

# Bedfordshire Mental Health and Emotional Wellbeing Service for Children and Young People Emotional Wellbeing People Partnership Offer

Dr Louise Scrivener
Dunstable CAMHS
Clinical Psychologist / team lead

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#### **BEDFORDSHIRE CAMHS REFERRAL PATHWAYS SELF REFERRAL TO CHUMS TIER 2 SERVICES PROFESSIONAL REFERRAL A&E PRESENTATION CAMHS SCHOOL TEAM (Yr9+) PROFESSIONAL ADVICE REQUIRED? FOLLOW UNDER 18 CARE PATHWAY SELF REFERRAL** NO **YES** elft.camhs-schools-Programme@nhs.net **REFER TO CAMHS SPOE CONTACT CAMHS CoD / DUTY PSYCHIATRIST / CAMHS A&E LIAISON TEAM** elft.spoebedfordshire@nhs.net **SCHOOL PRACTITIONER** 01234 893337 **CAMHS DAILY TRIAGE** SELF HELP / ADVICE / **SIGNPOST CHUMS 7 DAY FOLLOW UP SPOE PANEL** 01525 863924 **CAMHS EARLY HELP CoD** contact details Bedford EBT: 01234 893303 **TRANSITION DISCHARGE**

Dunstable EBT: 01582 538275

Mid Beds EBT: 01234 893303

NDT: 01234 893303

CEDS: 01234 893338

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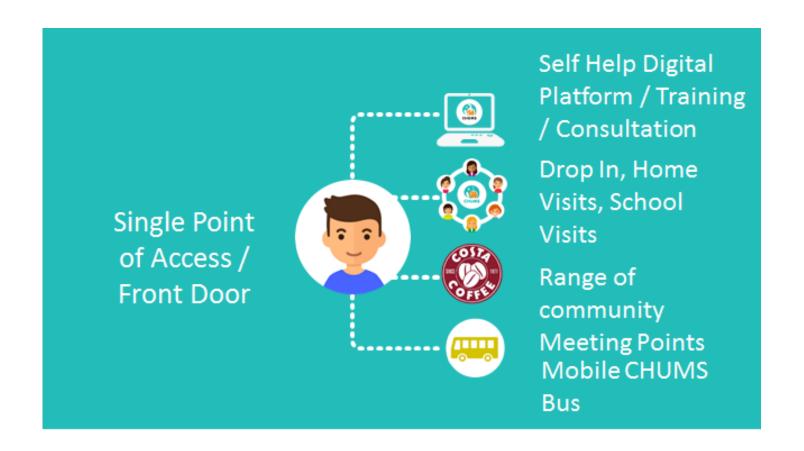
## **I-Thrive**



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# Getting Advice



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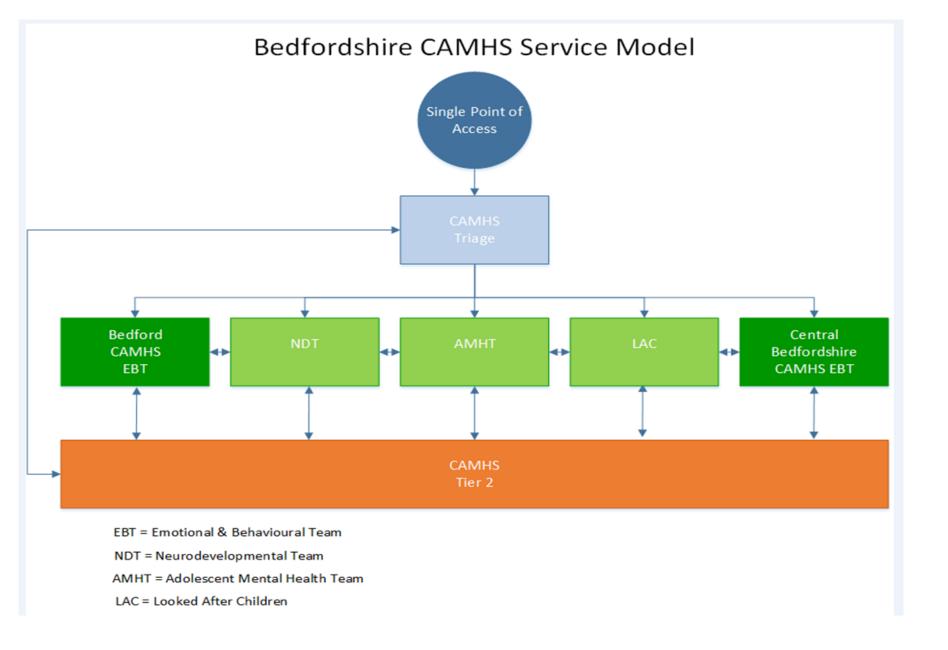
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# Getting More Help

#### Whole System Approach Person Centred Whole Staff Breaking the Episodes of Stigma Training Care Care Developing IAPT training Collaborative Care Pathways Resilience Programmes working Routine Service User Outcomes / **Evidence Based Duty Clinician** Goal Based Engagement Practice Setting

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#### Smaller CAMHS teams

#### Recently established teams:

- Schools team
- GP liaison
- Behaviour improvement team

#### **Embedded workers:**

- Early Help
- YOT
- Paediatric psychology (Bedford)

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## **CAMHS** team

- Psychiatry
- Psychology
- Systemic therapy
- CBT therapy
- Counselling
- Art therapy
- Nursing

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## **Overview of Demand**

New referrals accepted YTD – 1359

40% of those from GPs

Follow Up appts YTD 10,666

80% caseload aged 12 – 18yr

55% female: 45% male

#### Overview of Demand cont...

Average treatment 10 sessions over 44 weeks

73 % successfully complete treatment

3% transition to adult services

4% disengage

20% discharge for other reasons (move out of area / LAC placement /university)

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## Referral Details to include:

- Correct Contact Details & age
- Presenting symptoms: onset / frequency / severity / substance misuse / sexual orientation / concentration / impact on daily function /
- Risk: thoughts plans / intent / methods
- History of symptoms changes / events?
- Previous treatments / medication offered (incoutcome, if known)
- Current services involved / parental support?
- Social circumstances / Family History
- Current Protective factors / coping strategies

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# Case Study

- 15yr female
- Low mood / feeling tearful all the time
- Poor self esteem / self image
- Daily self harm (cutting, punching)
- Disclosed impulsive overdose 2 / 52 ago
- No further plans disclosed
- Stated lack of protective factors
- Poor relationship with mother
- Actively seeking help sharing with school staff, Childline, GP,

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## Case Study cont...

- CoD contacted Mother denied any self harm / mental health issues – agreed to YP call back
- CoD spoke with child symptoms for last 3 yrs, low in mood / panic attacks / stressful home life
- Agreed to an assessment at clinic seen in 2wks
- Child accompanied by mother for visit seen individually and together. Family history taken
- MDT presentation / discussion:
  - Psychiatrist review for medication
  - Systemic work for family / Early help for mother
  - Intensive individual work using CBT principles to anxieties and feeling of self worth we are inclusive

# Getting Risk Support

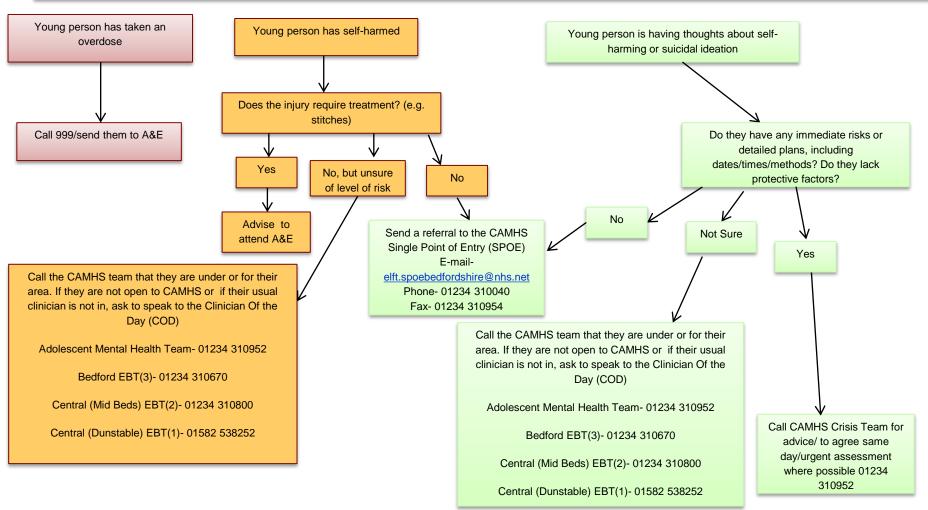
- Same Day Triage of all CAMHS referrals
- CAMHS Clinician of the Day
- Duty CAMHS Consultant
- Rapid Response Crisis Service with 7 day follow up

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#### A guide for GP's in managing children presenting with a Mental Health "Crisis"



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# Thank you

Questions?

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