

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and
Education Committee

Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc |
Inquiry into The Emotional and Mental Health of Children and Young People
EMH 10

Ymateb gan: Bwrdd Iechyd Prifysgol Hywel Dda

Response from: Hywel Dda University Health Board

Ein cyf/Our ref: AL/LC/ Ty Myddfai Canolfan Lles Seicolegol
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Directorate
Glien Road, Johnstown, Carmarthen SA31 3RB

The National Assembly for Wales
Children, Young People and Education Committee
Cardiff Bay
Cardiff
CF99 1NA

Dear Committee,

Re: Children, Young People and Education Committee
C292– Inquiry on the emotional and mental health of children and young people in
Wales, Specialist CAMHS

Following the request across the Hywel Dda UHB footprint for comments on C292: Inquiry on the emotional and mental health of children and young people in Wales Specialist CAMHS, the responses received have been formulated into the key responses for each area outlined within the Consultation.

The responses received were from the following range of Professional disciplines:

- S-CAMHS Practitioners
- Clinical Psychologists
- Consultant Psychiatrists
- School Health Nurses
- Health Visitors
- Paediatricans
- Physiotherapists
- Occupational Therapists
- Education representative

S-CAMHS

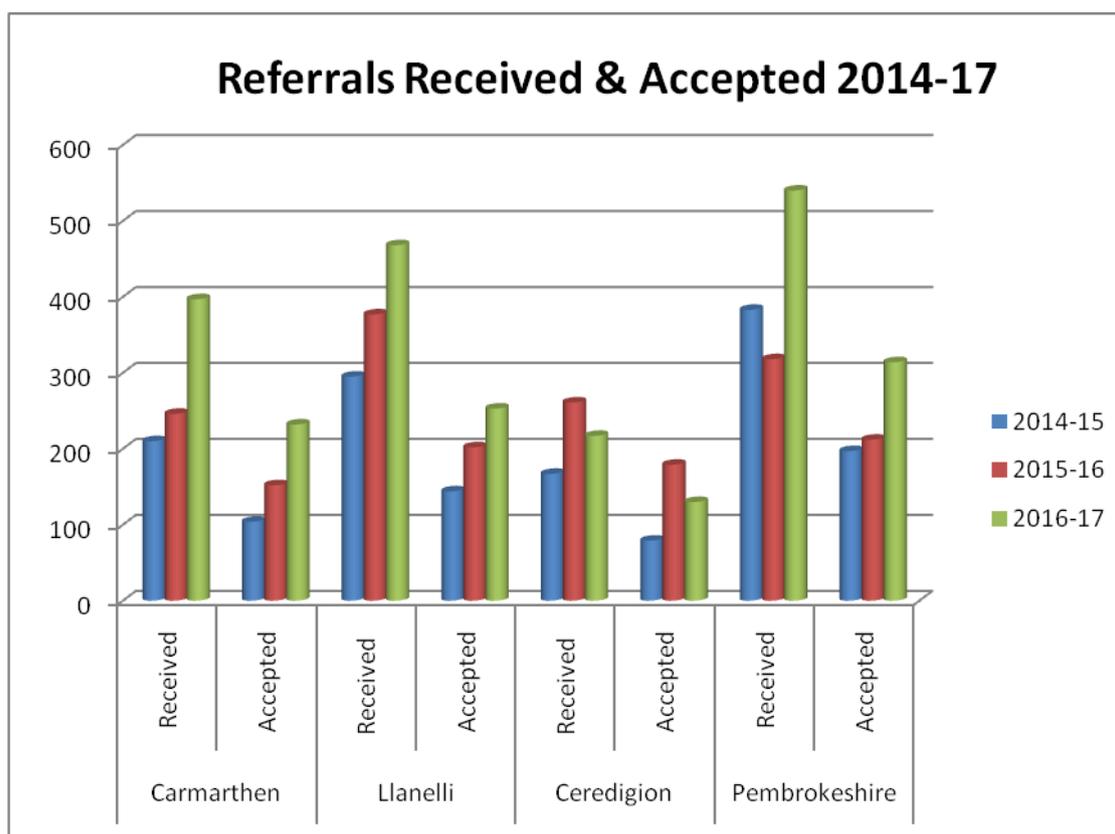
- The S-CAMHS Service within the Hywel Dda University Health Board does not have any waiting lists for assessment or treatment and fully meets the current performance targets of 48 hours (emergency response) and 28 days (routine response). This is due to the service adopting fully, a new service model called Choice and Partnership Approach (CAPA), which is a model based on demand and capacity planning, ensuring the client is placed at the forefront of service provision.

A number of comments were received on access to S-CAMHS and the waiting times which include positive and negative experiences. Comments received from School Nurses include: “waiting times for referrals seem to have improved and are timely”; “waiting times to see S-CAMHS is good and, when accepted, overall waiting time to be seen is good”; whilst a Health Visitor reported “referral criteria restrictive and pathway not clear” and “it would be helpful to have stronger links/working relationships to improve communication”.

- The service has, in line with other S-CAMHS Services across Wales, seen a consistent increase in referrals however the reason for referral continues to be in respect of emotional wellbeing not mental health disorders. Whilst S-CAMHS Services have increased in respect of capacity, they cannot meet every need from every service. The purpose of the Together for Children and Young People Programme was to promote resilience through early intervention and prevention and required a multi-agency approach. Whilst considerable work/developments have been achieved, there is still a considerable way to go for all agencies and services to understand their role in meeting the emotional wellbeing needs of their population, managing their own expectations and service gaps, and not to blame S-CAMHS for the lack of provision. A number of comments were received in respect of co-morbidity between health conditions and emotional health with S-CAMHS being seen as the service who should address this. However, having identified a service need, opportunities should be explored for developing additional services. CAMHS is, and remains, “Everybody’s Business” (Welsh Government), however there clearly remains a high expectation that one small service should meet all the emotional and mental health needs of its population. Clinicians within S-CAMHS commented “single point of access has provided equity across the service”; “responses to out of hours crisis has improved significantly with the new crisis team”; “gaps and shortfalls in other services need

financial support to reduce demand on S-CAMHS”. A recent Service User Satisfaction Audit revealed significant satisfaction by the service delivered.

	Carmarthen		Llanelli		Ceredigion		Pembrokeshire		Total	
	Received	Accepted	Received	Accepted	Received	Accepted	Received	Accepted	Received	Accepted
2014-15	210	104	295	144	167	79	383	197	1055	524
2015-16	246	152	377	202	261	179	318	212	1202	745
2016-17	397	232	468	253	217	130	540	314	1622	929



- Single Point of Access was introduced for all referrals in 2017 within the S-CAMHS for children and young people. This system ensures that every referral is dealt with by a trained practitioner; the referrer is contacted alongside the young person and/or the Parent/Carer. Following this information gathering, a mutual decision is reached on the most appropriate service for the young person. This outcome is followed by a written response to the referrer and, where appropriate, they are signposted to the appropriate service if they do not need a mental health service ie: school counselling, Team Around the Family (TAF) etc.

- S-CAMHS has a newly developed Crisis Assessment and Treatment Team which is operational 7 days a week, who are able to provide an urgent response to a crisis situation. In particular they respond to Accident and Emergency Departments and support the Police in respect of preventing and reducing the use of Section 136 by providing a timely response (within 4 hours). The Crisis Team is also able to support local S-CAMHS Services across the Health Board area by undertaking an urgent assessment, providing additional support for young people during evenings and weekends and supporting local Paediatric and Emergency departments. This team also provides a 7 day a week service to the Paediatric ward providing mental health/psychosocial assessments for young people admitted following self harm – the benefits of this are earlier discharge with community support and a reduction in bed days, as the patients can be discharged in a timely manner following assessment. The service has been further expanded to increase accessibility, as since September 2017, the crisis service for children and young people is now operational on a 24 hour basis with the Adult Mental Health Crisis Team providing a crisis response during the hours of 21:00 hours and 09:00 hours. This is a collaborative service with adult staff receiving joint training on the needs of young people and the legal frameworks for children and young people.
- Following the recurrent funding in 2015/16 for Neurodevelopmental Disorders, a new Integrated Autistic Disorder Service (ASD) was established. All posts within this service have been fully recruited into and the service has focused on addressing the historic waiting list with excellent progress, having reduced the 6 year waiting list to 18 months. Alongside this, the service is also able to meet the new 26 week performance target for referral to assessment for all new referrals. This service also includes post diagnostic support/interventions and is linking closely with the new Integrated Autism Service (IAS) being developed within the Health Board with Adult Mental Health Services and Local Authority colleagues. Plans are underway to expand the provision of services to include working with anxiety and behaviours that challenge.

Comments received in respect of access to the ASD Service include “it is acknowledged that monies received to improve waiting times and diagnosis for ASD is making a difference”. Other comments include “there are a number of young people with ADHD/ODD/ASD who are on antipsychotic medication and they should be seen by CAMHS too”. Education Representative commented that “Autism Disorder Clinics (ASC) clinics are working well and reducing waiting times”.

It appears that many services continue to have expectations that the responsibility for all emotional and mental health concerns, including the prescribing of medications, rests solely with S-CAMHS. This requires further exploration in addition to resources being made available to improve the interface between services and ultimately prevent children being referred to a mental health service, when their needs can clearly be addressed at a lower level.

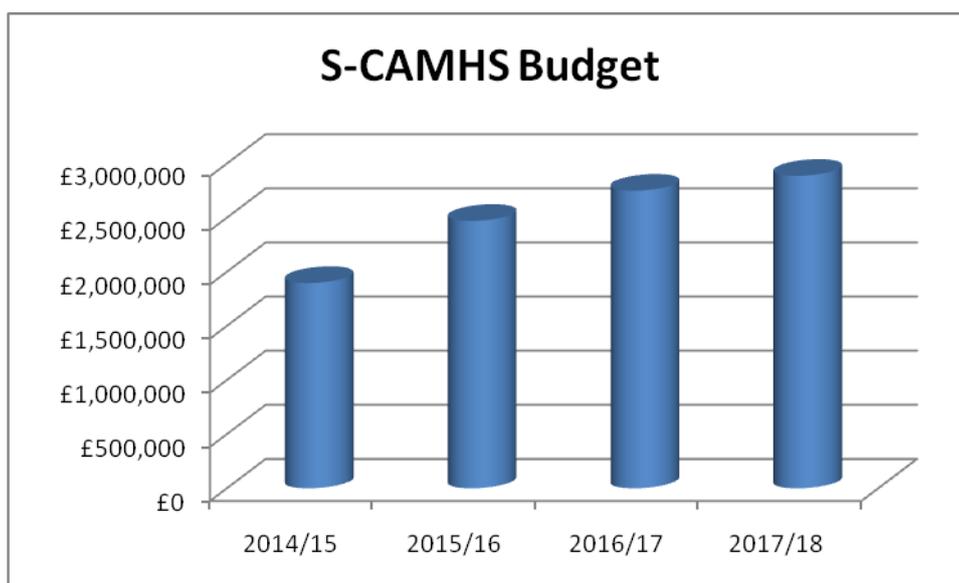
- The majority of comments from School Health Nurses indicated “excellent links with S-CAMHS Staff” reporting that “advice could be easily sought and referrals were dealt with in a timely manner”. Other practitioners in the Iechyd Dda Health Team reported “excellent links and collaborative working”.
- Alongside this in comparison were a number of comments received in respect of a lack of clarity in respect of the threshold criteria to access S-CAMHS was still restrictive and the referral pathway was not clear – “referral criterion restrictive and referral pathway not clear”. There is, therefore further work to be done to address this and improve communication across all services, as it is only recently that a pan Wales approach has been adopted to standardising referral criteria for S-CAMHS and this will need to be communicated and shared across all stakeholders.
- There continues to be a misunderstanding of the role and function of the S-CAMHS Service with a number of stakeholders expecting the service to provide services for all emotional distress and this is demonstrated in the high number of referrals to the S-CAMHS Service which do not meet the criteria. The S-CAMHS Service provides Primary and Secondary mental health services and there are pockets of excellent joint working such as in Pembrokeshire, where each school holds a multi-agency consultation review panel, where teachers or school nurses can discuss a young person causing concern. The Primary Mental Health Worker (PMHW) provides advice on potential solutions, signposts to other agencies and/or facilitates access to S-CAMHS Services.
- The Consultation included observations that there is a growing demand on mental health services with increased referrals, however a considerable number of referrals would benefit from support and intervention from other services such as School Counselling prior to referral to a Specialist Mental Health Service. A significant amount of time is spent by Clinicians providing alternative options to referrers.
- Access to the In-patient Mental Health Unit for children and young people has improved for our population, with a quicker response time for assessments and

more timely access for admission. This service however is only available office hours, Monday–Friday, which means that any emergencies during the night or weekends, which require admission, result in a admission to an Adult Mental Health Ward.

Funding

- The Core Budget for S- CAMHS for the past 4 consecutive years demonstrates a year on year increase in core funding/expenditure:

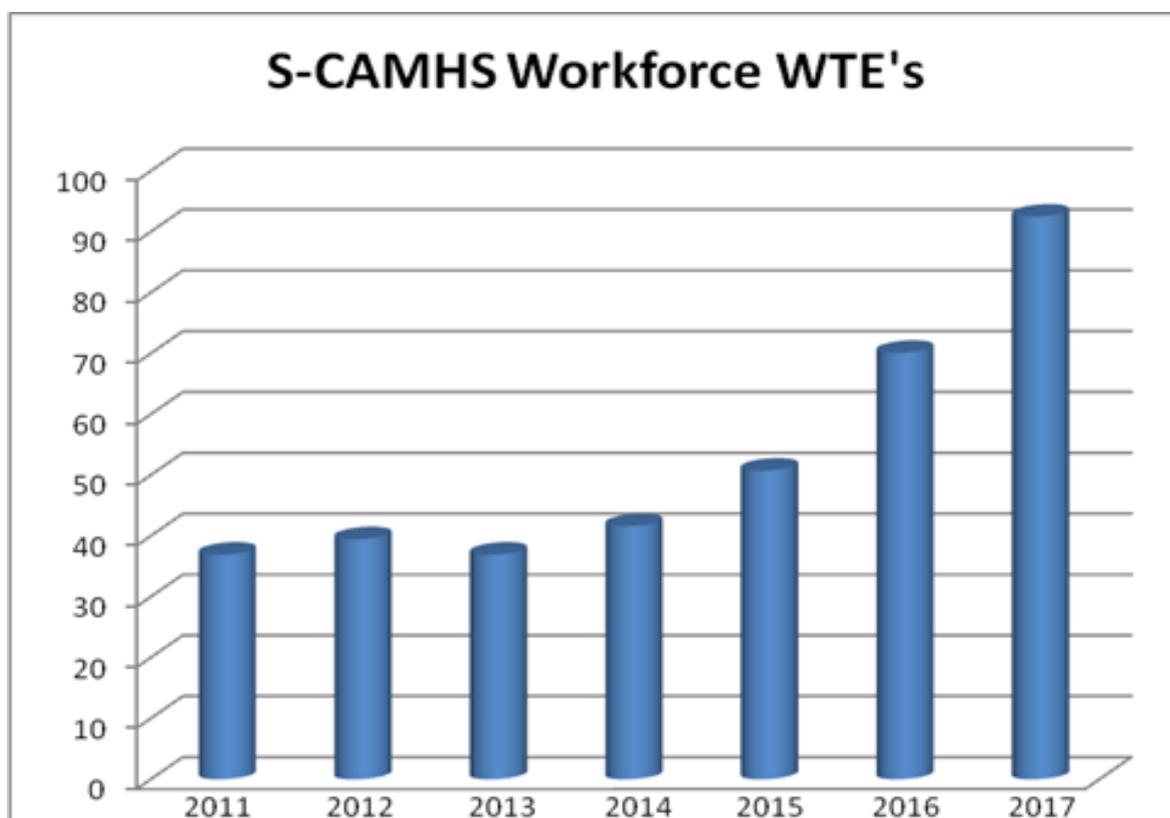
Year	S-CAMHS Budget	% Mental Health Budget
2017/18	£2,887,295	4.41%
2016/17	£2,749,978	4.18%
2015/16	£2,470,913	3.91%
2014/15	£1,897,193	3.15%



- Following the provision of additional recurrent funding Hywel Dda University Health Board received in total £873,097 for the period 2015/16. Further to this additional investment, a total of 28 new staff have been recruited which includes a range of professionals: Clinical Psychologist, Dietitian, Occupational Therapist, Registered

Mental Health Nurses and Health Care Support Workers. A comment from a School Nurse supports the need for core funding “the demand on S-CAMHS is high and funding should be granted to ensure a safe, effective and efficient service can be delivered”, whilst another colleague stated “more staff is required to deal with the growing demand in mental health”.

- In 2016/17, further recurrent funding of £37,000 was received to strengthen joint working between the Early Intervention Team for Psychosis and the third sector. This has resulted in an innovative service development with MIND, which will provide additional support for young people to engage in training, attend college courses, voluntary work or employment.
- The budget for S-CAMHS over the past three years has improved considerably as outlined in the core budgets descriptor.
- The additional budget has enabled the S-CAMHS Workforce to increase substantially over the past 3 years as outlined below



- A number of comments were received in respect of the funding provision, highlighting that services may be unevenly distributed however the Hywel Dda University Health Board provides Mental Health Services for children across three counties and a significant number of these services are specialist services, which cover the three counties and therefore staff travel a wide geographical area.
- Following the additional funding of £129,785, S-CAMHS has developed an Psychological Therapy Service, which includes a range of psychological modalities, which has increased both the choice of psychological therapy in addition to ensuring evidence based practice is consistently applied. The additional provision has secured a new Service Lead who is also trained in Cognitive Behaviour Therapy and 3 additional Cognitive Behaviour Therapists to improve access to psychological therapy as a first line intervention. The Psychological Therapy team also includes Systemic Psychotherapists, Psychodynamic Psychotherapist and Art Psychotherapist, which ensures a range of psychological approaches dependant on need.
- The additional funding of £94,389 for Primary Mental Health Services has enabled the recruitment of additional staff and the services provided are not only for Part 1 of the Mental Health (Wales) Measure but a broader remit with referrals from all agencies being accepted and the provision of training to both Education services, YOPS and Fostering Agencies.
- The Neurodevelopmental service is an Integrated Service model between S-CAMHS and Child Health Services as historically, all services for Autistic Spectrum Disorder were seen under Child Health Services. The additional funding of £235,972, along with realigned resources from Child Health, has enabled the Health Board to provide a comprehensive assessment and post diagnostic service for ASD which is making considerable progress in reducing the historic waiting list and meeting the new 26 week performance target.
- S-CAMHS has in place, robust Service Level Agreements with the three Youth Offending Teams, which provides a Mental Health Link Nurse and access to the Mental Health Advisor for complex cases and Forensic assessments.
- S-CAMHS hosts the Early Intervention in Psychosis Service (EIP) focused on young people age 14-25 who may be at risk of developing a psychosis. This team consists of 7 staff who are trained to assess and provide Psychological treatments for this high risk group, in line with the evidence base (Nice

Guidance) and National Standards and pathways. The service is provided for At Risk Mental States and those young people who present with psychosis.

Transition to Adult Services

- Comments received in response to this area highlighted a lack of awareness of the transitional arrangements in place between S-CAMHS and Adult Mental Health Services. All young people who require transition, due to their ongoing mental health needs, would be under the remit of S-CAMHS Secondary Mental Health Services and therefore subject to a Care and Treatment Plan (Mental Health (Wales) Measure 2010). As part of this process, all professionals involved in the young person's care and treatment, including GP's and School Nurses, would be involved in the transition process. Transitions across all services are extremely anxiety provoking and therefore it is important we ensure the needs of the young person are at the centre of this process. From a comment received from a School Nurse "noticed that S-CAMHS are meeting young people in school and liaising with school staff prior to discharge which is a helpful transition process".
- The Health Board has a Transition Guidance/Pathway in place and the relationships between S-CAMHS and Adult Mental Health Services have improved through discussion and sharing of experiences, with Transition Workshops planned for the Autumn to improve this further and implement the new Admission Guidance and Young People's Passport that has been developed by the T4CYP and Barnardo's.
- The Head of S-CAMHS within Hywel Dda University Health Board chaired the work stream on Care Transitions for the Together for Children and Young People (T4CYP) which sets out a model for good transitions across services and which has been officially launched this year. These two documents outlined above will assist all Health Boards to improve the process and experiences of all young people who require transition.

Links to Education

- Consultation responses included an increased awareness that Schools were becoming more proactive in the emotional resilience of young people and, in

particular, the Pilots undertaken in Pembrokeshire Schools had had good outcomes. There was a clear consensus this should be rolled out across other areas and that the use of Education Learning Support Assistants (ELSA's) in Schools was having a good effect.

- School Nurses in particular reported “good links between S-CAMHS and also acknowledged the Bilingual Resource “Getting the Low Down”, an emotional wellbeing resource for Education DVD, as a positive benefit, is supporting schools to address emotional and mental health issues as part of the Personal Health Curriculum.
- Comments received from an Education representative identified the need to “work more closely in the future on pathways to build capacity in schools so we begin to reduce referrals for low level needs. On the preventative side I think the work we have developed with CAMHS and nursing to promote integrated working is really showing some positive signs”.
- Reference was made to the needs of children who were home schooled and children with complex needs, to ensure equity of services – the S-CAMHS Service is available for all children/young people, therefore this needs to be clearly communicated between services.
- There are examples of excellent practice where the Local Authority have commissioned additional services to address low level emotional health and wellbeing concerns. In Pembrokeshire, the Emotional Health & Being Team has made a considerable difference in the number of referrals to S-CAMHS and the referrals received are appropriate for a Mental Health Service.
- Consideration should be given to the development of new services with the Third Sector, who provide excellent programmes, however these services are reliant on recurrent funding and the majority are time-limited projects.

Angela Lodwick
Head of Service - Specialist CAMHS & Psychological Therapies
On behalf of Hywel Dda University Health Board