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CAMHS Outpatient Services

Understanding The Role Of GPs as Gatekeepers

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A REAL AND LASTING DIFFERENCE FOR EVERYONE WE SUPPORT

The General Practitioner, The Psychiatrist and the burden of mental health care

Maudsley Discussion Paper

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Administrative and medical logic alike...suggest that the cardinal requirement for the improvement of the mental health services is not a large expansion of psychiatric agencies, but rather a strengthening of the family doctor in his therapeutic roll

Michael Shepherd, 1966

Finding out where we fit and what we know

- How many people had a mental health rotation?
- How many people had a child specific rotation?
- CAMHS?
- How many people are already managing clients with MH issues?
- How many are already dealing with children or families with MH issues?

Mental Health and GPS

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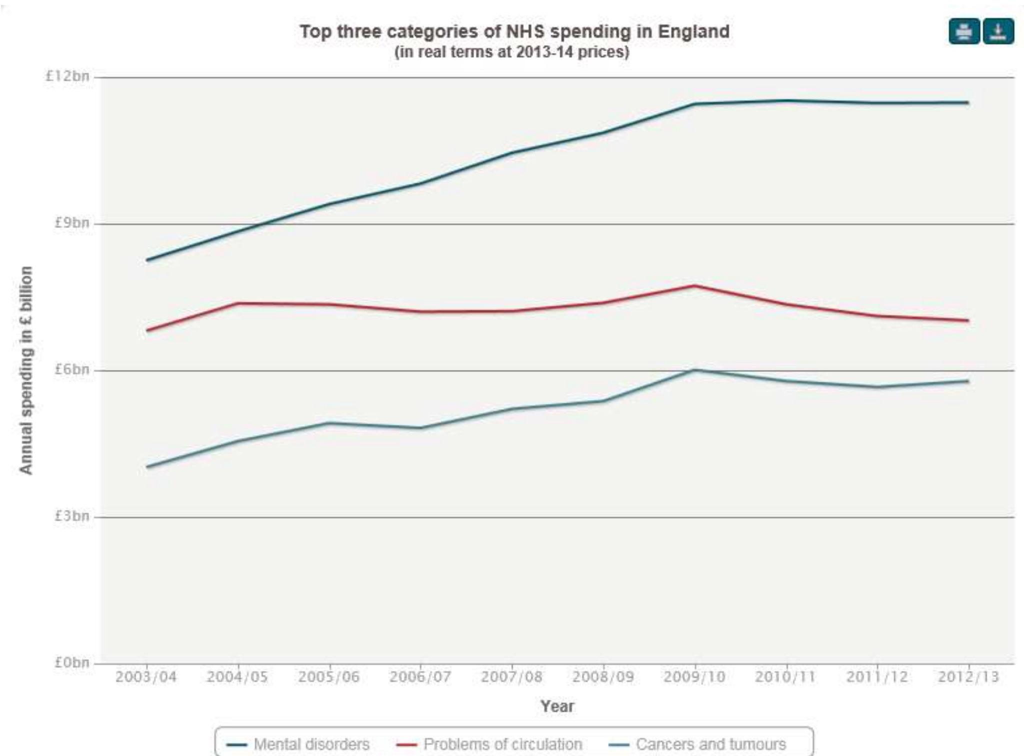
- 30% of overall GP appointments are related to mental health and wellbeing
- Between 50 - 75% of adult mental health issues are diagnosable by 18
- Overall burden of health – 40% of working age people (15-44) is estimated to be due to mental health
  - Makes up only 11% of the NHS budget
  - CAMHS makes up 0.7% of the overall budget



CAMHS Outpatient Services – the current state of affairs

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- 1 in 10 children between 5-16 years old have a diagnosable MH problem
- Suicide is the highest cause of death in young people
- For adolescents, three times as many young people die from suicide as cancer – this may not even be the full amount
- Referrals are up 15% but up to 23% are turned away
- Independent reviews suggest only 25% of young people who require treatment receive it
- Despite new targets being set many YP wait at least 6 months to be seen
  - And then not always by the ideal professional/level of care

Role of GPs
– by the way, you're Tier 1 CAMHS

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- You are the gatekeepers of the CAMHS service
- When it comes to mental health, your job is to treat it with the same dignity and lack of judgement as any physical health concern
- Parents are scared of your judgement, but much more scared that they are not doing the right thing by their children
- Young people frequently described feeling rushed or dismissed when trying to explain mental health worries
- Establish an independent relationship with young people, not just their parents
- Be calm, clear and direct when explaining what needs to happen
- Provide concrete advice and handouts – a list of helpful websites or factsheet about self-harm can make a big difference
- Balance the seriousness of the problem with a reassurance that they will receive expert help – just like you would if they were referred for an oncology appointment

'Suicide risk' to teenagers who take antidepressants: Chance of suicidal behaviour or aggression is doubled when taking one of five common drugs

- Teenagers who take antidepressants more likely to feel suicidal, study says
- Risk of aggression or suicidal behaviour doubled taking one of five drugs
- Scientific experts accused drug firms of failing to record the risks properly
- Said it should make doctors think hard about relying on the common drugs

By BEN SPENCER, MEDICAL CORRESPONDENT FOR THE DAILY MAIL

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Teenagers who take common antidepressants are more likely to feel suicidal, researchers say.

A major study concluded children and adolescents have a doubled risk of aggression or suicidal behaviour when taking one of five

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Pregnant Big Brother

Treatment

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- Current NICE guidelines place therapy front and centre specifying medication should not be used except in conjunction with therapy
  - Evidence for young people using antidepressants is poor – and gets poorer the younger they are
  - Mental Health has a high remission rate, parental anxiety can spill over to professionals who want to provide a "sure thing" or speed up the process
  - In therapy things can get worse (especially ED, CD, OCD) before they get better because the same behaviours that are reducing the impact on the family, are maintaining the problem
  - Combination therapy is often the best approach

What do we actually do? How does it work?

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- Dynamic process of repair and reassessment
- Much of the work is exposure within the room – helping the child become more assertive, respond to emotions, increase social skills, practice expressing themselves, become more vulnerable, contain emotions
- May include more “skills” – worksheets, thought diaries, homework
- All of this contributes to helping the child (and family) understand, communicate and manage their behaviour
- May include family work, involvement of schools, social workers

Self-harm

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- Self-harm is becoming increasingly prevalent and normalised – especially online
- Avoid (at all costs) the following terms: manipulative, attention seeking
- Understand that self-harm is often a functional behaviour and can make people feel better in the short term
  - Communicating distress and emotion
  - Reducing anxiety or overwhelming feelings
  - Blocking thoughts/memories including trauma and suicidal thinking
  - Regulating emotions
  - Providing a sense of control

Risks around self-harm

  - Accidental death, increased severity
  - Increased low mood, feelings of shame and hopelessness
  - Physical damage (especially overdosing/self-poisoning or deeper cutting)

- Current recommendation by NICE guidelines is all under 16s to be sent to A&E to be assessed for overnight stay/admission
- Reality is most are discharged quickly to parents who feel overwhelmed and scared

Survival strategies for high risk young people

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- The things young people describe struggling with most when trying to reduce self-harm are
  - People will think I'm ok
  - I don't know what else to do (with this feeling)
  - People will think I'm attention seeking if I ask for help
- The best thing you can do is create a crisis plan and a distress plan
  - The crisis plan outlines numbers that can be called and when to attend A&E
    - This makes it clear to parents and young people that you are serious about this issue and recognise the panic that can go along with this
  - Help parents with harm minimisation – removing razors/paracetamol etc
  - Create a distress hierarchy – you have one with you
    - This helps young people and parents identify needs at all stages leading up to self-harm and increases the family confidence in managing this

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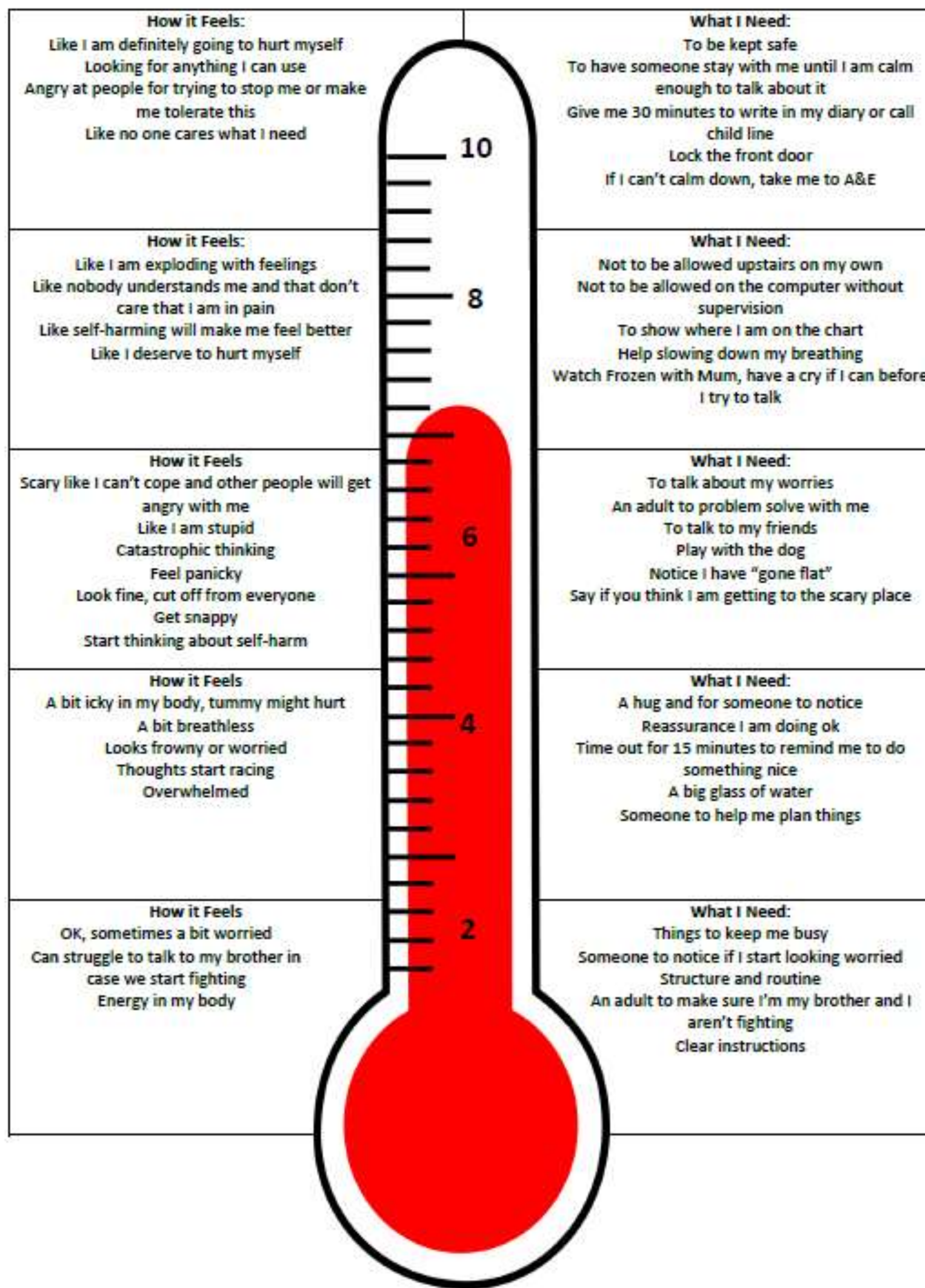

Vital points for the hierarchy

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- When the child can help themselves – go downstairs, talk to friends, watch a funny movie, write in a journal
- When a child can ask for help – empowering parents to recognise that if they ask for help – they probably need it
- When a child can say somethings wrong but doesn't know what they need – parents job is to keep them safe and calm them down just enough to figure out what they need
- When they don't want help and an adult needs to take over completely – hearing their child acknowledge that by that point the parents' job is just to take over and be the adult (get them to hospital, even call the police) can be the most important risk reduction strategy there is

TIPP Skills

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- **T**emperature
  - Take a cold shower, hold ice, splash water on your face, get fresh air
- **I**ntensive Exercise
  - Star jumps, run, crunches, boxing/punching bags
- **P**rogressive Muscle Relaxation
  - Easily found on YouTube or Apps
- **P**aced Breathing
  - Aiming for 5-8 breaths per minute

Pathways to care

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- Although the system is tiered – referrals can come from any part of the process
- Most young people will have at least some involvement with Tier 3 before progressing to Tier 4
- Parents' (and others') expectations may not meet the reality of the service – not a 24/7 service, little or no crisis care
  - Can be important to prepare parents for the reality rather than the ideal

How to refer

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- Diagnosis helps (and hinders)
  - No-one is expecting you to do a full MH assessment within a GP consult however outlining the clinical concerns is essential to getting through the triage process
- Get to know your local CAMHS and the alternatives
  - It will help you know the expertise of the team and the level of need they are working with
  - Less stressed CAMHS may have great opportunities, more stressed CAMHS may be fantastic for high need care, but struggle with kids who need 6-12 sessions fast
- Best practice – if you suspect what you are seeing is a combination of MH and social services – refer to both. Otherwise the family can be passed back and forth for months. In your referral be clear

Where The Priory fits in

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- The services are stretched and waitlists can be diabolical for some young people who are missing school and becoming more unwell
- The Priory North London has specialist CAMHS therapists and consultants who can manage care from post-natal to adulthood
- This includes clinical and counselling psychologists, child and adolescent psychodynamic psychotherapists, family therapists, CBT therapists and integrative therapists
- Specialisations include ADHD, ASD, learning disabilities, eating disorders, psychosis, OCD, attachment disorders, mood and anxiety disorders
- There are minimal waitlists and flexible appointment times
- People can move easily between services - especially helpful for YP aged 17

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- Tier 2 in particular in under-resourced and patchy in delivery
- Private insurance commonly cover at least 12 sessions with opportunity to extend to 18 – people may not even realise they have provision
- Bridging the gap – we can see people fortnightly while they're on waitlist
  - Lots of collaboration between CAMHS teams, social services and the Priory
- Families who are unable to work due to their child's behaviour
- Private services allow a prevention based approach
  - Or a safety net for recently occurring problems that don't yet meet thresholds – but will

Thank you!

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