

Mental Health Crisis Care Pathway for Children and Young People

Dr Jo Holmes, Associate Clinical Director,

Children, Young People and Families Directorate,
CPFT.



THOSE WE LOST IN 2015
 Friends and family share their stories

WIT MAN UNITED LOSE AGAIN
 ...

The Observer



Hundreds flee their homes as England's north is submerged

A&E hit by children's mental health crisis

... 1000000 ...

HARVEYS

SALE OF ALL SALES

END OF YEAR DEALS

4 0%

Daily Mail

AFTER MANIC MONDAY
 U.S. slashes interest rates → FTSE bounces back
 → Slave pressure grows for 1/4 per cent cut here

Brookback Mountain star dead

Chilling links between seven youngsters found hanged in same town

THE INTERNET SUICIDE CULT?

DAILY EXPRESS

10 TOP TIPS TO SURVIVE LEAN TIMES

Coleen's striking new look

WIN A HONDA CIVIC

ANOTHER GIRL HANGS HERSELF IN DEATH TOWN

Internet cult linked to 14th suicide in a year

London Evening Standard

BOY AND GIRL LEAP TO DEATH IN FRONT OF TRAIN

... 14 ...

RACE FAN IS WINNER BY A HEAD AT ASCOT

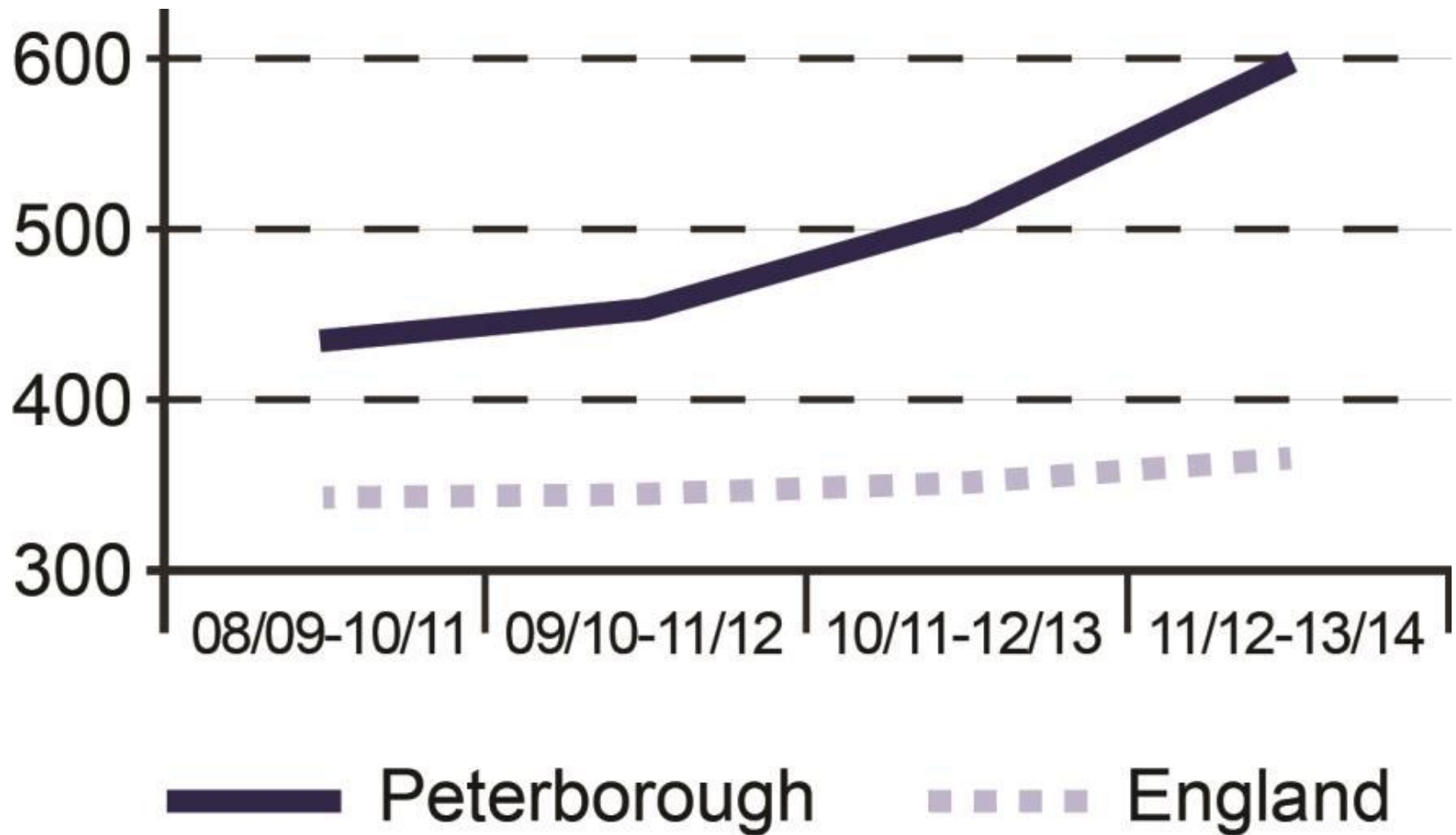
WATERBURY'S

https://www.youtube.com/watch?v=_y97VF5UJcc

Local Authority	Estimated number of children with a mental disorder without adjustment for need	Estimated number of children with a mental disorder with adjustment for need	% increase	% of total before weighting	% of total after weighting
Cambridge City	2,276	4,845	113%	13%	17%
East Cambridgeshire	1,785	2,150	20%	11%	7%
Fenland	1,824	3,303	81%	11%	11%
Huntingdonshire	3,551	6,547	84%	21%	23%
South Cambridgeshire	3,149	4,844	54%	19%	17%
Cambridgeshire	12,586	21,689	72%	74%	75%
Peterborough	4,366	7,405	70%	26%	25%
Cambridgeshire and Peterborough	16,951	29,095	72%	100%	100%

Source: Mid 2013 population estimates, Research and Performance Team, Cambridgeshire County Council, Census 2001, ONS and Mental Health of Children and Young People in Great Britain, 2004, Office for National Statistics

Young People aged 10-24 years admitted to hospital as a result of self-harm, rate per 100,000 population of 10-24 year olds From Child Health Profile, June 2015, Public Health England, published by ChiMat



Future in mind

Promoting, protecting and improving our children and young people's mental health and wellbeing



“If you have a crisis, you should get extra help straightaway, whatever time of day or night it is. You should be in a safe place where a team will work with you to figure out what needs to happen next to help you in the best possible way”.

Table 1: Recommended response times for urgent and emergency mental health care for children and young people

Recommended response time	Completed actions
Within 2 minutes	A telephone call to an urgent and emergency mental health service should be answered within a maximum of 2 minutes by a person who is trained, competent and experienced in working with children and young people
Within 1 hour of presentation	Response to a referral from an urgent and emergency mental health service
Within 4 hours (of receiving the referral or attending an emergency department)	<p>The child or young person should have been appropriately assessed and:</p> <ul style="list-style-type: none"> ○ have an urgent and emergency mental health care plan in place, and ○ have been accepted and scheduled for follow-up care by a responding service (including crisis intervention), or ○ be en route to their next location or alternative place of care, or ○ have been discharged as there is no further need for urgent or emergency mental health care.
Within 24 hours (of initial referral)	<p>A number of children and young people will require further assessment, care and support within the first 24 hours of their initial referral. This might include:</p> <ul style="list-style-type: none"> ○ a Mental Health Act assessment, which should start within the 4-hour recommended response time and be completed within a maximum of 24 hours, or ○ immediate home treatment or other crisis intervention, or ○ further assessment for self-harm presentations when an admission is not required, or ○ assessment for further treatment including a children and young people’s mental health admission.

Where we are now

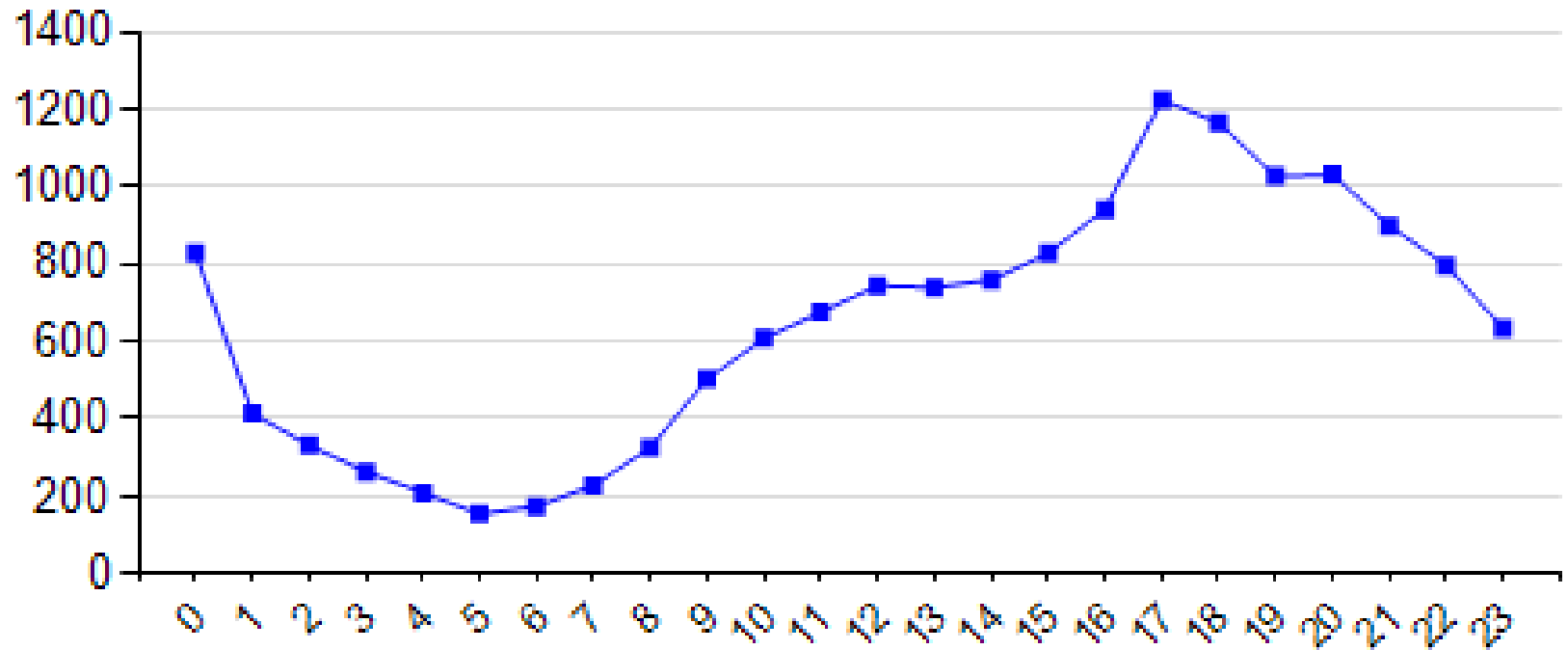
“in hours” 9-5

- 2 allocated CAMHS practitioners based in each clinic (Peterboro, Hunt'don, C'bridge)
- Referrals for urgent direct assessments accepted 9-3
- On call CAMH psychiatric consultant in each clinic base
- Urgent response from other agencies(primary care, children's services etc)

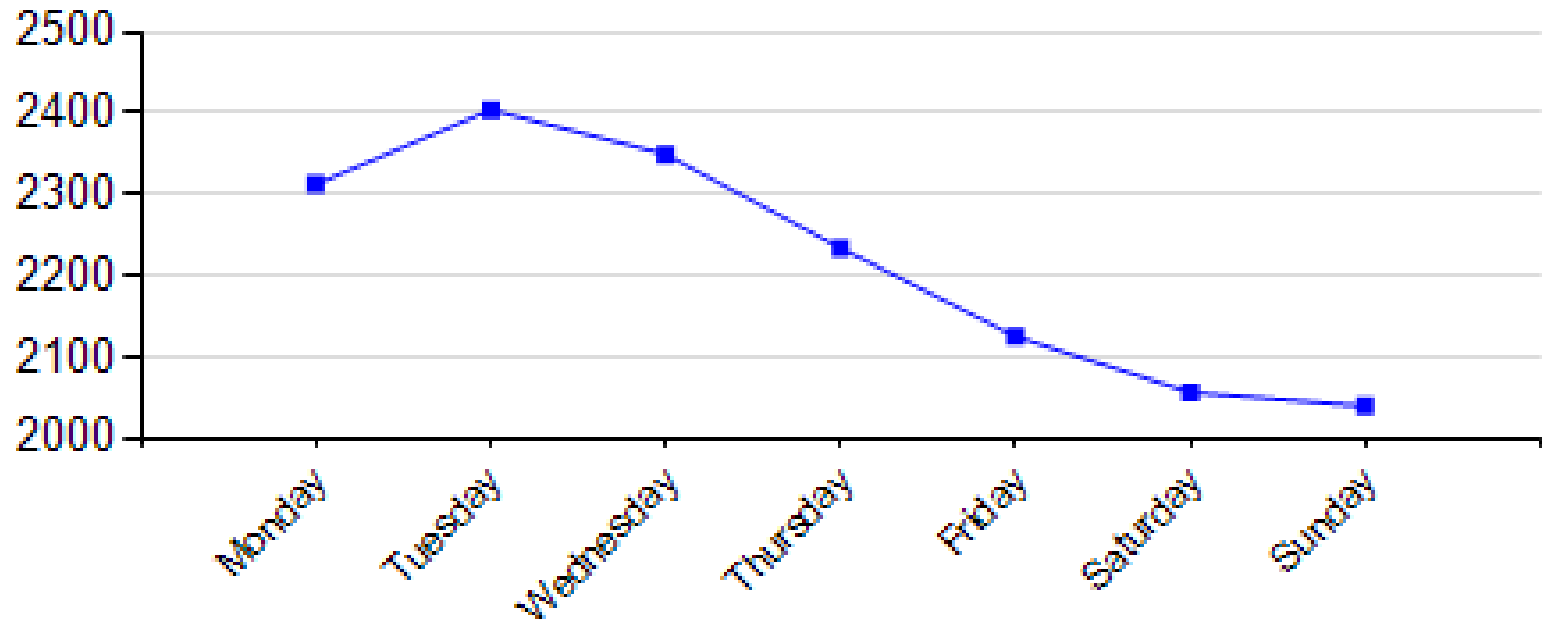
“out of hours” 5-9

- Emergency services (A/E, OOH GP, police, EDT)
- First response service telephone triage, signposting
- On call all age psychiatric medical drs (peterborough and cambridge)
- On call CAMH consultant (countywide)

Attendance by Hours ALL



Attendance by Day of Week



Current situation

- It's a maze – C/YP and families unsure where or how to get help
- Frustration when C/YP do not meet threshold for CAMH
- Limited out of hours provision
- Crisis work disrupting planned CAMH work



Aspirations

- Offer safe and effective care and support during crisis
- Extended access to CAMH assessments
- Avoid unnecessary attendance at ER
- Avoid unnecessary admissions
- Reduce pressure on community CAMH teams to increase capacity for planned interventions



Tricky bits – also opportunities!

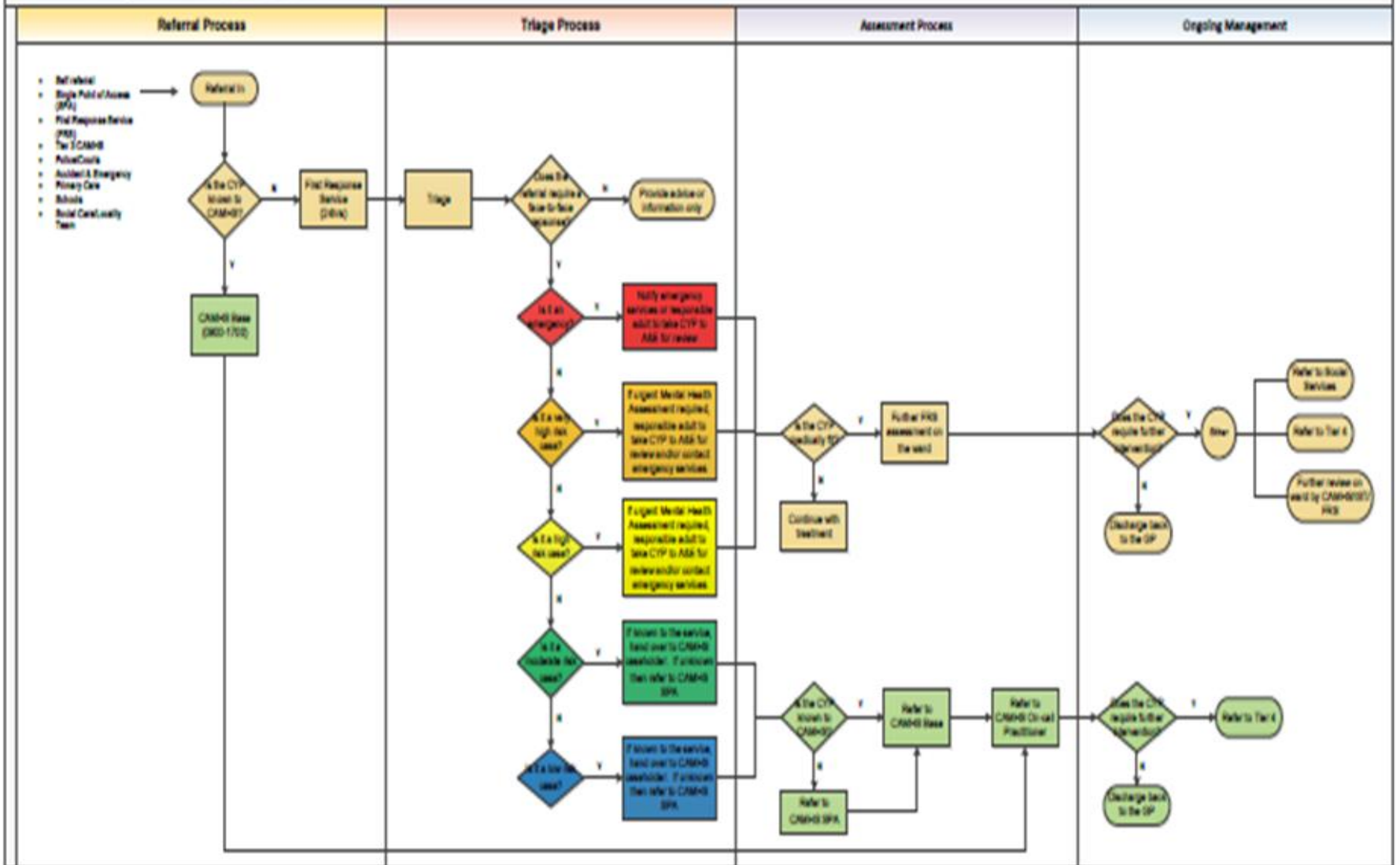


- Complex system – difficult for families and professionals
- Many points of entry
- Additional vulnerability of C/YP
- Working alongside other health teams
- Working alongside other agencies – most complex situations often involve family or care breakdown.
- Limited resources for all agencies
- Recruitment challenge
- Need for excellent communication/handovers

Proposal



- Expand First Response team to include CAMH practitioners who can offer community triage and direct assessment when needed.
- Expand current Tier 3 community CAMH practitioner daytime rota hours
- To provide more home based intensive treatments within the IST .
- To employ dedicated staff to undertake bed finding task when CYP need to access a tier 4 inpatient admission.



Rationale/Benefits

- FRS will provide a single point of access for crisis contact both for C/YP, their families and professionals
- Good community triage will reduce unneeded use of ER and paediatric admission
- Close working between FRS and CAMHS to share skills and expertise
- Enhanced capacity for home treatment part of IST
- Releasing extra capacity in community CAMHS teams for planned interventions

Questions?

Comments?