

Mission 3 – Crisis avoidance post-workshop outputs

7th March 2024

Taking a missions-led approach to CYP mental health in NW London : a focus on Crisis

On 20 February 2024, 86 stakeholders from across the sector in North West London came together in the interest of improving outcomes for children and young people in the region in Crisis, through research and innovation.

There was a strong understanding that one sector does not have all the answers and we can only solve this if we work together.

Attendees included representatives from the acute sector (n=15), Local authorities (n=12), Mental health trusts (n=12), ICB (n=10), innovators (n=8) and others including parents and carers, carers and young people representatives, voluntary sector and academics.

This deck summarises the outputs from the events and next steps for the Mission.



1. Our co-created, shared definition of crisis for NW London



"Crisis" for children and young people refers to any emergent situation in which the intensity of the child and/or young person's presentation and behaviours put them at risk of hurting themselves or others, disrupts their ability to function effectively in their daily life (e.g. school, home, community, social environments) and/or when the existing support and coping structures are no longer able to manage or resolve the situation with the skills and resources available. There are many types of crises including mental, physical, behavioural and social.

It typically involves the person, their parents/carers or professionals seeking help, and an external intervention to address the immediate risk.

Support for presentations is often sought in acute care, sometimes with prolonged length of stay; however children in crisis can present in different settings, including but not limited to, CAMHS crisis teams, community care, primary care, schools, social care and justice systems.

- This definition assumes agreement on a certain number of other factors:
- A child or young person is defined as a person **up to the age of 18** (i.e. 0 - 17 years old) for the purpose of the work currently being undertaken in NWL— we may expand this definition at a later date to include young adults up to the age of 25 once we have seen improvements for the younger age group.
- The person is potentially presenting as a result of **one or many conditions** including mental health (diagnosed or undiagnosed), neurodevelopmental conditions (diagnosed or undiagnosed), unexplained medical symptoms, or behavioural changes .
- The child and/or young person may **have different needs that are not being addressed by services in a timely and accessible manner**: challenging behaviours, presenting with self-harm or suicide ideation, parents/carers unable to cope, **safeguarding concerns**, and/or may be known to social care or have experienced placement breakdown .

2. Our agreed priority areas opportunity for research and innovation



- The main discussion focused on identifying and prioritising problem areas for CYP in crisis in North West London. Problem areas were prioritised both before a child shows up in crisis and after (see slides 6-7). The top prioritised problem areas were:
- **For early intervention:**
 - Communication and integration between all parts of the system
 - Lack of awareness of support available (from schools, families, clinicians)
 - The voice of the child not being heard (perhaps due to stigma)
 - Empowering parents to know how to support CYP (and working with schools)
 - Address health inequalities in access to existing services
- **For hospital presentations:**
 - A&E not always being an appropriate place, but no alternative pathways or services before or after crisis
 - Fragmented systems & mechanisms (mental health, social care and physical health)
 - CYP feeling like you need to reach crisis point to be seen
 - Early MDT multi-access support
 - Access to respite support for parents and families/more family involvement

3. A clear set of recommendations for how we progress the next phase of the mission

“That the issues are systemic, and we need to look at an integrated change.”

“Listening to the voice of the young people and their needs.”

“Prioritising community support is key to reducing ED attendance and preventing admissions.”

“The opportunity to network with colleagues across the sector.”

“Addressing the problem involves interdisciplinary and collaborative working.”

“That crisis can/should be avoided. We should be aiming for zero crisis in NWL.”





Lots of work is being done!
but CHALLENGES remain!

- Timely care + support
- Prolonged stays
- Delayed discharge
- Repeat attendance
- Siloed working



Appendix

Working methodology toward defining Crisis

Ahead of the workshop we developed a working definition of crisis to test with the group of attendees

"Crisis" for children and young people refers to any emergent situation in which the child and/or young person's presentation and behaviours put them at risk of hurting themselves or others, disrupts their ability to function effectively in their daily life (e.g. school, home, community, social environments) and/or when the existing support structures are no longer able to contain or resolve the situation with the skills and resources available.

It typically involves the person and their parents/carers seeking help, or an external intervention to address the immediate risk.

Support for presentations is not just sought in acute care but a number of different settings, for example community care, primary care, school etc.

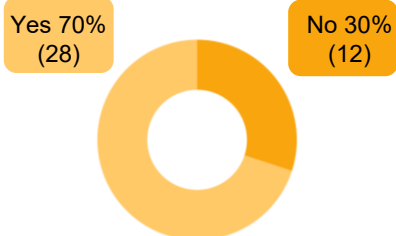
This definition assumes agreement on a certain number of other factors:

- A child or young person is defined as a person **up to the age of 18** (i.e 0 - 17 year old)
- The person is potentially presenting as a result of **one or many conditions** including: mental health (diagnosed or undiagnosed), neurodevelopmental conditions (diagnosed or undiagnosed), unexplained medical symptoms, or behavioural changes
- The child and/or young person may have **different characteristics and backgrounds**: challenging behaviours, parents/carers unable to cope, and may be known to social care or have experienced placement breakdown

We tested the crisis definition with attendees via a pre-workshop survey and then held a discussion during the workshop

Age

Do you agree with the outlined age range 0-17?



Pre-workshop feedback

- 30% disagreed with the suggested age range to define "CYP in crisis"
- Most people who disagreed felt that 0-25 years was more appropriate
- However, extending the age beyond 18 may create uncertainty around responsibilities for acute provider services given the split between paediatrics and adult services

Feedback during workshop

Key areas of feedback:

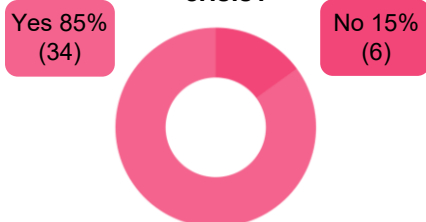
- whether to include CYP up to 25, especially for neurodiverse young people
- the age group between 16-18 is treated separately in acute sector services; children in that age group might be treated in adult services or left in ED where that is not an option

Recommendations

We suggest **focusing on ages 0-17 years at this stage** to improve care and outcomes for that group first, rather than trying to do too much at once. The age group could be widened to 0-25 at a later stage.

Conditions

Do you agree with the conditions included in the definition of CYP in crisis?



- Most people (85%) agreed with the conditions included in the working definition
- A few people felt that we should include contextual / risk factors e.g. family breakdown, parent conflict, gang violence; and (lack of) access and availability of services

Key areas of feedback:

- Attendees identified the need for distinction between behavioural, mental and physical crises
- Attendees also recommended stratifying severity levels (mild, moderate, severe and life-threatening) and setting thresholds for what constitutes a crisis, to support directing children to appropriate support

We recommend defining crisis severity levels and thresholds for what constitutes a crisis – this point should be picked up by a group including representatives from different services (social services, acute, mental health)

Characteristics and settings were the next two key areas that we received feedback on the crisis definition

Characteristics

Do you agree with the outlined characteristics of CYP in crisis?

Yes 87.5% (35)



No 12.5% (5)

Pre-workshop feedback

- Most people (87.5%) agreed with the outlined characteristics for CYP in crisis
- However, someone pointed out that “Defining groups of characteristics could be unhelpful and pejorative”
- Others felt we could mention risky behaviours, school exclusions or avoidance, trauma and safeguarding in this part of the definition

Feedback during workshop

Key areas of feedback:

- Distinguishing between a health crisis and a social crisis
- Add self-harm and suicide ideation to the characteristics of crisis
- Focus on the needs of CYP and whether services are meeting those needs over “characteristics” or “behaviours” of CYP i.e. children cannot access support early enough
- It should include time and safety as an aspect

Recommendations

Mention self harm and suicide ideation in the definition and reframe “characteristics” to be centred around CYP needs

Settings

Do you agree with the settings included in the definition of crisis?

Yes 85% (34)



No 15.4% (6)

- Most people (85%) agreed with the settings included in the definition
- Some suggested including local authority settings, and residential placements (regulated or unregulated) to highlight issues like breakdown
- To include wording around ‘family home, school and community’ settings
- A few people felt like primary care should not be included as it may not be the most appropriate destination for someone in crisis

Those attending the workshop highlighted that the definition should encompass:

- A reflection on service accessibility as well as availability
- Some of the children who do not engage with the services provided
- The crisis is the environment i.e. children running away from school or home
- Prolonged stays in A&E and paediatrics

Include mention to service accessibility and prolonged stays in A&E and paediatrics in the definition

After reviewing the crisis definition discussion outputs, we uncovered further insights on language and definition components

Language



Other suggestions



Pre-workshop feedback

Comments were raised about the language used in the definition, with suggestions provided for change.

Other factors were mentioned on the current definition

Feedback during workshop

Participants shared that the language used should involve:

- Changing the word “contain” used in the definition to “manage”
- Include “professionals” as a point of call for support to CYP
- Using the word “intensity” as referenced in the Oxford definition for crisis

- To test the definition with children and young people as they are the service users
- To include a secondary crisis definition that accounts for trigger points or indicators of crisis

Recommendations

As it is within our scope to make these additions to the definition, we will include the proposed language changes

We will plan to engage CYP to test the current definition with them and to hear their opinions on the language used.

However, it is important to note that different wording may be needed for different purposes – e.g. communication vs to ensure the right data is captured on crisis.

Given the suggested changes, this is our proposed revised definition

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Appendix 2

Crisis problem areas

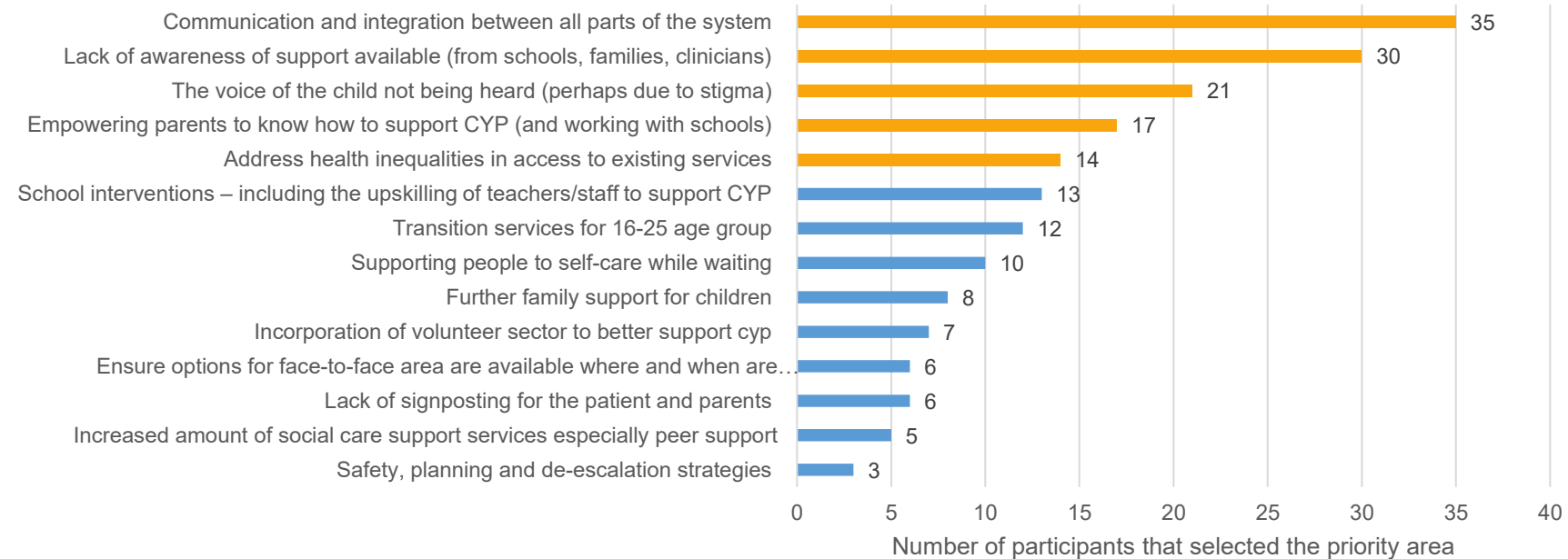
Problem areas along the crisis pathway

- Ahead of the workshop we developed two personas to use as a starting point for discussion at the workshop
- Workshop participants used the user personas to identify the challenges and opportunities for the CYP and the crucial individuals they engage with, such as their parent/carer, health care staff and social care professionals; the full detail of what we captured during the workshop can be found in **this Miro board**:
https://miro.com/app/board/uXjVKeBscV0=?share_link_id=343069830752
- During the workshop we then prioritised the top problem areas identified and the group voted on those areas – the following slides summarise the results of the votes

Challenge areas voted by attendees as most pressing to address before a child or young person presents in crisis

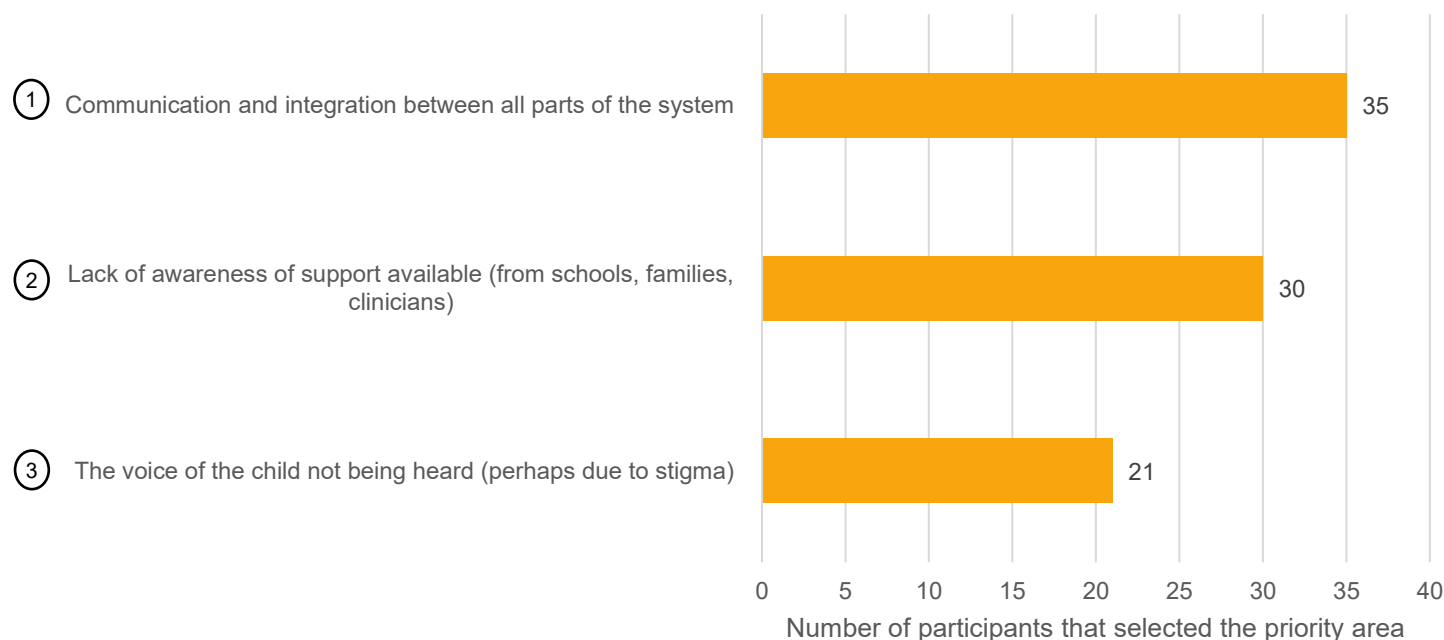
- Attendees voted on the top 5 problem areas to address **before** a child or young person presents in crisis (3 votes per person)
- The main challenges prioritised by the group dealt with the need to better integrate different parts of the system and to have greater awareness of what support is available; many also thought that CYP voices are not being heard enough

Selected areas of challenge before crisis presentation (n=63)



The top 3 challenge areas for early intervention and some of the the opportunities suggested by attendees

Top 3 selected areas of challenge before crisis presentation (n=63)

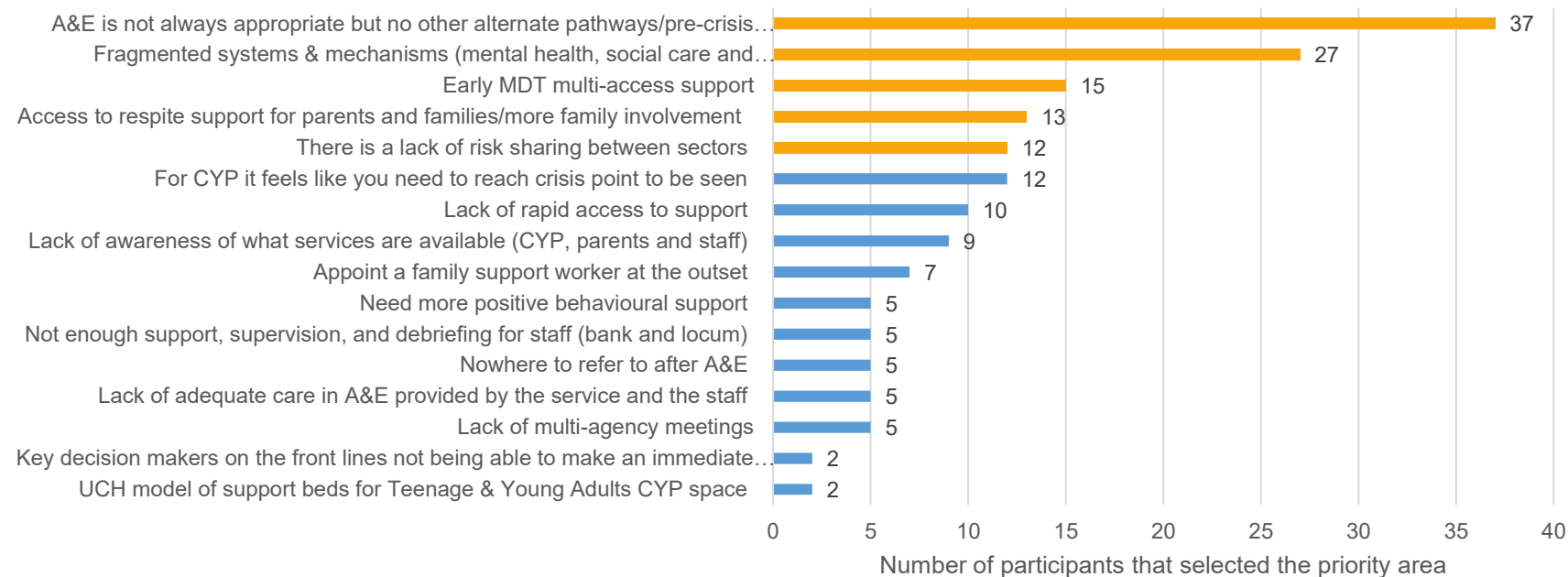


No.	Suggested solutions
1	<ul style="list-style-type: none">Forming a directory encompassing health and social care services, serving as a singular access to pointAppointing a family support worker who coordinates the services around the CYP
2	<ul style="list-style-type: none">Organising local health fairs that consolidate all available services for families within a specific areaGPs and local authorities to signpost available support/services earlier on
3	<ul style="list-style-type: none">Engaging CYP in this workHaving 'lived experience' practitioners to train CYP and parents

Challenge areas voted by attendees as most pressing to address after a child or young person presents in crisis

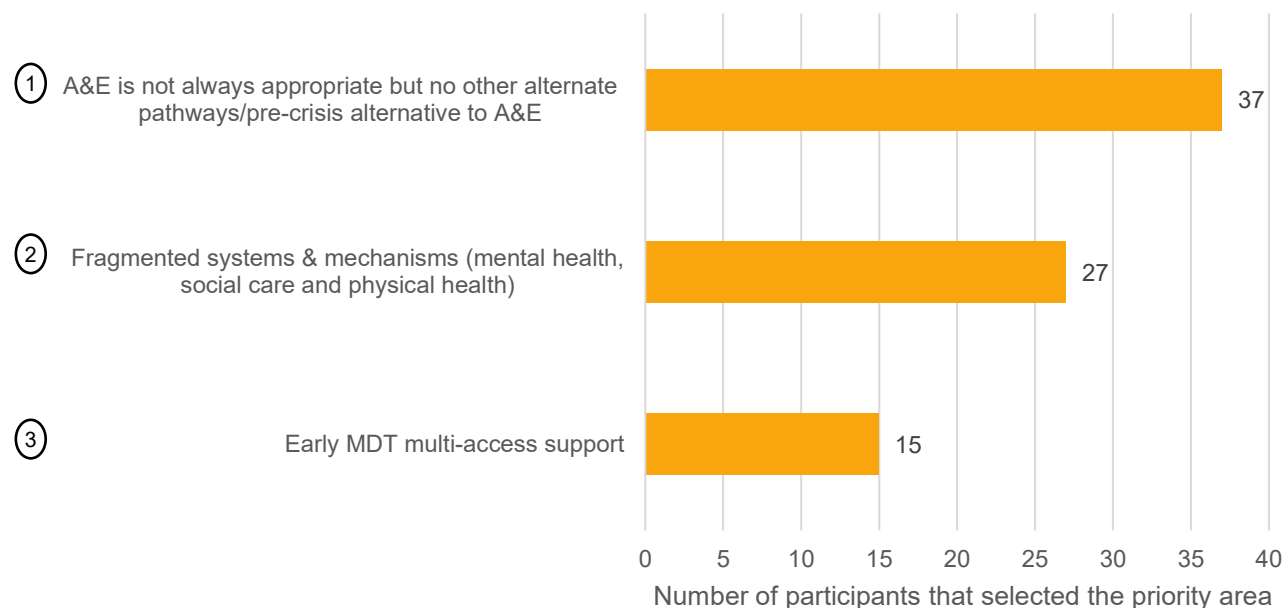
- Attendees voted on the top 5 problem areas to address **after** a child or young person presents in crisis (3 votes per person)
- The main problem areas prioritised by the group were the lack of alternative pathways to A&E, service fragmentation (similar to early intervention) and the need to have MDTs to assess and support CYP in crisis

Selected areas of challenge after crisis presentation (n=67)



The top 3 challenge areas for hospital prevention and the opportunities suggested by attendees

Top 3 selected areas of challenge after crisis presentation
(n=67)



No.	Suggested solutions
1	<ul style="list-style-type: none"> • Triaging the young person at first-line crisis support to seek the right help • Signposting to the right alternate A&E spaces at the point of first-line crisis support (Out of EDs) • To prevent repeat attendance to A&E provide CYP with a care passport/package
2	<ul style="list-style-type: none"> • Upskill current workforce and capacity building around mental health • Joined up MDTs between mental health acute, social care (see below)
3	<ul style="list-style-type: none"> • MDT including both social care and health care workers (mental health and acute)

We have started to map innovations we know of to the top problem areas to inform mission work

Problem areas (top 5 for each area)	Detailed description of problem area	Workshop votes (n / %)	Availability of innovations
Early intervention			
Communication and integration between all parts of the system	The lack of joined-up working across health and social care may mean that some parts of the system are blind to CYP presenting in other parts of the system and they cannot support them in a holistic way	35 / 56%	None identified yet
Lack of awareness of support available (from schools, families, clinicians)	Parents/carers and young people have limited knowledge about what services exist	30 / 48%	Best for you
The voice of the child not being heard (perhaps due to stigma)	CYP are not being listened to and as a result current services are not always matched to what they want and need	21 / 33%	None identified yet
Empowering parents to know how to support CYP (and working with schools)	Parents/carers do not feel equipped to support the social, emotional and wellbeing needs of the CYP in crisis	17 / 27%	Speak
Address health inequalities in access to existing services	CYPs across different boroughs lack consistent access to quality health and social care services	14 / 22%	None identified yet
Hospital presentations			
A&E not always being an appropriate place, but no alternative pathways or services before or after crisis	Parents/carers are unsure where to access the right support	37 / 55%	Crisis Café; Shout
Fragmented systems & mechanisms (mental health, social care and physical health)	There is a lack of system collaboration resulting in CYP not receiving a more holistic approach to care (similar to above)	27 / 40%	None identified yet
CYP feeling like you need to reach crisis point to be seen	CYP are not being supported earlier in the pathway in part due to threshold-based services, resulting in them presenting at A&E in crisis	17 / 25%	None identified yet
Early MDT multi-access support	Need to have a multidisciplinary assessment of CYP in crisis to improve outcomes and prevent reattendance	15 / 22%	None identified yet
Access to respite support for parents and families/more family involvement	Parents and families need support to know how best to help their child get better, but also need respite from caring responsibilities where relevant	13 / 19%	Speak