



The **Regulation** and
Quality Improvement
Authority

RQIA Independent Review of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland

Summary

February 2011

Chapter 1

Introduction

1.1 Introduction.

This is a summary report of the review of Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland conducted by RQIA in July 2010, the full report is available at www.rqia.org.uk. The review examined the quality and availability of a range of services and professional groups involved in the delivery of specialist mental health care for children and young people in hospital and community settings.

Non specialist mental health services for children and young people in primary care such as school nurse and health visiting are not included in this review but are recognised for their importance in early identification of mental health problems.

Five Health and Social Care Trusts and the Health and Social Care Board were reviewed using a framework of standards developed from Departmental circulars and guidance in Northern Ireland. The progress of recommendations from the Bamford Independent Review of CAMHS (2006) and from the McCartan (EHSSB, 2007) were used as benchmarks for review.

Specific legislation e.g. The Mental Health (Northern Ireland) Order (1986) (hereafter, the Mental Health Order) and The Children (Northern Ireland) Order (1995) (hereafter, the Children Order) and United Nations' Convention on the Rights of the Child (UNCRC) also provided the context of a rights based approach for the RQIA's review of CAMHS in Northern Ireland.

1.2 Context

Over 25 per cent of the population in Northern Ireland are children and young people. Epidemiological evidence would suggest that 20 per cent of children will develop a significant mental health problem. Child and adolescent mental health services (CAMHS) in Northern Ireland is provided through a four tiered model which includes a network of all children's services.

CAMHS in Northern Ireland was reported to be under resourced, fragmented and lacking in strategic approach. (Bamford 2006). Availability of specialist services and timely access to inpatient CAMHS resulted in individuals going for treatment outside of Northern Ireland and young people being admitted to adult psychiatric wards. The under development of community services for children with mental health problems has resulted in long waiting times, delayed discharge and recognition that support is provided too late in the development of mental disorder.

An integral part of the CAMHS review was consultation with service users and families. Through the expertise in advocating and consulting with young people; Voice of Young People in Care (VOYPIC), consulted with 64 young people and 40 parents/carers. RQIA also recruited six independent reviewers from England and Scotland. The panel of independent reviewers were leading experts from different disciplines in the appropriate fields relevant to this CAMHS review.

In summary the review team examined:

- the quality and availability of CAMHS in Northern Ireland including the views of young people and their parents/carers in respect of the quality, accessibility and availability of CAMH services provided from the five trusts.
- the quality and safety of care of young people admitted to adult wards and the views of young people who have the experience of admission on an adult ward from each of the trusts
- the quality and safety of the existing transitional arrangements between CAMHS and adult services and the views of young people who have experienced transitions from CAMHS to adult mental health services.
- the implementation of risk assessment guidance from DHSSPS and to consult with young people who have experience of CAMHS to obtain their views in relation to risk assessment and management

The review team found that progress has been made since the Bamford Review in 2006. The development of a purpose built inpatient service has increased capacity for young people requiring admission to hospital, and development of services which can now be accessed in areas such as eating disorders and crisis intervention, has contributed to improvements in the range and availability of CAMHS.

The review team found a committed workforce aiming to provide a service which meets the mental health needs of the children and young people. This was supported by the positive experiences of CAMHS documented in the consultation with young people and their parents. The review team felt that this provided further evidence of a developing service.

Despite this, the review team felt that more work needs to be done to ensure that children and young people with mental health needs will be seen by the right person at the right time in the right place. The absence of extant standards for CAMHS in Northern Ireland has resulted in each trust area developing services differently without the ability to measure effectiveness using a regional framework based on clinical standards and care pathways.

Chapter 2

Findings

- Staff in each of the five trust areas throughout Northern Ireland demonstrated a strong commitment delivering safe, evidence based and effective care.
- Patients and staff advised the review team that CAMHS across Northern Ireland are held in high regard. This was supported by the large number of parents and young people in the VOYPIC consultation. All of the young people surveyed in three trusts and 75 per cent in the other trust that reported that they had benefited from receiving CAMHS.

DHSSPS

- The review team found an absence of policy guidance and model of service provision for CAMHS.

HSC Board

- The developments and improvements of specialist CAMHS on the part of both the commissioner and trust have been both substantial and commendable.
- The review team found that the modelling in Tier 2 and Tier 3 services (specialised and targeted services) was not consistent across the Trusts.
- The review team found the HSC Board had identified the need to develop home treatment and day care services to complement existing inpatient care provision.
- The review team found that access to inpatient provision did not appear equitable across the trusts.

Trusts

Term of Reference 1 Commissioning and provision of services:

- Additional investment over the last two years has led to the development of specialist eating disorder teams in all areas.
- The provision of a new purpose-built child and adolescent inpatient facility (Beechcroft) has increased bed capacity. There are now 18 adolescent beds (including 2 intensive nursing beds) and 15 children's beds.
- The creation of crisis intervention teams has provided some improvements in the development of alternatives to hospital admission and early intervention with serious mental disorder. The review team found that access to such services was not equally distributed across Northern Ireland.

- During the time of the review all trusts had achieved the waiting time target of nine weeks. However, some CAMHS staff suggested this has become the sole benchmark and is not, of itself, a true indicator of the quality of care. Achieving this target in some trusts was said to have resulted in a reduction in the range of services available.
- The consultation with young people by VOYPIC indicated that young people and parents were satisfied with the length of time they waited for access to services.
- The development of CAMHS liaison and help lines for self harm and suicide was notable in some trusts.

Alongside these improvements the review highlighted;

- The absence of an overall CAMHS strategy has resulted in inconsistency in the interpretation of the four tiered model across Northern Ireland.
- Some services are not accessible in particular areas, e.g. in the Northern Trust children and young people do not have access to any crisis intervention or alcohol services.
- Access to community and early intervention services are underdeveloped, especially in the provision of Community CAMHS at Tier 2. The lack of primary mental health workers to support the entire children's community network and offer advice regarding referrals and mental health concerns limits the accessibility of CAMHS. The Belfast Trust and Northern Trust have no access to a primary mental health worker.
- Development at Tiers 3 and 4 (highly specialised services) would ensure specialist interventions and alternatives to hospital admission can be offered and facilitation of every discharge can occur.
- Access to the inpatient CAMHS facility in Belfast requires monitoring to ensure equity of access for all trusts' children and young people.
- The involvement of young people and their families in the planning and evaluation of services is limited and ad hoc.
- Not all young people who require access to an independent advocate are able to avail of this service.
- The VOYPIC consultation highlighted that not all young people were aware of the availability of advocacy and some young people did not understand the relevance of this service.

Terms of Reference 2 Risk Assessment and management:

- Most of the trusts were introducing a regional tool for risk assessment. The risk assessment tool, FACE, is now accepted as contributing to the management of risk in CAMHS.
- Further development of a strategic approach to audit and ensuring clinical and social care governance is required by all areas. Throughout the review it was clear that many attempts have been made but this has not developed routinely to inform current practice or development.
- The intervention of a new risk assessment tool is accepted as contributing to the management of risk in CAMHS. Some trust staff indicated that the risk assessment tool was not suitable for the younger child, however the expert reviewers support the introduction of FACE.
- High rates of did not attend (DNA) at first appointment and could not attend (CNA) were reported. This should be reviewed by the trusts and the commissioning body to maximise efficiency.
- The VOYPIC consultation highlighted that a limited number of young people had been made aware of help lines and other support networks. Of those who had been made aware of help lines, Lifeline was mentioned most frequently. Some young people stated that they did not feel well enough informed about alternatives to CAMHS.

Terms of Reference 2 Young people on adult wards:

- Within an 30 month period between 1 April 2007 and 30 September 2009, 197 young people had been admitted onto an adult ward.
- A significant number of children continue to be admitted to adult wards. It is not clear what impact the new purpose built inpatient facility will have on reducing unavoidable admissions to adult wards.
- The review team found that all facilities demonstrated adherence to DHSSPS circulars for the admission of young people to adult wards and most of the trusts have strong interfaces between CAMHS and adult services.
- The VOYPIC consultation highlighted that a large percentage of young people had been seen by community CAMHS whilst on an adult ward.

Terms of Reference 3 Transitional arrangements:

- The review team found that most trusts had a policy or protocol in place to ensure smooth transitional arrangements from CAMHS to adult services.

- All areas suggested that transitional arrangements would be considered prior to transfer to adult services.
- The VOYPIC consultation with young people highlighted that a number of young people had experience of moving from CAMHS to adult services. Seven young people reported a positive experience during the transition. Two of the participants felt that they had been unsupported during this time.

RQIA has made 21 regional recommendations to the five trusts for improvement to the organisation and delivery to CAMH services. Nine recommendations are made to the Health and Social Care Board. One recommendation has been made to the Department of Health, Social Services and Public Safety.

Chapter 3 Recommendations

3.1 Department of Health, Social Services and Public Safety Recommendations

1. The Department of Health, Social Services and Public Safety should confirm through policy guidance a model for service provision in Northern Ireland.

3.2 Health and Social Care Board Recommendations

The Health and Social Care Board should:

1. Investigate and address the high combined 'Did Not Attend' rate and cancellation rates.
2. Routinely measure service user and carer experience and outcomes using consistent methods across all trusts.
3. Ensure a collaborative and pragmatic approach is taken by all trusts to managing access to the regional child and adolescent in-patient facility.
4. Ensure all young people who present in a crisis have access to emergency or intensive support services.
5. As part of its commissioning plan clarify and specify the core model for CAMHS, outlining the specific service definitions for tiers 2 to 4.
6. Examine the reasons for the variation in referral rates to all tiers across Northern Ireland.
7. Work towards the cessation of the admission of young people to adult wards through development of alternative community

based services and interventions.

8. Ensure that the role of a primary mental health worker is available in all trusts.
9. Collect and monitor demographic information to ensure that CAMH services continue to meet the needs of the young people and their families.

3.3 Regional Recommendations for all Trusts

Theme 1: CAMHS Organisational Structures (Reporting and Accountability Arrangements)

1. A clearly developed operational strategy for CAMHS should be in place, and communicated to all staff working within CAMHS.
2. Strategies should be developed to overcome high DNA and CNA rates to ensure maximum efficiencies in service delivery.

Theme 2: Information and Communication

3. Young people and parents should be included in the processes of planning, delivering and evaluating services.
4. Young people should have access to a range of age appropriate resources including the internet, to promote participation and engagement strategies for CAMHS.
5. Complaints information should be more accessible in a user friendly format for children and young people to ensure they know of how to make a complaint.
6. Children and young people should be able to access advocacy services and trusts should provide appropriate advocacy support.

7. Information provided to children and young people about the range and scope of services should be clear, concise and easy to understand.

Theme 3: Access and Availability

8. The role of the Primary Mental Health Worker should be developed, in keeping with the Bamford recommendations, to ensure a substantial element of triage and provision of advice and support of Tier 1.
9. CAMHS should be fully integrated within the wider network of children's services across the trust to ensure better links and communication across services.
10. Trusts should collect and monitor demographic information to ensure that CAMH services continue to meet the needs of the young people and their families.

Theme 4: Access to specialist Services

11. Further development of specialist Tier 3 services will ensure that the particular needs of children and young people with complex and severe conditions requiring a more specialised response will continue to be met.
12. Young people who present with acute mental health problems, or in an emergency, or who require intensive support should be managed in the community wherever possible.
13. There should be a clear regional protocol for admission and discharge planning from the regional inpatient unit.

Theme 5: CAMHS Facilities

No recommendation for theme 5.

Theme 6: Risk Assessment

14. Staff working in CAMHS should have a clear understanding of the use of the risk assessment (FACE) tool in line with DHSSPS guidance.

15. The use and effectiveness of the FACE risk assessment tool should be subject of regular audits.

Theme 7: Governance Arrangements

16. Health and Social Care Trusts should ensure the profile of CAMHS is maintained at trust board level.

17. CAMHS should be fully included and supported by trusts clinical and social care governance arrangements. This should address audit, and the monitoring of complaints, adverse events and risk.

Theme 8: Human Rights Approach

No recommendation for theme 8.

Theme 9: Young people in Adult Wards

18. The Director of Children's Services should be formally notified on the admission of a child to an adult ward and thereafter if a child remains on an adult ward for more than 3 months.

19. A young person should only be placed on an adult ward when all other CAMHS alternatives have been considered and deemed less appropriate.

20. Arrangements should be put in place to meet the educational and recreational needs of young people who are admitted to adult wards.

Theme 10: Transitional arrangements to adult mental health services from CAMHS

21. Operational protocols should be in place for the seamless transfer of young people from CAMHS to adult services. There should be routine evaluation of how these arrangements are working, ensuring that the views of the young people are collected and considered.

3.4 Trust Specific Recommendations

Belfast and South Eastern - Recommendations

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| Theme: CAMHS facilities | 1. The Belfast Trust should ensure that the use of the facilities in the regional inpatient unit are utilised for maximum benefit. |
| Theme: Transitional Arrangements | 2. The Belfast Trust should finalise their protocol for transitional arrangements to adult services, which includes arrangements for ongoing monitoring and evaluation. |

Northern Trust - Recommendations

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| Theme: Risk Assessment | 1. The Northern Trust should implement the regional risk assessment tool - FACE and continue to monitor and audit its use in accordance with DHSSPS guidelines. |
| Theme: Specialist Services | 2. The Northern Trust in conjunction with the HSC Board should consider the development of crisis services for children and young people. |
| | 3. The Northern Trust should implement 'Card Before You Leave' scheme, or a similar initiative. |

Southern Trust - Recommendations

Theme: Information and Communication

1. The Southern Trust should provide information to children and young people, and to their families about the nature and scope of CAMHS.
2. The Southern Trust should ensure that all staff engaged in direct therapeutic contact with children and young people should be trained to Stage 2 in line with Cooperating to Safeguard (DHSSPS 2003).

Western Trust - Recommendations

Theme: Access to Services

1. The Western Trust, in conjunction with HSC Board, should review the potential resource implications following the introduction of referrals up to 18 years.

Theme: Transitional Arrangements

2. The Western Trust should develop an operational protocol for transitional arrangements to adult services.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel: (028) 9051 7500
Fax: (028) 9051 7501
Email: info@rqja.org.uk
Web: www.rqja.org.uk