



Primary Care Child and Adolescent Mental Health Services Stakeholder Report

Cwm Taf 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 Cwm Taf 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 old Cwm Taf University Health Board boundary only and not the new Cwm Taf Morgannwg UHB 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

Cwm Taf UHB

Phase 1 - Primary Care CAMHS Smart Survey Report

October 2018 – April 2019

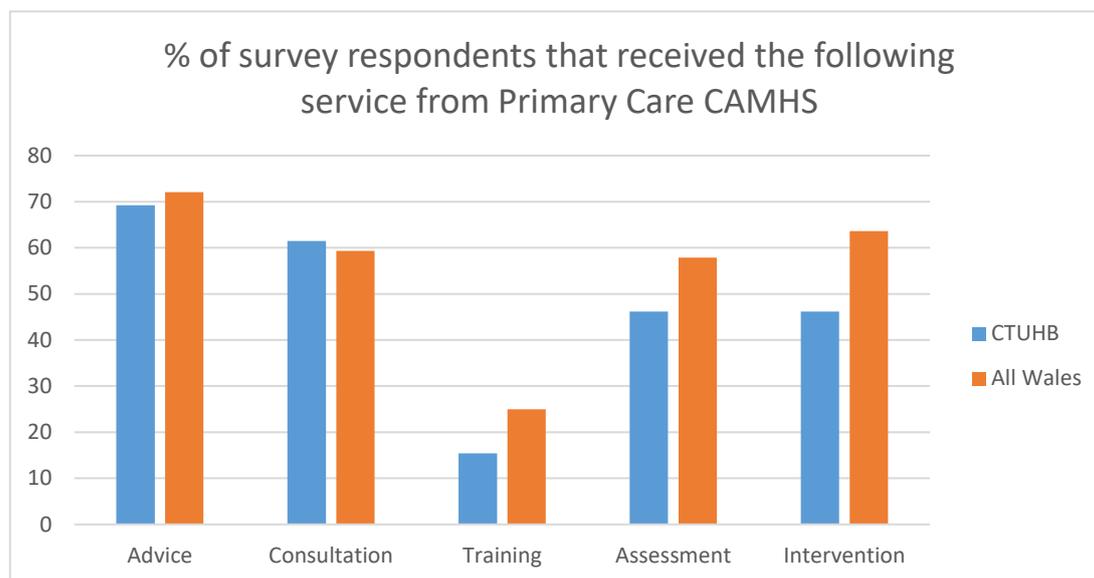
The CAMHS Network designed an online survey and the link for this was given to each Primary Care CAMHS team. The Primary Care CAMHS team was responsible for sending this out to their wider stakeholders. Responses were monitored and if health boards had low response rates then the CAMHS Network team chased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

Number of Respondents

Cwm Taf UHB had 13 fully completed responses submitted. Of these responses 8% received referrals from Primary Care CAMHS and 69% referred to Primary Care CAMHS.

1. Services received from Primary Care CAMHS

The graph and tables below relate to the 13 Cwm Taf UHB responses in relation to question 6 in the smart survey that asks about the services stakeholders receive from Primary Care CAMHS.



Services Received (Cwm Taf UHB) Do you receive the following services from Primary Care CAMHS?

	Yes	No	Response Total
Advice	69.2% (9)	30.8% (4)	13
Consultation	61.5% (8)	38.5% (5)	13
Training	15.4% (2)	84.6% (11)	13
Assessment	46.2% (6)	53.8% (7)	13
Intervention	46.2% (6)	53.8% (7)	13

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	25.0% (35)	75.0% (105)	140
Assessment	57.9% (81)	42.1% (59)	140
Intervention	63.6% (89)	36.4% (51)	140

Suggests that Cwm Taf UHB stakeholders receive roughly the same as the Welsh average for all services polled with Consultation being slightly higher than the Welsh average and Assessment and Intervention being slightly lower.

The following are quotes we received for Cwm Taf UHB in response to this question.

“Although we should receive these services, it is exceptionally difficult to access CAMHS. I am still waiting for a call back and it's now been over 12 months and have a rung a number of times. Schools are having to deal with mental health issues more and more and yet we don't have direct access to CAMHS.”

Primary School Deputy Head Teacher

“We have one child who was initially referred to CAMHS in 2015 for an assessment. We are still awaiting a final outcome on this”

Primary School Head Teacher

“Used to [receive these services] in the past.”

Community Paediatrician - CTUHB

2. Response within 28 days

7. (Cwm Taf UHB) Do you receive a response from Primary Care CAMHS within 28 days?				
			Response Percent	Response Total
1	Yes		0.00%	0
2	No		100.00%	13

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 would suggest that Cwm Taf UHB have significantly less 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 Cwm Taf UHB Stakeholders:

“Having a 24hour CAMHS Crisis Team”

Social Worker and Approved Mental Health Professional (AMHP)

“Following a recent CPD event the process is now clearer but is not streamlined enough”

GP

“If a pupil is able to have access to CAMHS then the support they receive is very good.”

Primary School Deputy Head Teacher

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 Cwm Taf UHB Stakeholders:

“There are long waits and the threshold for a child receiving an appointment seems very high at times. It isn’t always easy to find someone to discuss cases over the phone. It’s not that clear what CAMHS will and won’t see and if they do bounce back the referral it’s not always easy to find alternative sources of help and support for young people and their families

The crisis assessment service however is excellent.”

GP

“No direct links to CAMHS makes it very difficult for schools. We have to advise parents to refer via the GP and then we are left out of the loop.”

Primary School Deputy Head Teacher

“Returned referrals - Primary Care CAMHS do not appreciate that GP has a 10 minute consultation and will then refer to CAMHS. GP’s do not have the availability to provide further in depth information. The practice feels that if we had a patient in a crisis situation that it would struggle to sort appropriately and in a timely manner with CAMHS”

GP

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 Cwm Taf UHB Stakeholders:

“I don't feel support offered by the service to primary care is good,”

GP

“Providing support to the parents and children and/or young people.”

Social Worker and Approved Mental Health Professional (AMHP)

“First responder to most behavioural concerns and stop unnecessary referrals to SCAMHS.”

Community Paediatrician



Cwm Taf UHB Primary Care CAMHS Stakeholder Meeting Report

Phase 2 - Primary Care CAMHS Stakeholder Meeting Report

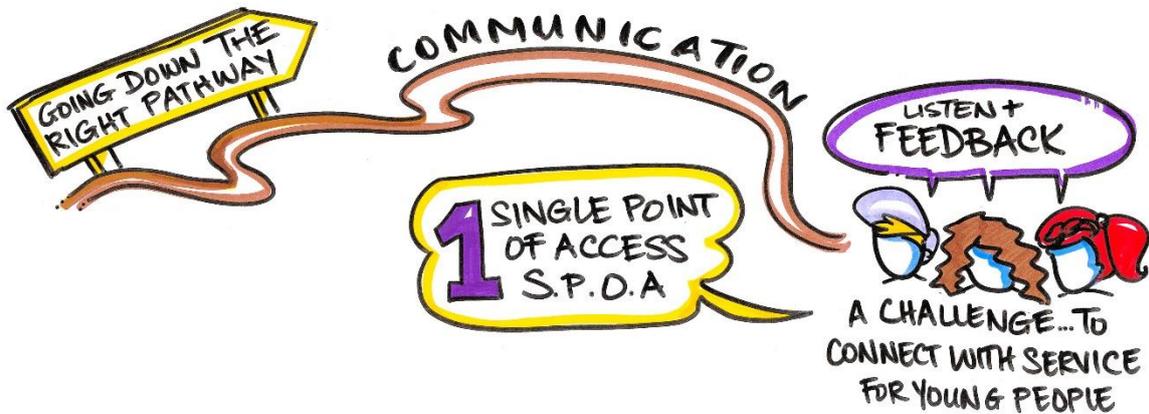
4th April 2019

This report is a summary of the Primary Care stakeholder meeting for Cwm Taf University Health Board. Comments have consistently been collected into 4 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 was presented to all attendees with comparisons to the all Wales response.

The Meeting Location was held at a venue selected by the health board; Beechwood House, Beechwood Park, Christchurch Road, Newport, NP19 8AJ.

1. Referral Criteria & Pathways



The Primary Care CAMHS team informed us that all GP referrals were accepted by Specialist CAMHS or Primary Care CAMHS. They have a 26 week waiting list with around 200 waiting. The service has no capacity to take referrals from anyone else including school counselling.

Due to rising Primary Care CAMHS thresholds, stakeholders are left holding onto young people with higher risk than services are configured to provide. Stakeholders do not receive support and advice from Primary Care CAMHS and are unable to directly refer young people and families to the appropriate CAMH Service. Young people and families are then directed by stakeholders to their GP, for a consultation that hopefully results in a referral into CAMHS. Stakeholders receive no feedback from CAMHS or the GP. This convoluted referral pathway for the young person and their family leads to a longer wait for the support they require and leaves stakeholders feeling isolated. It results in a disjointed stakeholder relationship.

We were also advised that there was no distinct Primary Care CAMHS referral criteria.

“Clear referral pathways would be helpful for schools”

Head of YTG

“As a head teacher I feel very vulnerable and isolated at the moment. It’s not effective for staffing ratios at the moment, we try to persuade parents to take the child to the GP but if the parent doesn’t then completely vulnerable. If the GP send the young person back then we overload the ND service. In the middle the child and family is desperately in need and distressed.”

Head Teacher

“The loss of the Primary Mental Health Workers was tragic and I blame the Mental Health Measure, every referral that a GP makes is ridiculous and I sit on the referral panel.”

CAMHS Therapist

2. Communication



A lot of issues around communication stemmed from a reduction in numbers working in Primary Care CAMHS and tied to the changes since the introduction of the Mental Health Measure. The current configuration only allowing referrals from GP's has appeared to create a barrier between CAMHS and their stakeholders. Added to this the apparent lack of Third Sector organisations undoubtedly contributed to the large waiting list CAMHS were working with.

The health boards Primary Care CAMHS team commented that until they are able to do more preventative work things will not change. There is a desire and willingness to improve the relationship with their stakeholders but this is diminished by the number of staff in the Primary Care CAMHS team.

"I had regular meetings with Primary Mental Health Workers to discuss cases. No contact now, our trained therapist has no way to communicate with CAMHS and we're unable to refer in to CAMHS. We see people with high levels of Mental Health issues, currently counselling 1,300+ people in RCT with no support from CAMHS. We ask the parent to take the child to CAMHS and we have to follow up with parents without contact from CAMHS."

Head of Services

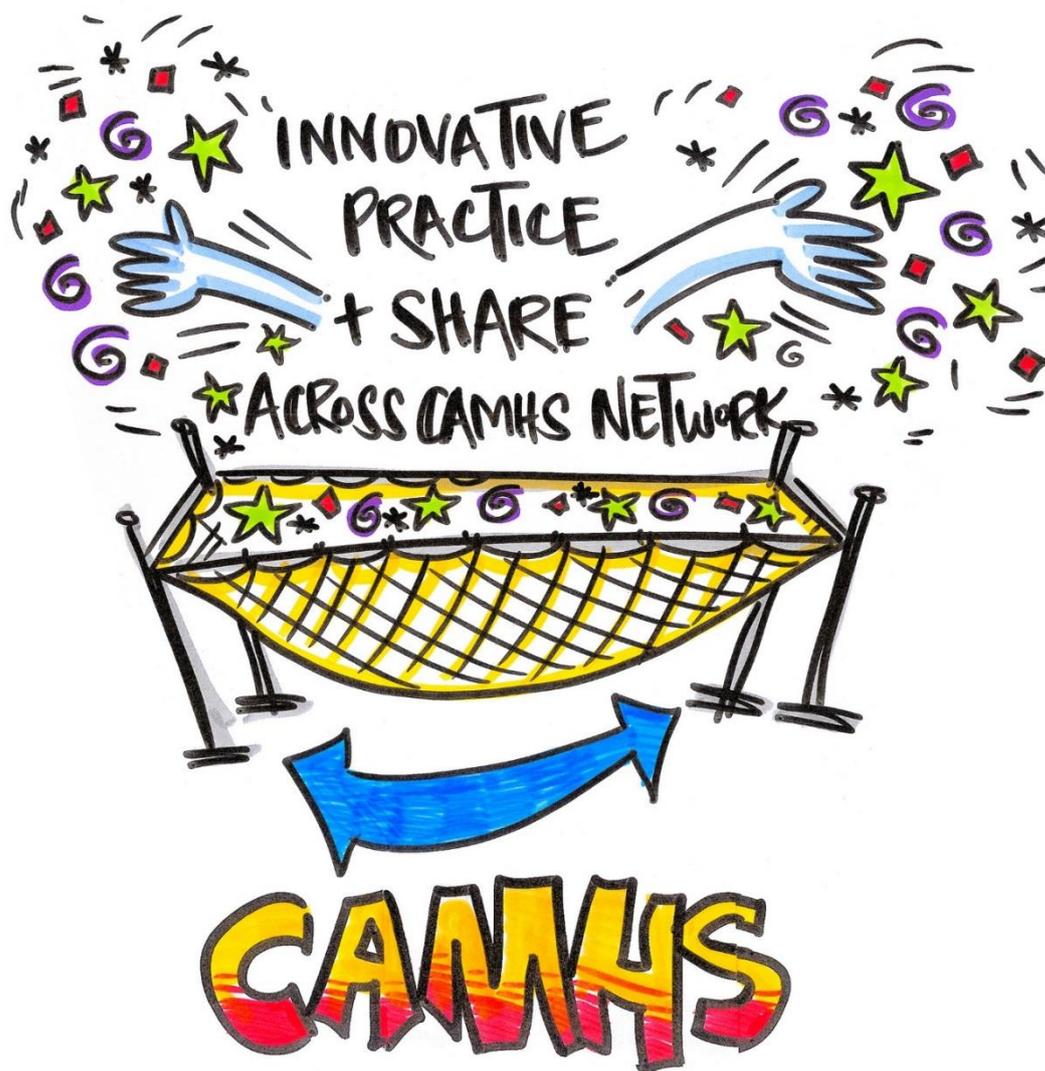
“Now if we have a young person with a mental health issue they leave school and we aren’t sure whether we have done the right thing. The Primary Mental Health Worker Service was invaluable and they provided us with support.”

School Nurse

“We go out to give the GP’s Education work. We talk about ND & crisis and don’t have a lot of time set aside to do this. These conversations have been helpful and have improved referrals. Our role used to be to go into schools and it was effective. If we were still able to do this we wouldn’t be having these conversations.”

Primary Care CAMHS Specialist

3. Multi-Agency Approach



Linked to Communication the multi-agency approach appeared to have suffered due to pressure on the Primary Care CAMHS workforce since the introduction of the Mental Health Measure. We were told of good examples of multi-agency working but all stakeholders suggested more of this would be welcomed including the Primary Care Service themselves.

Previously there had been a directory of services in the Cwm Taf UHB area which included CAMHS stakeholders. A recent review of the directory by one of the stakeholders showed a reduction in services across stakeholders and in particular an 85% reduction in youth services. The deficit of these services hampers effective multi agency working.

“We have training in our school, 6 years ago our staff were unaware what ASD or Autism looked like for example. The training opened our general ethos and way of addressing our children’s needs and behaviours. This wouldn’t have come without support from the Primary Mental Health Workers. This service has been invaluable to us to deliver improvements in school grades.”

Head Teacher

“We’ve been pulled out of everything to do Part 1 assessments and intervention and we still can’t cope with the demand. Until we go back into schools and do more proactively with stakeholder partners things won’t change. We must go back to preventative work. A 26 week wait is not on for these young people, its scandalous they have to wait that long.”

Primary CAMHS Specialist

“Professional services are probably working with the same child and we can’t talk together as we can’t get information from CAMHS.”

Head of Services

4. Primary Care CAMHS Functionality and Services Offered

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

There were numerous comments regarding the services that used to be offered by Primary Care CAMHS compared to the services they are now able to provide. This was felt to have diminished and limited the services that could be offered by the current Primary Care CAMHS team with them now mainly performing Part 1 assessment and intervention. Staff numbers have dramatically decreased since the introduction of the Mental Health (Wales) Measure.

The Mental Health (Wales) Measure specifies only certain registered health professionals can undertake an assessment. For Cwm Taf UHB this has resulted in 50% of experienced staff being unable to assess under Part 1 of the measure. This limits the capacity of their workforce resulting in longer waits for young people and families.

“I previously worked with the Primary Mental Health Workers as I was concerned with the waiting list and wanted to introduce mindfulness. I wouldn’t have had the knowledge or the confidence to do this without the service. I want to do more with ACE’s but I don’t have that support now. My focus is education and I want the service back.”

School Wellbeing

“We haven’t got the capacity to go into schools and help. Deprivation and poverty is growing, there is more substance and domestic abuse. Culturally the Rhondda valleys seem to be getting worse.”

Primary CAMHS Specialist

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.

