Improving mental health outcomes for children and young people
Implementing the liaison model: examining the challenges and the gains

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Outline

• Background

• The liaison model: a way of working with complexity

• A practice example

• Challenges

• Successes
Background: the Need

- a pragmatic response to the identified needs of children and families
- services working with complexity
  - forensic CAMHS
  - sexually harmful behaviour
  - young people who have experienced sexual abuse
- services with specific expertise
- services which need to fit in and complement what already exists across agencies
- services which are perceived as useful at a range of levels
The Liaison Model (1)

• works in collaboration with other agencies frequently on their ‘territory’
• Work with young people from a specific catchment (even if they are placed elsewhere)
• based on a stepped approach to professional, family or other concern
  • advice
  • formal consultation
  • assessment/intervention
• understanding of the particular circumstances of the referrer and young person
The Liaison Model (2)

• service should have a ‘can do’ philosophy:
• accessible at point of referral
• willing to tackle grey areas between different types of provision
• aims to be seen as collaborative and authoritative
• education and training of others
  • generic practitioners
  • more specialist
• identification of gaps in provision
• service development
An Example: Regional Community Forensic Child and Adolescent Service: Clinical Network

**Regional Forensic Child and Adolescent Service**
- advice
- consultation
- specialist assessment and management
- strategic development and professional support

**Wider Criminal Justice System**
- courts
- prison
- secure accommodation

**National Inpatient Services**
- NHS
- independent sector

**CAMHS/YOT Linkworker**
- appropriate CAMH background
- interested in this group of young people
- ‘belongs’ to both agencies
- wide range of liaison functions

**Local Specialist CAMHS Service**

**Other Local Agencies**

**Local YOT**

**CAMHS/YOT Linkworker**

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Regional Community Service: How it Works

• advice
• formal consultation
• assessment and intervention
  • wide-ranging access if clear need
  • joint working with local CAMHS
• strategic development
  • CAMHS/YOT linkworker network
• training at different levels
  • complex needs
  • structured risk
• varied liaison functions
  • local, regional, national
Community Team: Clinical Role

• Clinical
  • Forensic opinion in current CAMHS cases
  • Complex cases ‘lost’ to CAMHS in YOS, social care, custody, criminal process/courts
    » What should be done with young person?
    » Fitness to plead
    » Secure Accommodation Orders
    » Links with child protection

• Institutional work
  » CAMHS/YOS linkworkers
  » Links with national services and custody
  » Strategic involvement
  » Further developments
Challenges or potential pitfalls

• keeping the young person or family in mind
• consultation alone does not work
• advice/consultation must be credible and practical to all: undertaken by experienced team
• collaborative working does not mean lowest common denominator solutions
• having a specialist expertise does not excuse a service from generic working
• overcoming scepticism and managing expectation
• understanding other organisations and knowing how to overcome inertia
• choosing one’s battles
Gains (1)

- a small experienced team can do a lot
- young people receive input in line with their needs
  - direct team involvement is reserved for situations where it is needed
- practical response to areas frequently perceived as specialist
- the wider professional community is not ‘deskilled’
- wider understanding of ‘therapy vs Therapy’
- a means of containing (and at times raising systemic anxiety)
  - defensible vs defensive practice
Gains (2)

- local multi-agency solutions to complex and worrying problems
- provision of service to young people across a variety of settings
- dynamic service response to changing wider context
- continued funding and service development after 12 years
- wider effects
  - cross agency working
  - development of CAMHS service model in line with ‘Future in Mind’