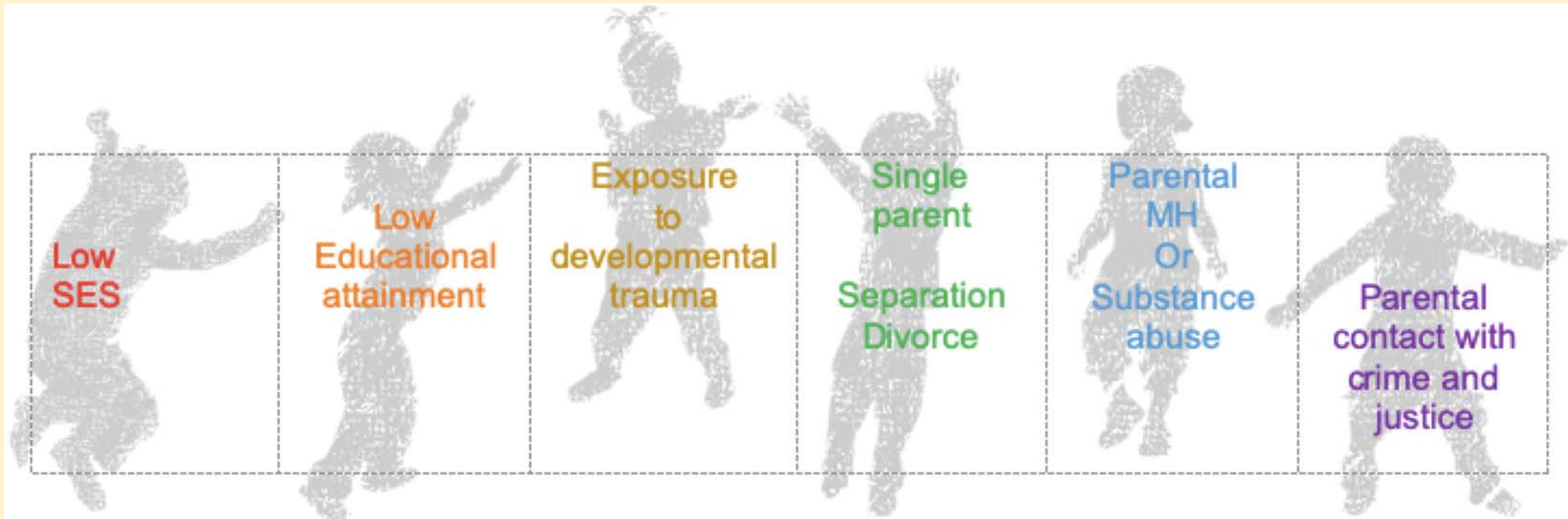# Conduct Disorder pathways in Portsmouth.

Dr Hannah Taylor

Conduct Disorder

"Disorders characterised by a repetitive and persistent pattern of dissocial, aggressive, or defiant conduct. Such behaviour should amount to major violations of age-appropriate social expectations; it should therefore be more severe than ordinary childish mischief or adolescent rebelliousness and should imply an enduring pattern of behaviour (six months or longer)."

Low SES | Low Educational attainment | Exposure to developmental trauma | Single parent / Separation Divorce | Parental MH Or Substance abuse | Parental contact with crime and justice

£5.2 billion
Estimated lifetime costs of a one-year cohort of children with conduct disorder

£60 billion
Estimated costs in England and Wales of crime attributed to adults who had conduct disorders in childhood

Children with conduct disorders are **more likely** to have **poorer** outcomes:

2x more likely to leave school with no qualifications

4x more likely to be drug dependent

6x more likely to die before the age of 30 years

20x more likely to end up in prison

DRAMATIC RISE IN 'THREAT TO LIFE' NOTICES BY UK POLICE

- Common CYP MH disorder
- **National Collaborating Centre for Mental Health** found

  "CYP with CD are the most under-represented CYP in receipt of CAMHS led care"

- NICE CG158: **Antisocial behaviour & CD in CYP: recognition and management**
- CAMHS review for:
  - Complex Conduct Disorder
  - Severe Complex Disorder

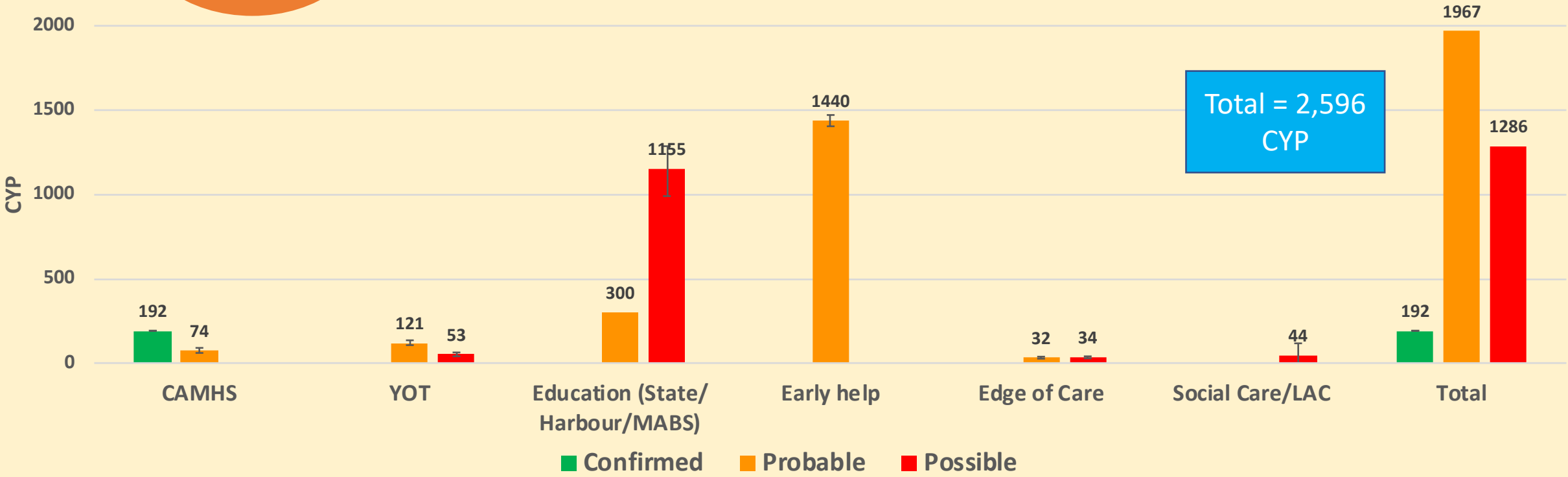| Service Specification No:	170022/S
Service	Child and Adolescent Mental Health Services Tier 4 (CAMHS T4): General Adolescent Services including specialist eating disorder services
Commissioner Lead	*For local completion*
Provider Lead	*For local completion*

Exclusions
- Primary need
- No co-morbid mental disorder

"Labelling approaches assume that societal reactions to deviant behaviour can have a reinforcing effect on it. In terms of criminal policy implications, labelling theories are considered repressive and can have a paradoxical, unintended effect of rising crime rates."

Conduct Disorder in Portsmouth?

149 CYP >1 exclusion

7 exclusions >10days

63rd (326) most deprived LA

22% <20's in poverty

Key action Portsmouth SEMH Strategy

PHE estimate 2019: 2,203 CYP

Cases of conduct disorder by service provider

Total = 2,596 CYP

CYP

2000

1500

1000

500

0

	Confirmed	Probable	Possible
CAMHS	192	74	
YOT		121	53
Education (State/Harbour/MABS)		300	1155
Early help		1440	
Edge of Care		32	34
Social Care/LAC		44	
Total	192	1967	1286

CAMHS   YOT   Education (State/Harbour/MABS)   Early help   Edge of Care   Social Care/LAC   Total
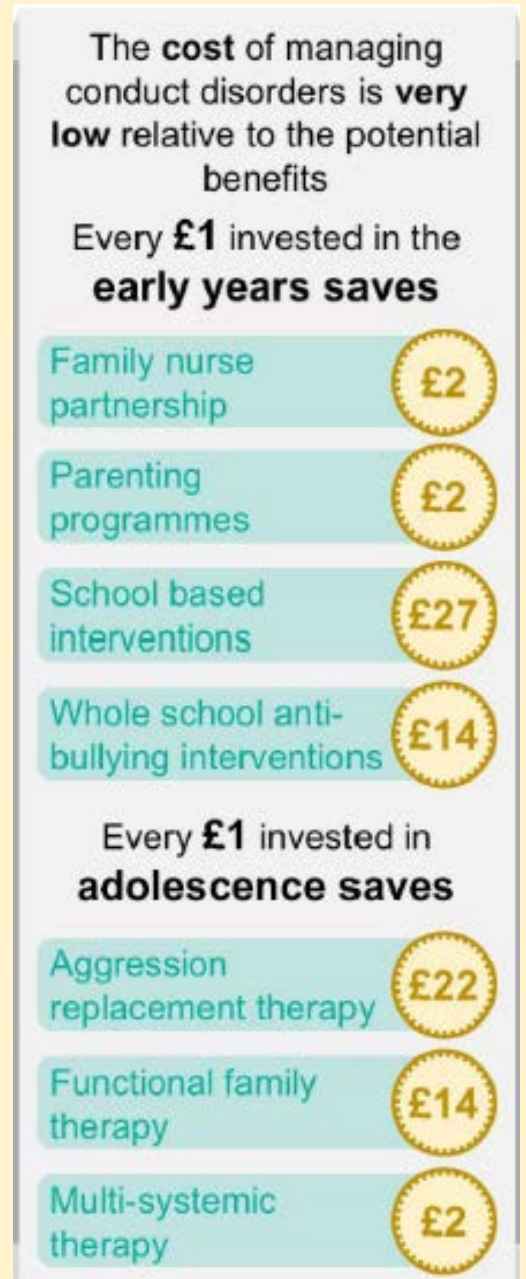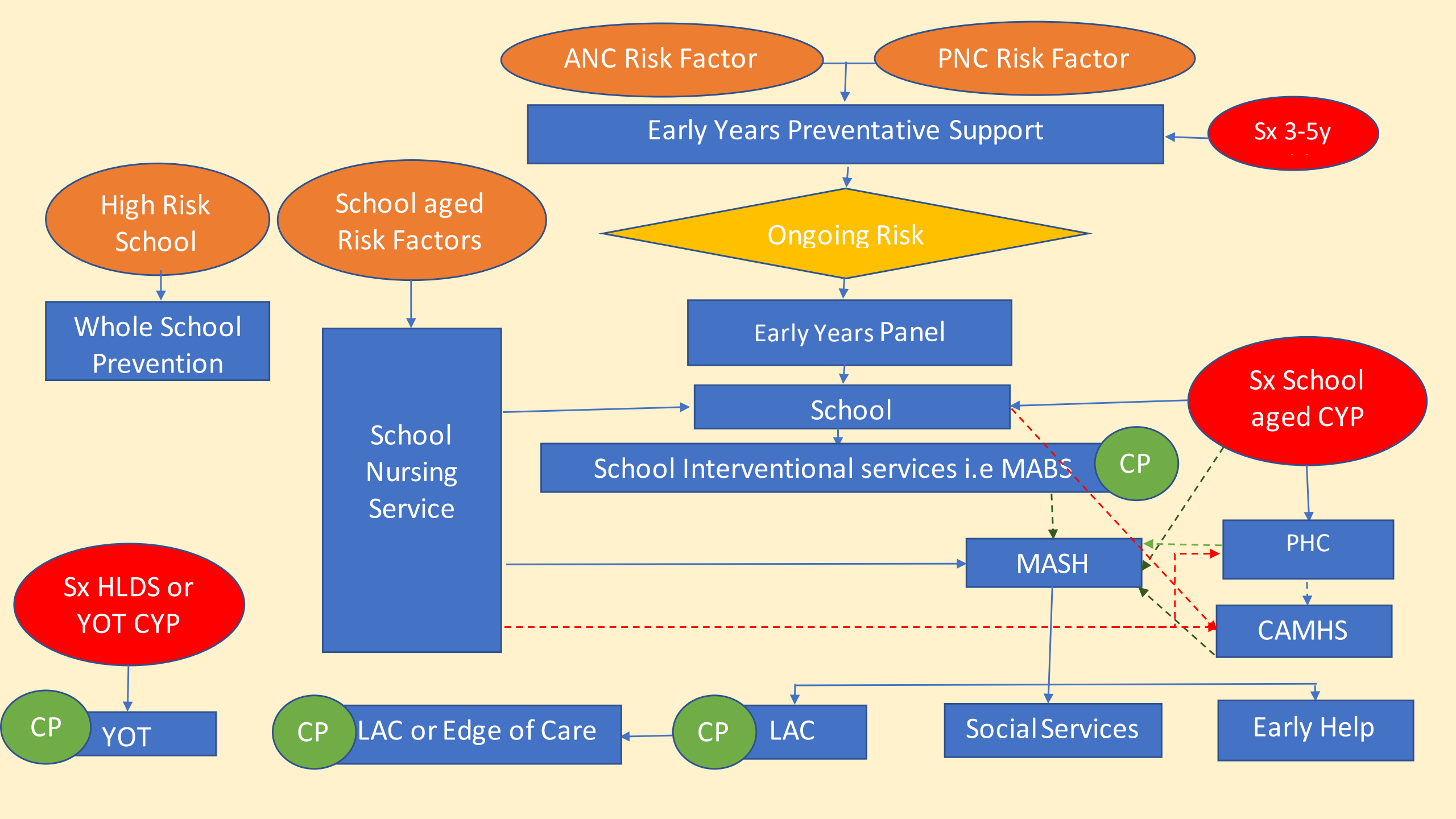
■ Confirmed   ■ Probable   ■ Possible

Comparative findings

- Early Years can **identify at risk families.**
  - Gap in interventional services for 3-5 year olds.
- **Fragmented preventative & interventional services** in schools.
  - Gap: Group-based social and cognitive problem-solving programmes for 9-14 year olds
- Gaps in knowledge, education and **access to training**.
- **Barriers in access** from CAMHS SPA and MASH referral processes.
- **Disparities between Tier 3 & Tier 4** in service provision and offer.
- **Interventional services** in Early Help and MABS responsive to feedback.
  - Gap: Service offer and intensity for vulnerable, severe and complex (non-MH) cases.
- Gap: Parenting programmes for Foster carers and in the reunification process.

Stakeholder views

- **Service users experiences** still need to be understood.
- Review of **preventative whole-class programmes and risk identification** training and delivery needed.
- **Good inter-service communication** & services likely are aware of most CYP in need.
  - Need: Strengthening child-centred information sharing processes and considering options for data collection and intelligence reporting.
- **Evaluation and relevance** of pilot programmes, trials and programme adaptations to understand outcomes.
- Review **CAMHS offer** and **transitional care** for 19-25 year olds.
- Consider capacity of services and opportunities which tie in to other strategy workstreams across the city.

The **cost** of managing conduct disorders is **very low** relative to the potential benefits

Every **£1** invested in the **early years saves**

Family nurse partnership	£2
Parenting programmes	£2
School based interventions	£27
Whole school anti-bullying interventions	£14

Every **£1** invested in **adolescence saves**

Aggression replacement therapy	£22
Functional family therapy	£14
Multi-systemic therapy	£2

Key recommendations

System-wide changes

- Consider other strategy developments with overlapping remits as opportunities to develop CD pathways
- Develop education, knowledge and awareness of CD and training opportunities
- Consider opportunity costs

Developing a pathway

- Consider transient CYP
- Develop awareness of, access to and use of existing referral pathways and consider alternatives (CAMHS SPA and MASH)

- Address disparities in the service offer between Tier 3 and Tier 4 CYP

Close gaps

- Early help offer for 3-5 year olds
- Review fragmentation of services
- Group-based work for 9-14year olds
- Severe and complex CD (CAMHS)
- Reunification parenting programmes

Monitor and Evaluate changes

- Evaluate pilots and course changes
- Data collection and intelligence reporting
- Review child-centred inter-service data sharing processes
- Engage service users