

Primary Care Child and Adolescent Mental Health Services Stakeholder Report

Hywel Dda University Health Board

October 2018 – April 2019

Contents

Introduction	3
Background Information	5
Phase 1 - Primary Care CAMHS Smart Survey Report	6
1. Services received from Primary Care CAMHS	7
2. Response within 28 days.....	9
3. How does Primary Care CAMHS Improve and Enhance Service User Outcomes?	10
4. What do you feel are the barriers for access to Primary Care CAMHS?	11
Phase 2 - Primary Care CAMHS Stakeholder Meeting Report	14
Referral Criteria & Pathways	15
Communication	16
Multi Agency Approach.....	18
Primary Care CAMHS Functionality and Services Offered	20
Acknowledgements	21

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 that of accessibility, issues raised and identified by both service users and their families and those of the wider stakeholders including G.P's 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 would take the form of one to one meetings on an individual service user basis. However if they 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 Hywel Dda University Health Board (UHB) that combines phase 1 and 2 above.

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 G.P.s 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 discreet 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” has been 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 enumerative and qualitative data to provide a reliable evaluation of primary care CAMHS capability and capacity to meet presenting demand.

Hywel Dda UHB

Phase 1 - Primary Care CAMHS Smart Survey Report

October 2018 – April 2019

Number of Respondents

Hywel Dda UHB had 13 fully completed responses submitted. Of these responses, 62% received referrals from Primary Care CAMHS and 92% referred to Primary Care CAMHS.

1. Services received from Primary Care CAMHS

The table below relates to the 13 Hywel Dda UHB responses in relation to question 6 in the smart survey that asks about the services stakeholders receive from Primary Care CAMHS.

Services Received (Hywel Dda UHB) Do you receive the following services from Primary Care CAMHS?			
	Yes	No	Response Total
Advice	76.9% (10)	23.1% (3)	13
Consultation	61.5% (8)	38.5% (5)	13
Training	53.8% (7)	46.2% (6)	13
Assessment	69.2% (9)	30.8% (4)	13
Intervention	69.2% (9)	30.8% (4)	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% (35)	75.0% (105)	140
Assessment	57.9% (81)	42.1% (59)	140
Intervention	63.6% (89)	36.4% (51)	140

This suggests that Hywel Dda UHB offer more of the services expected from Primary Care CAMHS than the Welsh average.

In particular training appears to be a problem across Wales with 75% of respondents saying they didn't receive this service but in Hywel Dda UHB only 46% of respondents didn't receive the service.

The following are quotes we received for Hywel Dda 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. (Hywel Dda UHB) Do you receive a response from Primary Care CAMHS within 28 days?				
			Response Percent	Response Total
1	Yes		84.62%	11
2	No		15.38%	2

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 Hywel Dda UHB have more 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 Hywel Dda UHB Stakeholders:

“CAMHS practitioners can be very supportive at a case level. The service is stretched and feedback from social workers, foster carers, children/young people and parents/families is that the advice and follow up intervention from CAMHS is inadequate.”

Head of Childrens Services, Pembrokeshire County Council

“Provides specialist advice to school nurses and will signpost to the most applicable service required”

School Nurse

“[By providing] more advice, consultation assessment and support for the young adopted people we are trying to help with emotional needs - Of who have trauma and potentially mental health issues deemed as attachment issues - but are often both due to their poor start in life”

Adoption Support Coordinator, Mid & West Wales

“Increased knowledge and understanding around Mental Health issues for school based staff as well as informed strategies to support young people.”

School Counselling Service

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 Hywel Dda UHB Stakeholders:

“CAMHS staff seem to be overwhelmed with work and high criteria before children can be accepted for assessment and specialist support.

No preventative work - support later on can often result in breakdown of adoptive placements and traumatised child & parents who are unable to help their child who is [for example] very anxious, hyperactive, obsessional, unpredictable in their behaviours and moods, very angry verbally, physically aggressive [or] does not know why they feel this way. Adoption team offer training and support as much is possible but sign post to other services for psychologist or mental health support.”

Adoption Support Coordinator, Mid & West Wales

“Out of hours [care] when these very vulnerable patients need urgent and emergent input. It is a clumsy system where we input data, make phone calls, make notes, fill in forms, and then wait....

It is extremely time consuming and in an Emergency Department full of other vulnerable deserving Patients, I wonder if there is a better way [such as] someone always on the end of the phone for advice?”

Bronglais Hospital Emergency Department

“Criteria is difficult to meet often. Often confusing which department within CAMHS to contact e.g. Crisis Team etc”

School Nurse

“PMHW posts [staying] vacant or absenteeism”

School Counselling Service

*“Feedback regularly highlights unacceptable delays in response and follow up. Whilst it is recognised that the service is stretched there is a feeling that referral processes/screening are a way of managing cases away from CAMHS becoming involved
Because CAMHS is a scarce and stretched resource it seems that the threshold set for intervention is set to high.”*

Head of Children’s Service, Pembrokeshire County Council

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 Hywel Dda UHB Stakeholders:

“When we meet and have consultations with CAMHS managers this is very helpful and allows case discussion and referral needs.

Cognitive Behavioural Therapy has worked very well with young adoptive people who have felt suicidal and depressed. Giving them strategies to relieve panic attacks, negative thoughts

Great help in relation to young people I have worked with who have eating disorders”

Adoption Support Coordinator, Mid & West Wales

“I think it does a lot well but lacks sufficient resource to offer a more comprehensive and preventative service, hence we commission Emotional Health Nurse.”

Pembrokeshire Youth

“When engaged with children and young people, families and professionals they can reassure and provide specialist guidance and advice.”

Head of Children’s Services, Pembrokeshire County Council

Hywel Dda UHB Primary Care CAMHS Stakeholder Meeting Report

Phase 2 - Primary Care CAMHS Stakeholder Meeting Report

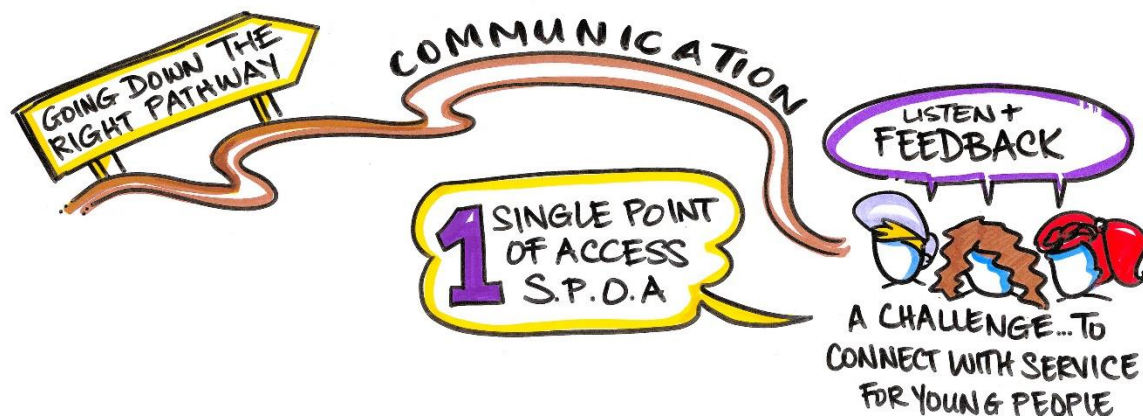
17th December 2018

This report is a summary of the Primary Care stakeholder meeting for Hywel Dda 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 ; Ty Myddfai, Psychological Wellbeing Centre, Cillefwr Industrial Estate, Glien Road, Johnstown, Carmarthen, SA31 3RB.

Referral Criteria & Pathways



There appeared to be a lack of understanding of the referral criteria for Primary Care CAMHS by their stakeholders. Communication around referrals is inconsistent so referrers do not always hear back if a young person received an appointment or not.

Pathways are unclear and stakeholders and families should be able to understand how a patient could travel through the Mental Health system including Primary Care CAMHS up to Tier 4 services if necessary.

A possible explanation for stakeholders not understanding referral criteria could be the difference in thresholds applied by various professionals. This could also be dependent on the stakeholder's prior exposure to managing severe mental illness in children and young people.

"There is uncertainty around referral criteria. We don't understand why certain referrals would land with us or other agencies rather than Primary Care CAMHS"

Youth Liaison Nurse

"There is no service to ring for advice and no advice can be given from Primary Care CAMHS without names or patient details. A referral is therefore raised for a young person just to obtain some advice"

Senior Nurse

Communication



The consensus from stakeholders was that most of them often work in silos without an organisation owning and orchestrating the entire service on a holistic basis for the young person. There is a clear need for organisations to be able to signpost effectively, provide clarity of the referral pathway and thresholds of services that children and young people can access in an integrated system.

A directory or mapping of services offered by organisations would be helpful for stakeholders and for families to understand what is available in their locality.

There was agreement that the public are unaware that a referral to CAMHS for some young people will result in a Mental Health record that can have an impact on their future.

Comments were also made relating to children and young people 'ramping up' their symptoms now possibly influenced by normalisation and increased awareness of mental health conditions.

Some of the stakeholders who receive referrals from Primary Care CAMHS were uncertain why they were receiving referrals.

A third sector organisation commented that they had worked on improving communication with the screening team and therefore did have a good working relationship and open dialogue with them.

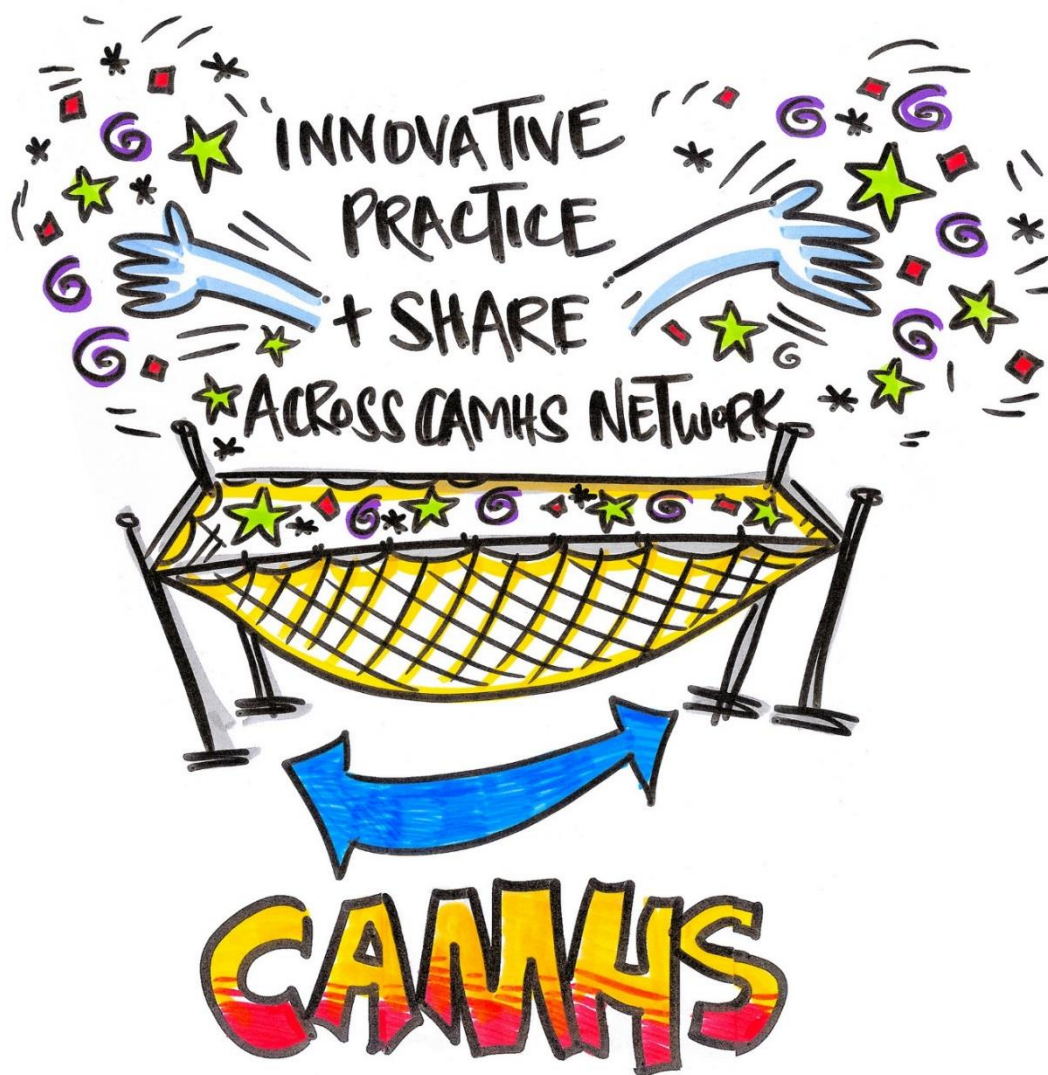
"There is no literature for young people or families to look at regarding mental health services. Families feel like they need an appointment with CAMHS to access information. When we have children and young people with difficult behaviour we have no idea of the signposting locations"

Senior Nurse

“I believe as a professional that I am referring to the right place but I never receive a response from Primary Care CAMHS in relation to any referrals made. This could be a possible breakdown of communication between parties including referral decisions.”

Public Health HDUHB

Multi Agency Approach



Stakeholders stressed that a multi-agency approach would yield great benefits for young people, their families and carers. An integrated approach within a cohesive system could achieve more timely and positive outcomes for the young person.

Transition was highlighted as a problem sometimes between organisations and is a process that requires careful management and consideration towards the young person and their family.

Differences between the three counties within Hywel Dda UHB were discussed. The Emotional Health and Wellbeing Team in Pembrokeshire in particular was highlighted as a major advantage for young people and families living in the area, building resilience in young people and providing play and sports therapy.

There was acknowledgement that there should be joint policies in place for better integration of service provision.

A multiagency group & panel for assessments was highlighted as an example of good practice. The panel is collaborative in nature and attended by both Primary Care CAMHS and its stakeholders. This results in a more appropriate assessment for the young person based on pooled knowledge.


“The first option for families is the GP. The GP will then refer to CAMHS. People will then travel through the system trying to find the right level for their symptoms, with potentially another agency, but they may not have ever needed CAMHS in the first place.”

Youth Support Worker

“From the Local Authorities perspective there isn’t much involvement from CAMHS in the way of a preventative approach. CAMHS are seeing their patients and not having much cross involvement. CAMHS are missing opportunities to work jointly.”

Childrens Services Carmarthenshire

Primary Care CAMHS Functionality and Services Offered

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

There was a lack of clarity of what Primary Care CAMHS are there to provide. Some clear guidelines on the services that Primary Care CAMHS should provide would be helpful and welcomed by all stakeholders.

A focus on resilience building and forward planning approaches was mentioned as an aspect of Primary Care CAMHS that the stakeholders felt could be improved.

Challenging behaviour in children and young people was noted as NOT being core CAMHS work but currently sitting there due to a gap in provision.

The lack of provision for advice, consultation and training was regarded as a key issue for a number of the stakeholders. Primary Care CAMHS previously routinely offered these services to stakeholders.

There appeared to be a lack of clarity and knowledge of other services. A service directory for CAMHS stakeholders would be welcomed.

“Transition is challenging and there is an issue with young people’ falling out’ of services – at 18 a young person doesn’t instantly become an adult. Once in adult services if they don’t attend they are out. Transition through to 25 would be beneficial to stop children and young people falling out of services.”

Youth Support Service CCC

“Screening waiting time is large which is effecting referral outcomes. Where do children and young people go when waiting? The wait could be 18 months to 2 years”

School Nurse

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.

