

The Highland Council

Education, Children and Adult Services Committee – 28 August 2014

Agenda Item	16
Report No	ECAS 33/14

Primary Mental Health Worker Service

Report by Director of Care and Learning

Summary

This report describes the Primary Mental Health Worker (PMHW) Service in Highland Council, and supports a presentation to the Committee.

1 Introduction

1.1 Since April 2012, the Primary Mental Health Worker (PMHW) Service has been managed within the Highland Council as part of the Additional Support Needs structure of the Care and Learning Service. It is part of the wider Child and Adolescent Mental Health Service (CAMHS) within the NHS and provides both direct intervention for individuals and advice and support (including training), for other professionals working in children's services. The PMHW Service is required to meet the expected targets of other CAMH services in providing intervention for all new referrals within 26 weeks of the referral being made. This target will reduce to 18 weeks in December 2014. Evaluation of the Service has shown that its members provide a good balance in service provision, engaging in a range of effective early interventions and supporting individuals well within the target times set.

2. Background

2.1 Primary Mental Health Workers (PMHWs) are specialist Child and Adolescent Mental Health Service (CAMHS) workers who are qualified and registered with a professional body and have a duty to work to a code of practice and ethical guidelines. To meet requirements of professional registration, PMHWs are expected to have regular continuing professional development to maintain and update their knowledge and skills base in relation to specialist CAMHS.

2.2 In Highland, PMHWs come from a variety of backgrounds e.g. mental health nursing, social work and paediatric nursing. They provide consultation and training regarding child and adolescent mental health to universal services and accept cases directly where focused, targeted, therapeutic intervention at an early stage is likely to have a long-term benefit to the young person and his/her family. They provide a local service based around associated school groups, working closely with school staff, General Practitioners and other children's services professionals.

2.3 As part of a Highland wide CAMHS Service, PMHWs are strategically led by the CAMHS Implementation Group, chaired by the Child Health Commissioner for NHS Highland. Since April 2012, the PMHW Service has been managed within the Highland Council, by the Head of Additional Support Services.

2.4 PMHWs provide direct therapeutic services to children, young people and their families from birth to 16 (or 18 if still at school).

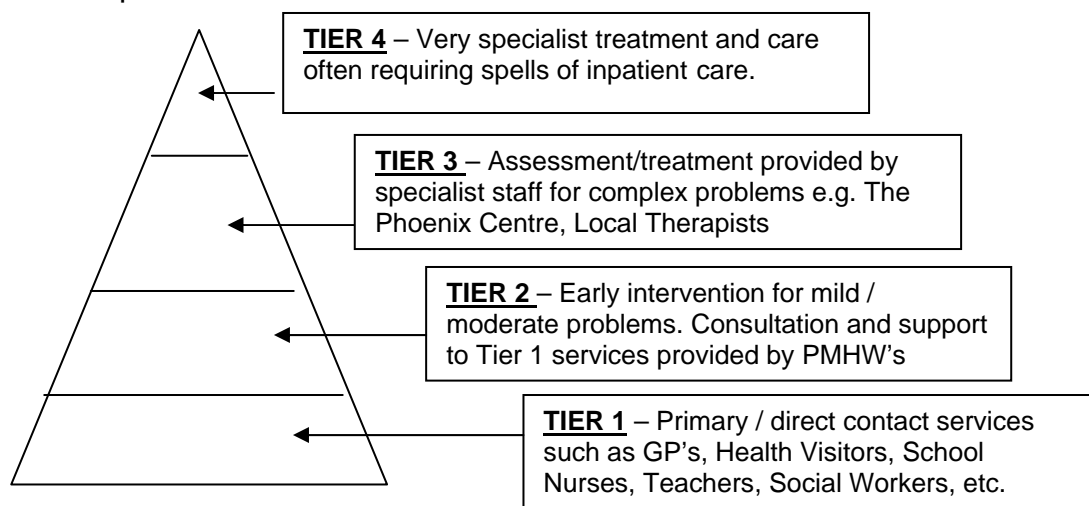
There are a range of issues affecting children and young people that can be addressed with direct therapeutic intervention by PMHWs:

- Adjustment difficulties following bereavement and loss
- Low mood
- Anxiety
- Self Harming Behaviours
- Emotional and Behavioural problems
- Relationship difficulties with family or peers where these difficulties are having a significant impact on an individual's functioning.

The role of the PMHW is to act as an interface between Tier 1 services eg Children's Services Workers, school staff, Social Workers, School Nurses, Health Visitors etc, and Specialist Tier 3 CAMHS eg Clinical Psychologists, specialist nurses, therapists and Psychiatrists etc. Their aims are to:

- (a) Support and strengthen Tier 1 support for mental health through building capacity and capability in other professionals working with children and young people.
- (b) Promote the emotional health of children, young people and families in the community.
- (c) Identify mental health problems in children and young people at as early a stage as possible.
- (d) Facilitate appropriate access to Specialist Tier 3 CAMHS and other relevant provision according to the level and nature of need.
- (e) Provide a direct service to children and young people with mental health needs at Tier 2, and their families.

2.3 PMHWs therefore support those working at Tier 1 and Tier 3 and generally provide direct input at Tier 2.



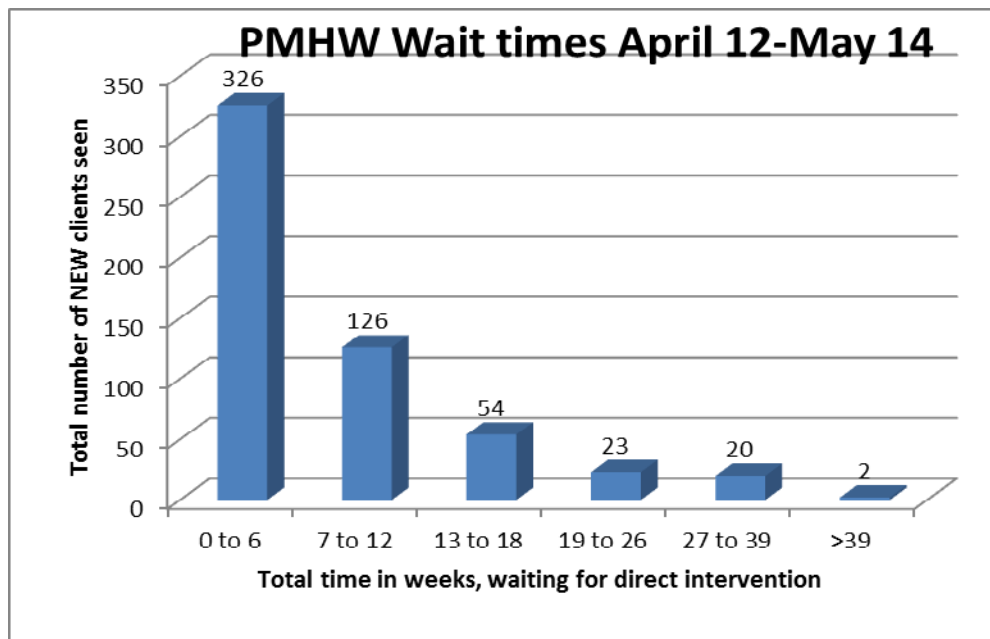
3 Service Delivery

3.1 The PMHW Service currently has 10.1FTE members of staff, spread throughout Highland, providing a locally based service, within each geographical area. The Service has benefitted from an additional 2FTE from preventative spend, to provide a focus on early years. This additional staffing has been agreed for Inverness and Lochaber, where service provision was previously limited.

- 3.2 PMHWs work closely with other NHS and Council services and provide both direct intervention to children and young people and also consultation to other professionals working with children and young people. There is a specific responsibility on them to spend approximately 50% of their time building capacity in others by providing consultation and training to both universal and targeted services.
- 3.3 Between January and May this year, the Service has collectively provided 888 consultations in respect of children and young people across Highland. Many of these consultations take place with school staff or local health staff who are supporting children, young people and their families with a range of needs, providing specialist advice and support in these cases. This is an effective way to build capacity in other professionals and to support direct intervention for children and young people within universal services where possible and where it is appropriate to do so.
- 3.4 In the same period, 137 new requests for service were received, largely from schools or General Practitioners. For many of these there will have been an earlier consultation, with some knowledge already being held by the PMHW, but for some, these requests for service will be made with no prior knowledge or discussion.
- 3.5 Research and experience has shown that consultation by the PMHW to Tier 1 services is as effective in containing and addressing the needs of children and young people with lower levels of need and at the point of negotiation, a consultation can be arranged almost immediately.

4 Waiting Times for Children and Young People

- 4.1 Each request for service from a PMHW is monitored, with the wait experienced by each one tracked through a monthly return. Requests for service to a PMHW may come from a school, directly from a parent, from another professional working with a child/young person, from a GP or other health practitioner, or from the central CAMHS team based at the Phoenix Centre in Inverness.
- 4.2 The team encourages requests for service to be negotiated as they can be clearer before accepting the referral that it is appropriate and provide a timescale for direct intervention or suggest a more appropriate strategy to support the child/young person.
- 4.3 The PMHW service is an early intervention service and for the most part children and young people are seen very soon after a request for service has been made. A significant number of referrals, 59%, are seen within 6 weeks of the request for service being made, with 21% seen in under 14 days. Since April 2012 a total of 551 children and young people have received intervention for the first time from the PMHW service. Of these, 96% have waited less than the 26 Week NHS waiting time (HEAT) target and 92% have been seen within 18 weeks. No child or young person has waited beyond the 26 week HEAT target in the last 12 months.



5 Summary

- 5.1 The PMHW Service is part of the Child and Adolescent Mental Health Service in Highland and provides early intervention to children and young people where there are concerns for emotional wellbeing and mental health. Practitioners are trained to a high standard, utilising a range of therapeutic interventions to support those to whom they provide a service.
- 5.2 The Service works within the timescales set for NHS CAMH services, but generally provide direct intervention, where this is appropriate, within a very short time after a request for service has been made.
- 5.3 PMHWs work within a multi-disciplinary context as part of the ASN teams in each Area and in addition to direct work with children, young people and their families, have a remit to support the capacity building and skills development of other practitioners in children's services. They therefore have skills in consultation and training that are also well used across Highland.

6 Implications

- 6.1 **Resources:** There are no additional resource implications. An additional 2FTE has been added to the PMHW Service as part of the Early Intervention funding, which has been targeted at direct intervention in the Early Years.
- 6.2 **Legal:** There are no legal implications in relation to this issue but there is a requirement on all NHS Boards to work within the national HEAT Targets and the PMHW service will support this national requirement and the local implementation plan.
- 6.3 **Equalities:** The PMHW service is provided locally, in the geographical areas where children and young people live. The aim of the service is to meet the needs of children/young people with mental health needs timeously. Monitoring this process and considering service improvements where families have waited longer than expected, will enable the Service to meet its equalities duties for this group of children/young people, who all have a Protected Characteristic.

- 6.4 **Rural Implications:** All children, young people and families have access to the service as required, on the basis of need, with the service being delivered in both rural and urban communities, around 9 different bases.
- 6.5 **Gaelic Medium Implications:** All children, young people and families have access to the service as required, on the basis of need, and so there are no particular implications around Gaelic.
- 6.6 **Climate Change/Carbon Clever and Risk Implications:** There are no climate change/carbon clever or risk implications.

7. Recommendation

7.1 Members are asked to:

- Note the work being undertaken by the PMHW Service and the range of services provided.
- Note the number of children and young people to whom a service is delivered and the timeframes in which interventions are provided, which are generally very short.
- Note the ongoing work to reduce these timeframes further and the range of supports provided to others to build their capacity to provide interventions at an earlier stage.

Designation: Director of Care and Learning

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