

# **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 2020

| Theme 1 – Working Effectively and Collaboratively    |  |  |  |      |                     |  |  |   |
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| 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 | <p>1. Inter-Departmental Project Board</p> <p>2. Cross sectoral membership.</p> <p>3. ToR which includes creation of action plan and implementation of same.</p> | 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<br>1c, 1d         |  | On-going until completion of Action Plan | Project Board was unable to meet for 6 months due to the impact of the covid-19 emergency response, but meetings have resumed; and going forward meetings will be every 2 months. |
| Sustainable investment in CAMHS                      | 1.2 Create a fund map of spending in children and adolescent mental health and emotional wellbeing services.   | <p>1. Clear and explicit fund map of existing services commissioned</p> <p>2. Published Map shows where funds are spent and who funds the service.</p>           | Effective and efficient allocation of investment in CAMHS going forward.   | DoH  | 1a, b,              | May require additional resources, dependent on the scope of the project.               | March 21                                 | Working is being progressed on service and governance mapping, which will progress this action.   |
|  | 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. |  | MH AP has an action to develop a 10 year funding plan for mental health services, including CAMHS. Additional investment (£750k) secured to address                               |

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|   |   |   |   |   |                          |   |  | inescapable pressures. Recurrent funding for MCN achieved. Funding for CAMHS teams in schools confirmed as part of the DE Emotional Health and Wellbeing in Education Framework -£6.5m recurrent investment in total, with £1.5m provided by DoH |
| 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.<br><br>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.<br><br>Recurrent funding | Ongoing. Will be given priority if investment available. | 2018/19 data has been submitted. 2019/20 validation due to be completed towards the end of 2020.<br><br>Encompass will take forward the data set in the future. It is planned to meet with Encompass to discuss further.                         |

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|  |   |   |  |      |       | required is for 1x WTE Band 5 in each Trust Estimated at £190k. |                  |   |
|  | 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.              | Complete         | Complete. The Prevalence Study was launched on 19th October 2020.   |
|  | 1.6 Increase awareness of referral process for referring agents                     | 1. Workshop / information sessions / training materials developed for referring agents.<br><br>2. Benchmark NI referrals data against NHS / UK rates. | Greater regional consistency in referrals and acceptance rates.  | HSCB | 2a, 3 | Will require funding.   | Jan 21 – Sept 21 | Regional Programme for GPs completed and to be rolled out through 2019/20. Trusts have variously delivered training to GPs and have specific arrangements to support the referrals processes including delivery of Webinars, delivery of dedicated programme and in SHSCT appointment of a dedicated referral co-ordinator to |

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|                                    |   |  |  |          |                                  |  |   | support the referral process and address issues as they arise. The MCN could be well placed to consider this further.   |
| Joined up working between services | 1.7 Implement the Managed Care Network.   | <p>1. MCN properly established with dedicated staff in place and regular meetings.</p> <p>2. Better user experience and satisfaction with service, demonstrated through patient and staff surveys.</p> | <p>Holistically tailored care for young people in CAMHS.</p> <p>Better relationships between HSCB, PHA, Trusts, C&amp;V sector and Royal Colleges.</p> | HSCB DoH | 1c, d, e<br>2a, b, c<br>16<br>18 | Investment required as priority to support the Managed Care Network. | 20/21. Time dependent on BSO recruitment process. | Recurrent funding has been secured and HSCB are finalising plans for implementation.  |
|                                    | 1.8 Develop MH Liaison Service (for 16+), CAIT and acute care pathways for children and for young people. | <p>1. MCN established</p> <p>2. Regional approach developed, and resourced.</p> <p>3. Service / pathway rolled out across all Trusts.</p>  | <p>Improved outcomes for children and young people presenting with mental health crisis</p> <p>24/7 access to urgent specialist help.</p>              | HSCB DoH | 4, 23, 24, 29                    | MCN implementation costs plus resource for pathway development       | To be determined once MCN implemented             | <p>Ongoing – BHSCT and SEHSCT have 24/7 response teams currently in place and all have out of hours arrangements in place.</p> <p>During COVID-19, teams have provided extra clinics including weekend rotas.</p> |

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|  |   |   |  |         |   |                  |         | MH crisis for all age groups is part of MH AP and is an action in the Strategy. A review is ongoing and will be completed March/April. |
|  | 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.<br>2. Positive feedback from service users. | Improved outcomes for children and young people presenting with self-harm. | PHA DoH | 4 | Currently funded | Ongoing | Ongoing – an evaluation of the service is being planned by the PHA. Service still provided but largely virtual through COVID-19        |
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| Theme 2 – Accessing Help                                    |   |  |  |          |                     |   |                                  |  |
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| 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 | <p>2.1 Fully implement the CAMHS dataset, which will monitor referrals and acceptance rates.</p> <p>See Action 1.4</p> <p>Develop methodology for tracking referrals that aren't accepted into CAMHS.</p> | <p>1. Funding secured.</p> <p>2. Regional data on referrals / acceptance rates collected and published.</p> <p>3. Data on non-accepted referrals collated.</p> | 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 Jun 21. | <p>Referrals and acceptance rates are monitored.</p> <p>Owing to COVID - 19 there has been a drop in referrals to CAMHS in the first quarter of 2020 but referrals have since increased and are returning to more usual levels. A surge in referrals is expected with the impact of COVID-19</p> <p>HSCB and Trusts are engaged in the full implementation of the dataset but investment is needed.</p> <p>Consideration ongoing re options for tracking non-accepted referrals.</p> |

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| <p>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.</p> <p>Link with 6.1 and 6.2</p> | <p>1. Information channels revised to present more child friendly material, informed by children/young people.</p> <p>2. New HSC child friendly information channels created, as required.</p> <p>3. User feedback surveys.</p>  | <p>Easier navigation of information channels by children and young people, more access to information.</p> | <p>HSCB<br/>DoH</p>           | <p>11<br/>26<br/>27<br/>28</p> | <p>Yes</p> | <p>Dec 20 – Jun 21</p> | <p>A patient portal is currently being developed for dementia. Further expansion of the portal, to potentially cover children and young people, will be considered.</p> |
| <p>2.3 Consider creation of a Mental Health Passport Scheme, through existing portals.</p> <p>Link to 2.2</p>   | <p>1. Scoping paper developed on proposals for MH Passport for children and young people.</p> <p>2. Funding secured and Pilot scheme rolled out in agreed Trust / area</p> <p>3. Evaluation of pilot, including patient surveys, to inform future service provision.</p> | <p>More efficient use of face to face appointment time.</p> <p>Increase in user satisfaction.</p>          | <p>DoH<br/>HSCB<br/>HSCTs</p> | <p>9</p>                       | <p>Yes</p> | <p>Mar 21</p>          | <p>Work underway in respect of this development (see update on action 5.1 below) as part of the implementation of the MH AP.</p>  |
| <p>2.4 Review Integrated Elective Access Protocol (IEAP) to ensure fit for purpose for children and young people.</p>   | <p>Proposals developed and implemented.</p>  | <p>Better access to CAMHS for children and young people.</p>   | <p>HSCB<br/>DoH</p>           | <p>11</p>                      | <p>No</p>  | <p>TBC</p>             | <p>Arrangements for review of Mental Health IEAP by HSCB proposed.</p>  |



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|   | 2.5 Evaluate Card Before You Leave (CBYL) for children and young people.  | <ol style="list-style-type: none"> <li>1.Data collated and analysed</li> <li>2. Evaluation published</li> <li>3. Proposals for future of CBYL for children and young people developed.</li> </ol>  | Informed understanding of use and effectiveness of CBYL, enabling informed decisions to be made on the way forward. | HSCB                  | 25               | Workforce / capacity resource | Apr 21 – Oct 21 | Arrangements for conducting review under consideration.   |
| Greater flexibility and choice in how young people engage with services | <p>2.6 Co-produce an app to help and support young people who may struggle or have difficulties engaging with CAMHS:</p> <ul style="list-style-type: none"> <li>- Scoping work to understand what is currently provided</li> <li>- Set up Task &amp; Finish group with children and young people involvement, to take forward app development.</li> </ul> | <ol style="list-style-type: none"> <li>1. Scoping paper produced</li> <li>2. T&amp;F group established, ToR agreed and regular meetings.</li> <li>3. Funding secured.</li> <li>4. App developed that works for young people and professional.</li> </ol> | <p>Better support for children and young people who are not engaging.</p> <p>Better engagement with CAMHS.</p>      | DoH<br>HSCB<br>Trusts | 8, 9, 10, 26, 27 | Resources required            | Jun 21          | Scoping exercise to commence in 2021, if funding is secured.  |
|   | 2.7 Review CAMHS appointment systems.   | <ol style="list-style-type: none"> <li>1. T&amp;F group set up and ToR agreed.</li> <li>2. Report on appointments system and proposals to improve the system.</li> <li>3. Implement agreed proposals.</li> </ol>   | Better choice and availability of appointments leading to more children and young people engaging with services.    | HSCB<br>HSC<br>s DoH  | 8                | Resource required             | Jan 21 – Oct 21 | Social distancing restrictions as a result of the pandemic has resulted in an increased use of video and tele conferencing facilities for appointments, |

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|  |   |   |   |      |   |   |         | where clinically appropriate and suitable to do so. This has meant more choice and flexibility for the patient in terms of appointment times and reduced travel. This is being kept under review but early indications are that it is working well and has been well received. Not appropriate for all and some patients prefer to have face to face contact which is accommodated, with social distancing and infection prevention control measures in place. |
|  | 2.8 Fully implement CAMHS care pathway across NI, including gap analysis and where additional resources should be deployed. | 1. Funds secured and deployed as per gap analysis study.<br><br>2. Evaluation of Trusts use of CAMHS Care Pathway, evidenced through data returns and | Fully implemented CAMHS care pathway and regional consistency.<br><br>Better access to services reflected in reduced waiting times. | HSCB | 1d<br>2, 3, 5,<br>11, 12,<br>13, 16,<br>18, 28,<br>48, 49 | Additional funds required for each Trust. | Ongoing | Action 6.3 of the MH AP is to fully implement the mental health care pathways, including CAMHS. Although the CAMHS care pathway has been rolled out across   |

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|  |  | patient / professional feedback surveys. | Better user experience based on a better understanding of what to expect from CAMHS. |  |  |  |  | NI, the action in the MH AP should help identify and target any gaps in implementation. |
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| Theme 3 – Supporting adults working with children and young people             |  |  |  |   |                     |   |  |  |
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| 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.<br><br>Link to 2.8                 | 1. % GP involvement in training.   | Better awareness among GPs of CAMHS.   | HSCB  | 2a, 5               | Funded at present.  | Completed in March 20  | Short Course Programme completed and disseminated to Trusts. HSCB will review impact of this with HSCT Heads of Service for CAMHS. |
|  | 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<br><br>2. Training rolled out<br><br>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<br>DfC<br>DE<br>HSCB<br>PHA<br>Trusts<br>EA | 5<br>7              | Funding required  | Strategy to be developed by Dec 21.  | Ongoing consideration of options.  |
| Integrated working across the system to strengthen children and young people's | 3.3 Implementation of primary care MDTs with a mental health worker attached to all GPs across the region.   | 1. Full roll out of MDTs to all 5 HSC Trust areas.   | Better support for children and young people with mental ill health at primary care level.   | DoH<br>HSCT<br>s<br>HSCB                        | 6<br>13             | To date, implementation of the MDT model has been supported by £13m of Transformati | Implementation will proceed in a carefully managed way, subject to funding and reflective of the availability of | Currently more than 270 staff supported by the MDT Programme including over 44 MH practitioners.                                   |

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| <p>emotional and mental wellbeing</p> |  |  |  |  | <p>on 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>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>A small in year allocation will provide a further 11 MH practitioners by 31/03/2020, along with smaller increases in other MDT roles.</p> <p>This year will also see a limited introduction of MDTs in the North Down and Ards area, including 2 further MHPs.</p> <p>The pace of the evaluation has been impacted by Covid-19, but has progressed as far as possible. An annual report will be provided around March 2021. Detailed findings across age groups is dependent on the implementation of GPIP information platform, currently being progressed by HSCB.</p> |
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| Theme 4 - Specialist support                           |   |   |   |             |                     |  |                           |   |
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| 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 | <p>4.1 Increase capacity in the C&amp;V sector for community based mental health support, to include after care support:</p> <p>- scope existing provision with analysis and proposals for potential areas for expansion and consideration of workforce implications.</p> | <ol style="list-style-type: none"> <li>1. Scoping paper produced, to form the basis of a bid for investment</li> <li>2. Advice to be prepared for Ministers</li> <li>3. Investment secured.</li> <li>4. Commissioning and delivery of more mental health and aftercare support services in the community.</li> <li>5. Increase in number of children and young</li> </ol> | <p>Reduced pressure on primary care and decreased demand for core CAMHS.</p> <p>More support available for children and young people discharged from CAMHS or inpatient care.</p> | DoH<br>HSCB | 12<br>30            | <p>Yes; to be determined.</p> <p>May require Ministerial decision.</p> | Jun 21                    | MindWise and some other C&V organisations have successfully secured funding for the establishment of a Dynamic Framework Agreement for the provision of Trauma Informed and Trauma Specific Interventions across Fermanagh, Armagh, Newry & Mourne and Strabane). |

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|  |   | <p>people seen by C&amp;V sector.</p> <p>6. Reduction in statutory CAMHS waiting list.</p>  |  |                  |                         |  |  |   |
|  | <p>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</p> <p>Linked to action 4.1 above</p> <ul style="list-style-type: none"> <li>- Scope existing support and complete gap analysis</li> <li>- Consider how best to encourage GPs to utilise supports – app development, awareness raising, trust specific database etc.</li> </ul> | <ol style="list-style-type: none"> <li>1. Scoping paper produced and advice prepared for Ministers in terms of how to expand</li> <li>2. Business case developed.</li> <li>3. Funds secured</li> <li>4. Commissioning of additional self-help support services in collaboration with GPs and others.</li> </ol> | <p>More self-help support available for children and young people in the community, reducing the pressure on core CAMHS.</p> | <p>DoH, HSCB</p> | <p>12, 13<br/>30</p>    | <p>Yes, to be determined.</p> <p>May require Ministerial decision.</p> | <p>Scoping to be complete by Jun 21.</p> | <p>Ongoing consideration of options and possibilities for linking in with the mental health practitioners in the primary care MDTs.</p>             |
| Needs led support and treatment in mental health hospitals | <p>4.3 Monitor prescribing data and ensure medication for mental health to children and young people is appropriate.</p>  | <ol style="list-style-type: none"> <li>1. Mechanisms in place to identify outlying prescribing patterns.</li> <li>2. Outlying prescribing practice identified and clinical conversations take place.</li> </ol>   | <p>Appropriate treatment options for children and young people, to optimise recovery.</p>                                    | <p>DoH</p>       | <p>14<br/>15<br/>18</p> | <p>No</p>  | <p>Ongoing</p>                           | <p>Ongoing work with pharmacy and GMS colleagues in the HSCB re the prescribing rates for antidepressants and stimulants for under 18s. Notable</p> |



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|  |  |  |   |             |    |  |        | association between prescribing rates and areas of deprivation; and work ongoing to identify areas with particularly high rates to understand why this may be. To complement this work, an audit by Royal College of Psychiatrists has reported that from 50 randomly selected cases findings, while still preliminary, are reassuring that prescribing is largely within accepted guidance with exceptions clinically justified. |
|  | 4.4 Fully implement psychological therapies in CAMHS, as per the existing 2010 Psychological Therapies Strategy. | <ol style="list-style-type: none"> <li>1. Evaluate the current use of psychological therapies in CAMHS.</li> <li>2. Identify need for further service developments.</li> <li>3. Secure appropriate funding.</li> </ol> | Full range of psychological therapies provided and tailored to children and young people. | DoH<br>HSCB | 15 | Evaluation of current service is cost neutral; however, further service developments and training will require | Mar 21 | To be taken forward by the MH AP – review of the 2010 Psychological Therapies Strategy. The intention is that, going forward, psychological therapies will be fully integrated  |

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|  |   | <p>4. Increased training in psychological therapies.</p> <p>5. Develop a children &amp; young person's stream in the Regional Trauma Network.</p>   |  |                     |                | investment through Trusts Training money and investment in psychological therapies. |   | 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. | <p>1. BHSCT business case for PICU beds at Beechcroft.</p> <p>2. Secure funding.</p> <p>3. Works complete</p>   | Better care and outcomes for children and young people requiring intensive inpatient care at Beechcroft. | BHST<br>DoH<br>HSCB | 17<br>18<br>20 | Capital / revenue costs associated with the business case.                          | Complete  | 4 PICU beds available from 1 <sup>st</sup> February 2021.  |
|  | 4.6 Evaluate and analyse the use of detentions in Beechcroft.   | <p>1. Establish the norm for detention levels at Beechcroft (BHSCT to provide Dept with stats)</p> <p>2. Note change of trends.</p> <p>3. Publish regular detention statistics from Beechcroft.</p> | Assurance of appropriate use of detentions for children and young people in Beechcroft.                  | DoH<br>HSCB<br>RQIA | 19             | No  | From January 2021 onwards - data to be analysed every 3 months. | To be commenced after the completion of the PICU works in Beechcroft   |
| Children and young people in adult wards | 4.7 Review existing protocol for children on adult wards.   | 1. Commence the relevant sections of Mental Capacity Act (Northern Ireland) 2016 requiring age appropriate accommodation.   | Reduction of children on adult wards.  | DoH<br>Trusts       | 17             | No  |   | The relevant provisions of the Mental Capacity Act have been commenced and on admission mental health management |

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|  |  | 2. Protocol revised in light of commencement of relevant provisions in MCA.  |   |                 |    |   |                 | <p>must ensure age appropriate accommodation for any child and young person admitted.</p> <p>All 5 Trusts have separate protocols for children on adult wards.</p> <p>Consideration to be is being given to developing a regional protocol to ensure consistency in practice across the Trusts.</p> |
|  | <p>4.8 Review system of RQIA oversight of children treated for MH as in-patient on adult wards.</p> <p>Consideration given to the option of amending requirement under Art 118 of the Mental Health (Northern Ireland) Order 1986 and the relevant Direction</p> | <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 | <p>Potential legislative requirements which will require Ministerial decision.</p> <p>Small resource associated with reporting.</p> | Dec 20 – Mar 21 | See update on Action 4.7. RQIA to play a role in this work.   |

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| <p>Implement and monitor minimum care standards in A&amp;E</p> | <p>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> | <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> | <p>Appropriate inspection standards in ED</p> | <p>DoH / RQIA</p> | <p>21<br/>22<br/>24<br/>25</p> | <p>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.</p> | <p>Phase 1 of this review will determine the principles, remit and approach of a revised policy on regulation. Minister has given approval to go out and consult on Phase 1 of the review with the hope to launch in 2021. 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</p> | <p>Progress is ongoing.</p> |
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| 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 |  | £124k non-recurrent has been allocated to the new Text-A-Nurse service to be taken forward by the DE EHW Framework.<br><br>"Text A Nurse" links directly to the young person's case worker/team treating them. |
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| Theme 5 - Moving from child to adult services |   |   |   |                       |                     |                       |   |  |
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| 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. | 1. Clear transition arrangements between CAMHS and adult services, set out in writing and compliant | Better transition arrangements and continuity of care for patients moving from CAMHS to AMHS. | DoH<br>HSCB<br>Trusts | 29, 30, 31          | Potentially           | Jun 21<br>Any change in policy will require Ministerial decision. | Work on transitions is being dovetailed in with the work into the Departmental key action in the Mental Health |

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|  | Consider bridging service for 16-25 year olds (any change to existing policy will require Ministerial decision). | with NICE Transitions Guidelines. |  |  |  |  |  |  | Strategy and Action Plan (Ref 7.1 and 7.2) A Task & Finish group established (ToR and membership agreed) to take forward the Mental Health Passport, and the Pathway plan and the Protocol for transitions. This had been temporarily gone on hold as a result of COVID-19 but is now to be reinstated. The work will be overseen by the MH & LD Service Team At this stage funding provided to support development of a hard copy version of MH passport with a view to putting on an electronic platform, which requires further investment. |
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|  | 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 on timescale.                | Work on transitions and implementing the CAMHS dataset ongoing. New data field to capture data for incorporation into the dataset is drafted for agreement with the Trusts. |
|  | 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.<br><br>2. New links with Recovery Colleges. | Better outcomes for those not transitioning to AMHS. | HSCB Trusts | 30 | Minor                  | In alignment with Action 5.1 and potentially 5.2 (if timescales allow) | Ongoing consideration of options (as above), including the possibility of the Task & Finish group taking forward this work  |
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| Theme 6 – Flexible treatment options  |   |   |  |                |                     |   |                           |   |
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| 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"> <li>- Co-produce user friendly leaflets</li> <li>- Advocates (as part of MCA/ amendments to MHO) – may require Ministerial decision</li> </ul> <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<br>HSCB | 28                  | Yes   | Dec 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<br>HSCB | 26, 27, 28          | Investment required to support staff capacity and full implementation of the CAMHS dataset. | Dec 21                    | Ongoing consideration of how to take this forward.  |



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| <p>Ensure full range of evidence based treatment interventions are available in line with NICE Guidelines</p> | <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> | <p>Improved range provided and more investment in Psychological Therapies.</p> | <p>DoH<br/>HSCB<br/>Trusts</p> | <p>47</p> | <p>Investment in psychological therapies required.</p> | <p>Linked to Action 4.4 – by Mar 2021</p> | <p>To be taken forward by the MH AP – review of the 2010 Psychological Therapies Strategy - the intention is that, going forward, psychological therapies will be fully integrated within core mental health services and CAMHS.</p> |
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| Theme 7 – Mental health awareness and understanding   |   |  |   |                                  |                     |                          |  |   |
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| 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 | 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.<br><br>This will include use of the curriculum and curriculum based resources available to support teachers in its delivery. | Appropriate guidance and enhanced resources available to schools to support the emotional wellbeing of pupils.         | 1. Framework published.<br><br>2. A wellbeing ethos integrated throughout schools with full implementation of the requirements of the curriculum in respect of emotional wellbeing. | DE/CC<br>EA                      | 32                  | To be quantified         | Jan 2021   | The Framework is close to being signed off; and £6.5 million investment has been secured by DE and DoH to support implementation. The proposed actions associated with the Framework will provide support and resources to teachers and schools to support the emotional wellbeing of pupils. |
|   | Reverse the Trend   | Evidence Based Programme and evidence gathering. Designed to help young people develop good mental and physical health | Children aged 4-18 create healthy habits around mental and physical health  | EA/<br>Reverse the Trend Charity | 32                  |                          | 12 week programme<br><br>3 year research with Southampton University | Introductory animation being created to issue to raise awareness with schools and encourage sign up to the programme  |
|   | DE Wellbeing Fund   | Promote wellbeing and resilience in schools (nursery, primary, post  | Purchase of resources to support mental health and  | DE/EA                            | 32                  | £5m allocated to schools | March 2021   | Schools allocated an amount based on enrolment.   |

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|  |   | primary and special schools) during Education Restart                                | resilience of staff and pupils  |                         |        |                  |  | Guidance issued on how to spend the resource<br><br>Discussion Forum to be available to share ideas  |
| 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. | 1. Framework published<br><br>2. Education and Health providers working collaboratively to support for children and young people. | DE/PH<br>A/DoH<br>/HSCB | 33, 34 | To be quantified | Jan 2021<br><br>It may be necessary to seek Ministerial approval to implement this action. DE / DoH to consider as work progresses | The Framework is close to being signed off; and DE and DoH have demonstrated partnership working by investing a collaborative £6.5 million to support implementation of the Framework. Proposed actions will further serve to strengthen the links between education and mental health support services.<br><br>In addition, a range of resources to promote children and young people's emotional wellbeing have been developed as part of the Covid-19 |

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|   |   |  |   |   |        |                    |                 | Restart Wellbeing Project.  |
| Provide information at key stages and transition points     | 7.3 Reinforce and publicise the CAMHS care pathway.<br><br>Link to actions 2.9, 3.2 and 5.1-5.3<br><br>.  | 1. Information material developed.<br><br>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  | Jun 2021        | The Framework will reinforce understanding of the CAMHS care pathway and how to get help; and the proposed actions arising from the Framework will address this action.                                 |
|   | 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. | Jan 2021        | The DE Framework is due for completion shortly and includes clarification around structures of support and referral pathways.   |
| 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 awareness raising programmes including for example the Change Your Mind programme which is designed to tackle mental | 1. Research designed and commissioned<br><br>2. Pilots run in 20/21  | Better understanding and awareness of the importance of mental health and emotional wellbeing in children and young people, leading to a reduction in stigma and an increase in engagement with services. | PHA DoH DE HSCB / EA<br><br>Key relevant Voluntary sector | 35, 36 | To be agreed       | Through 2020/21 | Stress Control in Schools Programme was piloted in 9 post-primary schools in North Belfast, throughout 2019/20. Aimed at 15 year olds, it incorporates CBT, mindfulness and positive psychology; and is |

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|  | <p>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> |  |  | bodies |  |  |  | <p>run over 8 weekly single school periods, delivered by teachers who can be trained in one day.</p> <p>59 teachers were trained and the programme was partially delivered to 1200 pupils. Challenges were experienced in delivering the programme in already busy school timetables.</p> <p>Independent evaluation of the BLOOM programme has recently been completed. Among the key findings included an increase in young peoples and teachers understanding of resilience as well as young peoples enhanced feelings of resilience.</p> |
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| Theme 8 – Young people with additional needs  |  |   |   |                           |                     |                       |  |  |
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| 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<br>HSCT<br>s         | 37, 38,<br>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<br>DoH<br>Trusts     | 37, 38,<br>39       | Yes                   | Jan 2021 (to be kept under review)<br>Ministerial decision may be required if new policy proposed. | Launch of the framework has been delayed due to pandemic. New timescales to be finalised.  |
| 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.<br><br>Project Board to engage with policy leads in respect of new approaches for | 1.Scoping / options paper developed and advice prepared for Ministers<br><br>2. PHA to revise guidance on referral pathways in respect of | Holistic support and treatment services for children and young people with co-occurring mental health and drug/alcohol problems, resulting in | DoH<br>DoJ<br>PHA<br>HSCB | 41, 42,<br>43, 44   | Potentially           | Jun 21;<br>Ministerial decision may be required if new policy proposed.                            | Progress against this action will link in with the new Substance Use Strategy, which is currently out for public consultation, and the new mental health strategy. |

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|  | addressing the needs of children with mental health and substance misuse problems. In doing so, Project Board 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. | both Step 2 and 3 services.  | better patient outcomes.   |                               |    |             |                       |                                   |
| 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.   | <ol style="list-style-type: none"> <li>1. Report produced on how often this happens and what existing protocols are</li> <li>2. In light of the findings above, strengthen RQIA safeguarding role by producing a new protocol or reporting requirement.</li> </ol> | Better RQIA oversight of the appropriateness of mental health care and treatment being provided in paediatric wards. | DoH<br>RQIA<br>Trusts<br>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.