrutiny committee.<sup>2</sup>

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<sup>2</sup> 'Local Authority Health Scrutiny' Department of Health (June 2014), pp.21-22

# Chapter 1 Child and Adolescent Mental Health Services

## Background

1. Since the 1990s, mental health services for young people have been referred to as Child and Adolescent Mental Health Services (CAMHS). The framework was set out in two key documents, 'A Handbook on Child and Adolescent Mental Health' and 'Together We Stand', published in 1995, which set out the development of CAMHS within a four-tiered framework for planning, commissioning and delivery. In 2000, the NHS Plan required health and local authorities work together to produce a local CAMHS strategy according to local needs and priorities.<sup>3</sup>

2. CAMHS bridges the NHS and local government. This means that two separate organisations with their own workforces, systems of administration, corporate objectives and different organisational cultures have to work together to co-ordinate and provide these services according to the needs of the population in a defined area.

3. Traditionally, the framework for services has been a four-tiered model which escalates in severity from tier 1 up to tier 4. This is largely a medical model focusing on a diagnosable mental illness. Tier 1 are universal services; tier 2 delivers targeted services while tier 3 encompasses specialist community CAMHS. The highest degree of severity is tier 4, which are highly specialised services and delivered to a very small number of young people. Since 2013, commissioning of tier 4 services has been the responsibility of NHS England.

4. Children and young people experiencing mental health difficulties are usually first identified as needing tier 1 services, for example, by a teacher or health visitor. Tier 1 can include self-instruction, peer mentoring, and parents' training to promote emotional wellbeing. Tier 2 are professional specialist services and community-based services delivered by mental health practitioners such as psychotherapists and counsellors working in GP practices, schools and youth settings. They identify needs requiring more specialist intervention or treatment.<sup>4</sup> Tier 3 are specialist services provided to children with complex or severe or needs.

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<sup>3</sup> [www.youngminds.org.uk/training\\_services/policy/policy\\_in\\_the\\_uk/camhs\\_policy\\_in\\_england](http://www.youngminds.org.uk/training_services/policy/policy_in_the_uk/camhs_policy_in_england)

<sup>4</sup> [www.icptoolkit.org/child\\_and\\_adolescent\\_pathways/about\\_icps/camh\\_service\\_tiers.aspx](http://www.icptoolkit.org/child_and_adolescent_pathways/about_icps/camh_service_tiers.aspx)

5. For many years, CAMHS was largely driven by practitioners and local administrators rather than national policy. Yet, this is not the case today. <sup>5</sup> Since 2013, more national attention has been placed on CAMHS. In July 2014, a taskforce, led by the Department of Health and NHS England, examined how to improve young people's mental health care and services, which culminated in the 'Future in Mind' report, published in March 2015, which set out a case for change and improvement, and offered extra funding.

6. The evolution of CAMHS has happened in parallel to a considerable re-organisation of NHS services and changes in local government. Locally, there was the creation of the Brent Clinical Commissioning Group from 1 April 2013 as a result of the 2012 Health and Social Care Act. In local government, resources have decreased considerably. For example, in Brent the 2016/17 gross expenditure for Children and Young People's Department was £46million compared with a gross expenditure of £57.5million in 2013/14. These figures exclude the council's separate ring-fenced budget for expenditure on schools. <sup>6</sup>

7. In recent years, practitioners have developed a new model called THRIVE which is a shift away from the 'escalator' model of increasing severity or complexity based on tiers. Instead, this new model outlines four groups of children and young people and the sort of support which they may need to achieve better emotional wellbeing and be 'thriving'. These categories are those who are: getting advice, getting help, getting risk support, and getting more help. THRIVE distinguishes between treatment and support, and attempts to shift thinking away from a medical model to one which places support in the social context of a community.

8. The THRIVE model recognises the residual strengths which exist in wider community such as peer support and engagement in organisations and youth settings which can be preventative or promote the wellbeing and coping skills of a child or young person. It also has an emphasis on different cultural perspectives on mental illness and lifestyle risk factors. <sup>7</sup>

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<sup>5</sup> Richard Williams and Michael Kerfoot, (eds), *Child and Adolescent Mental Health Services: Strategy, Planning, Delivery and Evaluation*, (Oxford, 2005), pp.15-23

<sup>6</sup> Brent Council 'Brent Council Spending 2016-17' April 2016, pp.6-7; 'Brent Council Spending 2015-16' April 2015, p6; 'Brent Council Spending 2014-15' April 2014, p6

<sup>7</sup> Miranda Wolpert et al, THRIVE – The AFC-Tavistock Model for CAMHS, 2016, pp.7-10. A number of different models use the term Thrive in their title – the authors of this model use it to describe provision which is Timely, Helpful, Respectful, Innovative, Values-based and Efficient (THRIVE).

## **CAMHS in Brent**

9. In response to 'Future in Mind', the Young People's Mental Health and Wellbeing Local Transformation Plan was developed across north-west London with its own dedicated plan and objectives for Brent. This was developed by the NHS in partnership with the local authority, and was agreed by the Chair of Brent Clinical Commissioning Group (CCG) and the Leader of Brent Council. There was also involvement from young people. The transformation plan was approved by NHS England in December 2015, and a refreshed plan was submitted to NHS England in October 2016. It is now expected that there will be a re-commissioning of CAMHS services in 2018.

10. In December 2015, NHS England provided an additional £573,052 to Brent CCG after the transformation plan was agreed. This was for the financial years 2015/16, 2016/17 and 2017/18 and 2018/19.<sup>8</sup>

11. Spending on CAMHS in Brent consisted of £2,471,000 by Brent CCG and £403,629 by NHS England In 2015/16. Brent Council's Public Health gave a one-off grant of £30,000 towards funding training for school staff.<sup>9</sup> Brent's spending on CAMHS is slightly below the median average for London boroughs.<sup>10</sup>

12. An update on the transformation plan was given to Brent Council's Scrutiny Committee in February 2016 and Brent's Health and Wellbeing Board on 22 March 2016. The Local Transformation Plan has identified eight priorities, including: needs assessment, supporting co-production, workforce development and training, the specialist community eating disorder service, redesigning pathways and a tier-free system, enhanced support for learning disabilities and neurodevelopmental disorders, crisis and urgent care pathways, and embedding 'Future in Mind'.<sup>11</sup>

13. In Brent the implementation of the transformation plan is led by a subgroup of the Children's Trust, which is chaired by Brent Clinical Commissioning Group's Assistant Director. The subgroup oversees delivery and a joined-up approach with other areas

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<sup>8</sup> 'Update on Children and Young People's Mental Health and Wellbeing Transformation Plan Implementation' Brent Health and Wellbeing Board, 2016, pp.1-5; Brent Children and Young People's Mental Health and Wellbeing Local Transformation Plan, Briefing for members, March 2017, p1

<sup>9</sup> Brent CCG, report to Scrutiny Committee 9 February 2016, p3

<sup>10</sup> 'North West London CAMHS Assessment' Meic Goodyear and Lorraine Khan, UCL Partners, May 2016, p11

<sup>11</sup> 'Child and Adolescent Mental Health Services in Brent', Brent CCG, report to Scrutiny Committee 9 February 2016, pp.1-2; 'Update on Children and Young People's Mental Health and Wellbeing Transformation Plan', Brent Health and Wellbeing Board 22 March 2016

of commissioning for children's services, which is a shared responsibility between the local authority and Brent CCG. Services are commissioned in line with an agreed CAMHS plan, and are done on a needs-based approach. There is also oversight of the plan by the Brent Health and Wellbeing Board. To improve joint commissioning, an interim CAMHS commissioner has been appointed.<sup>12</sup> The Local Transformation Plan has been informed by a needs analysis done by University College London Partner, and a report in 2016 by the Anna Freud Centre.<sup>13</sup>

14. An overview of CAMHS services in Brent at present is set out in Appendix B, including the commissioners and providers. Among the largest provision is specialist services which are provided by Central and North West London NHS Foundation Trust (CNWL), for which the commissioner is Brent CCG. Services commissioned are tier 2 and 3, and are based at the Brent Child and Family Clinic in Dollis Hill. These specialist community services work with young people up until the age of 18.

15. These tier 3 services are for children who reach a threshold of complex emotional and behavioural problems including, but not limited to, anxiety and depression, eating disorders, hyperactivity or poor concentration, sleeping problems, mental health needs related to learning difficulties or a disability.

16. Community specialist services at tier 3 operate with multi-disciplinary teams of practitioners including psychologists, psychiatrists, and therapists and offer treatment such as cognitive behavioural therapy (CBT), family therapy and individual and group psychotherapy. Medication is used when appropriate and monitored by a GP.<sup>14</sup>

### **Targeted Mental Health in Schools (TaMHS)**

17. Brent's Targeted Mental Health in Schools (TaMHS) Service offers tier 2 services for schoolchildren aged 5 to 16. It is a partnership between Brent Council, Central and North West London NHS Foundation Trust (CNWL) and schools. It is overseen by

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<sup>12</sup> 'Update on Children and Young People's Mental Health and Wellbeing Transformation Plan Implementation' Brent Health and Wellbeing Board, 2016, p5

<sup>13</sup> 'North West London CAMHS Assessment' Meic Goodyear and Lorraine Khan, UCL Partners, May 2016; 'North West London CCGs Children and Young People's Mental Health and Wellbeing System Review, Anna Freud National Centre for Children and Families, May 2016

<sup>14</sup> [www.cnwl.nhs.uk/services/mental-health-services/child-and-adolescent-mental-health-services/childrens-community-services/](http://www.cnwl.nhs.uk/services/mental-health-services/child-and-adolescent-mental-health-services/childrens-community-services/)

professionals from these services and a project manager in the local authority. On 27 April 2017, the local authority extended the contract with CNWL to provide TaMHS for a further 12 months. The total value of the contract for 2016/17 is £237,548, of which £167,000 is paid from schools' budgets. It is currently used by 19 schools in Brent, and had operated in the borough since 2009. <sup>15</sup>

18. TaMHS brings CAMHS practitioners into schools each week to support children and families who have mental health issues. A therapist goes into a school for a day or half a day each week of the term and offers sessions for families, therapy, parent training and workshops, classroom observations, as well as advice and training for school on mental health identification and support. The therapist will also liaise with agencies and professionals involved with a family or child to ensure a joined-up approach. If TaMHS is based at a school then a referral to tier 3 CAMHS services can be made.

19. Brent's schools have the freedom within their own delegated school budgets to decide on commissioning their own mental health support for pupils, parents and staff. It's known that a number of primary and secondary schools in the borough independently commission Place2Be – a leading national mental health charity – to provide services. <sup>16</sup>

## **Public Health and Voluntary Sector**

20. Although it is not part of CAMHS, the task group notes that as part of the Healthy Child Programme, the local authority's Public Health team makes available to all children in Brent a universal service of health assessments at different life stages. This includes health visitors screening women for postnatal depression at six to eight weeks, positive parental and infant mental health and parenting skills, and enabling good health and well-being including emotional health and wellbeing. <sup>17</sup>

21. Brent's voluntary sector also provides mental health support to children and young people. The borough has one of the leading voluntary sector organisations working in this area, the Brent Centre for Young People which was founded in 1967 by mental

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<sup>15</sup> 'Contract for the Provision of Targeted Mental Health in Schools', Brent Council Cabinet Report 24 April 2017

<sup>16</sup> [www.place2be.org.uk/what-we-do/where-we-work.aspx](http://www.place2be.org.uk/what-we-do/where-we-work.aspx)

<sup>17</sup> Brent Council Public Health Team, 22 March 2017

health practitioners working with children and young people. The centre was one of the first in the UK to cater specifically to adolescents and its work continues today. It is based in Kilburn. <sup>18</sup> Brent Centre for Young People is commissioned by Brent CCG to provide psychotherapy services in the borough. <sup>19</sup>

22. The contract provides adolescent exploratory therapy, family work and a small amount of psychotherapy, to over 70 young people aged between 14-21 years at its centre. It also does outreach work. The centre offers evidence-based psychoanalytic psychotherapies, both short-term and long-term.

## **Demand**

23. According to estimates based on national projections, it's thought that one in ten school-age children in Brent have a diagnosable mental health condition which equates to an estimated 4,575 children and young people in Brent. However, while early intervention can prevent crisis and the development of long-term conditions in later life, it's thought that only one in three of those with diagnosable conditions will access any form of mental health support. <sup>20</sup>

24. At present, CAMHS in Brent spans universal services from tier 1 for every child and family to tier 4 specialist services for smaller numbers of children and young people. It's thought that at tier 2 an estimated 4,575 children and young people will require support, 1,370 children at tier 3, and 60 at tier 4. <sup>21</sup> These are based on trends in national data.

25. Data from Brent CCG gives an insight into the actual demand for services. In boys, the peak age of demand for services is 10, but in girls the peak age is 15.

26. Among the top diagnosis categories for those receiving specialist CAMHS are hyperkinetic disorders, development disorders, depression, emotional disorders and anxiety. Indicative data from CNWL shows that by ethnic heritage, the numerically

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<sup>18</sup> [www.brentcentre.org.uk/who-we-are/our-foundations-and-experience](http://www.brentcentre.org.uk/who-we-are/our-foundations-and-experience)

<sup>19</sup> 'Child & Adolescent Mental Health Services in Brent: Current provision and future developments', Report to Brent Council Scrutiny Committee 9 February 2016, p3

<sup>20</sup> 'Child and Adolescent Mental Health Services in Brent', Brent CCG, report to Scrutiny Committee 9 February 2016, p1; 'North West London CAMHS Assessment' Meic Goodyear and Lorraine Khan, UCL Partners, May 2016, p8

<sup>21</sup> Ibid pp.8-9

largest groups receiving specialist services are White British, Black Caribbean and Black African. <sup>22</sup>

27. Older data provided by Brent CCG and CNWL gives an indication of the extent of demand for specialist services. In 2014/15 there was an admission rate of 9.0 per 10,000 children, in Brent and 1,548 referrals for specialist CAMHS services at tier 3, or a referral rate of 211 per 10,000 children. The specialist community CAMHS caseload in January 2016 was 802. This service was extended in 2014/15 to accept children with learning disabilities and Looked After Children following changes by Brent Council.

28. In the past, concerns were raised about timely access to general CAMHS inpatient services. Brent Council's Scrutiny Committee heard in February 2016 that since April 2015 there had been four occasions when a Brent child in crisis could not be placed in a CAMHS inpatient bed. These inpatient services are commissioned by NHS England. <sup>23</sup>

### **Brent's young people**

29. There are an estimated 78,777 children and young people aged 18 and under in the borough which at present represents 24.3% of the total population for the London Borough of Brent. Of that 18 and under age group approximately 50,142 are school-aged children. <sup>24</sup>

30. Brent is one of the most ethnically and religiously diverse local authority areas in the UK. In the borough's primary schools 68.7% of children have English as an additional language; the figure in secondary schools is 55.2%. <sup>25</sup> The largest minority ethnic groups of children and young people in the borough are Asian/Asian British and Black African. About 75% of all under 18s are from minority ethnic groups.

31. The proportion of primary school children eligible for free school meals is 13% and at secondary schools in the borough, 12.5% of pupils are entitled to free school meals.

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<sup>22</sup> Child and Adolescent Mental Health Services in Brent: Current provision and future developments', Brent Council Scrutiny Committee 9 February 2016, p1

<sup>23</sup> Child and Adolescent Mental Health Services in Brent: Current provision and future developments', Brent Council Scrutiny Committee 9 February 2016, pp.3-5

<sup>24</sup> Children and Young People Department, census mid-year estimate 2016

<sup>25</sup> Brent Council, Children and Young People Department, 3 December 2016

The Index of Multiple Deprivation ranks Brent 55 out of 326 local authority areas in England measured by the number of neighbourhoods in the most deprived top 10%. Therefore, a significant number of children and young people live in households affected by poverty.

## **Chapter 2: Task Group Findings**

## **Access and referrals**

32. Only one in three of children and young people with a diagnosable mental health condition will get support, so one of the issues the task group looked at was how young people have been accessing Child and Adolescent Mental Health Services. At present, CAMHS is largely organised around the model of escalating tiers which for the higher tiers is based on a process of referral, diagnosis and treatment. However, the task group recognises that the Local Transformation Plan is trying to move CAMHS away from this four-tier model towards greater use of THRIVE in the provision of services in Brent.

33. CAMHS is complex and there are multiple points to access services. As the task group has noted, CAMHS bridges local government and the health service, and access can be through many different organisations. At the same time, there can be different barriers to accessing services.

34. Schools are one of the most important ways for accessing the system at tiers 1 and 2. The task group felt this was particularly important to look at because of the preventative effects of early intervention and support and promotion of positive mental health and wellbeing. A school can also have a role in providing information, guidance and support and encouraging positive behaviours. The task group also wanted to clarify the role of a school in working with CAMHS professionals at other tiers.

35. Schools and further education colleges are clearly doing a lot of work in this area, particularly around identification. At the College of North West London the teaching staff are trained to recognise if a student is experiencing mental health problems.<sup>26</sup>

36. Schools are key to identification of problems with emotional wellbeing and mental health among children and young people. Teachers can gain a first-hand knowledge of a young person's emotional health, and will know from speaking to pupils about their worries and concerns. Schools also conduct surveys about children's emotional wellbeing.

37. Schools are sensitive in picking up on stresses on children's emotional health. They are clearly aware of the developing issue of social media which is now threaded into the lives of many young people. One head teacher described to the task group the

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<sup>26</sup> Task group meeting 28 March 2017

effect on children of negative behaviour online which children can experience through their smartphones. A primary school in Brent found that children as young as five years old were often worried about what was happening to their families abroad (if they were from another country) and high levels of crime. Schools were also aware of the emotional pressures children experience from growing up in households which are affected by shift work. <sup>27</sup>

38. As noted, schools have the freedom within their own delegated budgets to commission their own mental health support for pupils, parents and staff. Targeted Mental Health in Schools (TaMHS) was very well-regarded by the head teachers the task group spoke to. Head teachers were positive about the services it offers and the support it provides to children and young people in their schools. It runs a workforce development programme helping professionals to identify mental health issues through pastoral systems. However, the task group notes that TaMHS is only in 19 schools in Brent.

39. The TaMHS service is currently oversubscribed, with additional schools having requested the service last year but only a small number of them were able to access the project due to capacity and funding issues. During the academic year 2015/16, 378 children and their families were supported in 16 schools. Of these, 27% were assessed as experiencing severe difficulties. During the same academic year, 1077 one-to-one sessions were held with children and families, 302 group sessions and 64 young people were referred to tier 3 CAMHS for further assessment and treatment. <sup>28</sup>

40. A number of other schools offered support through Place2Be, but at the moment there is no CCG funding of school-based support in this area. This appears to be different in some other boroughs in which Place2Be is partly funded by the CCG. <sup>29</sup> Again, Place2Be is well-regarded by schools, and currently works with 16 primary and secondary schools in the borough. The Place2Be model is to work in partnership with schools to offer counselling and therapeutic support for children as well as information, guidance and support to parents and teaching staff. <sup>30</sup>

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<sup>27</sup> Task group meeting 28 March 2017

<sup>28</sup> 'Contract for the Provision of Targeted Mental Health in Schools', Brent Council Cabinet Report 24 April 2017

<sup>29</sup> Task group meeting 28 March 2017

<sup>30</sup> [www.place2be.org.uk/what-we-do/where-we-work.aspx](http://www.place2be.org.uk/what-we-do/where-we-work.aspx); [www.place2be.org.uk/what-we-do/supporting-schools/our-model.aspx](http://www.place2be.org.uk/what-we-do/supporting-schools/our-model.aspx)

41. Yet, this leaves a gap. There are some schools who are not accessing this type of support through TaMHS or Place2Be. Furthermore, members of the task group are aware of the pressures on school funding and budgets and anticipated changes which could affect budgets in the future.

42. The schools the task group spoke to are highly motivated and proactive in this area. However, it is likely that for some schools, mental health and emotional wellbeing are further down the agenda especially when they are faced with significant demands on their time as resulting from school improvement and performance.

43. The task group's view is that this type of support either from TaMHS or Place2Be or another similar project should be accessible to all of Brent's schoolchildren rather than have a variation between the borough's schools. This could be a cornerstone of improving young people's mental health and emotional wellbeing, and clearly help with identification of problems with mental health at an early stage. As members, we believe there would be a social return on investment, and it would offer value for money by increasing preventative support in dealing with mental health issues. On this basis, the task group has made a recommendation to Brent Clinical Commissioning Group.

**44. Recommendation 1: Increase investment in mental health support with Brent's schools to ensure all schools can access Targeted Mental Health in Schools (TaMHS), Place2Be or an equivalent mental health support programme for schoolchildren.**

45. The Local Transformation Plan has clearly taken steps to improve access. As well as a Youth Offending Service (YOS) commissioned worker, it needs to be acknowledged that access improved with the new community eating disorder service as well. There have been other initiatives to improve access. At the moment, CNWL is running an out-of-hours pilot scheme at the moment at four A&Es, which is seeing children for the first time in crisis who have not had contact with services before.<sup>31</sup>

46. There is now also Brent IAPT (Improving Access to Psychological Therapies) which is offering support for mental health conditions such as anxiety and depression. This service is used by adults as well as children and young people. IAPT offers talking therapies or counselling services for people with problems such as feelings of low

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<sup>31</sup> Task group meeting 4 April 2017

mood, anxiety, particular fears or problems coping with daily life and relationships.<sup>32</sup> However, IAPT offers access to self-help which may be more suitable for adolescent children.

47. For many young people, a GP will be an important way to access the system. They are well-placed to offer initial advice on how to deal with any symptoms and talk to about available treatments and support services in an area.

48. There has been outside Brent the development of online support. For example, in Berkshire there has been the development of SHaRON [Support Hope and Recovery Online Network for Young People], which offers peer support for young women, and creates a place to get support or advice online. Brent CCG has also promoted apps such as Wud U?, which has been developed by Barnado's.<sup>33</sup> However, while welcoming more online development the task group acknowledges the point made by Healthwatch during our meetings that young people can be wary of online services because of concerns about security and confidentiality.<sup>34</sup>

49. As well as the out of hours access at A&E, we would like to reiterate that the Local Transformation Plan has also put in place a specialist mental health worker in the Youth Offending Service, which is commissioned by the CCG. This gives greater access to this high-risk group. As part of the Local Transformation Plan there has also been the development of a new community eating disorder service which has around five referrals a month.<sup>35</sup>

50. At the moment, Brent has the highest number of referrals in the central and north-west London area. Brent CAMHS specialist services received 2,182 referrals from April 2016 – March 2017. There is a seasonality to these numbers with a dip outside of school terms.<sup>36</sup>

51. There is a target by Central and North West London NHS Mental health Trust of an upper waiting time target of 18 weeks for 85% of referrals by 1 April 2017.

52. The average waiting time from assessment to treatment is now five weeks. The task group recognises the progress which has been made in reducing waiting times

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<sup>32</sup> [www.brentccg.nhs.uk/mental-health](http://www.brentccg.nhs.uk/mental-health)

<sup>33</sup> Task group meeting 11 April 2017

<sup>34</sup> Task group meeting 11 April 2017

<sup>35</sup> Task group meeting 11 April 2017

<sup>36</sup> Task group meeting 4 April 2017

for specialist tier 3 services. Brent did have very long waiting times for CAMHS (this issue was reviewed by Scrutiny Committee in February 2016) but this is no longer the case.<sup>37</sup> The task group notes what CNWL have said about workforce recruitment and retention problems and a scarcity of certain key professionals as well as problems of key worker housing and the impact those issues will have on services.

53. However, there has been an issue with schools in Brent being able to refer to Child and Adolescent Mental Health Services (CAMHS). Some of the head teachers the task group spoke to clearly stated a view that they cannot make referrals directly to CAMHS.<sup>38</sup>

54. Brent CCG explained to the task group that this system of referrals to CAMHS only through a GP was the case before 2014, but has now changed. It's now part of the CCG's specification that schools have an equal weighting with GPs in their ability to refer. The CCG said it introduced the before GP system before 2014 because of the number of unsuitable referrals. However, a school which had TaMHS was still able to make a direct referral in this period, which could be done by a health professional.<sup>39</sup>

55. Nonetheless, from what the task group heard, there clearly has been a perception that schools cannot make referrals to CAMHS. It is clear to the task group that a revision of the GP-only system has not been properly communicated to schools. Therefore, we have made a recommendation to Brent Clinical Commissioning Group.

**56. Recommendation 2: Improve pathways to young people receiving CAMHS support by emphasising to head teachers that they can refer directly to CAMHS and increasing the CCG's information and communication to schools about what support is available.**

57. A head teacher also made the point that schools could be brought in or involved when a parent and child is going for a CAMHS appointment because they already often have a good relationship with the family and it would help to reduce missed appointments.<sup>40</sup>

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<sup>37</sup> Child and Adolescent Mental Health Services in Brent: Current provision and future developments', Brent Council Scrutiny Committee 9 February 2016, pp.3-5

<sup>38</sup> Task group meeting 28 March 2017

<sup>39</sup> Task group meeting 28 March, 4 April 2017

<sup>40</sup> Task group meeting 28 March 2017

58. CNWL are developing a new structure for referrals which will mean a central referral point for CAMHS, and create a common route for referrals from the first point of contact whether a referral is from a school or a GP. The task group welcomes any development which will make referrals easier. <sup>41</sup>

59. At the moment TaMHS does peer mentor training in the schools in which it operates. When at the lower level of mental health need, peer mentoring can be effective as adults and a lot of benefits can arise from it. <sup>42</sup> Again, the task group would like to see this extended so that more children can benefit from access to peer mentoring.

60. Brent CCG was of the view that a rolling programme of peer support has worked well in different health areas such as dementia.<sup>43</sup> In Brent there is now a peer support project to support those with dementia and their carers, which is provided by the voluntary organisation Community Action on Dementia Brent. The project connects ‘peer supporters’ who have dementia to those recently diagnosed with dementia. They share their occupational and life skills, and experience of coping with dementia. <sup>44</sup>

61. A similar peer support programme in schools could help to tackle stigmas around accessing mental health support. Healthwatch pointed out that young people can feel it becomes too obvious if someone is seeing a counsellor – it’s noticed if they miss a lesson. Young people are very positive about raising awareness in schools, but “seeing a counsellor” can be off-putting for the above reason. They also like support in a more informal setting. <sup>45</sup> The task group has made another recommendation in this area.

**62. Recommendation 3: Offer a programme of peer and staff support in schools and further education to strengthen awareness of emotional health and wellbeing and signpost them to effective support.**

## **Communities**

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<sup>41</sup> Task group meeting 4 April 2017

<sup>42</sup> Task group meeting 28 March 2017

<sup>43</sup> Task group meeting 11 April 2017

<sup>44</sup> [www.cad-brent.org.uk/?page\\_id=21](http://www.cad-brent.org.uk/?page_id=21)

<sup>45</sup> Task group meeting 11 April 2017

63. The task group recognises that schools have a wide-range of responsibilities, and that young people only spend a very small minority of their time in school. Therefore, there has to be a consideration of the wider community in which a young person lives. Furthermore, the THRIVE model recognises the importance of a wider social network and community in offering support and promoting better mental health.

64. As members, we are extremely aware of Brent's diverse population and the many different religious, linguistic and cultural backgrounds which the borough's children and young people have. It's worth restating the fact that about 75% of all under 18s are from minority ethnic groups. With that in mind, we looked at the context of Brent's communities in the transformation of Child and Adolescent Mental Health Services (CAMHS).

65. Strong communities are an asset and an important part of the borough's social fabric. If a young person is supported in a wider community, especially when they are under stress or pressure, then they are more likely to have better mental health and emotional wellbeing because there is a 'net' to support them. From the evidence the task group heard, it appears that despite experiencing higher environmental risk factors such as high rates of poverty and deprivation than many other boroughs, children and young people are less likely in Brent to end up in acute crisis settings than might be expected. So it can be argued that there is clearly something our communities are doing which is protective and strengthening mental health.<sup>46</sup>

66. However, understanding of mental health is relative and communities understand it differently. Also there are differences in the extent to which different communities will talk about mental health openly. In many newly emerging communities there can be a significant difference between the first generation and a second generation of younger people who have grown up locally and are generally more willing to talk about mental health concerns. Healthwatch emphasised the importance of remembering different cultural perspectives when we discussed communities. Cultural norms or family norms are different. For example, in extended families it is more the norm that information is shared between those members than in nuclear families.<sup>47</sup>

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<sup>46</sup> Task group meeting 11 April 2017

<sup>47</sup> Task group meeting 11 April 2017

67. The Assistant Director of Brent CCG made an important point that while a community's values needs to be respected, they may also need to be challenged if they are not appropriate and reinforce stigma and discrimination against people with a mental illness. <sup>48</sup>

68. Different communities face different mental health challenges. Some will be at a higher risk of developing psychosis, depression or anxiety. The relative understanding of mental health can mean there can be a lack of identification and diagnosis. This might be to do with the ongoing issues around stigma. <sup>49</sup>

69. As noted, the Local Transformation Plan has been informed by a report from the Anna Freud Centre. One of the recommendations from the report was to incorporate mental health needs co-ordinator (MHenCOs) roles in schools, nurseries and other settings. <sup>50</sup> During the task group Brent CCG expressed the view that they would want to set up a similar programme. The task group is strongly supportive of this idea as a way of improving access.

70. Initiatives around mental health have emerged from communities. A member of the task group highlighted the example of a charity called Jami which was set up as an initiative by members of the London Jewish community to provide support for those in the community affected by mental health issues. <sup>51</sup>

71. The task group's view is that we would like to see a strengthening of the community 'net' to support people by the setting up of a scheme of local champions who can promote good mental health in their community. <sup>52</sup> On this basis, have made another recommendation to the CCG.

**72. Recommendation 4: Organise a network of community champions to promote good mental health and wellbeing among children and young people in their community and signpost young people to effective support.**

## Parents

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<sup>48</sup> Task group meeting 11 April 2017

<sup>49</sup> Task group meeting 11 April 2017

<sup>50</sup> 'North West London CCGs Children and Young People's Mental Health and Wellbeing System Review, Brent CCG Anna Freud National Centre for Children and Families, May 2016, p4

<sup>51</sup> [www.jamiuk.org/what-we-do/](http://www.jamiuk.org/what-we-do/)

<sup>52</sup> Task group meeting 11 April 2017

73. There is a link between a parent's mental health and a child's emotional wellbeing. Therefore, the task group wanted to consider and speak to the head teachers, professionals and community representatives about how parents and carers are presently involved in CAMHS at present.

74. Some parents have access to support because TaMHS works with parents in particular schools. Similarly, other parents will be receiving support through Place2Be. Schools were positive about the support for parents provided by TaMHS, which has an emphasis on parental support and offers a variety of parenting programmes.<sup>53</sup>

75. One of the community representatives said she felt it would be better if more parents had guidance so they were able to identify symptoms earlier on. This would mean parents getting advice and support early rather than waiting to access a specialist. However, this needs to be done in a way which parents understand and can respond to.<sup>54</sup> A head teacher pointed out that there are some parents who are very unwilling to engage because mental health has a negative label and a stigma.

76. As mentioned, there can be also a 'generational gap' between the willingness of younger people and parents to talk about and address mental health issues or concerns.<sup>55</sup>

77. Brent CCG is doing a lot of engagement through its Health Partners' Forum, which is held twice a year, and targeted outreach which will involve a number of parents. They also made clear that they would be doing a number of one-off engagement events as part of the Local Transformation Plan. The CCG has also run an anti-stigma campaign involving young people and worked with CVS Brent on the issue; the campaign has worked with youth clubs to run events and raise awareness.<sup>56</sup>

78. The task group heard that the CCG is keen to extend joint-working and trying to engage with more residents and parents. As members we felt that to improve partnership work it would be better if a jointly organised event took place aimed at parents as a targeted piece of work. This could be modelled on the It's Time to Talk events which the council has organised which allow residents to talk about sensitive

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<sup>53</sup> Task group meeting 28 March 2017

<sup>54</sup> Task group meeting 11 April 2017

<sup>55</sup> Task group meeting 11 April 2017

<sup>56</sup> Task group meeting 11 April 2017

issues which may be concerning them.<sup>57</sup> This should also involve the voluntary sector, including organisations such as the Brent Centre for Young People.

79. We welcome the work done by Brent CCG, but feel there is an opportunity for more partnership work involving the local authority and voluntary sector which is aimed at the borough's parents to help them address young people's mental health and emotional wellbeing. We know young people will experience levels of stress at particular times such as in the approach to exam time, and a piece of partnership work might be more useful if it takes place at such a time when it can help to address those issues. On this basis we have made a final recommendation, which is for Brent Council and Brent CCG to implement.

**80. Recommendation 5: Organise a one-off event for parents modelled on It's Time to Talk to develop community-led solutions to improving children and young people's emotional wellbeing and mental health in Brent, and strengthen partnership working between the CCG, local authority, schools, voluntary sector, faith and community groups, youth organisations, and further education colleges on this issue.**

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<sup>57</sup> [www.brent.gov.uk/your-community/time-to-talk/](http://www.brent.gov.uk/your-community/time-to-talk/)

## **APPENDICES**

### **APPENDIX A**

#### **Participants**

The task group would like to thank the following members of staff who contributed to the report, took part in the themed discussion or advised it on policy:

Duncan Ambrose, Assistant Director, Brent Clinical Commissioning Group

Dr Sarah Basham, vice-chair Brent Clinical Commissioning Group

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Councillor Mili Patel, Cabinet Member Children and Young People, Brent Council

Selina Rodrigues, Healthwatch Brent

Sarah Fielding, Specialist Mental Health Worker, Brent Centre for Young People

Jackie Shaw, Service Director, Central and North West London NHS Trust

Gail Tolley, Strategic Director, Children and Young People, Brent Council

And other members of staff in Brent Council's Children and Young People's department and Brent Clinical Commissioning Group as well as two members of the Community Reference Group of the Brent Local Safeguarding Children Board.

## APPENDIX B

### Overview of CAMHS Services in Brent

<b>CAMHS Service</b>	<b>Commissioner</b>	<b>Provider</b>
Access to psychiatric inpatient services for under 18s	NHS England	Provided outside Brent by various providers
Out-of-hours psychiatric assessment services	Out-of-hours psychiatric assessment services	Central and North West London NHS Foundation Trust (CNWL)
Specialist community CAMHS	Brent CCG	Central and North West London NHS Foundation Trust (CNWL)
Targeted Mental Health in Schools (TaMHS)	Brent Council	Central and North West London NHS Foundation Trust (CNWL)
Additional psychotherapy services	Brent CCG	Brent Centre for Young People
Services for children Looked After by the Local Authority	Brent Council	West London Mental Health NHS Trust
Clinical Input to the Inclusion and Support Team	Brent Council	Anna Freud Centre

**Source: Child & Adolescent Mental Health Services in Brent: Current provision and future developments', Report to Brent Council Scrutiny Committee 9 February 2016, p3**