

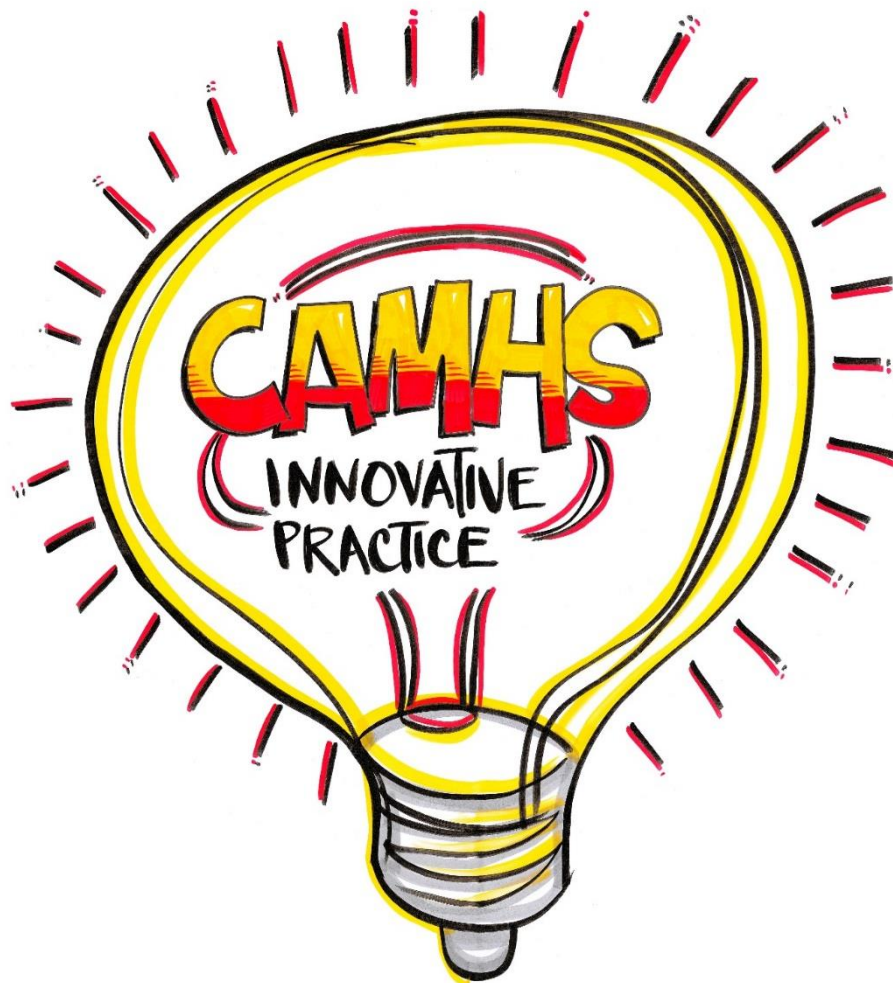
Primary Care Child and Adolescent Mental Health Services

Stakeholder Analysis Report



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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 report is the all Wales report that provides an overview of the Sub Group teams findings from each of the Health Boards in Wales and the service user feedback. For the resulting findings 'Grounded Theory' was applied to discover themes on an all Wales basis. The service user feedback was gathered via face to face and telephone discussions.

Grounded Theory

Grounded theory involves the collection and analysis of data. The theory is “grounded” in actual data, which means the analysis and development of theories happens after you have collected the data. It was introduced by Glaser & Strauss in 1967 to legitimize qualitative research.

Working in collaboration with the NHS Delivery Unit (DU), the CAMHS sub group jointly identified that the area of interest and for analysis was that of Primary Care CAMHS and their wider stakeholders. Stakeholder Analysis is a technique used to identify and assess the influence and importance of key people, groups of people, or organisations that may significantly impact the success of your activity or project (Friedman and Miles 2006).

Stakeholder analysis involves several key elements: Identifying the major stakeholders (these can be various levels—local, regional, national) Investigating their roles, interests, relative power and desire to participate.

Stakeholder Analysis is an important technique for stakeholder identification & analysing their needs. It is used to identify all key (primary and secondary) stakeholders who have a vested interest in the issues with which the project is concerned.

A stakeholder is an individual, a group of people, or an organisation who can affect or be affected positively or negatively by your project. Before you can engage project stakeholders, you first need to identify them. Then you analyse them to place them into appropriate groups.

The CAMHS sub group commenced the project by collecting quantitative data by means of an on line survey that was designed by the CAMHS sub groups network data analyst. The on line survey was then sent to the each of the health boards in Wales CAMHS for their wider dissemination and distribution to the PCAMHS stakeholders they worked with.

Qualitative data was then collected by two methods. Firstly by visiting each health boards CAMHS and their wider PCAMHS stakeholders and hearing first hand what they had to say about their working experience as stakeholders to the PCAMHS service. To achieve the best possible feedback from PCAMHS, a focus group meeting was held in each health board with their PCAMHS stakeholders. This included in-depth discussion using open-ended questions. Research informs us that questions can be adjusted as theory emerges, however consistency was applied in all discussion fora that were held for the purpose of this stakeholder analysis. The last part of the stakeholder analysis was most importantly to listen to service users to capture their experience of the services themselves. This included young people themselves, their siblings, carers, parents and families.

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.

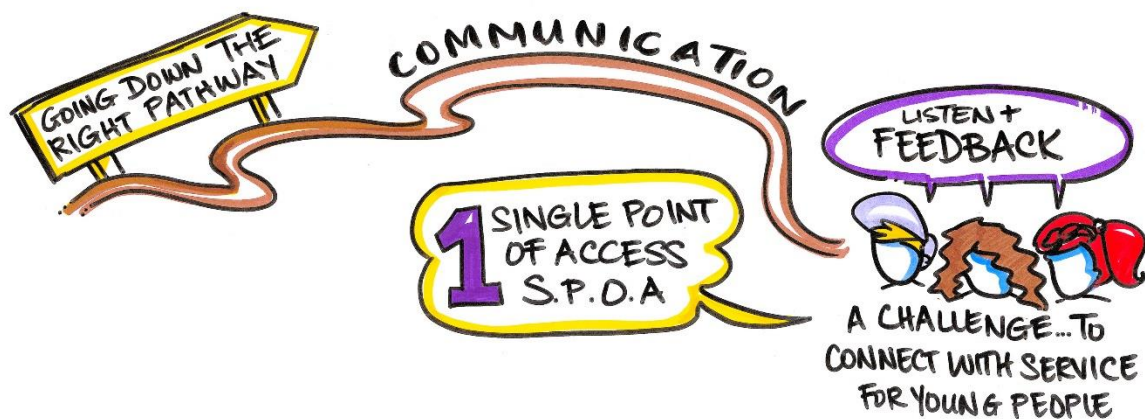
A separate strand of the *Together for Mental Health* strategy intended to improve the reach and quality of CAMHS services entitled *Together for Children and Young People* was established to drive the pace and scale of change within these services. This includes an aim to enhance the degree of collaboration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

Themes from Health Board Stakeholder Visits and Online Survey

This report is an amalgamation of all of the information gathered from the site visits and the survey results for all Health Boards in Wales. Using 'Grounded Theory', we have extracted the key themes and examples of best practice.

Referral Criteria and Pathways



- Some Health Boards in Wales allow referrals to Primary Care CAMHS from partner agencies. In particular Powys Teaching Health Board have allowed all partner agencies to now refer in to Primary Care CAMHS. They have an advice line that stakeholders can ring and if appropriate the telephone call can become the direct referral route to CAMHS. In Health Boards where other partner agencies are able to refer in, stakeholders claimed this led to quicker access to the appropriate service for the young person. The Primary Care CAMHS service themselves claimed this did not have a negative effect on waiting lists, access or capacity.
- Across Wales there are different referral routes into Primary Care CAMHS. Some Health Boards will only accept referrals from GP's while others have allowed partner agencies to also refer in. Where other partner agencies are able to refer to Primary Care CAMHS stakeholders claimed this led to quicker access to the appropriate service for the young person, whether this was Primary Care CAMHS or not. The Primary Care CAMHS service themselves claimed this had not had a negative effect on waiting lists, access or capacity. This enabled direct communication between stakeholders and Primary Care CAMHS engaging and supporting stakeholders more often.
- Some Health Boards have a fully operational single point of access (SPOA). This is a key component of the Choice and Partnership Approach (CAPA) model which was mandated by Welsh Government across CAMH services in Wales. Health Boards are at varied stages of implementing the CAPA model.

- There is a lack of information and clarity around referral thresholds for CAMHS and its wider stakeholders. Stakeholders and referrers were also unsure of the internal CAMHS thresholds between Primary and Secondary care CAMHS.
- In some Health Boards GP's still act as the sole gatekeeper for access to Primary Care CAMHS. Their understanding of CAMHS (Primary and Secondary care) and related pathways is often unclear and unknown. Better information and engagement needs to be provided to GP's to enable them to perform this gatekeeping role more effectively. This should focus in particular on what information is required for referral, what other stakeholders provision is available in their region and what the young person's expectations from CAMHS will be.

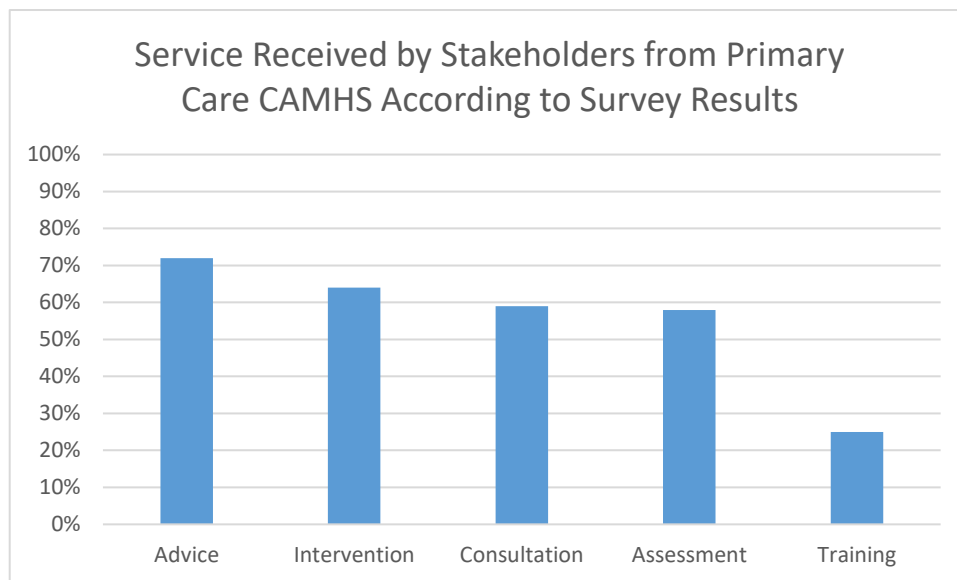
Communication and Multi Agency Approach



- Six of the seven Health Boards have operational advice lines which are valued by stakeholders. For three of the seven Health Boards in particular the advice lines were easy to access and were available at all hours. These three Health Boards had an on duty mobile covered either by Primary Care CAMHS or Specialist CAMHS to provide advice to stakeholders when it was needed most. The other Health Boards had limited availability thus reducing their value and effectiveness for stakeholders.
- The Smart Survey indicated that stakeholders received the following levels of service from Primary Care CAMHS across Wales.

Type of Service	% Stakeholders that receive this
Advice	72% (Approximately 7 in 10)
Consultation	59% (Approximately 3 in 5)
Training	25% (1 in 4)
Assessment	58% (Approximately 3 in 5)
Intervention	64% (Approximately 3 in 5)

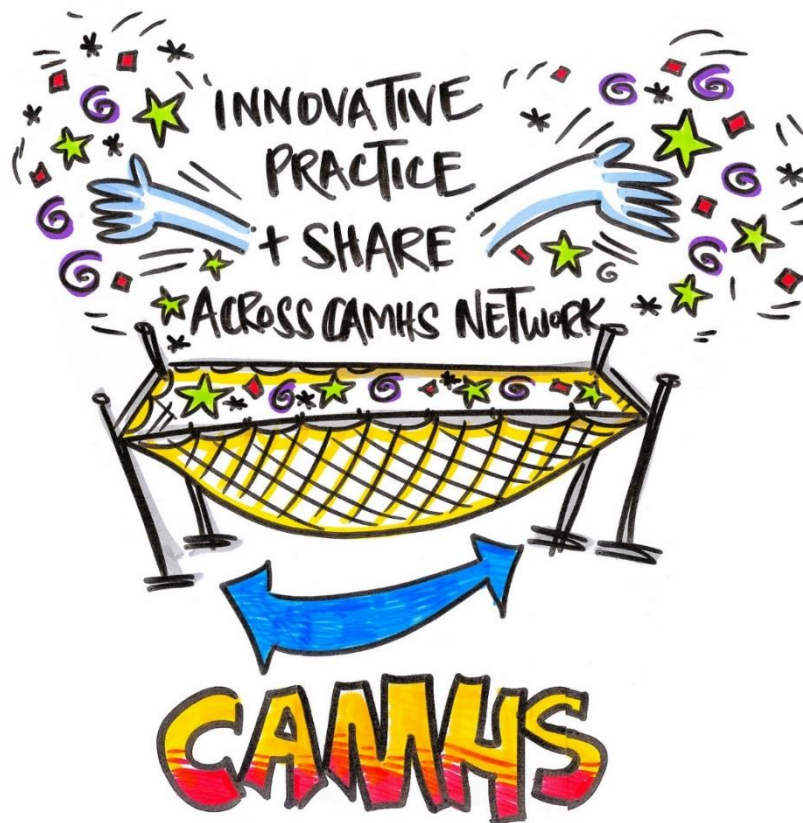
In particular only one of every four stakeholders claimed to be in receipt of training but also 2 in every 5 don't receive Consultation, Assessment or Intervention support from Primary Care CAMHS.




Stakeholders across Wales commented that there had been a noticeable reduction in the services they received from primary care CAMHS since the introduction of the Mental Health (Wales) Measure.

- There is a lack of understanding and clarity on the information sharing arrangements between service users, their families, referrers, wider stakeholders and the Primary Care CAMH service. Some stakeholders failed to understand the concept of the Gillick /Fraser competence (1985) or have a clear understanding of the Mental Health Capacity Act (2005). The implementation of robust information sharing protocols and guidelines would assist in this area.
- Many Primary Care CAMHS stakeholders across Wales have experienced cuts to their budgets in recent years and are therefore unable to recruit to key posts that were previously delivering core services. This has led to a reduction in the preventative and resilience building provision surrounding Primary Care CAMHS across Wales. This has had a negative impact on the effectiveness of interprofessional practice between agencies.
- There is a multi-agency panel in place in Newport and Monmouthshire to process referrals. This ensures the young person receives the most appropriate service to meet their clinical need. Services in the area have commented that this process is successful and assists with demand.
- At Powys Teaching Health Board the use of online resources was viewed positively. 'Kooth' is a free platform for young people to obtain advice, support and information with assured confidentiality. We heard of the positive impact this has on young people.
- There are online resources such as 'Dewis Cymru' and 'Infoengine' that can act as a directory of stakeholder services for young people and their families to access. The onus is on the

stakeholder service to keep their information up to date on these platforms. There is mixed awareness and use of these resources across Wales.



Primary Care CAMHS Functionality and Services Offered

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

- A lack of Primary Care CAMHS 'core business' policy across Wales has led to different practice in treating young people with challenging behaviour and co-occurring conditions. National guidance on Primary Care CAMHS 'core business' would clarify referral pathways and ensure young people receive the appropriate service or are signposted to the right service. This guidance needs to be disseminated widely to all organisations working with young people and embedded into routine practice.
- Two of the seven Health Boards highlighted their flexibility in their approach to working hours and innovative locations to see young people and their families. This includes after school appointments however most young people across Wales are still seen in clinic environments during core office hours, thus disrupting school and their families and carers working hours.
- DNA policies are in place across Wales however once a young person is discharged from primary care CAMHS there is often little or no communication to the original referrer even when considerable risk is present. This potentially leaves a vulnerable young person without any support or access to an appropriate service.
- Stakeholders across Wales commented that Primary Care CAMHS Practitioners are a highly skilled and dedicated workforce whose input is vital to support the emotional health and wellbeing needs of young people. Once the young person is accepted to primary care CAMHS, all stakeholders reported receiving an excellent service for the young person.

Service User Feedback

Referral Process

"It was difficult to get a referral at first. My Mum went to the GP a few times but wasn't taken seriously"

"The referral process via the GP was very good and took about six to eight weeks to be seen. I feel the referral time was ok"



"The appointments are 99% on time which reduces any unnecessary anxiety"

"It's really good, the location is really good and the community clinic doesn't feel as clinical as going to the doctors or hospital"

Waiting Times

"It took about six months for me to get an appointment, after my social worker sent in the referral"

"The wait was so long that I thought about going privately, but didn't know how to go about this"



"It took three visits to the GP before they sent a referral into CAMHS"

"I had to wait six to ten weeks for my first session; it felt ok but would have been helpful to have been seen earlier"

Communication Difficulties

"My Mum spoke to the school twice, no action was taken and we had to go to the GP"



"Our GP didn't seem to know what services were available"

"I'm still not sure if my daughter has been discharged from the service"

Flexibility of the Service

"Flexible appointments after school were invaluable especially around exam time"

"Being seen at home was very helpful, as I have other younger children and making the journey to the hospital would have been difficult"



"The waiting room was too small and catered for small children"

"A home visit helped to alleviate my distress and helped my son cope"

"I was worried about how records were stored and how our information would be dealt with and shared in the future"

Constructive Feedback

"I had six appointments, but would have liked more; I didn't feel ready to move on"



"Children and young people should be taught about mental health and what to do in school"

"I got the impression that due to being a looked after child they had to see me, not because they had reason to"

Gratitude and Helpful Staff

"We were so grateful for the service we received"

"The service was amazing and helped my daughter overcome being bullied at school and with her low mood"

"I can't thank the staff enough for all their help and support"

"It was good to speak to somebody who wasn't a family member or teacher"



"One to one sessions are really helpful"

"I have recommended CAMHS to my friends"

"It was the best decision to come to CAMHS"

"The staff are really lovely and compassionate and will talk about the situation and not presume anything"

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.

