

Briefing for OSC - Learning, Culture and Physical Activity on 5th September 2018

Purpose: broad discussion on young people and mental health, to include, bullying, isolation, referrals from schools to CAMHS, poverty (free school meals and uniform) and addiction (including mobile phones) etc.

“Mental health, wellbeing and resilience are crucial to a host of social care and economic benefits- as well as supporting physical health, positive relationships, education and work. Unlocking the benefits of better health and well-being for all requires a sustained, systematic and concentrated effort.”

Confident Communities, Brighter Futures, HM government 2010

School nurses are in a key position to identify and respond to emotional health issues in children and young people. They provide a universal, tier 1 service for emotional health and wellbeing, offering general advice and treatment for less severe problems. They contribute towards mental health promotion, identify problems early in the child or young person's development and refer to more specialist services.

The Birmingham school health advisory service (BSHAS) has provided emotional health support to children and young people as part of its current contract and had a well-developed and used pathway in place in the service, providing a structure for assessment, support and onward referral. They accept self-referrals from young people, and depending upon their ability to consent, can be seen alone and offered a confidential service. School nurses deliver a brief intervention, the timing of the session being negotiated with the pupil/family and may be at school, clinic or home. Subjects within their scope may be, anxiety, bullying, low level eating disorders, lack of confidence, loneliness, low mood, low self-esteem, sadness, healthy relationships with peers/teachers and parents.

There are a number of ways the young person may access the service, for example, using the Year 7 questionnaires, which are used at transition into senior school education; this may result in a universal plus selective interview. Alternatively a young person may raise an emotional health issue directly to the service at the school nurse “drop in” session or other face-to-face contacts where they can refer themselves directly into the school nursing service. The nurse will ensure that consent and confidentiality, especially in relation to safeguarding issues is understood by the young person. There is a range of tools available for the school nurse to use to complete an assessment. Following this initial face-to-face meeting the nurse will formulate a planned action of care and develop a support programme.

School nurses have undertaken numerous training sessions to ensure they are able to work with this group of children and young people. More recently they completed a 2-day youth mental health first aid training, delivered by Young Minds.

BSHAS has successfully supported a high number of young people over the academic year September 2017 – July 2018. These are detailed below:

Referrals from School for Emotional Health and Well Being - 1074

Anecdotal evidence suggests that schools refer to BSHAS rather than CAMHS, for a number of reasons, Firstly, school nurses are well placed to support with Tier 1 interventions, they are able to see young people quickly and at a venue of their choosing (mainly school). Evidence shows that often a brief intervention at Tier 1 will resolve the issue quickly for that young person.

Number on a care planned intervention for Emotional Health - 837

School Nurse Referrals to FTB - 91

Number of young people offered Emotional Health advice - 2085

These would be through Drop In, Year 7 questionnaires or discussed at Health Assessment but not needing intervention.

Unfortunately, the new Birmingham School Health Support Services specification excludes any involvement in emotional health and well-being for the service. All referrals are to be made to Forward Thinking Birmingham (FTB). Indications are that BCC are willing to reconsider this.

BSHAS uses ChatHealth, a safe and secure SMS messaging service which allows a young person to text a nurse regarding any health concerns they may have and to receive a reply to their smartphone. The on-call nurse for the day will be responsible for checking and answering all new conversations in order that all messages are answered in a timely way. The maximum response time for any message during the working week is one working day, unless specific arrangements have been made with the young person. Printed materials which provide the mobile phone number for use by young people (such as posters and wallet cards which promote the service) are available in a number of sites across the City. The plan is to continue the use of ChatHealth.

Nurses working in Special Schools in Birmingham have identified that the need for early help mental health, emotional health and behavioural support has increased dramatically. In recognition of this, the special school nursing service has employed a Registered Nurse Mental Health (RNMH) to manage a caseload of two of the secondary schools. The service has also applied for funding to send staff on the CAMHS course run at Birmingham City University. In addition, a number of staff have also attended the 2 day youth mental health first aid training, delivered by Young Minds, to increase their knowledge and help support young people and families in school.

It has been the experience of the service that referrals to FTB can be unsuccessful. Those who do get accepted for interventions can experience a long wait. A number of referrals are also being declined as they state that their primary reason is due to the diagnosis of Autism/ADHD. The National Autistic Society identify that mental health conditions are more common in people with autism. They note that anxiety disorders are very common amongst people on the autism spectrum. Roughly 40% have symptoms of at least one anxiety disorder at any time, compared with up to 15% in the general population. Understandably, this can lead to sadness or depression.

The service is often in the position of knowing that the young person needs help and support but there is no identified service to deliver this. There is a need for better joined up working to help support these young people and their families due to individual organisations capacity issues.

When the referrals are refused by FTB we are dependent on charity or voluntary organisations which have waiting lists and availability of these services for young people with learning difficulties is extremely limited.

It is noted that young people receive different services dependant on which school they attend. We understand that some schools have FTB drop-in sessions but these are not offered to all areas and are not advertised as being available.

Transition Services:

The Specialist Adult Learning Disability Service is a separate Division of Birmingham Community Healthcare Foundation NHS Trust. We offer a specialist health care service to adults with mild,

moderate, severe and profound learning disabilities from the age of 19 years who are unable to access mainstream services.

We have close links with FTB Learning Disabilities Team, who refer the largest number of clients who are transitioning from another service. The clients who are referred from FTB-LD have moderate to severe learning disabilities and co-morbid mental health difficulties. Young adults with mild learning disabilities can be seen by mainstream CAMHS services up to the age of 25 if services are able to make reasonable adjustments.

Transition clinics are held with child mental health services to ensure a safe and timely handover in accordance with NICE guidance (NG43).

Multi-disciplinary mental health interventions are offered by the learning disability services. Relevant professions include psychiatry, psychology, occupational therapy and community nursing. Interventions may be behavioural (Positive Behaviour Support), adapted cognitive behavioural therapy, systemic interventions with families, carers and staff teams, trauma informed interventions, forensic work and active support. Medication is available from psychiatry within the STOMP framework, which seeks to reduce the use of anti-psychotic medication for people with autism and learning disabilities. The Intensive Support Team is available to support a small group of clients who may be experiencing high levels of distress and are at risk of inpatient admission. This is in accordance with the principle of the Transforming Care Agenda, which seeks to keep people within their homes wherever possible and to reduce lengthy inpatient admissions.

We have identified a small group of young people who do not seem to be able to access an appropriate service- these are young people with neurodevelopmental issues including autism, ADHD. These young people do not have a learning disability and do not have a level of mental health need that would enable them to access CAMHS services. However they are certainly vulnerable in terms of bullying, lack of meaningful occupation, managing their emotions and potentially risky behaviours including self-harm or risky sexual behaviour. This gap in service has been raised with commissioners.