EFFECTIVE CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

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Chair of the Royal College of Psychiatrists Child and Adolescent Faculty

SOME BACKGROUND INFO

Most psychiatry training in the West of Scotland

Opportunity as a trainee to be part of the Scottish Needs Assessment Programme for CAMHS

Worked in the Royal Hospital for Children as a Paediatric Liaison psychiatrist for 21 years, now with LDCAMHS

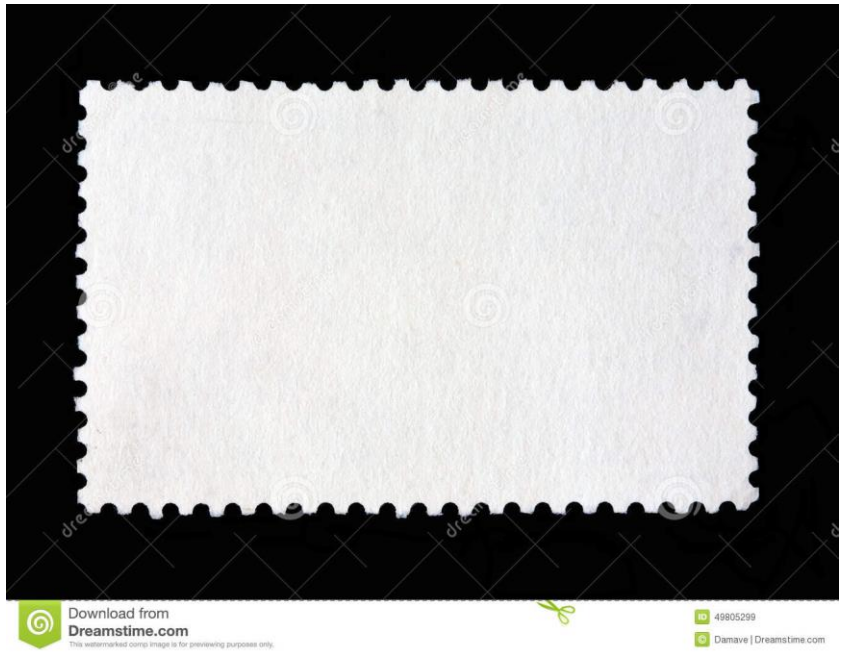
Chair and Vice-Chair of the RCPsych in Scotland CAP Faculty

Joint Chair of the RCPsych Paediatric Liaison network

Clinical Advisor to the Scottish Government 2019 - 2021

Elected as Chair of the UK CAP Faculty June 2021

HEALTH WARNING; WHAT I KNOW ABOUT CLINICAL SERVICES IN IRELAND



Anything I say about the Irish context may be misinformed and inaccurate,
based on social gatherings, occasional reading of Irish papers and listening to RTE when in Ireland on holiday

EFFECTIVE CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Why do we need them?

What do they look like?

WORKING WITH INFANTS, CHILDREN AND YOUNG PEOPLE

WORKING IN CHILDREN'S MENTAL HEALTH

Diagnoses/formulation/treatment based on symptoms and clinical observation, collateral information, questionnaires, ICD 11

Severity, co-morbidity and impact on daily life considered

No lab/radiological tests except to rule out underlying physical illness

Essential to consider the full picture; physical health, family circumstances, education, community etc.

Treatment mostly combination of psychological therapies and medication, with a systemic approach

Developmental approach essential, dimensional rather than categorical data e.g. normal teenage distress vs clinical disorder

EVERYONE'S WORST NIGHTMARE

Completed suicide in children is not common, but each one is a tragedy for them, their family, friends and communities

Recent slight increase in young women, but more common in men, increased risk with age, top cause of UK death in 5 – 15 year olds

Self-harm common in children (10 – 20% worldwide studies), strongest risk factor for suicide

Many identifiable risk factors, all self-harm needs to be taken seriously, huge challenge to services

Highest mortality rates in anorexia nervosa, increased in other psychiatric disorders e.g. depression, PTSD, anxiety disorders

Impact on adults of unrecognised neurodevelopmental conditions and psychiatric disorders, including impact of trauma, self-medication

WHERE WE ARE IN 2023

Increase in rates of MH disorders in children before Covid-19

Covid – 19, lockdowns and legacy

Cost of living pressures and increased in socioeconomic inequalities

Increase in referrals to specialist CAMHS, more children being seen in CAMHS

Focus on numbers and waiting times, less on outcomes and experience of service

Reduced capacity in other services e.g. social services, primary care

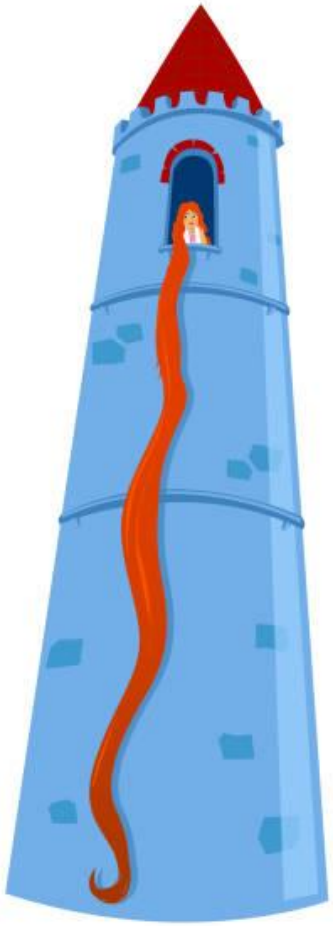
Gaps in CAMHS clinical workforce

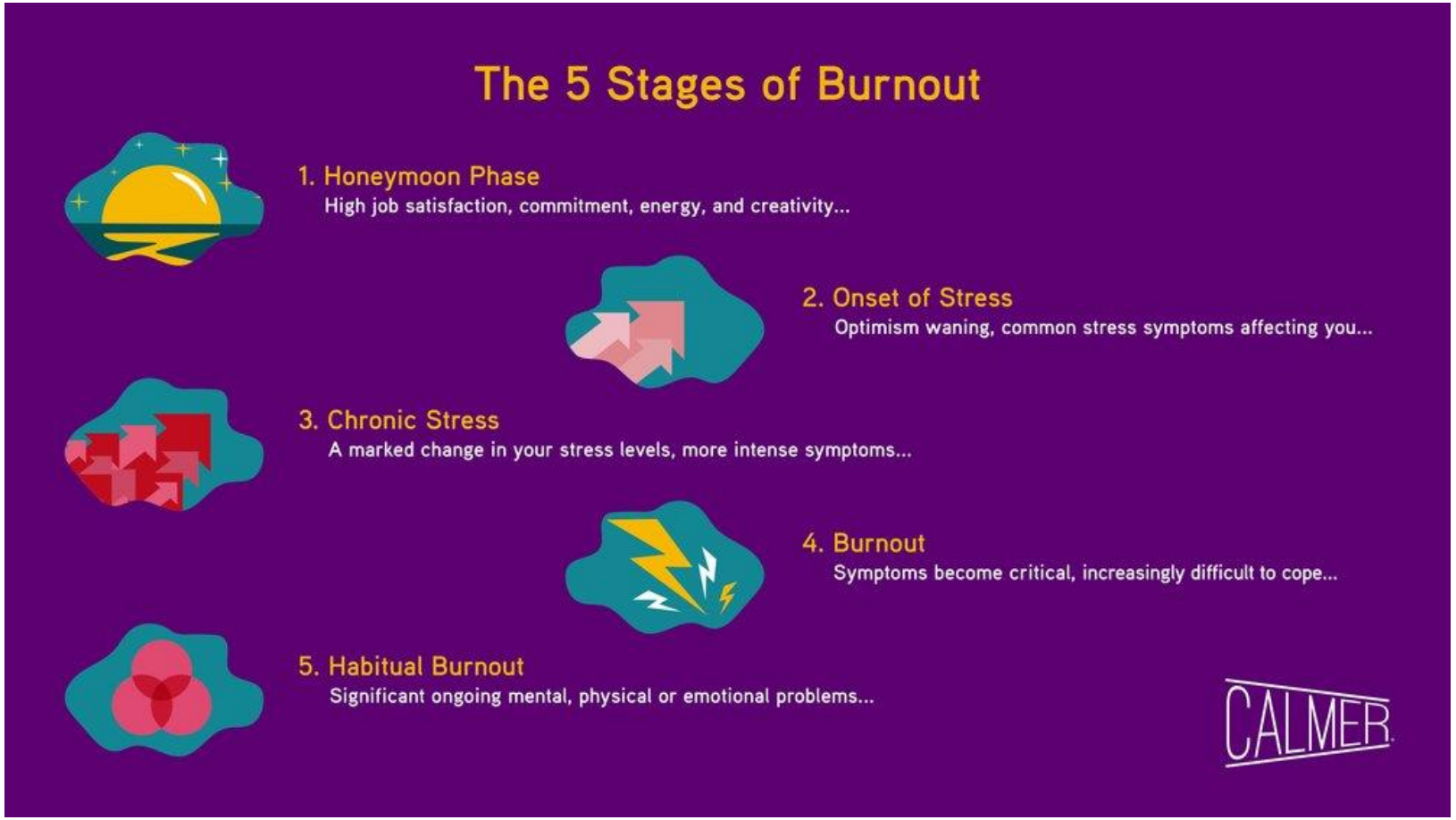
Recruitment and retention challenges for CAPs, increased training requirements

Climate emergency – direct and indirect effects on communities

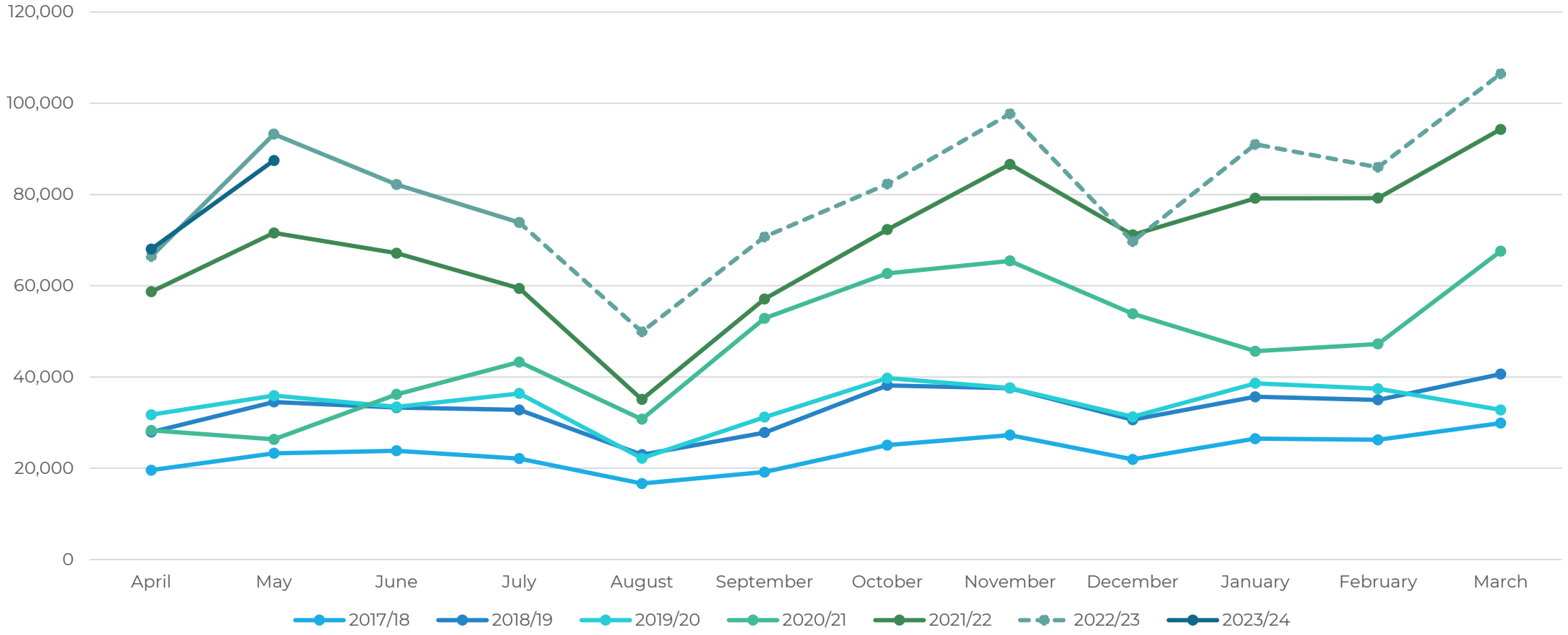
Online harms relating to impact on health, mental illness, abuse and gambling

WORKING IN SERVICES WHERE DEMAND OUTSTRIPS CAPACITY



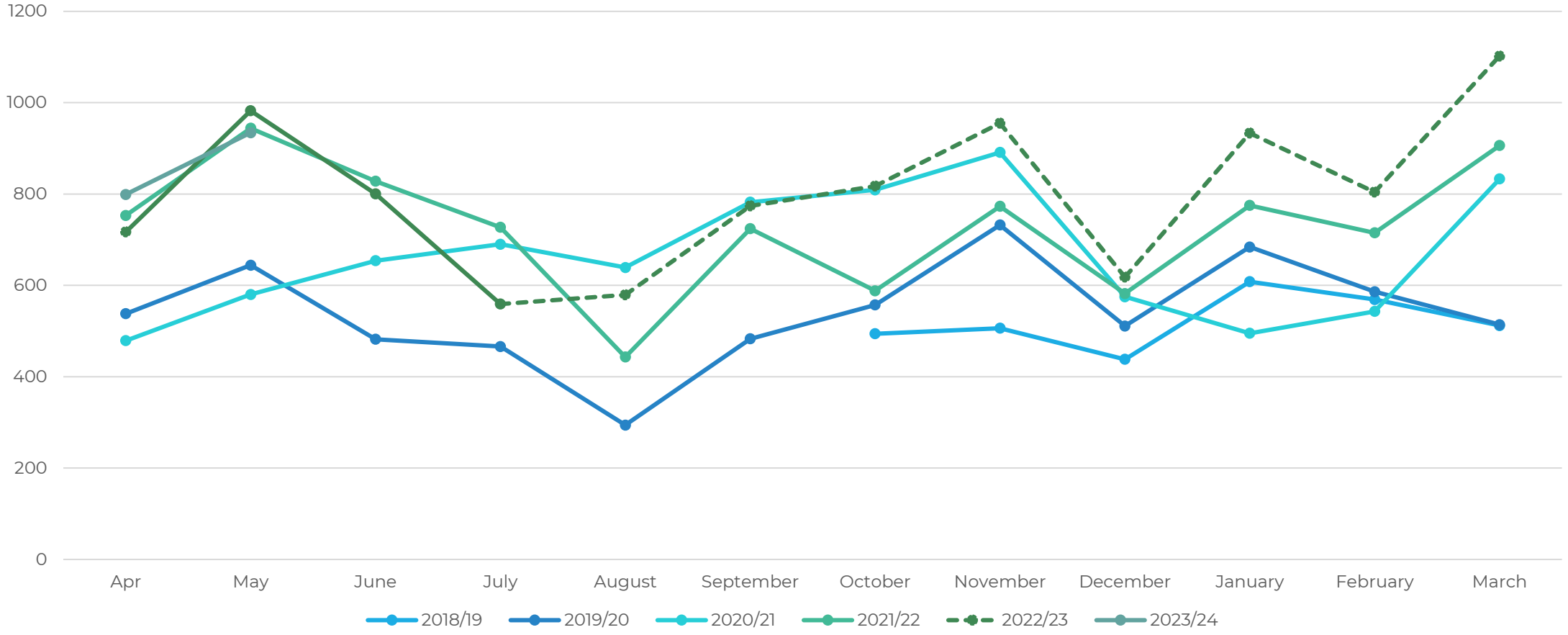


REFERRALS TO CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES



Source: NHS Digital

EMERGENCY CRISIS REFERRALS, UNDER 18S, 2018-2023



Source: NHS Digital

WHY WE SHOULD ALL BE INTERESTED IN CHILDREN'S HEALTH

Prof Sir Harry Burns, former CMO for Scotland

The early determinants of health; adverse childhood events, poverty, disability
Impact of social inequality
The illnesses of despair and now biggest killers in Scotland are suicide, drugs, alcohol and accidents
Life expectancy falling

Became a champion for focusing on the Early Years

COSTS OF FAILURE TO ACT

Prof Helen Minnis, University of Glasgow

Unnecessary suffering of children – treatable health conditions, evolving evidence base, inexpensive

Lack of recognition of illness, impact of trauma and neurodevelopmental disorders e.g. ADHD – educational failure, relationship difficulties, family stress, self-medicating with drugs/alcohol, criminal involvement

Cost to society across health, social services, welfare benefits, criminal justice system and impact on future parents

More bang for your buck when the focus is on our youngest citizens

EFFECTIVE MENTAL HEALTH SERVICES START EARLY

Peri-conception – getting women in the best health possible

Effective interventions; universal and targeting vulnerable parents and families, holistic approach

For infants focus on key relationships – formative experience

Speedy removal in some cases of abuse and neglect and permanent placements if required, rehabilitation is possible

Early identification of disorders e.g. autism, developmental delay and multi-agency support

RCPsych Early Years paper – this should be everyone's business

INCREASE IN THE PREVALENCE OF MENTAL HEALTH DISORDERS IN CHILDREN

Prof Tamsin Ford, University of Cambridge

ONS/NHS Digital studies of prevalence of mental health conditions in CYP 1999, 2014,17, 20, 21, 22

Prevalence of probable mental health disorder in 5 – 15 year olds had increased from **1 in 10** to **1 in 9** (1 in 8 for 5 – 19 year olds) in 2017
Biggest increase was in emotional disorders

During Covid-19 lockdowns further studies 2020/21/21 **1 in 6** of 3 -19 years had probable mental health disorder

IMPACT OF COVID-19 ON CHILDREN

Prof Sir Michael Marmot "The Health Gap; the challenge of an unequal world"

After initial drop in referrals to CAMHS, surge of referrals to CAMHS, A and E, Paeds and Primary Care

Children with eating disorders trebled, often new presentations already physically compromised

Increase in children with self-harm, suicidality, psychosis, prolonged school absence

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Greatest impact on the most vulnerable children – poverty, disability, marginalised groups who often find services hard to reach

EFFECTIVE MENTAL HEALTH SERVICES TAKE BIOPSYCHOSOCIAL APPROACH

Informed by equality, diversity and inclusion

Different services and agencies required – can be a challenge

National guidance and funding helpful, locally informed

Knowledge and engagement with local communities

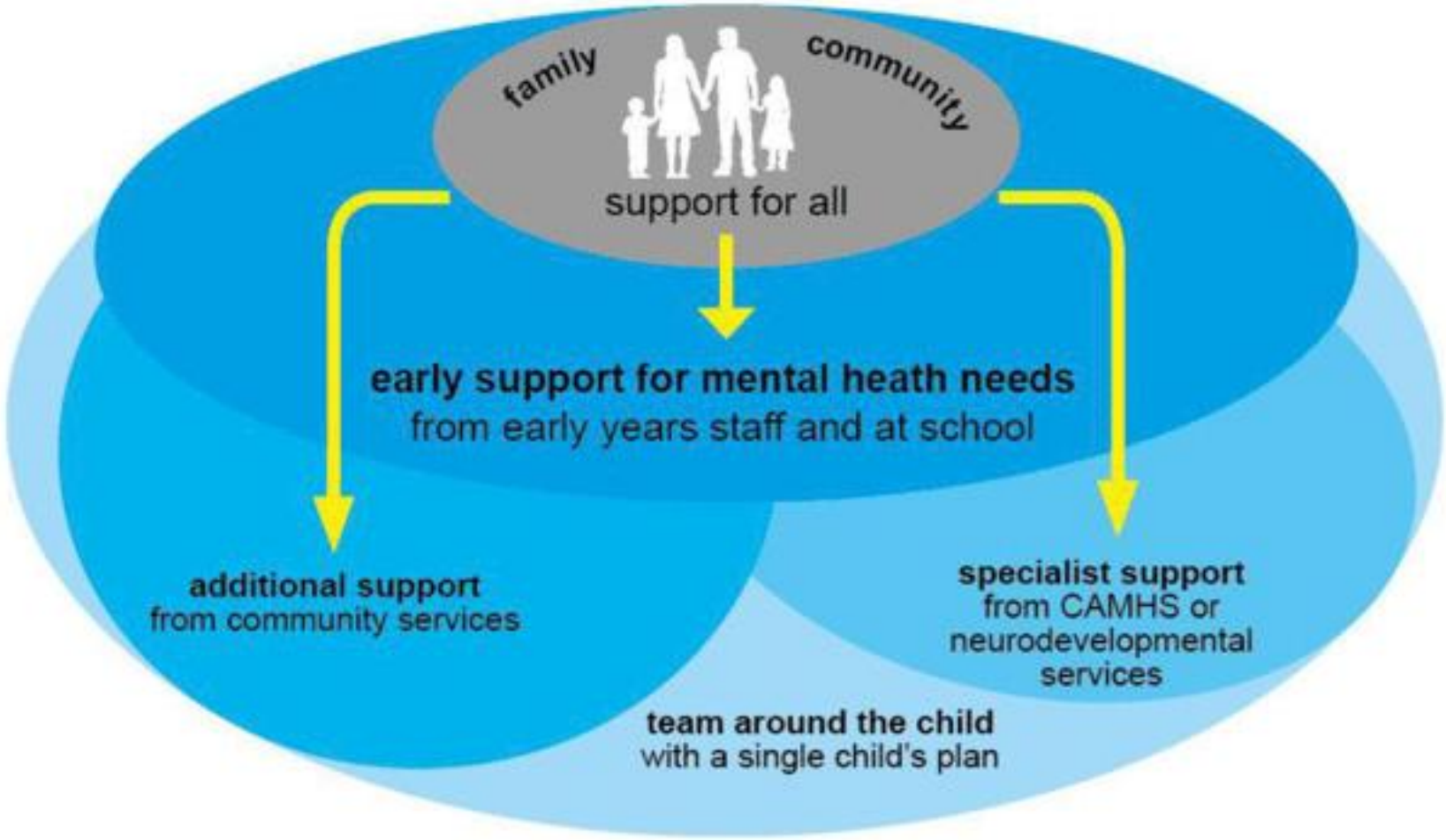
Co-production for service development and delivery

Focus on marginalised groups e.g. those living in poverty, LGBT+, long-term conditions, disabilities, racialized communities

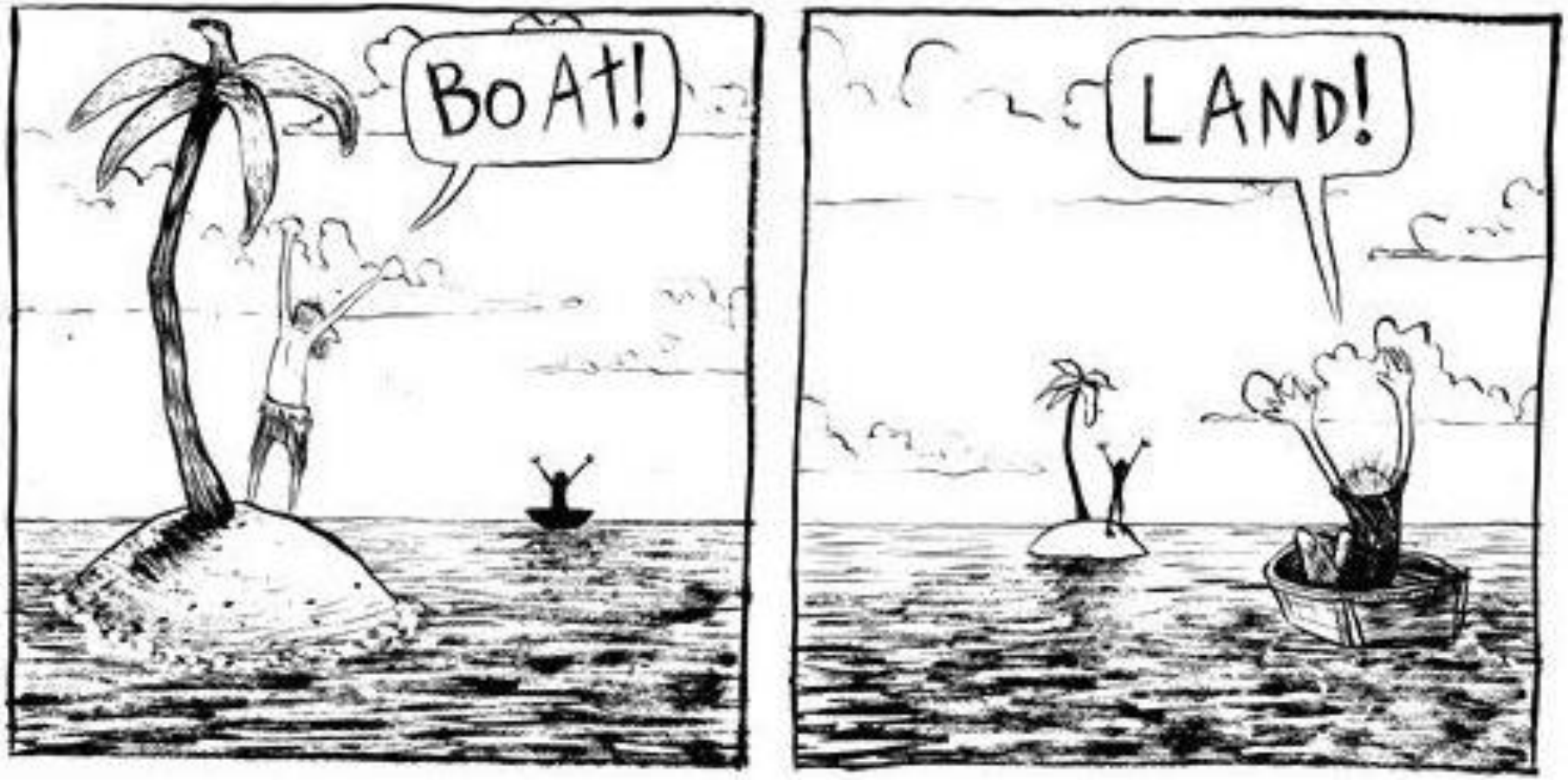
Patient choice – high quality information, digital offer, drop in services, support at school, within child health, primary care

Specialist services linked in and able to offer speedy input

SCOTTISH CAMHS; NATIONAL SERVICE SPECIFICATION



DIFFERENT PERSPECTIVES BETWEEN PEOPLE AND SERVICES



EFFECTIVE MENTAL HEALTH SERVICES ARE PROPERLY FUNDED

In UK it's been historically tiny , <1% of total NHS spend i.e. 1/14 of total mental spend in England

In Scotland it had been 0.49%, working towards 1%

Size of budget not only affects what services can provide, it affects their visibility

(how much do you spend on your children and why?)

Anne Longfield's call for one off £1 billion for system transformation

(Ireland 24% pop <18 years, CAMHS 0.75% health budget)

EFFECTIVE MENTAL HEALTH RESOURCES HAVE THE RIGHT WORKFORCE

Informed by equality, diversity and inclusion

Multi-disciplinary colleagues – psychiatrists, nurses, psychologists, psychotherapists, case managers, speech and language therapists, social workers, occupational therapists, creative therapists

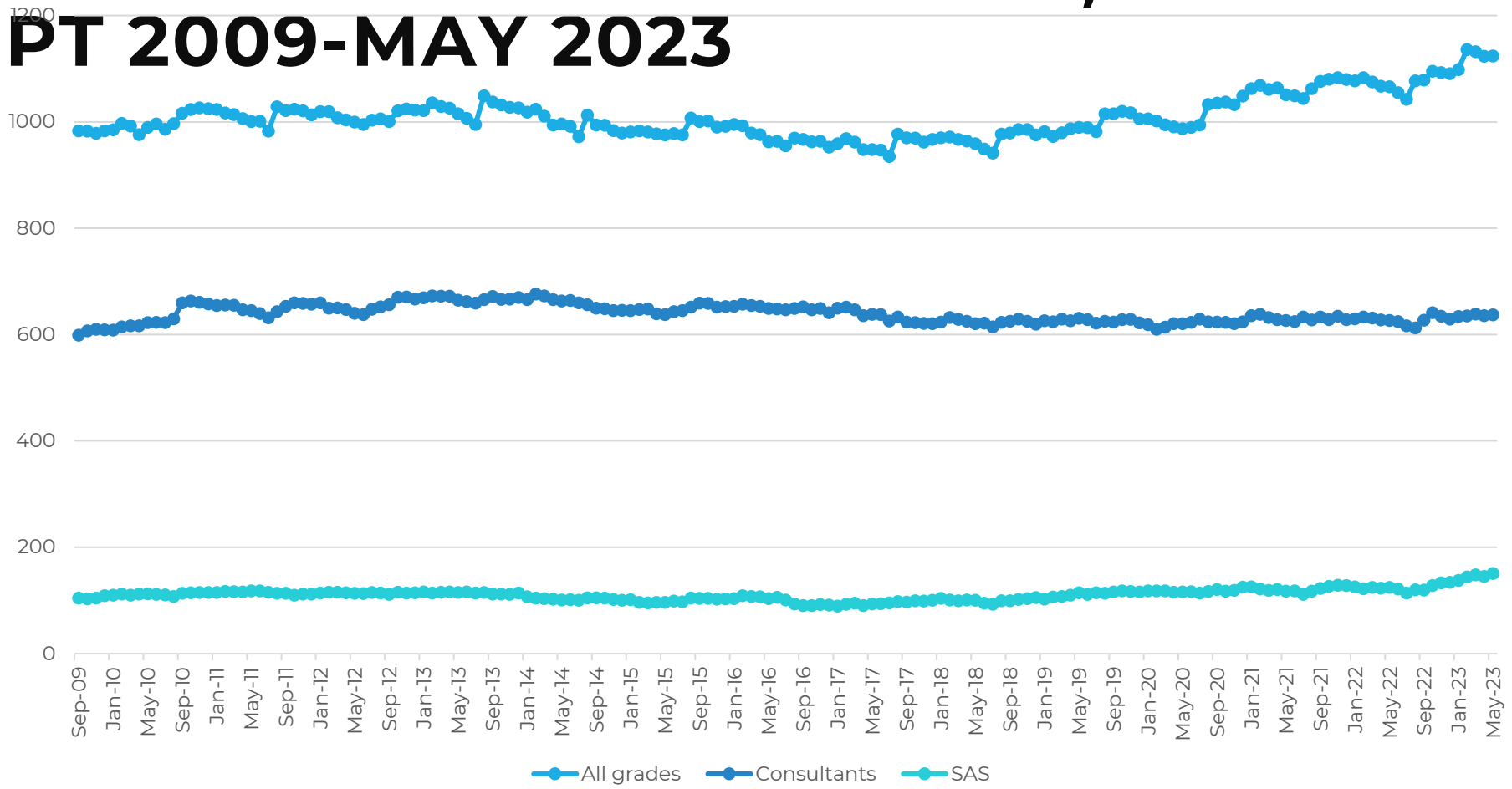
Different services – community, paediatric liaison, intensive treatment teams, eating disorders services, learning disability, forensic, complex trauma/looked after children, inpatient/day patient

Researchers, educators and trainers, clinical and strategic leaders

Evidence-based interventions, feedback and outcome focused

Funded time to for learning, quality improvement and to connect/train/support other services

FULL-TIME EQUIVALENT CHILD AND ADOLESCENT PSYCHIATRISTS, ENGLAND, SEPT 2009-MAY 2023



Source: NHS Digital

RCPSYCH CHILD AND ADOLESCENT FACULTY RETENTION AND RECRUITMENT STRATEGY

Recruitment

- Choose psychiatry campaign – 100% core trainees recruitment for 3 years
- Focus moving onto higher training recruitment (currently 78%)
- Training – needs to be excellent, flexible and supportive (but who will do this?)
- Recruit to FTE – CAP specialty high demand for LTFT
- New consultants – Start Well and mentoring established
- International training and recruitment – need to avoid brain drain

Retention

- Work with organisations and medical managers re job plans, support staff and work culture
- Role should develop over the years, opportunities for leadership, academia, psychological interventions
- RCPsych mentoring, educational and supportive structures

Workforce Management

- Guidance for when there are gaps in the workforce
- Work with other Royal Colleges and membership organisations
- Accepting that private practice has its place and can support NHS work
- ? Incentives to work in less popular areas

EFFECTIVE MENTAL HEALTH SERVICES IN SUMMARY

Underpinned by equality, diversity and inclusive values

Informed by voice of children, parents/carers “what matters to you?”

Start Early

Holistic approach

Proactively focus on marginalised groups

Sustained funding and active review processes

Retention and Recruitment of workforce

Evidence-based, focus on outcomes

THANK YOU FOR LISTENING

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