

# The Wellness Model in Ayrshire and Arran

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Across Scotland both primary and secondary schools have reported increased numbers of children and young people presenting with stress, anxiety, depression, low mood and self harm. This demand has also been reflected by an increase in referrals to specialist Child and Adolescent Mental Health Teams (CAMHS). Not being able to effectively support children and young people increases the strain on families, school staff and health services.

In January 2018, the Ayrshire and Arran Wellness Model looked to test a whole system model of mental health support by developing a fully integrated approach aligning specialist CAMHS teams with developing initiatives in partnership with North Ayrshire schools and other parts of the community.

**Aim:- By the end of 2020, there will be clear evidence of a shift in the emotional wellbeing of children and young people within one locality (Kilwinning) evidenced by more appropriate requests for assistance being made to CAMHS.**

## Method

- 4 workstreams were developed: Access & Pathways, Data & Information Sharing, Communication and Training.
- Key stakeholders from across health, social care, education, 3<sup>rd</sup> sector, parents and carers have all been involved in shaping the model.
- The Model for Improvement and using and sharing data for improvement has been essential.
- Informal discussions with parents has been critical to dispel myths about accessing CAMHS.



## Process Change

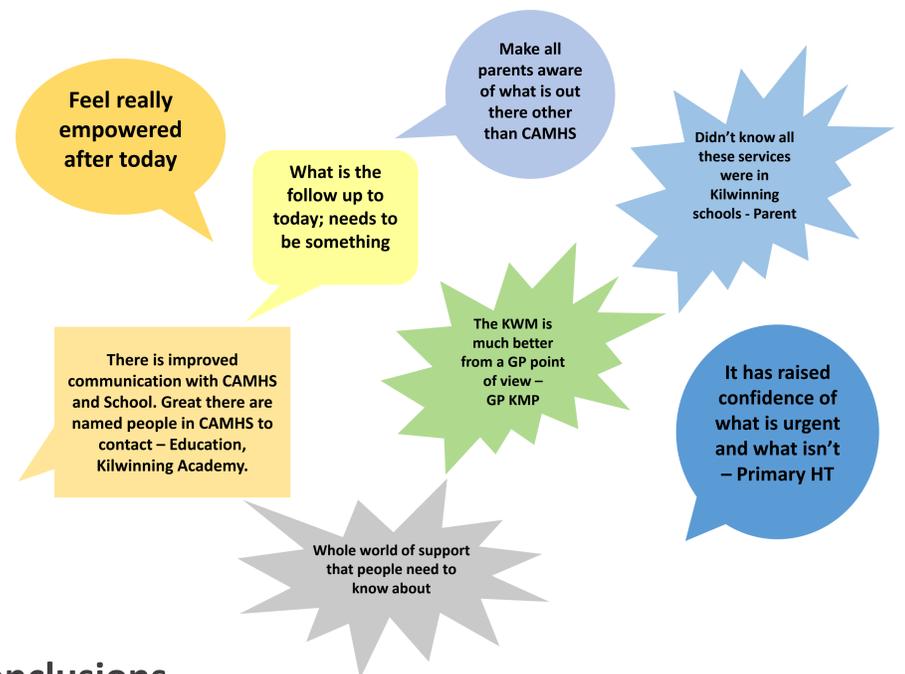
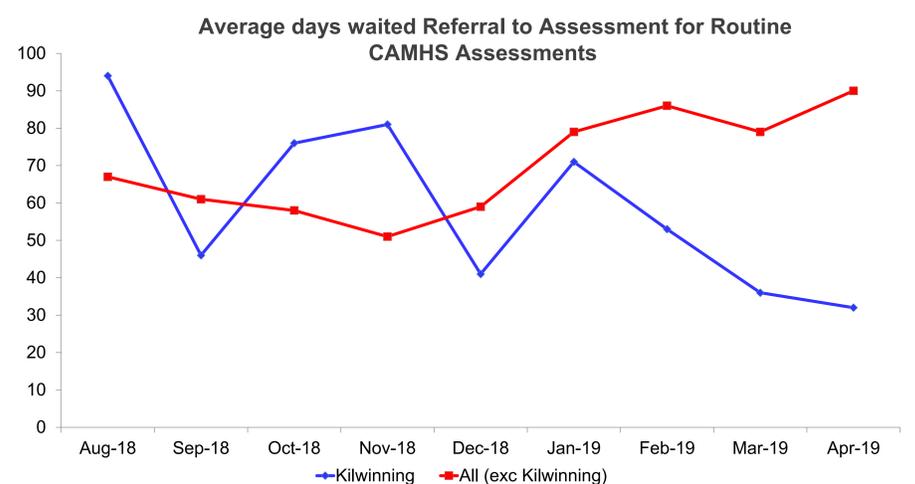
- A service guide was developed in partnership with schools and GPs of all available mental health and wellbeing services available in a locality.
- In order to ensure young people see the right person, in the right place at the right time GPs are referring all routine referrals via the Named Person Service using SCI Gateway.
- We know what service young people are receiving when it is not CAMHS.
- CAMHS Nurses are the point of contact for all schools in a locality and are having pre-referrer conversations.

## Achievements

- Improved Communication with CAMHS and school.
- Fewer referrals into CAMHS – right person, right place and right time.
- Named CAMHS clinicians identified for schools.
- Data sharing – across services and agencies.
- Identifying services that schools could suggest before referring to specialist mental health services (CAMHS).
- 99% of GPs referring routinely through SCI Gateway to Named Person Service.



## Results



## Conclusions

The Ayrshire and Arran Wellness Model has significantly influenced, managed and changed the demand pressures placed on specialist mental health services to children and young people in a locality, ensuring those individuals with serious mental health concerns are seen timeously and appropriately. This model fits around children and young people's needs using a broader lens for mental health services, and one that incorporates the wider system, supporting young people wherever they are.

## Key Learning Points

- Communication and sharing of information is essential.
- Locality and school clusters allow for a more in depth look at children and young people's wellbeing so that services can be targeted accordingly.
- Senior buy-in from schools is essential as they lead in the way in improving the overall wellbeing of a school.
- GPs are critical partners in helping young people and families think whether specialist mental health services is the best service for them in the first instance.

## Next steps

Spreading the Wellness Model throughout North Ayrshire Localities and having discussions with colleagues in South and East Ayrshire to replicate the work across Ayrshire and Arran. Largs in North Ayrshire have already started this journey with a parent and carers event on the 2<sup>nd</sup> October 2019.