



# **Primary Care Child and Adolescent Mental Health Services Stakeholder Report**

**Powys Teaching 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 Powys Teaching Health Board (THB) 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 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.

## **Powys THB**

### **Phase 1 - Primary Care CAMHS Smart Survey Report**

**October 2018 – April 2019**

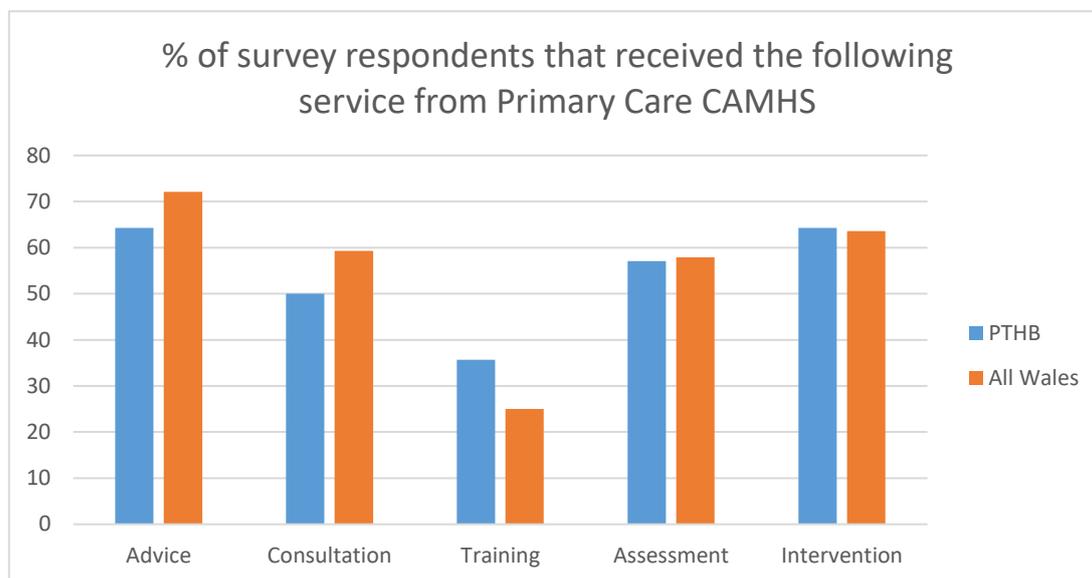
The CAMHS Network designed an online survey and the link for this was given to each Primary Care CAMHS team. The Primary Care CAMHS team was responsible for sending this out to their wider stakeholders. Responses were monitored and if health boards had low response rates then the CAMHS Network team chased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

#### **Number of Respondents**

Powys THB had 14 fully completed responses submitted. Of these responses 21% received referrals from Primary Care CAMHS and 64% referred to Primary Care CAMHS.

## 1. Services received from Primary Care CAMHS

The graph and tables below relate to the 14 Powys THB responses in relation to question 6 in the smart survey that asks about the services stakeholders receive from Primary Care CAMHS.



### Services Received (Powys THB) Do you receive the following services from Primary Care CAMHS?

	Yes	No	Response Total
Advice	64.3% (9)	35.7% (5)	14
Consultation	50.0% (7)	50.0% (7)	14
Training	35.7% (5)	64.3% (9)	14
Assessment	57.1% (8)	42.9% (6)	14
Intervention	64.3% (9)	35.7% (5)	14

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

<b>Services Received (All Wales) Do you receive the following services from Primary Care CAMHS?</b>			
	<b>Yes</b>	<b>No</b>	<b>Response Total</b>
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 Powys THB stakeholders receive roughly the same as the Welsh average apart from training which is slightly more prevalent than in the rest of Wales.

The following are quotes we received for Powys THB in response to this question.

*“It has become increasingly difficult to access CAMHS as pupils very rarely meet the criteria although they may be presenting with very significant emotional and behavioural difficulties in the school setting.”*

**Head Teacher – Infants School**

*“It would be beneficial to the pupils concerned if we could access the service for advice.*

*Very recently, I have liaised with CAMHS to access some training, which I hope will take place in January 2019. But up until I asked for this service, I wasn't aware that there was a possibility to use CAMHS for this. I don't think it is widely known amongst schools”*

**Teacher**

*“The resilience training provided to the children at our school was very positive. But as with everything, we need more, more opportunities for advice, training, intervention but understand that this is a capacity issue.”*

**Teacher**

## 2. Response within 28 days

7. (Powys THB) Do you receive a response from Primary Care CAMHS within 28 days?				
			Response Percent	Response Total
1	Yes		35.71%	5
2	No		64.29%	9

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 Powys THB have 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 Powys THB Stakeholders:

*“It does not - we currently have one pupil that would benefit from some intervention but we are told the parents have to refer via GP and this is unlikely to happen - in my mind, failing that child.”*

**Teacher**

*“When all engage with the process the evidence in terms of improvements for the children are often obvious in terms of improved attendance or engagement in school.”*

**Assistant Head Teacher and Lead for Wellbeing and Behaviour**

*“All pupils I have worked with who are under CAMHS have made progress”*

**Pastoral Care - Secondary School**

#### **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 Powys THB Stakeholders:

*“The criteria is very difficult to meet and with pupils in the age range in our school it is very rare that pupils receive support. In our experience these pupils have gone on to have long term difficulties.”*

**Head Teacher – Primary School**

*“The threshold for accessing the service seems very high. I referred a child who was threatening to kill herself and others and it was turned down.”*

**Head Teacher – Primary School**

*“Lack of clear referral criteria and children not being seen as desperate enough for input. Lack of information back both for rejected referrals and children who have been accepted.”*

**Children's Speech & Language Therapy Team Leader**

*“A lack of capacity, waiting lists and the geography of Powys. Out of hours provision or lack of it for advice and support.”*

**Assistant Head Wellbeing and Lead Safety Officer**

## **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 Powys THB Stakeholders:

*“The work staff do in schools to build resilience. We could do with more of this kind of intervention.”*

**Assistant Head Wellbeing and Lead Safety Officer**

*“Offer support to children and young people at times of crisis in their lives, or to actively prevent reaching this crisis point. But unfortunately, probably due to the number of referrals, we have seldom been successful with receiving much support from the service”*

**Head Teacher – Primary School**

*“Recently have had clearer information on where to go next, and discussed about children rather than a 'no'.”*

**Children's Speech & Language Therapy Team Leader**

*“Progress made with pupils they do see.”*

**Pastoral Care - Secondary School**



## **Powys THB Primary Care CAMHS Stakeholder Meeting Report**

### **Phase 2a - Primary Care CAMHS Stakeholder Meeting Report (South Powys) Brecon - 4<sup>th</sup> February 2019**

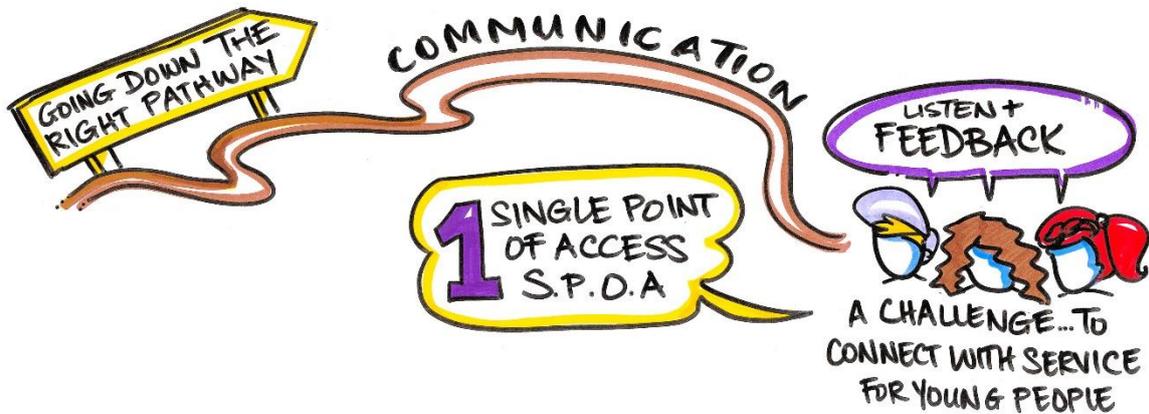
This report is a summary of the Primary Care stakeholder meeting for Powys Teaching Health Board. Due to the differences between North and South Powys CAMHS teams locations a decision was made to have two stakeholder meetings, one in the South (Brecon) and one in the North (Newtown). This report relates to South Powys.

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; The Wellington Hotel, The Bulwark, Brecon, Powys, LD3 7AD.

# 1. Referral Criteria & Pathways



As highlighted by the Powys (South) service in the first session, there have been recent improvements made to the Referral Pathway for Primary Care CAMHS in Powys (South). This was echoed by the stakeholders who were present at the meeting. Referral Criteria was also being worked on with access to new phone advice and updated information on the website regarding referring to Primary Care CAMHS. Work towards establishing a single point of access has begun.

There is still work to be done as some stakeholders commented that the out of hour referral pathways can be unclear.

Some queries were raised relating to the CAMHS referral criteria, in particular for those young people who don't quite meet the criteria but are still struggling and need support. The difference between challenging behaviour as opposed to mental ill health was raised. If the young person has a behavioural problem then CAMHS won't accept them. We were made aware of some convoluted referral pathways that caused young people to see the substance misuse team before seeing the CAMHS team. This applied even when the young person did not present with a substance misuse issue. This practice could cause barriers at the start of the young person's journey in CAMHS, reinforcing the fact that they haven't been listened to properly in the first instance.

*"CAMHS has moved forward massively in the last 3 or 4 years including increasing the number of people who are able to refer in"*

**Youth Intervention Service**

*"Youth workers are asking me for help late at night as our services run at night, we need to know the route to take with these young people. It always seems to happen at 10pm Friday and can't wait until the Monday"*

**Principal Youth Officer**

*“There are young people from the third sector that don’t hit the CAMHS threshold so we’re holding on to them. What is the step down from CAMHS? The third sector is acting as a watching adult and it shouldn’t necessarily be schools or medics but we need to know what we can do below CAMHS”*

**Local Authority Education**

## 2. Communication



The Powys (South) Primary Care CAMHS team commented that there is a lot of good work that is provided by other organisations however many operate in silos. Having more consistency would be helpful for the young person and improve their outcomes.

There has been a push in Powys (South) to work more collaboratively with their stakeholders to improve the service. Positive comments on the day highlighted the potential benefits of establishing a single point of access. Spreading the use of online information resources such as 'Dewis' and 'InfoEngine' is underway.

There were some concerns regarding the expectations of young people accessing services. Often, the level of maturity that is required to effectively communicate symptoms and concerns is a barrier for young people. Additionally, adherence to treatment plans was difficult for some young people once out of the clinical environment. The 'clinic' settings were flagged up as potentially detrimental. Some stakeholders found that using alternative more young person friendly settings such as going for a walk, undertaking a home visit or visiting a café yielded greater success.

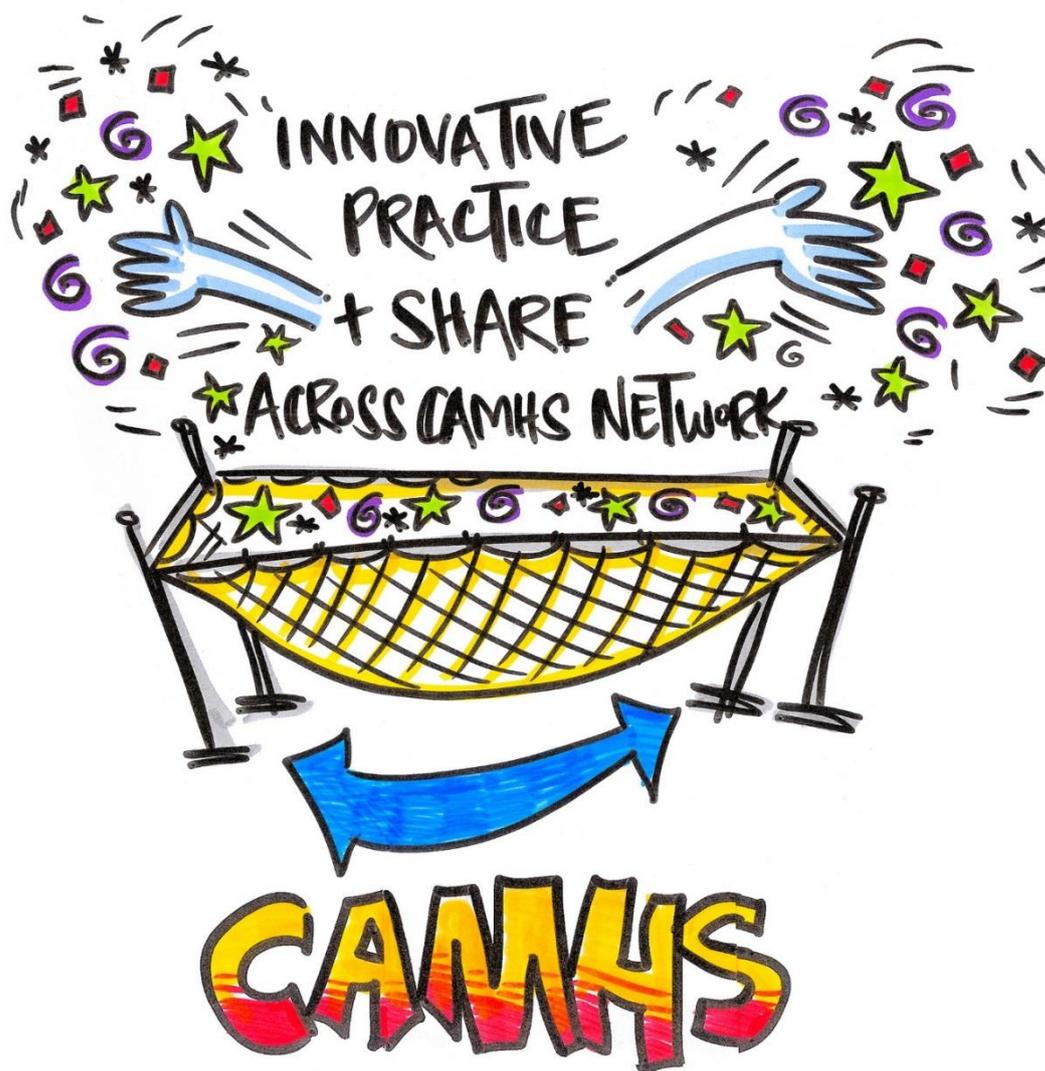
*"Young people are sent home with their worksheets but they won't look at them. They need a CAMHS clinician to 'walk and talk' them through these worksheets"*

**Youth Intervention Service**

*"Teachers should be advised what they should and shouldn't be concerned about. The school needs to be a part of the safety plan"*

**Youth Intervention Service**

### 3. Multi Agency Approach



There is a clear need for a multi-agency approach which was highlighted at Powys (South). This is due to the large geography and small population. Some stakeholders commented their budgets had been cut in recent years and were unable to replace staff leaving their service therefore stopping vital projects for young people. An effective multi-agency approach is vital to ensure good work isn't abandoned when budgets or staffing are under threat.

The Primary Mental Health team said they were working towards a joint single point of access working with their stakeholders.

The other issue raised was around all agencies knowing the key information relating to the young person. South Powys (similar to the north) has the new Patient Management System WCCIS and although there were problems with this being established, there is hope that this new system can play a vital role in sharing information across agencies relating to a young person's care.

*“We’re commissioned to work with a young person for 12 weeks only. It feels like with CAMHS it’s only either a ‘yes’ or a ‘no’. There is a gap, a ‘missing middle’ that no one is currently seeing and no provision is in place to cover. Once young people do access CAMHS though, it is very good.”*

**Youth Intervention Service**

#### 4. Primary Care CAMHS Functionality and Services Offered

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

Stakeholders mentioned young people with a behavioural issue wouldn't be seen by CAMHS even if they could see an underlying mental health condition. They also raised the need for preventative work for those young people who are struggling but don't necessarily have a mental health condition or diagnosis.

The services offered by Primary Care CAMHS (South) were consistent with the survey results for the rest of Wales and this was echoed at the stakeholder meeting. Having managed to clear their waiting list they have started making changes to the Primary Care CAMH service and focus more on their preventative work and engagement with stakeholders.

There were also comments regarding the need for more parent focussed support to be made available. It was suggested that parents may feel judged so will not seek help. Often, when working with young people the problem involves the quality of the parenting they receive.

*"The team have met to work on improving our consultation work. We did some work at Christmas 2018 on what the Primary Mental Health team should be and what services should be offered. We've held a number of successful group sessions in the past including a ukulele group and anxiety groups for mild/moderately depressed young people. We've learnt a lot from doing these groups and although we had teething problems initially, each young person had a key worker and we had a subsequent debrief after each session to ensure they were all safe."*

**CAMHS Powys THB**

*"A big gap we see is in parenting support. There are a lot of young people that for them, the environment whether home or otherwise, is the trigger."*

**Primary Mental Health Practitioner**



## **Powys THB Primary Care CAMHS Stakeholder Meeting Report**

### **Phase 2b - Primary Care CAMHS Stakeholder Meeting Report (North Powys) Newtown - 14<sup>th</sup> February 2019**

This report is a summary of the Primary Care stakeholder meeting for Powys Teaching Health Board. Due to the differences between North and South Powys CAMHS teams locations a decision was made to have two stakeholder meetings, one in the South (Brecon) and one in the North (Newtown). This report relates to North Powys.

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; Trewythen Hotel, Great Oak Street, Llanidloes, Powys, LD3 7AD.

## 1. Referral Criteria & Pathways



Similarly to Powys (South) there has been a lot of improvement to Primary Care CAMHS interaction with stakeholders. One such example was the newly established referral pathway using the advice line. This enabled stakeholders to speak to a member of the CAMHS team (which could be Primary or Secondary care) and if deemed appropriate the case would be referred to the relevant CAMHS team. This results in anyone working with young people in North and South Powys being able to call the advice line for a referral to Primary Care CAMHS. This change was welcomed by stakeholders but it is so recent that some present at the meeting did not know that this change had been implemented. The Powys Primary Care team stated they were working on communicating this change effectively to all stakeholders.

Alongside this referral criteria has been clarified and published online. Some of those present at the meeting were unaware this was available online.

*“It means any professional can refer but you need to have the conversation with us first”*

**Primary Mental Health Practitioner**

*“There are a couple of networking events in June 2019 where CAMHS can share [referral] information with stakeholders. PAVO is working with us to put the event on, Health and the Local Authority both decided to work together to network in the best interests of improving service provision”*

**Powys County Council**

*“We like the clearer pathway .... It’s really helpful. It’s difficult for us however when we have a young person who is unwilling or unable to stop substance misuse and they have a co-occurring Mental Health issue. We can see there is a serious Mental Health issue underneath or alongside the substance misuse issue. We need to work better together to improve this, in general though CAMHS are making great strides”*

**Third Sector**

## 2. Communication



The Primary Care CAMHS talked of their efforts to communicate more effectively with their stakeholders. The new referral pathway and criteria has been disseminated and plans were underway to hold network events later in the year. These would be held jointly with the Local Authority.

Some issues around sharing information between agencies was raised, however the wishes of the young person was noted as a possible reason that some of this information is not currently communicated to all stakeholders.

*“The service is good but bearing in mind we spend 6 or 7 hours a day with the young person, we don’t receive any feedback thereafter and remain unclear about the next steps if there is an issue. We have to phone and beg for help. It’s good they’re seen but we don’t know what the young person has been told.”*

**Child Protection Officer**

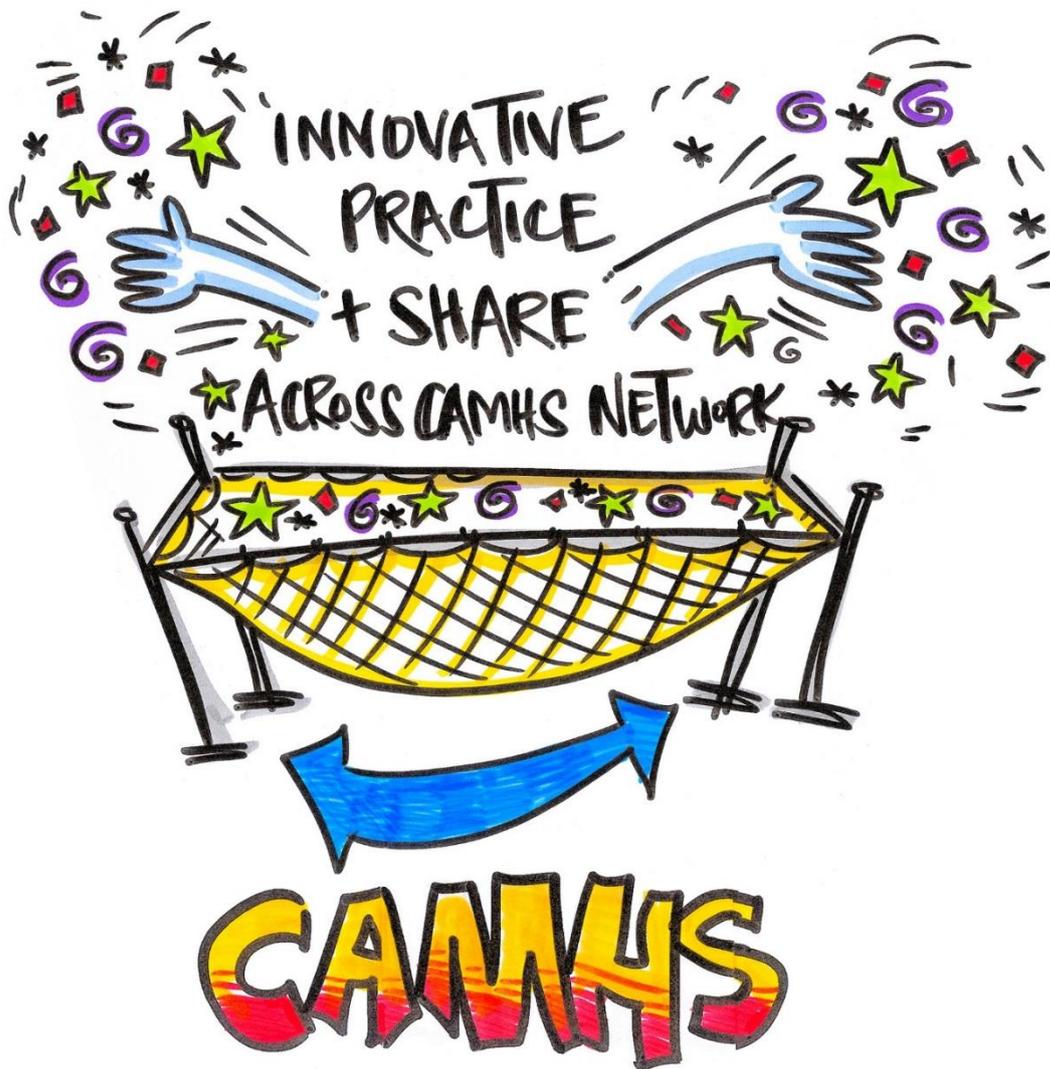
*“The young person may have said they don’t want the school to know what has been discussed. It may be helpful to share that information but the patient has requested confidentiality so CAMHS are duty bound to not tell anyone.”*

**CAMHS Network Manager**

*“It’s about 2 way communication regarding the young person. It’s inconsistent, in some places really good practice but in others it’s not so good. It could be we’re working and doing similar things or working against each other. We’ve seen great improvements in this but there are still inconsistencies.”*

**Third Sector**

### 3. Multi Agency Approach



While discussing multi-agency work the lack of hospitals or a community team in Powys was identified. The large geography and relatively low population of Powys contributes to services within its boundaries being assigned small budgets that require joint working to remain operational. The stakeholders were clearly used to working together and in some instances will pool budgets.

*"CAMHS will stepdown to us for our intervention but then the young person has no long term support."*

**Third Sector**

*“CAMHS has moved on massively from 4 years ago. It would be interesting to see if resilience has improved from CAMHS training. CAMHS going in to schools is really good.”*

**Youth Worker**

*“The referral panel meetings we used to have were large. They provided a really useful mechanism for determining what the intervention should be for the young person. All practitioners and agencies that could be involved were present. It could sometimes be overwhelming for families but it also provided considerable support to a large number of families. The TAF meetings now are useful but can be held with just one patient attending.”*

**Third Sector**

#### 4. Primary Care CAMHS Functionality and Services Offered

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The Stakeholders and Primary Care CAMHS team agreed that CAMHS had come out of a difficult period where previously the service appeared to be declining. This was thought to be due to recruitment and retention issues leading to the team being under staffed. Now the team is fully recruited to and therefore staffed appropriately. The team are starting to reach back out to stakeholders to work more effectively.

We were told by several stakeholders that there had been a number of improvements within the last few years. Generally the stakeholders appeared to be happy with the service they were receiving from Primary Care CAMHS. The new initiative to allow anyone to refer in was also welcomed.

The Primary Care CAMHS team are still actively working to continue to improve the service they provide to stakeholders and used some examples to show where they believed improvements could be made.

*“I was at a school when a young person was threatening to kill himself. After I had a one hour discussion with the young person, I determined he wasn’t suicidal. It sometimes just needs someone to get close to the young person, have the conversation with them in order to determine what they need. The school has now managed the young person without having to refer to Primary Care CAMHS. Training is important to teach stakeholders how to listen to a young person and is seen as key to support the young person’s needs.”*

**Primary Mental Health Team CAMHS**

*“We have just started a Wednesday evening clinic 5pm to 8 pm in Newtown to try and introduce some flexibility for young people. If this pilot is successful, it is something we could look at for South Powys”*

**Primary Mental Health Team CAMHS**

*“Local Authority working is key. A lot of effective projects have ‘disappeared’ but now that we have more staff in post, we are trying to address this. While we were under staffed previously things weren’t going so well and it has had a detrimental effect on CAMHS. Our services have dropped off ... for example we used to have a team for children that don’t go to school, that has gone now.”*

**Primary Mental Health Team CAMHS**

## 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](mailto:CAMHSEDNetwork@wales.nhs.uk).

