

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

**Betsi Cadwaladr 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 Betsi Cadwaladr 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 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.

## **Betsi Cadwaladr UHB**

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

**October 2018 – April 2019**

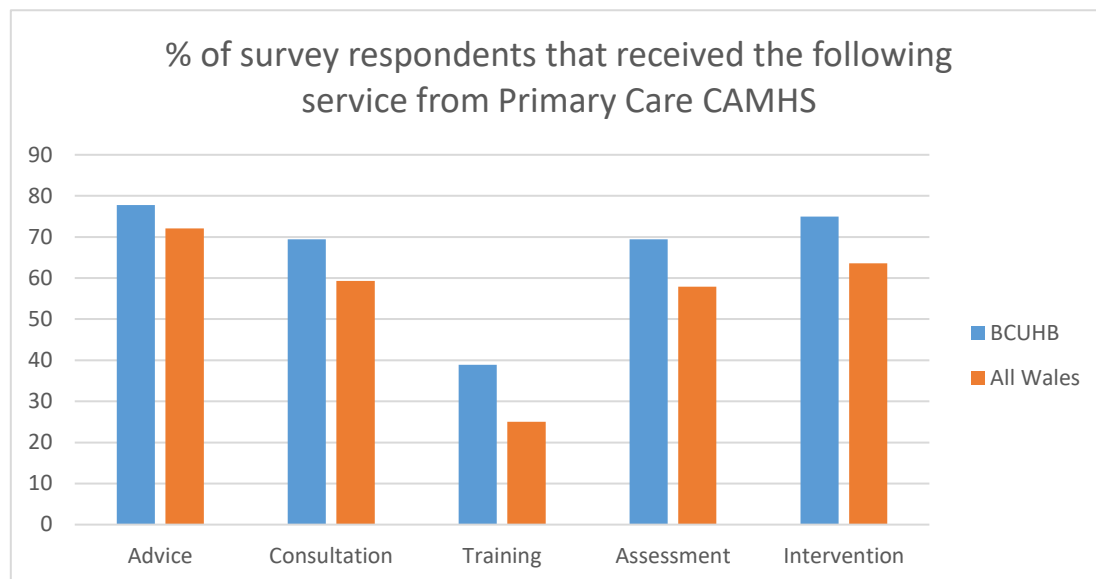
The CAMHS Network designed an online survey and the link for this was given to each Primary Care CAMHS team. The Primary Care CAMHS team was responsible for sending this out to their wider stakeholders. Responses were monitored and if health boards had low response rates then the CAMHS Network team chased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

#### **Number of Respondents**

Betsi Cadwaladr UHB had 36 fully completed responses submitted. Of these responses 39% received referrals from Primary Care CAMHS and 92% referred to Primary Care CAMHS.

## 1. Services received from Primary Care CAMHS

The graph and tables below relate to the 36 Betsi Cadwaladr UHB responses in relation to question 6 in the smart survey that asks about the services stakeholders receive from Primary Care CAMHS.



### Services Received (Betsi Cadwaladr UHB) Do you receive the following services from Primary Care CAMHS?

	Yes	No	Response Total
Advice	77.8% (28)	22.2% (8)	36
Consultation	69.4% (25)	30.6% (11)	36
Training	38.9% (14)	61.1% (22)	36
Assessment	69.4% (25)	30.6% (11)	36
Intervention	75.0% (27)	25.0% (9)	36

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

Suggests that Betsi Cadwaladr UHB stakeholders receive slightly higher levels of services than the Welsh average.

The following are quotes we received for Betsi Cadwaladr UHB in response to this question.

*“There is a bi-monthly consultation from the CAMHS Psychologist for looked after children within the Local Authority. This is open to all professionals involved with the child. There have been recent difficulties with this arrangement being cancelled due to pressing work commitments for the psychologist.”*

***Children Services, Isle of Anglesey County Council***

*“I think it would be really beneficial if someone from CAMHS could come in once a month, meet all the clinicians and discuss any inappropriate referrals and advice or provide training on how it should have been approached”*



**GP**



*“The Self Harm Pathways initiative is excellent. The training was intensive and most worthwhile for our staff. We feel more confident when dealing with self-harm disclosures and the benefits to our students are evident.”*



***Deputy Head Teacher***

## 2. Response within 28 days

7. (Betsi Cadwaladr UHB) Do you receive a response from Primary Care CAMHS within 28 days?				
			Response Percent	Response Total
1	Yes		55.56%	20
2	No		44.44%	16

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

This would suggest that Betsi Cadwaladr UHB have a similar number of stakeholders receiving a response within 28 days as 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 Betsi Cadwaladr UHB Stakeholders:

*"I refer patients to CAMHS. Long waiting list. Feedback via patients/parents is not usually positive. Consultants seem to try and discharge patients quickly, even if on shared care medication."*

**GP**

*"If the service users condition can be improved if they are to transfer from their home or apply for council property CAMHS service will always provide quality supporting information to the health and social care housing panel. The evidence will describe the current property and how it has a detrimental effect on the service user's health. And how a move to more appropriate property would play a major part in improving their health"*

**Special Needs Housing Officer**

*"My understanding is that the service has been overstretched due to lack of staffing. When the assessments, management and reviews happen the service is very useful. The feedback from patients is the long waiting lists."*

**GP**

#### **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 Betsi Cadwaladr UHB Stakeholders:

*“If a service user requires primary care out of hours, it is currently my understanding that there is no out of hour’s provision for unscheduled care.”*

**Mental Health Staff North Wales Police**

*“Referrals are often declined, we are asked to refer children to the school nurses but they do not have the capacity to work with these children and there are often significant delays for any assessment or intervention.”*

**GP**

*“CAMHS thresholds are currently too high. There are a significant amount of children who have emotional and behavioural difficulties were CAMHS will not assess as they do not meet their criteria. We are all working in trying to address childhood difficulties but having these barriers for mental health assessments and intervention is not beneficial for the children. In addition, children who have suffered trauma before being removed from their parents care will not receive CAMHS intervention unless they are in a 'stable' environment. This again does need the immediate wellbeing needs of children.”*

**Children Services, Isle of Anglesey 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 Betsi Cadwaladr UHB Stakeholders:

*“Provide advice and guidance to social worker's on issues in relation to contact between looked after children and their parents.*

*Provide advice on attachment difficulties and how to manage these issues effectively.”*

***Children Services, Isle of Anglesey County Council***

*“I am sure they do work well within the constraints of the service, patients/parents who are pleased with the service are less likely to come back to GPs, so I hear less of the positive comments.”*

***GP***

*“Strong links with Education Department within Wrexham*

*Shared staff across agencies*

*Provide clinical supervision to LA staff*

*Recognises the role other agencies can play in supporting young people.”*

***Health & Wellbeing– Wrexham County Borough Council***

*“Once a child is seen by CAMHS, there is usually an improvement which we see in the way the child can better access what we offer. Communication with school has improved since the launch of the Self Harm Pathway and we appreciate CAMHS support in this area very much.”*

***Deputy Head Teacher***

## **Betsi Cadwaladr UHB Primary Care CAMHS Stakeholder Meeting Report**

### **Phase 2 - Primary Care CAMHS Stakeholder Meeting Report**

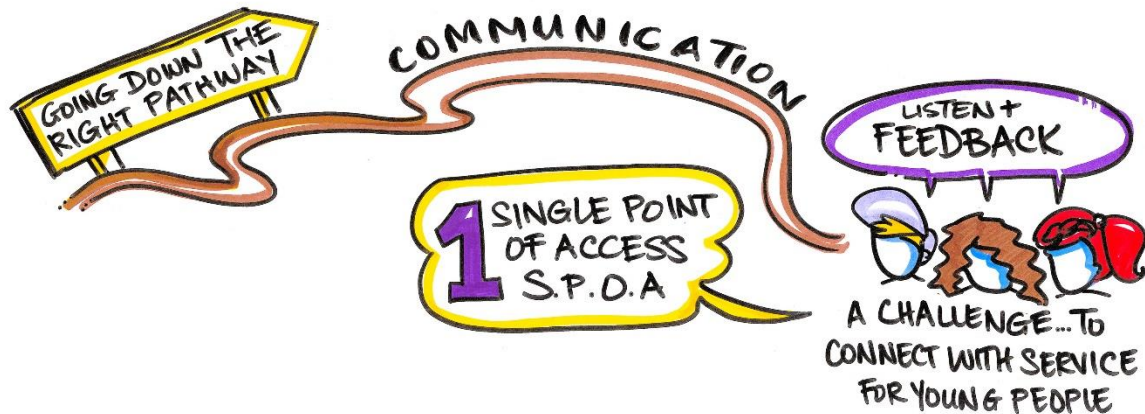
**4<sup>th</sup> April 2019**

This report is a summary of the Primary Care stakeholder meeting for Betsi Cadwaladr UHB. Comments have consistently been collected into four themes at each Health Board stakeholder meeting.

Meetings were opened by the CAMHS Network Manager and the process and methodology explained to all attendees. The Smart Survey report 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; Faenol Fawr, Bodelwyddan, St Asaph, Denbighshire LL18 5UN;

## 1. Referral Criteria & Pathways



Most comments from stakeholders at the meeting highlighted a lack of capacity in Primary Care CAMHS. Both the referral pathway and criteria was criticised by stakeholders in Betsi Cadwaladr UHB. One commented that the pathway was non-existent while another stakeholder commented on rising thresholds that have left her service holding onto patients of a higher risk than they are configured to provide for. Stakeholders commented that referral criteria were inconsistent between the three localities in Betsi Cadwaladr UHB.

Some positives such as the self harm pathway in Denbighshire was noted to have made huge improvements for children and young people in the region. The establishment of a single point of access and the counselling service were noted to have made significant improvements in recent years for improved outcomes for children and young people.

*"Sounds as though there needs to be a lot of work over clarity of criteria and CAMHS need to be made aware of the work other agencies are doing. We need to think about services coming together and think about the needs of the child, we need to think as a collective"*

**Lead Educational Psychologist**

*"The self harm pathway in Denbighshire is working well. In the last couple of years that has massively improved the service for young people who are suicidal. If we could have that across all 3 localities in Betsi Cadwaladr UHB it would be very helpful."*

**Assistant Head Teacher**

*"There has been so much new work operationally on the ground with a single point of access and the counselling service. It has been a journey but has been successful."*

**Education - Denbighshire County Council**

## 2. Communication



Austerity across Wales was highlighted by all stakeholders as having had a severe effect on their ability to recruit with noticeable cuts to budgets across partner organisations. An increase in demand alongside a reduction in workforce has resulted in stretched services with conflicting workloads that then require considered prioritisation to address the young person's needs. An outcome of this has been a lack of communication between partner agencies and Primary Care CAMHS resulting in delayed access for the young person to the appropriate service.

Multi agency panels in Betsi Cadwaladr UHB with appropriate CAMHS representation are functioning and feedback was generally positive. It was suggested that having a single panel would be beneficial to avoid confusion and duplication. One panel with clarity of representatives would help ensure all partner agencies receive clear and consistent communication from Primary Care CAMHS.

Because of the different localities in Betsi Cadwaladr UHB there is the potential to fragment effective joint working across the localities. Betsi Cadwaladr UHB consists of 3 NHS geographical localities and 6 Local Authorities. Different practices across these borders has the potential to impact services for children and young people unless robust communication is in place.

Some stakeholders did say they had good relationships with CAMHS and that once engaged the support offered by CAMHS was fantastic but all stakeholders would welcome more of this.



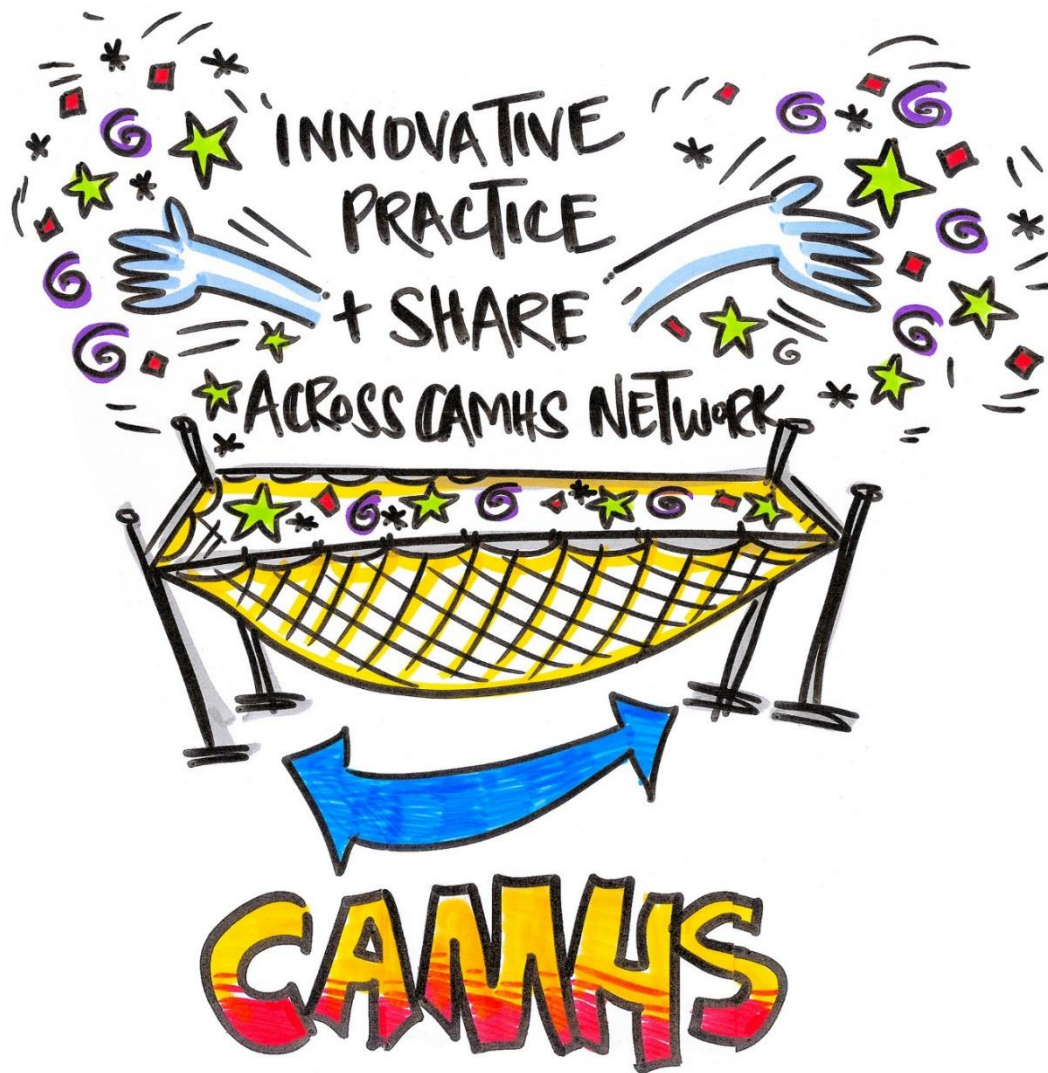
*“There are differences across the counties. For self-harm in Denbighshire they will take information over the phone. In Flintshire, there is a time consuming form that needs to be filled out and you don’t hear back any information from the team. Denbighshire will also call you back to discuss the case.”*

**High School Safeguarding Team**

*“There are so many multi agency panels and I don’t know how we rationalise them to make sense? How do we ensure we all gather around when the numbers of staff have fallen in recent years?”*

**Wrexham County Borough Council**

### 3. Multi-Agency Approach



Some third sector organisations providing essential services for young people often feel they are not regarded as skilled professionals yet they do provide very valid input. Children and young people falling between the gaps of services were raised as a concern. In particular between education and CAMHS, this was noted as an opportunity for other agencies to act and help support children and young people. An effective use of services in a multi - agency approach that would assist to make best use of limited resources, avoid duplication and target the young people in need of most support.

There was a willingness in the room to engage with Primary Care CAMHS and to work more closely with colleagues in partner agencies.

*"We see the young person a lot more than a GP would. The Health Board say the third sector are partners in care but we don't feel that or feel like we're treated equally as professionals."*

**Tan y Maen Wellbeing Centre**


*"In schools we have multi agency panels that meet every month but it's heavily weighted by education. They work best with someone representing every agency at the meeting. Social services have been missing for a while and we used to have CAMHS attending but they don't now. We have a school police liaison officer who is vital to the work we do."*

**Assistant Head Teacher**

*"We have a model where we meet with CAMHS every week to discuss young people's cases and it helps me to access the right part of CAMHS when needed. As organisations we have a commitment to say what we can offer to wrap around a child to keep them safe. We tried to include education and need to improve on that, we've never involved the police and I think from today we may need to do that."*

**Conwy Social Services**

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

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

It was clear the different areas within the Health Board can cause differences between services and agencies. This is confusing for all stakeholders and service users alike. The geography, rurality and population numbers are unique characteristics to Betsi Cadwaladr UHB and provide unique challenges to the Health Board in delivering a robust service to young people.

Stakeholders raised a number of issues at the meeting with a consistently clear message that they require better communication between Primary Care CAMHS and its partner agencies. A clear and consistent approach to this would ensure all stakeholders are kept informed in a timely and consistent manner.

*“How do we tackle the problem of CAMHS closing a family case due to non-engagement? Quite often social services will also close cases due to non-engagement. In education we are holding this young person and their family. When its non-engagement ... should it be taken to a higher level? We currently have to fight to make that happen.”*

**High School Safeguarding Team**

*“There is ‘role creep’ as a consequence of rising thresholds. The social worker is becoming a therapist, there is counselling in schools. If this is the way of the future we need to ensure the people left to deal with young people are adequately trained to deal with them. My team are having to learn CBT & DBT.”*

**Conwy Social Services**

*“We don’t receive supervision. I hold everything personally.”*

**High School Wellbeing**

## 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).

