



Child and Adolescent Mental Health

1. Introduction

Mental health problems in children and young people are of significance to public health as not only do they impact on the lives of the individual concerned, they also have a considerable effect on their families and carers. Psychiatric disorders in childhood may also persist, increasing the risk of problems in adult life.

Common mental health disorders and difficulties encountered during childhood and adolescence include: ADHD (attention deficit hyperactivity disorder); anxiety, autism and Asperger syndrome; behavioural problems; bullying; depression; eating disorders; obsessive compulsive disorder (OCD); and psychotic disorders.¹ Certain groups of children and adolescents are at greater risk of suffering mental health problems, with a higher prevalence found among children from deprived backgrounds, looked after children, refugee and asylum seeker children, and young offenders.

Child and adolescent mental health services (CAMHS) encompass a range of services that contribute to providing emotional wellbeing and mental health support. These services can be broadly divided into:

- Universal services (Tier 1) – working include Early Years providers, schools, colleges, youth services and primary health care services such as GPs and health visitors through promoting mental health and psychological wellbeing of children and young people.
- Targeted services (Tiers 2 & 3) – working with children and young people who have specific needs including those in care.
- Specialist services (Tiers 3 & 4) – working with children and young people with complex, severe and/or persistent needs.

2. The Local Picture

2.1 Prevalence

Estimating the prevalence of all mental health problems among children and young people is difficult as information is not routinely collected for many mental health problems that do not entail contact with targeted or specialist CAMHS. However, research and survey data can give an indication of the likely numbers of children and young people with mental health problems in Hounslow.

A 2004 ONS survey of 5 to 16 year olds found that 10% of children have a diagnosable mental health problem². If one in ten children has a diagnosable mental health disorder this would equate to approximately 5,000 0–18 year olds in Hounslow.³

¹ <http://www.camh.org.uk/>

² Green, H., McGinnity, A., Meltzer, H., et al. (2005) *Mental health of children and young people in Great Britain 2004*. London: Palgrave.

³ London Borough of Hounslow (2010) *Child and Adolescent Mental Health Needs Assessment 2010*.



Using data from the ONS survey, the following prevalence rates for types of mental health problems can be inferred for 5-16 year olds in Hounslow:

<i>Mental Health Problem (ONS prevalence)</i>	<i>Expected number in Hounslow</i>
Conduct Disorders (5.3%)	1879
Emotional Disorders (4.3%)	1524
Being Hyperactive (1.4%)	496
Less Common Disorders (1.3%)	461

The 1996 publication 'Treating Children Well'⁴ provides an estimate of the number of children and young people who may experience mental health problems appropriate to a response from different levels of CAMHS (Tiers 1, 2, 3 and 4). Applying findings to Hounslow's population aged 17 and under, this would give a total of 14,300 children and young people requiring CAMHS support with the following breakdown by CAMHS tiers³:

- Tier 1 (15%) – 8,400
- Tier 2 (7.5%) – 4,200
- Tier 3 (2.5%) – 1,400
- Tier 4 (0.47%) – 264

Comparing survey and research data against data on CAMHS caseloads suggest there is unmet need for mental health problems among children and young people in Hounslow as estimated caseload demand for each CAMHS Tier is far greater than actual caseloads - particularly at Tiers 2 and 3, where a large proportion of unmet demand is being managed by schools or parents, in isolation from mental health providers.³ Furthermore, the CAMHS target population in Hounslow is predicted to rise steadily over the next 5-10 years leading to a likely rise in referrals and demand for service.³

2.2 Use of CAMHS services

From 2008/09 to 2010/11, activity of the Hounslow CAMHS Adolescent Team decreased (2,045 to 1,617 cases), while use of the Neuro-Developmental Treatment (NDT) Outpatient service has increased (1,737 to 2,449 cases), as has use of the Children and Family Team (1,577 to 1,744 cases). The use of the Tier 2 Looked After Children CAMHS service has grown during the same period (45 to 204 cases), while the CAMHS Learning Disabilities Team has fewer cases (64 to 19). ([Table 1 and 2](#))

The number of patients who do not attend their appointment is an issue at Tier 2, with an average of 20% of children not turning up to their appointment. This is less of an issue overall in Tier 2 at 3%, but is a significant problem in the Learning Disabilities Team where around 34% of children did not attend their appointment during 2010/11. ([Tables 3 and 4](#))

Around a third of all referrals to Tier 3 services in 2010/11 were deemed inappropriate by CAMHS teams, with 48.7% of referrals to the Children and Family Team deemed unsuitable. This is less of an issue at Tier 2, where only one out of 17 referrals to the Learning Disabilities Team was inappropriate. ([Table 6](#)) Around 77% of all inappropriate referrals originated from Local Authority Social Services, a general medical practitioner or another clinical specialty. ([Table 7](#))

⁴ Kurtz Z (1996) *Treating Children Well*. London: Mental Health Foundation.



2.3 Demographics of CAMHS service users

In 2010/11, the majority of children referred by education providers to Tier 3 CAMHS services in the West London Mental Health Trust were aged 14 years. ([Figure 1](#)) Those children referred by a GP to Tier 3 services were more likely to be between the ages of 13-16 years, though there was a large proportion of children aged 6-11 who were referred by their GP. ([Figure 2](#)) Children seen by CAMHS Tier 3 services in 2010/11 were mostly aged 14-18 years. ([Figure 3](#))

There are more White children seen by CAMHS services than any other ethnic group, with a rate of 218.5 per 1,000 children. This is closely followed by 'Other' (149.5 per 1,000m children), Black Caribbean (115.1 per 1,000) and Other Asian (112.4 per 1,000) children. ([Figure 4](#)) Of the total community caseloads open at Tier 3 (9,995), there are more White British (4,984) and White Other Background (1,235) children than any other group. ([Table 8](#))

The majority (47.4%) of children who used Tier 3 CAMHS services in 2010/11 had an unconfirmed diagnosis of 'behavioural and emotional disorders with onset usually occurring in childhood and adolescence'. Smaller proportions of children had unconfirmed diagnoses of 'disorders of psychological development' (13.4%), 'neurotic, stress-related and somatoform disorders' (10.4%), while 10.8% of children had a missing diagnosis. ([Table 9](#))

3. Strategic Leadership and Collaboration

Collaborative working around children and adolescents' mental health takes place in the Borough through two main groups:

- CAMHS Partnership Board - exists to ensure a multi-agency approach to strategy, planning and service delivery for CAMHS.
- Transition Planning Group - a multi-agency planning organisation to support the transition plans of children (from 14 years) who have a disability (e.g. physical, learning, etc.) to ensure they are efficiently and appropriately supported throughout the transition from Children's to Adults' services.

Key strategic areas of working include:

- Review of the support provided to Tier 1 services is needed, including looking at use of existing outreach programmes to ensure the provision of effective care at the lowest appropriate tier;
- Review the capacity and case load of Tier 2 mental health teams with the aim of improving efficiency and capacity;
- Promote resilience in the 5-13 year old school population via evidence based and locally developed programmes focussing on mental well-being, attention deficit disorders and eating disorders;
- Review the Better Outcomes for Adolescents provision and ensure it is enabled to prevent Tier 4 admission rather than being drawn into providing support to those already inpatients; and
- Review emergency CAMHS attendances at A&E to establish why so many of Hounslow's young people use this as an access point into Tier 3 and Tier 4 CAMHS.



4. Priorities

Key areas of focus for Child and Adolescent Mental Health Services in 2011/12 will be:

- Explore opportunities to develop Children's IAPT from 2012/13 onwards;
- Work with Tier 3 CAMHS to develop more efficient pathways working across the three boroughs where beneficial;
- Develop capacity for specialist psychiatry input into learning disability and ensure that the local services are working jointly, coherently and to best effect within the limited resource;
- Ensure the transition planning and pathway is well defined and agreed between Children's and Adults' Services via the Transition Planning Group; and
- Develop an Ealing and Hounslow nurse-led, community-based eating disorder service to reduce the use of Tier 4 placements; and consider commissioning step up as well as the existing step down care for Tier 4 treatment of Eating Disorders.

5. Summary of Need

The following table summarises the needs in Child and Adolescent Mental Health in the London Borough of Hounslow.

SUMMARY OF NEED: CHECKLIST	
Is need increasing over time?	Yes
Is need greater than the London average?	Not avail.
Is there qualitative intelligence indicating that need is substantially unmet?	Yes
Is there an external inspection or report suggesting need is unmet?	Yes
Are quality indicators worsening over time?	N/A
Are quality indicators worse than the London average?	N/A
Is there an intervention of proven effectiveness to address the need which is not currently delivered in Hounslow (or not delivered enough)?	Yes