

## Children & Young People (Mental Health, Learning Disability and Autism) Inpatient Services

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## Current Inpatient CYPMH Services



Tier 4 services include both inpatient and day placement services to provide care and treatment for CYP with a mental illness.

Medium Secure

Low Secure
Low Secure LD

PICU

Deaf

Children's

General Adolescent LD

There are eight non-forensic service lines within CYP mental health services, with GAU making up half of the bed base.

Even in a nonforensic service line, someone may be admitted under the Mental Health Act 1983. The **average length of stay** is almost 4 months.



Young people in Learning Disability and Autism services have an average length of stay of almost 8 and a half months.



There is an underrepresentation of Asian and Asian British CYP in inpatient mental health services.



The national ambition is to reduce lengths of stay and ensure that children and young people are cared for as close to home as possible.



Activity levels are high, with 2,700 admissions in 2022/23, 2,600 CYP admissions in 2021/22 and 3,750 in 2020/21.



**Girls are overrepresented in inpatient** mental health services.

Local areas are working hard to develop and maintain admission avoidance schemes, including crisis houses, day placement provision and strengthening community teams.



community teams provide intensive and crisis care to young people in the community, and can support discharge from inpatient services





There is a universal referrals form used to access CYP inpatient services.

Data source: NCDR



## Proposed new model of care

Specific Autism functions/teams to work with young person throughout journey

Specific Learning
Disability functions/
teams to work with
young person throughout
their journey

Facility for parents/carers to be admitted with young person and offer family focused interventions

Mental Health Units with intensive therapeutic environments with specific areas for young people with a learning disability

Expand intensive
home treatment, day
treatment and specialist
eating disorder functions/
teams to work with young
person throughout their
journey

Expand Intensive
Home Treatment
functions/teams
including Crisis
Houses to work
with young people
who are suicidal,
self harming/low
mood





To support local system with the mobilisation of service change that will enable the provision of high-quality services

Specialist expertise which follows the CYP throughout their journey offering continued and consistent support for CYP and their network

Specialist home treatment function to provide a more responsive and targeted support to enhance community provision

Meet the needs of children and young people who have a mental health need AND who have a learning disability and / or are autistic, through ensuring that the therapeutic interventions are adapted to support the mental health needs of the young person in the context of being autistic or having a learning disability.

The inpatient and specialist home treatment elements of the service should function as one team

There needs to be strong focus on maintaining therapeutic relationships with someone the children and young people have already formed a trusted relationship with.

Move away from specialist expertise being located in separate inpatient services which requires frequent Out of Area care, to the specialist expertise following the child. This will enable Local inpatient centres to be aligned to the local care pathway and keep Children and Young People connected to their home and community

Need to ensure that transformed services meet the needs of every CYP who needs to use specialist services including CYP from racialized communities and those CYP with a learning disability or / and are autistic





Commissioning arrangements



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Interventions therapies & activities

Enhanced
Specialist
Community
Services



Key Recommendations





Workforce

Involvement and co-production



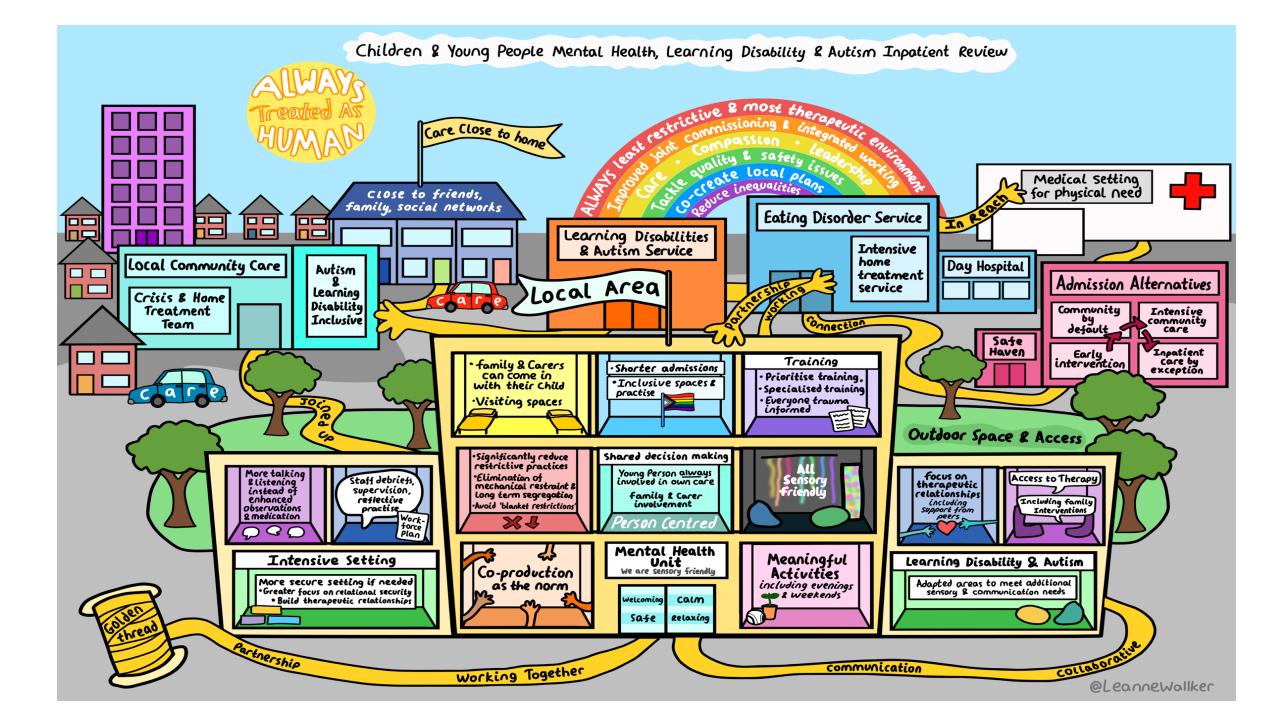
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Assessment & Decision Making







## **Ongoing Stakeholder Engagement**

When developing changes to specialised services, ensuring all stakeholders have the opportunity to be involved and contribute their views is vital.

The Clinical Reference Group stakeholder lists enable this to happen.

Registration is open for all, including patients, carers, voluntary sector partners, clinical staff and provider organisations working in specialised services.

Registered stakeholders are kept informed of relevant updates and are also invited to comment on draft documents and take part in consultations.

If you would like to continue to receive updates and contribute to the CYP service specification development, please register as a stakeholder by following this link:

https://www.engage.england.nhs.uk/application/crg-stakeholder-reg-april-2019/

(You can register as an individual or and organisation)



Any Questions?