

Primary Care Child and Adolescent Mental Health Services Stakeholder Report

Cardiff and Vale 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 Cardiff and Vale 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.

Cardiff and Vale UHB

Phase 1 - Primary Care CAMHS Smart Survey Report

October 2018 – April 2019

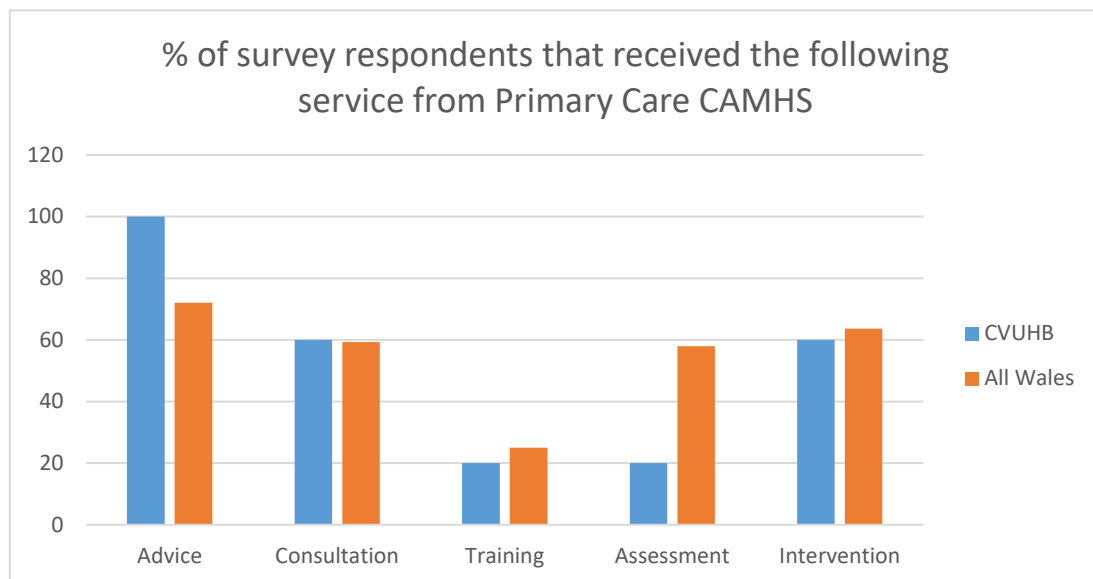
The CAMHS Network designed an online survey and the link for this was given to each Primary Care CAMHS team. The Primary Care CAMHS team was responsible for sending this out to their wider stakeholders. Responses were monitored and if health boards had low response rates then the CAMHS Network team chased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

Number of Respondents

Cardiff and Vale UHB had 5 fully completed responses submitted. Of these responses, 100% received referrals from Primary Care CAMHS and 40% referred to Primary Care CAMHS.

1. Services received from Primary Care CAMHS

The graph and tables below relate to the 5 Cardiff and Vale UHB responses in relation to question 6 in the smart survey that asks about the services stakeholders receive from Primary Care CAMHS.



Services Received (Cardiff and Vale UHB) Do you receive the following services from Primary Care CAMHS?			
	Yes	No	Response Total
Advice	100.0% (5)	0.0% (0)	5
Consultation	60.0% (3)	40.0% (2)	5
Training	20.0% (1)	80.0% (4)	5
Assessment	20.0% (1)	80.0% (4)	5
Intervention	60.0% (3)	40.0% (2)	5

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

Suggests that Cardiff and Vale UHB stakeholders receive more advice but less assessment from Primary Care CAMHS than the Welsh average. All other services are roughly in line with the Welsh average.

The following are quotes we received for Cardiff and Vale UHB in response to this question.

“Referrals can only be made to PMHSS via GP so we will signpost to GP for young people who we believe require a Part 1 Mental Health Assessment.

PMHSS attend our team meeting on a (roughly) termly basis to provide consultation and advice. Available by phone during the week. Limited availability on the consultation line.”

Third Sector

“The amount of advice/consultation has decreased recently as PMH staff are otherwise engaged with assessments.



We have to support young people to refer to PMH via GP which increases the risk of Young People being missed. Would be useful to have direct referral”



School Based Counsellor

“PCAMHS attend our daily referral management meetings where we have the opportunity to discuss referral pathways and which service is best placed to address the referral. We therefore do not access Consultation or training directly.”

Senior Health and Wellbeing Worker

2. Response within 28 days

7. (Cardiff and Vale UHB) Do you receive a response from Primary Care CAMHS within 28 days?				
			Response Percent	Response Total
1	Yes		80.00%	4
2	No		20.00%	1

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 Cardiff and Vale 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 Cardiff and Vale UHB Stakeholders:

“We primarily use Primary Care for consultation as part of our counselling service - this improves outcomes for the young people in that the worker can offer suggestions for different interventions, management of risk and supporting onward referrals esp if we have to escalate the referral to CAMHS.”

Third Sector

“Effective part 1 mental health assessment provision to help ensure that YP are seen by the right service at the right time.”

Senior Health and Wellbeing Worker

“The support that used to be given to counsellors via consultation, advice, training etc was invaluable in terms of managing risk and enabling young people to be supported within the service rather than escalating”

Third Sector

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 Cardiff and Vale UHB Stakeholders:

“Capacity - we used to have regular meetings/ training/ group reflective sessions which greatly enhanced our service however workers now don't seem to have the capacity for this as they are undertaking PART 1 assessments.”

Third Sector

“Referral into the service being limited to GP only.

The Emotional Wellbeing Service (a tier 1 service) receive a high number of referrals from PMHSS, however if the needs of the YP escalate and they need to be passed back to PMHSS, this is not possible and has to be coordinated via visit to GP. This is not a smooth pathway for young people.

It appears as though the Part 1 assessment is a barrier to accessing intervention from PMHSS. The team are at capacity just doing the assessments, leaving little (if any) time for extended intervention with young people. This leaves a gap in provision for young people with greater needs than the Emotional Wellbeing Service can fulfil but not high enough need for SCAMHS.”

Senior Health and Wellbeing Worker

“The focus on Part 1 MHM over recent years has impacted on other services such as schools being able to use historically excellent consultation, training, assessment and joint working with PCAMHS. The focus has been on 'refer and assess' rather than the full remit of the MHM to include consultation, training etc”

Specialist CAMHS Services

“No direct access - has to be done via GP so young people could be missed. Parental involvement - young people do not always want their parents to be involved and if Fraser Competent that choice should be offered.”

Third Sector

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 Cardiff and Vale UHB Stakeholders:

“For us it's being able to provide that extra layer of consultation especially where there are complex issues which may need to be escalated to CAHMS - they provide that link/filter”

Third Sector

“Part 1 mental health assessment, Consultation and Signposting”

Senior Health and Wellbeing Worker

“Knowledge of local services, interface with SCAMHS and other services and aim to work collaboratively to develop single point of entry as well as clarity on which service is able to provide which intervention”

Specialist CAMHS Services

“Young people report that the intervention is unsuitable.”

School Based Counsellor

Cardiff and Vale UHB Primary Care CAMHS Stakeholder Meeting Report

Phase 2 - Primary Care CAMHS Stakeholder Meeting Report

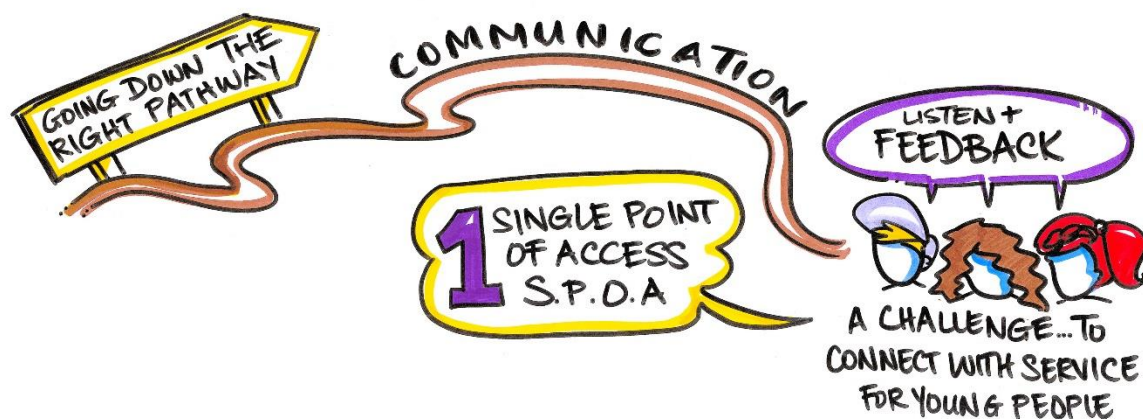
7th February 2019

This report is a summary of the Primary Care stakeholder meeting for Cardiff and Vale 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; Global Link, Dunleavy Drive, Cardiff, CF11 0SN.

1. Referral Criteria & Pathways



Stakeholders commented that referral criteria is unclear but it is currently being worked on by Primary Care CAMHS. The only routes into Primary Care CAMHS is through the GP or via step down from Specialist CAMHS. Examples were given where the Tier 0 stakeholders are holding on to young people with significant levels of risk above their threshold because there is no other service for them.

"Primary Care CAMHS is in the process of developing referral criteria."

Occupational Therapist

"We're unable to refer to Primary care CAMHS so we send the young person to their GP. They are not hitting the threshold for Primary Care CAMHS and then coming back to us for support"

School Based Counsellor

"The feedback we are receiving from GP's is that they're unhappy with the numbers of referrals that are coming to them as they're the only signposted route into CAMHS."

School Counsellor

“Primary Care CAMHS criteria has risen due to increasing numbers causing us to hold people we shouldn’t be holding, as they won’t hit the new referral criteria”

School Based Counsellor

2. Communication



The School Based Counsellors had no contact with Primary Care CAMHS as the advice line has now stopped and they are unable to refer in. The other stakeholder attendee did have contact with the Primary Care CAMHS team but stated this was due to a unique historical working relationship built on trust.

The lack of communication or engagement from Primary Care CAMHS seemed to cause uncertainty for the stakeholders regarding what CAMHS can offer. There is no clarity of the wider stakeholders that young people could access as an alternative to CAMHS.

"I have a morning meeting with Primary Mental Health Workers that is face to face. I'm happy with the communication I have with Primary Mental Health but I am aware that this is due to my unique situation"

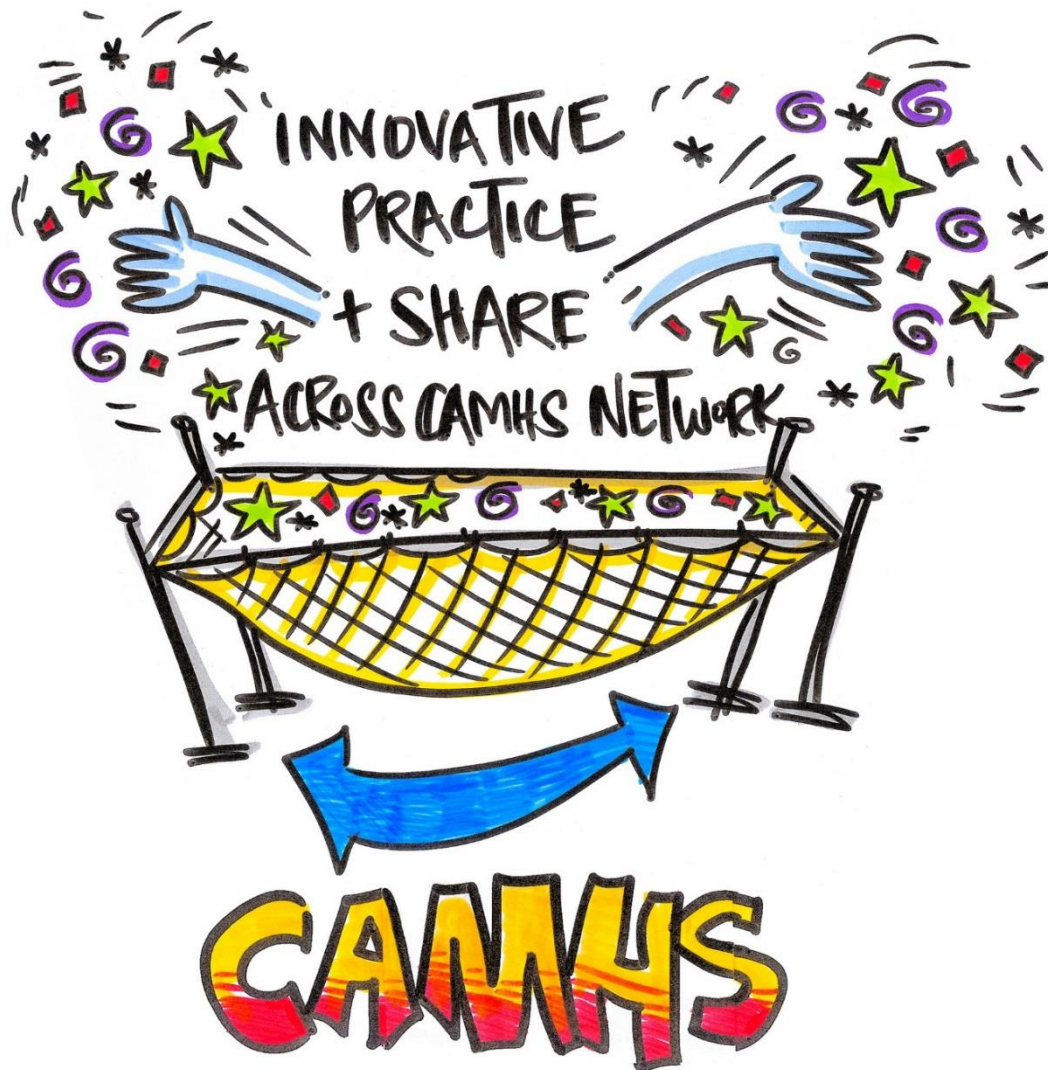
Occupational Therapist

"If Primary Care CAMHS have recently assessed a young person they won't assess again. If the young person hasn't told them the whole story, then they won't have a chance to go back. We therefore tend to write a letter to help the young person in their Part 1 Mental Health Measure Assessment"

Occupational Therapist

"We only hear from the young person how the service was experienced and never get official updates from Primary Care CAMHS. Some feedback would be massively appreciated."

3. Multi Agency Approach



Stakeholders in Cardiff and Vale UHB do not appear to be working seamlessly. However, it must be noted that not all agencies were represented at the meeting. There were comments around services reducing or being lost altogether in recent years worsening provision for potentially distressed young people. Stakeholders added that Primary Care CAMHS also deal with a large and ever increasing workload.


"A lot of young people just need a youth group type of forum with a trusted adult. Social skills, managing arguments, etc are behaviour not mental health."

Occupational Therapist

“Capacity is a big issue for Primary Care CAMHS. The team is stretched beyond belief with Part 1 Mental Health Measure work”

Occupational Therapist

4. Primary Care CAMHS Functionality and Services Offered

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

There seemed to be a gap in provision caused by the Tier 0 stakeholder's services being cut and the demand on Tier 1 Primary Care CAMHS leaving a gap between those services. Alongside this Primary Care CAMHS, according to its stakeholders, was under a lot of pressure to meet the demand on its service leading to another gap potentially forming between Primary Care CAMHS and Specialist CAMHS.

There was an assumption that the referral criteria for Primary Care CAMHS had changed and therefore Specialist CAMHS as well, which has left young people below the criteria required to either try to access a disjointed depleted service at Tier 0 which is unable to meet current demand or wait until they get more ill to access CAMHS.

The perception of participants was that Tier 0 services don't appear to be receiving support from Primary Care CAMHS in any capacity reducing their effectiveness at holding on to young people and delivering effective early intervention below Primary Care CAMHS.

"As far as I know there are no interventions in Primary Mental Health across Cardiff and Vale UHB. They assess and signpost on, at most, they will assess and offer 2 sessions. If they need more than that and therefore don't hit the Secondary CAMHS criteria, the waiting list is nearly a year which is pointless – any intervention will be likely to come too late"

Senior Health and Wellbeing Worker – Occupational Therapist

"If we could refer in to Primary Care CAMHS when a young person doesn't hit the threshold we would receive the information back"

Primary Mental Health Practitioner – Cardiff and Vale THB

“We used to have consultation days with 2 staff on call every Wednesday but this has stopped since the AQF targets were dropped”

School Counsellor

“There needs to be a change in the consultation in schools for teachers and counsellors that are seeing children every day. They need to be helped to enable them to get someone in to have a chat with the young person. Depending on that a decision can be made as to any further action that needs to be taken? We could put a plan in place around them that may suffice what they need”

Senior Health and Wellbeing Worker – Occupational Therapist

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.

