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## Update on CAMHS for East Cheshire Children & Families OSC

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Cheshire CAMHS

& Rob Lupton-Team lead for EHS

24<sup>th</sup> September 2018

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### From the minutes of the March 2018 meeting

- That a report on Emotionally Healthy Schools, Statistics for referrals to A&E, and success of the out of hours service be considered by the Committee in September 2018.
- That a report on the waiting time for 16/17 year olds with eating disorders to be hospitalised be considered by the Committee at a future meeting.

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# Emotionally Healthy Schools Team



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Principles that underpin the Emotionally Healthy Schools Project.

The following diagram presents eight principles to promote emotional health and wellbeing in schools and colleges.

[www.acseed.org](http://www.acseed.org)

Schools emotional health and wellbeing audit

Public Health England, 2015

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SCHOOLS

## Links Team Offer

**Mental Health Awareness Training**



**Consultation Sessions**



**Facilitated Reflection sessions**



**Mental Health First Aid Two Day Youth Course**



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## EHS 1-Day Training Session

### Topics Covered

- Outcome Measures
  - Scoring the SDQ

- Anxiety

- Low Mood

- Self-Harm

- Case studies
- Signs and symptoms – school, home, Risks
- Strategies, resources

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“Feel better equipped to incorporate skills learned into interventions at school.”

“Confidence to implement strategies / resources talked about on the course prior to feeling the need to refer to CAMHS.”

“SDQ scoring will have immediate impact. Increase ability to focus in on specific areas.”

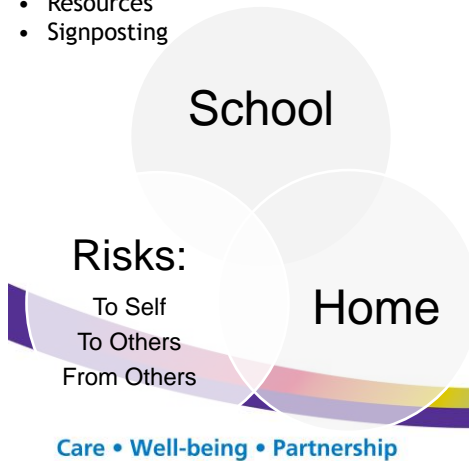


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## EHS Consultation

### SDQ Scores

- Strategies
- Resources
- Signposting



"This service has proved very effective in our setting. It has helped us to support children who are developing problems, which hopefully means we will not have to refer onto CAMHS in the future. Please keep this service available to all schools as mental health issues are becoming much more common in primary schools."



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## EHS Facilitated Reflection

An opportunity for school staff to reflect on their own thoughts and feelings. This could be about a case they brought to Consultation or anything else they would like to discuss.



This is the least accessed service.

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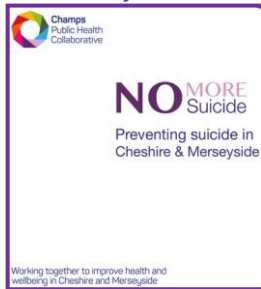




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## Other work

### Basic Suicide Prevention Half Day Session



### Peer Education Programme



### Student Voice



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## Referrals to A&E

- Caveats:
  - Leighton not Macclesfield
  - Data collection changes month on month
  - hard to extract meaningful themes
  - it is not our data
- Questions
  - what data is collected?
  - what are we interested in?
  - what is the collector interested in?
  - what is the commissioner interested in?
  - how do we make the data purposeful?

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## Referrals to A&E

- A typical month at Leighton hospital:
  - April 2018
  - Under 16 years old
    - DSH 10 (8 Overdoses, 2 Cutting)
    - Non-DSH 7
  - 16 & 17
    - DSH 7 (6 ODs, 1 Cutting)
    - Non-DSH 2

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## Examples of those who haven't self harmed

- 17 low mood; psychotic disorder; alcohol
- 15 pt feeling suicidal, ongoing for 10 months family and GP not aware pt left home at 00.00
- 14 woke this AM with suicidal thoughts came alone with NWS (mum unaware of admission)
- 12 c/o threatening self harm, pulling hair out.
- 15 Angry; punched a wall right hand swollen
- 15 anxiety, low mood auditory hallucinations

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## Comments

- The data needs to enable us to quickly identify children where the pathway is atypical so they can be looked at in more detail, for example:
  - CYP who have self-harmed who don't get admitted (Royal College guidance wasn't followed)
  - CYP presenting with symptoms of mental health disorder who are not known to CAMHS and aren't referred to CAMHS
  - The path by which CYP who haven't self harmed and aren't presenting with psychiatric emergency end up in A&E (eg 10 months of low mood)

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## Next steps

- Meet with Commissioner and ED to refine the data collection to answer questions meaningful to all 3 parties
  - Central meeting 8/10
- Link To Macclesfield DGH (enquiries made through Commissioner at meeting on 5/9/18)
- Find a willing (junior doctor?) to analyse it
- Use that information to improve pathways for CYP and their families and to hopefully free up capacity in ED

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## Out of hours service

- Launch
  - Phone line March 2018
  - Risk assessment service launched July 2018
- Open
  - 5-10pm weeknights
  - 10am-8pm weekends
  - 2 x CAMHS clinicians
- Promotion
  - 4A&Es, schools, CCGs (GPs) and third sector, local offer websites

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## Demographics

April-June 18

- 350 Calls
- 311 Patients
- Average age 12.8
- 56% female
- Av duration 28 mins
- Av time 18.04
- Usage by CCG
  - 79% Wirral, 15% South & East

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## Waiting time for admission for 16/17 year olds with eating disorders

- Type of bed needed
- In Ancora
  - 4 ED beds
  - Non-acute admission
  - Within a few days
  - Admission is not usually a desired option.
  - Only when necessary and only for as long as necessary-weight restoration

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- “If a YP needs an NHSE bed rather than Ancora (either because 4 ED beds are occupied or because the YP needs a specialist ED bed eg NG feeding) then that situation changes daily. In my recent experience (NHSE) has been able to find a bed fairly promptly depending on how far the family are prepared to travel.”

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# Thank You

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