Child and adolescent mental health services are in crisis with figures suggesting just 12.5% of those children in need are in contact with services. **Dr Michelle Tempest**, partner at Candesic, and **Ian Goodyer**, professor of Child and Adolescent Psychiatry look at the state of demand and supply and what can be done to improve access and early intervention for the young

Out of the shadows

The lyrics of the famous Whitney Houston song remind us that children should never 'walk in anyone's shadow'. However, the shadows are exactly where Children and Adolescent Mental Health services (CAMHS) lingered between 2013 and 2017, when a moratorium preventing the commissioning of new children's specialist mental health service was in effect.

The reason given for this hiatus in new supply was to allow time to review 'service quality, capacity and demand issues'. However, during this four-year period, children and adolescents with mental illnesses saw increasing restrictions to access specialist services with established difficulties such as high rates of family breakdown being joined by new minefields of cyber bullying and online grooming via easily child accessible mediums such as Facebook, Instagram and Snapchat.

This article reviews the current state of demand, supply, and quality for children's specialist mental health services. Such services straddle many domains such as NHS, private sector, charity sector, education and social care. We focus on being constructive, offering some thoughts on potential future solutions, including investment opportunities into innovative technology with global market potential.

Our view begins with the premise that the UK is well placed to deliver a care continuum for the next generation with the combination of:

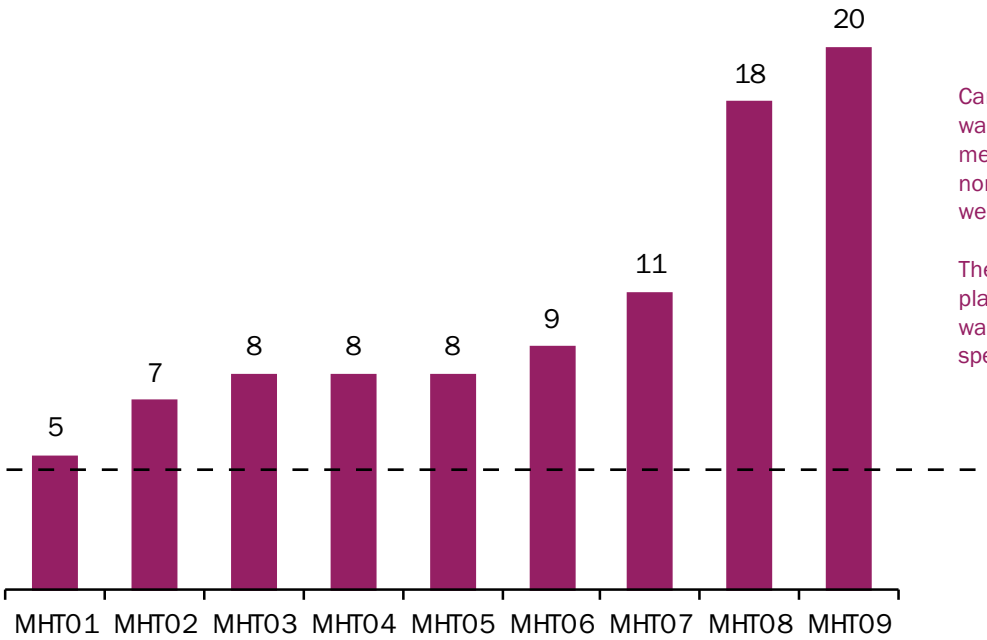
- Cross party government support to invest and join up the silos between education, health, and social care
- Pockets of world class best practice care as exemplars
- A global hub of technology companies as partners

This mixture is the secret to creating exciting alliances in a sector where demand outstrips supply. There is no time for political squabbles. Minds require laser focus on solutions that can be scaled at fast pace, leverage data and appreciate a strong evidence base, retaining the need for safety as the backbone to future success.

Demand and supply

CAMHS still operates via a 4-tiered framework, created in 1995, dividing care by severity of need. It ranges from Tier 1 advice services provided by a general school nurse or support worker up to Tier 4 specialist inpatient treatment

FIGURE ONE - CAMHS WAITING TIMES
MENTAL HEALTH TRUST REFERRAL TO ASSESSMENT TIMES (WEEKS), 2017



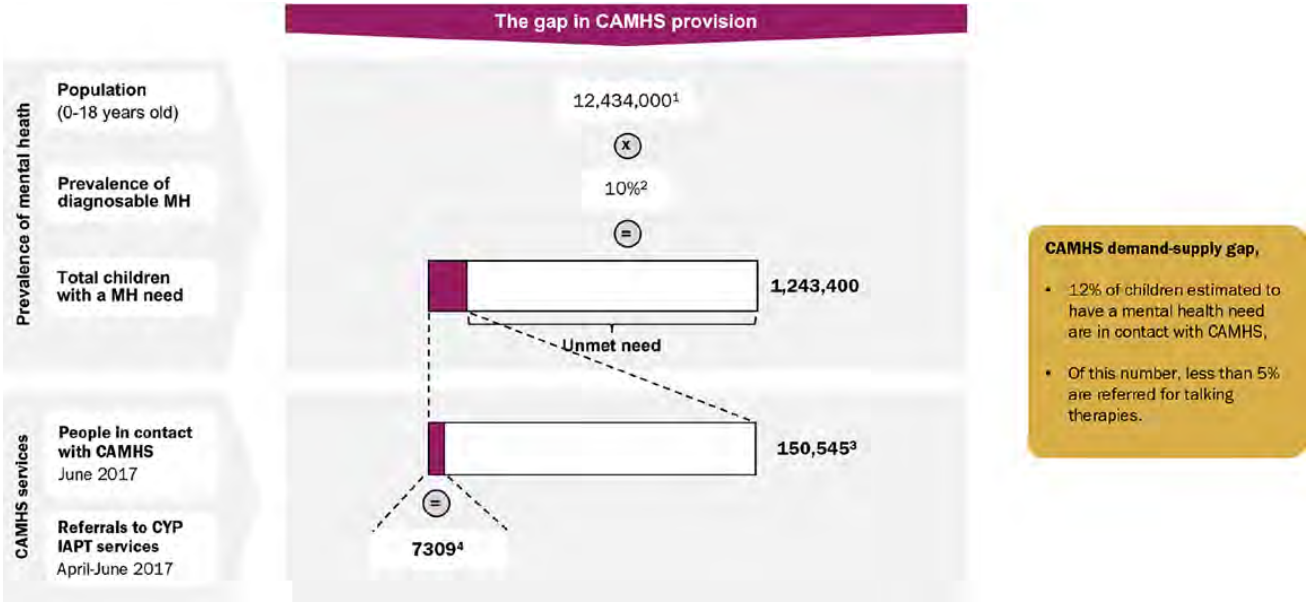
Candesic research into CAMHS waiting times across different mental health trusts found that none were currently achieving <4 week waiting times

The government has outlined plans to try to achieve a 4 week waiting time limit for access to specialist CAMHS

Methodology
Candesic contacted 30 NHS mental health trusts to gather data on waiting times for children accessing community mental health services (Tier 2 and Tier 3). Within the allotted timeframe, nine trusts responded with data on waiting times

SOURCE CANDESIC RESEARCH AND ANALYSIS

FIGURE TWO - CAMHS PROVISION
ENGLAND



SOURCE 1 MID-2016 POPULATION ESTIMATES, ONS **2** MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE IN GREAT BRITAIN, 2004, ONS **3** MENTAL HEALTH SERVICES MONTHLY STATISTICS, JUNE 2017, NHS DIGITAL **4** PSYCHOLOGICAL THERAPIES: QUARTERLY DATA ON THE USE OF IAPT SERVICES, ENGLAND 2017/18 Q1; CANDESIC ANALYSIS

for children at high risk. Funding across the service tiers is not streamlined, jumping between local authority, clinical commissioning groups (CCGs) and NHS England budgets. In theory, Tiers 1 and 2 are available in all localities in England and operate via primary care teams from health centres, schools and local authority run services, often with seconded healthcare staff demonstrating a modern collaborative approach to young people with emotional and behavioural difficulties in the community. In practise, these community services are frequently skeleton in nature and vulnerable to cost improvement programmes. Tier 3 and 4 are specialist outpatient and inpatient services operated in the NHS and the independent sector.

The one thing Tiers 3 and 4 have in common is that demand is high, combining the well-known duo of travelling long distances to access services, and long waits for assessments and treatment.

Figure One illustrates a simple survey where 30 CAMHS within NHS trusts were asked how long a child would have to wait to be assessed. Out of ten trusts that responded, the wait varied between five and 20 weeks for assessment of mental state and behaviour. This waiting time chimes with the 2017 Care Quality Commission (CQC) report which found waiting time targets for non-urgent child assessment in the community (generally meaning Tier 2 or more frequently Tier 3 services) varied from five to 18 weeks. The report revealed one service with a waiting time of 610 days (1.7 years). For say a 12 year old with mental illness this is 10% of their life to date.

MINDS REQUIRE LASER FOCUS ON SOLUTIONS THAT CAN BE SCALED AT FAST PACE, LEVERAGE DATA AND APPRECIATE A STRONG EVIDENCE BASE

The Royal College of Psychiatrists estimates that one in ten children have a diagnosable mental health condition, (Figure Two). This proportion translates to 1.2 million children in England who could benefit from CAMHS assessment and treatment. Yet NHS Digital data (June 2017) records show only 150,545 (12.5% of those in estimated need) children are in contact with CAMHS, meaning that 87.5% of the 1.2 million children are left without any service. Digging deeper into talking therapies, using referrals to Children's and Young Persons Improving Access to Psychological Therapy (CYP IAPT), a lamentable 0.6% are in talking therapy. In summary, current children's mental health provision is a drop in the ocean.

One clear cut consequence of this low service provision is the impairment that will accrue into adult working life and relationships. Productivity losses to the UK adult workforce over a lifetime have been estimated at around £8 billion with at least 50% of those losses attributable to unresolved child and adolescent mental illness and difficulties.

One can imagine how the shortage of community and specialist services and support ricochets into every fibre of a child's life, from struggling to access

assessment for common behavioural challenges, all the way up to securing hospital care for severe mental illness. There is also an evidence base that now clearly demonstrates that brief psychosocial interventions that are easily deliverable in the community and schools at 14 years of age may reduce the onset of depressive disorders seven-fold by 17 years of age.

Truth to power

Over the last year, CAMHS Tier 4 inpatient care has hit the headlines. Children are only admitted to hospital and taken away from family and social support networks when it's absolutely imperative to manage risk, either to themselves or to others. The August 2017 media was ablaze with reports about a young female (named X, to protect her identity). The president of the High Court's family division, Sir Justice James Munby, ordered his judgement of this private case to be made public. Sir Justice Munby stated he wanted to speak 'truth to power', and highlight his 'outrage' about the 'lack of proper provision for X – and, one fears, too many like her'.

THERE IS ALSO AN EVIDENCE BASE THAT NOW CLEARLY DEMONSTRATES THAT BRIEF PSYCHOSOCIAL INTERVENTIONS THAT ARE EASILY DELIVERABLE IN THE COMMUNITY

This case famously states that authorities would have 'blood on their hands' if no CAMHS low secure inpatient provision was found. The distressing narrative surrounding this young person pulls on every heart string and Sir Justice Munby said: 'I might as well have been talking to myself in the middle of the Sahara'.

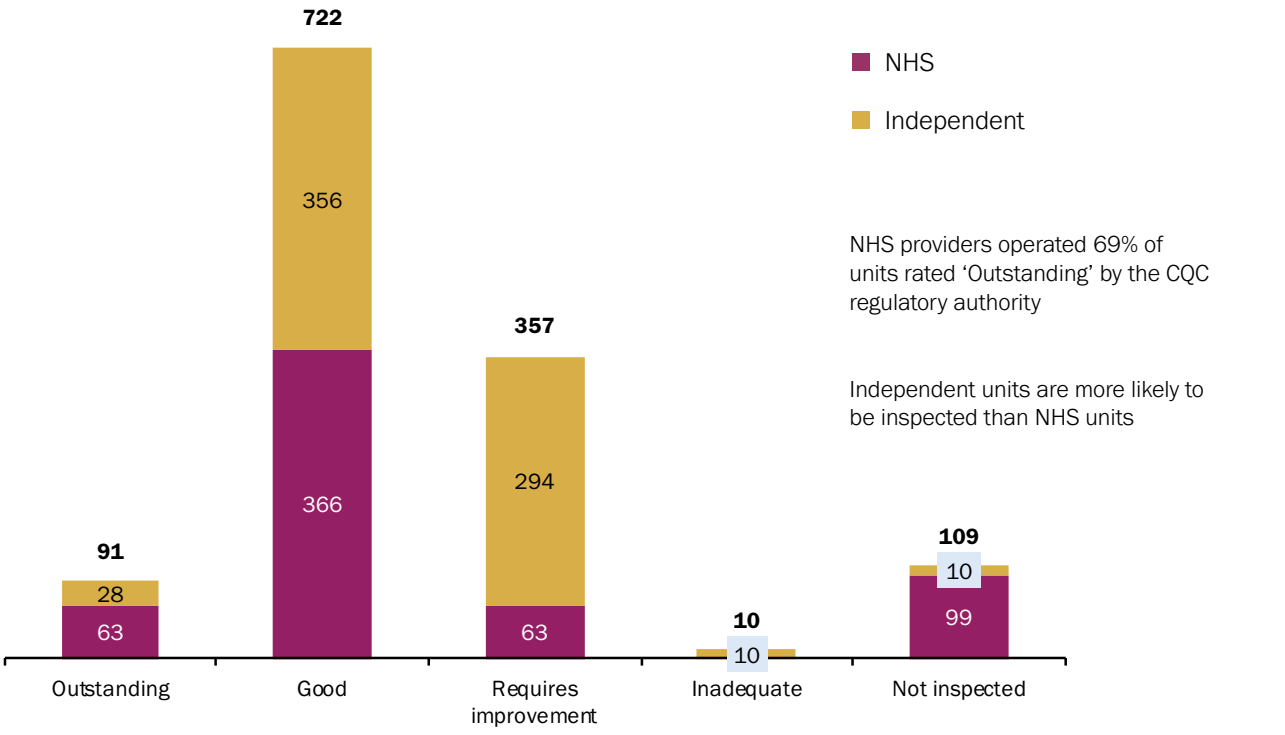
This statement goes right to the jugular of the issue of CAMHS Tier 4 inpatient services. It demonstrated that despite lots of hard work, commendable and heroic efforts of many, including a welcome announcement about banning the use of police cells as 'places of safety' for children, issues remain.

Sir Justice Munby lamented: 'I feel shame and embarrassment; shame, as a human being, as a citizen and as an agent of the state, embarrassment as president of the Family Division, and, as such, head of Family Justice, that I can do no more for X.'

Sir Justice Munby was not alone in evidencing how difficult it can be to access inpatient care. Surveys by the Royal College of Psychiatrists noted in 2015 that 70% of respondents 'experienced frequent difficulties ('often' or 'always')' accessing inpatient beds, and in 2017 a report by the Education Policy Institute commented on 'the need to provide more inpatient capacity in England and to revise the geographical distribution of beds'.

Now that the moratorium has been lifted, there are plans to increase Tier 4

FIGURE THREE - CAMHS INPATIENT SERVICES (NHS AND INDEPENDENT)
TIER 4 CAMHS INPATIENT SERVICES IN ENGLAND, CQC RATING OF BEDS



SOURCE CQC; CANDESIC RESEARCH AND ANALYSIS

provision and there has been a focus by both NHS England and CQC to improve access and quality of services which have understandably been struggling with demand pressures.

Figure Three graphically presents over 1,200 CAMHS inpatient beds in England by quality. In 63% of these placements, CQC has rated them as 'good' or 'outstanding'.

The next steps

The good news is that 'things can only get better', to re-use Tony Blair's 1997 election lyric from D:Ream. The government recently published its long-awaited Green Paper on children and young people's mental health provision with three main recommendations:

First, schools should be supported and incentivised to create a Designated Senior Lead for mental health, including a key role in early identification and intervention.

Second, groups of schools should be linked to mental health support teams for the treatment of mild/moderate mental health problems.

And third, waiting times for NHS CAMHS should be reduced to four weeks and under.

Beyond this there was a recognition for greater mental health awareness across society. These recommendations are very welcome, however, we would like to have seen a more ambitious world leading agenda.

For example, evidence backed technology-based solutions for children could have been championed in conjunction with the recent *Fourth Industrial Revolution* white paper.

England's CAMHS could even lead the world with innovation. For example, while people jump on the bandwagon of get rich quick schemes via Bitcoin, it is children's services where blockchain technology could really make a difference to society.

'Big data' and 'long data', longitudinal data lends itself well to blockchain technology and could have a game changing effect on CAMHS through, for example, the ability to link time dependent events measures and outcomes continuously within and between individual users and services. Blockchain could ensure a single highly secure ledger across primary and secondary service providers, schools and social care, to collate existing information processing platforms to create a single version of the truth.

As a result, appropriate parties could be notified of non-compliant events in real time and also of prior analogies aiding and informing service behaviours both at the individual and the systems level.

BLOCKCHAIN COULD ENSURE A SINGLE, HIGHLY SECURE, LEDGER ACROSS PRIMARY AND SECONDARY SERVICE PROVIDERS, SCHOOLS AND SOCIAL CARE

In short, blockchain has the ability to establish a platform to enforce privacy regulation and track data, including who has shared data and with whom, without needing to reveal the data itself. Just imagine how this would have changed the course of history of Baby P (Peter Connelly), the 17-month-old boy who died in 2007 suffering more than 50 injuries over an eight-month period despite being seen repeatedly by the London Borough of Haringey's Children's Services and the NHS St Ann's Hospital. Who would not want to grab the chance of making changes to prevent this from ever being possible again.

The time is now for the government to be bold and for providers (NHS, private and charity) to work collaboratively and invest in new technologies. To deliver population prevention, increase CAMHS supply alongside quality monitoring, there is an urgent need for politicians to support providers and technology platforms to invest in our future generation.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