Greenwich 16 to 17 year-old IAPT Service

What is the service?

The Greenwich Time to Talk 16-17 year old service was set up in 2014 in collaboration with Children and Adult Mental Health Services (CAMHS) and continues to work closely with CAMHS. It was initially set up in collaboration with a part of Greenwich CAMHS called the early Intervention team (EIT) due to their similar level of intervention (tier 2). The collaboration supported a good working alliance.

The clinicians within the service see young people who are over 16 but who have not reached 18 at point of referral. The team also offers consultation to the wider IAPT service re. issues that are specific to young people.

Staff

The team is led by a Band 8a Clinical Psychologist and also made up of a Band 7 Clinical/Counselling Psychologist (could potentially be a child and adolescent accredited CBT therapist) and Band 4 Assistant Psychologist.

Currently the 8a works 4 days per week (increase of 1 day during lockdown), Band 7 works 5 days and Band 4 works 2.5 days.

The service is led by a Clinical Psychologist given that that this training crosses the lifespan and allows understanding of neurodiversity, learning, attachment and development and systemic and cognitive behavioural therapies relevant for working with young people.

To lead the 16-17 service it is invaluable to have CAMHS understanding (and ideally CAMHS experience) to support good liaison and interface between these services.

The lead is supervised by a CAMHS Psychologist, helping to support and update continued child and adolescent thinking. The lead Psychologist then supports the learning and development of those in the team acknowledging the evidence base for young people.

Therapists recruited into the 16-17 service have demonstrated a strong interest and understanding of young people and the factors potentially impacting upon this age group in addition to previous experience working with young people.

16-17 Service Criteria

- Mild to moderate cases of anxiety, depression, stress and trauma that don't meet the CAMHS criteria or threshold (low to medium risk / not requiring care coordination).
- Service users that can benefit from individual therapy (as opposed to family therapy).
- Exclusion criteria: high risk: clear suicide intent and plan, recent attempt, significant self harm, psychosis, complex multiple trauma, eating disorders, learning disability

Treatment

The team currently offers CBT, IPT and DIT as evidence based NICE therapeutic approaches, but Psychological training allows for integration of third wave approaches and systemic ideas (for example drawing from CFT and ACT).

The young people who attend the service often present with symptoms in the context of identity development (sexuality/ gender / self esteem), relationships (family, romantic, friends), transition (school, home, work). It has helped to have knowledge of learning difficulties and neurodevelopmental difficulties such as ASD and ADHD. The service sees some young people with these difficulties who may have fallen under the radar at school and be struggling as they contend with the increased demands of adolescence and emerging adulthood.

At assessment, the team consider the intensity of support that will be offered. The Assistant Psychologist (AP) can provide 6-8 sessions of low intensity CBT (under supervision) for young people with clear CBT goals and who have mild symptoms. Usually these are young people who have had no previous intervention. The AP also offers assessment, supports re: 16-17 resources, networking with other services, and offers an introduction to CBT workshop. The AP also carries out audits and evaluation support.

The Band 7 and 8 Psychologists work at step 3, aiming to provide evidence-based interventions of up to 12 sessions (or as recommended by NICE). The average length of treatment has increased in lockdown.

Young people often attend alone and despite their young age, the intervention is primarily with them with minimal involvement with family. Often young people attending our service are the “customers to treatment”, invested in support for themselves rather than having been referred via concern of parent or school as can be the case in CAMHS. At assessment the service asks if their parents/ adult at home are aware of their contact with the service and encourage communication.

The team regularly discuss risk and confidentiality in supervision, and young people identified as medium risk would have a safety plan communicated to parents. The team reviews risk and limits of confidentiality on a case by case basis, keeping in mind individual context, child safeguarding, increased impulsivity of young people and competence and capacity.

The service has ideas for a behavioural activation workshop for young people which could also be offered on wait list. The service has created a managing exam stress workshop (pre-COVID) and has developed materials for a self esteem group for 16-17 year olds (trialled online in lockdown).

The service’s observation is that Covid-19 has impacted on this age group (years 11-13 of school), due to exam disruption/cancellation, uncertainty over grades, universities moving online, lack of work opportunities, limited socialising at a stage in development when this would be at its peak, and being indoors at a time when driven to individuate from parents! Therefore length of therapy for young people has been longer during this period to achieve recovery and improvement.

Targets and funding

The waiting list can fluctuate. The service aim for assessment within 2 weeks and treatment within 3 months of assessment. This rises and falls depend on demand and resources. The service aims to prioritise young people identified as medium risk. Whilst waiting the team suggest resources, and have offered an introduction to CBT workshop.

The service counts towards recovery rates and access rates for the IAPT service. Recovery rates are in line with, and have at times exceeded, the average recovery rate in IAPT which is currently 58%.

Recovery rates have not been compared to 16-17 year olds in CAMHS, although CAMHS does take more complex and high risk cases. The service receives positive feedback from patient experience questionnaires.

Funding for the service is now part of the CCG baseline, but originally was additional funding available to IAPT to increase access targets.

Working with CAMHS

The service benefits from attendance at EIT CAMHS case discussions, supporting multidisciplinary thinking and consideration of systemic issues and development in the team's work. This attendance also allows for development of positive intra-agency relationships and opportunities for discussion of referrals, or service users that may have transitioned between services.

Although initially set up with this part of CAMHS in mind the team has found that good working relationships across the breadth of CAMHS have been invaluable as some referrals are redirected from the CAMHS single point of access when they have not been felt to have met threshold.

The service also sees young people who may have been assessed within CAMHS and again felt to not have met threshold or to be able to benefit from a course of CBT without need for care coordination. It is not uncommon for a CAMHS practitioner to call the team to discuss a potential referral. Similarly, the team will consult with CAMHS if it feel that a young person's needs are more suited to CAMHS (usually this would be indicated by risk, clear need for family / systemic work, LD, complex trauma or psychosis).

For information:

Local CAMHS services consist of the following specialist teams: Adolescent team (high risk), Generic team, Edge of care / looked after children team, NDLD (Neurodevelopmental and Learning disability) - this team differs to adult LD services as accepts those with ADHD and ASD who have a mental health condition regardless of learning disability. CAMHS also has some provision for under 5's work. Oxleas CAMHS now also have a crisis team that covers the three boroughs and responds to A&E presentations. It helps for clinicians working within the 16-17 service to have an understanding and ideally some experience of working within CAMHS to support a good interface between services.

The mental health in schools project is a new Government initiative that is not in all areas of the country yet and in its early stages within Greenwich. It helps to be aware of the developments in mental health services for young people, particularly since the 16-17 team now receive some referrals from this service. The 16-17 service sits between the mental health in schools team and CAMHS with regards intensity of interventions.

Challenges:

Sometimes referrals from CAMHS to the service are for patients that are more severe than the mild to moderate cases that it is designed to treat. This is a difficulty that is similar with adult interface, however, and varies depending on CAMHS pressures and change in staff. The service addresses this by reminding of service criteria and consultation and updates to CAMHS. In addition, the service lead has become involved in transition meetings between

CAMHS and Adult secondary care, supporting shared understanding of thresholds within each service.

The service has limited time and resources for making changes within the network as would happen more often within CAMHS – for example interventions that involve school and family.

Sometimes young people can present with very understandable symptoms in the context of their current environment (cultural clash with parents and peers / parent divorce and parental mental health). The team's work may then be about acknowledging the context (considering any safeguarding) and supporting the young person to engage and communicate with their network where possible, and caring for themselves within the difficult circumstance they are in.

'Consent and confidentiality" can be difficult - given the age of the clients. Often young people attending the service want the team to respect their confidentiality at all times, but of course when risk is involved this needs to be managed with extra care. The team remind young people of the limits of confidentiality and carefully consider risk and confidentiality on a case by case basis. As far as is safely possible the service works with the client, collaborating with sharing of information and utilising supervision and safeguarding consultation where needed. The service creates safety plans for those who are medium risk and these are shared with parents. There are times where the service has had to step outside of the service users wishes to follow safeguarding procedures.

Being aware of online safety, sexual consent and gender identity / sexuality is particularly important for this age group.

Research indicates that self harm in young people has increased significantly in recent years. Statistics now state that 1 in 5 young women have self harmed. It is therefore not uncommon for the service to work with young people who self harm at Greenwich Time to Talk. If a young person indicates clear suicidal intent, requires medical intervention for self harm, or is regularly self harming and at risk of serious injury, the team would refer to CAMHS.