



*Child & Adolescent  
Mental Health Service and  
Learning Disabilities  
Team  
Annual Report 2012/13*





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## User feedback during 2012/13

Thank you for helping me and my daughter.

The receptionist was helpful and everyone has been kind



Everyone listened and cared about my feelings



Our daughter was able to confide in someone

CAMHS is cool. Felt like you really listened to me



I couldn't rate it highly enough

Nice to be treated like a grown up



Thank you for being such fantastic partners in supporting the young people and families we serve (SENCO)





## **North Somerset Specialist CAMHS and Learning Disability - Team Members**

Gillian Smith, Divisional Manager for Community Children's Services  
Dr Trisha Tallis, Divisional Directors

### **North CAMHS Team Staffing**

Dr Trisha Tallis, Consultant Child & Adolescent Psychiatrist  
Mags Patterson, Principle Clinical Psychologist  
Dr Paula Morris, Clinical Psychologist  
Dr Fiona Syme, Clinical Psychologist  
Alison Bartlett, Specialist Nurse Therapist  
Sarah Summers, Specialist Nurse Therapist  
Vince McLaughlin, Primary Mental Health Specialist  
Susan Day, Primary Mental Health Specialist (end of contract May 2013)  
Bethan Baker, Parenting Co-ordinator  
Nikki Linfield, Art Psychotherapist  
Paula Edgington, Principal Systemic Psychotherapist  
Katherine Knight, Clinic Assistant (left Jan2013)  
Ann Harvey, Mental Health Specialist

### **South CAMHS Team Staffing**

Dr Fiona Barlow, Consultant Child & Adolescent Psychiatrist  
Dr Clair Henry, Consultant Child & Adolescent Psychiatrist  
Rebecca Balakrishna (formerly Milford), Consultant Nurse  
Dr Liv Kleve, Consultant Clinical Psychologist (left Feb2013)  
Dr Sayra Shah, Clinical Psychologist  
Claire Luker, Clinical Psychologist  
Louise Cooper, Advanced Nurse Practitioner  
Alison Bartlett, Specialist Nurse Therapist  
Paula Edgington, Systemic Family Psychotherapist  
Nicola Rudge, Mental Health Specialist  
Teresa Hope, Mental Health Specialist  
Jo Scott, Primary Mental Health Specialist  
Nadija Corcos, Head of Arts Psychotherapies  
Anna Sullock, Art Psychotherapist (left 2012)  
Hannah Murdoch, Dance Movement Therapist  
Claire McGinty, Clinical Assistant

### **Learning Disabilities Team Staffing**

Elaine Boulton, Nurse Practitioner (retired Dec 2011 now working one day for MAST)  
Dr Trisha Tallis, Consultant Psychiatrist  
Dr Fiona Syme, Clinical Psychologist (maternity leave)  
Kirsty Dudbridge, Learning Disability Nurse  
Sarah Robinson, Specialist Learning Disability Nurse

### **Admin Team**

Tracey Langford, Administration/Site Co-ordinator for both sites  
Carole Grainger, Medical Secretary (Barn)  
Christine Stevenson, Medical Secretary (Drove)  
Louise Ford, Medical Secretary (Drove)





## Service Focus during 2012/13

### Key events for CAMHS

Our service continues to have excellent feedback from users of the service via feedback forms, the 'comment tree' (a feedback board that sits in the waiting rooms) and the user forum that was further developed in 2012.

As has been evident for most services, CAMHS has had some funding cuts and has been required to make savings. As a consequence we have had reduction in posts and restructuring of posts to provide the most clinical time we can offer. Our Commissioners have supported us in planning the priorities for the service working with the most complex cases and giving clear criteria for the work we can provide.

The overall focus for service improvements continues to be the **streamlining of systems** used across sites in relation to assessment and intervention processes. We have lost a senior and valuable member of the team (Liv Kleve) as she took up a post in Norway. We are in the process of negotiating the use of the vacancy funds ensuring the most pragmatic way of developing the psychology service as well as the overall CAMHS team as we restructure.

North Somerset Council commissioned a piece of therapeutic work to a small number of children and families affected by the events locally. Trauma based interventions were offered to the young people and parents attended a group psycho-educational session. We completed a similar piece of work last year for a group of children and families with very positive outcomes.

## Update From CAMHS Sub Teams:

### Learning Disability Team

- New Consultation Pathway—families can self-refer for consultation post discharge.
- Planning and facilitating a multi agency parenting group (SPARCS) for parents of pre school children with severe communication problems and additional needs.
- Run two Early Bird Plus courses to get through the waiting list of children diagnosed with autism in 2012

### Eating disorder (ED) service

An **outcome evaluation** was completed for the last three years of operation. Results highlight a higher than average rate of recovery for Anorexia Nervosa and lower than average rates of hospital admission and drop out. These results should warrant interest from commissioners as outpatient treatment is about a tenth of the cost compared to hospitalisation. The **ED protocol** has been reviewed and team members meet 6 weekly for peer supervision, monitoring of outcomes and update on practice issues..

### ADHD service

The **ADHD** team held a successful **Parent Information Morning** in December 2012 with two external speakers presenting on ADHD and education and parent support groups followed by a question and answer session. The feedback was highly positive and as a result, further workshops have been planned. Shared prescribing for medications used for the treatment of ADHD has embedded well with our primary care colleagues and this continues to have a small but significant impact on cost savings for the Trust in terms of both consultant and administrative time.





## CBT Clinic

The CBT clinic has now got some new members and clinicians who deliver CBT are continuing to meet regularly. Clinicians have been reviewing new developments in CBT approaches and the meeting is also a forum for peer supervision and to share good practise.

## Family Therapy Clinic

The family therapy clinics run three clinics across the service per week staffed by the Family Therapist in conjunction with nurses and psychologists from CAMHS and two honorary Family Therapists with substantive posts in CYPS. The clinic has also had a 2 year clinical placement of a trainee from Bristol Uni.

CAMHS has two Family Therapy clinics running at our Drove rd and Barn sites. We have 3 staff working in these clinics- a qualified family therapist (Paula Edgington) and two specialist nurses (Alison Bartlett and Louise Cooper) who have training and experience in Family Therapy. Also a retired Family Therapist (George Ware) joins us in an honorary role. As CAMHS is a predominantly female work-force it is very helpful to have a male therapist as part of the clinic.

We see families, parent only or sibling only groups and work closely with other agencies, for example social workers, schools and YOT, these professionals attending meetings with the family's agreement.

- The type of family therapy we offer, called systemic family therapy, developed 50 years ago and has a repertoire of effective methods to meet the needs of children, young people and their families

Systemic interventions are effective, either alone or as part of a multi disciplinary treatment package, for eating disorders, emotional problems, ADHD, somatic and health problems. (Carr, A. 2009 the effectiveness of family therapy and systemic interventions for child-focused problems. Journal of Family Therapy, 31: 3-4)

## Arts Psychotherapies

Nikki attended the ATCAF (Art Therapy Children and Families) national annual meeting in Birmingham looking at current good practice and development of art therapy in CAMHS.

2012 saw the departure of Anna Sullock Art Psychotherapist after ten years with CAMHS, and Grace Flavell, drama psychotherapist for CAMHS LD. They will be missed by many. While reassessing the arts psychotherapies (sometimes called 'non-verbal therapies') demands of the CAMHS and CAMHS LD services, we have made full use of all the arts psychotherapies modalities available to us through the recently established WAHT Bank of Arts Psychotherapist. This includes Drama, Dance/Movement and Art Psychotherapy. The Bank has given us the flexibility to match treatment modalities to individual children, and also offer Extra Contractual treatment for specific children where additional funding is available (which also generates funds for WAHT.) We used some of this funding to buy in Neurodramatic Play Therapy Training for 18 members of the CAMHS Team in 2013, thus increasing the Team's skills and confidence in working nonverbally, as well as all the specialist verbal and behavioural interventions we use. We hope to hire to our two vacant posts in the New Year, having explored and benefited from the range of modalities described above.

Nikki Linfield, Art Psychotherapist has established a link with 'ATCAF' which is a National CAMHS Forum for Art Psychotherapists, where research and clinical findings are shared, and explored. Nadija Corcos continues to deliver specific art based trauma treatments based on to established protocols. She is also, in collaboration with other CAMHS Team members,





delivering Family Art Therapy, when ‘talking’ art therapy seems out of reach due to family members’ disabilities or ages. Hannah Murdoch, Dance/Movement Psychotherapist returned to us from maternity leave in November, and has been re-establishing her very active caseload.

### **Primary Mental Health Team**

The PMHT have continued to offer regular consultation to school staff and other agencies as well as ongoing 6 weekly group supervision to the school nursing team. They have also delivered a range of training which has included a mental health awareness inset to Castle Batch Primary, a day training to SENCO’s, EWO’s and school nurses re mental health and CAMHS to enable them to make referrals into specialist CAMHS, a ½ day training in counselling skills to the support staff at Nailsea school, a ½ day self harm awareness training to a multi professional audience as well as further mental health training to the school nursing team. To ensure best practice and high quality, Vince has recently completed his PTL, an adult teaching qualification (which Jo also holds) which will enable them to continue to provide a comprehensive programme of mental health training to professionals throughout North Somerset.

In addition, Vince and Jo (along with Janice – parent support worker) facilitated a 13 week Strengthening Families, Strengthening Communities Parents Programme in Nailsea school and have also delivered Mental Health Workshops to all Year 9 students in Clevedon school. The Mental Health Resource Pack has been updated and revised this year as has the Self-Harm Guidance for Professionals which has been distributed to all the secondary schools and all professionals who attend the self harm training.

In the past year, Vince and Jo have both also completed a mindfulness course (MBCT), in preparation to attend a 4 day Mindfulness in Schools training programme in April, which will enable them to teach mindfulness classes to secondary school students, as well as facilitating a targeted group within specialist CAMHS.

Lastly, as well as their community-based PMHS roles outlined above, Vince and Jo have also developed and increased their core specialist CAMHS practice, delivering direct therapeutic work to children, young people and families within specialist CAMHS.

## **Multi Agency Teams**

### **Parent Child Relationship Clinic**

The PCR clinic continues to provide a full service on both sites with 2 permanent clinicians involved providing 2 clinical sessions. The service continues to include colleagues from NSC fostering and adoption team and provides supervision.

A full assessment of parent child interaction (including attachment style) is offered. This can lead to intervention within the clinic, intervention outside of the clinic or recommendations as part of a global assessment.

The team also provides training on attachment and treatment to a range of other professionals. Rebecca has been working with the perinatal and attachment core group (that she chairs) to broaden the care pathway access into the service. The group has completed a pilot with the midwives on an antenatal care pathway which screens mothers-to-be for high stress levels and provide them with suitable support. This service development is in response to growing awareness of the effects of stress on the unborn infant. This service development now has the backing at senior management level.





## **SAND (School Aged Neuro-Developmental) Pathway**

A SAND pathway has been developed for the Specialist Children's Services, which signposts ASD and ADHD assessments from the point of referral. CAMHS are part of this pathway and are now undertaking Autistic Spectrum Disorder (ASD) assessments for secondary school age children with additional mental health needs that meet the criteria for CAMHS intervention. Assessments for younger children and those who do not otherwise meet the criteria for CAMHS are being referred to community paediatrics via the tracker meeting, which is now taking place fortnightly.

ADHD assessments are undertaken on all children and young people who have additional mental health needs and fulfil the criteria for treatment within CAMHS.

The full SAND team, consisting of consultant paediatrician, consultant child psychiatrists, clinical psychologist, speech and language therapist, ADHD and ASD specialist nurses and educational psychologists meet monthly to discuss cases.

## **Parenting coordination**

Work has continued to provide supervision and training for agencies involved in running different parenting groups. A group specifically designed for families having experienced domestic abuse has also been developed and continues to run.

## **MAST**

### **AIMS**

To provide; in partnership with other professionals and agencies, a service for children with severe learning difficulties/disabilities and severe challenging behaviour and to help these children remain with their families, continue receiving their schooling and/or short break services in North Somerset.

### **Outcomes**

During 2012 MAST was again successful in helping to prevent young people from needing accommodating by Social Care. The parents of two young people had started to look at residential options for their child due to their behaviour and without MAST's involvement they would have been highly likely to have needed out of county placements.

MAST worked with 11 individual children, their families, and the professionals working with them. Each child was referred either because they had had a change in the type or intensity of their behaviour, or there were concerns of a possible breakdown of their school, respite or home placement, due to their challenging behaviour.

MAST continued to use Adaptive Behaviour Assessment System (ABAS) to assess daily living skills of new referrals and provided a comprehensive Positive Support plan for young people approaching transition to adult services.

### **Input to whole classes**

MAST worked with 3 classes during 2011. Two classes in Ravenswood School and one in Baytree School. These specific small classes (6-7 pupils) were referred to MAST due to the complexity and collective effect of the children's challenging behaviours. Each school was given written feedback and recommendations and provided a follow up meeting with the referrers.







### **Consultation and Training**

MAST again provided consultation to colleagues in Education, Social Care, Health and the Voluntary sector. The team contributed to a new transition event for parents of MAST clients aged 13-18 years and the feedback from the 12 parents who attended was very positive, comments included:

“Anxiety reliving very informative” “Reassurance that my child’s needs are the first priority and I can be as involved as I want to be”

Attachment Theory training was provided to Ravenswood School staff. In addition MAST provide advice and support to staff working with MAST clients during school holidays and have met with managers about future out of school provision needed for MAST clients.

### **Finances**

MAST used the small allocated budget to provide MAST clients with specific sensory assessments and purchase sensory equipment when necessary. The MAST budget also covered the cost of the extra Learning Disability Nurse sessions, training events and the teams update on managing actual or potential aggression (MAPPA).

### **Future Plans/ Changes/Challenges for 2013**

- To identify and implement a more appropriate pre and post MAST involvement outcome measure
- To update leaflet and information about MAST
- To link with other similar teams and produce a report comparing models and best practice





## Overview of CAMHS Activities in North Somerset

### Activities

	CAMHS LD South Team		CAMHS LD North Team		Total	
Total number of referrals received 01/04/12 to 01/04/13	496		433		929	
Referrals Accepted	430	87%	328	75%	758	81%
Inappropriate Referrals	66	13%	121	28%	187	20%
Re-referrals	185	37%	129	30%	314	34%
Referred by GP	284	57%	299	69%	583	63%
Referred by Social Worker	54	11%	33	7%	87	9%
Referred by Community Paediatrics	39	8%	19	4%	58	6%
Referred by Health Visitors	17	3%	6	1%	23	2%
Referred by Education Welfare Officer	10	2%	6	1%	16	2%
Referral by Seashore Centre (Acute Paeds)	5	1%	4	0.92%	9	0.96%
Others	87	18%	50	11%	137	15%

**Waiting times:** We aim to see clients between 10 - 12 weeks for routine referrals, more urgent referrals are seen within days to 2 weeks. Currently (due to staff vacancies) we have an increasing wait to be seen. We are working hard to resolve this





## Groups and External Teams Supported by CAMHS/LD During 2012/13

- Strengthening families x 2 (South)
- Incredible Years
- My Kids and Me (for parents experiencing domestic abuse) x 1 (North and South).
- Pre school multiagency parenting group
- Mellow Bumps and Mellow babies
- Social Skills group x 1 (South)
- Seasons for Growth Group x 1 (South)
- FRIENDS group x 1 (North)
- EarlyBird Plus course (for parents/carers and Learning Support Assistants for children recently diagnosed with autism)
- Parenting group for parents whose children were on the LD waiting list x2 (North and South).
- SPARCS
- Restorative Supervision for the Health Visiting and School nursing teams
- Family Links- Parents Support group for parents of secondary school aged children

## Multi Agency Activities

*CAMHS participates in the following strategies and teams:*

Consult!

Multi Agency Family Support team (MAFT)

Solutions panel

Think families project

Autism Reference group

Communication Assessment Pathway

School Aged neuro developmental Pathway (SANDS)

Multi Agency support team (MAST)

Early Intervention In Psychosis team

Early years strategy group

ADHD Strategy Group

Equality and Diversity Group

North Somerset Mental Health Local Implementation

North Somerset Transitions Operations Group

The Challenging Behaviour Project Group (CBPG)

Ravenswood School Visionary Meetings

Patient & Public Involvement Group (PPIG)

Multi Agency Workforce Development group

## Research and Audits

### **Balakrishna R. (2012)**

Evaluation of the ante-natal mental health care pathway to reduce the effect of stress on the unborn infant.

### **Dr's Fiona Barlow, Trisha Tallis and Clair Henry 2012**

A re-audit of CAMHS/LD case notes demonstrating high standards of compliance with the policy.

### **Edgington P. (in preparation)**

Parent/carer evaluation of Family Therapy clinics

### **Fenner M & Kleve L. 2012**

An evaluation of a CAMHS out-patient service for Adolescent Eating Disorders





**Kleve L 2012**

Developing an eating disorder service on a shoestring budget

**Balakrishna R & Luker C**

An audit of the parent child relationship clinic.

**Scott, J., Corcos, N., Kleve., L. (ongoing)**

Auditing different approaches to Trauma.

**Syme, F & Dudbridge, K (ongoing)**

Evaluating the effectiveness of the new consultation pathway

## Presentations and Training Delivered in 2012/13

Presenter	Topic	Audience
Fiona Barlow	Behavioural disorders in childhood	4th year undergraduate medical students. University of Bristol
Clair Henry	'Child Protection and Treatment of Children'	3rd year undergraduate medical students on 2 occasions.
PMHT	Basic Self Harm Awareness Training Mental Health Awareness Mental Health and CAMHS- referrals Counselling Skills Mental Health Workshops	Multi-Agency Castlebatch Primary School SENCO's, EWO's and School Nurses Staff at Nailsea School All Year 9 Students at Clevedon School
Liv Kleve	Eating Disorders Research Paper	CAMHS Conference in London
Bethan Baker	Incredible Years Training Parenting Work Group Work Skills	Multi-Agency Health Visitors
Rebecca Balakriashna	Attachment Theory The Solihull Approach Basic Counseling Skills Solihull Training	Health Visitors Family support workers As above
Louise Cooper	Parenting	Parent Support Advisers
Paula Edgington	Caring for children who have been sexually abused	North Somerset foster carers
MAST	Challenging Behaviour	Avalon respite care staff
	Attachment Theory	Ravenswood School staff





Sarah Robinson & Elaine Boulton	Transition to Adult Services	Parents of children in or coming up to transition
Sarah Robinson	Epilepsy and Midazolam Challenging Behavior	Social Care Family Support Team Transport Escorts

## Future Direction

Our service is part of the wider specialist children's services and together we face uncertain times as the Trust move towards great change and further reorganisation. We are committed to a more integrated approach to working with other agencies and continue to work closely with colleagues in different teams to ensure better communication and understanding of our roles with the aim of developing complimentary assessment and intervention systems. This is all done in a back drop of reduced provision and resources but with a desire to continue to provide high quality effective services for children and young people in North Somerset.

Opportunities for income generation are now part and parcel of what we deliver as we provide specialist services for outside agencies and specialist training. Another possible income stream includes a second bid to the DoH to take part in and implement Improved Access to Psychological Therapies for CAMHS (IAPTcyp). The overall aim of this project is to "transform" CAMH services through strengthening of the delivery of evidence based interventions.

Our service is also recognising more than ever the importance of continued service evaluation and demonstration of good outcomes. Data required for the commissioner has been a challenge for us because of the challenges with Cerna Millennium and the capacity to deliver the information needed for our service. However the Trust is aware of the risks of not having this information and is working to make the required improvement in data collection and transparency.

**Prepared by Rebecca Balakrishna  
in collaboration with CAMHS/LD and management team.**

