Services for High Risk Complex Young People.

Wakefield 10th November 2016

Dr Nick Hindley, Child and Adolescent Forensic Psychiatrist, NHSE National Clinical Advisor, Community Forensic CAMHS Implementation Programme

nick.hindley@oxfordhealth.nhs.uk
Overview

• context
• the children in question
• current areas of emphasis
• community FCAMHS basic requirements for a service
• community FCAMHS service model and components
General Considerations: the young people in question

- high rates of mental health and neurodevelopmental disorders
- high rates of co-morbidity (complex needs)
- high rates of substance misuse
- high rates of special educational needs
- high rates of previous abuse
- high rates of risk to others
- high rates of self-harm
- high rates of multiple agency involvement
‘Complex needs’

Young people with complex needs

- have needs in multiple domains
- may or may not be quite ‘at threshold’ in each domain
- cause high levels of concern
- are difficult to support
- require a concerted cross-agency approach
- can be found in all settings
• development of community FCAMHS
• national mapping 2012/3
• youth justice and custody reforms
• ‘Future in Mind’
• NHS England service specs for secure in-patient settings and ‘secure outreach’
• current linkage between Specialist Commissioning and Health and Justice within NHSE
Current Proposed Areas of Focus for Development and Implementation

- Specialist Child and Adolescent Mental Health Services for High Risk Young People with Complex Needs: ‘Community Forensic CAMHS’
- Development of a Framework for Integrated Care for the Children and Young People’s Secure Estate;
- Collaborative Commissioning Networks.

Diagram:

- Health and Justice and Specialised Commissioning Workstream
- Specialist Child & Adolescent MH Services for High Risk Young People with Complex Needs
- Development of a Framework of Integrated Care for the CYPSE
- Collaborative Commissioning Networks
Community FCAMHS: what is it?

A regional specialist service for young people with high risk behaviours who are:

- under 18 years old at the time of referral (no lower age threshold)
- presenting with severe disorders of conduct and emotion, neurodevelopmental or serious mental health problems or where there are legitimate concerns about the existence of such disorders
- usually involved in dangerous, high-risk behaviours towards others whether they are in contact with the youth justice system or not
- in exceptional cases, are not high risk (not primarily dangerous to others) but have highly complex needs (including legal complexities) and are causing major concern across agencies
General Considerations: fitting in with CAMHS and other provision

- a community FCAMHS team should not be seen as aloof or separate
- should fit within an existing local and national CAMHS structure and should clearly supplement it
- should be an integral part of all networks and agencies working with children
Service model: key features

• small experienced team
• graded model of delivery for clinical involvement
  • advice, formal consultation and assessment/intervention
• development of strong cross-agency clinical networks
• identifying gaps in provision and promoting service development to fill them
• delivery of service to a clearly defined catchment and to children who originate from the catchment placed elsewhere
• responds to family or professional concern not to established diagnosis
The Core Team

- small and highly experienced
- needs mix of disciplines
  - consultant psychiatrist (s)
  - senior psychologist (s) and/or senior nurse (s) or other(s)
  - good administration
- roles should be competency-based
  - authoritative and flexible
  - independent and able to work in a team
  - good knowledge of a range of statutory jurisdictions
  - clinical and forensic experience with young people
  - ability to work across agencies and settings
  - ability to think systemically and strategically
  - ability to undertake structured risk, cognitive and other assessments
  - accessible and approachable
- aim to supplement by network development
Outline Model for Community FCAMHS: service principles

• specialist service complementing generic services and national in-patient provision
• comprehensive service to young people from a given catchment area
  • community
  • custody and other secure settings
  • residential care and other specialist provision
• prioritises young people where there are concerns about mental health problems or neurodevelopmental difficulties either in the CJS and or those presenting elsewhere with risk of harm to others or with particularly complex difficulties
• equivalence of service across institutions
• based in mental health but committed to multi-agency working
• clinical, institutional and service development roles
• promotion of continuity and attachment
• team active, accessible and approachable
Outline Model for Community FCAMHS: practical provision

- advice, consultation, assessment/intervention paradigm
- commitment to young people from within catchment wherever they end up
- strong emphasis on liaison with other agencies/institutions within catchment
- small multidisciplinary specialist team rather than more diffuse provision
- specialist knowledge and ability to give clear opinion
- ability to identify gaps in provision and support service development to meet identified need
- ability to move between national and local provision
Outline Model for Community FCAMHS: advice, formal consultation and assessment

- Advice only
- Consultation and liaison
- Assessment and intervention
Outline Model for Community FCAMHS: specialist functions

- authoritative consultation
- detailed clinical assessment when required
- facilitation of transitions into and out of all secure accommodation where required (‘secure outreach’)
- knowledge and practical use of legislation
  - Forensic & other aspects of Mental Health Act/ Mental Capacity Act
  - Children Act
  - Education Act
  - Youth Justice
- specialist risk assessment & management planning
- specialist interventions (direct assessment/ ‘reports’ less often than expected)
- second opinions in complex cases/disputes
- knowledge of local, regional and national provision (‘welfare’, youth justice, special education and ‘mental health’)
- courts
- tripartite funding panels
- generic functions in unusual situations
- containment or injection of anxiety
Service for High Risk/High Concern Young People

- FCAMHS
- CAHBS (harmful sexual behaviour)
- Horizon (sexual abuse and trauma)
- L & D
- SAFE!

Youth Justice System
- Social Care
- TVP
- YOS
- Other agencies
Outline Model for Community FCAMHS: complementary institutional role

- active participation in strategic and institutional activity
  - within CAMHS/mental health and other agencies
  - teaching, training and demystification
  - children’s safeguarding arrangements
- developing relationships in addition to protocols
- Initiating and informing service developments
  - sexually harmful behaviour
  - input to custody/welfare secure within clearly defined service level agreements
  - Liaison and Diversion teams
  - joint initiatives with national inpatient units
  - other: eg. service for children who have experienced sexual abuse
Outline Model for Community FCAMHS: integrated liaison model
Outline Model for Community FCAMHS: Regional Clinical Network

Wider Criminal Justice System
- courts
- prison (YOI, STC LASCH)
- welfare secure accommodation

National Inpatient Services
- NHS
- independent sector

Regional Secure Outreach Service
- advice
- consultation
- specialist assessment and management
- strategic development and professional support

CAMHS/YOS Linkworker
- appropriate CAMH background
- interested in this group of young people
- ‘belongs’ to both agencies
- wide range of liaison functions

Local Child and Adolescent Mental Health Service (CAMHS)

Local Youth Offending Service (YOS)

Other Local Agencies
What a ‘Core’ Community FCAMHS Service is Not Commissioned to Be...

- aloof from other provision
- a repository for all local cases with complex needs
- a service which is able to provide targeted interventions for all specific high risk groups
- a (long) report-writing service (unless specifically required)
Community FCAMHS Mapping: initial findings

- 50+ services responded to initial process
- 40+ responded to requests for further information
- 5 category typology emerged:
  - highly specialist (tier 4) FCAMHS providing clearly commissioned general service to specific catchment (n=7)
  - in-patient FCAMH services extending remit to some community/in-reach functions (n=3)
  - local CAMHS providing some services to YOS, custody or secure units (n=9)
  - other services either outside CAMHS or within CAMHS but fulfilling specialist function overlapping with forensic functions (n=15)
  - in-patient services not providing community/in-reach services (n=7)
Map of ‘Highly Specialist’ Community FCAMHS Services (after Dent et al. 2013)
Community FCAMHS Mapping: findings

• Geographical, commissioning, and clinical remits highly heterogeneous

• Even true of highly specialist tier 4 group
  • some cover regional remit with clear regional commissioning
  • some cover far smaller area with similar (or larger) staff groups than regional teams
  • some mix local commissioned remit with national ‘spot purchasing’
  • large areas with no dedicated coordinating provision
Baseline requirements for national service development 2016/2017

- commissioned according to NHSE hubs
- providers already providing CAMHS in at least part of hub catchment
- lead provider for each hub but different providers can contribute to overall hub-wide service
- application of national service model with nationally coordinated prospective evaluation process
- two-way interaction between national implementation team and hub initiatives
NHS England
Specialised Commissioning Hubs

North East*
(including north Cumbria and parts of North Yorks)

Yorkshire & The Humber

North West

Midlands and East of England

Wessex

West Midlands

London

South of England

South East

Midlands and East of England

Wessex

West Midlands

London

South of England

South East

Midlands and East of England

Wessex

West Midlands

London

South of England

South East

Midlands and East of England

Wessex

West Midlands

London

South of England

South East
Getting Our Act Together

• In 2013
  • ‘Urgent need for a national coherent strategy for FCAMHS’:
    – organised geographical coverage
    – commissioning coherence
    – maximisation of funding
    – clear linkage between services
    – acceptance of clinical and institutional functions
    – must interface with overall provision for under 18s

• In 2016/17
  • national strategy developed
  • funding available
  • service model available
  • evaluation included in implementation plan
  • supportive implementation team