

Update on national developments relating to Learning Disability focused Child and Adolescent Mental Health Services (CAMHS), including some implications for applied research

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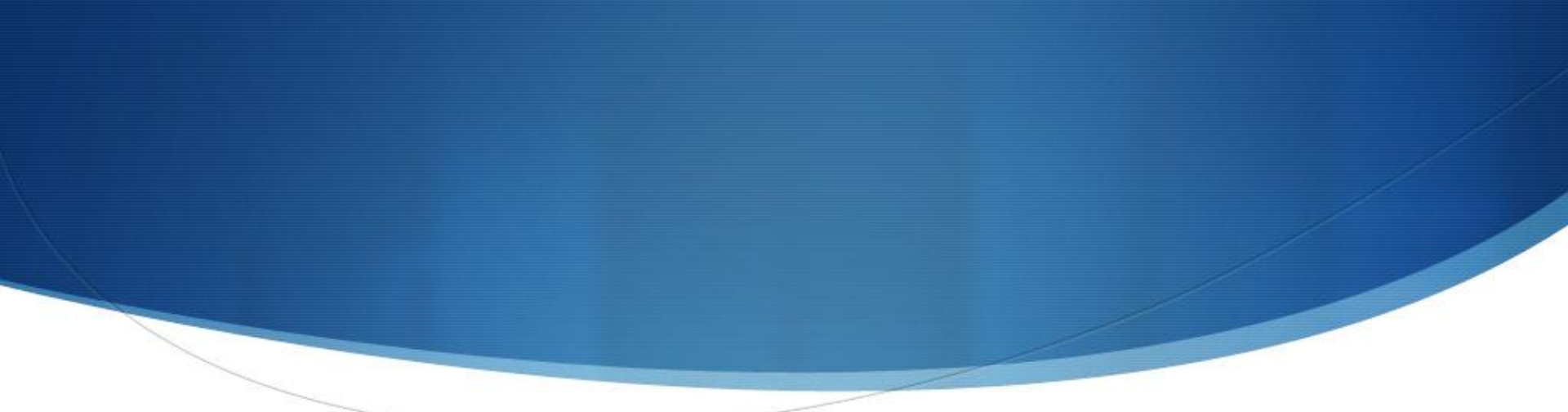
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Winterbourne View

- ◆ Winterbourne View, a private hospital in South Gloucestershire, owned and operated by Castlebeck. A Panorama investigation broadcast on television in 2011, exposed the physical and psychological abuse suffered by people with learning disabilities and challenging behaviour at the hospital.
- ◆ Eleven staff pleaded guilty to cruelty towards the inmates and six were jailed.
- ◆ Appalling management and lack of training contributed to the abuse
- ◆ 3 Castlebeck facilities were closed



Transforming care: A national response to Winterbourne View Hospital said that people with a learning disability and behaviours that challenge should be treated in their local communities, not sent to distant hospitals for long periods of time.

The Winterbourne patients and another 49 patients who had been in hospital long term were assessed by the Improving Lives Team. Many more patients have now been included in their review including children

- ◆ But 4 years on more people are being admitted to hospital than are being discharged – Why, when there is a clear consensus that people should receive their care in their local area?
- ◆ We are at least getting a clearer idea of the number of people being admitted and to where.
- ◆ Sept 2014 2,545 patients receiving inpatient care 72% of whom were recorded to have behaviour that presented a risk of violence to others. Average length of stay 547 days
- ◆ Local services are under resourced and many are poorly developed and co-ordinated.
- ◆ There are relatively few community placements that can manage people whose behaviour challenges us

Children

- ◆ The situation for young people is even worse. Many areas have no service at all for these children who are excluded from CAMHS or those that exist are entirely inadequate
- ◆ In some areas children with an LD are being included in CAMHS but overall there is a lack of specialist knowledge of how to manage these children
- ◆ Early intervention services are rare.
- ◆ Poor availability of Positive Behavioural support

Multi-disciplinary teams

- ◆ MDT working is the norm in LD and has been for some time although not always as joined up as it should have been.
- ◆ Core professionals needed include Community Nurses, Clinical Psychologists, Specialised Psychiatrists, Speech and Language Therapists, Occupational Therapists
- ◆ Also need to work very closely with Paediatricians, Dieticians, physios etc

Guidance to teams

- ◆ The Royal College of Psychiatrists produced some guidance which we are currently revising - **College Report CR163 Psychiatric Services for Children and Adolescents with Intellectual Disabilities**
- ◆ National LD Professional Senate consists of representatives from the various professional groups and has recently published “**Delivering Effective Specialist Community Learning Disabilities Health Team Support to People with learning disabilities and their Families and Carers**” which is available on the web 2014
- ◆ This is aimed at adult services but much of it applies to children and they have recently invited children’s practitioners to join them.

Delivering Effective Specialist Community Learning Disabilities Health Team Support to People with learning disabilities and their Families and Carers ”

They have identified 5 essential functions for such teams

- ◆ Working with mainstream services
- ◆ Providing specialist training and support
- ◆ Directly supporting people with complex needs
- ◆ Providing crisis intervention support
- ◆ Supporting Commissioners

The Challenging Behaviour Foundation

- ◆ A great resource for families and professionals. They are great campaigners, CBF is headed up by Viv Cooper
- ◆ They have produced “Paving the Way” looking at the need for early intervention. With input from children, families, professionals, commissioners and academics this identifies key features of good local behavioural support for children.
- ◆ With Mencap they also produced the campaign document “Out of Sight” as a response to Winterbourne

Latest Reports

- ◆ **Winterbourne View- Time for Change** Sir Stephen Bubb's report on the failure of the Government to meet post- Winterbourne commitments
- ◆ **Transforming Care for People with Learning Disabilities – Next Steps** NHS England's response to Sir Stephen's report
- ◆ **Care Services for people with a learning disabilities and challenging behaviour** – the National Audit Office's report on the spending of public money on these services, especially whether the money spent has been effective.

NICE guidelines hot off the press

- ◆ **Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges May 2015**
- ◆ Relevant to adult and children's services.
- ◆ Quality Statements just released

Quality Statements from NICE

- ◆ Statement 1. Early (0-5 years) support with behaviour that challenges for children with learning disabilities
- ◆ Statement 2. People with learning disabilities and behaviour that challenges have an initial assessment to identify possible triggers for the behaviour.
- ◆ Statement 3. People with learning disabilities and behaviour that challenges have a comprehensive annual health assessment from their GP.
- ◆ Statement 4. People with learning disabilities and behaviour that challenges have a designated coordinator who is responsible for their behaviour support plan.
- ◆ Statement 5. People with learning disabilities and behaviour that challenges have personalised daily activities planned and documented in their behaviour support plan.

Quality Statements NICE Continued

- ◆ Statement 6. People with learning disabilities and behaviour that challenges have their behaviour support plan reviewed every other week for the first 2 months and then every month.
- ◆ Statement 7. People with learning disabilities and behaviour that challenges have a documented review every time a restrictive intervention is used.
- ◆ Statement 8. People with learning disabilities and behaviour that challenges only receive antipsychotic medication as part of treatment that includes psychosocial interventions.
- ◆ Statement 9. People with learning disabilities and behaviour that challenges have a multidisciplinary review of their antipsychotic medication 12 weeks after starting treatment and then at least every 6 months.
- ◆ Statement 10. Parents or carers of children aged under 12 years with learning disabilities and at risk of developing behaviour that challenges are referred to a parent training programme for challenging behaviour.

Future in Mind

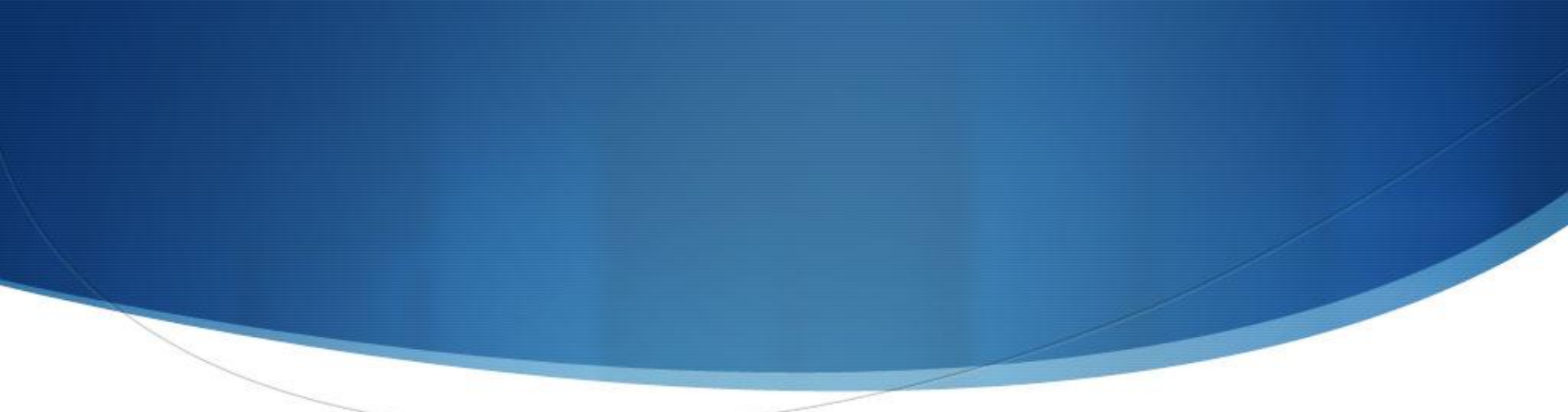


CAMHS Task Force

Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing Oct 2014

In summary, the themes are:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce



There is a recognition that CAMHS services are massively under resourced and £8.5 million was been pledged for early intervention by the last government. We have yet to learn what will happen in practice

Learning Disability is not given any prominence, the task force was keen not to single out any particular group in the Vulnerable children. However adoption and victims of sexual abuse were high priorities.

Research questions

- ◆ Do our treatments work?
- ◆ What are the effective elements of what we do.
- ◆ Do sensory interventions work to reduce problem behaviours?
- ◆ Do local community services keep children at home? And if they do how can we show that it is cost effective to develop community services rather than pay for residential schools and inpatient beds?
- ◆ Do all children have access to services and how do we measure the quality of those services ? Audit