

CAMHS and YOT

1. A young man was convicted of robbery and although he was not charged with a sexual offence there was a sexual element to the crime. The case was referred to the YOT CAMHS practitioner. YOT asked CAMHS for advice from the FACTS team and they assessed and offered to do some joint work with me to address the sexual element. We completed the work and are reasonably confident that he will not commit a similar offence again. I coordinated with the police and the social worker from YOT and prevented him from being given an ASBO which would have been very detrimental to his health and his future.

2. A young man was charged with an offence of unlawful taking of a motor vehicle and causing a great deal of damage. This young man has a significant learning disability, ADHD and genetic abnormalities. Coordinating with the social worker from YOT and the police we managed to divert him from the Criminal Justice system and CAMHS YOT worker has made a referral to the Learning Disability Team for specific work around his inappropriate sexual behaviour.

Patient journey where there has been child sexual exploitation.

Child sexual exploitation is becoming more common place in the referrals received in ELCAS. Whilst there is undoubtedly more activity generally, recent media coverage has equally heightened people's awareness and we have seen an increase in the referral rate. The interventions for this young lady revolved around re-establishing relationships with family members. There was no clear evidence of a mental illness however she had become physically aggressive towards her family, had become defiant and sullen isolating herself and had become totally centred around the inappropriate relationship with a 19 year old male to the extent that she leapt out of her bedroom window to try to see him and sustained a fracture to two vertebrae of the spine.

She became known to our service both by the social worker and the Engage team. These services remained involved and engaged as part of a multi-agency plan. This working together allowed specialist services to step in and deliver specialist intervention whilst keeping the stability of a multi-agency team as a step up and down service.

The interventions in ELCAS were to re-centre her within the family and allow safe space for her to be able to express thoughts and feelings and about helping her and others to ensure that she felt valued in relationships. We did offer the family the option of family therapy, but given that there was some positive relationships within the family, they did not wish to take advantage of this and the work undertaken with the young re-engaged her back into those relationships.

The interventions were not easy, the young person was reluctant to engage in therapy originally, but did so after a relatively short period of time. The case was open for about seven months and ended with a positive outcome.

A Patient Journey through East Lancs Youth Offending Service Integrated Mental Health Team

East Lancashire Child and Adolescent Service works closely with the Lancashire Youth Offending team in the localities of Burnley, Pendle & Hyndburn and provides an in-reach service for young people who have Youth Referral Orders or who fall within the remit of the YOT via the Criminal Justice System. This service is known as the ELCAS Integrated Mental Health Team

This young man first came to the attention of ELCAS following a referral from his GP with disruptive behaviours.

Some initial thoughts regarding Attention Deficit Hyperactivity Disorder (ADHD) were considered, and assessment started - unfortunately some appointments were not kept by the family but these were followed up by the ELCAS team. Following an assessment appointment in mum felt able to manage the situation and consequently the young man was discharged to the care of his GP.

He became known to the Integrated Mental Health Team (IMHT) in some 9 months later following a request for information from Youth Offending Team (YOT) Social Worker. The above information was shared. No request for input was received so no further action taken at this time.

IMHT was asked to assess the young man some 2 months later as he was very agitated at a YOT appointment. IMHT member agreed to join the session briefly to introduce possible mental health support, with a view to trying to generate further appointments for assessment. Initially support from "mental health services" met with hostility but after a discussion, a few weekly appointments were offered to initially look at anger management and perhaps touch on other issues. This was agreed to by the young man and his mum.

Discussion during the session took place about possible ADHD and following a subsequent assessment by consultant psychiatrist support the family agreed to formal assessment process being initiated. Cognitive Behavioural Therapy (CBT) informed anger management, and CBT continued on a weekly basis.

Discussion initiated with YOT about a possible referral to Forensic Adolescent Consultation and Treatment Service, this is currently underway initiated by defence solicitors.

IMHT made aware that the young man would be in court the following month for sentencing.

Seen the following day for an initial meeting with consultant Psychiatrist and agreement to formal investigate ADHD was agreed. CBT sessions to continue weekly/fortnightly depending on YOT order

QB test arranged, Connors forms completed with family and QB test completed all within 5 working days.

Appendix C
Examples of Integrated activity and feedback

Further appointment with consultant psychiatrist 4 days later- diagnosis of ADHD given, and trial of medication commenced. CBT sessions continue on fortnightly /weekly basis in line with YOT order

ELCAS information delivered to YOT for inclusion in considerations regarding sentencing. CBT sessions continue.

The outcome was that the young man received a youth rehabilitation order with intensive supervision and surveillance.