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

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‘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

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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
Locality Specialist CAMHS Team

C&A Forensic
C&A Neuro-psychiatry
Assertive Outreach / DBT
Parent / Infant Mental Health
Adolescent Inpatient Unit

Primary CAMHS

Criminal Justice System
Substance misuse Services
Education
Paediatrics
GPs & Health Visitors
Social & Healthcare
Voluntary Sector

EIS
Transitional Services
Adult Mental Health Services

An Integrated CAMHS
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

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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

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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

- Assessment and intervention
- Consultation and liaison
- Advice only
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

- Youth Offending Teams (YOTs)
- Courts
- National Adolescent Forensic Inpatient Services
- Education
- Substance Misuse Services
- Young sex offenders
- “Looked after” sector and ‘welfare’ secure accommodation
- Custody (commissioned in-reach OR good liaison with in-reach teams)
- Locality and other Specialist CAMHS
- Forensic Child & Adolescent Mental Health Team

NHS England
Outline Model for Community FCAMHS: Regional Clinical Network

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

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

**National Inpatient Services**
- NHS
- independent sector

**Regional Secure Outreach Service**

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

Midlands and East of England
North West
Yorkshire & The Humber

South of England
London
South East

By Dr Nick Hindley
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 – Psychatrist/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.
Thanks!