

Primary Care Child and Adolescent Mental Health Services Stakeholder Report

Abertawe Bro Morgannwg University Health Board

October 2018 – April 2019

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Introduction

Meeting the emotional and mental health needs of children and young people enables them to develop resilience, to grow and develop to their full potential.

These needs are frequently met within the family, by education and youth services. However, where children and young people experience more profound emotional or mental health problems they may require more specialist child and adolescent mental health services (CAMHS). Early intervention from these services increases the potential for recovery limiting the impact of these problems on the young person's development.

Previous reports and reviews of CAMHS in Wales have looked at a variety of aspects of this service provision including accessibility, issues raised and identified by both service users and their families and those of the wider stakeholders including GPs and the services themselves.

The Mental Health (Wales) Measure 2010 was introduced as a Wales specific piece of legislation in order to improve the delivery of mental health services to people of all ages in Wales. This included the development of local primary mental health support services (LPMHSS) including services to people under the age of 18 years.

The NHS Delivery Unit (DU) was commissioned by Welsh Government to undertake an assurance review using an appreciative inquiry approach that sought to provide a constructive feedback to impact positively on service provision.

The review consisted of two separate, but related, strands to be undertaken in each health board:

- A DU review of primary care Child and Adolescent Mental Health Services (CAMHS) services and wider NHS primary care provision.
- A CAMHS Network collaborative review of wider Primary Care CAMHS stakeholders to measure current stakeholder engagement with Primary Care CAMHS in Wales

This was undertaken from September 2018 to April 2019. The CAMHS Network approached the wider stakeholder analysis in 3 distinct phases:

- **Phase 1** was the design and roll out of an on line smart survey. This was designed by the CAMHS Network team and sent to health boards who were responsible for disseminating widely to their Primary Care CAMHS stakeholders.
- **Phase 2** consisted of a site visit to each health board area for the convening of a Stakeholder Engagement Discussion Meeting. Each health board was responsible for arranging location and inviting Primary Care CAMHS stakeholders to the meeting.
- **Phase 3** focussed on gaining wider service user feedback including that of young people, their families, siblings and carers at each health board. This took the form of one to one meetings on an individual service user basis. However, if service users preferred, a telephone call was offered to them at a time that suited them best. This telephone call was offered with consideration of school and college hours of young people and the working commitments of parents and adult carers.

This is the report for Abertawe Bro Morgannwg University Health Board that combines phase 1 and 2 above. As the survey and meetings took place before the change in health board boundaries effecting Bridgend we have been unable to isolate comments regarding Bridgend only. The report therefore covers the new Swansea Bay University Health Board and the Bridgend boundary.

Additionally, on an all Wales basis, there will be a national report that includes the key findings as a summary from all the health boards in Wales relating to:

- Phase 1 - The online survey data collection from all health boards across Wales
- Phase 2 - A summary of the themes gained at the stakeholder meetings using 'Grounded Theory'
- Phase 3 - A summary of service user feedback across Wales

All service user and family feedback is anonymised to ensure confidentiality.

Background Information

Primary care services for under 18s may be provided by three service components:

- Local Primary Mental Health Support Service (LPMHSS)
- Other primary care CAMHS services frequently referred to as pCAMHS
- Specialist CAMHS (sCAMHS) offering primary care assessments and interventions to under 18s accepted into sCAMHS.

The reasons for the potential for primary care to be provided from these three service components are:

- The Mental Health (Wales) Measure 2010 Part 1 which requires LPMHSS to receive referrals from GPs and secondary mental health services
- Referrals from other sources will be assessed by other primary care CAMHS services
- Some under 18s accepted into sCAMHS are not given relevant patient status and therefore remain primary care patients.

The specialist and primary care CAMHS service components may be staffed by the same staff undertaking tasks in differing settings and or situations. Alternatively, some staff may operate in discrete teams.

LPMHSS for under 18s across Wales have frequently missed national performance targets for the timely delivery of both assessments and interventions. There is potential for pCAMHS performance to be worse than under 18 LPMHSS due to the absence of performance targets driving improvement and the monitoring of this performance. Anecdote and intelligence from the service supports this proposition. These performance issues are leading to some children experiencing long waits for assessment and intervention with the probability of longer waits experienced by under 18s in pCAMHS.

As a result of these concerns about CAMHS performance, Welsh Government has made significant additional revenue investment into CAMHS services since the commencement of the Measure in 2012. The investment has been directed at both primary care and specialist CAMHS services with the aim of increasing the capacity and capability of CAMHS services to deliver timely assessment and interventions.

A separate strand of the *Together for Mental Health* strategy intended to improve the reach and quality of CAMHS services entitled *Together for Children and Young People* was established to drive the pace and scale of change within these services. This includes an aim to enhance the degree of collaboration between CAMHS and stakeholders providing support to children and young people.

It is therefore prudent and timely to analyse primary care CAMHS data and engage CAMHS staff and stakeholders to gather quantitative and qualitative data to provide a reliable evaluation of primary care CAMHS capability and capacity to meet presenting demand.



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Collaborative

Abertawe Bro Morgannwg UHB

Phase 1 - Primary Care CAMHS Smart Survey Report

October 2018 – April 2019

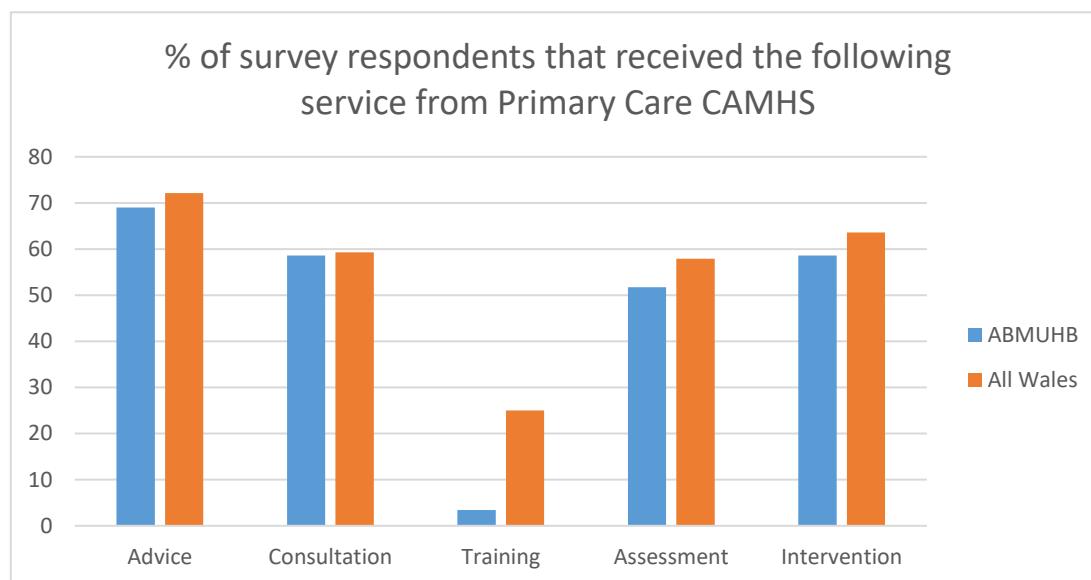
The CAMHS Network designed an online survey and the link for this was given to each Primary Care CAMHS team. The Primary Care CAMHS team was responsible for sending this out to their wider stakeholders. Responses were monitored and if health boards had low response rates then the CAMHS Network team chased the health board to send the survey link out again. Most responses can be considered to reflect an organisations opinion.

Number of Respondents

Abertawe Bro Morgannwg UHB had 29 fully completed responses submitted. Of these responses 24% received referrals from Primary Care CAMHS and 83% referred to Primary Care CAMHS

1. Services received from Primary Care CAMHS

The graph and tables below relate to the 29 Abertawe Bro Morgannwg UHB responses in relation to question 6 in the smart survey that asks about the services stakeholders receive from Primary Care CAMHS.



Services Received (Abertawe Bro Morgannwg UHB) Do you receive the following services from Primary Care CAMHS?

	Yes	No	Response Total
Advice	69.0% (20)	31.0% (9)	29
Consultation	58.6% (17)	41.4% (12)	29
Training	3.4% (1)	96.6% (28)	29
Assessment	51.7% (15)	48.3% (14)	29
Intervention	58.6% (17)	41.4% (12)	29

The table below provides the comparison to the 140 All Wales responses.

Services Received (All Wales) Do you receive the following services from Primary Care CAMHS?			
	Yes	No	Response Total
Advice	72.1% (101)	27.9% (39)	140
Consultation	59.3% (83)	40.7% (57)	140
Training	25% (35)	75.0% (105)	140
Assessment	57.9% (81)	42.1% (59)	140
Intervention	63.6% (89)	36.4% (51)	140

This suggests that Abertawe Bro Morgannwg UHB offer similar levels of service to the Welsh average apart from that for Training, which has been highlighted as an issue across Wales. Only one respondent said they received training from Primary Care CAMHS in ABMUHB.

The following are quotes we received for Abertawe Bro Morgannwg UHB in response to this question.

“Telephone advice availability impractical for GPs - email advice line would work better. Whole CAMHS system requires single point of access triage approach with both schools and GP referrals accepted and streamed appropriately and in timely fashion. Intervention and advice usually good, it’s the waiting that causes problems for professionals and families”

Lead GP

“We find there is a lack of transparency with CAMHS with some referrals being returned to us rather than being passed on to the relevant team or therapist. We would like to see a 'gateway worker' akin to what we access in adult mental health services”



ALNCO, Primary School



“The service we receive from CAMHS is not as good as we would hope. It is often difficult to be able to talk to a clinician to get advice about cases. Referrals are often sent back as patients do not 'meet criteria' for referral, yet we are not given guidelines on the 'criteria' that needs to be met. As GP's we cannot refer for behavioural issues (this has to come through the school). However we are

increasingly under pressure from families to refer for these issues as school referrals are taking too long or are rejected.”

GP

2. Response within 28 days

7. (Abertawe Bro Morgannwg UHB) Do you receive a response from Primary Care CAMHS within 28 days?				
			Response Percent	Response Total
1	Yes		44.83%	13
2	No		55.17%	16

7. (All Wales) Do you receive a response from Primary Care CAMHS within 28 days?				
			Response Percent	Response Total
1	Yes		54.29%	76
2	No		45.71%	64

This suggests that Abertawe Bro Morgannwg UHB has a lower percentage of patients receiving a response within 28 days than the Welsh average.

3. How does Primary Care CAMHS Improve and Enhance Service User Outcomes?

The most common themes identified from the stakeholder survey comments regarding the impact Primary Care CAMHS has had in improving and enhancing service user outcomes across Wales are as follows:

- Providing support to stakeholders
- Providing advice
- Signposting to the best service for a child or young person
- Using quality evidence based interventions
- The most common answer received from stakeholders however was that they were not sure what improvements Primary Care CAMHS have delivered to enhance service user outcomes.

Below are some of the quotes from the Abertawe Bro Morgannwg UHB stakeholders:

“Some of the CYP we have contact with have commented that when they have had access to CAMHS, the work has been very helpful.”

Senior School Based Counsellor

“It can work well but the patients are often waiting too long to be seen and often present to GP and A+E while awaiting appointment”

GP

“There is potential [to deliver improvements] but due to the tiered referral pathway the use of primary care CAMHS is perhaps not as effective as it could be. Single point of access would allow the team to accept and direct referrals to the most appropriate team/individual without the delay incurred when bounced out from CAMHS to be referred to Primary Care CAMHS”

GP Partner

“Need clarity on referral criteria, services provided, good communication regarding the outcome of the referral, intervention provided etc.”

Community Paediatrician

4. What do you feel are the barriers for access to Primary Care CAMHS?

The most common themes identified from the stakeholder survey comments regarding the barriers for access to Primary Care CAMHS across Wales are as follows:

- A lack of staffing
- Funding for posts (NHS and non NHS)
- Lack of clarity of referral criteria
- Lack of knowing which service is the most appropriate to see the young person
- Demand and capacity issues
- Long waiting lists
- Telephone advice lines can be very busy

Below are some of the quotes from the Abertawe Bro Morgannwg UHB Stakeholders:

“Referrals from general practice are rarely accepted.

No clear and transparent referral criteria to understand why.

No easy access to urgent help in a crisis - no designated number to phone.

No way of getting advice - every time I have ever phoned the advice line (in the few hours on the one day it is available) I have never had an answer.

No pathways that are clear for young people maybe not needing a consultant review but needing specialist counselling.

Schools send parents to us - we are told by CAMHS children should access help through school - child gets stuck in the middle.”

GP Partner

“It's difficult to know how to access services. It's not clear on the ABMU website whom or how to contact for paediatric CAMHS problems. It requires us to try to keep some sort of knowledge nebulously within our organisation. There does not seem to be sufficient provision of service for CAMHS.”

GP

“No single point of access for advice (such as a named clinician on call). Confusion about criteria for referral, and what they will and will not see. Confusion about referral for behavioural issues. Long waiting times”

GP Partner

“Insufficient staffing means the service is reactive rather than pro-active. Also, there is limited capacity for staff to undertake any longer term therapeutic work and they often refer the children or young person to other services which may not be appropriate. This raises parental expectations.”

Principal Educational Psychologist

5. What do you feel Primary Care CAMHS does well?

The most common themes identified from the stakeholder survey comments regarding the best elements of Primary Care CAMHS across Wales are as follows:

- Partnership working
- Offering support and advice
- Acting as a link between services
- Reducing the workload of Specialist CAMHS
- Invaluable expertise when stakeholders are able to access it

Below are some of the quotes from the Abertawe Bro Morgannwg UHB Stakeholders:

“The person I spoke to on the Consultation Line was very helpful. This is a welcome service although it's a shame that it's only available for one morning a week.

Some of the CYP we have contact with have commented that when they have had access to CAMHS, the work has been very helpful.”

Lead GP

“I have had helpful advice via email about specific cases. The assessment reports are detailed and comprehensive when they do arrive”

GP Partner

“Once the family are seen by CAMHS/Primary care CAMHS the system seems to work well, the problem is overcoming the initial barriers.”

GP Senior Partner

“They attend multi agency meetings and contribute well. They provide advice when requested.”

GP Partner

Abertawe Bro Morgannwg UHB Primary Care CAMHS Stakeholder Meeting Report

Phase 2 - Primary Care CAMHS Stakeholder Meeting Report 16th January 2019

This report is a summary of the Primary Care stakeholder meeting for Abertawe Bro Morgannwg UHB. Comments have consistently been collected into four themes at each health board stakeholder meeting.

Meetings were opened by the CAMHS Network Manager and the process and methodology explained to all attendees. The Smart Survey report for Abertawe Bro Morgannwg UHB was presented to all attendees with comparisons to the all Wales response.

The meeting location was Port Talbot Resource Centre, Moor Road, Baglan Industrial Estate, Port Talbot, SA12 7JB.

1. Referral Criteria & Pathways



Some stakeholders commented that the referral pathway was sometimes confusing for stakeholders, children and young people alike.

The inability for school counsellors to refer to CAMHS was highlighted as a key issue in the Abertawe Bro Morgannwg UHB area. The view was that the school counsellors often spend a long time working with a young person and only direct them to the GP when they deem it necessary for CAMHS to become involved. At present the young person has to visit the GP and is allocated routinely a 10 minute slot. 10 minutes is not enough time for a young person in distress to articulate effectively their personal story to yet another professional. This referral mechanism delays access for the young person as it then requires an additional professional's time to make the referral to CAMHS. Often this is unsuccessful due to the lack of opportunity in 10 minutes for a GP to obtain all of the relevant facts relating to the young person's wellbeing. This results in an inevitable delay of access to CAMHS. Meanwhile the young person is still in distress and has potentially been given the impression that they are not unwell enough to warrant CAMHS attention. Often the young person presents with considerable risk which has already been identified by the school counsellor several stages earlier in the pathway.

"Referral pathways are labyrinthine"

Consultant Paediatrician, Abertawe Bro Morgannwg UHB

"Referral criteria won't stop a referral to CAMHS. If I think a patient needs to be referred I will refer them. I'm not concerned with which level they hit (Primary Care or Secondary Care CAMHS) I just want the patient to receive an intervention"

GP

"Young people should be able to self-refer"

GP

2. Communication



A telephone advice line at the health board is available for a few hours on a Wednesday each week but this is not ideal as colleagues don't have this support for the remaining 4.5 days of the working week. It was also noted that getting through to someone on the line was very difficult.

An alternative example on the use of telephone advice lines was given of a Rheumatology advice service via email which delivered meaningful advice and guidance to GPs within 48 hours supported by NWIS technology via Welsh Clinical Communications Gateway (WCCG). This was typically returned to the GP very quickly. A service such as this was thought to be capable of delivering the required advice in a timely manner.

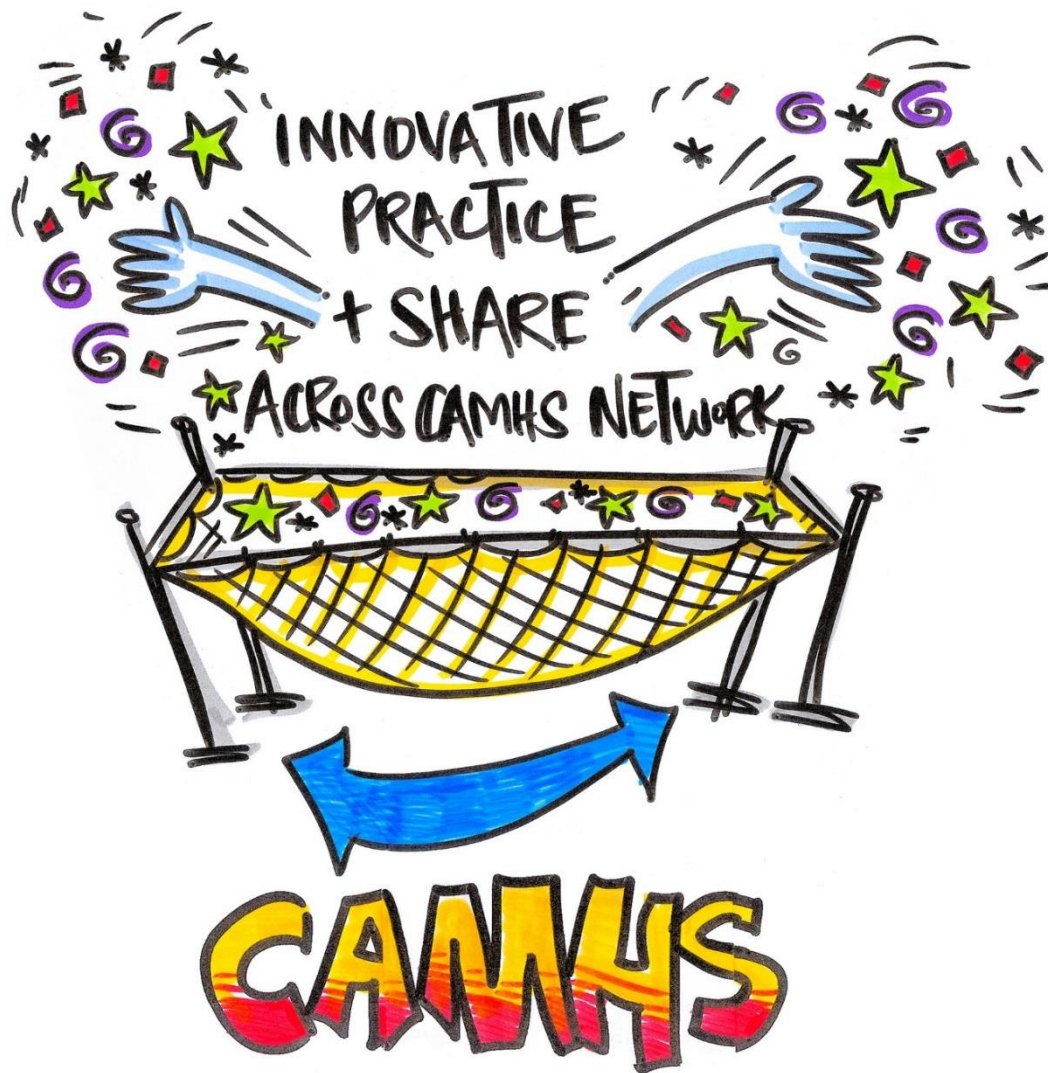
"If you don't work on a Wednesday then how can you use the telephone advice line?"

School Based Counsellor

"An email advice line would be very helpful for stakeholders to receive consultation and advice from Primary Care CAMHS when needed"

GP

3. Multi Agency Approach



Better navigation and signposting for service users was an issue. Primary Care CAMHS stakeholders are so diverse, offering a range of alternative support to CAMHS but it should not be assumed that children and young people will understand all of that information. A single point of access to CAMHS could help children and young people effectively navigate to the correct organisation to meet their needs. GPs as the main referrers to CAMHS would find this highly beneficial to 'open the doors' to services.


"The source of the referral should not cause a further delay in getting the help that young people need"

GP

"Third sector information and advice lines are really useful for plugging the gaps in the system but often they are only funded for short terms, it runs out and the information can no longer be maintained so is therefore unreliable."

Consultant Paediatrician

4. Primary Care CAMHS Functionality and Services Offered

 **OUR AIM IS TO IMPROVE
QUALITY AND TO REDUCE
WAITING TIME...**

There was a suggestion that stakeholders were not concerned with what services or staff sat in which tier (Primary or Secondary Care) or team, they just wanted children and young people to receive the intervention they required. The need for a single point of access was stressed for the health board as a way of simplifying the current confusing CAMHS system.

It was agreed by stakeholders that there is not enough provision out there to satisfy demand from both internal and external NHS partners.

“Often parents are desperate for early action and advice for their child to receive help and this should be flexible to their needs”

School Counsellor

“The current inadequate provision means that young people who need quick access to CAMHS are still faced with long waits.”

GP

“We need to be able to open the doors to young people”

GP

“When bounced back from CAMHS to the School Counselling service this can mean a further 6 month wait to be seen”

School Counsellor

Acknowledgements

The CAMHS sub group would like to express their thanks and gratitude to all who helped to facilitate this Primary Care CAMHS stakeholder analysis. A particular thanks goes out to all of the staff at all seven health boards in Wales who were supportive in arranging meetings and bringing service users together in order that we could capture their experiences and hear their voices. We are most grateful to those service users and their families and siblings and carers for sharing with us their CAMHS journeys.

The CAMHS sub group is hopeful that this report will be informative in shaping future CAMHS in Wales and that it will also assist to share best practice across CAMHS in Wales.

If you have any comments to make or wish to discuss any aspect of this report, please contact CAMHSEDNetwork@wales.nhs.uk.

