

Improving transition from children to adult mental health services

Learning, messages and
reflections from the LGA
conference

Introduction

Early in 2019, the Local Government Association (LGA) held an event to discuss improving transition from children and young people's to adult mental health services. The purpose of the event was to find out more, exchange ideas, discuss and debate how to make the experience young people have of moving from children's mental health services to adult mental health services as smooth as possible. The scope was beyond purely medical services, to all the support a young person may need.

The event provoked a rich discussion, and this write-up sets out the recommendations, opinions and suggestions of good practice offered by the delegates.

Between the ages of 16 and 25 young people are expected to make key life-long decisions as they transition to higher and further education, into jobs, leave home, start relationships and begin families. Many will also transition from children's mental health services to adult mental health services. This can mean changes to treatment, the people who treat them, support workers, where they go for treatment, who they interact with, and so on. Assisting young people in their transition from childhood to adulthood whilst they are also experiencing mental health issues is a challenge for councils and their partners,

For the LGA, good mental health and wellbeing for children, young people and adults is an absolute priority. Councils have responsibilities for children's mental health through their children's and public health services, as well as their role on health and wellbeing boards and as local system leaders.

Councils also have statutory responsibilities for adults with mental health disorders through their adult social care duties. In addition, councils are likely to interact with children, young people and adults with mental health conditions through the wide range of local services they provide and other areas they're responsible for, from housing and homelessness to their role as a major local employer.

We know that the transition from childhood to adulthood is a difficult time, especially for young people experiencing mental health issues. We also know that the late teenage years are key both in terms of personal development, but also in terms of vulnerability. A quarter of young women aged 17-19 have at least one mental health disorder, and half of those have either self-harmed or attempted to take their own life.

Our approach shouldn't just be about treatment. We must also consider the impact on families, siblings, life-chances, educational attainment, employment, relationships, and a life-time of wellbeing and experiences. As such, we have to work across services and sectors to improve outcomes.

Bright Futures

The LGA has been focusing on children and young people's mental health and emotional wellbeing support through our 'Bright Futures' campaign. Key messages from the campaign are:

- improve standards and make sure funding is spent wisely
- prioritise prevention and early intervention
- provide funding to councils to allow them to work with schools to commission independent school based counselling in every secondary school.

We're also calling for greater involvement and oversight of health and wellbeing boards in the financial allocation and delivery of local children's mental health services. Health and wellbeing boards are a statutory place where a council's democratically elected members, children's services, public health, adult services, clinical commissioning groups (CCGs), as well as Healthwatch, come together. The board provides the ideal place to make decisions around the interrelated issues affecting children, young people and adults' mental health, and provides a platform for cross-sector and public accountability.

Summary of the key messages from the conference

- Partnership and collaboration between all agencies involved is key.
- We need to adopt a person and family-centred approach. The focus of our support should be around the young person and their circumstances, and not just their medical condition.
- There needs to be flexibility and understanding within the system for young people who do not show up for their appointments (Do Not Attend or DNA). They absolutely should not be forgotten or forced to begin the process again. Young people need to be able to dip in and out.
- We need to adopt models of pastoral support rather than just medical support through children and adolescent mental health services (CAMHS) and we need to utilise our existing non-CAMHS workforce.
- Teachers are very important, but we need to build on their goodwill and ideas, rather than making children's mental health an additional requirement on top of their day job.
- We need a whole-system approach, avoiding the proliferation of separate plans for specific sectors.
- We must make sure we are hearing, actively listening and responding to the views of young people when transforming services. Ultimately, services need to work for them and not just for the agencies providing them.
- We need better, earlier support for young people, putting the family at the centre, utilising a multi-agency and multi-service approach – without overcomplicating it.
- Young people's mental health needs to be viewed as a societal issue.

Key messages from the presentations

You can read all the presentations from the conference here: www.local.gov.uk/improving-transition-children-adult-mental-health-services-29-jan-2019

Care Quality Commission (CQC) review

Children and young people's mental health: Are we listening?

- This is a complex system with many players.
- It is a system under pressure with gaps in provision, high eligibility criteria and staff shortages.
- Person-centred care is key to overcoming barriers.
- Local recommendations:
 - a shared local 'offer' from health and wellbeing boards
 - commissioners must demand better data
 - commissioners and providers must draw on evidence and good practice.
- Regional recommendations:
 - sustainability and transformation partnership and integrated care systems must collaborate beyond the boundaries of health and social care.

Local Government Association (LGA)

The role of health and wellbeing boards

- We need to help before crisis.
- We need to think about the issues that surround mental health.
- We need to help young people before they are in need of NHS care.
- Health and wellbeing boards provide a place to come together to address these issues.

Children and young people's mental health coalition

- It is well established that the brain does not fully mature until about age 25, and so a young person may not be developmentally ready to move to adult mental health services at 18.
- There is no shortage of activity and promise, but the scale of the ask is significant.
- Importance of young people's views.
- Transition should be based on need not age.
- What should young people expect of us?
- Make transition work for vulnerable and disadvantaged young people through effective local coordination.
- Learning from the voluntary and community sector.

NHS England

Improving access to appropriate support for children, young people and young adults

- Opportunities in the NHS Long Term Plan – a new approach to young adult mental health services for people aged 18-25 will support the transition to adulthood.
- Young adulthood is a particularly vulnerable time, where many are experiencing mental illness for the first time with major physiological change and life transitions happening in tandem.
- Young people have repeatedly told us they want:
 - to be listened to and understood
 - to be taken seriously
 - a well planned service where the transition and discharge arrangements happen smoothly
 - flexible services
 - choice, information and advice
 - openness
 - continuity of care
 - not having to fight for rights.
- Fortnightly Minding the Gap panel: multi-agency case transitions meetings for vulnerable, young people to improve the transition rate to adult services.
- All partners sign up to a 'no bounce' policy.
- Counselling and therapy, The Brandon Centre:
 - Increased capacity for young people who do not meet adult mental health thresholds to receive counselling and psychotherapy to improve young people's resilience.
 - Ensures that young people who need to be escalated to adult mental health are correctly directed, as well as providing early intervention and relieving pressure on higher threshold services.

Camden

Minding the Gap: Improving transitions and mental health services for Camden's young people

- The Hive Team and Catch 22 – a holistic support offer including mental health, substance misuse, a sexual health clinic, employment advice and activities including yoga, gardening and cooking; co-designed by young people.
- Transitions Service Camden and Islington NHS Foundation Trust:
 - Transitions champion posts in adult mental health services to treat patients and work with young people to improve transitions.
 - A young people's board that developed a transitions protocol and training programme for CAHMS workers.
- The Charlie Waller Memorial Trust – talking about depression:
 - raising awareness of mental health amongst young people
 - programme for schools and young people
 - evidence-based presentations and training sessions.
- School is a place of reliable, informal and personalised support.
- Moving onto university as an important 'rite of passage' towards adulthood.
- Young people are worried about transitions, but feel pressure to do it on their own.
- 75 per cent of full time undergraduate students reported psychological distress whilst at university.
- Social support and a good mindset are key (main survey finding).
- Being allowed to make your own mistakes – resilience.
- NHS England and CCGs should ensure

Centre for Mental Health

Supporting young people transitioning in education

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- Being allowed to make your own mistakes – resilience.
- NHS England and CCGs should ensure

continuity of care for young people in CAMHS throughout their education, including the transition to university/FE college.

NHS Digital

Using data and insight to drive change for young people (from their 2018 data set)

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

- Transitioning to adulthood: one in six 17-19 year olds have a disorder.
- Girls aged 17-19 are more than twice as likely as boys the same age to have a disorder.
- Young women have emerged as a high-risk group, with high rates of common mental disorders such as anxiety and depression, self-harm, and positive screens for posttraumatic stress disorder. The gap between young women and young men has increased.
- The Mental Health Data Hub is a collection of interactive dashboards and useful links covering mental health data in England.
- The Data Access Request Service (DARS) can offer clinicians, researchers and commissioners the data required to help improve NHS services.

Questions raised

- Should we have an emotional health strategy or mental health strategy? Do we need to separate these things?
- How do we utilise the role of teachers without overloading an already highly pressurised workforce?
- How do we overcome data and confidentiality issues so that all those involved in the provision of support are aware of what the need is and what the issues are?
- What greater role could technology play in supporting young people with mental health support needs into adulthood?

Summary of workshop discussions

Messages from the delegates for the next government

- We need government to focus on how we can improve young people's mental wellbeing, rather than plans and strategies on how to treat mental ill-health.
- We need government departments to collaborate specifically on young people transitioning from childhood to adulthood.
- We need greater willingness from central government to change the whole system and approach.
- Young people's mental health is a public health issue, and funding for public health should reflect its national importance. The funding needed for treatment will only escalate if the causes and prevention are not addressed.
- There should be greater recognition of and funding for youth services.
- We need to move away from league tables based on academic success and focus more on the quality of support given to young people of all abilities to achieve their potential.
- We need a digital governance system to protect children and young people online.
- There should be an accessible counsellor in every school and college.
- A whole school/college approach to mental health means prioritising it in all elements of school life. This would include teachers' mental health, the quality of the buildings and grounds, access to green space, the curriculum, access to someone to listen,

access to a range of opportunities for physical activity, training for all teachers, etc. It needs to be more than a single champion teacher, an addition to the curriculum and a new way to refer pupils to CAMHS.

General messages from the delegates

- We need to adopt models of pastoral support for young people, rather than medicalisation through CAMHS.
- We need the importance of young people transitioning from childhood to adulthood to be a strategic priority, and not rely on a single champion.
- We need to recognise how school/college staff can add value, but through a discussion with schools/colleges about what they can offer rather than piling on their requirements.
- We need to provide early help, and we need to develop a better sense of where that support is first sought by young people.
- We need to be helping young people achieve their potential, and not stop at safeguarding.
- We need to recognise that non-CAMHS services can take a clinical and supporting approach to adverse childhood experiences (ACEs).
- We need to tackle the issue of school exclusions and off-rolling, as these are the most vulnerable young people who find transition into adulthood hardest.

- We need to address the academic pressures young people face. Ofsted needs to play a greater role in this regard and we need to rebalance the curriculum to help promote wellbeing and provide young people with the skills they need to prepare them for independence. We also need to address gender disparities in relation to wellbeing and mental health in schools.
- We need to ensure there is early help for children starting mental health services between 16 and 25, not just those transitioning between services.
- Commissioning and procurement is so tight it can lead to entrenchment and a loss of flexibility.
- It is important to truly understand the role of social workers.
- Young people are not being heard; their rights and the legal framework isn't being explained to them.
- Parents do not know what is needed or where to go for help. There is no single point of access or clear pathway, and the system is confusing (who to see when, who to approach for what issues).

Reflections from the delegates

- Social media awareness training for young people is very important.
- There is a high prevalence of post-traumatic stress disorder (PTSD) in unaccompanied asylum seeking children.
- Young people don't always need CAMHS but need time to talk and someone to talk to.
- Education, health and care (EHC) plans are struggling with the mental health element.
- Transition is difficult. Mental health is not unique or a stand-alone issue.
- In all situations there should be an advocate available for a young person to turn to if this is their choice. The advocate would help the young person navigate through the system and share information (after consent).
- There is too much reliance on CAMHS. We should plan for the needs of the whole family, not just treatment for a young person.
- We should be developing support anywhere young people are rather than making new structures – such as in schools/colleges with counsellors.
- Need to take into account the challenges rural areas face.
- Outreach workers have reduced because of funding cuts.
- What help is available for young people when they are on a waiting list? If they move home, which often happens at this age, then they can need to start the whole process again.
- There are different thresholds for young people when they move to adult mental health services, and this can be difficult for them to understand and frightening for them and their families.
- A commissioning-led approach to the provision of mental health support can miss opportunities for working with the voluntary and community sector.
- The university and further education 'mental health charter' needs to set out the expectations and standards expected from services, ie minimum waiting times (non-NHS such as university counselling services).

Good practice suggestions

- Identify key people in each area/agency and invest in maintaining those good contacts.
- Co-locate child and adult professionals in each other's services.
- Improve the local offer of apprenticeships, social enterprise and skills and learning (post-16).
- Work effectively with named mental health champions (elected councillors) to ensure they hold the system to account and

promote young people's mental health through the work of health and wellbeing boards.

- Co-produce with young people and families, at both a commissioning and operational level.
- Harness social media. This is where young people are and we can do more to engage them using this as a platform.
- Look at whether adult mental health services are suitable for young people, ie opening times may not be suitable or flexible enough.
- Establish leads in both adult social care services and children's services.
- Have oversight of transition as a single role or part of a role.
- The Thrive and Hive models are working well.
- Jointly funded posts can work well – although acknowledge difficulty.
- We know there will be transition and that this needs to be organised and supported in advance so there is no cliff-edge to the changes. Start the planning process early and include the young person.
- Establish a 'transitions champion' role to help young people navigate through the system.

Examples of local initiatives

County Durham has an initiative called 'Rollercoaster', set up by parents who had personal experience of CAMHS as a parent support group. County Durham is utilising this group to co-deliver its CAMHS service. It is seen as a safe space for parents. This group helped co-produce the Local Transformation Plan, giving the parents a voice. The group is commissioned via public health, and the CAMHS is delivered in-kind.

www.countydurhamfamilies.info/kb5/durham/fsd/organisation.page?id=2WaSnZuXas8

Sefton has 'Chameleons', set up by a group of young people who had been through CAMHS and transitioned. Their mission is to de-stigmatise. They work with the youth parliament and the council. The group is supported by the community and voluntary sector, who work with statutory services. They have produced videos and other materials. They also talk about the negatives of their experience and educate professionals.

www.seftonyouth.co.uk/mental-health

North Lincolnshire – 100 per cent of schools have mental health champions. They offer early help, mental health first aid and emotional help. This service is provided prior to a referral to CAMHS. Those that use the service expect more and the service has seen referrals to CAMHS go up, as more people are identified as needing help.

www.northlincslocaloffer.com/wp-content/uploads/2018/04/North-Lincolnshire-Children-and-Young-Peoples-Emotional-Health-and-Wellbeing-Transformation-Plan-2015-2020.pdf

County Durham has a resilience project that works across schools with a universal first stop. It provides a drop-in centre. A young adult's mental health project with year nine students is also running.

<https://democracy.durham.gov.uk/documents/s55920/HWB>

Hackney College has a post jointly funded between local public health and the college.

Wiltshire has adopted a tier-less service via the Thrive model. They are finding that it helps stop young people falling between the cracks of services.

www.wiltshireccg.nhs.uk/wp-content/uploads/2018/10/WiltshireCCGLTPRefresh2018-FINAL.pdf

Hertfordshire and its police force have been bringing together multiple agencies to tackle county lines. In particular, it has been reviewing its safeguarding in schools, looking at what support should be available, how to change the system and feeding back to the police.

<https://democracy.hertfordshire.gov.uk/documents/s5549/10%20Item%209%20-%20Serious%20Violence%20Strategy.pdf>

Havering has established the 'Havering Centre', with all support professionals in the same location. This has allowed for consecutive appointments with multiple services and established ease of access for young people using the centre.

<https://familyserviceshub.havering.gov.uk/kb5/havering/directory/service.page?id=jE2Hveph6AU>

Richmond and Wandsworth has created a new CAMHS 'pathway coordinator' post to help young people navigate through the thresholds for mental health support. The councils have also created a shared database that allows child, family, school, social worker, GP, council, etc, access to the same information about the child or young person, so they don't have to repeat their story multiple times. Each individual can also add additional information or resources so everyone can see the young person's development and if their plan is working. The general data protection regulation (GDPR) has to be addressed and concerns about confidentiality can put people off using it.

<https://thrive.wandsworth.gov.uk/kb5/wandsworth/fsd/home.page>

Barking and Dagenham offers integrated housing support to care leavers and vulnerable young people. A range of support is available, including mental health as part of a joined-up pathway. For example, through a drop-in clinic.

www.proceduresonline.com/lbbd/cs/pdfs/lbbd_sufficiency_strat.pdf

Kensington and Chelsea runs a community champions programme that is working well.

www.rbkc.gov.uk/health-and-social-care/public-health-services/community-champions

Lincolnshire has a 'preparing for adulthood' group that encompasses mental health and SEND (special educational needs and disability) support.

www.lincolnshire.gov.uk/adult-care/our-services/transitions-into-adulthood/129146.article



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