

CAMHS Stakeholder Reference Group Meeting 16th December 2011

The meeting of the stakeholder reference group was held on December 16th. The meeting was devoted to a mental health strategy consultation

The meeting started with an identification of the CAMH related issues considered key priority areas by those present. The following themes emerged

1. Infant mental health (0-2s)
2. Parenting interventions
3. Integrated working (across agency)
4. General issues of continuity/engaging the CAMHS workforce
5. Access to tier 4 services
6. Workforce development and protecting the workforce
7. Community interventions.

The attendees were then split in to two groups to discuss two of the main priority themes which arose. Feedback form the groups was as follows.

Tier 4 services and patient pathways

Feedback:

The group discussed access to tier 4 services and related patient pathway and service configuration and delivery issues. They used primarily, as an example, the recent work undertaken by the North of Scotland Planning Group in their development of the business case for the increase of beds in Dundee and the development of an obligate network of tier 4 services in the North of Scotland. Listed below are the main points of the discussion.

- Development of services takes time (North of Scotland took three years).
- Any consideration of tier 4 should also take account of patient pathway and service delivery issues across all the tiers. Tier 4 services cannot be designed in isolation.
- Support is needed in order to create patient focused clinical outcomes measures which can be used nationally.
- What is support?– Support is dedicated time for someone to undertake the work. Use of psychology assistants should be considered.
- The measurement of clinical outcomes work could be led by the Lead Clinicians Group.

Infant mental health

Feedback:

General points:

- We must aim to improve access to infant mental health services.
- What gets in the way?:
 - Stigma?
 - Even CAMHS who say they are 0 -16 or 0 – 18 rarely accept referrals from infants (0-2s)
 - The mental health of infants is often not *actively* considered when the mothers are being treated for mental health problems.

- Graham Allen reports are a recommended read

<http://media.education.gov.uk/assets/files/pdf/g/graham%20allens%20review%20of%20early%20intervention.pdf>

<http://www.cabinetoffice.gov.uk/sites/default/files/resources/earlyintervention-smartinvestment.pdf>

<http://www.cabinetoffice.gov.uk/sites/default/files/resources/finance-early-intervention-interim-paper.pdf>

- Important to link infant mental health with other relevant policy (parenting programme) and 'movements' which will be acting as key drivers of social policy such as the assets based approaches to health improvement (being championed by Scottish Government CMO Sir Harry Burns)
- Important to keep long term view of mental health trajectories
- Important to track advances in neuroscience.

Suggested actions to act as levers of change:-

- Indicator in balanced scorecard e.g. number of 0-2 year olds who are receiving treatment
- Gap in workforce knowledge and skills could be addressed and momentum developed by incentivising uptake in one of the 10 week (one day a week) infant mental health courses currently available.