

# Mental and Emotional Health and Wellbeing Among Children and Young People

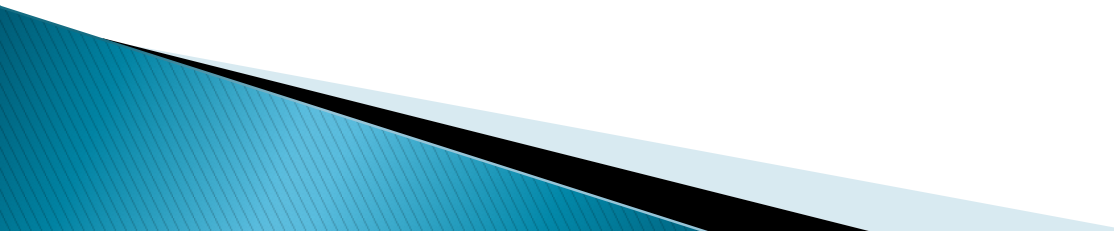
Challenges and Opportunities in East Renfrewshire – our journey for improvement

## **Adolescent Bed Statistics Report**

**From 01/01/2016 to 31/12/2017 (Inclusive)**

<b>Greater Glasgow &amp; Clyde</b>	<b>Total</b>	<b>% Share GGC Only</b>
<b>East Glasgow</b>	<b>17</b>	<b>12%</b>
<b>North Glasgow</b>	<b>16</b>	<b>11%</b>
<b>South Glasgow</b>	<b>16</b>	<b>11%</b>
<b>West Glasgow</b>	<b>13</b>	<b>9%</b>
<b>East Renfrewshire</b>	<b>39</b>	<b>27%</b>
<b>Inverclyde</b>	<b>9</b>	<b>6%</b>
<b>Renfrewshire</b>	<b>19</b>	<b>13%</b>
<b>West Dunbartonshire</b>	<b>13</b>	<b>9%</b>
<b>Unknown</b>	<b>1</b>	<b>1%</b>
<b>Greater Glasgow &amp; Clyde Total</b>	<b>143</b>	

# Family Wellbeing Service

- ▶ Funded by HSCP delivered by Children 1<sup>st</sup>
  - ▶ GP referral process initially 2 GP practices, increasing to 6 from January 2019.
  - ▶ Investment to expand to all GP practices – discussions taking place with large scale national funder. Positive feedback from discussions.
  - ▶ The main methods of engagement the service deploys is
    - Systemic Family work – this involves working with all family members.
    - Family group decision making (FGDM)
- 

# Family Wellbeing Service

(Test of Change funded by HSCP delivered by Children 1<sup>st</sup>)

Number and Sources of Referral November 2017 – May 2019

GP referrals from Mearns Practice, Newton Mearns	65
GP referrals from Glenniffer Practice, Barrhead	25
GP referrals from Lavern Practice, Barrhead	1
GP referrals from Clarkston Practice, Clarkston	1
Total number of referrals	92



# Family Wellbeing Service (FWS)

## Age Breakdown

8-11	26
12-15	39
16 +	27

## Gender

Male	38
Female	54
Transgender	*

# Family Wellbeing Outcomes (at end of April 2019)

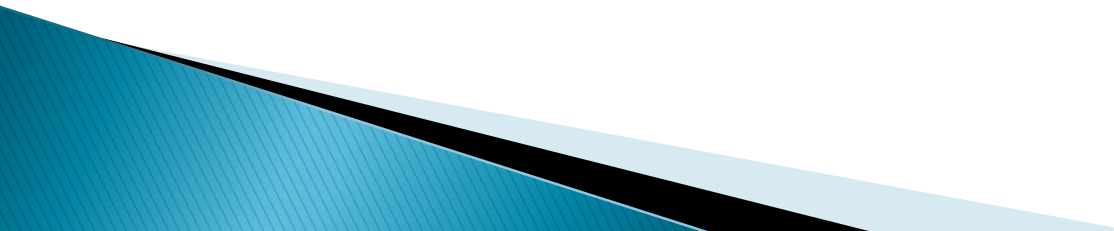
## Duration of Intervention

Service lasting longer than 6 months (complete)	14
Service lasting longer than 6 months (ongoing)	20
Number completed in less than 6 months	25
Number ongoing still less than 6 months	33

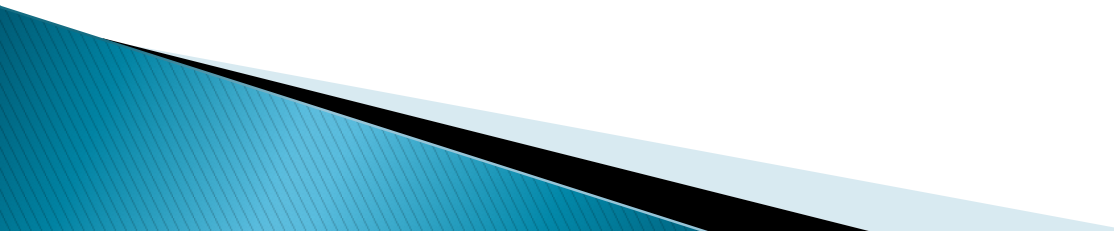
## Sessions delivered and number of DNAs

No of sessions carried out with child/young person and/or family members	1183
Number of DNAs	11

# FWS Young People's reported outcomes

- ▶ 100% of young people stated that they felt more able to manage their emotions.
  - ▶ 100% of young people who reported they had been self harming stated they had stopped or reduced this behaviour.
  - ▶ 100% reported feeling more resilient or stronger.
  - ▶ 83% reported that they felt relationships had improved generally within their family.
  - ▶ 83% stated they felt more positive about the future and better able to cope.
  - ▶ 100% of young people agreed they had learnt new ways to cope.
  - ▶ 67% felt they would be less likely to require ongoing support from other agencies i.e. GP, social work services, counselling.
  - ▶ 83% said they felt more able to cope in school.
  - ▶ 50% reported increased school attendance.
- 

# FWS Parent/Carer reported outcomes

- ▶ 100% of parents who returned the questionnaire stated that they felt more positive about the future for their family
  - ▶ 86% suggested that they felt their son or daughter was coping better as a result of the service and stated that they understood better that their own difficulties impacted on their son or daughter.
  - ▶ 100% reported that they believed their son or daughter was more able to manage their emotions
  - ▶ 57% of parents reported feeling that family relationships had improved
- 

# The Hypothesis

The emotional wellbeing and resilience of children and young people is built, compromised and recovered within family relationships.



SCOTLAND'S NATIONAL CHILDREN'S CHARITY

What's it like to be a child in your family?

How did your family get to this place?

How can we work together to understand and improve things?

**Trauma Responsive Practice**

Image: Annie Spratt



# The Outcomes

- Confidence from GP's in a non-clinical approach
- Feedback from families on improved relationships
- Reduced presentations to GP and early resolution
- Reduction in self-harm
- Greater engagement
- Support from national funder to take to scale



SCOTLAND'S NATIONAL CHILDREN'S CHARITY

*“Children 1st support my whole family and that makes a difference too. They meet me and my Mum together regularly and that gives us a safe space to be honest about what’s difficult, and to share ideas about how things can be better”.*

15 year old boy.



**SCOTLAND'S NATIONAL CHILDREN'S CHARITY**



# **Working Together to Improve Access to Child & Adolescent Mental Health Services (CAMHS) While Need and Demand Increase**

**Dr Rachel Harris**, Research and Development Manager  
**Scott Wilson**, Senior Information Analyst

**NHS Greater Glasgow and Clyde**



# Overview

Why is it important to consider children & young people's mental health?

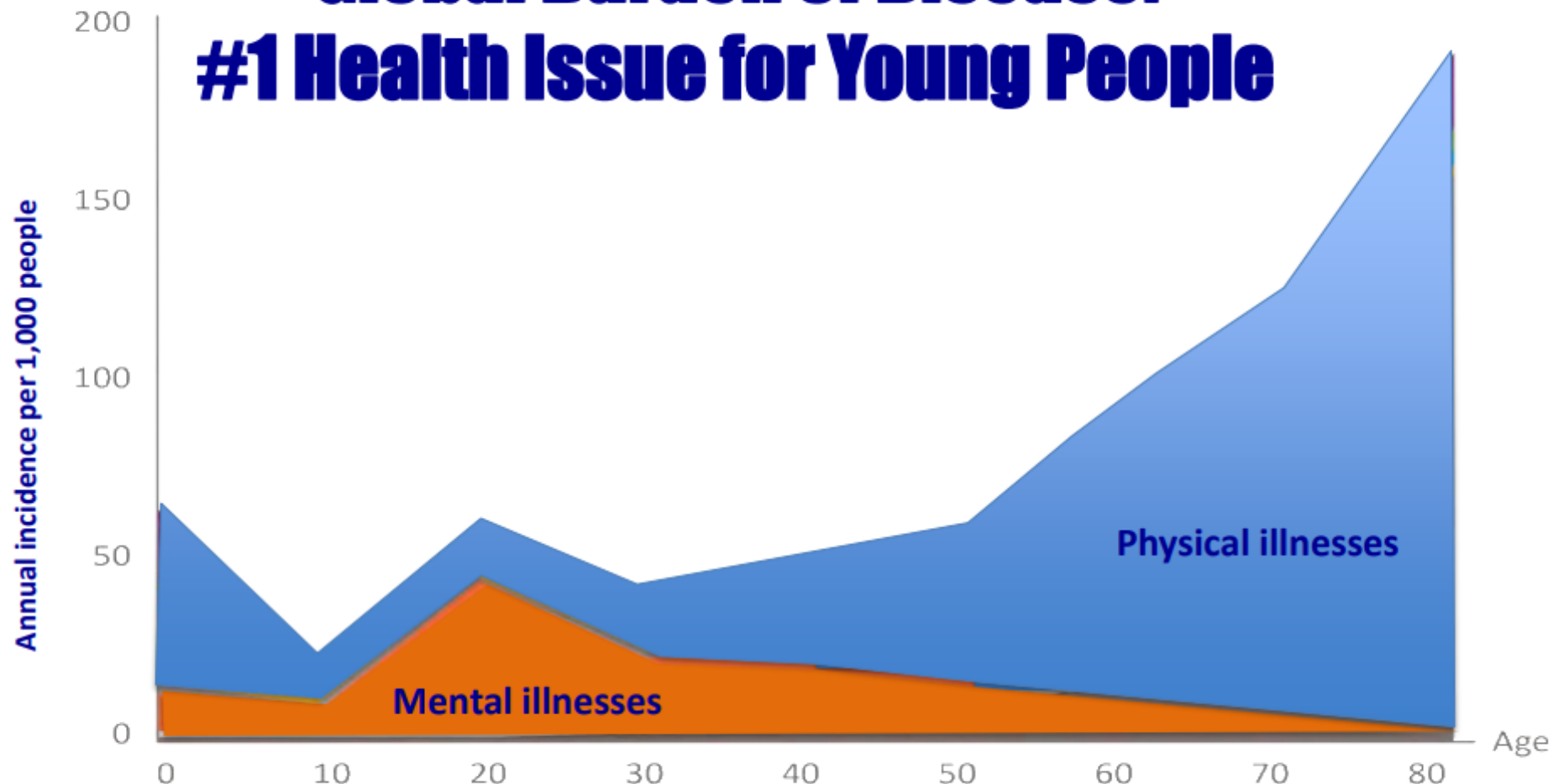
Is there evidence of increasing need and demand on services?

How can we improve access to Child & Adolescent Mental Health Services (CAMHS)?

Who needs to work together?

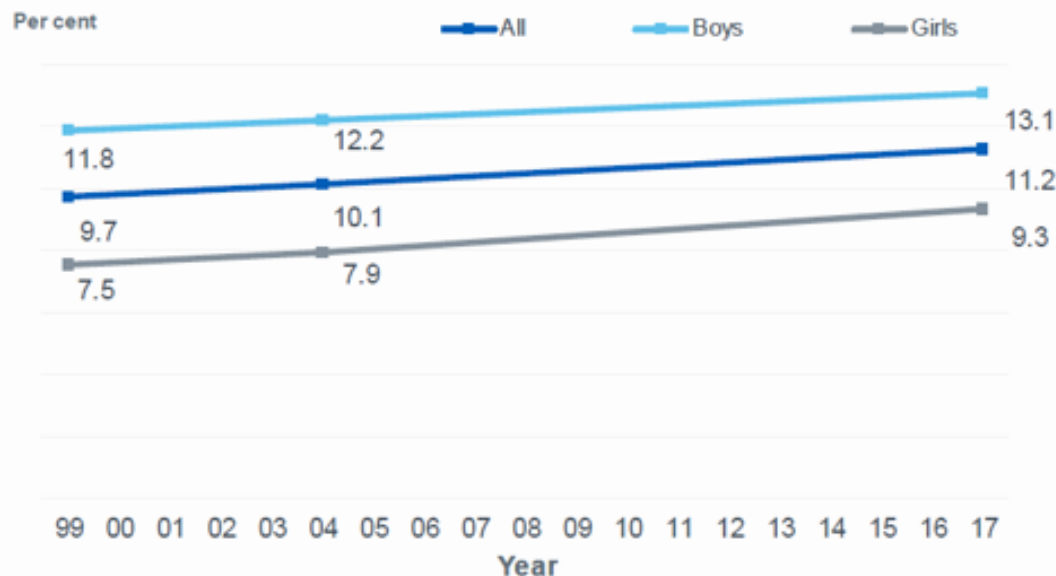


# Global Burden of Disease: #1 Health Issue for Young People



# Increasing need?

Trends in any disorder in 5 to 15 year olds by sex, 1999 to 2017

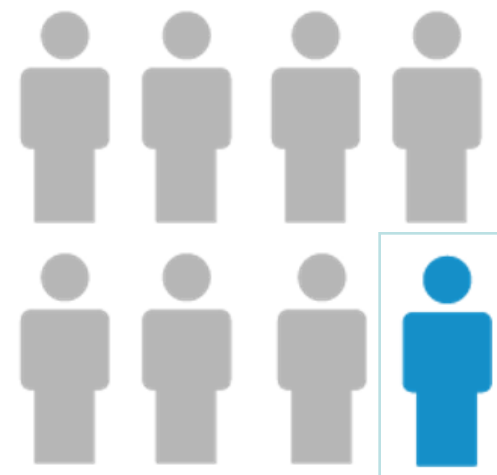


Mental Health of Children and Young People in England 2017, NHS Digital 2018

ANY Mental Disorder

12.8%

132,483 in Scotland



# 1 in 8

children and young people (aged  
**5-19** years) have a clinically  
diagnosable mental health  
problem

# 3 in 4

children with a diagnosable  
mental health problem do not get  
access to the support they need



Inconvenience stores



## Rejected Referrals Child and Adolescent Mental Health Services (CAMHS)

A qualitative and quantitative audit  
June 2018



# Children and young people's mental health



ACCOUNTS COMMISSION 

AUDIT

## Children & Young People's Mental Health Task Force

### Delivery Plan

December 2018

## Number of CAMHS rejected referrals by quarter

- 20% of CAMHS referrals were rejected in the audit period
- 66% were signposted, though this was deemed generally unhelpful
- Some thought that to be accepted, must be suicidal or at risk of harm



Source: ISD CAMHS Waiting Times

“I don’t see how they can reject anybody without seeing them.”

(Parent, group)





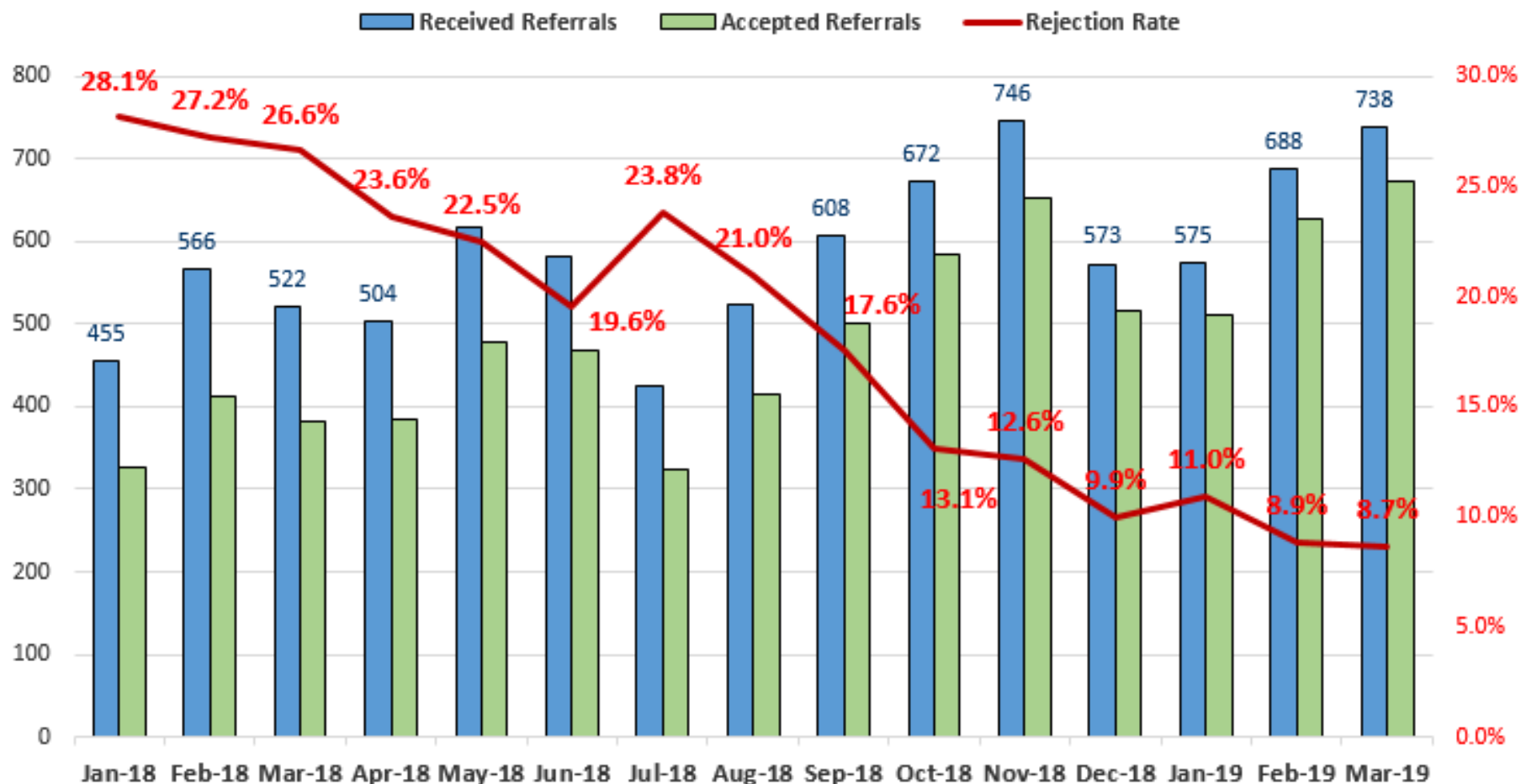
# **Actions to reduce rejection rate**

Moving towards seeing all children and young people who have an appropriate referral

## **Central Choice Team**

- All referrals directed to Choice Team
- Screening to ensure appropriate
- Telephone call to opt-in within days
- Allocated for assessment within 4 weeks
- Allocated for treatment or Signposted to more appropriate service

## Referral Trend - GGC Tier 3 CAMHS





# Children and young people's mental health

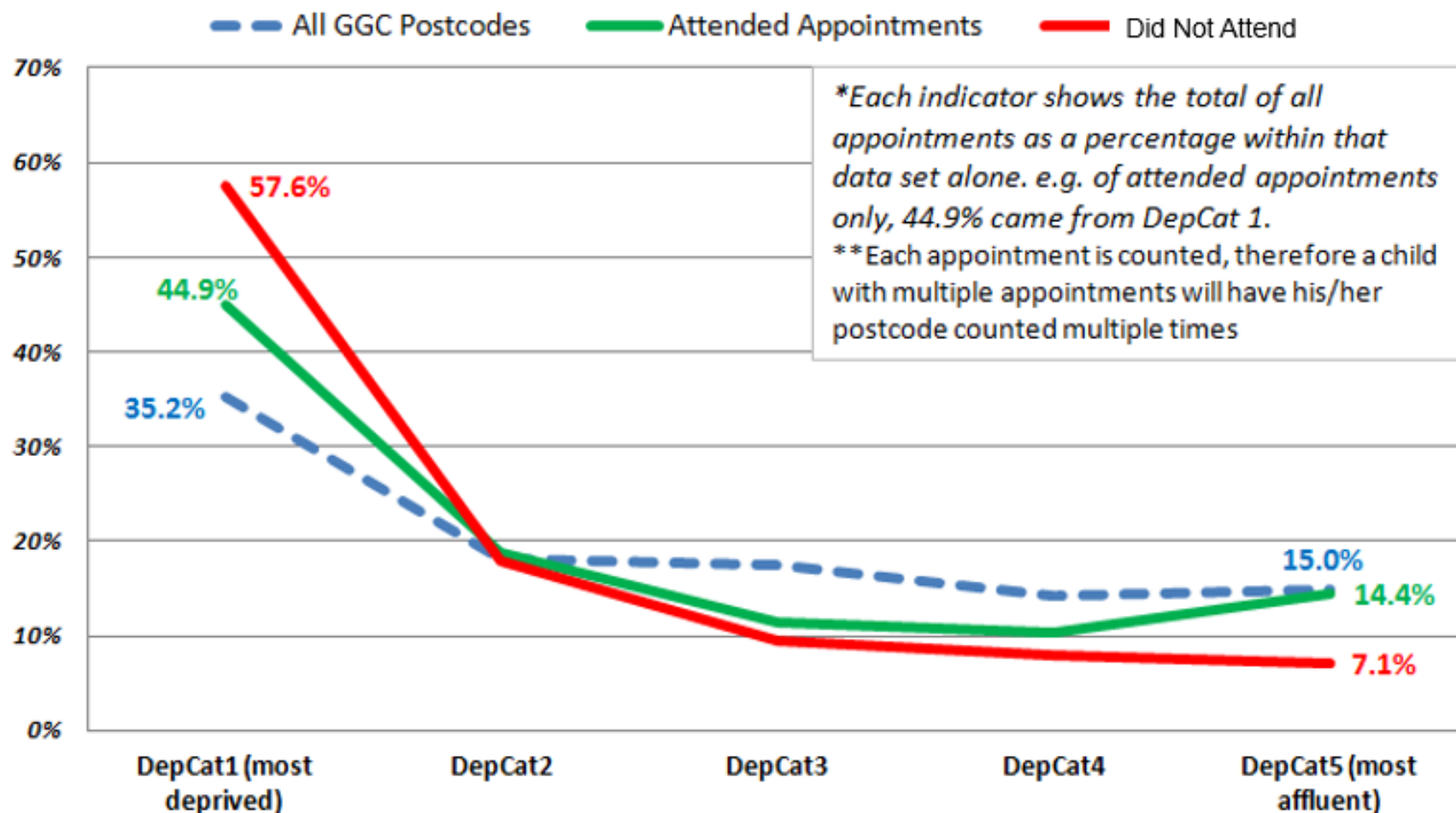


ACCOUNTS COMMISSION 

AUDITOR GENERAL 

Prepared by Audit Scotland  
September 2018

## Appointments (Attended v Did Not Attend) GGC Community CAMHS 2016





# Actions to reduce DNAs

- Analysis of attendance patterns using CAMHS Neighbourhood Profiles
- Look across range of administrative data to understand DNAs
- Focus Groups with CAMHS Clinicians to discuss areas of high DNA
- DNA monitoring added to clinical supervision
- Roll-out of SMS text reminders

## Research underway to

- Identify potential predictive factors (link to deprivation)
- Develop a theory of change around reducing DNAs
- Consult with children and families and co-produce interventions
- Pilot intervention(s) to improve attendance.
- Analyse impact of SMS text reminders



## Implementation

Aug 18 – Pilot started with East CAMHS

Sep-Oct 18 – Full Roll out to all Tier 3

Oct-Nov 18 – Tier 4 / Hosted Services roll out

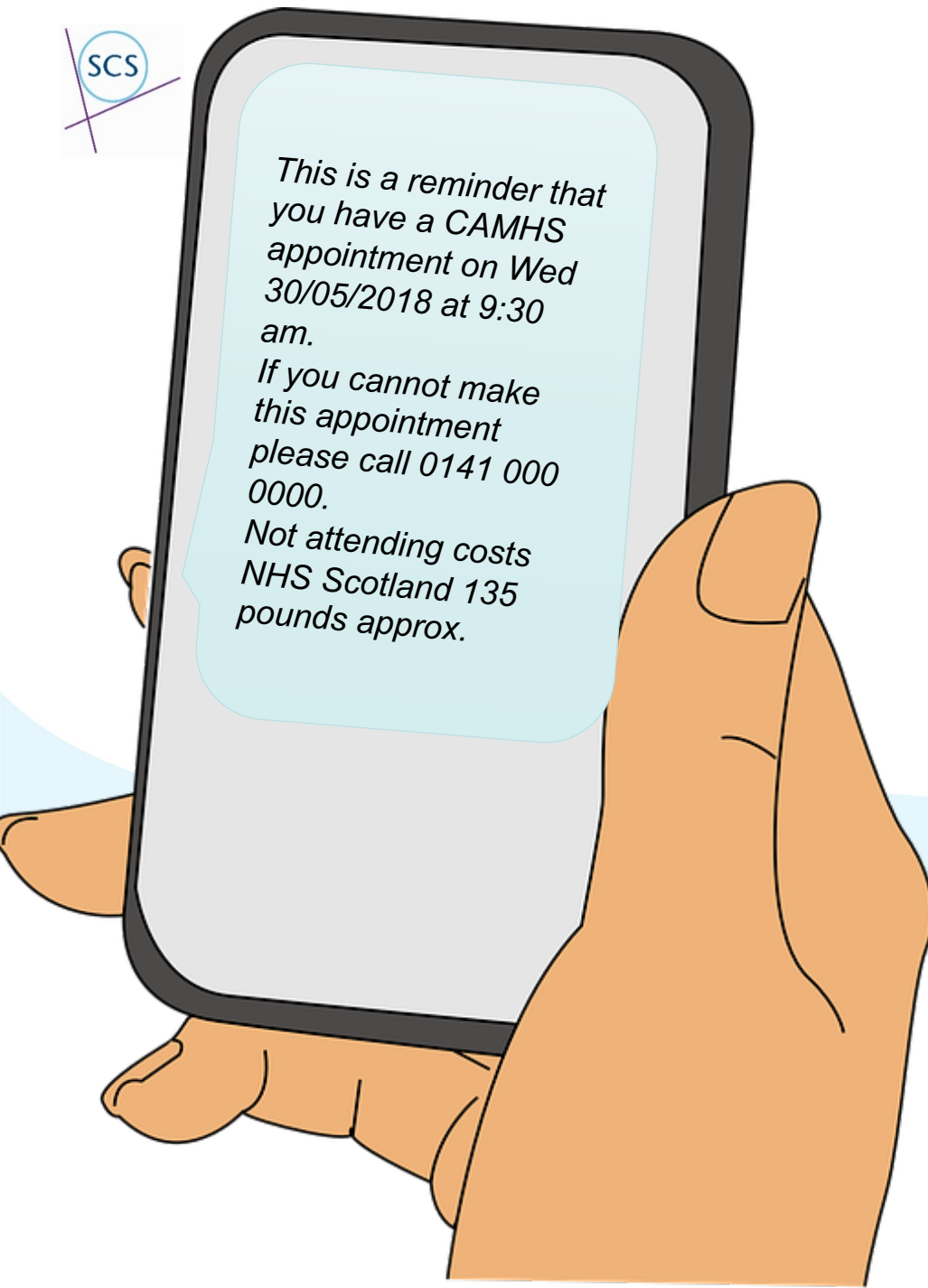
## So Far...until end Dec 2018

We've sent **12753** texts for Tier 3 appointments

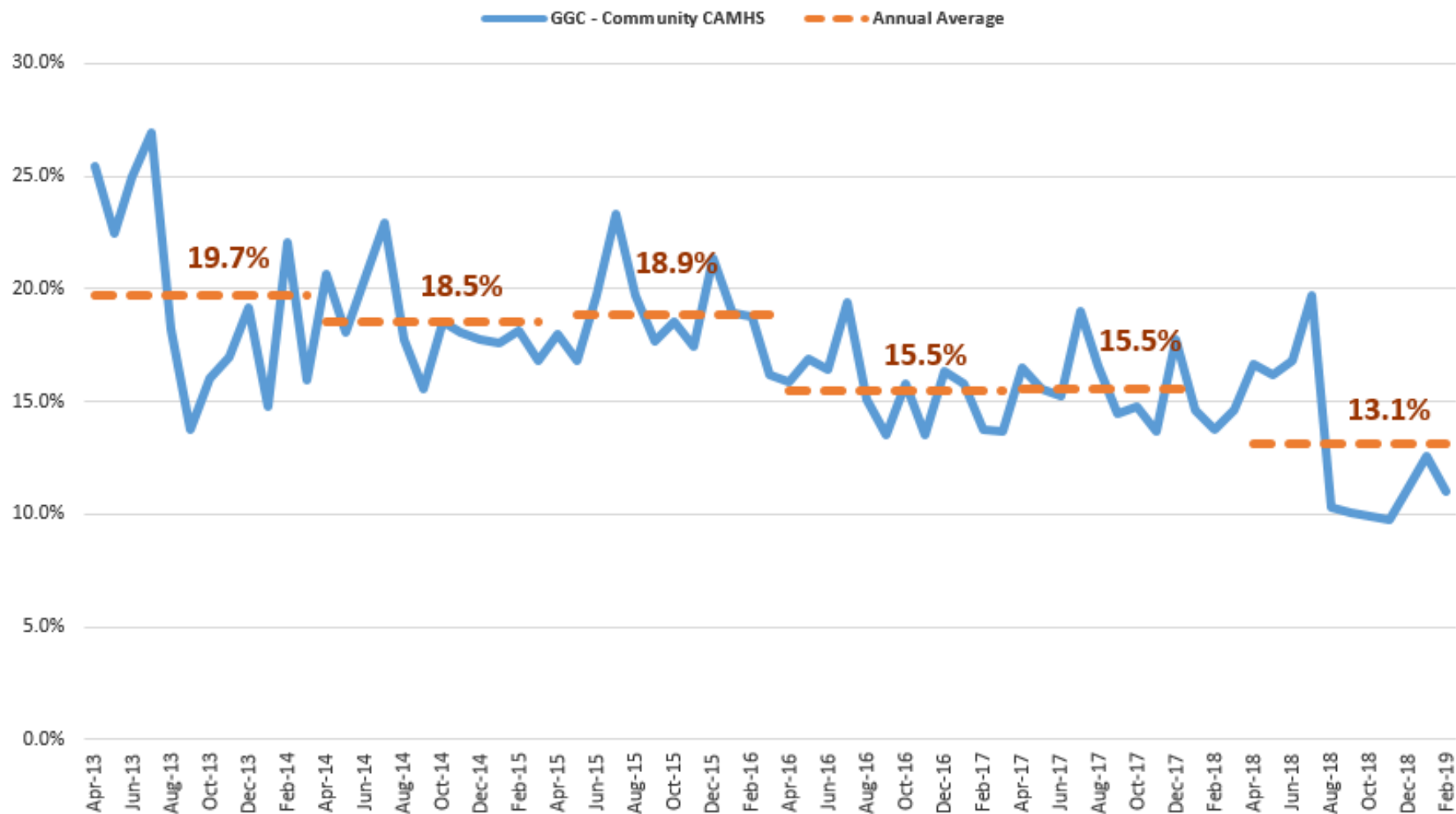
We've sent **1258** texts for Tier 4 and Hosted Services appointments

Texted a combined **3953** children/young people (or their parents/carers)

**60-70%** receive a text



## GGC Community CAMHS - DNA Rate (%) - All Appointments



# Working Together





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**@nhsggcscs**

# PAVES

## Psychology Adding Value: Epilepsy Screening

Dr Kirsten Verity, Paediatric Neuropsychologist

Dr Catriona George, Clinical Psychologist

Royal Hospital for Sick Children, Edinburgh



# Background

- Significantly higher rates of mental health co-morbidities and lower Quality of Life (QoL) in children with epilepsy have been found even when compared with other chronic health conditions
- These include anxiety, depression, behaviour and learning problems
- Reasons behind development of these problems are complex:
  - Seizures
  - Medication
  - Underlying neurological factors/brain development
  - Psychosocial factors (how young person and those around them respond)
- Problems in childhood predictive of poorer outcomes in adult life
- Problems are often not identified early enough and/or insufficient resources exist to address them

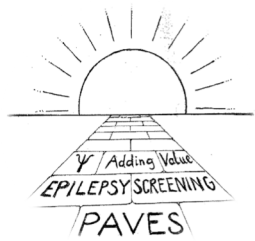




# Development of the project

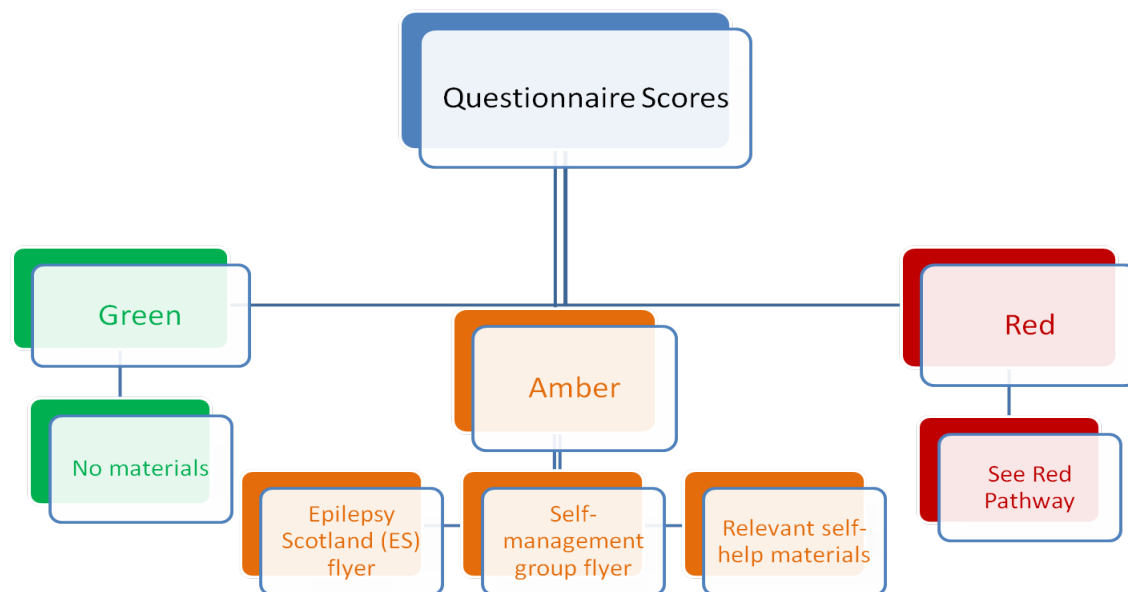
- Discussion within Scottish Paediatric Epilepsy Network around the need for earlier identification of difficulties and development of effective lower level interventions to address these
- Recognition of this issue in epilepsy and other conditions in current policy e.g. Mental Health Strategy (2017), Epilepsy 12 report (2012); RCPCH report (2017); RCPCH Standards (2018)
- Successful funding bid to 'Edinburgh Children's Hospital Charity' for two year project in Lothian to develop a screening and early intervention pathway





# Screening Process

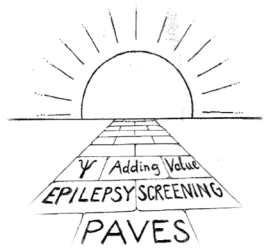
Children and Young People with Epilepsy (CYPwE) complete and their parents complete the Strengths and Difficulties Questionnaire (SDQ) in the waiting room prior to their neurology appointment



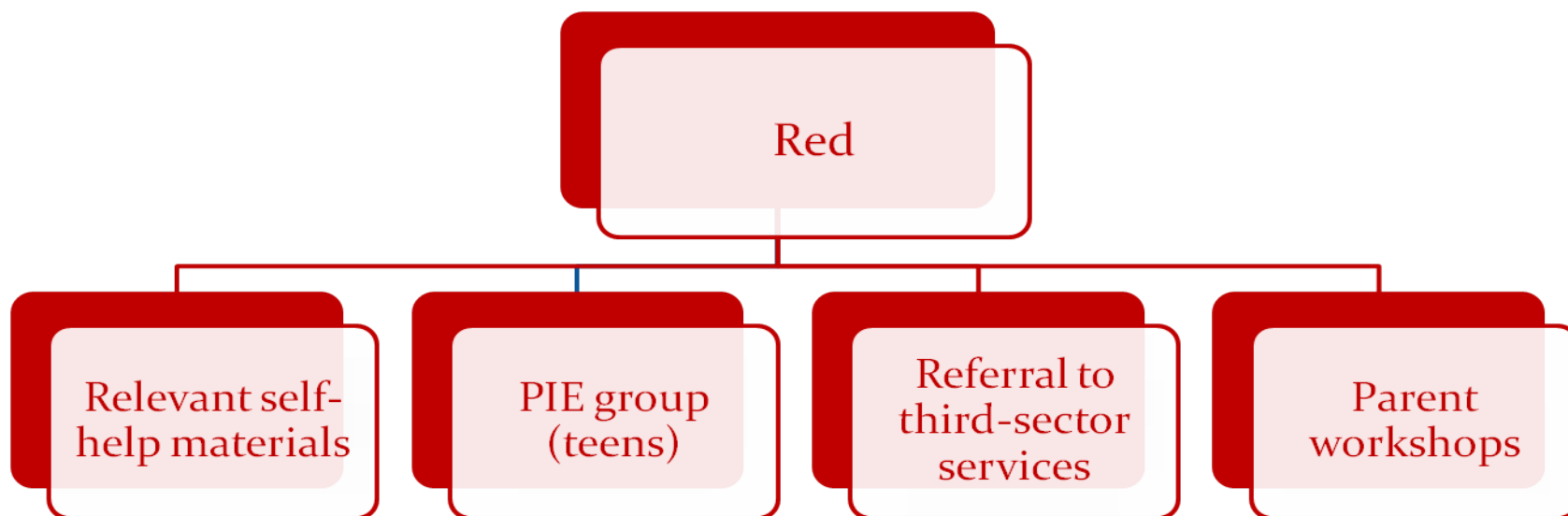
A traffic light metaphor indicates level of difficulty and signposts to potential route through intervention pathway

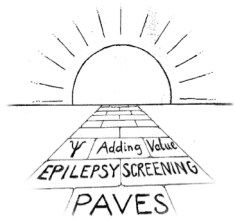


**RED:** Significant concerns  
**AMBER:** Developing difficulties  
**GREEN:** No concerns



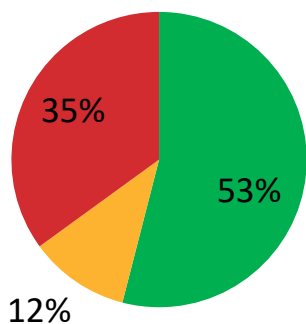
# SDQ Rating: Red



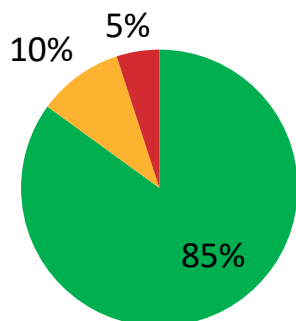


# Identified Difficulties

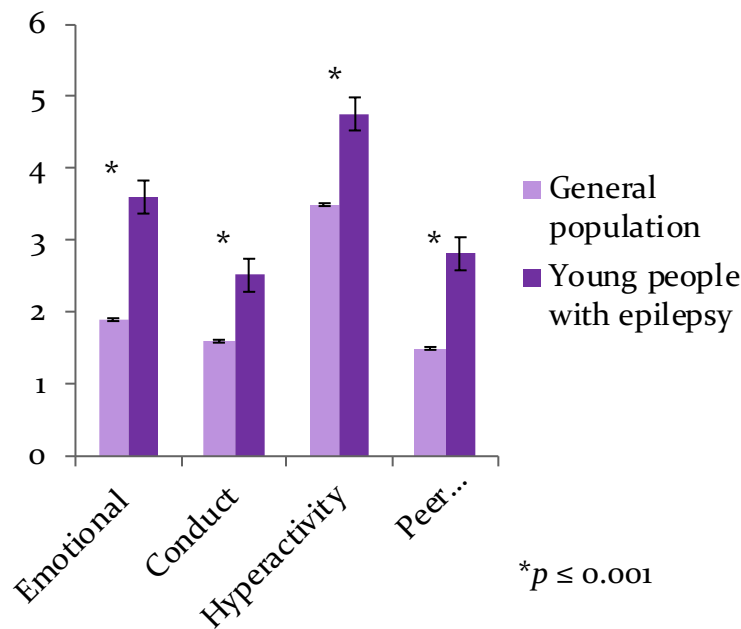
**Epilepsy Cohort, N = 169**

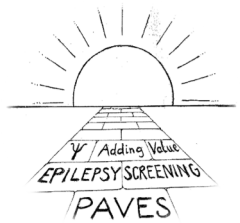


**General Population**



**Average parent rating on the Strengths and Difficulties Questionnaire (SDQ)**





# Intervention Feedback



## Feedback from Neurology about the project

- *"It is easier to tease out the nature of the behavioural problems with the information gained through the questionnaires"*
- *"There is an instant solution to some of the problems [raised in clinic]"*



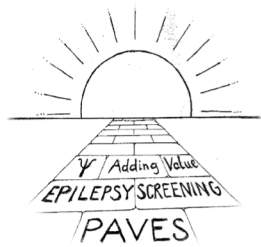
## PIE group (n = 15)

- 94% attendance, 87% completion rate
- 92% felt more confident about managing their epilepsy
- 92% felt more confident about talking to other people their age about epilepsy
- *"I learned more about epilepsy"*
  - *"I made new friends"*
- *"I will be sure to use what you taught me in the future"*

## Parent Workshops (n = 22)

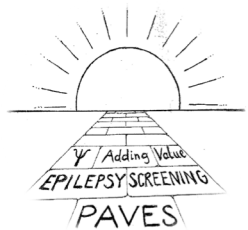
- *"Information & advice on parenting strategies were very helpful"*
- *"I have a better understanding of what my child is going through, which helps to deal with issues better"*





# Next Steps

- Funding secured from Scottish Government and Edinburgh Children's Hospital Charity to develop PAVES over next 18 months, to include:
  - Development of electronic screening method to improve accessibility and allow immediate feedback
  - Begin national roll out, by introducing PAVES in two further regions of Scotland
- Run and evaluate further PIE groups with adaptations and further parent workshops
- Develop PAVES manual



# Future Developments

- Scottish Paediatric Epilepsy Network supporting national roll out
- Addressing the challenges of applying PAVES to different regions or services
  - Neurosurgical interest in PAVES approach : pilot in hydrocephalus very well received
- Consider generalising screening methodology to other paediatric populations (e.g. Rheumatology, Diabetes)



# Acknowledgements

- Jack Middleton; Suzanne Felix; Heather McClelland (Assistant Psychologists)
- Dr Ailsa McLellan; Dr Jay Shetty; Dr Richard Chin (Consultant Paediatric Neurologists – RHSC)
- Celia Brand; Michelle Small (Specialist Epilepsy Nurses)
- Scottish Government
- Edinburgh Children's Hospital Charity
- Epilepsy Scotland
- Scottish Paediatric Epilepsy Network
- The patients and parents who participated

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