A targeted approach to reduce health inequalities through the use of Child & Adolescent Mental Health Services (CAMHS) Neighbourhood Profiles

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Overview

Part of a wider study that aims to address inequalities by reducing DNAs in CAMHS in NHS GGC

Aim I – To identify potential risk factors for non-attendance at initial CAMHS appointments.

Methodology

Phase 1 - Understand the current system and identify potential interventions to pilot
  • Literature review - risk factors & non-attendance, impact of non-attendance, understanding DNAs
  • Data from EMIS Web

NHSGGC CAMHS DNA Neighbourhood Profile

Conclusions and next steps
Inequalities & the use of CAMHS

- A critical part of reducing health inequalities includes addressing the levels of access to and use of services. Yet:
  - the risk of non-attendance is higher in the most deprived deciles in Scotland (Campbell et al, 2015);
  - non-attendance or Did Not Attends (DNA) for initial CAMHS appointments is known to be high (Michelson & Day, 2014).
  - Non-attendance in NHS GGC CAMHS is higher in the most deprived quintile.
Appointments (Attended v Did Not Attend)
GGC Community CAMHS 2016

*Each indicator shows the total of all appointments as a percentage within that data set alone. E.g. of attended appointments only, 44.9% came from DepCat 1.

**Each appointment is counted, therefore a child with multiple appointments will have his/her postcode counted multiple times.
The Impact of Non-Attendance

- Children and young people risk conditions remaining untreated or worsening.
- The earlier children and young people receive mental health interventions, better their emotional, behavioural, social and academic prospects. (Becker et al, 2011)
- Impacts in short and long-term: half of all adult mental health disorders begin by the age of 15, rising to 75% by the age of 18 (Kessler et al, 2012; Kim-Cohen, et al, 2003).
- ScotPHO estimate “Each outpatient appointment DNA costs NHS Scotland an estimated mean of £120” (Campbell et al, 2015).

In an average month, 356 children and young people will be offered an initial CAMHS appointment in NHS GGC
53 will not attend and a further 15 will cancel
Understanding DNAs

- Reasons why initial appointments are not attended:
  - Structural Factors
  - Service Factors
  - Patient Factors
  - Genuinely forgetting

- Predictive factors:
  - Male, younger (15-29), live in urban residences and in areas of deprivation, mental health rather than physical health specialities - higher risk of missing first appointments (Campbell et al, 2015)

- Amongst child populations:
  - Previous non-attendance, the referrer, parental illness, maternal history of depression, substance misuse or feeling too overwhelmed to prioritise appointment. (Calam et al, 2002; Harrison, 2004; Kapoor, 2012)
After 3 years at 11%, the average DNA rate for CAMHS has now reduced to 10%.

There continues to be variation between the highest and lowest reported positions with a range that is similar to last year.

Further analysis comparing DNA rate with waiting times for appointments confirms there is not an immediate correlation between the two, and some organisations with short waits also have high DNA rates and vice versa.
NHSGGC CAMHS DNA Neighbourhood Profile
Methodology

Data from EMIS Web (NHSGGC’s electronic children’s record system) used to understand service-side factors that affect DNAs within CAMHS.

Operational data, including DNAs, was extracted resulting in over 76,000 data points. Postcodes used to map to ‘Intermediate Zones’, roughly equivalent to neighbourhood level.

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<thead>
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<th>Postcode</th>
<th>Int Zone</th>
<th>Appointment Date</th>
<th>Current Slot Status</th>
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<tr>
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<td>01-Apr-2016</td>
<td>DNA</td>
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</tbody>
</table>
Conclusions and Next Steps

- CAMHS Neighbourhood Profiles show activity and performance data in far more detail than previously possible.
- Profiles highlight population-based trends and support comparisons at local level.
- There is a link to deprivation, though not consistently across NHS GGC.
- We need to look across the range of administrative data to understand DNAs.

Next steps
- Develop a theory of change around reducing DNAs
- Consult with children and families
- Pilot an intervention(s) to improve attendance.
References I


References II


