Lightning Review: Access to Child & Adolescent Mental Health Services

Background
The Children’s Commissioner published a report in May 2016 which explored concerns that not all children and young people are able to access children and adolescent mental health services (CAMHS) and receive the mental health services and support they need. Ultimately, the Lightning Review aimed to provide support to Commissioners and policy makers to improve the system so that increasing numbers of young people can have their mental health needs met.

Based on 2015 data from 48 Trusts, plus service experience feedback from children & young people, the report highlighted the following findings:

a) Large numbers of children and young people, some with apparently serious conditions (e.g. self-harm, psychosis and anorexia nervosa), are being turned away from CAMHS upon referral and / or are having to wait long periods of time for treatment;
b) Many children are waiting a long time to be seen by mental health services - in some areas the average waiting time was 200 days, in another area young people were seen within 14 days.
c) Many children are falling out of the system because they miss appointments and then have to be re-referred;
d) There are large variations in practice across the country, suggesting that access to CAMHS is a postcode lottery;
e) Large numbers of children and young people were turned away without being offered services;
f) 79% of CAMHS stated that they imposed restrictions and thresholds on children and young people accessing their services – meaning that unless their cases were sufficiently severe they were not able to access services.

Feedback from young people
The report indicated a number of key issues that had been raised by the young people, particularly the following:

a) Want shorter waiting times.
b) For someone to be available to talk to between the referral to CAMHS and the first appointment,
c) Not relying on letters to get you to the first appointment, especially when your family is not reliable. Contacts and reminders should be sent by phone and text.
d) Reducing the stigma around being in care or having a mental health need.
e) Providing a drop-in service for young people where they could chat about things that worried them and get to know the people running the service.

CWPT position
Reducing waiting times – the Trust delivers a wait for the first appointment of within 18 weeks for routine cases. Emergency, urgent and priority cases are seen significantly more quickly than this. Waits for first follow-up appointments have reduced significantly in Coventry and Rugby, supported
by Commissioner investment, and will reduce significant in Warwickshire in response to additional funding.

**Eligibility for Specialist CAMHS** – the eligibility criteria is set out by Commissioners in the service specification. Through the SPE process, referrals are triaged to ensure that they are directed to the most appropriate service, which may not always be CWPT’s Specialist CAMHS service. Where referrals are deemed to be inappropriate for the Specialist service, 1 of the 2 following actions are taken

a) They will be directed into the most suitable service depending on the need, e.g. REACH, Children’s Learning Disability Services, Neurodevelopmental Service, Community Paediatrics, Adult Mental Health services if over 17 years, etc.

b) they will be returned to the referrer with a letter explaining the reasons why the referral was declined and indicating more appropriate support for the young person’s needs.

Further work is also underway to develop early help, where possible and appropriate. This has included the advice and information available via the website and a young peoples’ newsletter. Close working with Coventry & Warwickshire Mind also means that there is progress in developing more joined up provision between tiers 2 and 3.

**Dealing with DNAs** – In general terms, clinicians will persist in efforts to engage young people when they do not attend appointments. Account is taken of levels of vulnerability and risk, to try to ensure that the most vulnerable young people do not fall through the net. Efforts to contact and engage young people will include telephone calls, letters, contact with referrers and other stakeholders, as appropriate (e.g. social care).

**Geographical variation** – there are some service commissioning issues which will cause differences in service availability. For instance, there us a difference in the tier 2 services commissioned in Warwickshire and in Coventry. CWPT has worked out to deliver equitable services across Coventry and Warwickshire, by developing consistent pathways across the areas.

**Ongoing service developments** – The Trust continues to progress service developments with a view to making provision more accessible, effective and person-focused. This includes work on Eating Disorders and provision for Looked After Children.