

## CHILDREN & YOUNG PEOPLE SCRUTINY PANEL

31 January 2019

### CHILDREN AND YOUNG PEOPLE'S IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES PROGRAMME

#### Report of the Strategic Director for People

Strategic Aim:	Safeguard the most vulnerable and support the health & well-being needs of our community	
Exempt Information	No	
Cabinet Member Responsible:	Richard Foster, Portfolio Holder for Safeguarding – Children & Young People, Armed Forces Champion	
Contact Officer(s):	Bernadette Caffrey Head of Early Intervention SEND and Inclusion	Email:bcaffrey@rutland.gov.uk
Ward Councillors	N/A	

#### DECISION RECOMMENDATIONS

That the Panel:

1. Notes new developments in the provision of early emotional well-being and mental health support for children and young people in Rutland.
2. Notes the benefits of early assessment and evidence based intervention for children's mental health and well-being in order to address low to moderate need.
3. Supports Rutland's young people's stated wish for mental health and emotional well-being to be non-stigmatised, for support to be visible and for support to be early and accessible to children and their families.

#### 1 BACKGROUND AND MAIN CONSIDERATIONS

- 1.1 The following report is to give Panel an opportunity to gain an understanding of the purpose and function of the children and young people's improving access to psychological therapies programme, (CYP IAPT). The CYP IAPT is a service transformation programme that aims to improve the quality of existing Child and Adolescent Mental Health Services. As such, it is different from the adult IAPT model, which is focused on setting up new services. The principles behind CYP IAPT underpin the development and delivery of the 'Local Transformation Plans' which run throughout the Department of Health's 'Future in Mind' programme.

## **2 PRINCIPLES**

2.1 The CYP IAPT programme includes the following core principles as part of its service transformation:

- Value and facilitate authentic participation of young people, parents, carers and communities at all levels of the service.
- Provide evidence-based practice and interventions, demonstrate flexible and adaptive ability to meet changes in evidence.
- Commit to raise awareness of mental health issues in children and young people, and be active in decreasing stigma around mental ill-health.
- Demonstrate that they are accountable by adopting the rigorous monitoring of the clinical outcomes of the service, and
- Actively work to improve access and engagement with services.

## **3 RATIONALE**

3.1 The significant strength in CYP IAPT is its commitment to provide intervention at the earliest opportunity in order to prevent initial and low level mental health needs deteriorating. The National Institute for Health and Care Excellence (NICE) highlights that common mental health disorders, such as depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder (OCD) and social anxiety disorder may affect up to 15% of the population at any one time. In particular, depression and anxiety disorders can have a lifelong course of relapse and remission and while there is considerable variation in the severity of common mental health disorders, many can be associated with significant long-term disability if not managed at an appropriately early interval.

3.2 10% of children and young people aged 5-16 years have a clinically diagnosable mental health problem, yet 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age.

3.3 20% of adolescents may experience a mental health problem in any given year. 50 % of mental health problems are established by age 14 and 75% by age 24.

3.4 The vast majority (up to 90%) of depressive and anxiety disorders that are diagnosed are treated in primary care. However, many individuals do not seek treatment, and both anxiety and depression often go undiagnosed. Although under-recognition is generally more common in mild rather than severe cases, mild disorders are still a source of concern when considering the impact of such needs on the well-being of the individual managing the disorder.

3.5 The recognition and treatment of anxiety and depression disorders by primary care agencies has been poor, and only a small minority of people who experience anxiety disorders ever receive treatment. In part this may stem from the difficulties in recognising the disorder, but it may also be caused by patients' worries about stigma and the components of a possible course of treatment. Equally, the experiences of children and young people are intrinsically different from those of adults, as children and young people often lack the opportunity to engage with sources of support and

are often reliant on parents' consent and motivation to seek support for them.

- 3.6 Therefore, adhering to Rutland's principle of 'early help support', it is recognised that a life-course approach to mental health is required and that early identification and support can result in positive outcomes which support individuals to develop resilience and the skills to positively self-manage with confidence in the future. In this respect preventative measures rather than cure are favoured by CYP IAPT.

## **4 CONSULTATION**

- 4.1 National implementation of the IAPT programme began in 2008, which has since developed and changed the treatment of depression and anxiety disorders in adults in England. Over 950,000 people now access IAPT services each year. Among those who receive a course of treatment, approximately one in two recover and two in three show a reliable reduction in their symptoms.
- 4.2 National and local consultation, research in practice, (Rutland's Future in Mind, young people's consultation began in 2014/2015), is driving better evidence based practice, improving children and young people's participation, enabling collaborative practice and creating more accountable services, through the rigorous monitoring of clinical outcomes.

## **5 ALTERNATIVE OPTIONS**

- 5.1 The CYP IAPT programme, (2011), is an NHS initiative to provide more child and young people psychological therapy, which has existed in adult services since 2008. It is intended to provide intervention to 70,000 more children and young people annually by 2020, and to train 1,700 staff.
- 5.2 Through a range of university programmes and case work, Psychological Well-being practitioners are being trained and are working within existing health and social care services. The practitioner role will be a distinct role and not assistants to existing therapies. The service will work within but not replace existing early help services or replace specialist or crisis interventions in Children and Adolescent Mental Health services (CAMHS).

## **6 FINANCIAL IMPLICATIONS**

- 6.1 The CYP IAPT programme was launched across Leicestershire, Leicester City and Rutland (LLR) in 2017. The programme is funded via NHS England and covers the cost of the university programme for one academic year, the service receives funding to cover some backfill costs and the cost of mandatory clinical supervision.
- 6.2 It is intended that earlier recognition and intervention will reduce the demand on more costly specialist services.

## **7 LEGAL AND GOVERNANCE CONSIDERATIONS**

- 7.1 The programme has a regional 'Collaborative Network' that oversees the study programme, locally this is provided through the University of Northampton and

quality assures the clinical supervision. Individual case management oversight for the Psychological Well Being Practitioners is provided through the Early Help Service Manager.

- 7.2 The CYP IAPT practitioners in Rutland benefit from robust supervision arrangements in terms of both clinical and case supervision. Utilising two strands of supervision promotes safe practice, addresses the possibility of treatment failure, examines treatment outcomes and ensures continuing professional development and learning.

## **8 DATA PROTECTION IMPLICATIONS**

- 8.1 The practitioners work within a rigorous clinical framework and matters relating to sharing client information and consent are governed by Rutland County Council's data protection processes and the Local Safeguarding Children's Board (LSCB)'s safeguarding procedures.

## **9 EQUALITY IMPACT ASSESSMENT**

- 9.1 Each Local Authority was invited to nominate candidates to undertake the programme. Practitioners in Children Services in Rutland County Council were invited to express an interest in undertaking the training.
- 9.2 The referral process for CYP IAPT is the same as that for accessing Rutland's early help service, referrals can be made by practitioners as well as by children and young people themselves. In this respect, three of the referrals into the service have been made by children and young people. In order to ensure that services are available to children and young people at the earliest opportunity information about the service has been shared with Rutland County Council staff, Rutland's Schools and Colleges, Citizens Advice and the School Nursing Service.
- 9.3 In order to provide an accessible, flexible and non-stigmatising service, the CYP IAPT practitioner will visit children and young people in a variety of locations including their homes, schools, colleges and other community venues. Equally children and young people are given opportunities to be seen alone (with consent of parent if under 13years) or with parents, carers and other family members.
- 9.4 The average age of children accessing the service is 12 years old. To date the practitioner has seen children aged 8-17 years. In relation to working with such a range of ages, significant time is taken to ensure that children receive an individualised service which is reflective of their age, development, experience and needs. Children have flexibility around the time and place for visits, individually designed resources, specialist assessment as well as the completion and management of 'outcome measures' which enable children and young people to measure their progress and attainment of their goals.

## **10 COMMUNITY SAFETY IMPLICATIONS**

- 10.1 The service works within the Early Help partnership framework which means joint working with community services, including community safety, housing, health and voluntary sector groups. The service's front door and case allocations process

provides oversight of all referrals by these partners.

## **11 HEALTH AND WELLBEING IMPLICATIONS**

- 11.1 The needs of children and young people supported via CYP IAPT have included depression, anxiety, obsessions and compulsions, health anxiety, social anxiety, panic and significant self-harm. Three of the children treated by the CYP IAPT practitioner have had one contact with the Child and Adolescent Mental Health services including crisis support prior to the CYP IAPT practitioner undertaking work with them.
- 11.2 It is notable that all of the children receiving contact or intervention through CYP IAPT support scored on a 'clinically significant' range for a mental health and emotional well-being need, however the above three children were not allocated support via CAMHS.

## **12 ORGANISATIONAL IMPLICATIONS**

- 12.1 The CYP IAPT service has been available to children, young people and families since March 2018. Eleven children and young people have been supported by the Well Being Practitioner in terms of receiving multiple contacts or a longer term intervention. NICE clinical guidelines promote a period of 'watchful wait' where certain mental health or emotional needs are identified therefore children and young people may benefit from contact rather than intervention.
- 12.2 The CYP IAPT Well Being Practitioner is currently working with three adolescents with needs including bereavement, panic, and health anxiety and self-harm. It is anticipated that their clinical measures will determine that their treatment will be completed by the end of January 2019, when a further two young people begin their support programme in January 2019.
- 12.3 Human Resource implications
- 12.4 In January 2017 a Targeted Intervention Practitioner based at the Children's Centre was supported to undertake the CYP IAPT programme - a Postgraduate Diploma in Evidence Based Practice with the University of Northampton. This involved the practitioner being supported to have time out of the service to attend a university programme and for private study and to hold a case load of relevant cases to provide practice evidence as well as attend monthly clinical supervision. Some of her existing duties have been picked up by other Early Help practitioners and trained volunteers.
- 12.5 The qualified practitioner now holds a caseload of cases, undertaking the psychological assessments and interventions. More detail of the casework will be provided using a case study presented to Panel Members at the Scrutiny Panel meeting.
- 12.6 The practitioner still undertakes some of her Children Centre duties such as group work and combines it with this role. She has received an additional incremental award in recognition of this qualification and role, which will be evaluated at the end of 12 months.

- 12.7 A second part time Early Help Practitioner in the Youth Services, who currently works as mentor and advocate for a number of young people with emotional wellbeing and mental health issues, will begin her training in January 2019. She will be out of the service initially for two months to attend university full time and will then be given a full time contract for 12 months to enable her to fulfil the requirements of the programme. These additional hours will be partially funded by the NHS grant and also from the service budget.

### **13 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 13.1 The effectiveness of CYP IAPT interventions are measured by the use of a number of clinical measures and rating scales, these are known as 'Routine Outcome Monitoring' and describe the use of questionnaires and feedback tools to collect information about how people are feeling, achievement of treatment goals and children and families' experience of using services.
- 13.2 To date all outcome measures have indicated positive outcomes in terms of symptom reduction, encouraging a therapeutic alliance and session rating scales. To date no child or young person has required a more specialist service following assessment and no child or young person has been engaged with crisis services.
- 13.3 Engagement with the service is positive, however there continues to be some learning in relation to expectations held by children, young people and their families in relation to 'fix' and 'cure', therefore it has been necessary to develop more effective ways of explaining the service. For many people psychological therapy is about being 'led' through an intervention and undergoing a psychological analysis resulting in cure whereas CYP IAPT aims to support individuals to learn to manage symptoms as well as utilise their learning for other areas of change or challenge in their lives.

### **14 BACKGROUND PAPERS**

There are no additional background papers to the report.

### **15 APPENDICES**

There are no appendices.

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.**