

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 55

Ymateb gan: Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Response from: Cardiff and Vale University Health Board

The Committee's Inquiry will consider whether the review of CAMHS – the 'Together for Children and Young People Programme' is on track to deliver the 'step-change' in CAMHS services that is needed. The Committee's Inquiry will consider:

Specialist CAMHS

- The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS. Whether the improvements in waiting times Welsh Government expected from CAMHS have been met.

*Significant improvements have been made as a result of investment into new services. Further work is required to ensure systematic and sustainable improvement. Waiting lists have been dramatically reduced in 2016/17 throughout CAMHS.*

- What the data tells us about the variations in practice (equity of access) across Wales.

*The crisis team are seeing all referrals within 48hours. In the other services (Specialist CAMHS, Primary Mental Health and the Emotional Wellbeing Service) new referrals are assessed in chronological order of the referral date. With Neurodevelopment that is not always the case as a significant amount of data from various sources must be collated prior to an assessment and therefore is subject to external processes and delays. As yet there is no consistent reporting agreed for ND cases*

- The extent to which changes have addressed the over-referral of children and young people to CAMHS.

*In Cardiff and Vale UHB The introduction of daily Referral Management Meetings involving Specialist CAMHS, Primary Mental Health and the Emotional Wellbeing Service have reduced the referrals deemed 'inappropriate' and encouraged a better working practice so that young people are directed to the best placed service for their needs. Also work has*

*been on-going with GPs, Schools, services in the voluntary sector (including Barnardos, Action for Children, Adoption Society, Team Around the Family and more) and young people in the Cardiff Youth Council and Vale Youth Council to improve awareness of the services available and their referral criteria.*

- Referrals and access to CAMHS by individual Health Board, including the restrictions and thresholds imposed by CAMHS

*Draft criteria at a national level has been developed it does mean that access to CAMHS is restricted to those with Mental Illness and cannot meet the perceived need from other agencies for those with Emotional /Behavioural need.*

- Whether the changes have helped to improve specialist CAMHS' ability to respond out of hours and at times of crisis; whether out of hours care is working effectively, and specifically looking at the needs of those children and young people who present and are assessed at hospital A&E departments.

*The crisis team are seeing urgent cases within 48 hours and the emergency cases are seen in A&E out of hours. They work with Specialist CAMHS, Primary Mental Health, Emotional WellBeing Service, First Episode Psychosis and Forensic CAMHS for follow up care as the needs of the young person dictates.*

- Whether there is sufficient in-patient capacity in Wales.

*The key issue relates to the type of case that is taken into the unit in South Wales and their ability to support a complex mix of cases in a small unit. There is no facility for children with LD and co-morbid Mental Health issues*

## Funding

- Annual expenditure on CAMHS in cash terms and as a percentage of the overall spending on mental health, by local Health Board.
- The extent to which access to psychological therapies for young people has improved. Whether there has been a subsequent reduction in the use of medication for young people.

*Probably it is too early to measure a direct impact*

- How the additional funding has been used to improve provision for children and young people in local primary mental health support services

*Due to the introduction of the Part 1 Mental Health Measure in Wales as a Tier 1 target, the Primary Mental Health team have been forced to reduce*

*delivering their early intervention and prevention training to professionals. Referrals for Part 1 assessments have increased significantly since the measure was introduced. This is obviously an unintended consequence. Locally Cardiff and Vale UHB are looking at ways to enhance the preventative role*

- The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act 1983.

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*The funding has enabled the Recruitment of a dedicated LAC Psychologist and launch of the Neuro Development team specifically for ADHD and ASD diagnosis.*

*Forensic CAMHS has not shown improvements so far.*

- The effectiveness of current planning and commissioning arrangements to address the needs of young people who have early onset of a severe mental illness, such as psychosis.

Transition to Adult Services

- How well planned and managed transitions to adult mental health services are.

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*For children and young people with enduring mental illness there are good pathways in place. The early psychosis service will also deliver improvements. The ND team are working closely with the Integrated Autism service to ensure good transition#*

Links with Education (emotional intelligence and healthy coping mechanisms)

- The work being done to ensure children and young people are more resilient and better able to tackle poor mental well-being when it occurs including:
- The development of the Health and Wellbeing Area of Learning and Experience as part of the new curriculum.

*Primary Mental Health provided a support service to Schools and PRUs training staff to deliver sessions in emotional intelligence and building resilience in young people. However, this has been reduced and is no longer as widely available due to a need to focus on the Part 1 measure.*

- Children's access to school nurses and the role schools nurses can play in building resilience and supporting emotional wellbeing.

*It seems that the school nurses are under utilised. Their skills could be put to far more productive use than they are though they should also received clinical supervision which they are currently not receiving.*

- The extent to which health, education and social care services are working together.
- The take up and current provision of lower level support and early intervention services, for example, school counselling services.

*The school counselling service in most schools is over subscribed. They were finding that they were ill equipped to deal with young people that require a higher level of intervention but are unable to get them referred and feel they cannot discharge them as they need help. The Emotional Well Being service should help with this and the school counsellors are more aware of this now.*

The Committee will consider the evidence it receives as part of this inquiry in the context of the implementation of the Social Services and Well-being (Wales) Act 2014, the Well-being of Future Generations (Wales) Act 2015 and the Rights of Children and Young Persons (Measure) Wales 2011.