

An Audit of Child and Adolescent Psychotherapy Cases in Newcastle January to December 2007

PURPOSE OF REPORT

This report presents the results of a survey of the clinical work undertaken by the Child and Adolescent Psychotherapists (CAPTs) employed by Northumberland, Tyne and Wear NHS Trust.

The aim is to demonstrate the range of work delivered by CAPTs within a multidisciplinary child and adolescent mental health service (CAMHS). This gives an indication of the numbers and types of patients seen by the CAPTs in this service and the length of treatment undertaken. It shows that CAPTs undertake a variety of work and are effective in contributing to waiting list reductions. This report demonstrates the reality of the caseloads managed by the CAPTs in this service and that their distinctive and highly skilled contribution can be used efficiently alongside other professions in CAMHS.

DELIVERING EVIDENCE BASED PRACTICE

Child and Adolescent Psychotherapists in Newcastle offer psychoanalytically orientated treatment to a client group of children and young people with mainly acute internalising disorders. This focus on a specific specialist area of work is necessitated by the limited availability of CAPt in each locality of 2 days per week. This client group was selected because of the strong evidence base for psychotherapy in working with these patients; brief interventions of 11 weeks for children with internalising disordersⁱ, and interventions of 30 weeks for children and young people with depressionⁱⁱ, alongside the recommendations of the Nice Guidelines for Children and Young People with Depressionⁱⁱⁱ. Outcome data for this group of patients, although not collected as part of this audit, would be expected to replicate the treatment outcomes of the clinical research trials.

Psychoanalytic treatment is undertaken in a protected clinical space enabling children and young people to develop insight into repeating patterns within their relationships which underlie the emotional state of mind which is troubling them, opening up possibilities for change. Psychoanalytic treatment has a well researched 'sleeper effect', reducing the risk of relapse and involving less frequent use of mental health services on long-term follow up.

ⁱ Muratori F et al (2003) A two-year follow-up of psychodynamic psychotherapy for internalizing disorders in children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(3), 331-339

ⁱⁱ Trowell J et al (2007) Childhood depression: a place for psychotherapy. An outcome study comparing individual psychodynamic psychotherapy and family therapy. *European Child & Adolescent Psychiatry*. 16 (3) 157-167.

ⁱⁱⁱ NICE (2005). Depression in children and young people: Identification and management in primary, community and secondary care. London: National Institute for Health and Clinical Excellence.

SCOPE OF AUDIT

The survey concerns the total number of cases seen by the CAPts over a 12 month period. All sessions were recorded from January to December 2007 including both new and ongoing work.

The provision of child and adolescent psychotherapy within the NTW Trust is currently limited to the Newcastle locality. There are three qualified CAPts in Newcastle but each is part-time so that the total time available within the three district teams is **1.2wte**. The data in this report relating to the number of cases seen should be viewed in the context that the work was undertaken by the equivalent of 1.2wte clinicians as follows:

1. Consultant Child and Adolescent Psychotherapist: 0.4wte with West Newcastle locality team.
2. Child and Adolescent Psychotherapist: 0.4wte with East Newcastle locality team.
3. Child and Adolescent Psychotherapist: 0.4wte with North Newcastle locality team.

There are additional areas of work by the CAPts not covered by the audit:

1. The caseload statistics presented in this report only represent the “direct work” undertaken with children, young people and their families. It does not include meetings, case consultations, supervision or other work that is an essential part of the role and contribution of CAPts to the provision of effective services such as networking with partner agencies.
2. The Consultant CAPt holds 0.5wte Clinical Director post with the Northern School of Child and Adolescent Psychotherapy (NSCAP) in Leeds and has 0.1wte with Northumbria University.
3. The other two CAPts have 0.1wte between them with Northumbria University.
4. One of the CAPts has 0.4wte in the Looked-After Child team in Newcastle but this work was not included in the scope of this survey.
5. An NSCAP funded Trainee Child and Adolescent Psychotherapist (full-time) started in the service in September 2007. Her caseload was not included in the survey.

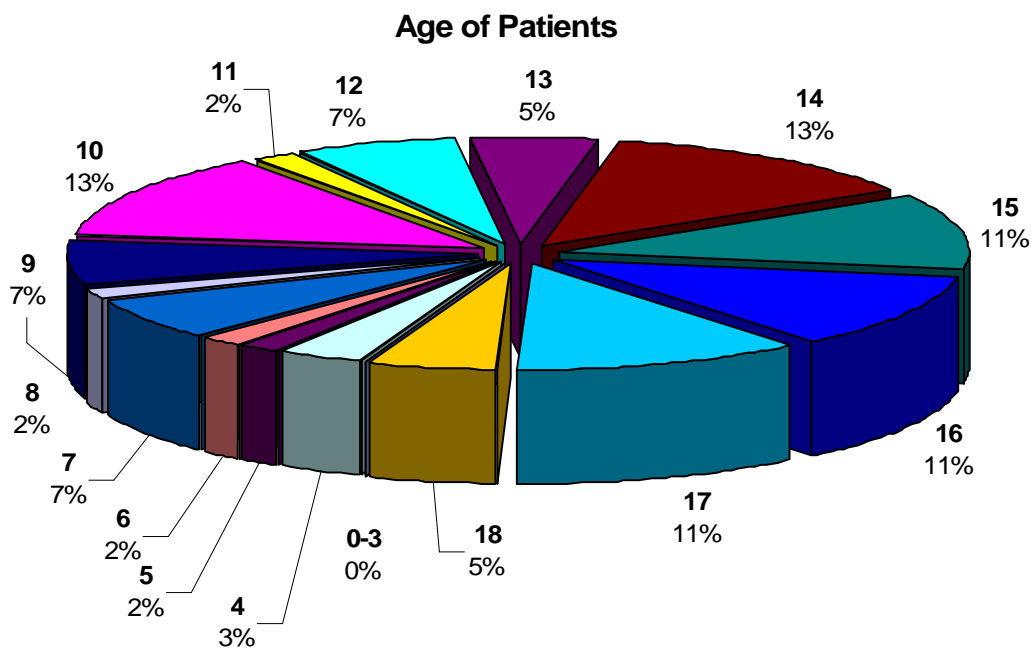
SUMMARY OF FINDINGS

- The work was undertaken by three Child and Adolescent Psychotherapists whose combined clinical time is 1.2wte.
- The total number of cases recorded during the period was 61.
- The majority of patients were in the adolescent age range.
- There was an untypical proportion of female patients (70%) in this particular period.
- 60% of referrals were from primary care.
- The most common presenting problem was emotional disorder (62%).
- There was an even split in the type of work between assessments, family/parent work and individual psychotherapy.

- There was an emphasis on brief work with two-thirds of cases being seen for 12 sessions or less.
- The majority of cases (60%) were treated jointly with colleagues, particularly psychiatrists and social workers.
- Comparisons are made to national CAMHS statistics to demonstrate that the CAPTs in this service, alongside the rest of the multidisciplinary team, are able to contribute to meeting the demand for high volume activity and brief interventions targeted at the needs of children and young people.
- The CAPTs also contribute to the provision of effective services through consultations, supervision and teaching.

AGE AND GENDER PROFILE

The ages of the patients seen were as follows:



As the pie-chart demonstrates the majority of patients were in the adolescent age range. 23% were 0-9 years, 40% were 10-14 years and 38% were 15+. Very few children Under 5 were seen: it is hoped that this will be rectified in future through a dedicated Under 5s CAMHS service within community settings.

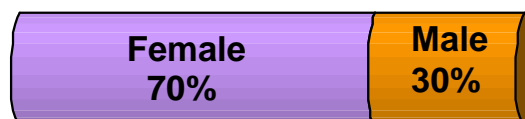
Equivalent figures from the 2005 National CAMHS Mapping^{iv} show a more even spread of ages seen in Tiers 2 and 3:

National Age Profile for Tiers 2/3		
0-9	10-14	15+
31%	42%	27%

^{iv} Barnes D, Wistow R & Dean R (2006). National CAMHS Mapping Exercise 2005. Durham University.

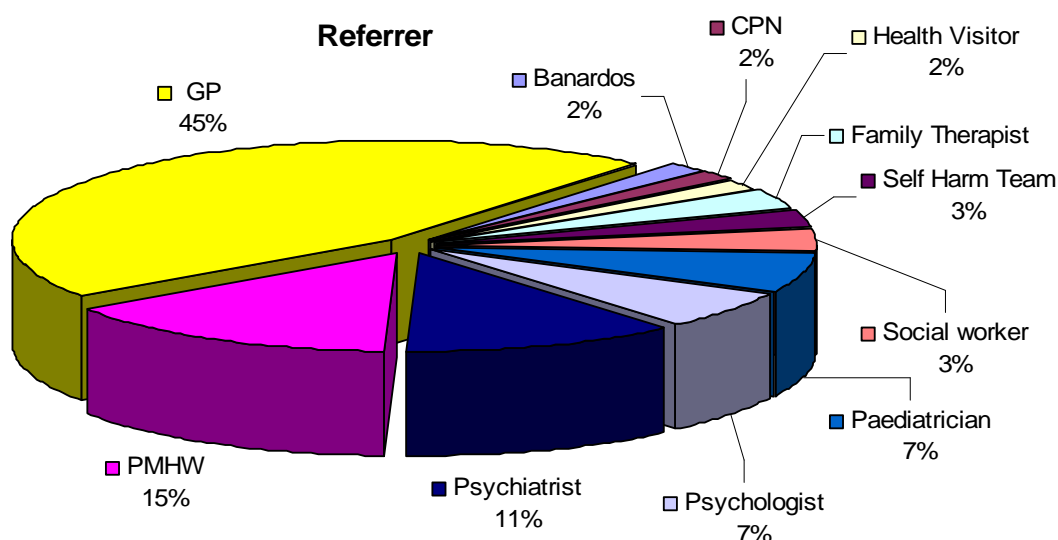
Of the 61 patients seen in the period 43 were female and 18 were male. This is an uncharacteristic profile and does not match the pattern of cases seen by the CAPts in other periods or the profile of patients seen in CAMHS nationally. CAMHS mapping shows that overall 59% of the children and young people using tier 2/3 teams were male and 31% female.

Gender



SOURCE OF REFERRAL

Overall 38 of the 61 cases were referred to the CAPts by external sources, mainly GPs (45% of the total), and 23 from colleagues within CAMHS.

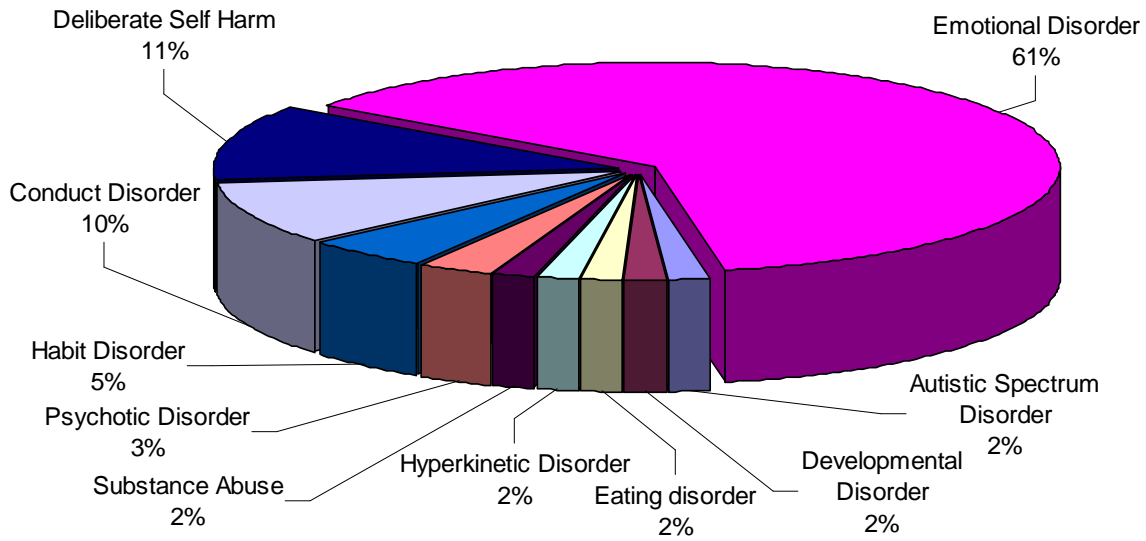


PRIMARY PRESENTING DISORDER

The raw data from the audit were matched to the diagnostic categories used in the National CAMHS Mapping. This is likely to simplify the data as previous national audits show that CAPts often see children with co-morbid illness and the most complex needs^v. Emotional disorders were by far the highest proportion of cases seen with 62% being in this category. This reflects a particular emphasis within the service of CAPts treating internalising disorders such as depression and anxiety. This pattern of work may not be typical for CAPts elsewhere. In the National CAMHS Mapping emotional disorders accounted for 32% of tier 2/3 cases followed by conduct disorder (13%) and hyperkinetic disorder (12%).

^v Rance S (2003). Report on survey of ACP members about the Outcome Study. Part II: Summary of therapist activity and child data. *Bulletin of the Association of Child Psychotherapists*, 133, 25-32

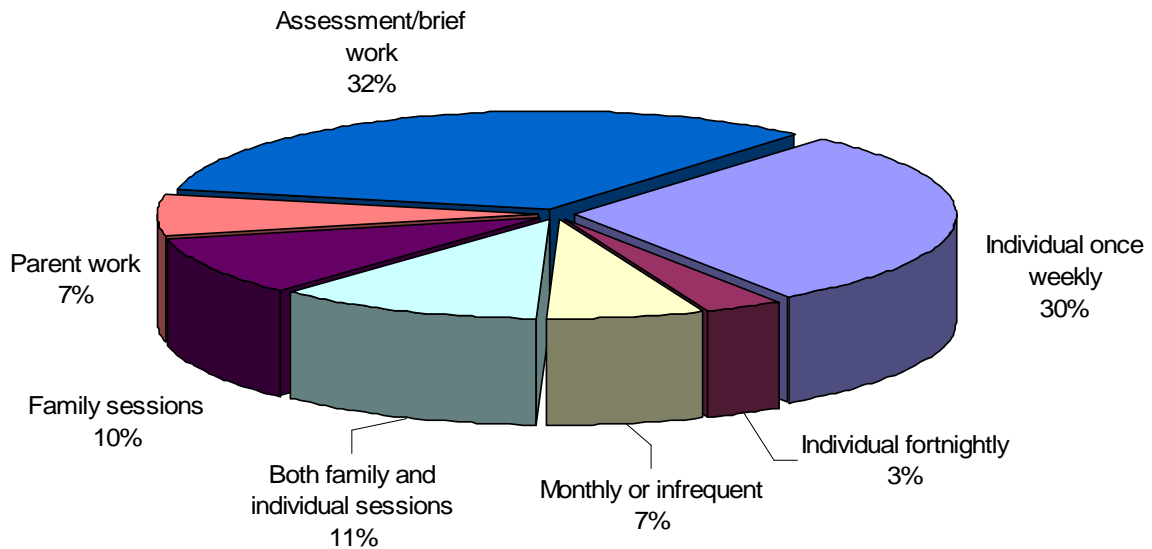
Presenting Problem



TYPE AND FREQUENCY OF TREATMENT

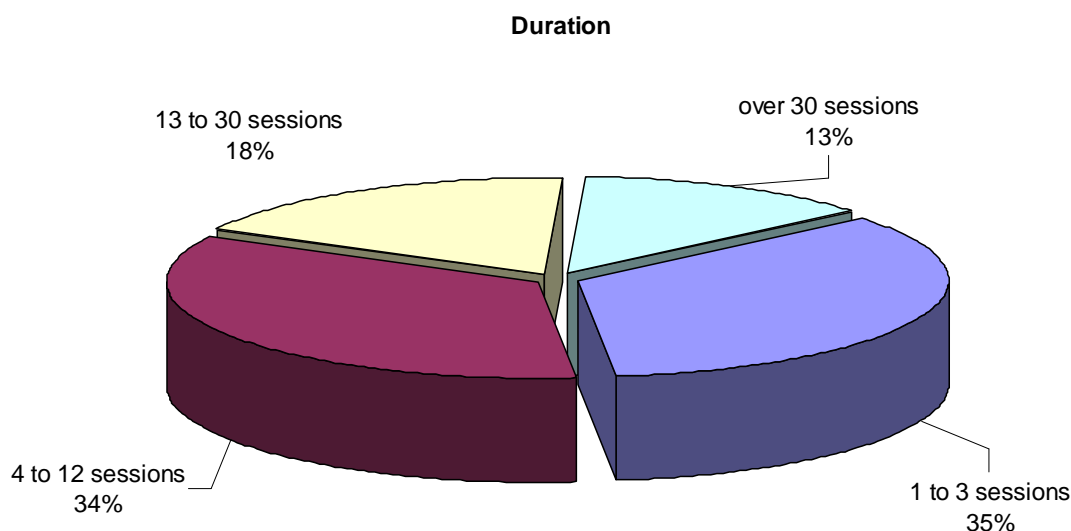
A wide range of interventions were made depending on the needs of the child and their families. The chart below shows a simplified summary of the work done by the CAPts and distinguishes between individual work with the child or young person, which may be of varying frequency, and work with the family or carers. The assessments were a mixture of generic CAMHS assessments undertaken within the wider team and those made specifically to assess the need for psychotherapy. Approximately a third of the work involved what might be seen as the “traditional role” of individual psychotherapy with the child.

Type and Frequency of Treatment



DURATION OF TREATMENT

The majority of the work undertaken was brief with two-thirds being 12 sessions or less with a small proportion of cases being seen long-term (over 30 weeks). The chart only includes the period where the child or family were being seen by the CAPt and so does not necessarily show the full length of treatment within the service. Other studies have shown that children are often seen by a number of other professionals before being referred for psychotherapy^{vi}.



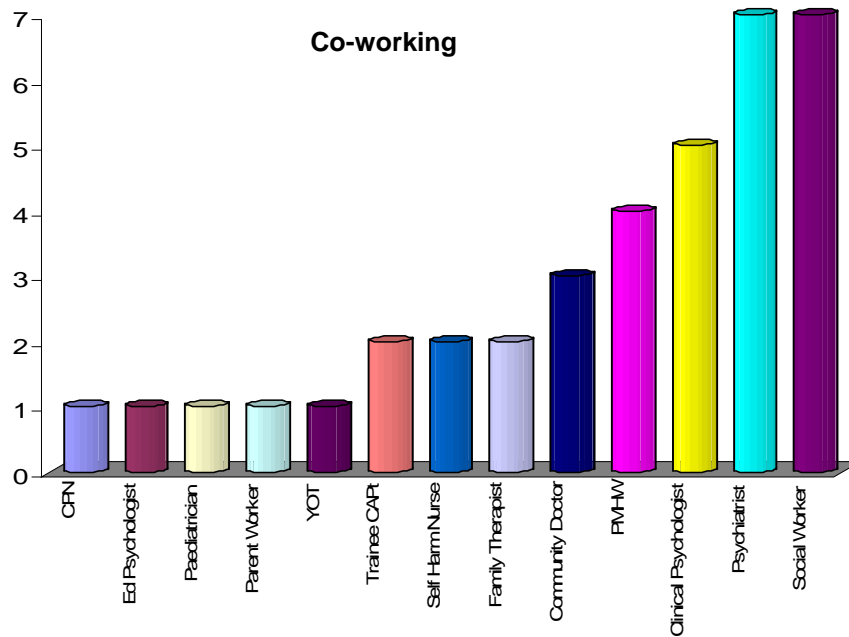
This shows the CAPts working in similar ways as other professions to meet service and patient needs. The equivalent data from the National CAMHS Mapping 2005 was:

National Tier 2/3 Length of Treatment			
< 4 weeks	4 to 13 weeks	14 to 26 weeks	> 26 weeks
22%	23%	18%	37%

CO-WORKING

In 37 out of the 61 cases (60%) the CAPt worked alongside a colleague or with another team to meet the needs of the patient, their family or carers. This work was most commonly undertaken with a Psychiatrist or Social Worker.

^{vi} Kam S and Midgley N. (2006). Exploring 'Clinical Judgement': How Do Child and Adolescent Mental Health Professionals Decide Whether a Young Person Needs Individual Psychotherapy? *Clinical Child Psychology and Psychiatry*, Jan 2006; vol. 11: pp. 27 - 44.



DISCUSSION

Nationally there is limited provision of child and adolescent psychotherapy with large numbers of children and young people not able to access this treatment. Even within the Northumberland, Tyne and Wear CAPTs are only employed in Newcastle and there is no provision in other areas of the Trust such as Northumberland Tier 3 Locality Services, Learning Disability Services, Tier 4 Services, Forensic Service, and South of Tyne Adolescent Services.

In commissioning services there is a concern to ensure investment supports the need to meet the high demand for services that is consistently felt by the NHS. In some areas there has been an idea that child and adolescent psychotherapy is a “resource intensive” intervention that doesn’t contribute to service priorities within modernised CAMHS. This is despite it being a requirement of the Children’s National Service Framework to include child and adolescent psychotherapy as a core component of comprehensive CAMHS.

The outcomes of this survey demonstrate that CAPTs can make an effective contribution to meeting the demand for high volume activity and brief interventions targeted at the needs of children and young people. The type of work they undertake is multidisciplinary in nature and draws on evidence to adapt practice to work with families or parents, or with the individual child, where this best meets the presenting problem.

This survey of the “numbers” involved in the delivery of child and adolescent psychotherapy should be seen in the context of other recent publications that demonstrate evidence for the effectiveness of CAPT^{vii}; of its cost-effectiveness as a service development^{viii}; and the contribution of CAPT to New Ways of Working in CAMHS^{ix}.

^{vii} Kennedy, E (2004). Child and Adolescent Psychotherapy: A Systematic Review of Psychoanalytic Approaches. London: North Central London SHA.

^{viii} NSCAP (2008). Invest to Save: The Cost-Effectiveness of Developing Child and Adolescent Psychotherapy Services. Leeds. Northern School of Child and Adolescent Psychotherapy.

^{ix} ACP (2007) New Ways of Working: The Contribution of Child and Adolescent Psychotherapy to New Ways of Working for Child and Adolescent Mental Health Services. London: Association of Child Psychotherapists.

ACKNOWLEDGEMENTS

The audit of cases was undertaken by Dr Janet Shaw, Katie Lewis and Brenda Hodgson. Support in producing the report was provided by Nick Waggett at NSCAP.

March 2008
