

MEETING:	Children and Young People's Scrutiny Panel
DATE:	Thursday 29 th June 2017
TITLE:	Child and Adolescent Mental Health: Access for Black, Asian and Minority Ethnic Children and Young People
LEAD DIRECTOR/ MANAGER:	Rachel Lissauer , Acting Director of Commissioning, Haringey Clinical Commissioning Group Charlotte Pomery, Director of Commissioning, Haringey Council
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SUMMARY:

This paper provides an interim briefing on the work to ensure equality of access to Child and Adolescent Mental Health Services (CAMHS) as part of CAMHS Transformation. It provides a summary of the data gathered so far, and how Haringey providers are working with Haringey CCG and Haringey Council to improve access and tackle mental health stigma within local communities. It also provides an update on how CAMHS are working with Haringey Youth Offending Service to address mental health issues within the Black, Asian and Minority Ethnic (BAME) population. However, it is by no means an exhaustive response to the huge issue of addressing mental health concerns within the range of Haringey's diverse communities and this work will continue to develop over the life of the five year CAMHS Transformation Plan.

The Lammy Review is due to be published in September 2017, which is an independent review into race and the criminal justice system. We fully anticipate that the findings will be of relevance to Haringey and early indications are that mental health will be an area that will be closely examined in the course of this review. Following this publication and the updating of the audit into the ethnicity of the CAMHS caseload, further information will be published on how we intend to address any arising issues as part of our CAMHS Transformation Plan Refresh.

SUPPORTING PAPERS:

- Haringey Child and Adolescent Mental Health Services Transformation Plan submitted to Health and Wellbeing Board on 8 December 2016.
<http://www.minutes.haringey.gov.uk/documents/s89612/13.2%20Haringey%20CAMHS>

RECOMMENDED ACTION:

The Panel is asked to note the content of the report and support the continued work to improve access to CAMHS for children and young people from BAME communities.

Objective(s) / Plans supported by this paper:

Haringey CAMHS Transformation Plan supports implementation of the following key local policy documents:

- Haringey Health and Wellbeing Strategy (Priority Three)
- Haringey Council Corporate Plan Building a Stronger Haringey Together (Priority One)
- Haringey CCG Plan on a Page (Objectives One, Two and Three)
- Haringey's Mental Health and Wellbeing Framework (Priority Two)

Patient & Public Involvement (PPI):

- Children and young people and parents and carers remain involved in the implementation of the CAMHS Transformation Plan and the development of many of the local priority schemes.

Equality Analysis:

- The CAMHS Transformation Plan seeks to improve equality of access for all children and young people in need to child and adolescent mental health services. This briefing specifically addresses areas identified in the Plan relating to equality issues.

Resource Implications:

- NHS England has made available significant additional investment in order to improve access to Child and Adolescent Mental Health Services. National targets include increasing the numbers of those accessing provision, and decreasing waiting times.

Child and Adolescent Mental Health: Access for Black, Asian and Minority Ethnic Children and Young People

1. EXECUTIVE SUMMARY

The 2015 CAMHS Review and subsequent Haringey CAMHS Transformation Plan identified an under-representation of Black, Asian and Minority Ethnic (BAME) children and young people in services. Subsequently we have initiated work to better engage BAME communities, this has involved liaison between CAMHS and religious and faith groups, targeting of Schools within the East of the Borough and promotion of the self-referral advice service, Choices. As we approach the two year mark from our initial data gathering exercise we are preparing to re-audit the caseload over the summer to get up to date figures and measure progress.

2. INTRODUCTION

Haringey has a very diverse population, so it is important to examine the demographic profile of service users against that of the population to ensure that no group are either over or under-represented in services. This was completed as part of the 2015 CAMHS Review. We are planning on running the analysis again across all of our CAMHS providers in the summer in order to see if this has changed. In addition we routinely monitor the Barnet, Enfield and Haringey Mental Health Trust for ethnicity and the latest figures are included in section 3. This will soon be available routinely from all providers as part of changes to reporting requirements within all contracts.

3. DATA

3.1 Data recording

Across the aggregated service figures for Haringey in 2014/15 ethnicity was recorded in 69% of cases, not stated in 7% and not known in 24% of cases. The introduction of the new national CAMHS minimum data set is supporting providers in resolving the issue of non-recording of ethnicity. Accordingly we have seen an increase in recording numbers, Barnet, Enfield and Haringey Mental Health Trust (BEH) for example, which in the audit recorded that in 25% of its cases ethnicity was unknown are now recording only 16% cases with unknown ethnicity. The Trust remains at 7% not stated; which is where the young person has chosen not to provide their ethnicity.

3.2 2015 Audit

From the data recorded in the 2015 audit which took into account access across all CAMHS providers for the borough, the service profile matched very closely with the latest available demographic data (Census 2011) across the majority of ethnicity groupings and it is incredibly positive that children and young people are accessing services from across the diverse communities within Haringey.

The largest variance demonstrated an under-representation of Black African children and young people in services as demonstrated in the table below (Figure 1).

Figure 1: Haringey CAMHS caseload ethnicity applied to Census data, 2011

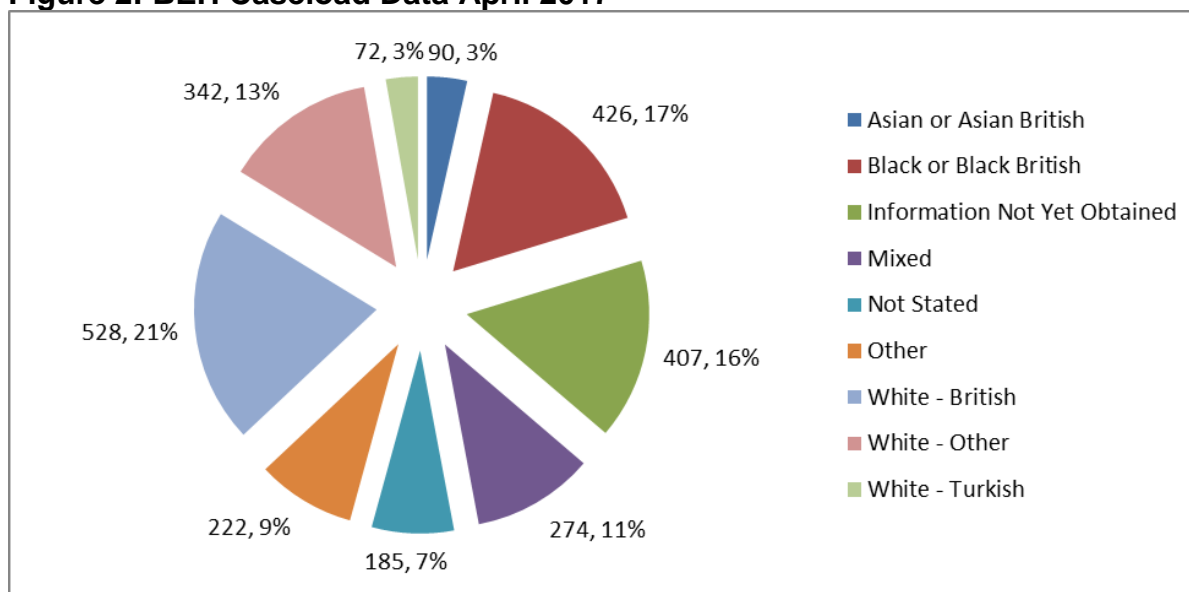
0-17 inclusive	Haringey	Population Percentage	Service Percentage	Variance
All categories: Ethnic group	57,670	100%	100%	0%
White: English/Welsh/Scottish/Northern Irish/British	16,673	29%	30%	1%
White: Irish	451	1%	2%	1%
White: Gypsy or Irish Traveller	174	0%	0%	0%
White: Other White	10,193	18%	18%	1%
Mixed/multiple ethnic group: White and Black Caribbean	2,604	5%	6%	2%
Mixed/multiple ethnic group: White and Black African	1,316	2%	1%	-1%
Mixed/multiple ethnic group: White and Asian	1,722	3%	1%	-2%
Mixed/multiple ethnic group: Other Mixed	2,351	4%	8%	4%
Asian/Asian British: Indian	698	1%	0%	-1%
Asian/Asian British: Pakistani	505	1%	0%	0%
Asian/Asian British: Bangladeshi	1,463	3%	1%	-2%
Asian/Asian British: Chinese	576	1%	0%	-1%
Asian/Asian British: Other Asian	1,504	3%	2%	-1%
Black/African/Caribbean/Black British: African	7,734	13%	7%	-7%
Black/African/Caribbean/Black British: Caribbean	3,927	7%	11%	4%
Black/African/Caribbean/Black British: Other Black	2,894	5%	5%	0%
Other ethnic group: Arab	593	1%	0%	-1%
Other ethnic group: Any other ethnic group	2,292	4%	8%	4%

The limitations of this data are that they are based on 2011 population figures, and given migration in and out of the Borough, it is impossible to say how accurate these demographics currently are.

3.3 Current Data (April 2017)

On the basis of the audit, Barnet, Enfield and Haringey Mental Health Trust in collaboration with Mind in Haringey started work to better engage with faith and community groups, to promote emotional wellbeing within some of the communities in Haringey which are under-represented in service provision and to examine some of the reasons behind the variance in access. Current BEH service level data shows a variance of only 3% from the 2011 population figures for the Black British cohort, though the figures routinely collected by the Trust are not as precise as those available in the audit, and do not give a full picture of provision across the boroughs as they do not include children and young people accessing other providers. The Trust is, however, the largest CAMHS provider operating in Haringey and this data is therefore significant. Data collected from the Trust is displayed as Figure 2.

Figure 2: BEH Caseload Data April 2017



Additionally the CAMHS Review identified that there are proportionally fewer children and young people accessing services from the most deprived areas in the Borough and that work needed to be done to target referrers and families in these areas, especially in Black/Black British African communities who are under-represented in provision. Barnet, Enfield and Haringey Mental Health Trust is working with Mind in Haringey to engage with community and religious leaders to improve awareness and engagement with services.

Choices is showing good progress at engaging those in the more deprived areas of the borough with over 50% of referrals coming from Tottenham. There is more to do to encourage self-referrals and to ensure wider access to this service. Significant work has been done by the Trust in partnership with Northumberland Park School to promote emotional wellbeing and reduce stigma around mental health issues. Part of this work has been a participation event in March 2017 which involved Haringey school children watching a play 'I am Beast' with mental health themes and having workshops on mental health, with a discussion and question and answer session after the performance. This event was organised in a partnership between Sparkle & Dark, the company behind I AM BEAST and schools in Haringey, Haringey CAMHS, Haringey CHOICES, Young Minds, University of East London and The Pleasance Theatre, part funded by Arts Council England and The Wellcome Trust. It was a very

successful event aimed at de-stigmatising mental health, and getting feedback from young people.

4. CHILDREN AND YOUNG PEOPLE WITHIN THE YOUTH JUSTICE SYSTEM

Haringey has been one of only ten local authorities to have a CAMHS Liaison and Diversion worker for children and young people working to assess the mental health needs of those coming into contact with the youth justice system. This programme is now being rolled out nationally and additional resource has also been identified for Haringey. We have mapped the pathway and are investing in additional psychological resource within youth justice services, as well as training for the adult liaison and diversion workers who provide out of hours support so that they are confident around childhood diagnoses and consent and capacity issues.

The new model includes 2.3 whole time equivalent staff from BEH working within the Youth Justice Service to provide Liaison and Diversion and interventions for those within the youth justice pathway. We are working closely with Enfield in the planning for liaison and diversion as the closure by the Metropolitan police of the Enfield custody suite has resulted in more Enfield residents attending Wood Green Custody Suite. This also provides greater cover to the custody suite as it will be split between the Haringey and Enfield liaison and diversion workers. The additional staff added to the Haringey team will provide brief interventions, training for YOS workers and better liaison with CAMHS for those on the YOS caseload.

5. CONCLUSION

As outlined above, we have initiated work to improve access to CAMHS provision for Black/Black British African children and young people through increased work with communities in the East of the Borough, notably through work with faith communities and outreach through schools. However we are planning to re-audit the caseload in order to monitor progress, and identify any emerging issues.

6. RECOMMENDATIONS

The Panel is asked to note the content of the report and support the continued work to improve access to CAMHS for BAME communities.