



Community Forensic CAMHS

(Regional Specialist Child and Adolescent Mental Health Services for High Risk Young People with Complex Needs).

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(slides courtesy NHS England and Dr Nick Hindley)



Current provision in the West Midlands

- Spot purchase assessment, consultation, training service – Youth First (BSMHT)
- Independent /Voluntary sector

Proposed service an Overview

- context
- the children in question
- language/service description
- basic requirements for a service
- service model and components

‘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

Context

- 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

Language/ Service description

- high risk/ high concern
- complexity and ‘complex needs’
- statutory processes
- forensic
- ‘secure outreach’
- **‘Community FCAMHS’**

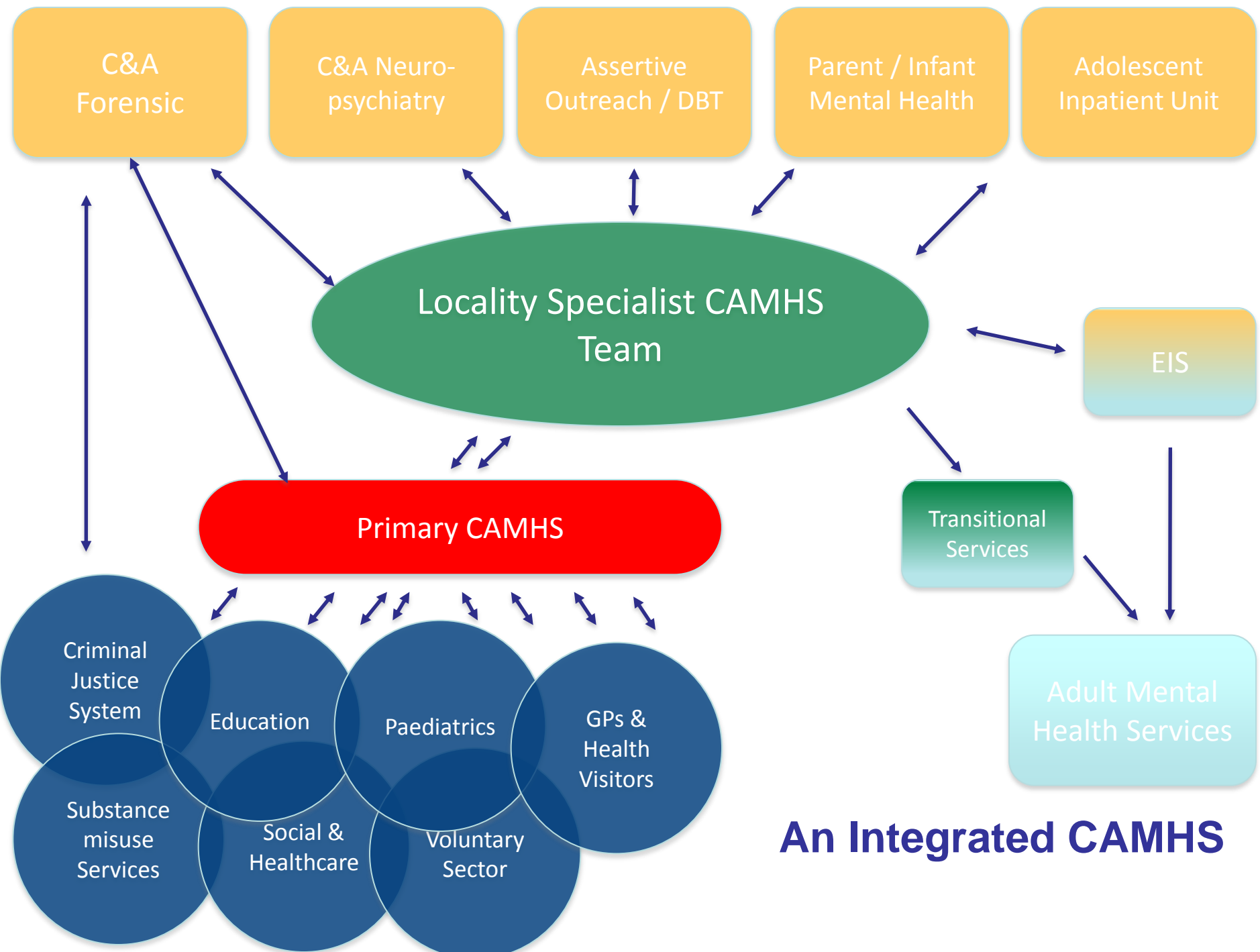
Community FCAMHS: what is it?

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
 - 0.5-0.75 senior w.t.e clinicians per million total population of catchment
- 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



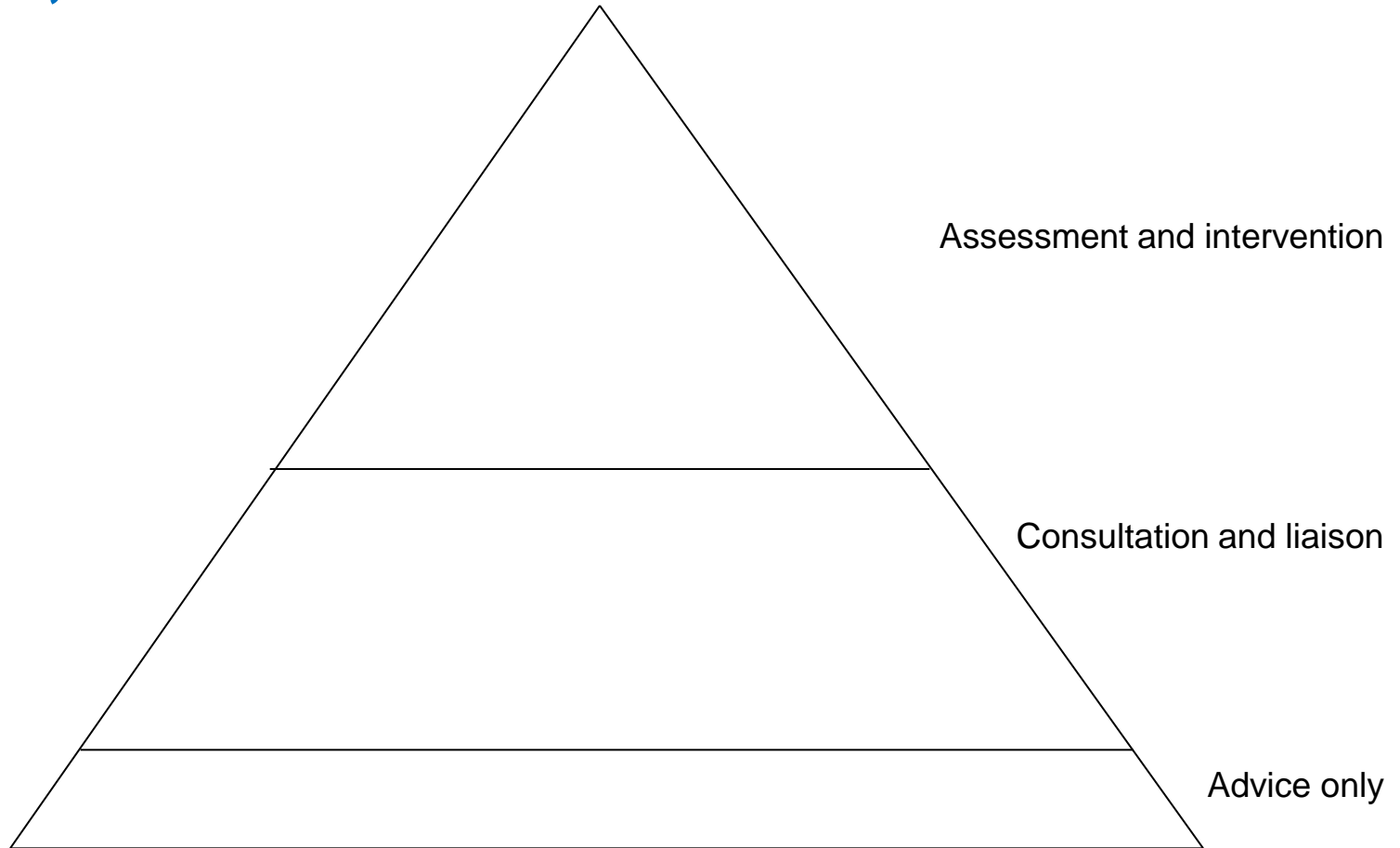
- specialist service complementing generic services and national in-patient provision
- comprehensive service to young people from a given catchment area
 - community
 - custody and other secure settings
 - residential care and other specialist provision
- prioritises young people where *there are concerns 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



Outline Model for Community FCAMHS: specialist functions

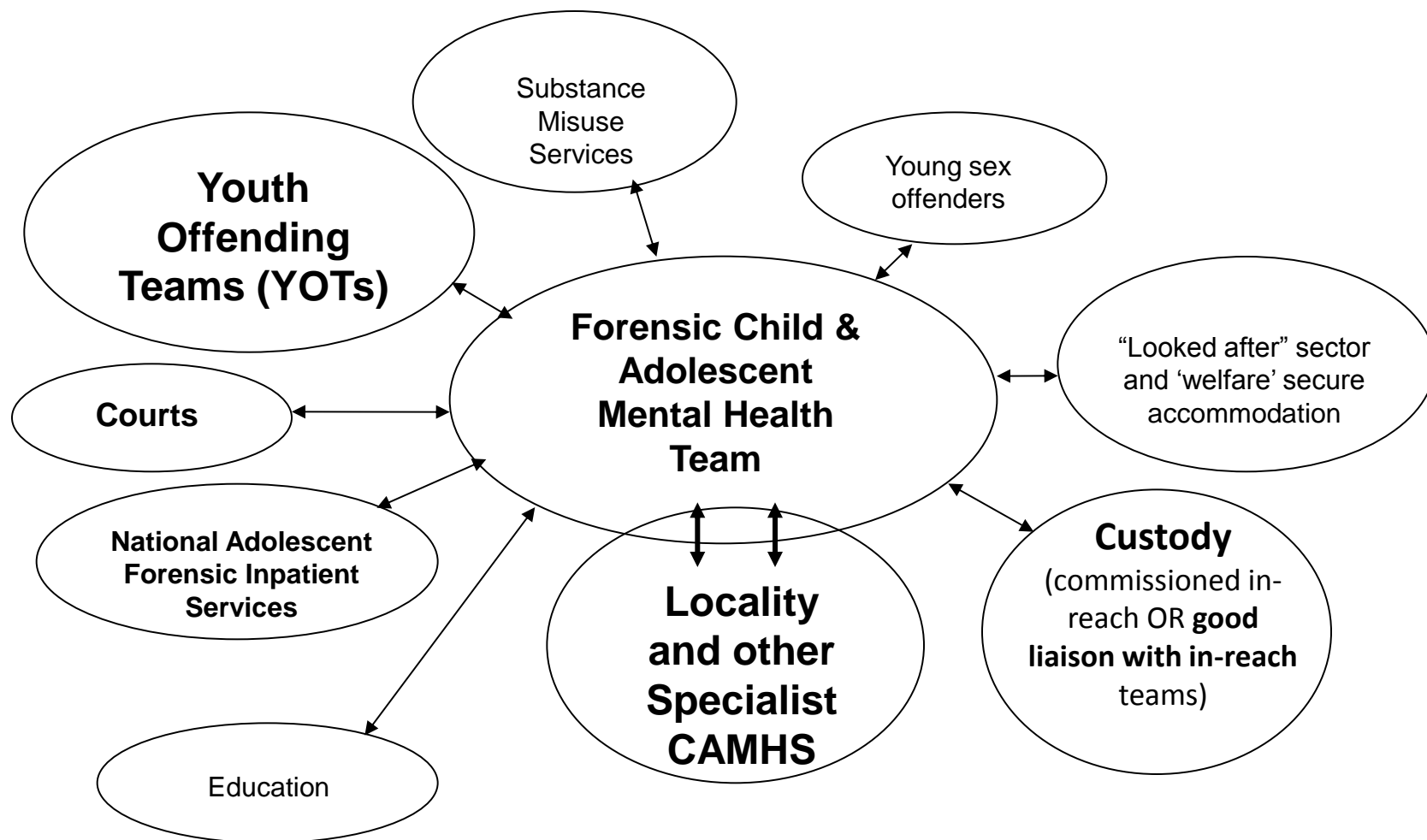


- authoritative consultation
- detailed clinical assessment when required
- **facilitation of transitions into and out of** all secure accommodation where required ('secure outreach')
- knowledge and practical use of legislation
 - Forensic & other aspects of Mental Health Act/ Mental Capacity Act
 - 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

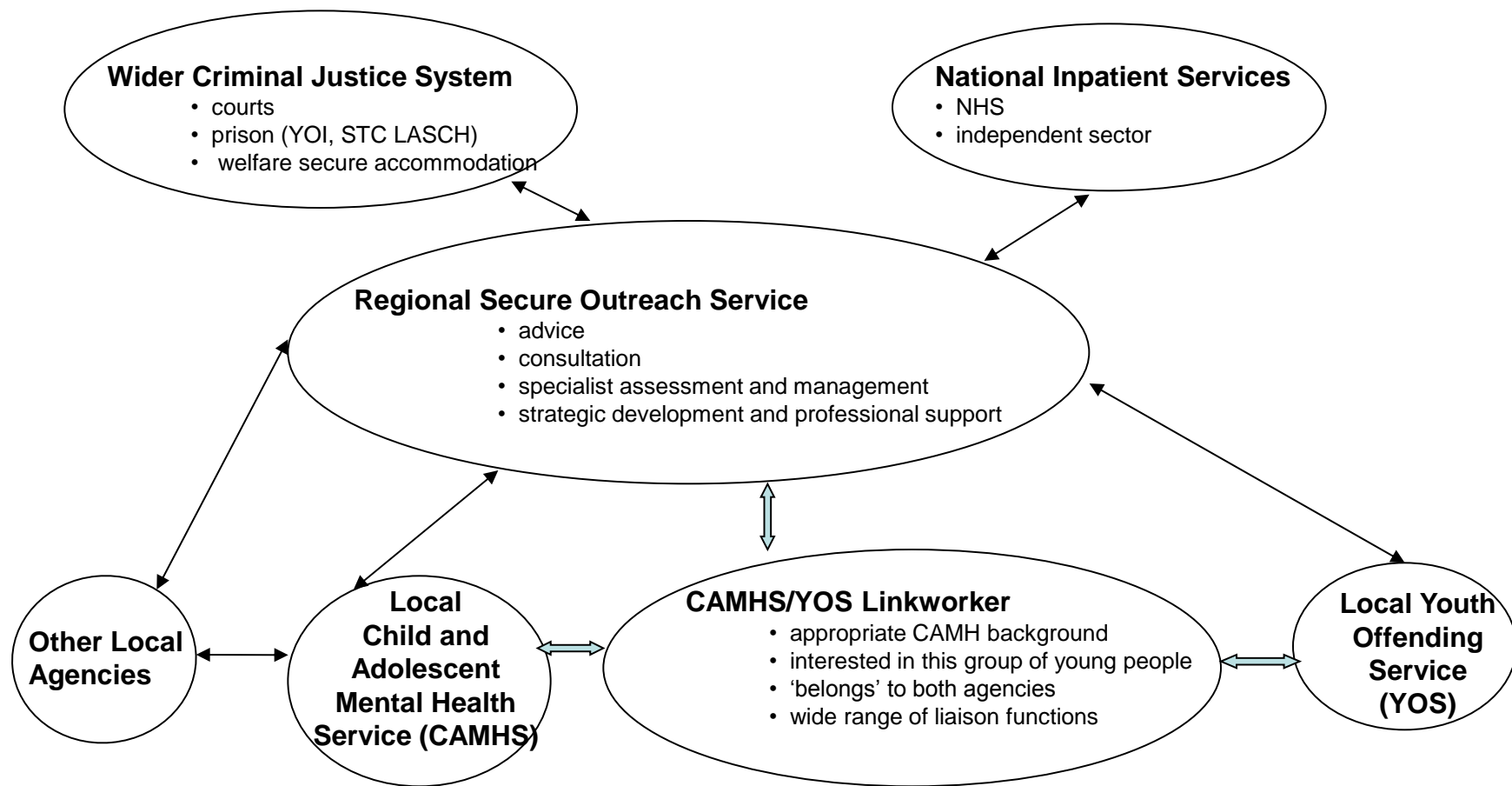
Outline Model for Community FCAMHS: complementary institutional role

- 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





What a 'Core' Community FCAMHS Service is **Not Commissioned** to Be...

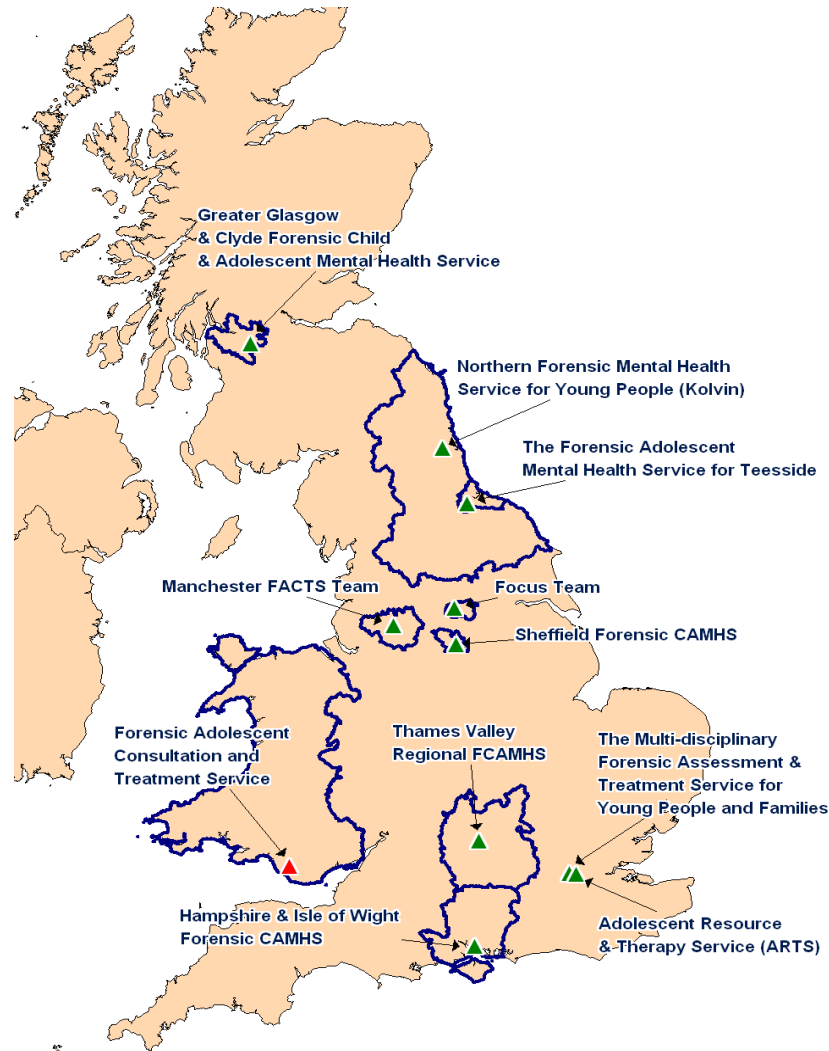
- **aloof** from other provision
- a repository for all local cases with complex needs
- a service which is able to provide targeted interventions for all specific high risk groups
- a (long) report-writing service (unless specifically required)

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

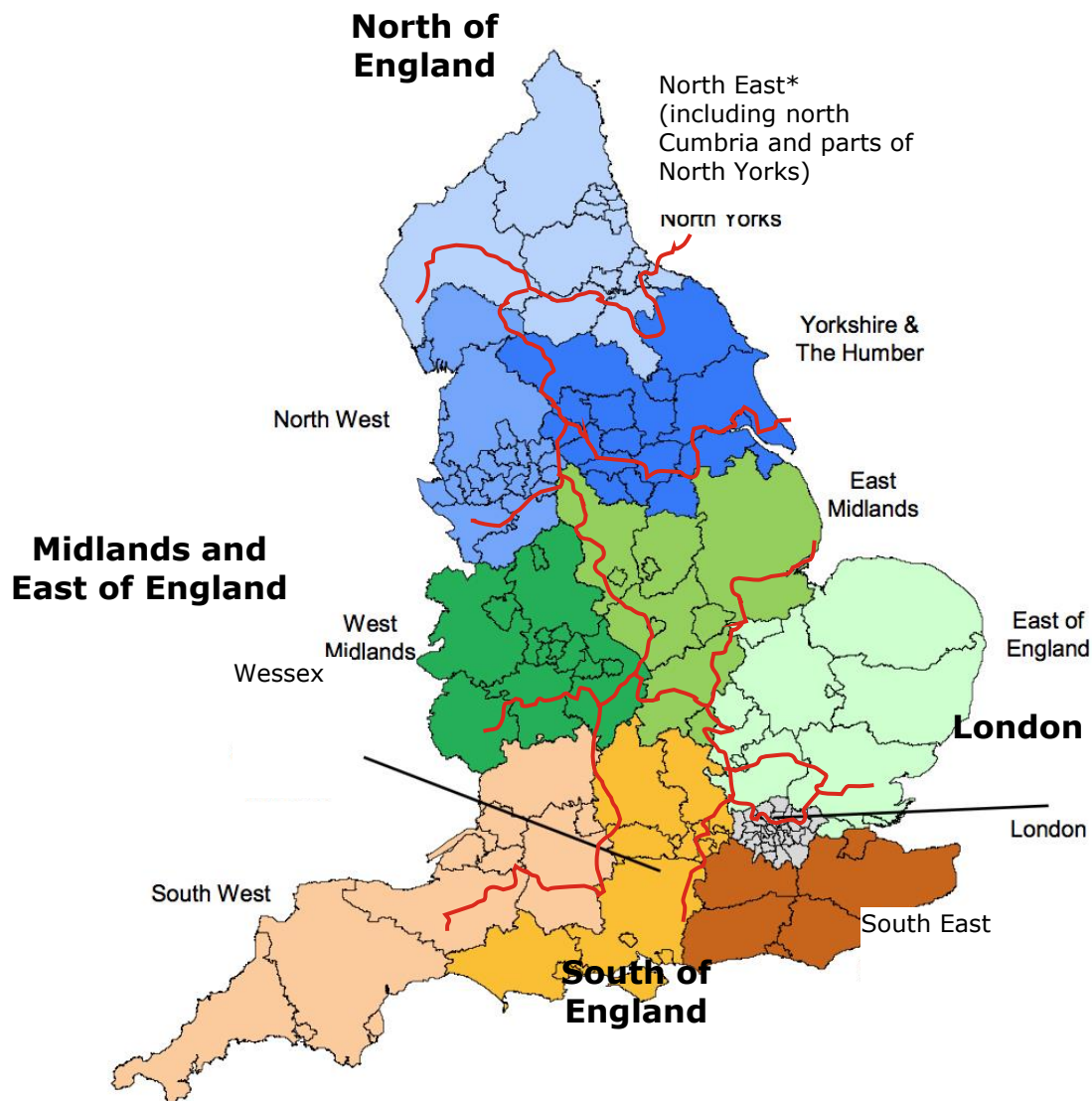
Baseline requirements for national service development 2016/2017



- 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



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



Referrals – Jan to Oct 2016

- 22- assessments 15
- 21 Male, 1 Female
- Age range 10 -20 years!
- West Midlands 12 (80%)
- Legal Status: S 20 (46%), None (26%), C O (7%), I C O(7%), S 2 (MHA) (7%), Remand (7%)
- Type of Risk: Violence, S H B, Fire-setting, Hacking, DSH, Suicide



To develop-

- A Regional service- embedded in FCAMHS and CAMHS services in the area
- Specialist team –Psychiatrist/Psychologist/Clinical nurse specialist/ Social worker/ OT/ other
- Function- consultation/ assessments/ care planning/ training and Intervention
- Inreach in to Werrington/ links with other inreach services
- Part of the liaison Diversion scheme in BSol
- Develop and establish links
- Hub and Spoke model ?
- Plan development of specific intervention, once need identified – eg fire setting, Sexual harmful behaviour.



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Thanks!