



# **Building a Bridge:** **Integrating specialist CAMHS with** **Primary Care in East Lancashire**

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# Outline

- Background
- The ELCAS Primary Care team
- A view from primary care
- Impact
- Learning from service development
  
- Questions

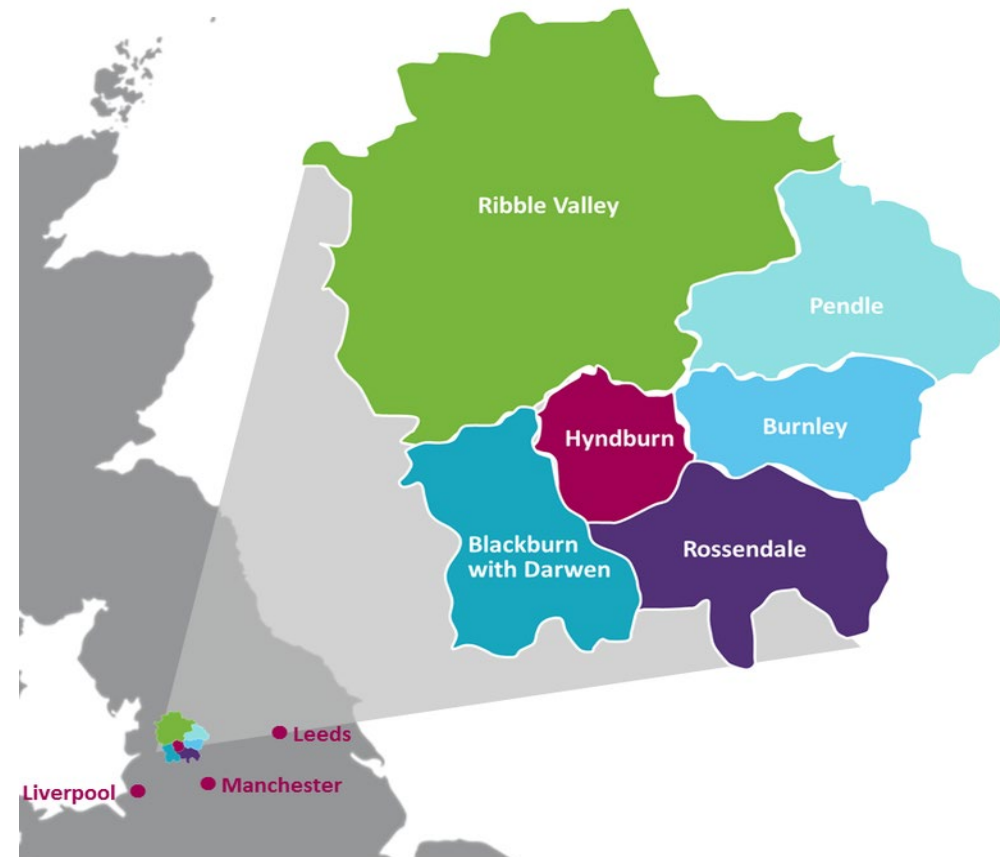
Reflect on your service's relationship with 'primary care'-  
is there scope to bridge any gaps?

A decorative graphic consisting of several thick, yellow, curved brushstrokes that sweep upwards and to the right, located in the bottom right corner of the slide.

# East Lancashire and Blackburn with Darwen

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- 566,000 population
- 13 PCNs
- Culturally diverse
- Social inequalities
- 3 Lancastrian medical schools



# East Lancashire?



# ELCAS

(East Lancashire  
Child & Adolescent Services)

- Specialist community CAMHS in East Lancashire Hospitals NHS Trust
- In 2016:  
‘Tier 3’ – Consultant-led geographic teams  
Severe and complex mental health difficulties  
GPs most frequent referrer



# The national context

2016

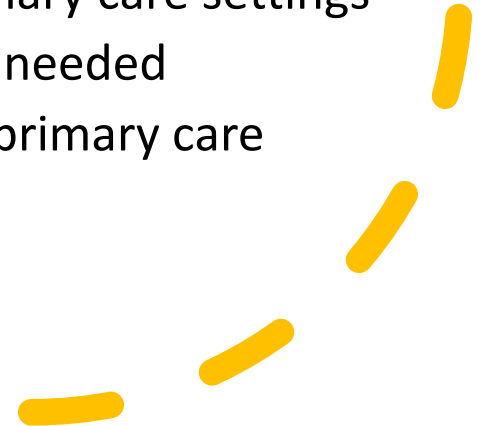
- “Two-thirds of GP referrals for child mental health lead to no treatment” (Pulse 2016)
- “There is a particular need for tools and training to aid accurate identification and management, and for more efficient access to specialist services” O’Brien et al (BJGP 2016)
- Future in Mind (2015)



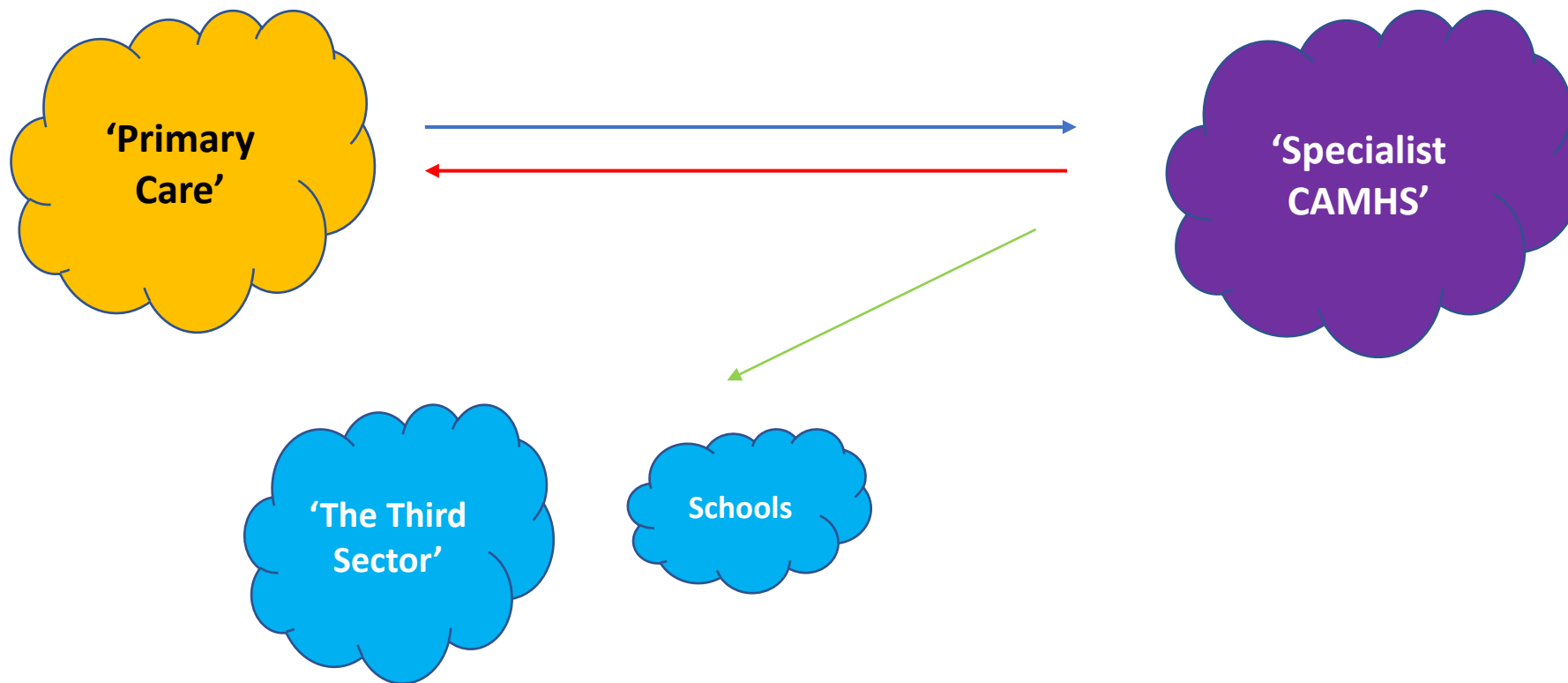
# The local context

2016

- QNCC accredited (2016)
- Survey
- Discussion with CCG leads
- Pilot funding for 3 PMHWs (one year)
- Aims
  - Increase capacity to manage need in primary care settings
  - Improve access to secondary care where needed
  - Develop interface for 'Getting Advice' in primary care



# The Gap (2016)





# Primary Mental Health Worker (PMHW) roles

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- Based in GP practices
- Training
- Consultation and advice to professionals across the PCN
- Assessment and brief intervention where indicated
- 50/50 job plans
- All PMHWs link as MDT in specialist CAMHS

# Assessment, Consultation and Brief Intervention (ACBI)

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Developed by Dr. Leo Kroll and Dr. John Stancombe in the North West of England

[www.acbi.me.uk/lms/](http://www.acbi.me.uk/lms/)

- Person-centred model of consultation
- Brief case management delivered by experienced clinicians
- Clinical care typically delivered in up to 3 sessions (model formerly known as 2&1)
- ‘Getting Advice’
  - “at least a proportion of this group find relatively few contacts, even one single contact, enough to normalise their behaviour, reassure families that they are doing the right things to resolve the problem without the need for extra help and to signpost sources of support”*

Thrive Elaborated; second edition (Wolpert et al 2016)

# ACBI in practice

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- Assess children in base practices when appropriate, and from across PCN following consultation
- PMHWs have flexibility to deliver targeted care in their PCNs
  - referral criteria based on nation T2/3 spec
  - structured operational model
- Added value?
  - less severe difficulties
  - when it is unclear whether there is a role for specialist CAMHS
  - or whether this is wanted by children and families

# Developing a Primary Care team

- Demonstrated acceptability and impact in evaluation (UCLAN)
- Positive feedback fed into CAMHS transformation
- 10 PMHWS (funding agreed for further)
- Band 6/7 practitioners with a range of skills
- GP Specialty Trainee
- 2 Parent training practitioners
- Pilot CYP Wellbeing Practitioner (NHSEI/ARRS funding)
- Virtual MDT with Psychiatry (1PA) and manager input

# The ELCAS Primary Care team



GP perspective

Irwell medical practice

Bacup

Rossendale East PCN

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14,000 list size



Primary Mental Health Worker  
Donna Hindle

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PMHW 2019

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In practice

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In practice meetings

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Available for discussion

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Joined liaison and mdt

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Able to take referrals for ACBI model, taking place  
in practice or video call

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Advice on referrals into secondary care CAMHS



# Impact

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Improved quality of referrals

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Increased clinician knowledge  
adolescent mental health

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Timely interaction with camhs


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Effective screening of cases  
needing direct referral into camhs





# Impact: Holistic care


- Improved use of other services
    - Mental health for schools teams
    - Child psychology
    - Child and family wellbeing service
    - School nursing team
  - Liaising with other professionals involved with the child
  - Joined up care - whole family:
    - Improved safeguarding
    - Other family members
    - Breaking the cycle
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# A PMHW perspective

## WHAT WORKS WELL

- GPs having a named link to contact and support network
- Familiarity with regular staff
- Ease for families as seen somewhere they are familiar with, in their locality
- Joint appointments with GP if appropriate with young people and families
- Families not having to repeat their sometimes difficult stories (can access EMIS and CAMHS records)
- Encouraging access to mental health services – ACBI in primary care can be less stigmatising
- Weekly liaison meetings with GP and PMHW + 3-monthly Paediatric MDT

## CHALLENGES

- Pressure on primary care estate
  - Visibility in PCNs
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# Impact

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- Referral data (e.g. Irwell Medical Practice)
  - Statistically significant increases in referral and acceptance rate
  - Referral rate sustained during Covid-19 pandemic (marked contrast to comparator practice)
- Switch to electronic patient record and data quality
  - Patient outcome audits
- Evaluation of service user experience (with UCLAN, Healthwatch, National Children's Bureau)
- Qualitative study of GP views

*GP perceptions of community-based children's mental health services in Pennine Lancashire: a qualitative study*

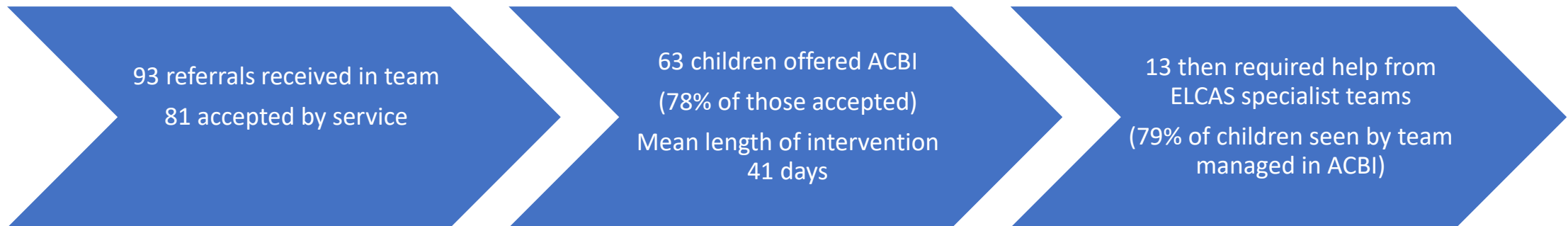
AK Lambert, AJ Doherty, N Wilson, U Chauhan and D Mahadevan (BJGP Open 2020)

# ACBI case outcomes

Consistent themes in our evaluation of ACBI over 5 years:

We use ACBI for most referrals received  
Around three quarters of children seen do not go on to access our specialist teams

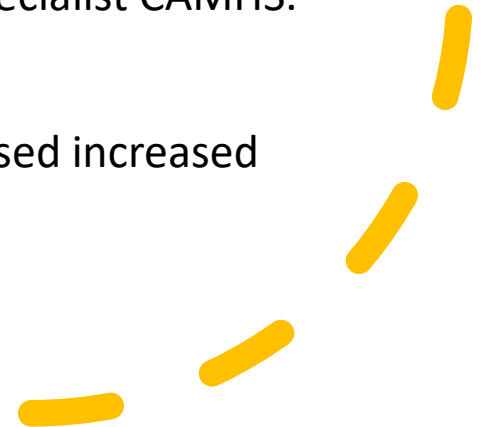
## Audit from January 2022



# Themes from UCLAN qualitative evaluation

- **The role of the GP:** most GPs perceived their role to be signposting and referring patients with mental health issues to specialist services, rather than offering care directly
- **Clarity on help available:** GPs were unclear about specialist CAMHS referral criteria and alternative resources available. GPs experienced communication challenges with specialist CAMHS
- **Getting advice and support:** PMHWs enabled GPs to have informal discussions, and to seek advice about children. Some GPs felt they could recognise problems earlier and were able to access help more quickly
- **Development needs:** some GPs felt they required increased training in supporting children with mental health problems, and identified a need for further collaboration with schools and specialist CAMHS.

GPs who had PMHWs based in their practices expressed increased satisfaction with services.



# Quotes on PMHW impact from GP interviews

*“it is fantastic. We can just access (the PMHW) very easily. We can refer easily. If I am not sure about a case and where they need to go to*

*...I can think of quite a few patients it has made a huge difference to their lives”*

*”it works well because patients like to come here (the GP practice). They don't like going to different clinics and things ...*

*As soon as they go to mental health clinic, they know that everyone's calling them crazy.”*

# Innovations

- GP ST posts and teaching
- Drop-in clinics (virtual)
- Personal Health Budgets (NHSE pilot)
- 'Getting Help'
  - Incredible Years parent training
  - Additional roles for individual therapies (CYWP)

# The national context (2022)

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## Swamped NHS mental health services turning away children, say GPs

**Exclusive: survey lays bare extent of help denied by CAMHS to under-18s who are struggling mentally**



📷 The survey found that in some areas it takes children and young people two years after being referred by their GP to start receiving help. Photograph: True Images/Alamy

Children and young people who are anxious, depressed or are self-harming are being denied help from swamped NHS child and adolescent mental health services, GPs have revealed.

Even under-18s with an eating disorder or psychosis are being refused care by overstretched CAMHS services, which insist that they are not sick enough




# Has the national picture shifted?

- 95% of GPs say that CAMHS services are either in crisis or very inadequate
- Up from 90% when stem4 ran the same survey in 2018, and 85% in 2016
- Prof Martin Marshall, the chair of the Royal College of GPs, said:

“It’s of paramount importance that if GPs refer these patients to specialist mental health services that these referrals are taken seriously and not dismissed without good reason.”

[www.theguardian.com/society/2022/apr/03/swamped-nhs-mental-health-services-turning-away-children-say-doctors](http://www.theguardian.com/society/2022/apr/03/swamped-nhs-mental-health-services-turning-away-children-say-doctors)

- NHSEI programme to improve/test integration in this area (NHS Futures Collaboration platform)
  - ARRS children’s mental health roles
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# The role of the GP

(thinking with trainees)

Is it actually your business as GPs to help children with mental health difficulties?

- Are you able to consult with children presenting with mental health problems (and their families)?
- Can you identify common mental health problems in children?
- Do you think you can do anything directly in primary care that leads to better outcomes for these children? And if so – what?



# Can GPs 'treat' these problems?

(opportunities in the GP consultation)

*Neufeld et al (2017) Reduction in adolescent depression after contact with mental health services: a longitudinal cohort study in the UK*

The Lancet Psychiatry, 4, 120-127

Single-session interventions

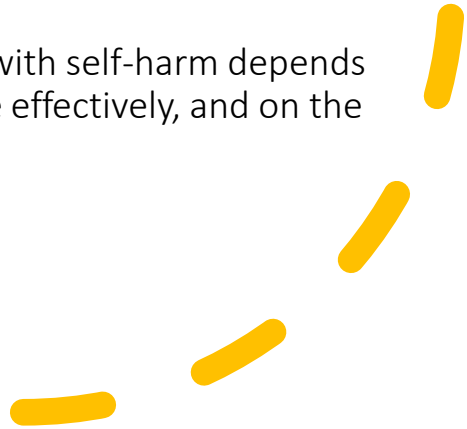
[www.schleiderlab.org/resources.html](http://www.schleiderlab.org/resources.html)

*Mughal et al (2019) Self-harm in young people: the exceptional potential of the general practice consultation*

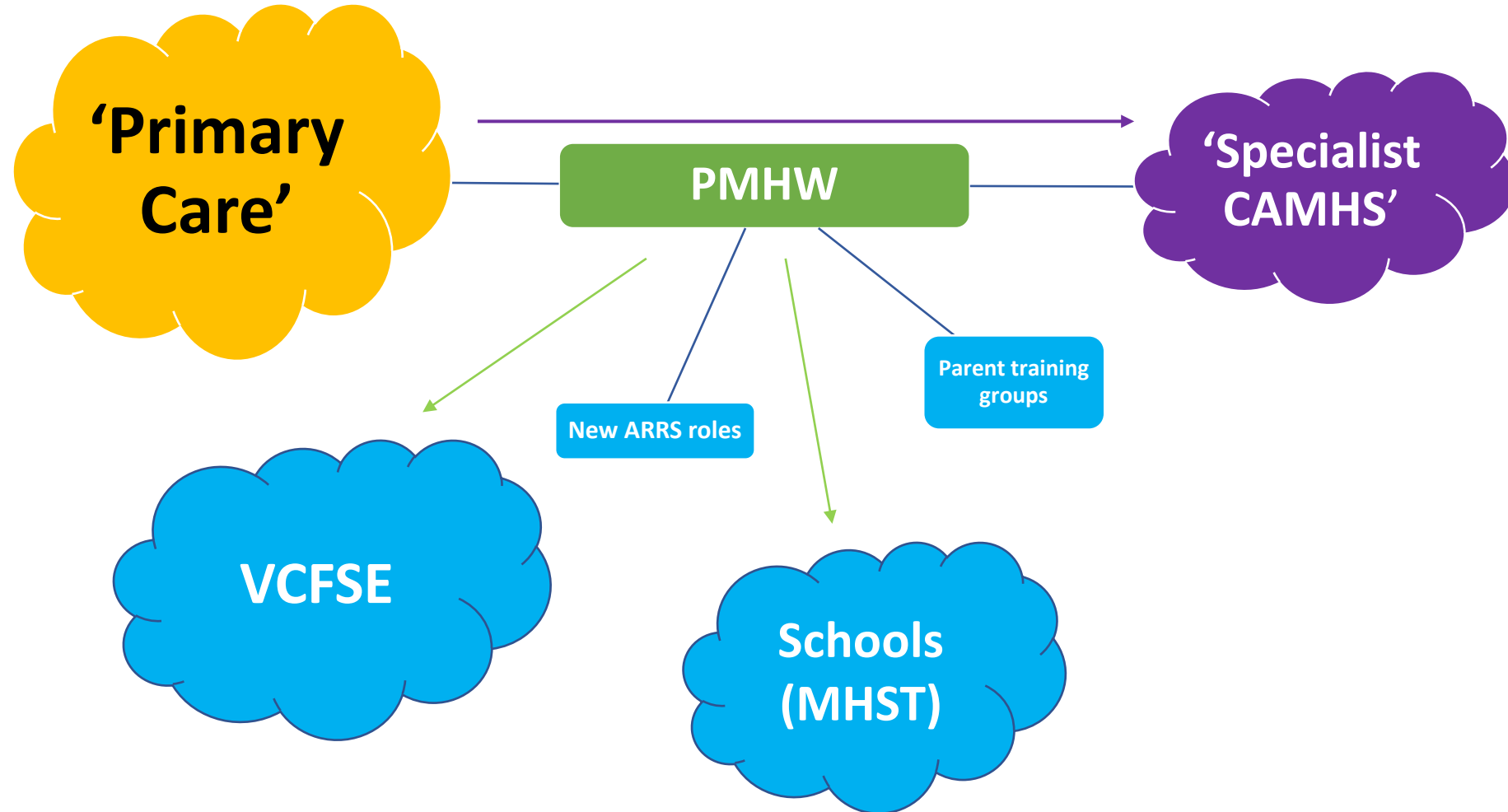
British Journal of General Practice; 69 (681): 168-169.

<https://doi.org/10.3399/bjgp19X701393>

“Realising the full potential of a consultation with young people with self-harm depends on the GP’s ability to listen non-judgementally and communicate effectively, and on the organisation of primary care services.”



# A Bridge



# Further development

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- Scaling to one PMHW per PCN
- Adoption of clinical model across ICS
- Evaluate effectiveness of new joint-funded (NHSEI/ARRS) child mental health roles
- Track impact of moves towards telephone 'Single Point of Access'
- Evaluation of impact at PCN level with improved data quality
  - Patient outcomes
  - Health inequalities
- Integration with VCFSE groups – next webinar for NHSEI...

# Conclusions

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- Feasible and effective service development
- Complemented other transformation agendas; clinically led in our communities
- Has required clarity, openness and pragmatism
  
- GPs have a key role in the care of children with mental health problems – or risk of dis-integration
- Flex needed as PCNs evolve (person vs. process)
- Developing an understanding of the conditions required to build a bridge
  
- New ways of working (collaboration with GPs)
- Orientation to specific communities and child health perspectives in CAMHS

A scenic landscape featuring a river with a stone weir in the foreground. A large, leafless tree stands prominently on the left bank. The background shows rolling green hills under a clear blue sky.

Questions?

Thank you

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