

Interdepartmental Draft Action Plan in response the Still Waiting Report

Progress Update Report

December 2019

Introduction

1. The Northern Ireland Commissioner for Children and Young People (NICCY) published ‘Still Waiting – A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland’ on 27 September 2018. The report made 50 recommendations covering a range of aspects of mental health services and support for children and young people, based on evidence provided to NICCY by young people with experience of the services.
2. The Department of Health (DoH) responded to the Still Waiting Report by setting up an Inter-Departmental Project Board to consider the recommendations of the report, respond to NICCY and take forward an Action Plan for the agreed recommendations. That Action Plan was published in draft on the Department’s website on 10th October 2019 – World Mental Health Day at the following link: <https://www.health-ni.gov.uk/news/action-plan-child-and-adolescent-mental-health-services-camhs>
3. The actions in the Action Plan are grouped into 8 themes as outlined below:
 - Working Effectively
 - Accessing Help
 - Support for Adults Working with Children and Young People
 - Specialist Support
 - Moving from Child to Adult Services
 - Flexible Treatment Options
 - Mental Health Awareness and Literacy
 - Young People with Additional Needs

4. Although the draft Action Plan has only been published for two months, many of the actions within the plan reflect the good work that is already ongoing across the system; and this Progress Report provides an update on that work. The updated Action Plan, with progress to date noted in the last column against actions where progress has been made, is at the Annex. A summary of the main areas of progress is below.

Main Areas of Progress

Theme 1 – Working Effectively and Collaboratively

5. The actions under the first theme in the Action Plan are about better working across government and between statutory and voluntary / community sector organisations, to ensure a joined up, collaborative approach to policy making and delivery, more investment in child and adolescent mental health services (CAMHS) and better commissioning and use of data to inform strategic direction.

Interdepartmental Project Board Group

6. In response to the publication of the Still Waiting report, an Interdepartmental Project Board was established in February 2019 to provide the governmental response to the recommendations of Still Waiting. DoH lead on this work and the Project Board meetings are chaired by the Director of Mental Health, Disability and Older People in the Department. The membership of the Interdepartmental Project Board group (IDG) is wide and includes representatives from the Department of Education (DE), Department for Communities (DfC), Department of Justice (DoJ), the Health and Social Care Board (HSCB), the Education Authority (EA), the Regulation and Quality Improvement Authority (RQIA) and community / voluntary sector organisations CAUSE, VOYPIC and MindWise. Active consideration is also being given as to the most effective way to involve children and young people in the work of the IDG in the coming months.

7. Since its inception, the IDG has met regularly, at least every two months, to firstly consider the recommendations in Still Waiting and agree a governmental response and latterly, to develop and drive an Action Plan to take forward the IDG's agreed recommendations. Since the Action Plan was published in draft in October 2019, the focus of the IDG has turned to implementing and monitoring progress against the actions.

Investment – Transformation Funding

8. The IDG is in complete agreement that recurrent and sustained investment in CAMHS is needed. Over the past 3 years, demand for CAMHS has risen with figures for 17/18 and 18/19 showing an increase in number of referrals received by 22%, while the number of referrals accepted rose by 29%. However, like many areas of the health service, investment has not risen concurrently. Service delivery is extremely challenging with waiting lists for CAMHS being breached substantially in most Trusts across the region. However, credit must be apportioned to the hard work of dedicated CAMHS Health and Social Care (HSC) staff across the system, who work tirelessly with limited resources to deliver high quality services for children and young people.
9. Some non-recurrent funding was made available through the Transformation programme, which has been used to fund a number of projects related to CAMHS:
 - A pilot in the Southern HSC Trust to develop a service model to address emotional wellbeing and mental health presentations of young people known to Youth Justice, with a focus on young people with undiagnosed Autism Spectrum disorder (ASD) and intellectual disability. This group is over-represented in the Youth Justice System and is frequently high risk. The pilot has had excellent progress to date, with a model of intervention being created and delivered and very positive service feedback so far. Given the success of the project to date and its potential for regional replication, future funding options are being explored.

- A project to develop a model to improve transitional arrangements for young people transitioning from CAMHS to adult mental health services (including Intellectual Disability services) in each Trust (paragraph 37 below);
 - A prevalence study of child and adolescent mental health in Northern Ireland (paragraph 13 below)
10. Whilst positive, the non-recurrent nature of the transformation investment meant it could not be used to address challenges such as rising demand for CAMHS through creating additional long term capacity. Increased investment is also required in the areas of health promotion, prevention and early intervention to address emerging emotional and mental health issues in children and young people at an early stage.
11. The Action Plan acknowledges and endorses the need for increased investment in CAMHS; and the IDG agrees that fund mapping is an important tool in analysing how effectively and efficiently funding is being deployed.
12. NICCY has previously been involved in a number of fund mapping exercises and very helpfully provided DoH officials with advice on how the methodology could be applied to mental health services for children and young people. Outline fund mapping proposals were developed and discussed at an IDG meeting, at which it was agreed that it would be particularly insightful to consider the results of a fund map alongside the findings of the prevalence study of mental health in children and young people (see below). The IDG considered whether to undertake a lower cost, more limited exercise or to seek funding for a more detailed and comprehensive approach. It has been agreed to seek funding for a more comprehensive approach.

Prevalence Study

13. A population wide survey of children's mental health has been an acknowledged gap in Northern Ireland. To date, Northern Ireland has had to rely on prevalence information from other parts of the UK. Given the impact of the Troubles and the high levels of deprivation across the province, a study specific to the region would ensure a more rigorous understanding of the needs of the population. In light of this, transformation funding was allocated to the HSCB to conduct a prevalence study into children and young people's mental health in Northern Ireland (Action 1.5), which is currently underway and due to complete next year.
14. The research is being undertaken as a Consortium between Queen's University Belfast (QUB), the University of Ulster (UU) and the Mental Health Foundation, with QUB as the Consortium lead. There is an International Advisory Group to the work, which includes representatives across sectors including from NICCY.
15. The study involves collecting data on the mental health of a representative sample of children and young people aged 2-19 in Northern Ireland, employing a 'random probability design' as the most rigorous methodological approach to providing reliable mental health prevalence rates here and ensuring comparability with other UK based prevalence research, most notably the Mental Health of Children and Young People in Great Britain (MHCYP) prevalence study (published November 2018). The study is being conducted as a population survey based on household address, to identify relevant participants, involving a 45 minute face-to-face interview. A minimum sample of 2750 children and young people is set for the survey.
16. Following a successful pilot of the questionnaire, data collection for the prevalence survey is well underway. At the end of November 2019, 1639

interviews had been completed, with the full sample anticipated to be completed by end of February 2020. While the study is focused on the prevalence of mental health problems, it will also include consideration of the inter-related factors of mental disorders and Adverse Childhood Experiences (ACEs), an evaluation of the number of families and children living in families where a parent has a mental illness and impact of the Troubles. The depth and breadth of information yielded will be invaluable to policy makers, healthcare professionals, researchers and across government and will help inform future planning and shape the strategic direction for CAMHS services.

17. Data collection and preliminary analysis will be completed by 31st March 2020 with the full final report to be completed later in 2020.

Theme 3 Supporting Adults Working with Children and Young People

18. The actions under Theme 3 are focused on improving integrated working across the system to strengthen children and young people's emotional and mental wellbeing.

The CAMHS Care Pathway

19. The CAMHS Integrated Care Pathway: *Working Together: A Pathway for Children and Young People through CAMHS* continues to be rolled out across the region since its publication in March last year. The pathway, which was co-produced with young people and their families, supports better integrated working and seamless care provided on the basis of need. It emphasises the need for the right support at the right time, ensuring children, young people and their families make informed choices and are fully involved in all decisions about their care and treatment thereby enabling them to self-manage and remain in control of the direction of their lives. A shorter version: *Welcome to CAMHS – A Guide for You* is also available.

This user guide sets out clearly what children and young people and their families/carers can expect from CAMHS.

20. A Short Course Programme on the Care Pathway has been developed and disseminated to Trusts, with a view to increasing awareness and regional consistency in implementation of the Pathway. The recent establishment of the primary care multidisciplinary teams (see below) provides an opportunity to target GP practices in particular, to help embed the Pathway into primary care going forward.

Primary Care Multidisciplinary Teams

21. The development of primary care based multi-disciplinary teams (MDTs) was a central element of Health and Wellbeing 2026: Delivering Together (2016), a 10-year road map for DoH to radically reform the way HSC services are designed and delivered in Northern Ireland. MDTs involve the establishment of a number of new primary care roles - practice-based mental health specialists, social workers and physiotherapists - who work alongside GPs, nurses, pharmacists and other practice staff to better meet the needs of the local population.

22. This approach means that patients can be seen quicker, benefitting from high quality early interventions provided closer to home. Over time, it is anticipated that this will reduce the need for referrals and pressure on our hospital services, and will move Northern Ireland to a system focused on physical, mental and social wellbeing rather than just managing ill-health.

23. The MDT Project was formally launched in the Slieve Donard Hotel on Tuesday 15th October 2019, and a short video was produced for the event:
<https://vimeo.com/364892267/7f139a9403>.

24. MDTs are now in place or in development in 5 of the 17 GP Federation areas, one in each Trust area (Derry, Down, Causeway, Newry and West

Belfast). Within both Derry and Down, there are now mental health practitioners within the majority of GP Practices: 20.3 whole time equivalent (wte) mental health practitioners in Derry; and 7.4 wte in Down; plus one mental health manager for each area. This is based on Federation population size – 1 wte mental health practitioner per 10k of population. These practitioners may be mental health nurses, social workers, occupational therapists or psychologists, who work as part of the wider multi-disciplinary team within the practice to promote good mental health and well-being for those across the life course, including children and young people.

25. They use a number of early intervention, prevention and management approaches to achieve this. They can:

- provide an initial assessment
- advise on management of mental health
- offer short term treatment
- direct patients to appropriate services
- refer patients to specialist mental health services.

26. All practitioners work closely with other members of the practice, including the GP and pharmacist, to ensure that appropriate medicine is prescribed. It is hoped that the early access to therapeutic approaches would, over time, contribute to a reduction in the need for medication.

27. The mental health practitioners are only very recently in post, with the final practitioners starting in Down on 1 October, and in Derry on 11 November this year. However, initial feedback from practitioners notes that already, presenting issues for children and young people across both Derry and Down areas include anxiety, low mood, suicidality, self-harm, withdrawal from school, behavioural issues, drug and alcohol misuse. The practitioners are generally undertaking mental health assessments, providing brief interventions, signposting to community and voluntary services, and

onward referral to secondary care services when required, for children and young people.

28. To complement the work of the mental health practitioners, the MDTs also include both social workers and social work assistants. These team members are supporting families and parents who are experiencing a range of issues which may impact on the mental health of children and young people, such as breakdown of relationships, parenting difficulties or family members facing additional challenges. They are also helping to address the social determinants of physical and mental ill-health at an individual and community level.
29. In the Derry area, the social work service had engaged with 329 children and young people up to the end of October 2019. Initial feedback from all service users has been very positive, with respondents particularly highlighting the benefit of the service to their mental health.
30. Although MDTs are still in the early stages of development, the overall feedback received from service users, GPs and other health professionals to date has been very positive. Patients value the opportunity to speak to specialists who can address the issues which they are presenting with, without need to refer to secondary care services.
31. Roll out of MDTs across the remaining twelve GP Federation areas within Northern Ireland will continue, the speed of which will depend on the availability of appropriate staffing and resources.
32. Whilst an action learning approach is being taken across the project with regular review through local and regional project board meetings, the first formal lessons learnt will begin following the initial evaluation review in February 2020.

33. In addition, work has recently commenced in both Derry and Down, as part of the '10,000 More Voices' initiative to capture the views of service users, with a report likely around the end of the financial year.

Theme 4 Specialist Support

Children and Young People in Adult Mental Health Wards

34. The recently partially commenced Mental Capacity Act (Northern Ireland) 2016, includes a requirement for age appropriate accommodation (section 266 and paragraph 4 of Schedule 8, adding a new Article 3D to the Mental Health Order). This legal requirement, which came into force on 2 December 2019, applies if a child or young person is under 18 and is an in-patient in hospital for the purpose of assessment or treatment of a mental disorder. The hospital must ensure that the person's environment in hospital is suitable to the person's age. The hospital must consult a person who has the knowledge or expertise to help determine if the environment is appropriate to the person's age. It does not mean that they have to be placed on a dedicated children's ward. Rather, it requires that all relevant circumstances should be considered when deciding where to place the child.

35. The new provision is important because it gives a legal standing to what was previously only considered good practice.

36. DoH has confirmed with all 5 Trusts that they have a protocol in place for children on adult wards and have confirmed that the protocols will be updated in light of the commencement of the Mental Capacity Regulations. Consideration is also being given to developing a regional protocol to ensure consistency in practice across the Trusts.

Theme 5 Moving from Child to Adult Services

37. It is well recognised that the transition period for a young person in receipt of CAMHS once they turn 18 is a significant and often challenging time in the young person's life.
38. The CAMHS Care Pathway states that "Adult Mental Health Services and CAMHS will work together with me and my family/carers, to agree the best arrangements for my transition to adult services". In light of this and to support implementation of the Care Pathway, a Pilot project which is being led in the Belfast Trust (including South Eastern Trust) and Southern Trust areas to improve transitional arrangements for young people transitioning from children's to adult mental health services is underway and will be piloted before full roll out across the region.
39. A shared learning event took place on 16th October, with a regional workshop targeted for CAMHS and Adult Mental Health Services staff to support this objective. A Task & Finish group, with service user representation, was set up in November as a result of the Workshop; and the aim of this Task & Finish Group is to develop a regional Transition pathway, a co-produced training programme to support the implementation of the Care Pathway protocol and essential tools to support and ensure smooth transitions from CAMHS / ID-CAMHS to adult mental health services.
40. The outcomes of this project will be measured through reported improvements from the Belfast / South Eastern / Southern Trust CAMHS services in relation to transitions, including capturing service user experience. Feedback and learning will be incorporated into development of an agreed transition pathway passport and protocol for the region.

Theme 7 Mental Health Awareness and Understanding

41. A key focus in this theme is on better integrated working between mental health services and education, including consideration around how to better educate children and young people in schools about their emotional wellbeing and providing information at key stages and transitions.

42. There is much preventative and early intervention work already being undertaken by schools and other settings to support the emotional health and mental wellbeing of children and young people (including provision of an Independent Counselling Service for Schools for post primary pupils, which is funded by the Department of Education). However, there is a lack of regional consistency or direction and provision varies largely on a school by school basis. The IDG has placed a priority on this Theme and DoH and DE are currently considering how the actions relating to mental health and schools can be taken forward within the lifespan of the Action Plan.

43. From initial review, notable programmes identified by the IDG are:

- A pilot of the Stress Control in Schools Programme with a number of post primary schools in North Belfast, is taking place in 2019/20. Eleven schools have formally signed up and training for the teachers (10 per school) taking part took place in August (hosted by Girls Model) with each school then committing to delivery of between 1-3 runs of the programme before the end of the school year in June 2020. Stress Control Schools is aimed at 15 year olds and incorporates cognitive behavioural therapy (CBT), mindfulness and positive psychology but does not require any specialist knowledge. It has been designed to easily fit into the existing Personal and Social Education (PSE) timetable. It should be run over eight weekly single school periods and be delivered by PSE teachers who can be trained in one day (e.g. an in-service day).
<https://stresscontrol.org/home>
- BLOOM: Mental Health UK, a collaboration of the 4 Nations, with MindWise being the NI partner, have secured approximately £6million

from Lloyds Banking Group to pilot and transformationally develop ‘BLOOM’ a Mental Health schools capacity building programme across the UK from 2019 – 2024. Bloom is a UK-wide programme which supports young people’s mental health resilience. Delivered in schools and colleges, Bloom equips young people with the tools and knowledge to maintain their mental health through life’s transitions, both now and in the future. Initial pilots are currently happening across the UK and the first stage evaluation is due early spring 2020.

- The Family Wellness Project in schools - MindWise have successfully secured a two year extension from BIG Lottery for the Family Wellness Project – an alliance between MindWise, Cause, Action Mental Health, Aware and Parenting NI. The partnership has been funded by the Big Lottery to work with children and families in the Western and Southern HSC Trust areas. The overall aim is to enhance the mental health and well-being of children under 12, their families and/or carers. As part of the many services the project offers, a school based mental health awareness programme for children and parents/carers has received very positive feedback to date. In addition, the Family Wellness Project offers:
 - One-to-one intervention for children and parents/carers based on the Wellness Recovery Action Programme
 - Parent and carer support groups and one-to-one advocacy
 - Community based programmes on mental health awareness and supporting children’s emotional health
 - A web-based resource for parents/carers in relation to emotional health and well-being.

44. The IDG has agreed to keep these projects under review and to undertake further scoping work on the provision of mental health support and training for schools, with the aim of ensuring roll-out of a regional approach.

The Emotional Health and Wellbeing Framework

45. The Department of Education, Public Health Agency, DoH and the EA are jointly developing an Emotional Health and Wellbeing Framework, with a focus on ensuring that children and young people are empowered to take care of their wellbeing and receive the right support, at the right time, according to their needs. Promotion, prevention and early intervention around emotional wellbeing will be at the core of the Framework. It is anticipated that, once developed, the Framework will provide clear structures of support, including clarification of the links and pathways of referrals to the appropriate services, based on the child/young person's needs.
46. The Framework is currently well under development and work programmes will be identified to deliver key strands, for further development and implementation.

Conclusion

47. Although the Action Plan has only been published for two months, there is much good work being progressed across Government, arms-length bodies and in the voluntary and community sector to support and improve the mental health of children and young people in our society. Progress has already been made in key areas. This Progress Report focusses on the more prominent achievements, but review of the Action Plan at the Annex provides updates on progress against many of the actions and this is as a result of the hard and dedicated work of colleagues and staff across the system. This is all the more impressive when considered alongside the difficulties and challenges associated with the ongoing lack of a Northern Ireland Assembly and Ministers to champion mental health.
48. Over the next 12 months, the IDG would, in particular, hope to make progress in the areas related to the CAMHS Managed Care Network, the

CAMHS dataset and better support and integration of mental health services within education. Focus will also be on the MDTs once early evaluation data becomes available. Continued cooperation and coordination of work-streams and investment on an interdepartmental, multiagency and multi-sectoral level will help achieve momentum on actions.

49. The Action Plan will also continue to be informed, influenced and shaped by other ongoing strategy work, such as the Children and Young People's Strategy, the Looked After Children Strategy, the Protect Life 2 Strategy, the DE Emotional Wellbeing Framework and the HSCB Children and Young People's Framework. It is vitally important that Government works together, in partnership with its arms-length bodies, statutory services, the voluntary and community sector and, particularly, children and young people, to drive this important piece of work forward, improve mental health services and support and to ensure that our children and young people in Northern Ireland achieve the best outcomes possible.

ANNEX

**INTERDEPARTMENTAL DRAFT ACTION PLAN IN RESPONSE TO THE
NICCY “STILL WAITING” REPORT**

INTER-DEPARTMENTAL DRAFT ACTION PLAN

In response to

‘STILL WAITING’

RIGHTS BASED REVIEW OF MENTAL HEALTH SERVICES AND SUPPORT FOR CHILDREN AND YOUNG
PEOPLE IN NORTHERN IRELAND

December 2019

| Theme 1 – Working Effectively and Collaboratively | | | | | | | | |
|--|--|---|--|------|---------------------|--|---|---|
| Objective | Action | Measures | Outcomes | Lead | Link to NICCY rec's | Resource implications | Time frame for completion | Progress update |
| Clear governance structures for development of CAMHS | 1.1 Establish an Inter-Departmental Project Board with cross sectoral representation to develop and implement an action plan in response to the NICCY Still Waiting Report recommendations, to include engagement with children and young people | 1. Inter-Departmental Project Board 2. Cross sectoral membership. 3. ToR which includes creation of action plan and implementation of same. | Better integrated working across Government and services, with cross sectoral involvement and input, including engagement with children and young people in delivery of actions. | DoH | 1 1c, 1d | | Project Board set up in Feb 19 Action plan to be published Autumn / Winter 2019 On-going until completion of plan | Project Board established, chaired and facilitated by DoH, with representation from DE, DfC and DoJ. Meetings held in Feb, Apr, Jun, Aug, Sept, Nov and Dec 19. ToR agreed; and membership extended to: - HSCB - EA - RQIA - CAUSE - VOYPIC - Mindwise; with membership being kept under review. Rep being sought from Mental Health Alliance. |
| Sustainable investment in CAMHS | 1.2 Create a fund map of spending in children and adolescent mental health and emotional wellbeing services. | 1. Clear and explicit fund map of existing services commissioned | Effective and efficient allocation of investment in CAMHS going forward. | DoH | 1a, b, | May require additional resources, dependent on | If funded, Apr 20 – Oct 20. | DoH met with NICCY for advice on the fund mapping methodology. |

| | | | | | | | | |
|---|---|---|---|---|--------------------------|---|--|---|
| | | 2. Published Map shows where funds are spent and who funds the service. | | | | the scope of the project. | | Scoping paper was discussed at Project Board, with agreement that further work should be undertaken on developing a more detailed proposal. |
| | 1.3 Increase funding for statutory CAMHS service. | 1. Funding of statutory CAMHS services to increase; advice to be developed for incoming Minister | A high quality service with good outcomes for children and young people. | DoH | 1a, b | Requires Ministerial approval and a new investment strategy for mental health funding. | Subject to Executive reforming and Ministers in place. | Some recurrent investment secured (through Demography & Inescapables) and allocated to Trusts. |
| Collect better information more regularly | 1.4 Full implementation of CAMHS dataset, including consideration of alternative approaches for delivery, such as, engagement with Encompass. | 1. Consistent, comparable, quality assured, regular data returns from Trusts. 2. Availability and regular publication of CAMHS data. | Quality data to support strategic planning and decision making in future service development. | HSCB, DoH, PHA, Trusts, C&V sector bodies | 45, 46, 47 (a-j), 48, 49 | Investment required for dedicated informatics support for CAMHS to support greater consistency of data input by clinical staff and full implementation of the remaining elements of the dataset. Recurrent funding required is for | Ongoing. Will be given priority if investment available. | HSCB and Trusts are engaged in the full implementation of the dataset. A workshop is being planned for the New Year to bring together Trust informatics staff to address current issues. Full implementation of the data set requires investment. DoH is currently considering bids for the next financial year. |

| | | | | | | | | |
|------------------------------------|---|---|--|-------------|----------------------------|---|---|---|
| | | | | | | 1x WTE Band 5 in each Trust Estimated at £190k. | | Ongoing consideration around capturing of additional data |
| | 1.5 Development of prevalence study into children's and adolescent's mental health. | 1. Publication of Prevalence Study, quantifying prevalence rates for child and adolescent mental health in Northern Ireland. | Enhanced understanding of where greatest need is for targeted investment and intervention in the future. | HSCB | 46 | Investment secured through Transformation funding. 1200 interviews to be completed by end Sept 19. Full target of 2750 set for end Jan 20. Prevalence study to be completed by March 2020. | | The Prevalence study is underway following a successful pilot of the questionnaire. The first wave of the full survey is in progress A Project Board has been established to oversee the study. The full report will be published after March 2020. |
| | 1.6 Increase awareness of referral process for referring agents | 1. Workshop / information sessions / training materials developed for referring agents. 2. Benchmark NI referrals data against NHS / UK rates. | Greater regional consistency in referrals and acceptance rates. | HSCB | 2a, 3 | Will require funding. Jan 20 – Sept 20 | | Regional Programme for GPs completed and to be rolled out through 2019/20. Further consideration around increasing awareness to be taken forward in the New Year. |
| Joined up working between services | 1.7 Implement the Managed Care Network. | 1. MCN properly established with dedicated staff in place and regular meetings. | Holistically tailored care for young people in CAMHS. | HSCB DoH | 1c, d, e 2a, b, c 16 | Investment required as priority to support the | Once recurrent funding identified, time | DoH is currently considering bids for the next financial year. |

| | | | | | | | |
|---|--|--|-------------|------------------|--|--|---|
| | 2. Better user experience and satisfaction with service, demonstrated through patient and staff surveys. | Better relationships between HSCB, PHA, Trusts, C&V sector and Royal Colleges. | | 18 | Managed Care Network. Recurrent funding required Total estimate: £175,000 | dependent on BSO recruitment process. | |
| 1.8 Develop MH Liaison Service (for 16+), CAIT and acute care pathways for children and for young people. | 1. MCN established 2. Regional approach developed, and resourced. 3. Service / pathway rolled out across all Trusts. | Improved outcomes for children and young people presenting with mental health crisis 24/7 access to urgent specialist help. | HSCB DoH | 4, 23, 24, 29 | MCN implementation costs plus resource for pathway development | To be determined once MCN implemented. | Ongoing – BHSCT and SEHSCT have 24/7 response teams currently in place. Remaining Trusts have capacity / resource challenges but all have out of hours arrangements in place. |
| 1.9 Self Harm Intervention Programme (SHIP) referral pathway for children and young people to be kept under review. | 1. Regular monitoring of referrals through pathway. 2. Positive feedback from service users. | Improved outcomes for children and young people presenting with self harm. | PHA DoH | 4 | Currently funded | Ongoing | Ongoing – the service has been extended to cover all those aged 11+. An evaluation of the service is being planned by the PHA in the coming months. |

| | Theme 2 – Accessing Help | | | | | | | |
|---|---|---|---|----------|----------------------|---|----------------------------------|--|
| Outcome | Action | Measures | Outcomes | Lead | Link to NICCY rec's | Resource implications | Time frame for completion | Progress update |
| Removing barriers that stop young people accessing services | 2.1 Fully implement the CAMHS dataset, which will monitor referrals and acceptance rates. See Action 1.4 Develop methodology for tracking referrals that aren't accepted into CAMHS. | 1. Funding secured. 2. Regional data on referrals / acceptance rates collected and published. 3. Data on non-accepted referrals collated. | Quick identification and response to variations in acceptance rates across Trusts. | HSCB DoH | 3, 11, | Linked to full implementation of CAMHS dataset. | Methodology developed by Dec 20. | Referrals and acceptance rates are monitored. Current acceptance rate is 80% which is a notable increase for the region. HSCB and Trusts are engaged in the full implementation of the dataset – see progress for Action 1.4. Consideration ongoing re options for tracking non-accepted referrals |
| | 2.2 Create new / review existing information channels for children, young people and families, including review of the Patient Portal and HSC pages on NI Direct and social media outlets, in collaboration with children and young people. | 1. Information channels revised to present more child friendly material, informed by children/young people. 2. New HSC child friendly information channels created, as required. | Easier navigation of information channels by children and young people, more access to information. | HSCB DoH | 11 26 27 28 | Yes | Jun 20 – Dec 20 | A patient portal is currently being developed for dementia. Further expansion of the portal, to potentially cover children and young people, will be considered. |

| | | | | | | | |
|---|---|---|---|-----------------------|------------------------|-------------------------------|---|
| | Link with 6.1 and 6.2 | 3. User feedback surveys. | | | | | |
| | 2.3 Consider creation of a Mental Health Passport Scheme, through existing portals. Link to 2.2 | 1. Scoping paper developed on proposals for MH Passport for children and young people. 2. Funding secured and Pilot scheme rolled out in agreed Trust / area 3. Evaluation of pilot, including patient surveys, to inform future service provision. | More efficient use of face to face appointment time. Increase in user satisfaction. | DoH HSCB HSCTs | 9 | Yes | Paper developed by Mar 20 Work underway in respect of this development with some investment under transformation. A hard copy will be piloted in the first instance. |
| | 2.4 Review Integrated Elective Access Protocol (IEAP) to ensure fit for purpose for children and young people. | Proposals developed and implemented. | Better access to CAMHS for children and young people. | HSCB DoH | 11 | No | TBC Arrangements for review of Mental Health IEAP by HSCB proposed. |
| | 2.5 Evaluate Card Before You Leave (CBYL) for children and young people. | 1.Data collated and analysed 2. Evaluation published 3. Proposals for future of CBYL for children and young people developed. | Informed understanding of use and effectiveness of CBYL, enabling informed decisions to be made on the way forward. | HSCB | 25 | Workforce / capacity resource | Apr 20 – Oct 20 Arrangements for conducting review under consideration. |
| Greater flexibility and choice in how young people engage with services | 2.6 Co-produce an app to help and support young people who may struggle or have difficulties engaging with CAMHS: | 1. Scoping paper produced 2. T&F group established, ToR agreed and regular meetings. | Better support for children and young people who are not engaging. Better engagement with CAMHS. | DoH HSCB Trusts | 8, 9, 10, 26, 27 | Resources required | By Dec 21 Scoping exercise expected to commence in 2020. |

| | | | | | | | |
|---|--|--|----------------------|---|---|-----------------|---|
| | <ul style="list-style-type: none"> - Scoping work to understand what is currently provided - Set up Task & Finish group with children and young people involvement, to take forward app development. | <p>3. Funding secured.</p> <p>4. App developed that works for young people and professional.</p> | | | | | |
| 2.7 Review CAMHS appointment systems. | <p>1. T&F group set up and ToR agreed.</p> <p>2. Report on appointments system and proposals to improve the system.</p> <p>3. Implement agreed proposals.</p> | <p>Better choice and availability of appointments leading to more children and young people engaging with services.</p> | HSCB HSCTs DoH | 8 | Resource required | Jul 20 – Apr 21 | Ongoing consideration of options. |
| 2.8 Fully implement CAMHS care pathway across NI, including gap analysis and where additional resources should be deployed. | <p>1. Funds secured and deployed as per gap analysis study.</p> <p>2. Evaluation of Trusts use of CAMHS Care Pathway, evidenced through data returns and patient / professional feedback surveys.</p> | <p>Fully implemented CAMHS care pathway and regional consistency.</p> <p>Better access to services reflected in reduced waiting times.</p> <p>Better user experience based on a better understanding of what to expect from CAMHS.</p> | HSCB | 1d 2, 3, 5, 11, 12, 13, 16, 18, 28, 48, 49 | Additional funds required for each Trust. | Ongoing | Care Pathway implementation across region ongoing. See also update on action 3.1. |

| | Theme 3 – Supporting adults working with children and young people | | | | | | | |
|---|--|--|--|---|---------------------|------------------------------------|--|---|
| Outcome | Action | Measures | Outcomes | Lead | Link to NICCY rec's | Resource implications | Time frame for completion | Progress update |
| Mental health training for all professionals who work with young people | 3.1 Roll out at Trust level of short course programme on the CAMHS Care pathway to GPs and other children services. Link to 2.8 | 1. % GP involvement in training. | Better awareness among GPs of CAMHS. | HSCB | 2a, 5 | Funded at present. | March 20 | Short Course Programme completed and disseminated to Trusts who will provide a report of activity in delivery of the programme. Programme rolled out in WHSCT. Trusts have done some roll out but awaiting the establishment of MDTs. |
| | 3.2 Development of a children & young people's mental health training strategy and standards for professionals working with children and young people. | 1. Strategy developed with identified targeted professionals 2. Training rolled out 3. Evaluate the impact through surveys with professionals. | Better professional awareness of emotional and mental health and well-being of children and young people and better understanding of the range of appropriate service responses. | DoH DfC DE HSCB PHA Trusts EA | 5 7 | Funding required | Strategy to be developed by Jul 21. | Ongoing consideration of options. |
| Integrated working across the | 3.3 Implementation of primary care MDTs with a mental health worker | 1. Full roll out of MDTs to all 5 HSC Trust areas. | Better support for children and young people with mental | DoH HSCTs HSCB | 6 13 | To date, implementation of the MDT | Implementation will proceed in a carefully | The MDT Project was formally launched on 15 th |

| | | | | | | | |
|---|---|---|---|------------------------|---------|--|---|
| system to strengthen children and young people's emotional and mental wellbeing | attached to all GPs across the region. | | ill health at primary care level. | | | <p>model has been supported by £13m of Transformation Funding. Of this, over £1m has been allocated to mental health workers.</p> <p>Sustaining the current implementation and expanding the model across NI will require significant investment in the primary care sector. Discussions are currently ongoing to confirm appropriate sustainable funding streams.</p> | <p>managed way, reflective of the availability of qualified and experienced staff and the potential impact of recruitment on statutory services.</p> <p>In addition, many primary care settings will require capital improvements, with lengthy planning permission and building control processes to be completed.</p> <p>Within both Derry and Down, there are now mental health practitioners within the majority of GP Practices.</p> <p>Whilst an action learning approach is being taken across the project with regular review through local and regional project board meetings, the first formal lessons learnt will begin following the initial evaluation review in February 2020.</p> |
| | 3.4 Named "MH professional" (title to be agreed) in every school, to be taken forward alongside the Emotional | 1. Scoping paper produced and advice to be prepared for Ministers | Every primary and post primary school in NI has the name of a "MH professional" (title to | DE PHA DoH EA | 6 33 | To be determined | Scoping paper to be developed by Dec 20. |

| | | | | | | | | |
|--|--|---|-------------------------------|--|--|--|--|---|
| | <p>Health and Wellbeing Framework for Children and Young People (DE / PHA):</p> <ul style="list-style-type: none"> - Develop proposals, including better use of VCS services; and development of business case. | <p>2. Secure funding.</p> <p>3. Pilot approach to inform advice to Ministers; and measure impact.</p> | <p>be agreed) to contact.</p> | | | | <p>Pilot (dependent on resources) – 2021.</p> <p>It may be necessary to seek Ministerial approval to implement this action. DoH / DE to consider as work progresses.</p> | <p>and Emotional Wellbeing Framework which DE is working on in collaboration with DoH, PHA and the Education Authority.</p> |
| | | | | | | | | |

| Theme 4 - Specialist support | | | | | | | | |
|--|--|---|--|--------------|---------------------|---|-----------------------------------|---|
| Outcome | Action | Measures | Outcomes | Lead | Link to NICCY rec's | Resource implications | Time frame for completion | Progress update |
| Greater range of community based mental health support | 4.1 Increase capacity in the C&V sector for community based mental health support, to include after care support: - scope existing provision with analysis and proposals for potential areas for expansion and consideration of workforce implications. | 1. Scoping paper produced, to form the basis of a bid for investment 2. Advice to be prepared for Ministers 3. Investment secured. 4. Commissioning and delivery of more mental health and aftercare support services in the community. 5. Increase in number of children and young people seen by C&V sector. 6. Reduction in statutory CAMHS waiting list. | Reduced pressure on primary care and decreased demand for core CAMHS. More support available for children and young people discharged from CAMHS or inpatient care. | DoH HSCB | 12 30 | Yes; to be determined. May require Ministerial decision. | Paper by Dec 20 | Ongoing consideration of options and work to commence in 2020. |
| | 4.2 A greater range of self-help support for young people (including social prescribing – link to MDT work) to be available on referral from GPs | 1. Scoping paper produced and advice prepared for Ministers in terms of how to expand 2. Business case developed. 3. Funds secured | More self-help support available for children and young people in the community, reducing the pressure on core CAMHS. | DoH, HSCB | 12, 13 30 | Yes, to be determined. May require Ministerial decision. | Scoping to be complete by Dec 20. | Ongoing consideration of options and possibilities for linking in with the mental health practitioners in the newly established |

| | | | | | | | | |
|--|---|---|--|-------------|-------------------------|--|---|--|
| | <p>Linked to action 4.1 above</p> <ul style="list-style-type: none"> - Scope existing support and complete gap analysis - Consider how best to encourage GPs to utilise supports – app development, awareness raising, trust specific database etc. | <p>4. Commissioning of additional self-help support services in collaboration with GPs and others.</p> | | | | | | primary care MDTs. |
| Needs led support and treatment in mental health hospitals | 4.3 Monitor prescribing data and ensure medication for mental health to children and young people is appropriate. | <p>1. Mechanisms in place to identify outlying prescribing patterns.</p> <p>2. Outlying prescribing practice identified and clinical conversations take place.</p> | <p>Appropriate treatment options for children and young people, to optimise recovery.</p> | DoH | <p>14 15 18</p> | No | By Apr 20 | <p>Meeting with pharmacy and GMS colleagues in the HSCB being set up to confirm current data collection and monitoring.</p> |
| | 4.4 Fully implement psychological therapies in CAMHS, as per the existing 2010 Psychological Therapies Strategy. | <p>1. Evaluate the current use of psychological therapies in CAMHS.</p> <p>2. Identify need for further service developments.</p> <p>3. Secure appropriate funding.</p> <p>4. Increased training in psychological therapies.</p> <p>5. Develop a children & young person's stream</p> | <p>Full range of psychological therapies provided and tailored to children and young people.</p> | DoH HSCB | 15 | <p>Evaluation of current service is cost neutral; however, further service developments and training will require investment through Trusts Training money and investment in</p> | Further service developments identified by Jan 2021 | <p>Training targets for current year formulated and forwarded to Trusts. Some investment being made available, including investment from Regional Trauma Network to training for CAMHS staff. However, important to note that capacity to avail of training even</p> |

| | | | | | | | |
|--|---|--|--|---------------------|--------------------------|--|--|
| | | in the Regional Trauma Network. | | | psychological therapies. | | where funding available is also dependant on staff being released to avail of training. DoH is considering reviewing the 2010 Psychological Therapies Strategy as part of a proposed new Mental Health Strategy. This approach has yet to be approved, but the intention is that, going forward, psychological therapies will be fully integrated within core mental health services and CAMHS. |
| | 4.5 Evaluate and analyse the need for Psychiatric Intensive Care provisions in Northern Ireland and make decision on the future need. | 1. BHSCT business case for PICU beds at Beechcroft. 2. Secure funding. 3. Works complete | Better care and outcomes for children and young people requiring intensive inpatient care at Beechcroft. | BHST DoH HSCB | 17 18 20 | Capital / revenue costs associated with the business case. | Business case developed by Jan 20. BHSCT are in the process of developing a business case for creation of 4 PICU beds within Beechcroft. |
| | 4.6 Evaluate and analyse the use of detentions in Beechcroft. | 1. Establish the norm for detention levels at Beechcroft (BHSCT to provide Dept with stats) | Assurance of appropriate use of detentions for children and young people in Beechcroft. | DoH HSCB RQIA | 19 | No | Nov 19 – Dec 19 & ongoing; data to be analysed every 3 months. Recent High Court judgment may have implications for detentions in Beechcroft. DoH to |

| | | | | | | | |
|--|--|---|---|--------------------|----|---|---|
| | | <p>2. Note change of trends.</p> <p>3. Publish regular detention statistics from Beechcroft.</p> | | | | | consider legal advice. |
| Children and young people in adult wards | 4.7 Review existing protocol for children on adult wards. | <p>1. Commence the relevant sections of Mental Capacity Act (Northern Ireland) 2016 requiring age appropriate accommodation.</p> <p>2. Protocol revised in light of commencement of relevant provisions in MCA.</p> | Reduction of children on adult wards. | DoH Trusts | 17 | No | <p>MCA due to be implemented 1st Dec 19.</p> <p>Review Protocol – Apr 20 – Jul 20</p> <p>All 5 Trusts have separate protocols for children on adult wards and have confirmed that these will be updated in light of the commencement of the relevant section in the MCA (NI) 2016 re age appropriate accommodation.</p> <p>Consideration is being given to developing a regional protocol to ensure consistency in practice across the Trusts.</p> |
| | 4.8 Review system of RQIA oversight of children treated for MH as in-patient on adult wards. Consideration given to the option of amending requirement under Art 118 of the Mental Health | <p>1. Paper produced and taken forward, as required.</p> <p>2. Provide regular reports on children on adult wards.</p> | Better oversight of young people admitted to adult mental health wards. | DoH Trusts RQIA | 17 | Potential legislative requirements which will require Ministerial decision. Small resource | <p>Apr 20 – Jul 20</p> <p>Further progress dependent on Executive reforming and Ministerial decision.</p> <p>See update on Action 4.7. RQIA to play a role in this work.</p> |

| | (Northern Ireland) Order 1986 and the relevant Direction | | | | | associated with reporting. | | |
|---|---|--|--|------------|----------------------|--|--|----------------------|
| Implement and monitor minimum care standards in A&E | 4.9 Enhance the framework in relation to minimum care standards in ED for children and young people who are presenting with a mental illness. | <p>1. Project Board rep to sit in on the review of RQIA legislation project.</p> <p>2. Change of policy to be considered by MHCU, in consultation with RQIA / RQIA sponsor branch; and advice prepared for Ministers</p> <p>3. If agreed, taken forward as part of the review of regulation framework.</p> | Appropriate inspection standards in ED | DoH / RQIA | 21 22 24 25 | Any additional standards may require ministerial approval and potentially additional investment and a change to the legislation; and additional resources required by RQIA to carry out the inspections against the standards. | Phase 1 of this review will determine the principles, remit and approach of a revised policy on regulation. Subject to the appropriate approval, the Dept intends to consult on the revised policy in early 2020 and will be seeking the views of both service providers and users as part of this process. Phase 2 will look at each service provider category, determine the risk involved and consider the most appropriate method of regulatory response. Phase 2 will | Progress is ongoing. |

| | | | | | | | | |
|---------------------------------|--|---|--|-------------------|----|--------------------|--------------------------------|-----------------------------------|
| | | | | | | | result in amended legislation. | |
| Dedicated telephone advice line | 4.10 Improve contact opportunities for children and young people who are waiting for an appointment or are in between appointments, by considering how to strengthen case worker contact between appointments. | 1. Scoping paper with options produced. | Increase wellbeing of children and young people. | DoH / HSCB /Trust | 10 | Requires resources | Paper by Jun 21 | Ongoing consideration of options. |
| | | | | | | | | |

| | Theme 5 - Moving from child to adult services | | | | | | | |
|---|---|---|---|-----------------|---------------------|------------------------|--|--|
| Outcome | Action | Measures | Outcomes | Lead | Link to NICCY rec's | Resource implications | Time frame for completion | Progress update |
| Transition planning from CAMHS to post-18 | 5.1 Create an improved transitions procedure, including i-Thrive app development project. Consider bridging service for 16-25 year olds (any change to existing policy will require Ministerial decision). | 1. Clear transition arrangements between CAMHS and adult services, set out in writing and compliant with NICE Transitions Guidelines. | Better transition arrangements and continuity of care for patients moving from CAMHS to AMHS. | DoH HSCB Trusts | 29, 30, 31 | Potentially | By Dec 20 Any change in policy will require Ministerial decision. | Ongoing A Workshop on Transitions was held in October, and was well attended (around 70 people attended). A Task & Finish group, with service user representation, has been set up as a result of the Workshop to develop a regional Transitions protocol for all Trusts. |
| | 5.2 Develop a transition dataset as part of the CAMHS dataset. | 1. Publish data on transitions. | Enhanced understanding on transitions. | HSCB | 29 | Yes, to be determined. | In line with CAMHS dataset implementation timescale. | Work on transitions and implementing the CAMHS dataset ongoing. |
| | 5.3 New guidance for those who do not transition from CAMHS to adult services. | 1. Clear information for those not transitioning including new communications strategy and aftercare / self-care supports. | Better outcomes for those not transitioning to AMHS. | HSCB Trusts | 30 | Minor | In alignment with Action 5.1 and potentially 5.2 (if timescales | Ongoing consideration of options. |

| | Theme 6 – Flexible treatment options | | | | | | | |
|---|---|---|--|----------------|---------------------|---|---------------------------|---|
| Outcome | Action | Measures | Outcomes | Lead | Link to NICCY rec's | Resource implications | Time frame for completion | Progress update |
| Provide clear information on service standards and how to make a complaint and feedback | <p>6.1 Better complaints structures for children and young people, including consideration of:</p> <ul style="list-style-type: none"> - Co-produce user friendly leaflets - Advocates (as part of MCA/ amendments to MHO) – may require Ministerial decision <p>Build on existing advocacy systems (such as VOYPIC in Beechcroft)</p> | <p>1. Trusts to ensure that complaints procedures made known to all service users and report variety of mechanisms in place to support making an appropriate complaint.</p> <p>2. HSCB to monitor issue of complaints as part of DSF.</p> | Better service provision. | Trusts HSCB | 28 | Yes | Jun 21 | Ongoing consideration of options, looking at similar changes to complaints structures made elsewhere. |
| Strengthen involvement of young people in decisions about their care and how services are delivered | <p>6.2 Increase children and young people involvement in service evaluation and development.</p> <p>Consider development of an action plan and setting up a mental health youth forum in each Trust to support this action.</p> | <p>1. Create / review trust protocols for children and young people involvement</p> <p>2. Monitor data returns in the CAMHS dataset with reporting on user involvement.</p> | Tailored, relevant services designed around children and young people's experiences, resulting in better service provision and outcomes for children and young people. | Trusts HSCB | 26, 27, 28 | Investment required to support staff capacity and full implementation of the CAMHS dataset. | Jun 21 | Ongoing consideration of how to take this forward. |

| | | | | | | | | |
|--|---|---|---|-----------------|----|---|------------------------------------|---|
| Ensure full range of evidence based treatment interventions are available in line with NICE Guidelines | <p>6.3 Develop treatment protocols where psychological therapies are core of CAMHS services.</p> <p>Link to Action 4.4 and 2010 Psychological Therapies Strategy.</p> | <p>1. Reduction in use of medication in CAMHS.</p> <p>2. Uptake of psychological therapies increased for CYP.</p> | Improved range provided and more investment in Psychological Therapies. | DoH HSCB Trusts | 47 | Investment in psychological therapies required. | Linked to Action 4.4 – by Jan 2021 | DoH is considering reviewing the 2010 Psychological Therapies Strategy as part of a proposed new Mental Health Strategy. This approach has yet to be approved, but the intention is that, going forward, psychological therapies will be fully integrated within core mental health services and CAMHS. |
| | | | | | | | | |

| | Theme 7 – Mental health awareness and understanding | | | | | | | |
|---|--|--|--|-----------------|---------------------|-----------------------|---------------------------|--|
| Outcome | Action | Measures | Outcomes | Lead | Link to NICCY rec's | Resource implications | Time frame for completion | Progress update |
| Educate children and young people about their emotional wellbeing as part of the curriculum | <p>7.1 Promotion, prevention and early intervention around emotional wellbeing will be at the core of The Emotional Health and Wellbeing Framework (the Wellbeing Framework) being developed jointly by DE, PHA, DoH and the Education Authority.</p> <p>This will include use of the curriculum and curriculum based resources available to support teachers in its delivery.</p> | Appropriate guidance and enhanced resources available to schools to support the emotional wellbeing of pupils. | <p>1. Framework published.</p> <p>2. A wellbeing ethos integrated throughout schools with full implementation of the requirements of the curriculum in respect of emotional wellbeing.</p> | DE/CCEA | 32 | To be quantified | March 2020 | Ongoing - the Framework is currently under development and work programmes will be identified to deliver key strands including resources and support to schools. |
| Education providers should work more closely with mental health services | 7.2 As part of the out-working of the Framework, enhanced joint working through a multi-disciplinary approach will be explored. | Formal partnerships developed between education and mental health service providers. | <p>1. Framework published</p> <p>2. Education and Health providers working collaboratively to support for children and young people.</p> | DE/PHA/DoH/HSCB | 33, 34 | To be quantified | September 2020 | Ongoing - the Framework is currently under development and is itself multi-disciplinary in nature, being taken forward jointly by DE/DoH/PHA/EA. This multi-disciplinary |

| | | | | | | work progresses | element will be key as we move towards implementation. |
|---|--|--|---|---|--------|--------------------|---|
| Provide information at key stages and transition points | 7.3 Reinforce and publicise the CAMHS care pathway. Link to actions 2.9, 3.2 and 5.1-5.3 . | 1. Information material developed. 2. Schools distribute leaflets / materials to children and young people at key transition periods. | Better understanding of the CAMHS care pathway, targeted to CYP at key transition stages. | HSCB/DoH | 30, 35 | Resource required | Dec 2020 It may be necessary to seek Ministerial approval to implement this action. DE / DoH to consider as work progresses. CAMHS care pathway available for download. Ongoing consideration of options for raising awareness in schools. |
| | 7.4 The Wellbeing Framework will provide clear structures of support, including clarification of the links and pathways of referrals to the appropriate services, based on the child/young person's needs. | Education providers know when and how to involve the appropriate services. | Better integration of education and mental health services, resulting in early intervention and better service provision for children and young people. | DE/ PHA/ DoH/ HSCB | 30, 33 | Resource required. | Mar 2020 It may be necessary to seek Ministerial approval to implement this action. DE / DoH to consider as work progresses. Ongoing - the Framework is currently under development and clarification around structures of support and referral pathways is the document's key focus. |
| Strengthen public awareness and community capacity building | 7.5 Commission qualitative research on mental health literacy, language and awareness of services appropriate for children and young people to inform future | 1. Research designed and commissioned 2. Pilots run in 20/21 | Better understanding and awareness of the importance of mental health and emotional wellbeing in children and | PHA DoH DE HSCB / EA Key relevant Voluntary sector bodies. | 35, 36 | To be agreed | Through 2020; Pilots run through 20/21 if resources are available. Stress Control in Schools Programme is being piloted in 11 post-primary schools in North Belfast, throughout |

| | | | | | | |
|--|---|--|--|--|--|---|
| | <p>awareness raising programmes including for example the Change Your Mind programme which is designed to tackle mental health stigma and discrimination.</p> <p>Subject to resource availability, pilot two programmes in 2020/21 to support resilience in post-primary schools; and embed Mental and Emotional Wellbeing in the curriculum to maximise success in further and higher education.</p> <p>Links with Protect Life 2 objective and associated actions to improve awareness of suicide prevention and associated services.</p> | <p>young people, leading to a reduction in stigma and an increase in engagement with services.</p> | | | <p>It may be necessary to seek Ministerial approval to implement this action. DE / DoH to consider as work progresses.</p> | <p>2019/20. Aimed at 15 year olds, it incorporates CBT, mindfulness and positive psychology; and is run over 8 weekly single school periods, delivered by teachers who can be trained in one day.</p> <p>The IDG agreed to do further scoping on the provision of mental health support and training for schools. Links in with the work of the DE Framework.</p> |
|--|---|--|--|--|--|---|

| | Theme 8 – Young people with additional needs | | | | | | | |
|---|--|---|--|------------------|---------------------|-----------------------|--|---|
| Outcome | Action | Measures | Outcomes | Lead | Link to NICCY rec's | Resource implications | Time frame for completion | Progress update |
| Equal access for young people with a learning disability to services and support | 8.1 Pursue development of ID CAMHS pathway, linked to Action 8.2 | 1. Regional development and publication of a new ID CAMHS pathway, including roll out to all Trusts. | Full access to ID CAMHS for children and young people who require the services. | HSCB HSCTs | 37, 38, 39, 40 | Yes | To be agreed, subject to resource. | Ongoing consideration of options and how this links in with other work-streams. |
| | 8.2 Development of the Children and Young People emotional and Wellbeing Framework. | 1. Publication of Framework. | Single point of access to services for all children, regardless of disability. | HSCB DoH Trusts | 37, 38, 39 | Yes | Dec 20 (to be kept under review) Ministerial decision may be required if new policy proposed. | Ongoing. The HSCB are hoping to recruit a dedicated staff member to drive development of the Framework. |
| Access to services to address mental health and substance use problems at the same time | 8.3 Consider new approaches to mental health and substance use problems. Project Board to engage with policy leads in respect of new approaches for addressing the needs of children with mental health and substance misuse problems. In doing so, Project Board | 1.Scoping / options paper developed and advice prepared for Ministers 2. PHA to revise guidance on referral pathways in respect of both Step 2 and 3 services. | Holistic support and treatment services for children and young people with co-occurring mental health and drug/alcohol problems, resulting in better patient outcomes. | DoH DoJ PHA HSCB | 41, 42, 43, 44 | Potentially | Dec 20; Ministerial decision may be required if new policy proposed. | Ongoing consideration of options and liaison with RRF Programme team. |

| | | | | | | | |
|--|---|--|--|-------------------------------|----|-------------|--|
| | will also liaise with the Review of Regional Facilities Programme Team to consider how the development of proposals for a Joint Care and Justice Campus might include similar approaches. | | | | | | |
| Treatment for children and young people with co-occurring physical and mental health needs | 8.4 Create a new protocol for informing RQIA of all relevant information when a child or young person is admitted to a general paediatric ward for mental health treatment or care. | 1. Report produced on how often this happens and what existing protocols are 2. In light of the findings above, strengthen RQIA safeguarding role by producing a new protocol or reporting requirement. | Better RQIA oversight of the appropriateness of mental health care and treatment being provided in paediatric wards. | DoH RQIA Trusts HSCB | 50 | Potentially | Dependent on funding. Ongoing consideration of options. |

Timeframes based on assumption that dedicated staff resource / time is made available to take forward that particular action.