

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc - Gwybodaeth Bellach | Inquiry into The Emotional and Mental Health of Children and Young People – Further Information

EMH FI 02 B

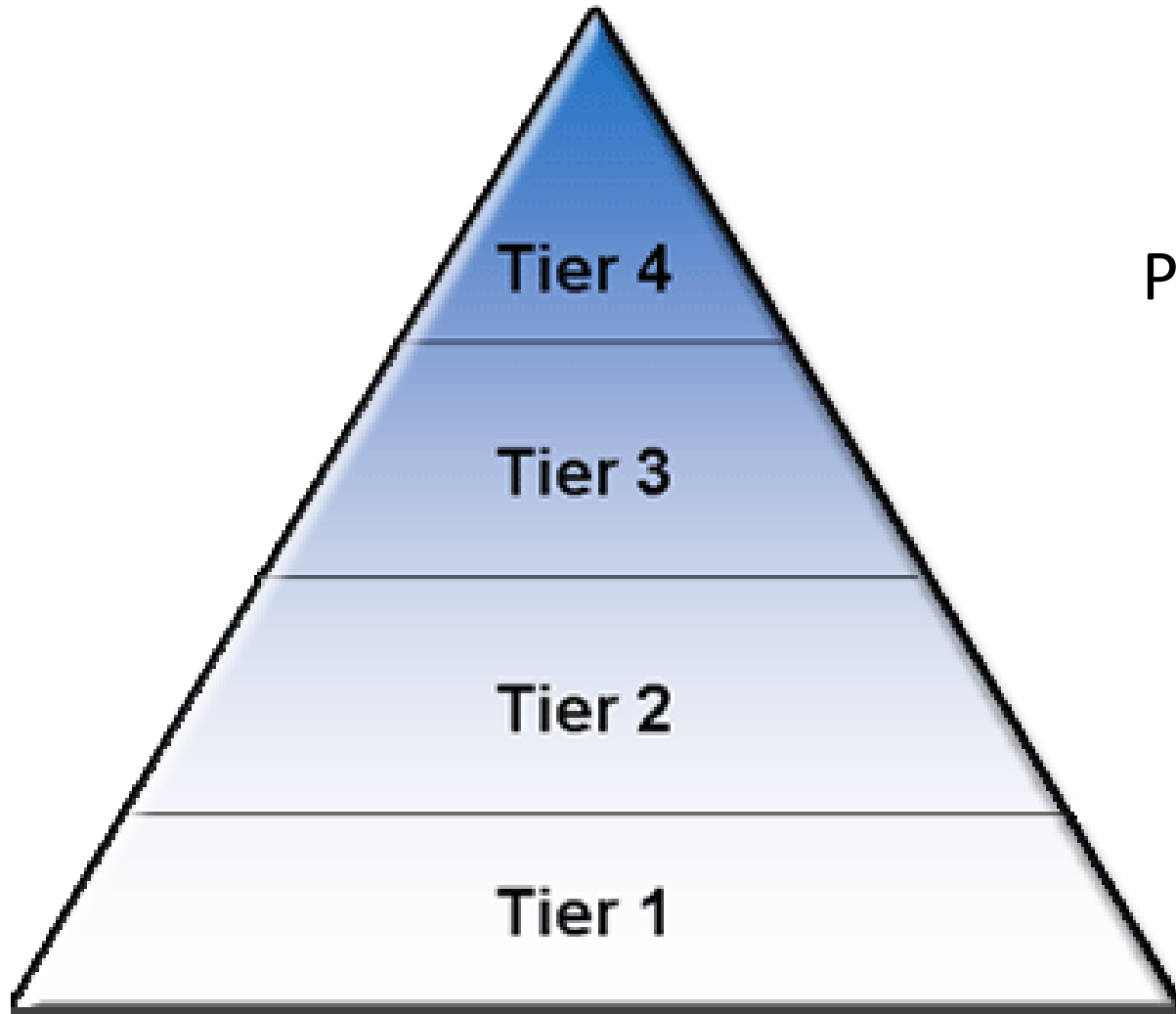
Ymateb gan: Dr Liz Gregory, Grŵp Cynghori Arbenigol Cenedlaethol Seicolegwyr Cymhwysol ym maes Iechyd

Response from: Dr Liz Gregory, Applied Psychologists in Health National Specialist Advisory Group

# An Alternative Model of Children's Mental Health Services

Is it time to move on from the age of the Pyramid?





Pyramids have dominated the CAMHS landscape for nearly two decades

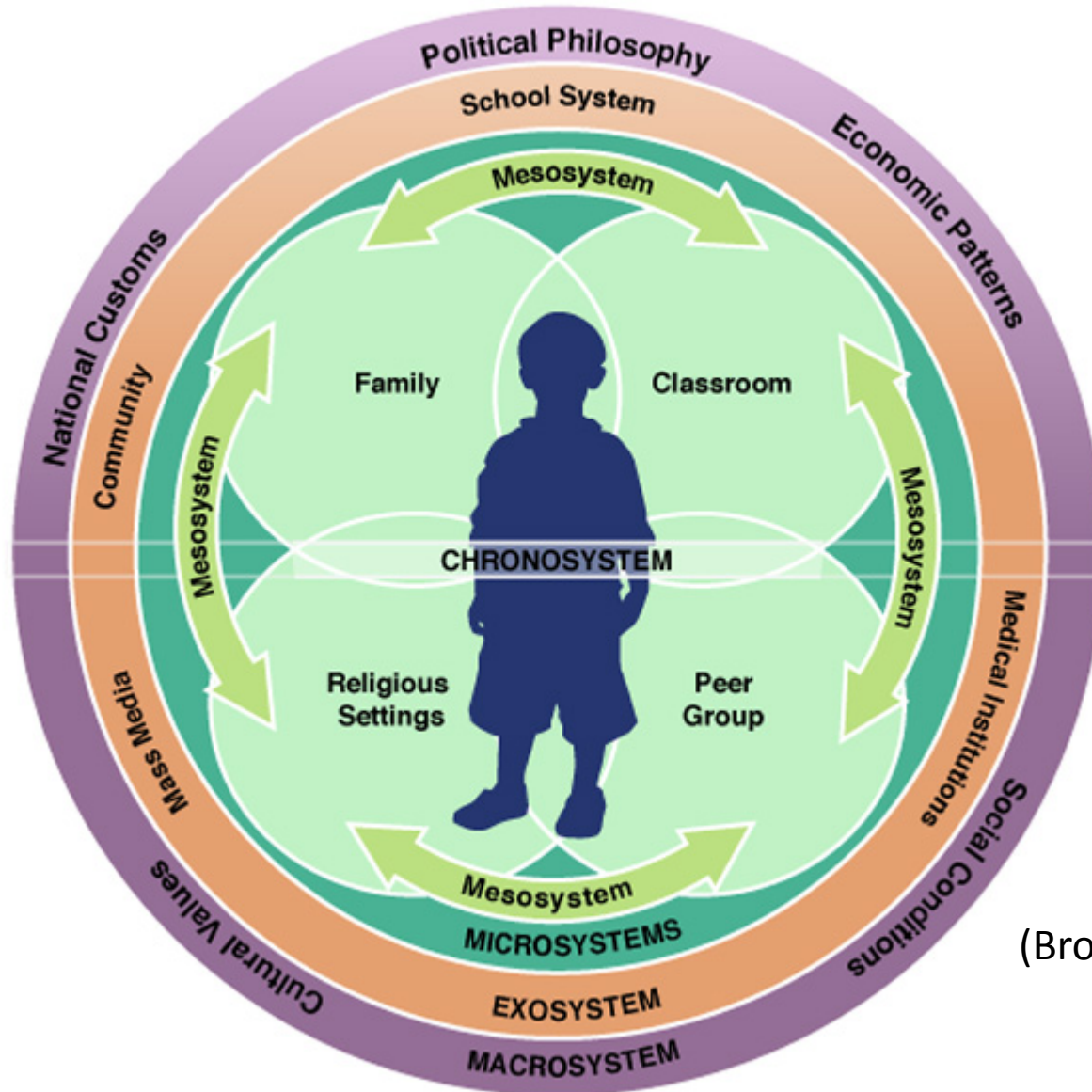
# The Pyramid/Tiered Model has Strengths:

- Provides a clear framework for thinking about service delivery
- Gives a strong message that CAMHS is 'Everybody's Business'
- Sets out distinct roles for Services across the tiers
- Helps organise the targeting of resources
- Helps organise the targeting of training and consultation
- Facilitates the delivery of evidence based interventions at all tiers

## But also a lot of limitations:

- Failing to stem the tide – it hasn't worked
- Implies a clear distinction between the tiers
- 'Medicalises' specialist services to ration resources
- 'Deskills' tier 1 as higher tiers become harder to access
- Tier 1 staff worry they are 'missing something'
- Fails to acknowledge complexity and severity across the tiers
- Families who struggle to access clinic based services are often those most at risk
- Perpetuates and even reinforces a false distinction between 'mental disorders' and 'social problems'

## Bronfenbrenner's Ecological Model of Child Development



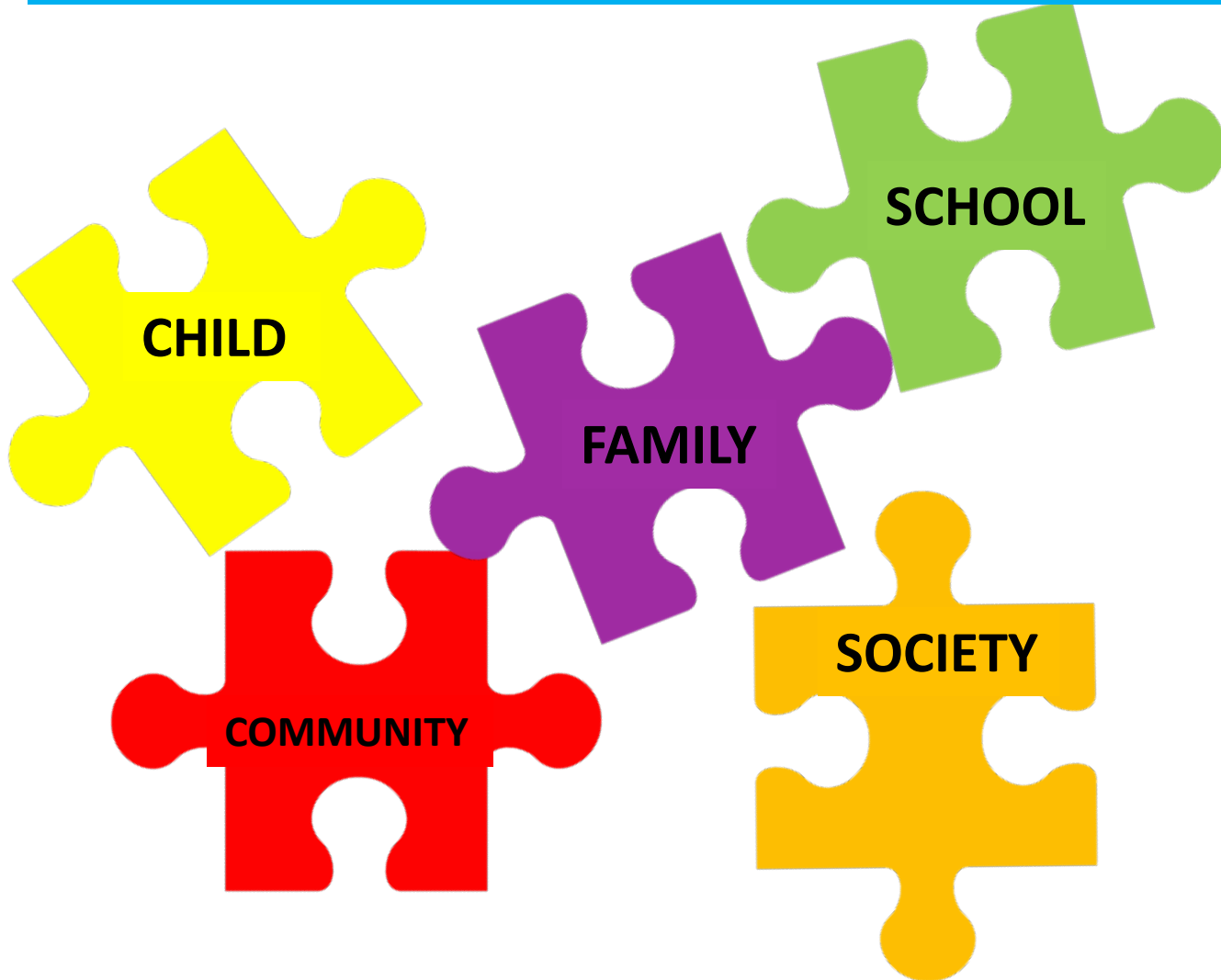
Bronfenbrenner can help us to understand why the current model isn't working. Children exist within a context that they are powerless to change.

(Bronfenbrenner 1979)



But it is the individual child who is sent to Specialist CAMHS with the expectation that they will be fixed

# Psychological Formulation



We formulate what may be contributing to the difficulties and try and intervene accordingly - but the pressure to work with the individual child is everywhere.

# SCAMHS is organised around a 'within child' model:

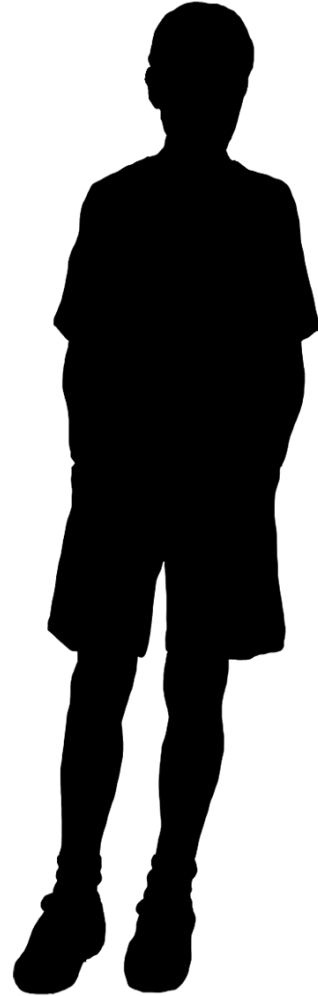
- Activity is measured by direct contacts – not training, consultation or supervision
- Administration is organised around a 'named child'
- Evidence base organised around 'disorders' located within the individual (Nice Guidelines)
- Medication entirely locates the problem within the child
- Expectation to 'fix' the child is pervasive
- Referrers, Families and Society want the child 'fixed'
- It is an adult Mental Health model transposed onto children



# Adult Mental Health Model



Adults present themselves for therapy, and the goal is often empowerment and making changes in their relationships and life choices



Children are powerless to change their context and environment.

The Adverse Childhood Experiences Research brings this into sharp relief

# Adverse Childhood Experiences (ACEs)

## ***Abuse of Child***

- Emotional abuse
- Physical abuse
- Contact Sexual abuse

## ***Trauma in Child's Household Environment***

- Alcohol and/or Drug User
- Chronically depressed, emotionally disturbed or suicidal household member
- Mother treated violently
- Imprisoned household member
- Not raised by both biological parents

(Loss of parent – best by death unless suicide, - Worst by abandonment)

## ***Neglect of Child***

- Physical neglect
- Emotional neglect

11. Bullying (by another child or adult)
12. Witnessing violence outside the home
13. Witness a brother or sister being abused
14. Racism, sexism, or any other form of discrimination
15. Being homeless
16. Natural disasters and war

# Adverse Childhood Experiences (ACEs)

## *Neurobiologic Effects of Trauma*

- Disrupted neuro-development
- Difficulty controlling anger-rage
- Hallucinations
- Depression - other MH Disorders
- Panic reactions
- Anxiety
- Multiple (6+) somatic problems
- Sleep problems
- Impaired memory
- Flashbacks
- Dissociation

## *Health Risk Behaviors*

- Smoking
- Severe obesity
- Physical inactivity
- Suicide attempts
- Alcoholism
- Drug abuse
- 50+ sex partners
- Repetition of original trauma
- Self Injury
- Eating disorders
- Perpetrate interpersonal violence

# Adverse Childhood Experiences (ACEs)

## Long-Term Consequences of Unaddressed Trauma (ACEs)

### *Disease and Disability*

- Ischemic heart disease
- Cancer
- Chronic lung disease
- Chronic emphysema
- Asthma
- Liver disease
- Skeletal fractures
- Poor self rated health
- Sexually transmitted disease
- HIV/AIDS

## *Serious Social Problems*

- Homelessness
- Prostitution
- Delinquency, violence, criminal
- Inability to sustain employment
- Re-victimization: rape, DV, bullying
- Compromised ability to parent
- Negative alterations in self perceptions and relationships with others
- Altered systems of meaning
- Intergenerational trauma
- Long-term use of multiple human service systems

# Enormous costs to children and society



# How do ACEs Affect Health?

Through stress:  
Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.

Reduces the ability to respond, learn, or figure things out, which can result in problems in school.

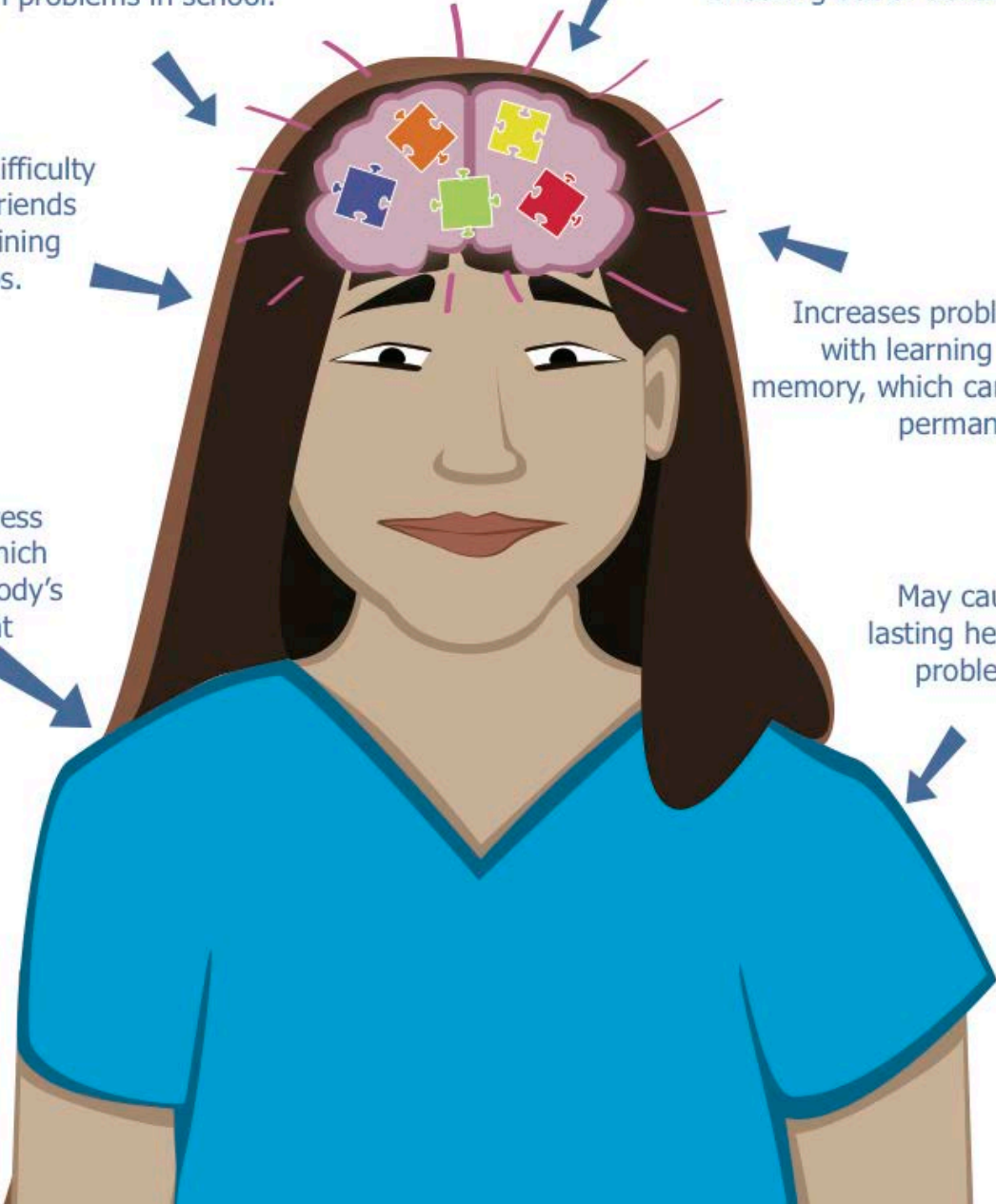
Lowers tolerance for stress, which can result in behaviors such as fighting, checking out or defiance.

Increases difficulty in making friends and maintaining relationships.

Increases problems with learning and memory, which can be permanent.

Increases stress hormones which affects the body's ability to fight infection.

May cause lasting health problems.

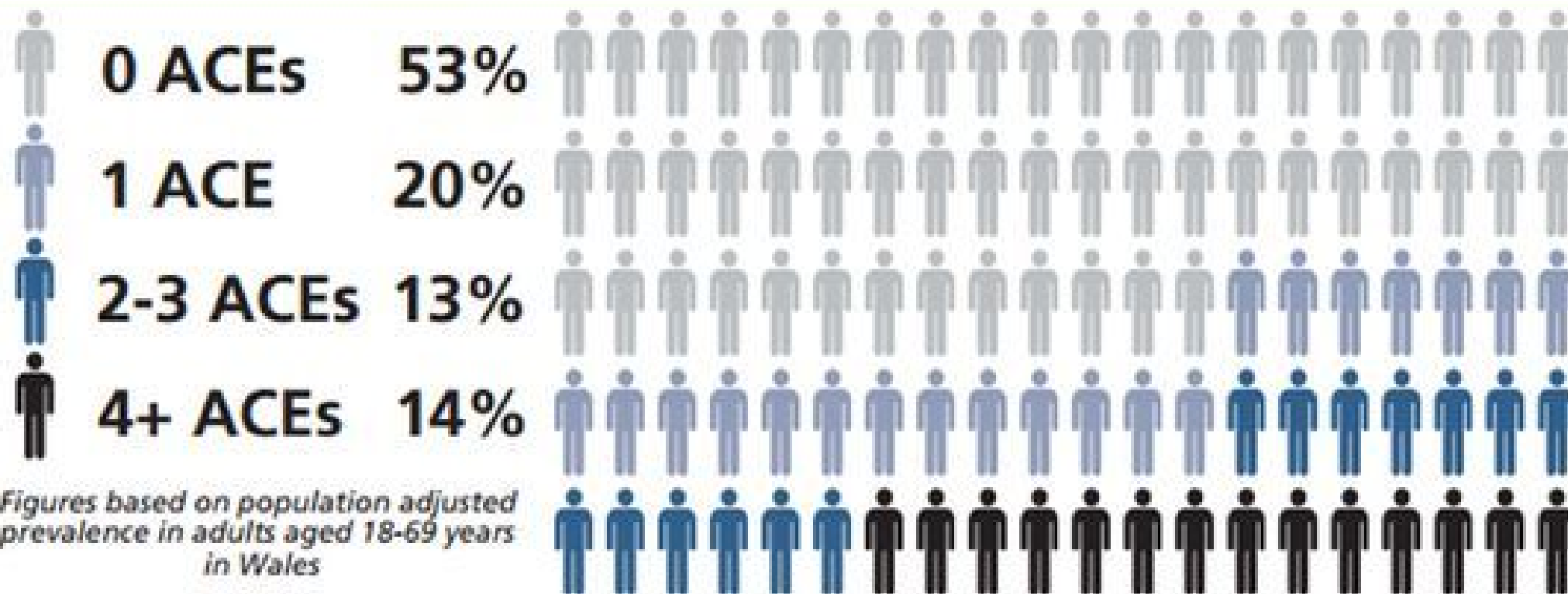


**A Survival Mode Response** to toxic stress increases a child's heart rate, blood pressure, breathing and muscle tension. Their thinking brain is knocked off-line. Self-protection is their priority. In other words:

**"I can't hear you! I can't respond to you! I am just trying to be safe!"**



For every 100 adults in Wales 47 have suffered at least one ACE during their childhood and 14 have suffered 4 or more.



In some Welsh communities these percentages are much higher:

**"I can't hear you! I can't respond to you! I am just trying to be safe!"**



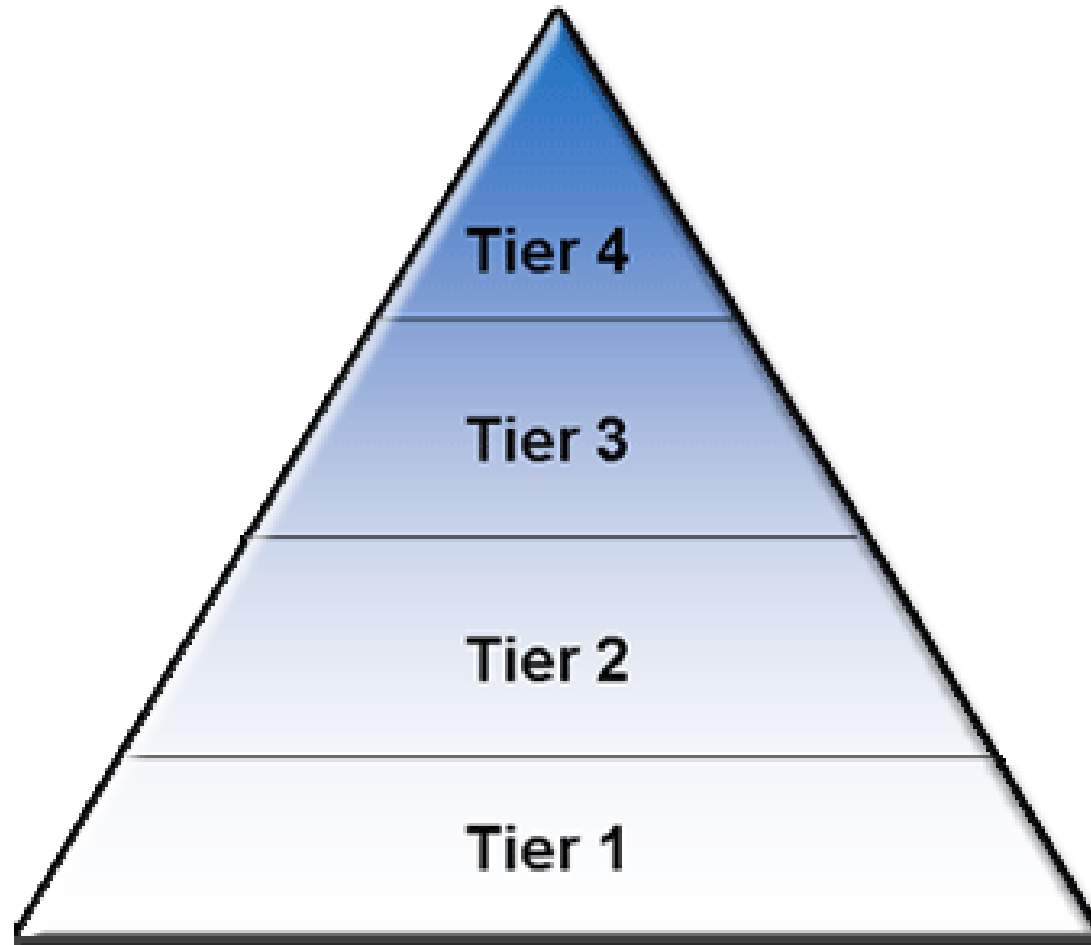
"I can't hear you! I can't respond to you! I am just trying to be safe!"

- Evidence based psychological therapies within Nice Guidelines require the child to turn up to clinic at regular appointed times
- They require the child to engage in the process proactively
- They require the child to undertake tasks in between therapy sessions (e.g. keep a diary, practice a skill etc)
- They rely on support and input from parents who will, inevitably, be equally impacted by ACES
- Frequent non-attendance is not tolerated in the system – 'failure to engage'
- Many parents 'can't hear, can't respond and are just trying to be safe'

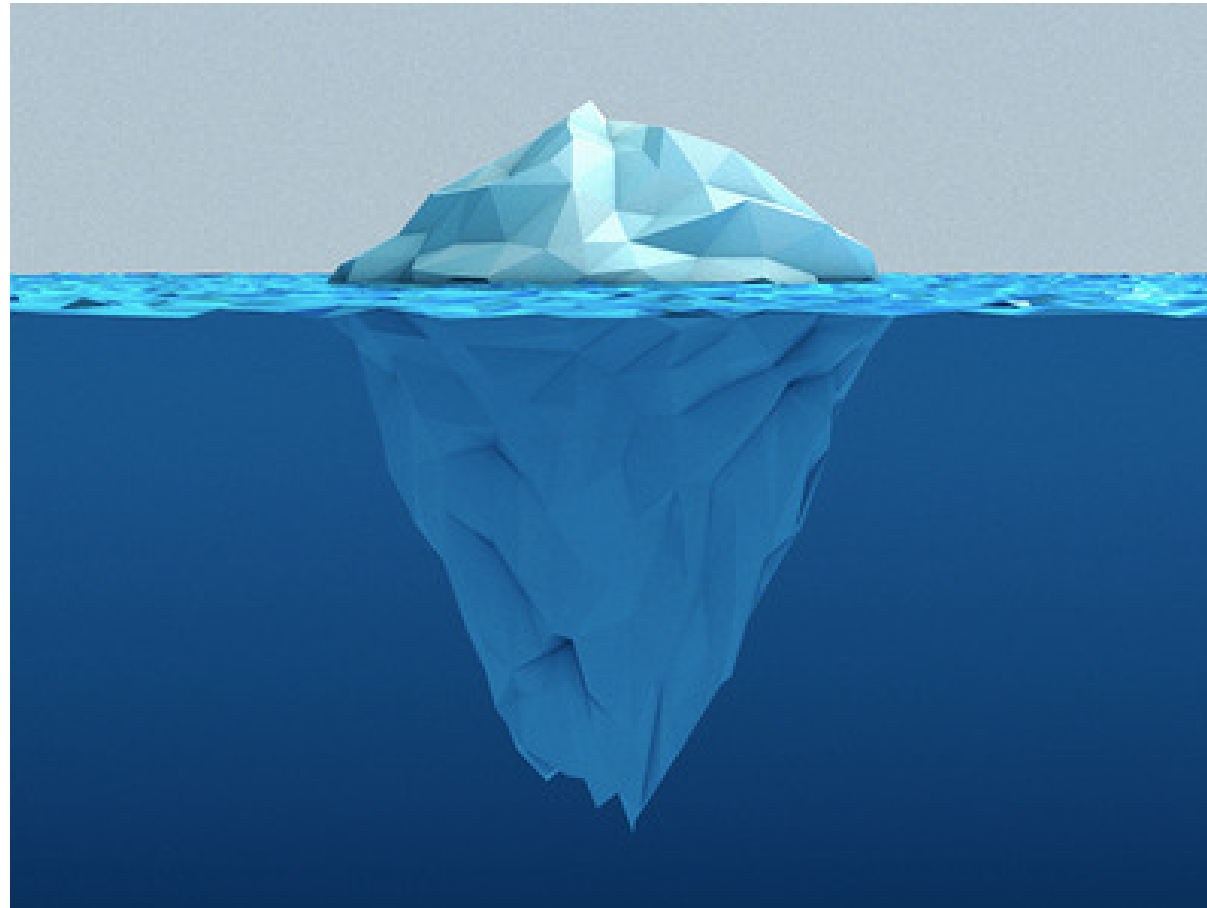
**"I can't hear you! I can't respond to you! I am just trying to be safe!"**

- Services are designed in such a way that they don't meet the needs of this population
- The more severe the ACEs, the less appropriate traditional services are
- Parent's and children are being 'blamed' for 'failure to engage'
- Mental Health professionals are measured on 'outcomes' and so feel like they are failing when children don't 'fit' the service
- More resources are being poured into this model in attempts to stem the tide
- Resources are put into turning away 'inappropriate referrals'
- Locally 50% of referrals are turned away from SCAMHs

Instead of a Pyramid model of Service delivery:

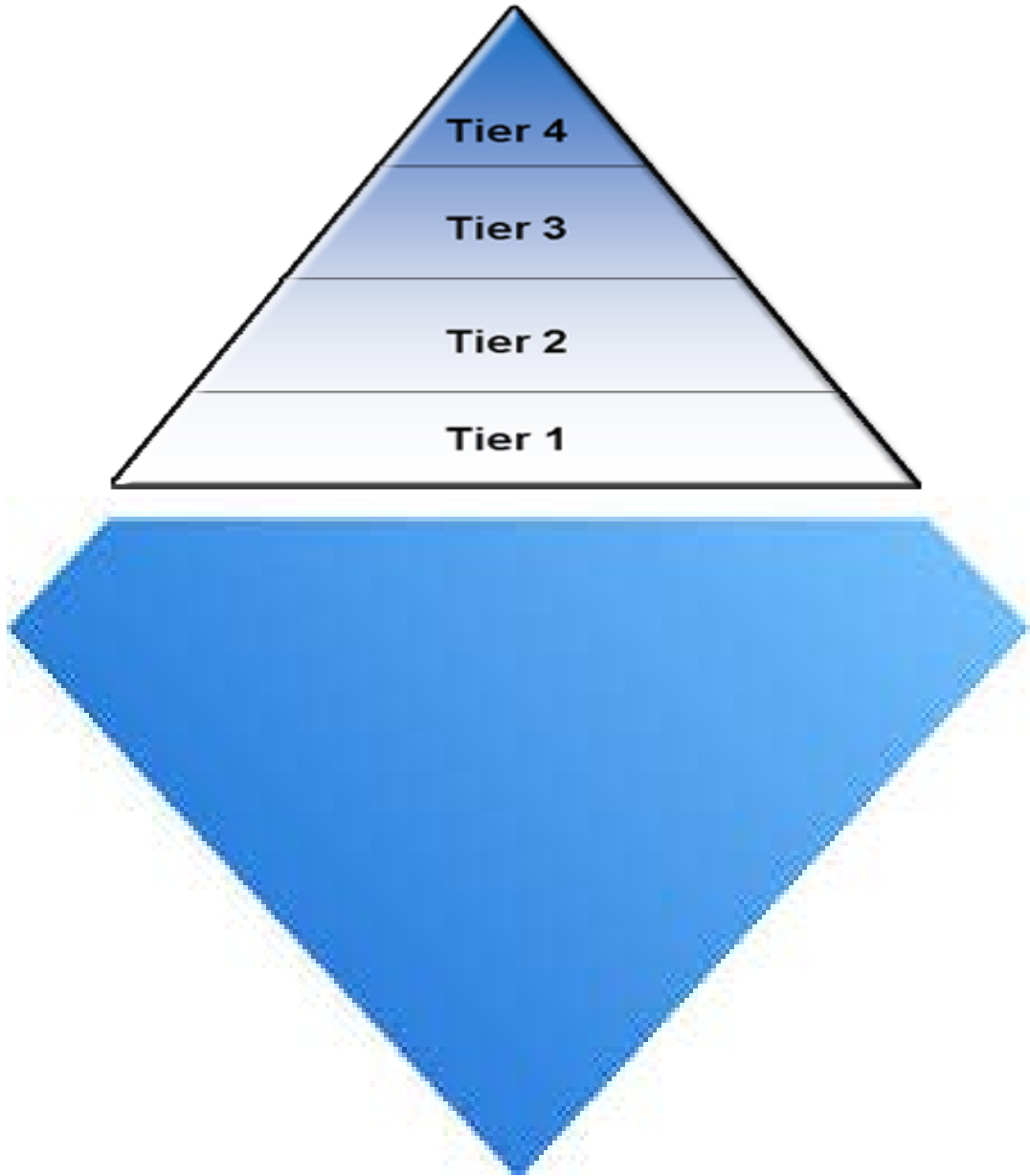


We are suggesting an Iceberg Model of Service Delivery:



# Iceberg Model of Service Delivery

- Provides a sense of foreboding commensurate with scale of the crisis that is the mental health of our nation's children
- Allows us to see the whole of the problem in one place
- Recognises that Specialist CAMHS and the tiered model are only dealing with the tip of the iceberg
- Recognises that Specialist CAMHS can only ever deal with the tip of the iceberg – more of the same clinic based, disorder specific therapies unlikely to work
- Stops us pouring resources into the tip of the iceberg in an attempt to address the problem
- Allows us to steer a course accordingly



This is the extent of the current model's reach



Severe Mental Disorder



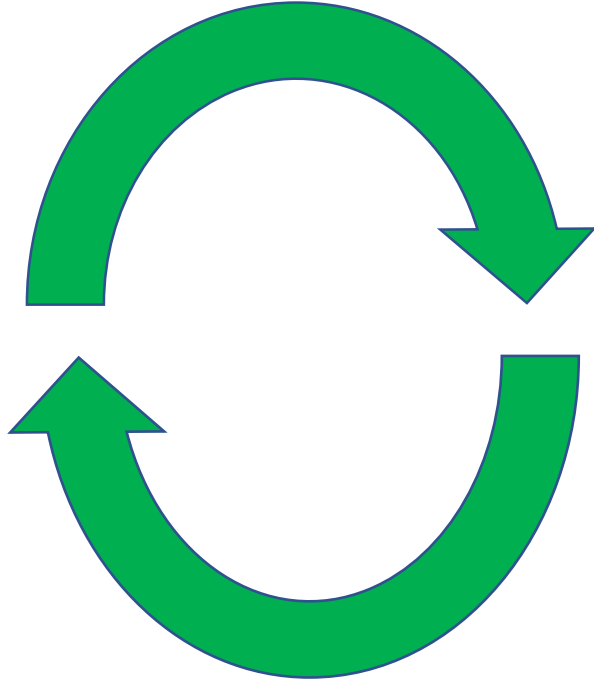
Social Problems

The argument has always been that it is because these are 'social' problems and not 'mental health' or 'mental disorder'.



If I had a penny for every time I had heard that over the course of my career....

“The child needs to be stable to access therapy”



....and even richer for every time I had heard this.

“The child needs therapy to access stability”

Severe Mental Disorder



Adverse Childhood Experiences

But the Adverse Childhood Experiences Research seriously challenges this – as it clearly demonstrates that life experiences and physical and mental health are inextricably linked

Severe Autism

Romanian  
Orphanage  
Studies  
(1990's)



Rutter's Autism

In severe cases of abuse and neglect 'symptoms of disorder' and 'signals of distress' are indistinguishable

ADHD

Elspeth  
Webb  
(2014)

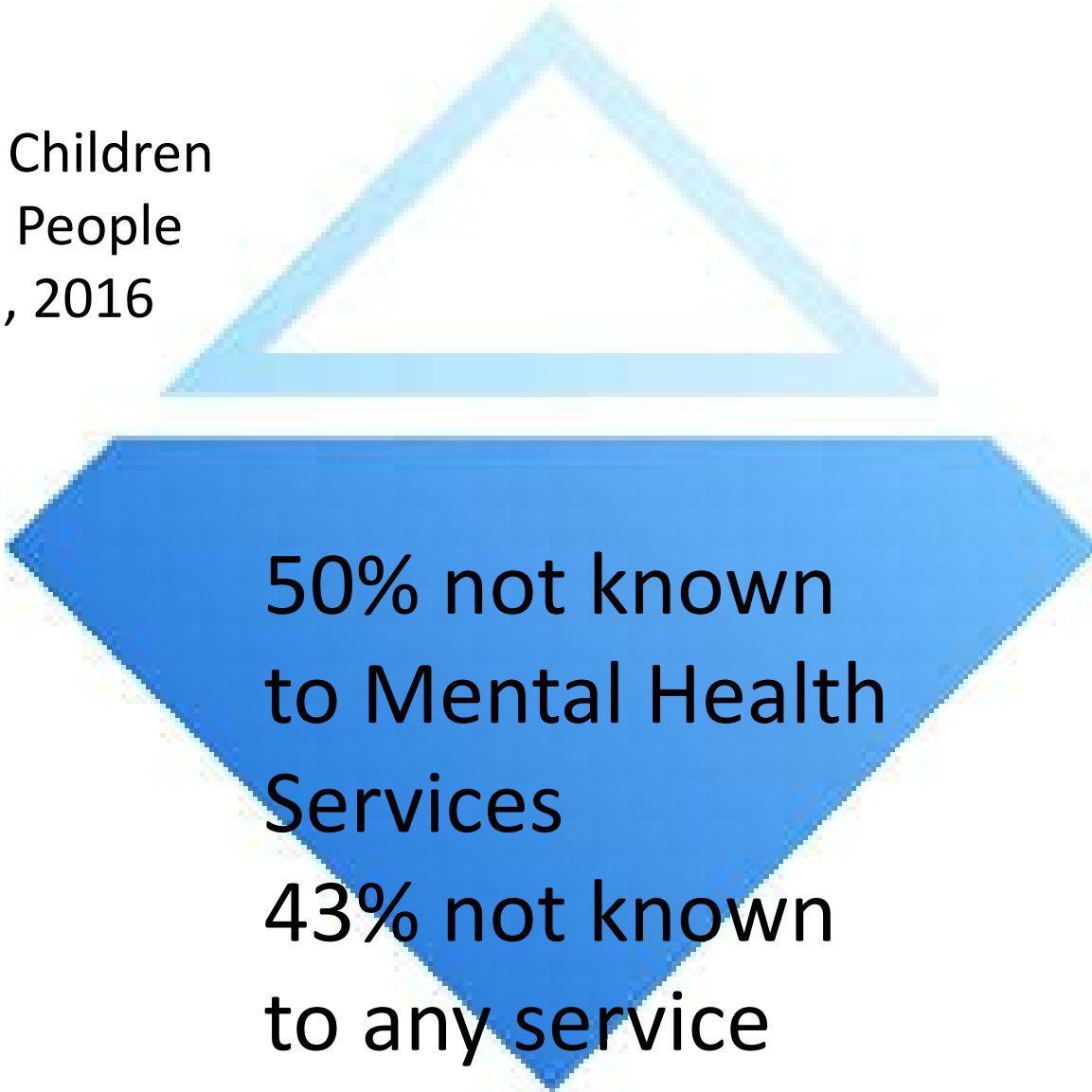


'ADHD Phenocopy'

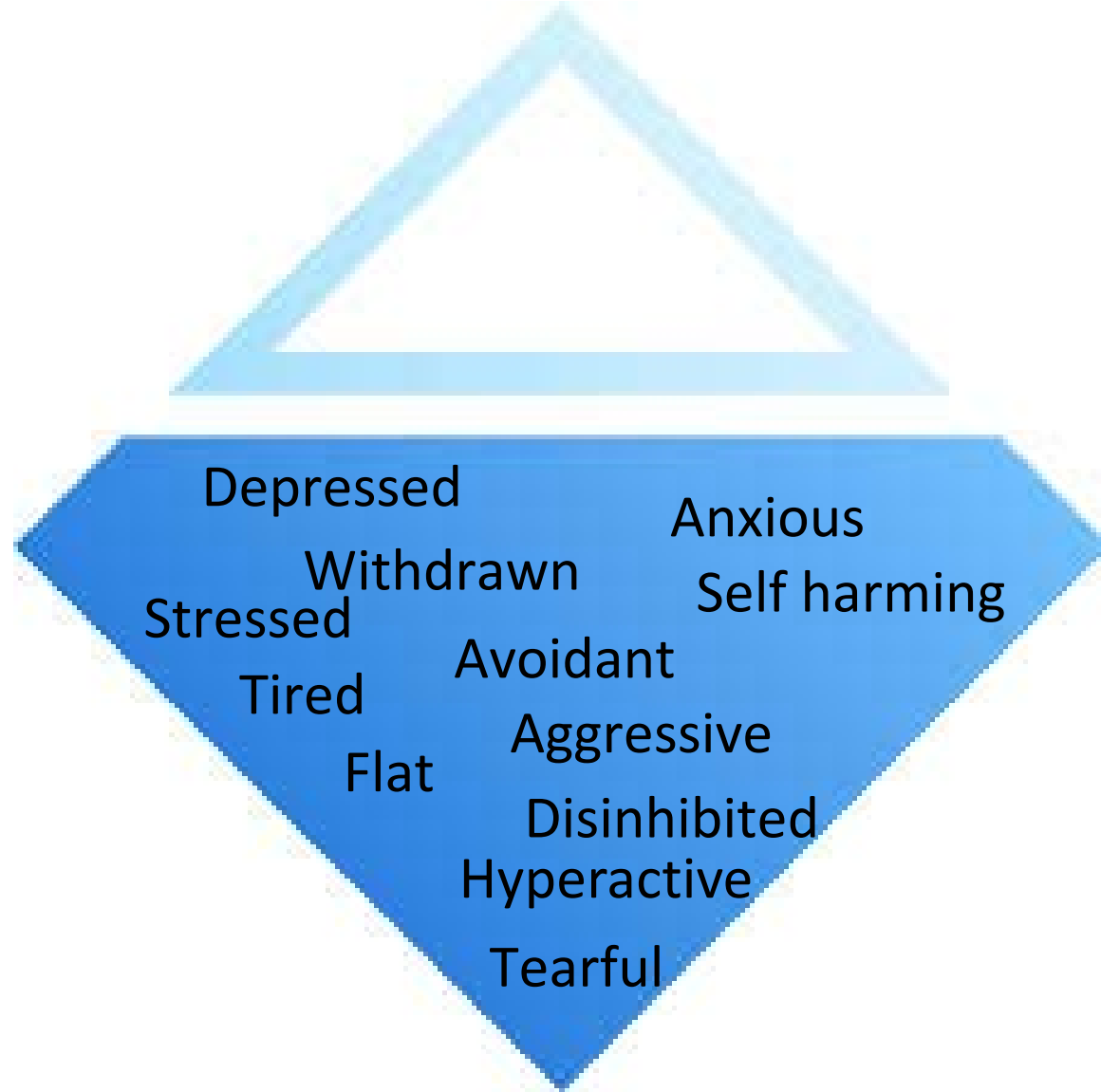
It is inappropriate to label a child with ADHD when their behaviour is in response to their environment, yet they present in the same way. At the top they receive specialist services – at the bottom they get nothing.

# Suicide Risk

Suicide by Children  
and Young People  
In England, 2016



Even suicide – the absolute  
domain of Specialist  
Mental Health Services –  
50% of children and young  
people who die have had  
no contact with SCAMHS



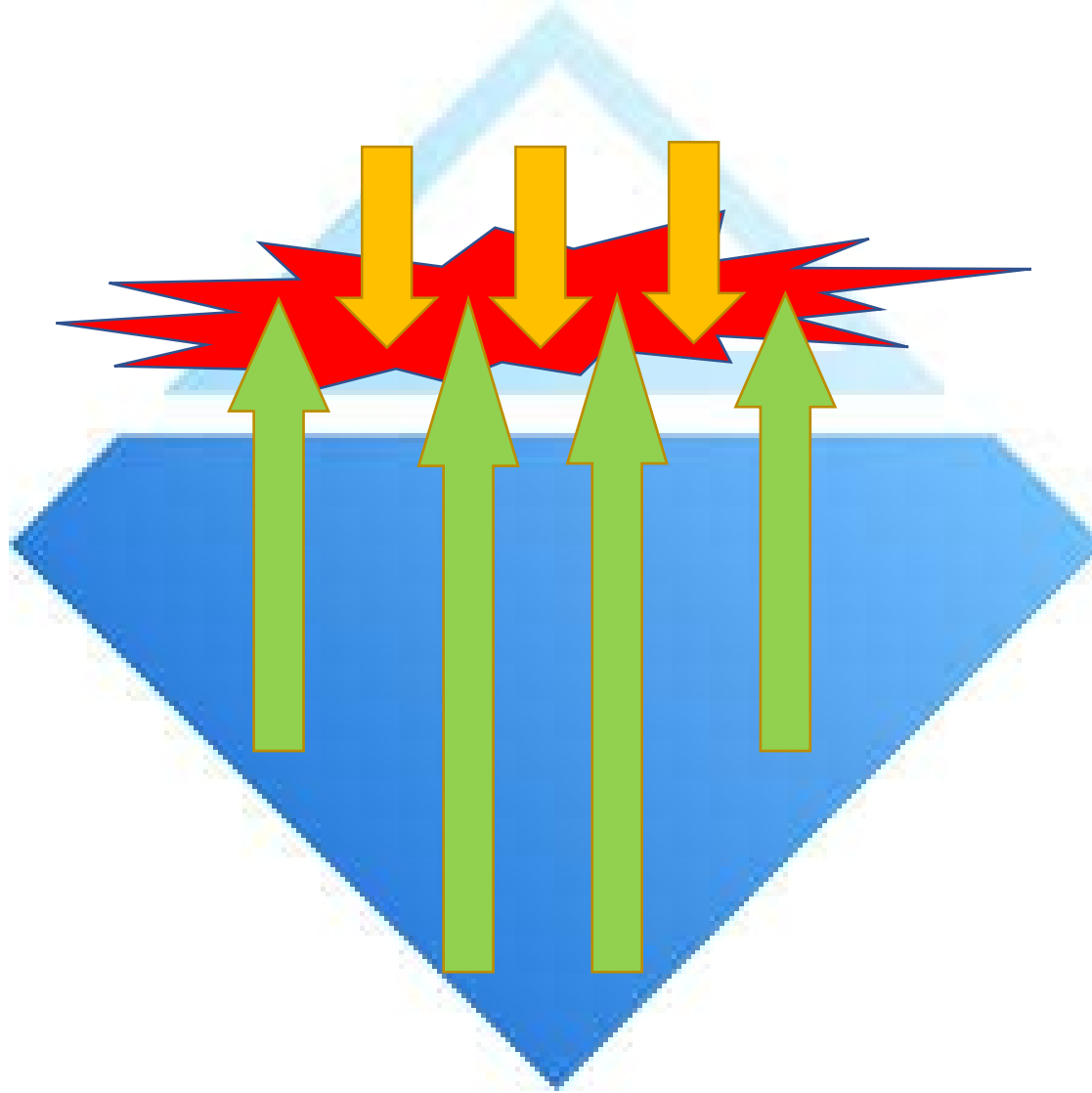
Signals of distress in our children are everywhere. They are signs that something is wrong in the environment NOT that something is wrong in the child.



# Gaps Analysis – Waters et al 2015

- Referrers appreciate SCAMHS is a scarce resource and only refer those children they are most concerned about
- Locally 50% of these referrals are turned away as ‘inappropriate’
- Many professionals have given up referring to SCAMHS because they know it will be turned away
- Families and professionals are left with no expert support to help manage the very real difficulties they are experiencing
- This is because the only access to specialist skills is via SCAMHS
- And efforts to get children seen and keep children out lead to huge tensions

# Highly Qualified Experienced Clinicians



A tremendous amount of energy and time goes into attempting to untangle complex interactions between environment and mental health to work out which service is most appropriate



Leads to turf wars



Ignores the new and growing evidence that brain development and environment are inextricably linked

# LET'S REDIRECT THIS ENERGY POSITIVELY AND GIVE CHILDREN WHAT THEY ARE ASKING FOR:

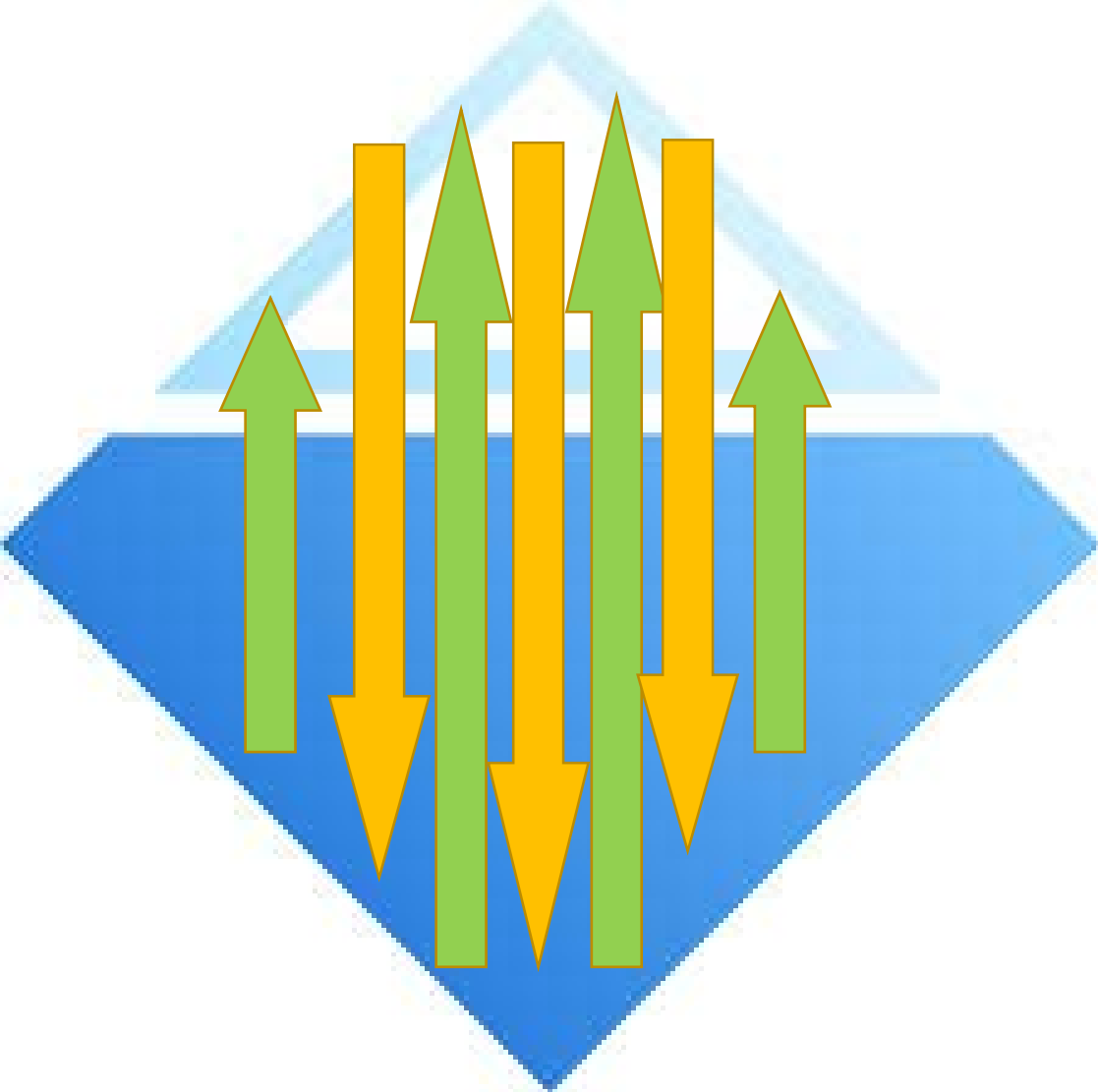
## What Young People Say they Want

- Easier access to mental health support – when, where and how they want to access it.
- But also want choice – schools or in community
- Learning how to look after their own mental health; know where to go for help
- Want teachers to have some knowledge of mental health and wellbeing
- Improve transitions to adult services
- Listening to & acting on what children and young people say
- Reduce stigma

Most Experienced Clinicians

ACCESS TO

CONSULTATION



Most Experienced Clinicians

LET'S CALL IT A **MULTIPLE ACES SERVICE** IN RECOGNITION THAT WHAT HAPPEN'S IN CHILDREN'S LIVES IMPACTS ON THEIR PHYSICAL AND MENTAL HEALTH INTO ADULTHOOD.

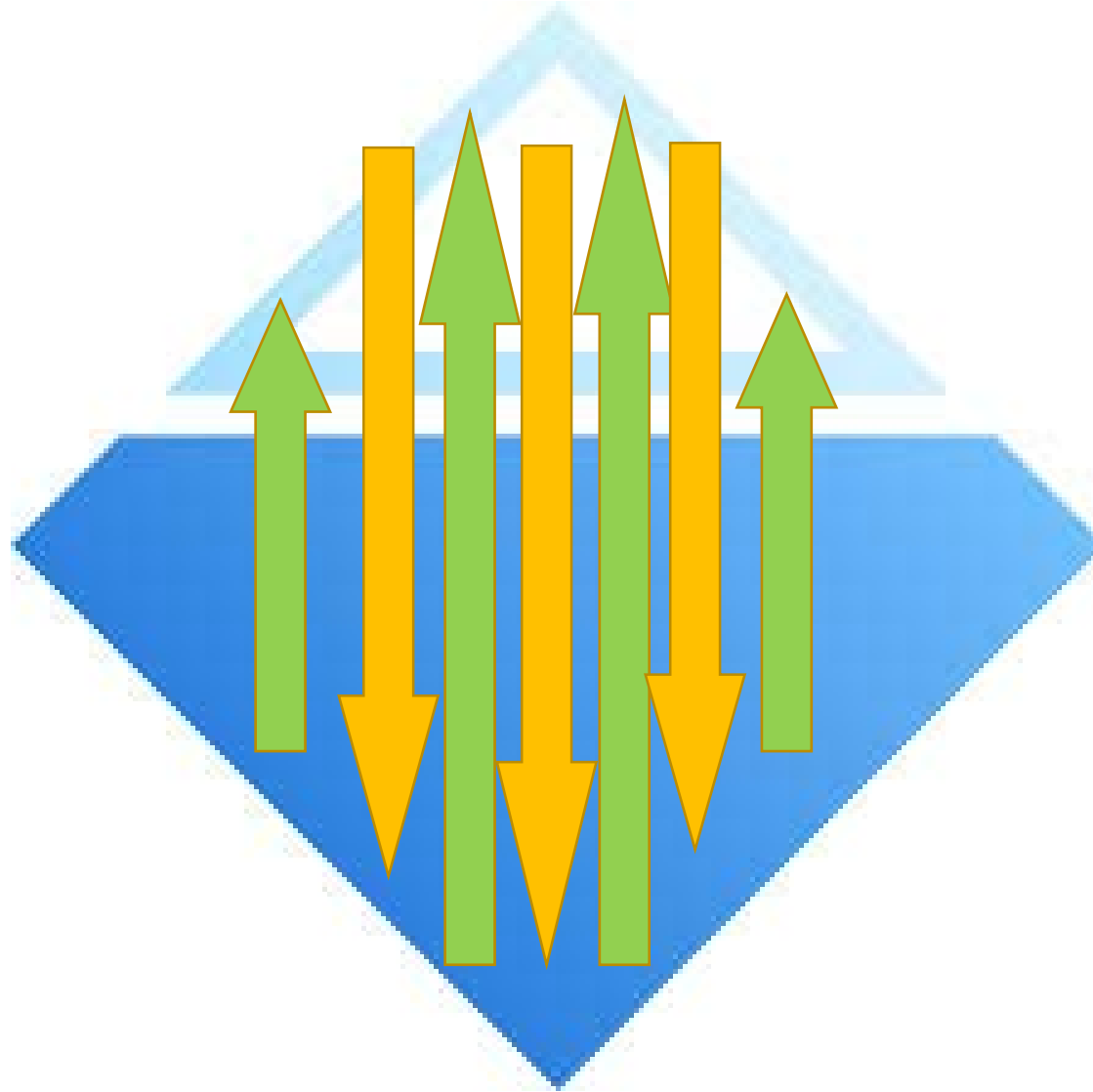
LET'S HELP CHILDREN AND THEIR FAMILIES AND CARERS UNDERSTAND THAT THEIR DISTRESS IS NOT A SIGN OF DISORDER BUT RATHER A SIGNAL THAT ALL IS NOT RIGHT SOMEWHERE IN THEIR WORLD

LET'S HELP THE GROWN-UP'S IN THEIR LIVES MAKE CHANGES BEFORE A DECISION ABOUT WHETHER THE CHILD WOULD BENEFIT FROM THERAPY IS MADE

THIS IS HOW WE DESTIGMATISE MENTAL HEALTH

# Specialist Child and Adolescent Mental Health Service

ACCESS TO



CONSULTATION

Multiple ACES Service



IN ADDITION TO WORRIES ABOUT A CHILD'S BEHAVIOUR AND FUNCTIONING THE QUESTION NEEDS TO BE:

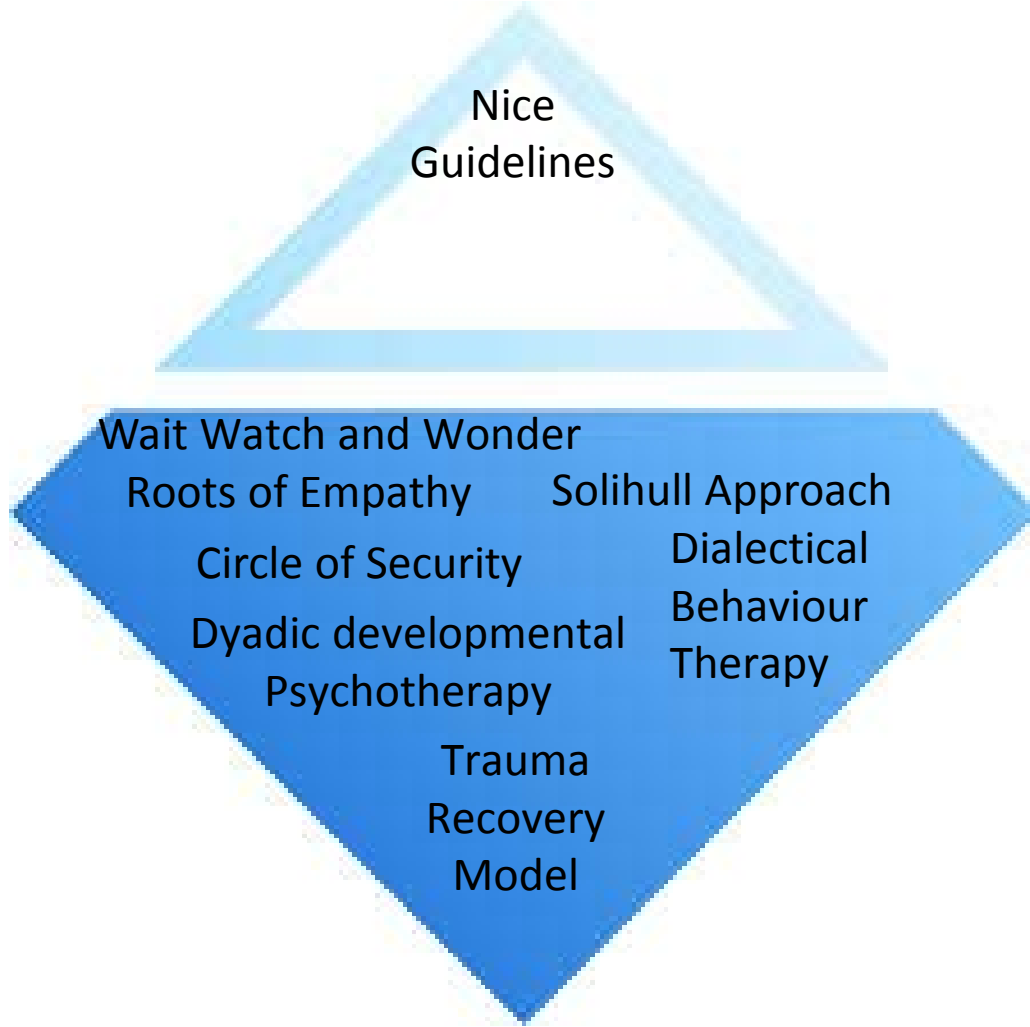


CAN THIS FAMILY ACCESS A CLINIC BASED MODEL OF SERVICE DELIVERY AND ALL THAT IT DEMANDS?

OR WOULD THEY BENEFIT FROM A MORE COMMUNITY BASED APPROACH THAT HAS EQUAL ACCESS TO SPECIALIST SUPPORT?

GIVEN A VERY REAL AND ACCESSIBLE CHOICE, INAPPROPRIATE REFERRALS TO SCAHMS WOULD REDUCE DRAMATICALLY

AND THE GOOD NEWS IS WE ARE NOT STARTING FROM SCRATCH:

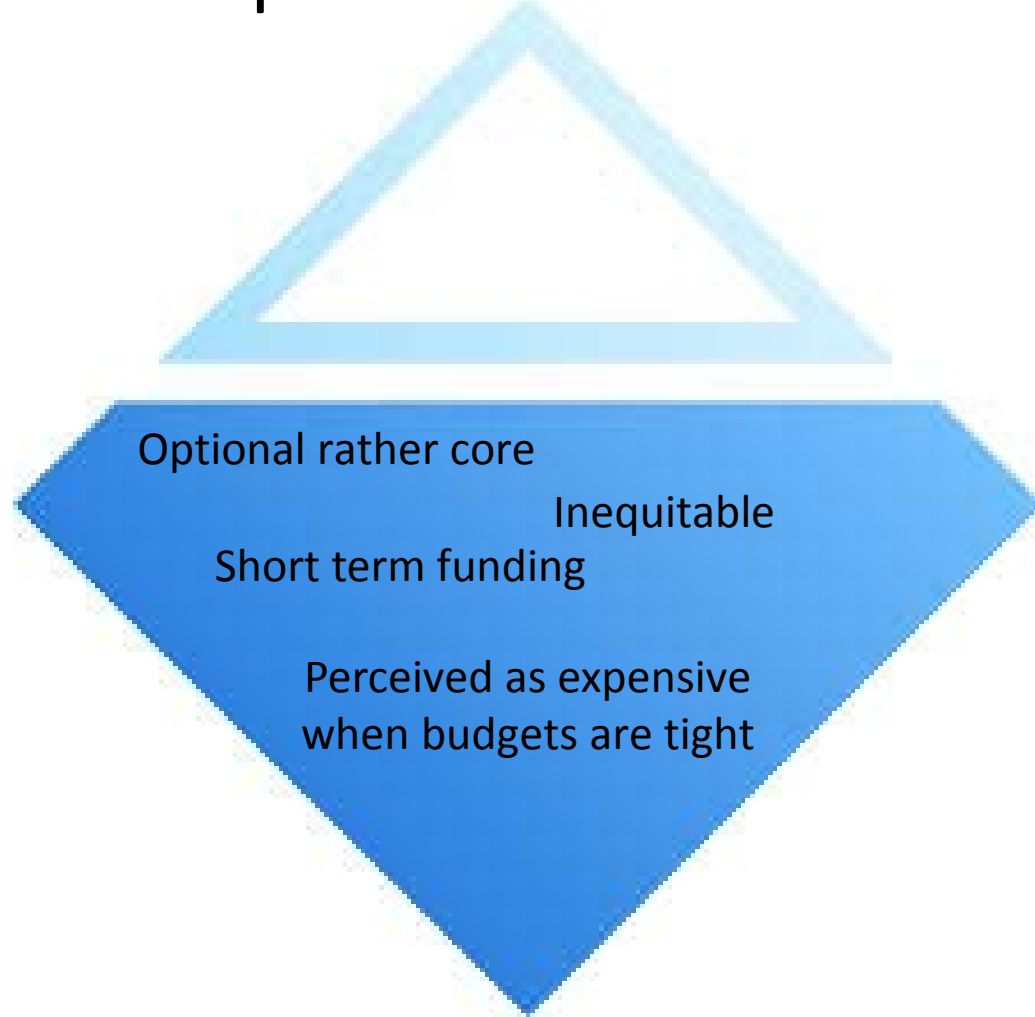


NICE Guidelines draw from a 'within child', 'clinic based' evidence base but there is a robust and growing evidence base of approaches that work with relationships and the wider system



We are not starting from scratch. In Gwent our service has developed a range of models to meet the very different needs of this population – all in collaboration with multi-agency colleagues and services

# Specialist CAMHS



But these services are often 'invisible', not recognised as mental health, and very small and vulnerable in comparison with SCAMHS

# Experienced Clinicians



We can start changing the balance.....



.....just by redirecting the resources put into managing ‘inappropriate referrals’

We can start changing the balance.....



.....and moving clinicians whose models are more suited to community settings

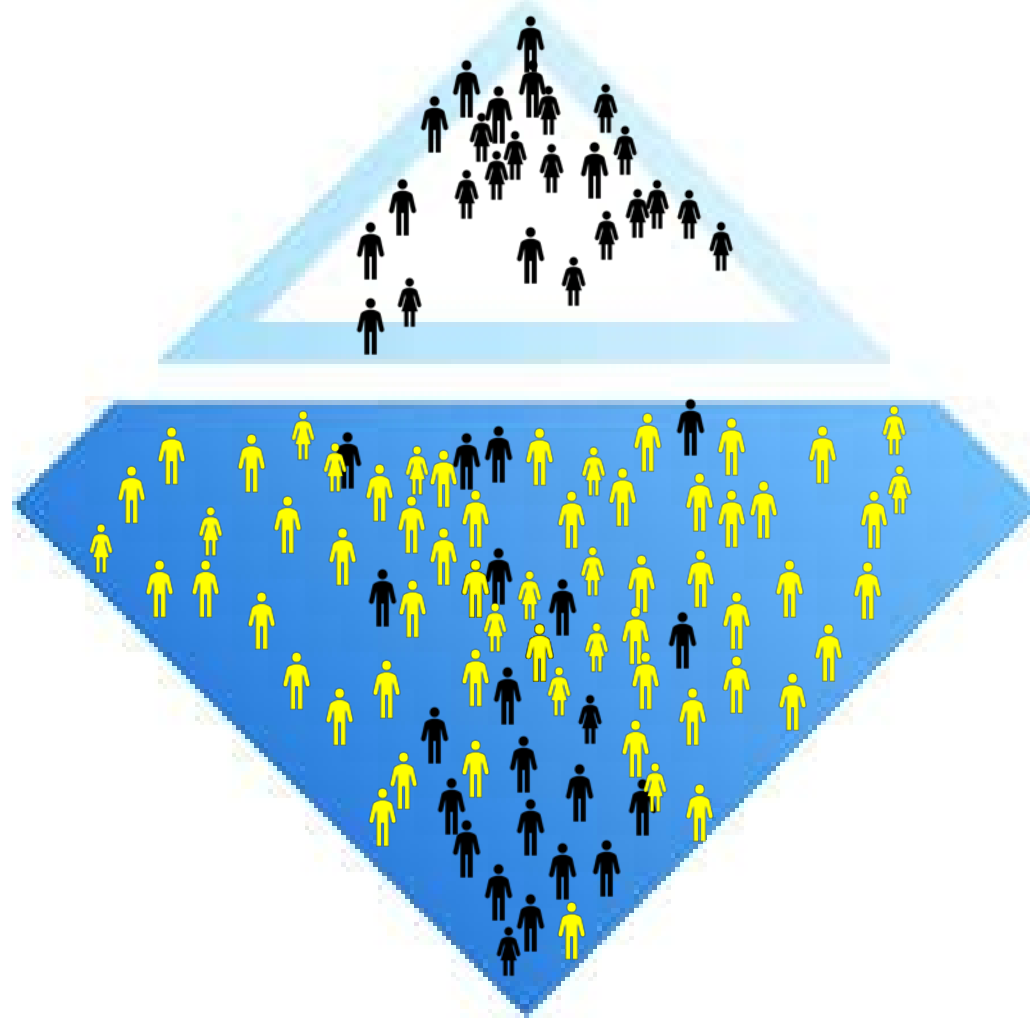
We can start changing the balance.....



.....and redirecting the huge resource that goes into making children fit in a 'clinic based' model

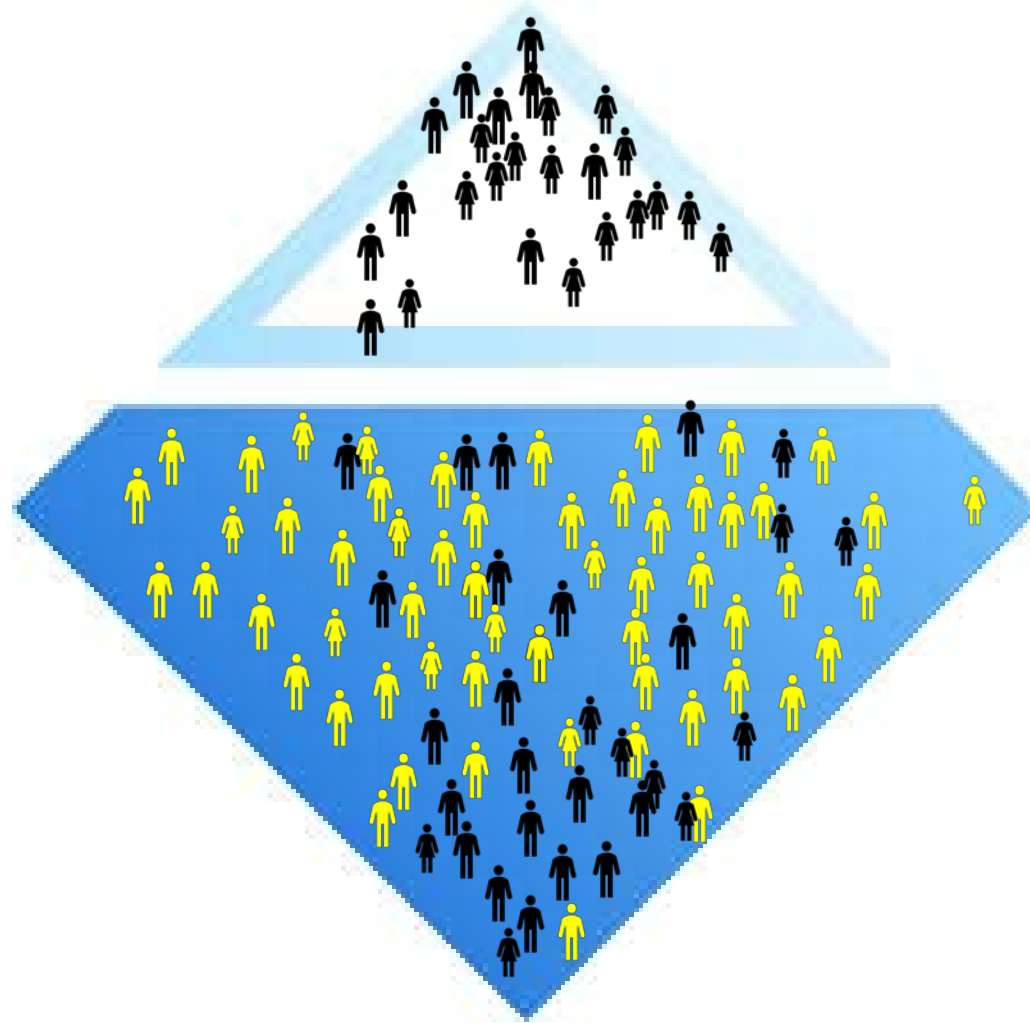


The BEST news is there is a huge resource already there.....



...as at the heart of the approach is facilitating child care professionals to work differently

And if we really wanted to develop this.....



.....reinvestment of huge cost these children at the bottom of the iceberg cost education, social care and society

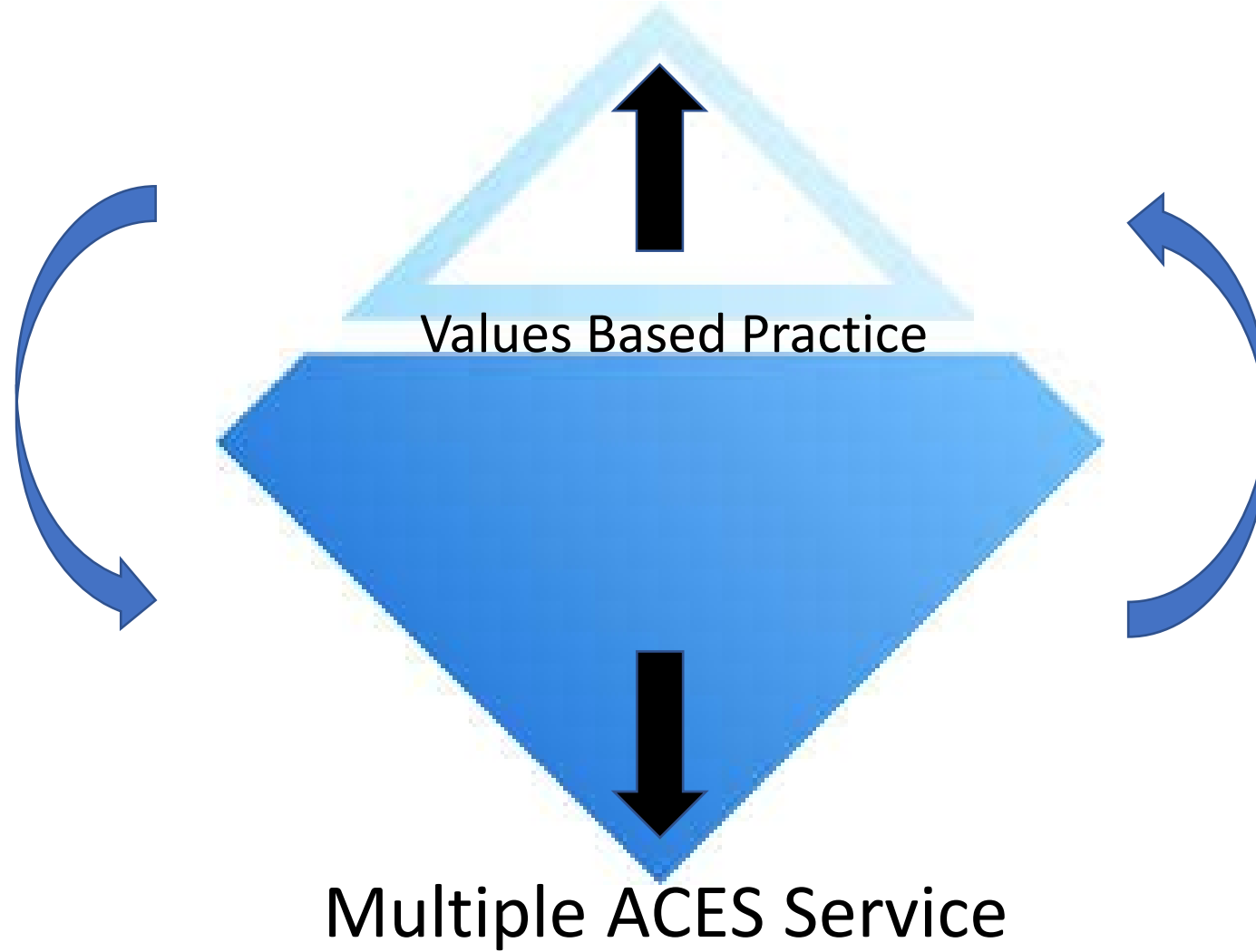
LET'S MOVE AWAY FROM ALWAYS LOCATING MENTAL HEALTH  
WITHIN THE CHILD.....



.....TOWARDS AN APPROACH THAT HELPS SOCIETY RECOGNISE THAT  
WHAT HAPPENS TO CHILDREN IMPACTS ON THEIR PHYSICAL AND  
MENTAL HEALTH FOR THE REST OF THEIR LIVES

BOTH APPROACHES HAVE THEIR PLACE AND CAN INFORM EACH OTHER

# 'Within Child' Clinic Based Model



BUT IF WE REALLY WANT TO TACKLE STIGMA AND CHANGE THE TRAJECTORY OF THE MENTAL HEALTH TSUNAMI.....

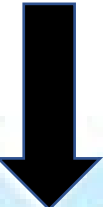
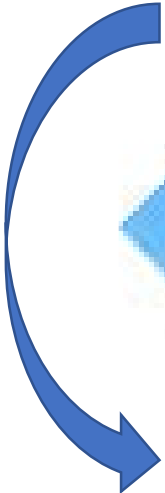


THE MULTIPLE ACES SERVICE SHOULD BE OUR FIRST PORT OF CALL SO THAT IT HELPS SHAPE OUR UNDERSTANDING OF HOW MENTAL HEALTH DIFFICULTIES DEVELOP IN CHILDREN, AND MOST IMPORTANTLY, HOW THEY CAN BE PREVENTED

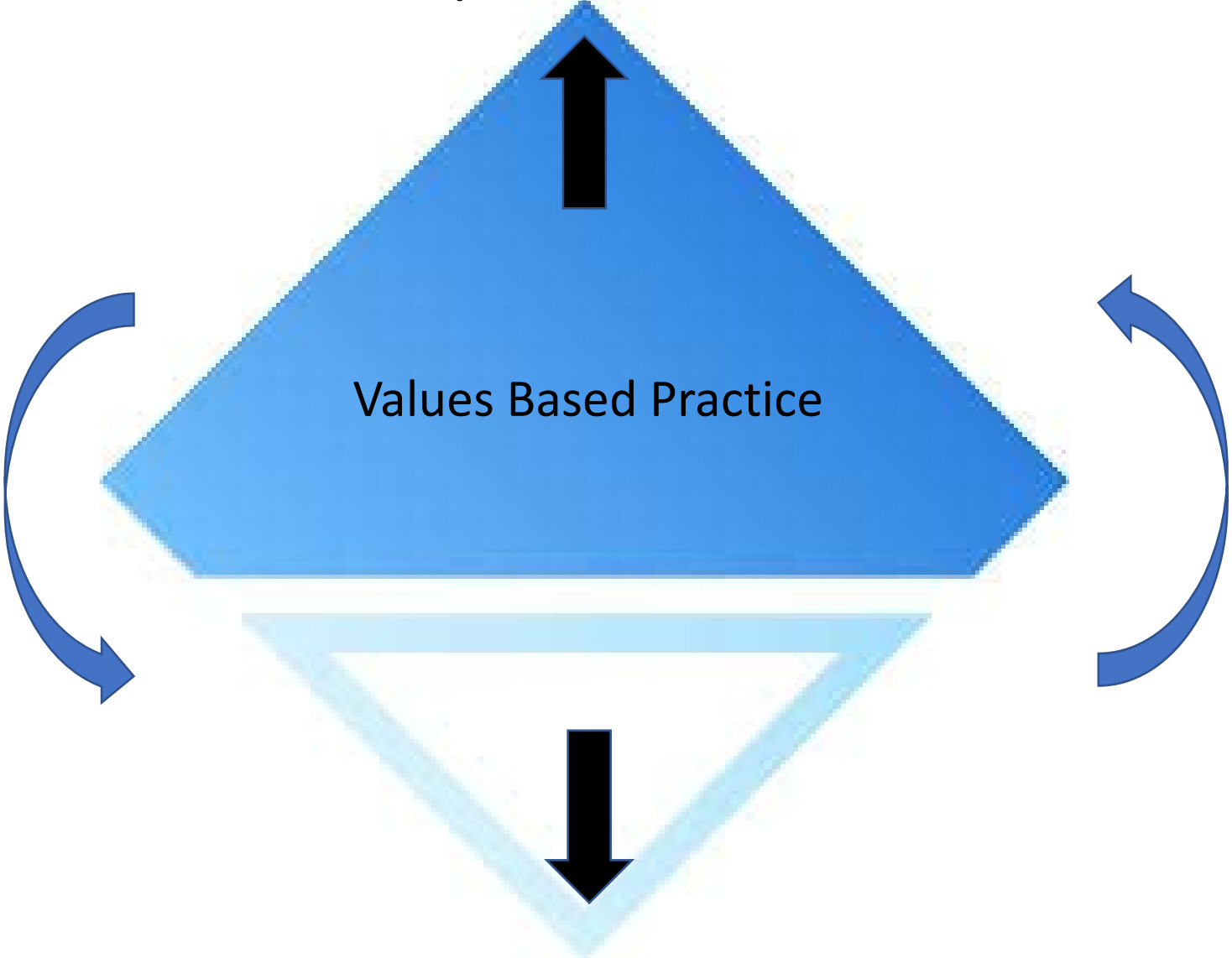
Multiple Aces Service



Values Based Practice

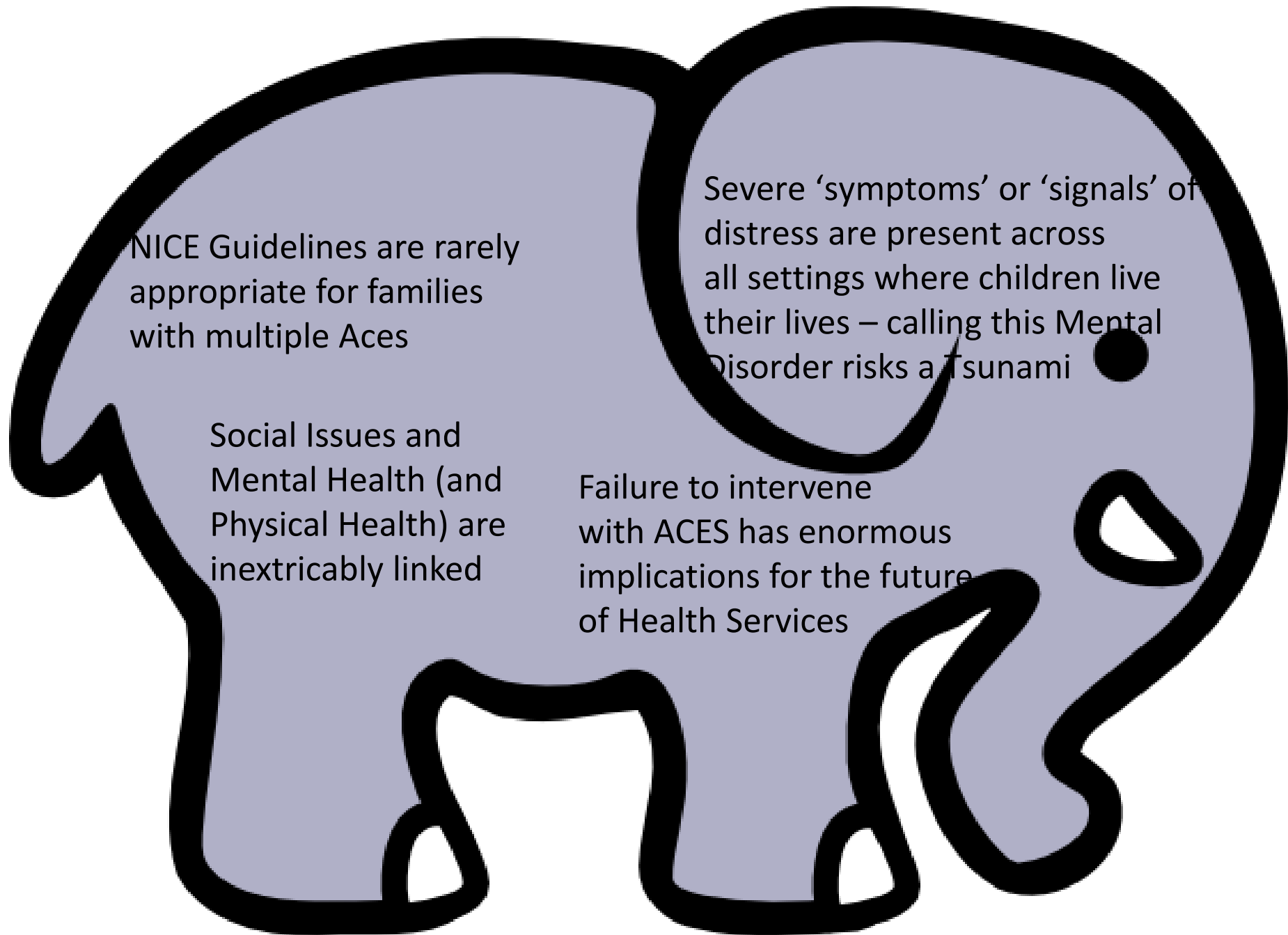


Clinic Based Services



# Multiple Aces Service

- Destigmatises Mental Health – we are all susceptible
- Recognises the environment as both a primary cause and a vehicle for change
- Stops turf wars
- Challenges the myth that every child with symptoms needs therapy
- Does this in a positive and proactive way rather than a rejecting way
- Frees up resources in SCAMHS to be targeted at children and young people who can respond to clinic based interventions
- Multiple Aces becomes common language - significant Public Health message
- Embeds Trauma Informed Services and Trauma Informed Schools
- Prevents the current trend of more and more children fitting the criteria for a 'mental disorder'
- One model informs the other
- Not only will it impact on children's mental health, but on the mental and physical health of future generations
- And goes some way to tackling the elephants in the room.....



NICE Guidelines are rarely appropriate for families with multiple Aces

Social Issues and Mental Health (and Physical Health) are inextricably linked

Severe 'symptoms' or 'signals' of distress are present across all settings where children live their lives – calling this Mental Disorder risks a Tsunami

Failure to intervene with ACES has enormous implications for the future of Health Services



SO BACK TO OUR LITTLE GIRL. THE NATURE OF WHAT IS AT THE ROOT OF HER DISTRESS MAKES A HUGE DIFFERENCE TO HOW WE INTERVENE – AND OFTEN THERE ARE MANY FACTORS....



Can't ever play in garden because gangs are in the street fighting and taking drugs

Has no friends because everyone says she talks funny and is weird



Mum and Dad are fighting every night and she's frightened they might kill each other

Feels like a boy inside but her mum makes her wear pink every day to prove she's not

LET'S STOP ASSUMING A ONE SIZE FITS ALL SERVICE MODEL IS THE ANSWER – ESPECIALLY BECAUSE IF SHE DOESN'T FIT SHE GETS NOTHING



The Pyramids were part of a fantastic civilisation –  
but there's a reason we don't build them now



