



South West London  
Clinical Commissioning Group



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# THRIVING IN MERTON

Merton Child and Adolescent  
Mental Health (CAMHS)  
and Emotional Wellbeing  
Strategy 2020-2023



## GLOSSARY OF TERMS

A&E	Accidents and Emergency
ACE	Adverse Childhood Experience
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CAMH	Child and Adolescent Mental Health
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CETR	Care, Education and Treatment Review
CWP	Children's Wellbeing Practitioners
CYP	Children and Young People
EHCP	Education, Health and Care Plans
ELSA	Emotion literacy support assistant
EWP	Emotional Wellbeing Practitioners
IFR	Individual Funding Requests
LA	Local Authority
NHS	National Health Service
PBS	Positive Behaviour Support
S117	Section 117
SEND	Special Educational Needs and Disability
SPA	Single Point of Access
STP	Sustainability and Transformation Plan
SWL	South West London

## USEFUL LINKS

Merton SEND strategy 2020-23

<https://www.merton.gov.uk/Documents/Merton%20SEND%20Strategy%202020-23%20final.pdf>

Merton Suicide Prevention Framework 2018-2023

<https://democracy.merton.gov.uk/documents/s25559/6.Suicide%20Prevention%20Framework%20Annexe.pdf>

Five ways to Wellbeing

[https://neweconomics.org/uploads/files/d80eba95560c09605d\\_uzm6b1n6a.pdf](https://neweconomics.org/uploads/files/d80eba95560c09605d_uzm6b1n6a.pdf)

Merton Public and Patient Engagement Report

<https://www.mertonccg.nhs.uk/News-Publications/Documents/2019%20Patient%20and%20Public%20Involvement%20annual%20report%20.pdf>

The Merton Story 2019

<https://www.merton.gov.uk/assets/Documents/The%20Merton%20Story%202019.pdf>

Merton Joint Strategic Needs Assessment

<https://www.merton.gov.uk/healthy-living/publichealth/jsna/joint-strategic-needs-assessment-public-health>

Merton Autism Strategy

<https://www.mertonccg.nhs.uk/News-Publications/News/Pages/Merton-Autism-Strategy-2018-2023.aspx>



# Welcome to our vision & Priorities

## Who are we ?

Welcome to our Child and Adolescent Mental Health (CAMH) and Emotional Wellbeing Strategy (2020-2023) for Merton. This document and the full version attached highlights some of the key achievements over the last few years and our intentions for the next.

## What we will do ?

- We are launching and continuing to implement the i-Thrive model.
- i-Thrive model aims to link the delivery of mental health and wellbeing services in Merton

## What does the i-Thrive model aim to do ?

Places greater emphasis on how to help young people and communities build on their own strengths, with professionals by working holistically on the need of the child or young person, rather than on their diagnosis.

Ensure children or young people set their own treatment goals and that services and interventions are always outcome focused.

Educate partners across the system to ensure an "every contact counts" approach.

Focusing our efforts on areas that we know will make significant difference such as in the early years.

Ensure our commissioned services are of good quality and provide value-for-money.

Treat each individual as a whole person considering both mental and physical health and their social circumstances.

## Underlying principles

Share statistical data to ensure a shared understanding of the mental health needs of our population.

Ensure CYP IAPT Principles are embedded in our psychological services.

Deliver flexible services that meets the needs of children and young people and will be pro-active in engaging them.

Ensure 'Think family' is embedded in everything we do.

Work together to improve public awareness and reduce stigma associated with mental health.

Ensure services are accessible to particular groups known to have higher prevalence of mental health issues (for example Children in our care, young carers).

Use best practice and evidence informed advice, support and interventions, with the best balance of services to respond to identified need.



## Foreword:

**Thriving**  
"We want children and young people in Merton to enjoy good mental health and emotional wellbeing and be able to achieve their ambitions and goals through being resilient and confident."



**Getting Advice**  
Promoting self-management and resilience to know when and where to seek help

**Getting Help**  
Providing a range of evidence-based early intervention opportunities focused on needs and outcomes

**Getting More Help**  
Providing more extensive treatment options for ongoing or complex needs

**Getting Risk Support**  
Providing fast crisis response and specialist risk management where needed

**Prevention and promotion work**

**Shared decision-making and partnership working**

## What are our key priorities ?

1. We are committed to ensure young people and families access the right intervention at the right time and with the right outcomes.
2. We are committed to continue to establish high quality services that focus on individual needs, prevention, early detection and early help.
3. We are committed to provide a range of services available that make a difference to children and young people (CYP) with established or complex problems.
4. We will learn from the successes of our Trailblazer pilot work and listen to the voice of Children and Young People (CYP)

## How will we achieve our ambition?

- Working in partnership with children, young people and families across all areas of life.
- Working closely in partnership between health and social care, education, community and our voluntary sector.

**Dr Andrew Murray**

*Clinical Chair, South West London Clinical Commissioning Group*

**Rachael Wardell**

*Director of Children, Schools and Families, London Borough of Merton*

# Mental Health

What children and young people say we can do to support their wellbeing:

1. Treat us with respect
2. Make access easy
3. Have all the help in one place or show us where we can get help
4. A welcoming and age appropriate setting
5. Give support up to age 25
6. Skilled workers who take us seriously
7. Involve us in decision making



[SOURCE: [www.youngpeopleshealth.org.uk](http://www.youngpeopleshealth.org.uk)]

What does mental health and emotional wellbeing mean?

- 'The individual realises his/her own abilities, can cope with usual stresses of life, can work productively and can make contribution to community'. – (World Health Organisation)
- 'This is a positive sense of wellbeing, enabling an individual to function in the society as well as meeting demands in everyday life'. - (Rutland Community Wellbeing Service)

What does wellbeing mean to children and young people?

- Connecting with people
- Quality of environment (home, school, local area)
- Being active
- Give
- Learning and achieving.

Risk factors for poor mental health or emotional wellbeing:

- The more difficulty a child experiences, the more it's likely to impact their mental and physical health such as the nervous system, hormonal system and immunological system.
- Prevention and Early intervention strategies reduce effects of ACE's ( Adverse childhood experiences) and trauma.
- There are three direct and six indirect adverse childhood experiences (ACEs) that have a significant impact on children.

What have Merton's Young People and families told us about mental health and emotional wellbeing?

There should be different levels of support available.

We'd like additional support for anxiety, self-harm, Eating Disorders, Autism and ADHD.

We want faster access to the right assessments and support.

We'd like to understand how to deal with difficult situations so that we can help our friends.

We need more school-based interventions.

We don't always know what services are available.

There are issues with transitioning to adult services.

More information on how to build resilience and reduce stress.

Prevention and early intervention strategies are needed to mitigate the effect of ACE's and trauma for vulnerable children.



**ABUSE**  
- emotional  
- physical  
- sexual

**NEGLECT**  
- emotional  
- physical

**HOUSEHOLD CHALLENGES**  
- domestic abuse  
- substance misuse  
- mental illness  
- parental separation  
- parental incarceration



**Prevention**

- Healthy start in life
- Promote positive attachment
- Schools – resilience building

**Early intervention**

- Whole school mental health and emotional wellbeing approach
- Counselling
- Self-harm interventions

**Mitigation**

- CAMHS for vulnerable groups e.g. Youth offending team, Children in our care, etc.
- Targeted interventions

**9%** of 5-16 year olds are estimated to have a diagnosable mental health condition

**2843** young people ages 16-24 have an eating disorder; And over **2600** have ADHD.

Amongst these CYP (Children and Young People):  
**38%** have emotional disorder.  
**60%** have conduct disorders.  
**16%** have neurodevelopmental disorders.

Data source: Merton JSNA

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## SCHOOLS → What have we done and where are we?

- Invested in various programmes like Mental Health First Aid.
- Set up emotional wellbeing provisions like Circle Time.
- CAMHS in schools is commissioned by 18 schools.
- Secured funding for Emotional Wellbeing Practitioners (EWP) and became a Trailblazer site.

## WORKFORCE → What have we done and where are we?

- We built capacity and capability of our wider workforce, to promote emotional wellbeing and to respond to mental health issues, through networking and training opportunities.



## What we will do:

- We will work with our SWL colleagues to produce a digital local offer for children, young people and families.
- We will work with our providers, parents and young people to map out a clear neurodevelopmental assessment and support pathway.

## What we will do ?

- Develop a forum for mental health leads in schools to provide ongoing support and networking opportunities utilising a 'whole school approach'.
- Continue to work with our Trailblazer schools to measure the impact of this project and develop mental health support intervention.
- Introduce two new Trailblazer pilot school clusters in 2020: One for our SEND CYP and the other Pan SWL.
- We will explore an expansion of EWP's to cover all schools.



## What we will do?

- Continue to provide training opportunities for our workforce.
- Continue to host termly CAMH Network meetings and explore ways to enhance learning.

## LOCAL OFFER → What have we done and where are we?

- Contributed to the development and promotion of the Young Merton Website to ensure the CAMH local offer is embedded.
- Making sure young people, families and professionals can find what CAMH support is available.



## EARLY YEARS → What have we done and where are we?

- We have embedded a CAMHS primary mental health worker to strengthen bonding and attachment.
- Worked in partnership with Health Visiting Teams, Children Centre and Early Years to ensure prevention, advice and support for emotional wellbeing and mental health is a key offer to families.



## What we will do?

- Re-asses provision in Early Years and identify areas for growth
- Continue, and embed the EPEC programme to promote importance of early intervention and prevention.

## Improving access to effective support

## SINGLE POINT OF ACCESS (SPA) AND CAMHS - What have we done and where are we?

- Introduced SPA in 2015 an effective gateway into local services.
- 80% of young people referred for treatment are seen within 8 weeks, 84% within 12 weeks and 100% of treatment referrals were offered one or more face to face or telephone contact service;
- Worked to make sure all appointments are followed up.

## NEURODEVELOPMENTAL PATHWAY → What have we done and where are we now?

- There are waiting lists, despite the financial investment and redesign, the service is struggling with current demand and increased referrals.
- Expanded and improved pre-and post diagnosis support available through a range of parenting programmes, an Autism youth club, a peer support programme for parents, and an improved emotional wellbeing support offer.
- We supported the development of the Merton Autism Strategy and the CAMH Partnership.



## GETTING HELP → What have we done and where are we now?

- Piloted and commissioned a Counselling Service for young people.
- Piloted the WISH project alongside the roll-out of the Multi-Agency Self Harm Protocol.
- Commissioned mental health support for those Children and Young People who have been victims of sexual assault.
- Invested in our Community Eating Disorder Services.

## What will we do?

- Review current model against referrals, to ensure capacity for growing demand.
- Pilot brief interventions within SPA, and self referral for 16-17 year olds.



## What will we do?

- Engage and work with our partners to develop our neurodevelopmental pathway, for faster access to diagnosis for CYP.
- Better signposting including linking the pathway with the SEND trailblazer mental health support in schools cluster.

## What will we do ?

- Monitor counselling provision both to support possible increase post COVID-19 and any self harm issues. Have access to key performance measures, and explore/expand 0-25 age group services.

## Care for the most vulnerable

### CRISIS CARE → What we have done and where we are now?

- Improved our Hospital Liaison Service so that any Young Person in crisis receives the right support and is followed up in local CAMHS.
- We have an adolescent outreach team providing intensive support to prevent young people needing hospital admission.
- We have a process in place to complete Care Education and Treatment Reviews to improve community interventions, support and prevent unnecessary hospitalisation of CYP.
- We've participated in piloting a SWL-wide crisis line.



#### What we will do:

- Work with our hospital liaison service to get better oversight of the pathways into and out of crisis.
- Ensure our local offer has clear guidelines about what to do in crisis.
- We will pilot a CAMHS personal health budget.

### CHILDREN IN OUR CARE → What have we done and where are we now?

- We won a bid to become one of nine sites across England, piloting a new framework for assessing the mental health needs of children that come into the care system.



#### What will we do?

Work with Children in our care team to enhance the monitoring of CYP.

### TRANSITIONS → What we have done and where are we now?

- Commissioners attend the 'Preparation for Adulthood' Board that seeks to improve services and support for young people transitioning to adult services. We are now looking at how we can best facilitate complex transitions.

#### What will we do?

- Continue to work with 'Preparation for Adulthood Board'.
- Explore options to expand services for 0 to 25 age group.

### CAMHS PARTNERSHIP BOARD → What have we done and where are we now?

- The multi-agency Board is well established with a core membership that includes representation from CAMHS, commissioners, providers, social care, education, early years, youth justice, public health, schools, parents, and the community and voluntary sector.
- The Board meets quarterly and drives the CAMHS agenda.
- The Board reports directly to the Merton Children's Trust Board and the Health and Wellbeing Board in Merton.

#### What will we do?

- We will work via our Partnership Board to embed the i-Thrive principles in our provision, policies, and commission training sessions that create awareness and promote i-Thrive as part of our implementation plan.

### INTEGRATED TEAMS / VULNERABLE GROUPS → What have we done and where are we now?

- Specialist Mental Health posts are embedded in Special Schools, Youth Justice Service, Children in our care Service in Children's Social Care Teams.
- Enhanced delivery of the Liaison and Diversion. Service for young people in the youth justice system.
- Systemic Therapy is embedded within Children's Social Care, to support the emotional well being and mental health of our Children in care, Children on a Child Protection Plan and Children in Need;
- Raised the profile of the 'Think Family' agenda via awareness and training.
- Commissioned a training package for workforce and parents to better parenting skills.
- Through an Employability Programme we engaged with young people, especially those **Not in Education, Employment or Training (NEET)**.
- We have reviewed nursing and therapy provision in special schools and are working towards increasing capacity.



#### What will we do?

- Explore innovative ways to support at risk groups.
- Train our workforce in trauma-informed approaches.
- Review our CAMHS provision and increase capacity.
- We continue to listen and create sustainable employment opportunities that meet young people's needs.

### LISTENING TO CYP → What have we done and where are we now?

- Through regular engagement meetings we have engaged with different groups of CYP e.g. schools, youth parliament, young inspectors, etc.

#### What will we do?

Continue to work with our engagement and participation teams and continue to explore co-design and co-delivery for future services.



## Commissioning, partnership and governance

### COLLABORATIVE COMMISSIONING → What have we done and where are we now?

- An integrated children's commissioning team has been established between Merton CCG and Local Authority Children, Schools and Families commissioners and Public Health.
- As of 1 April 2020 Merton CCG will form part of the SWL Alliance of 6 CCG's. Although some aspects of CAMHS are already commissioned across SWL, this merger will bring more opportunities for collaborative work.
- We have made engagement with our stakeholders and CYP and families a key part of our commissioning projects and activities.

#### What will we do?

- Further explore and build on integrated models of care.
- Continue to commission collaboratively with SWL colleagues to utilise economies of scale
- Explore coproduction opportunities with CYP and families.



TALK TO US



South West London  
Clinical Commissioning Group



South West London  
Health & Care  
Partnership



South West London and  
St George's Mental Health  
NHS Trust

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