

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 – Gwybodaeth Bellach |
Inquiry into The Emotional and Mental Health of Children and Young People – Further Information
EMH FI 09
Ymateb gan: Bwrdd Iechyd Prifysgol Aneurin Bevan
Response from: Aneurin Bevan University Health Board

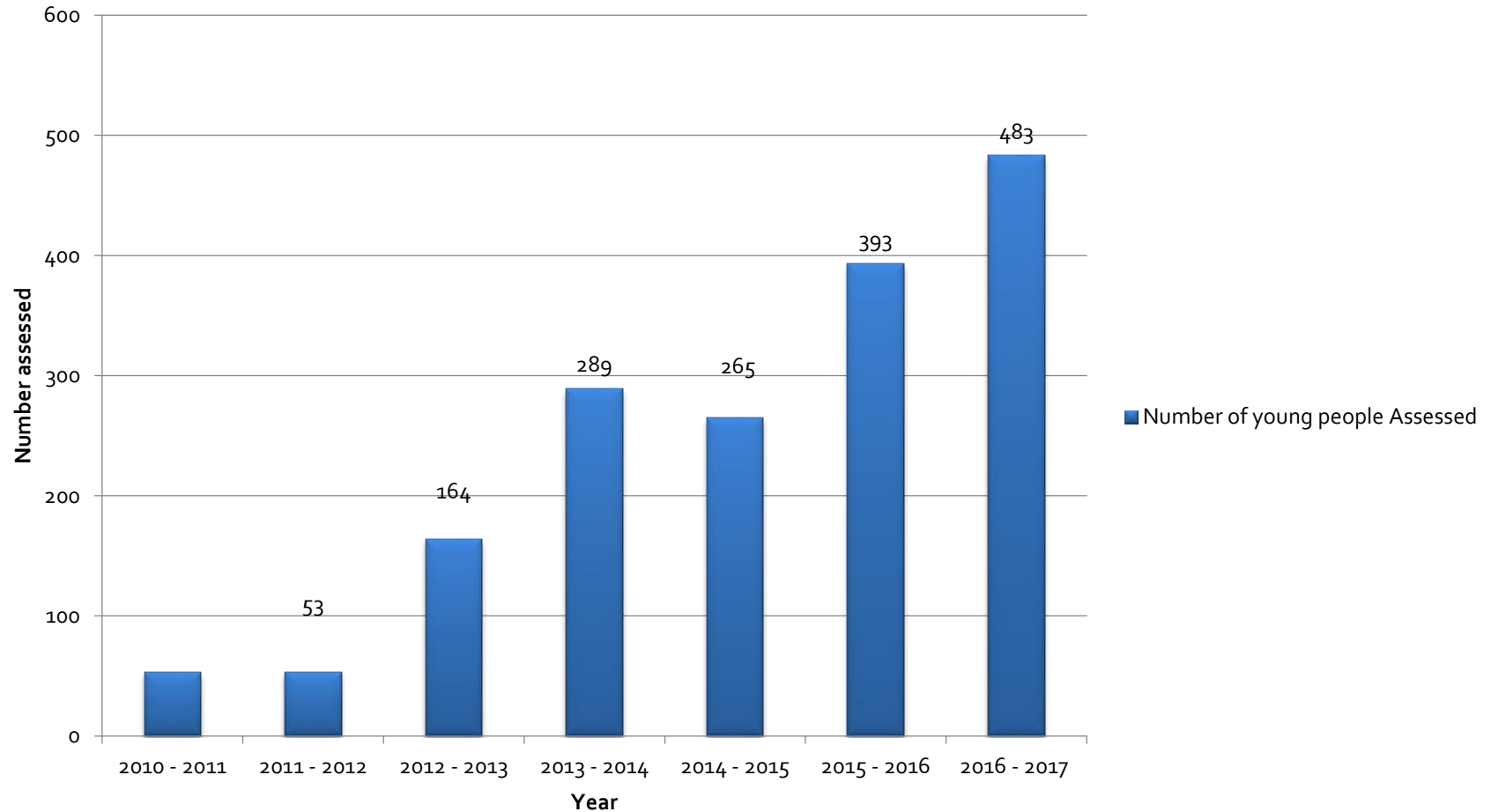
CAMHS

Emergency Liaison

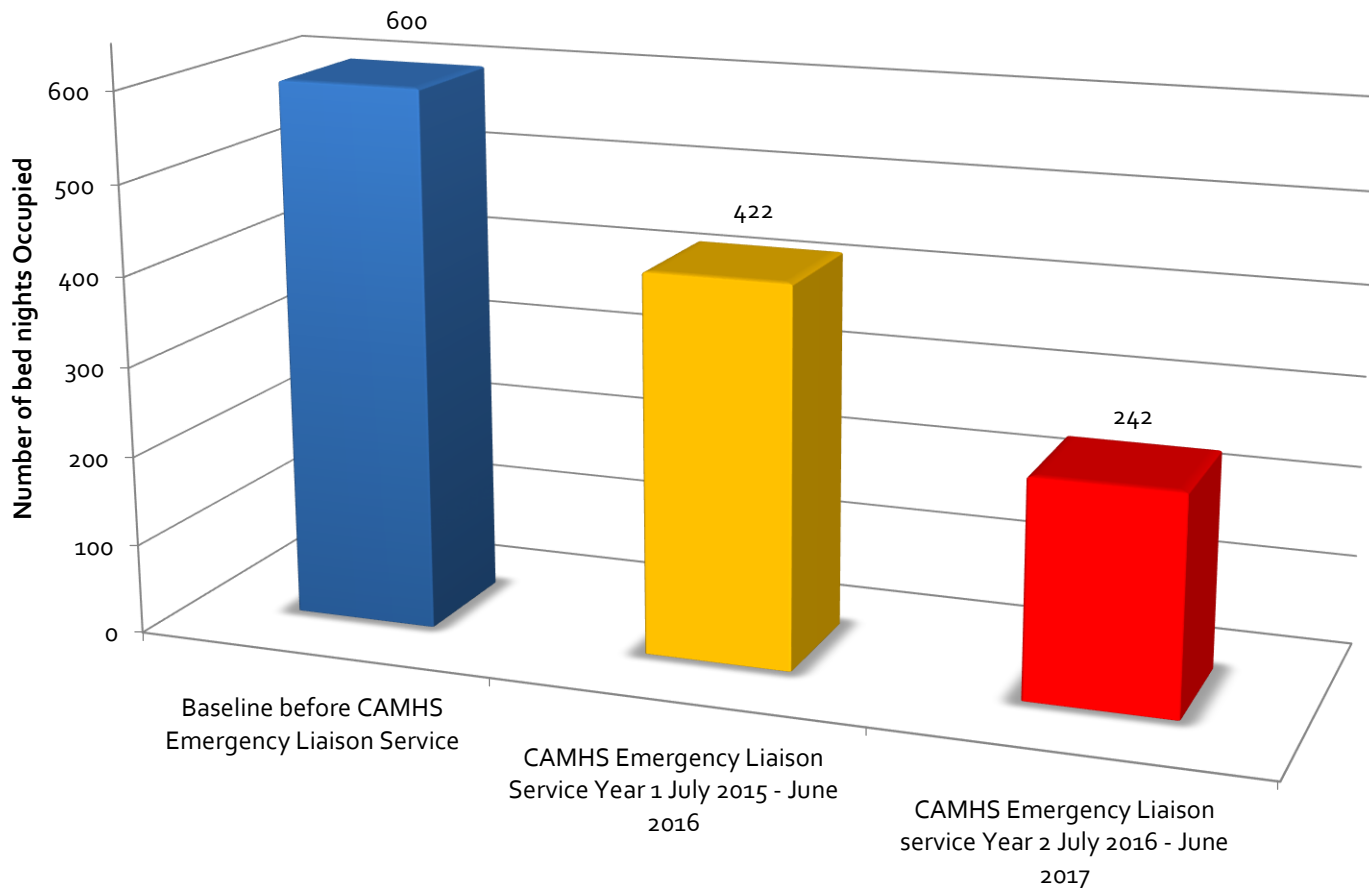
Audit

July 2015 – June 2017

Increased demand for services 2010 - 2017

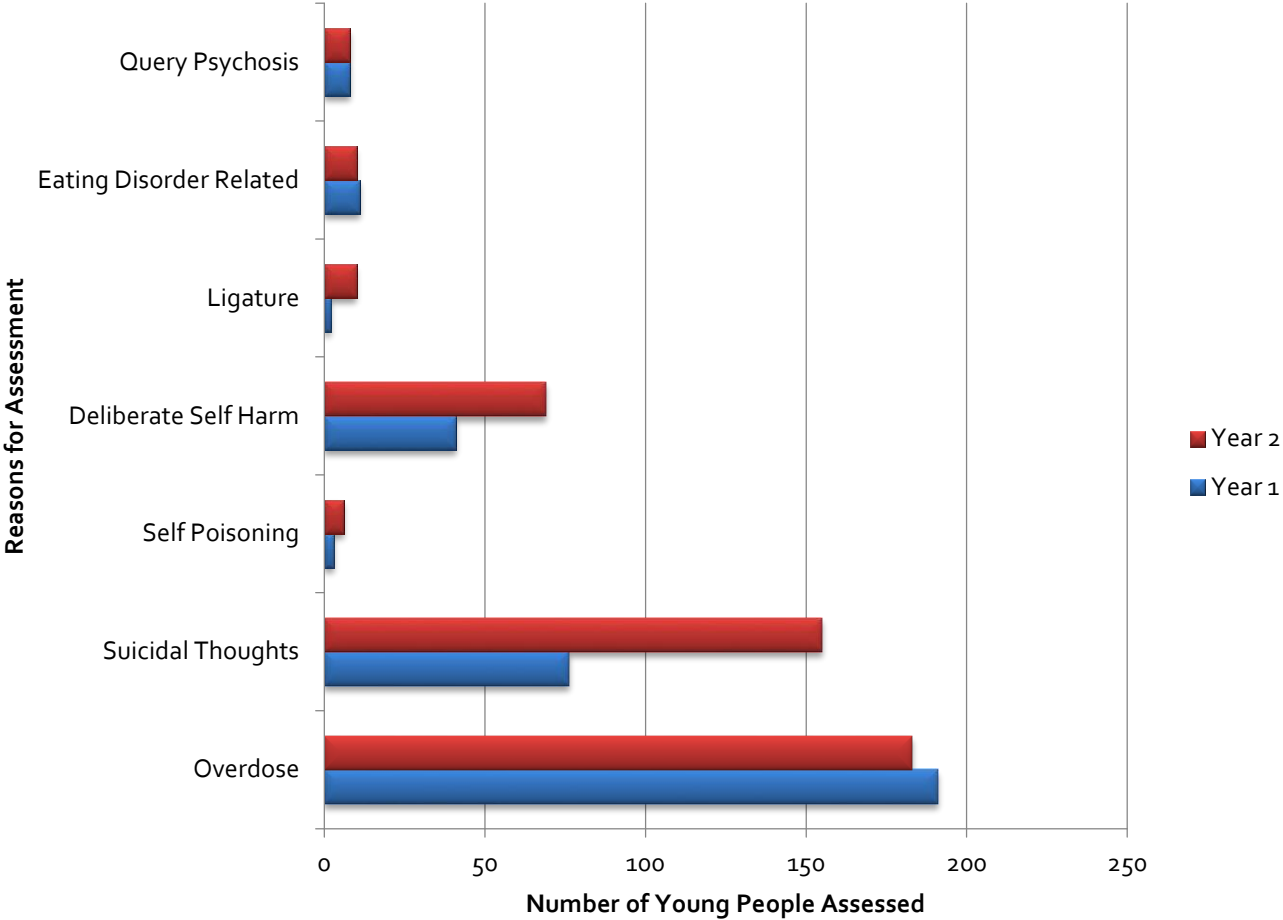


Overnight Bed Occupancy Excluding ED Admissions



Reasons for Assessment	Year 1	Year 2
Overdose	191	183
Suicidal Thoughts	76	155
Self poisoning (not medication)	3	6
DSH	41	69
Ligature		10
Eating disorder/Weight loss concerns/physical assessment/re-feeding	11	10
Suicide attempt	8	-
Query psychosis	8	8
Behavioural	6	1
Depression	6	1
Behavioural difficulties	6	1
Anxiety	5	2
Insulin overdose	0	1
Jumped off a bridge	0	1
Failure to follow safety plan	0	1
Low mood	6	2
Absconding	0	1
Accidental injury	0	1
Accidental overdose	0	1
Acute confusion	0	1
Distress	2	2
Substance Misuse	2	1
Assault	1	
Planning to ligature	0	1
Paranoia	0	1
Stress and frustration		1
Non- epileptic seizures /pseudo seizures	1	2
Transfer of Care	1	
Fall from height	1	
Not specified	5	
Bullying	1	
Assault	1	

Reasons for Assessment Year 1 & 2

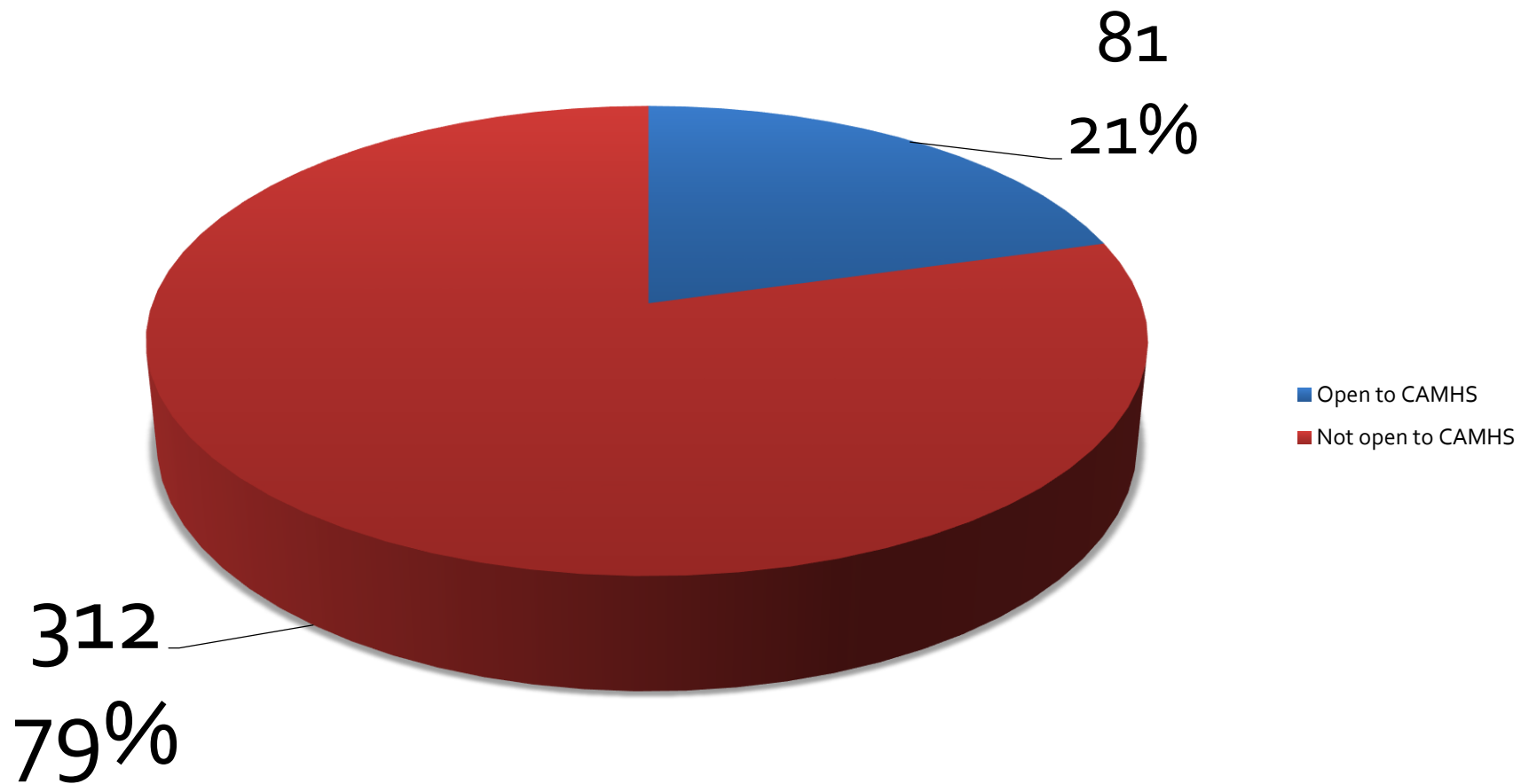


The introduction of the duty clinician phone and out patient appointments, allow Liaison to provide a rapid response as risk escalates, the aim of which is to assess the young person before they have harmed themselves and ensure that an appropriate package of care formulated.

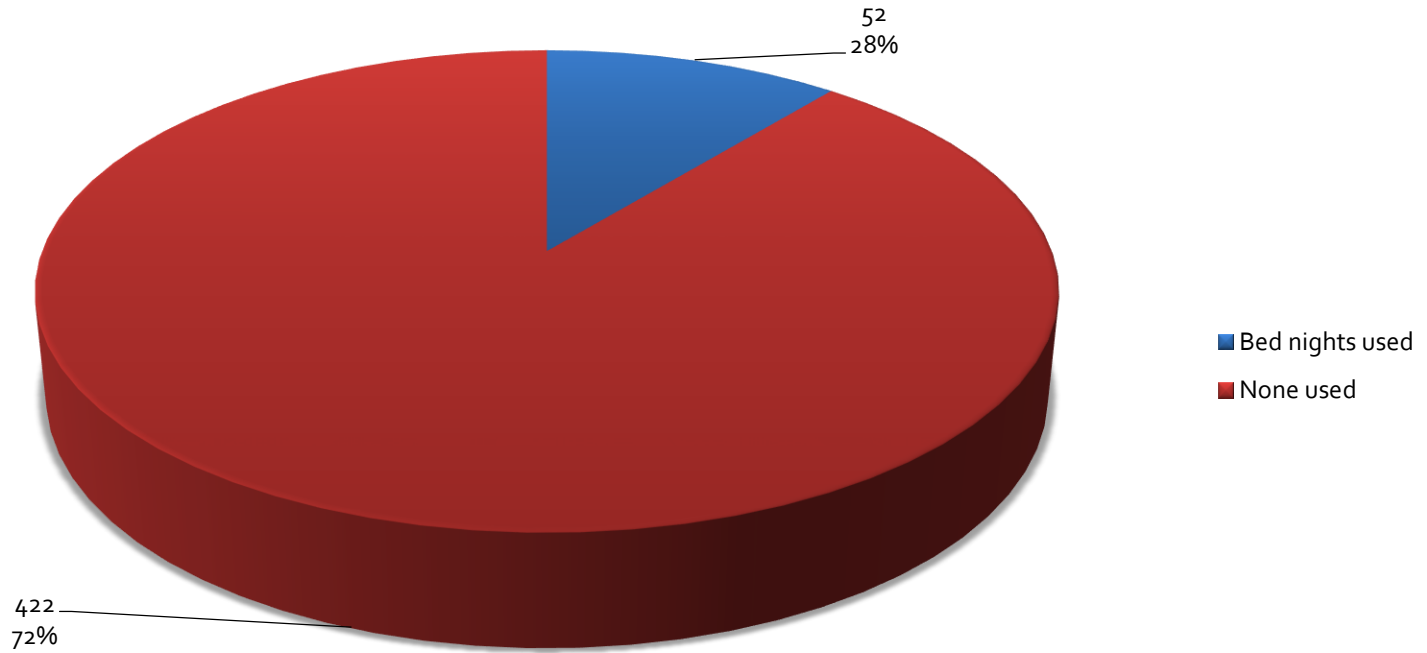
In year 2, 44% of young people were assessed before any DSH occurred.

32% of young people were assessed due to suicidal thoughts/plans. This increased from 76 in year 1 to 155 in years 2.

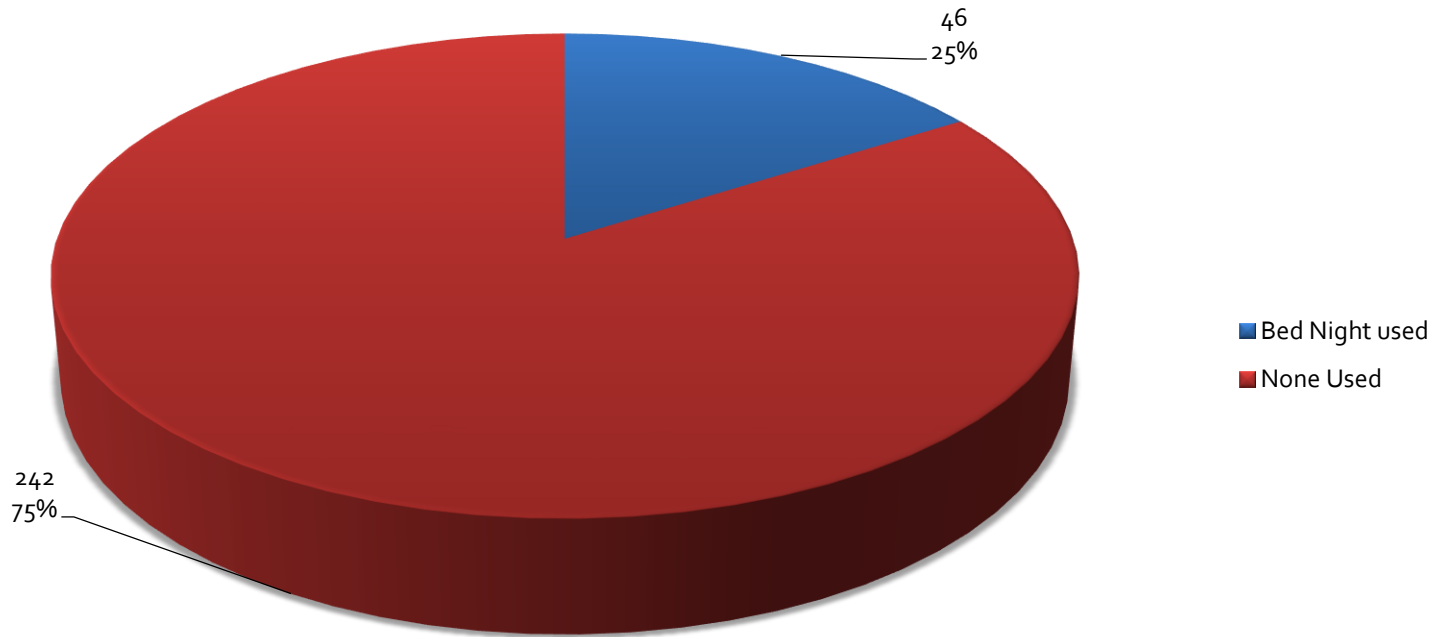
Patients open to CAMHS at the time of the Assessment Year 1 – June 2015 – July 2016



Bed Occupancy for Those Open to CAMHS Year 1 - July 2015 – June 2016



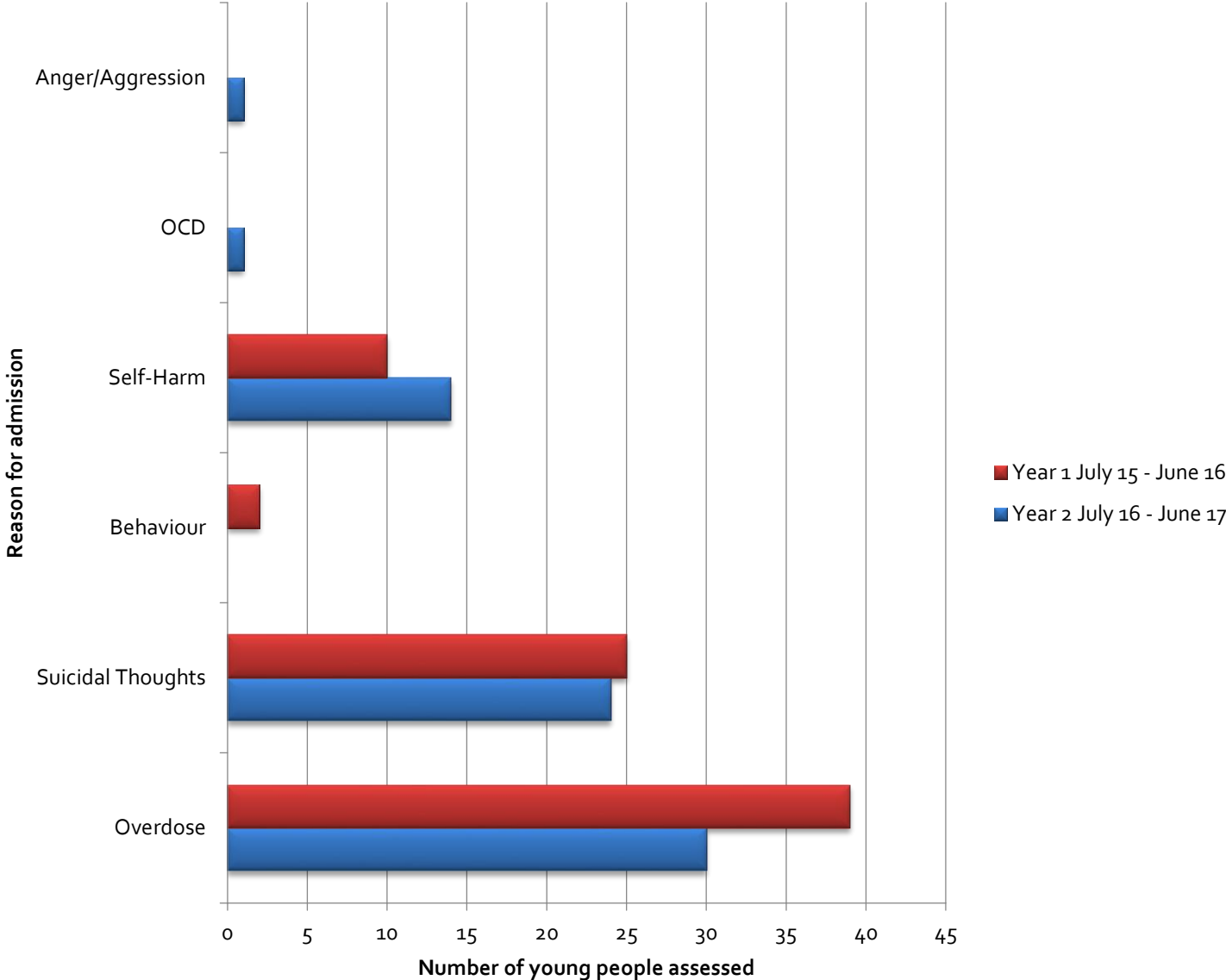
Bed Occupancy Year 2 – July 2016 – June 2017



Although 21% young people assessed by CAMHS Emergency Liaison were open to CAMHS.

CAMHS patients accounted for only 10% of hospital admissions.

Reasons for admission of CAMHS patients to hospital



Self Harm admissions due to self harm;

Year 1 – 10

Year 2 - 14

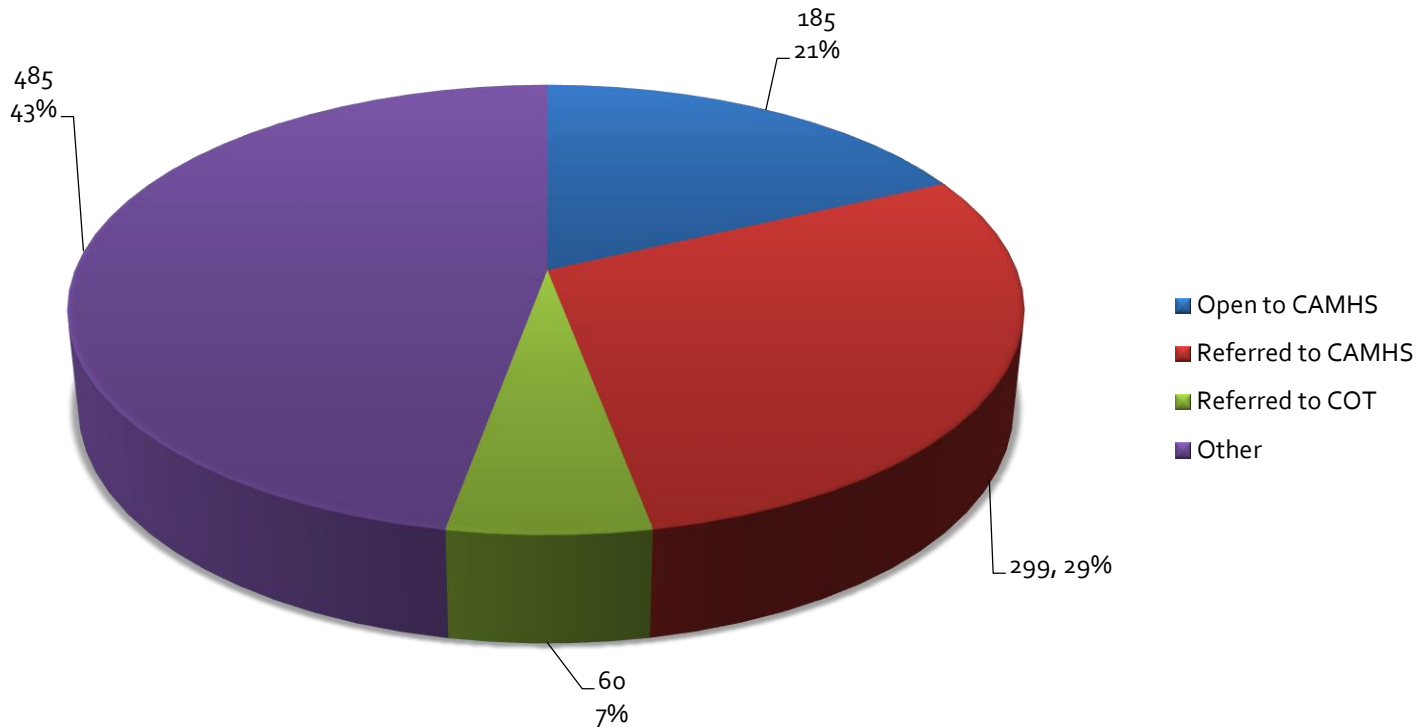
Admissions due to Overdoses open to

CAMHS;

Year One 39

Year Two 30

Outcome of CAMHS Emergency Liaison Assessments for 2 year period July 2015 to July 2017



Bed Occupancy

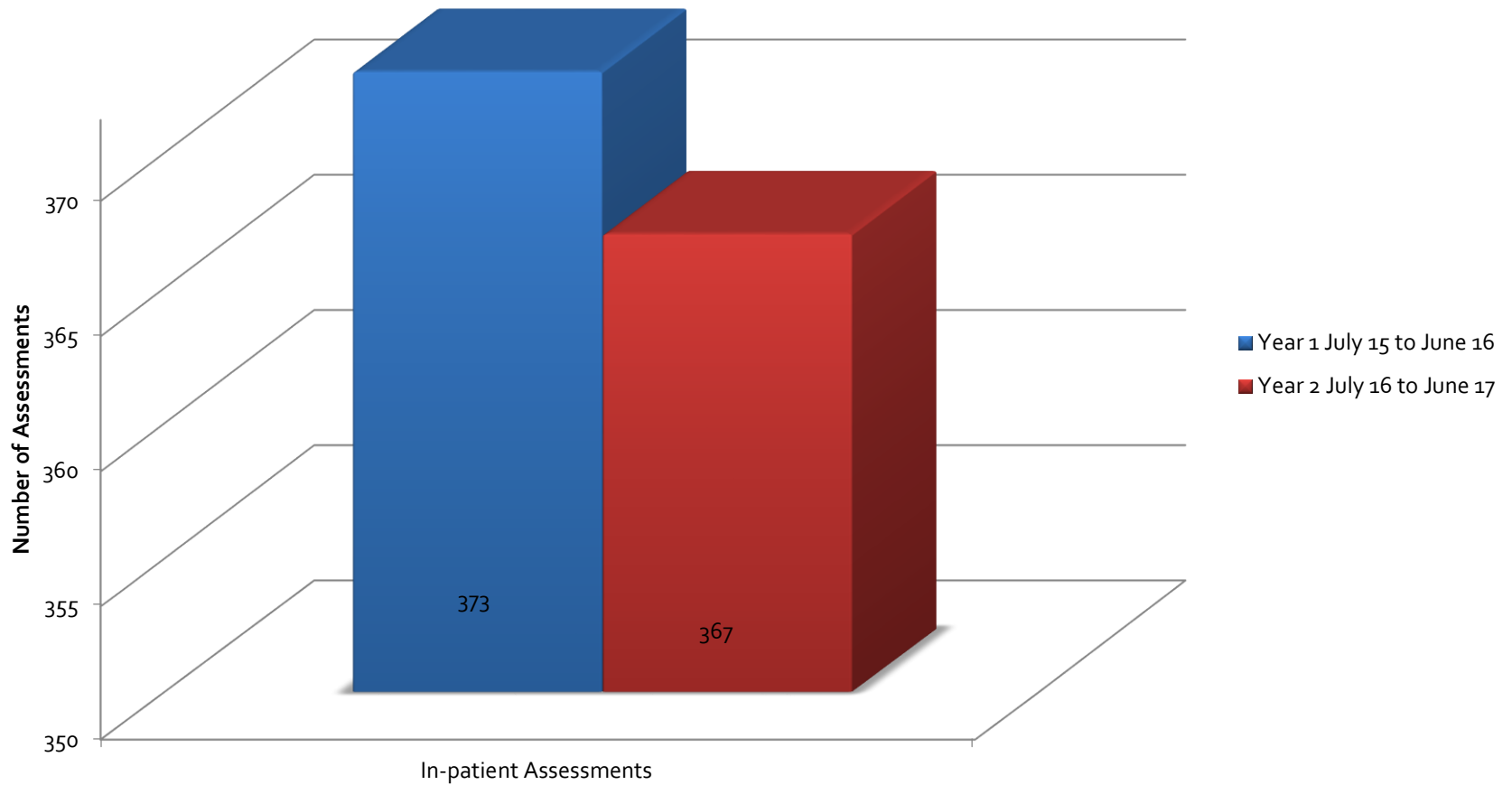
Year 1 – June 2015 – July 2016

Year 2 – June 2016 – July 2017

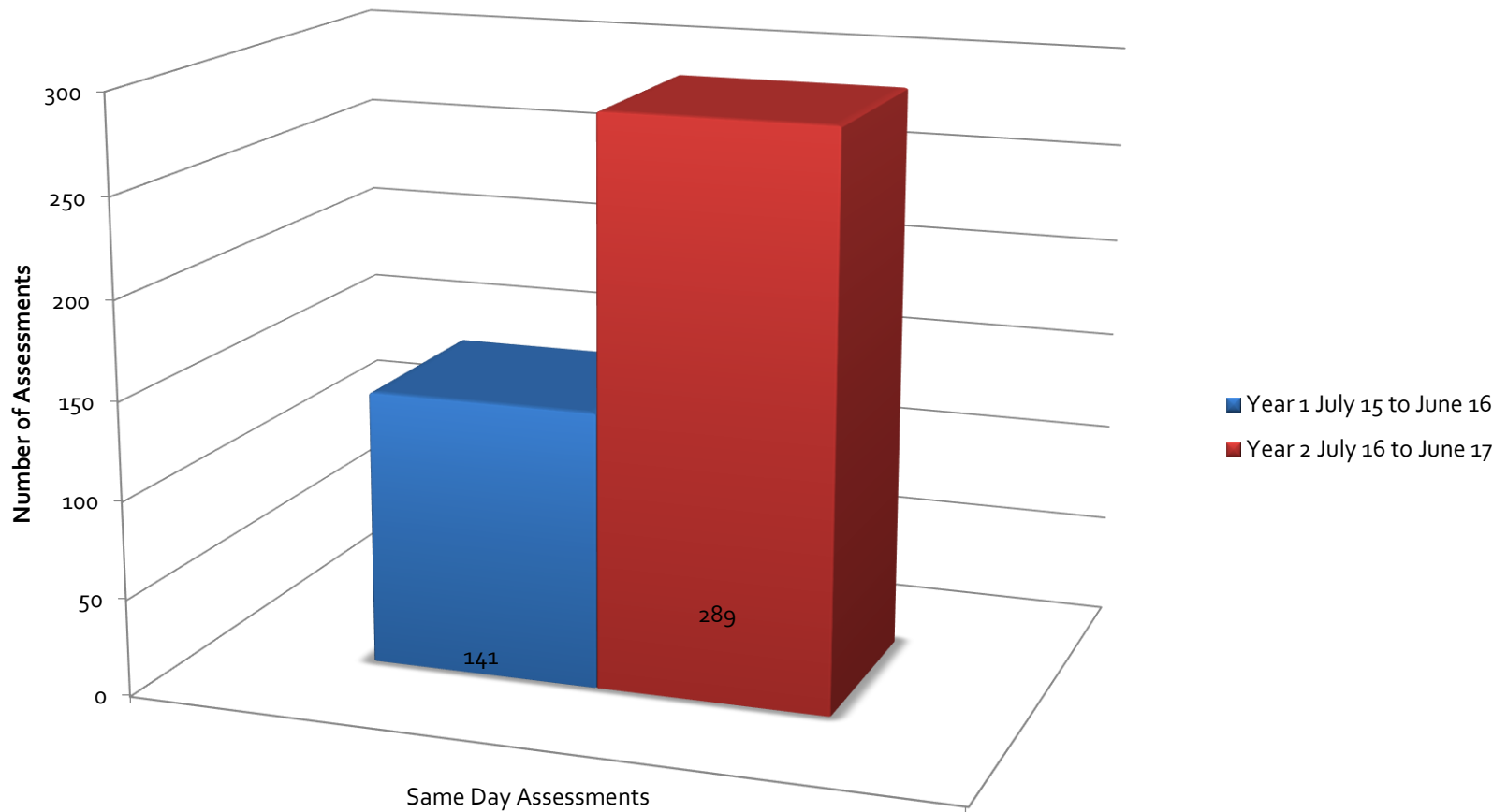
Despite the 23% increase in demand for CAMHS Emergency Liaison Assessments, bed use has reduced by 42%.

There were 422 bed nights used in year one and only 242, 40% required a hospital admission.

Inpatient Assessments Completed

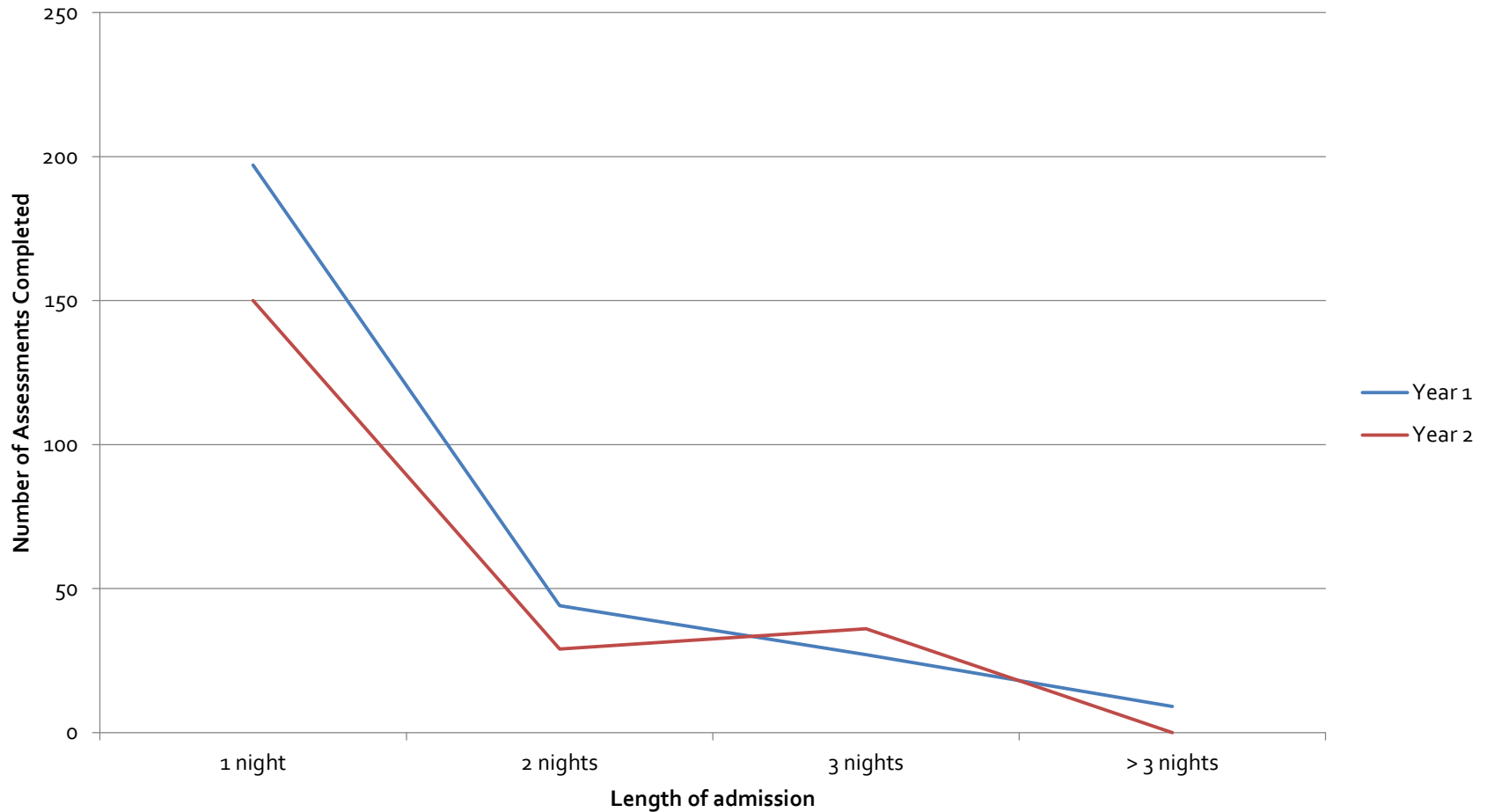


Numbers of assessments completed on the day of presentation year 1 & 2, which prevented admissions.



Overnight Admissions

July 2015- June 2016 compared to June 2016 – June 2017



- Overnight admissions have reduced by 24% in year 2, in most cases those that are admitted required medical assessment and/or treatment.
- Longer admissions are due to medical treatment rather than lack of capacity of the Liaison Team. This has reduced from 20% in year 1 to 11% in year 2, again this is due in almost all cases to medical treatment

	Year 1 July 2015 – June 2016	Year 2 July 2016 – June 2017
Total number of CAMHS patients assessed by Liaison	81/393	104/483
Total number of patients open to CAMHS assessment in hospital	52	46
Bed Occupancy (total nights)	81	55
Same Day in hospital	16	35
1 Night admissions	36	37
2 Night admissions	7 (14)	9 (18)
3 Night admissions	5 (15)	0
4 Night admissions	4(16)	0

Patients already open to CAMHS at the time of the CAMHS Emergency Liaison Assessment

**Year 1 June 2015 – July 2016
compared to Year 2 June 2016 – July
2017**

	Numbers of Assessments completed <u>Year 1</u>	Numbers of Assessments completed <u>Year 2</u>	Numbers Assessed without needing overnight admission July 2016 – June 2017 <u>Year 1</u>	Numbers Assessed without needing overnight admission July 2016 – June 2017 <u>Year 2</u>	Numbers assessed following 1 night a July 2016 – June 2017 <u>Year 2</u>	Numbers assessed following 1 night admission July 2016 – June 2017 <u>Year 2</u>	Numbers Assessed following 2 night admission July 2016 – June 2017 <u>Year 1</u>	Numbers Assessed following 2 night admission July 2016 – June 2017 <u>Year 2</u>	Numbers relating to admissions 3 nights July 2016 – June 2017 <u>Year 1</u>	Numbers relating to admissions 3 nights July 2016 – June 2017 <u>Year 2</u>
Ty Bryn & White Valley, SCH	20	121	20	121		0		0	0	0
RGH		235	39	106	110	87	20	23 =46n	3=9	4=8
D7W, RGH	150	137	26	45	89	64	17	18	2	1
Short Stay, RGH	24	34	0	13	13	17	3	3	0	1
CAU, RGH	5	12	5	12	0	0	0	0	0	0
A&E, RGH	17	29	13	28	4	1	0	0	0	0
D6E, RGH	4	15	0	5	4	5	0	2	1	2
NHH		120		55		56				
2/3, NHH	122	92	4	42	69	43	15	5	0	1
A&E,NHH	8	4	1	3	4	1	0	0	0	0
CDU, NHH	11	24	1	13	6	10	2	1	0	0
EAU, NHH	1	1	0		0		0	0	0	0
MIU	1	1	0	0	0	2	0	0	0	0
Home	1	0	0	0	0	0	0	0	0	0
								0		
Police Custody	1	0	1	0	0	0	0	0		
YYF		7	3	3		4	0	0		
Ty Cafannol,	1	2	1	1	0	1	0	0		
MAU, YYF	7	5	2	2	5	3	0	0		

Improvements

- 289 young people (60%) were assessed on the day of presentation, this includes in and out patient assessments, which means 60% did not require an inpatient admission in year. This has more than doubled 114 same day assessments completed in year 1.
- Longer admissions are due to medical treatment rather than lack of capacity of the Liaison Team. This has reduced from 20% in year 1 to 11% in year 2, again this is due in almost all cases to medical treatment.
- Reduced pressure on Adult Liaison. **269** of young people assessed by CAMHS Emergency Liaison are over 16, but requests for Adult Liaison to assess is as low as 2 per year. In clinically exceptional cases.
- Reduced lengths of admissions for Eating Disorder Patients, this is due to the COTS team being able to continue re-feeding plan and provide families with a high level of support at home.

Factors that have helped reduce admissions;

- Increased staff in Liaison going from 2 WTE in year one to 4.6 WTE in year 2
- Introduction of the duty clinician line
- Introduction of CAMHS Emergency Outpatient Assessments, for those who meet the Welsh Government Criteria for an urgent CAMHS Assessment, but does not require medical assessment/treatment.

25%, 121 seen as outpatients by the duty clinician as an outpatient in White Valley Centre and Ty Bryn in St Cadoc's Hospital. Historically these young people would have been directed to hospital for assessment.

Outpatient Assessments

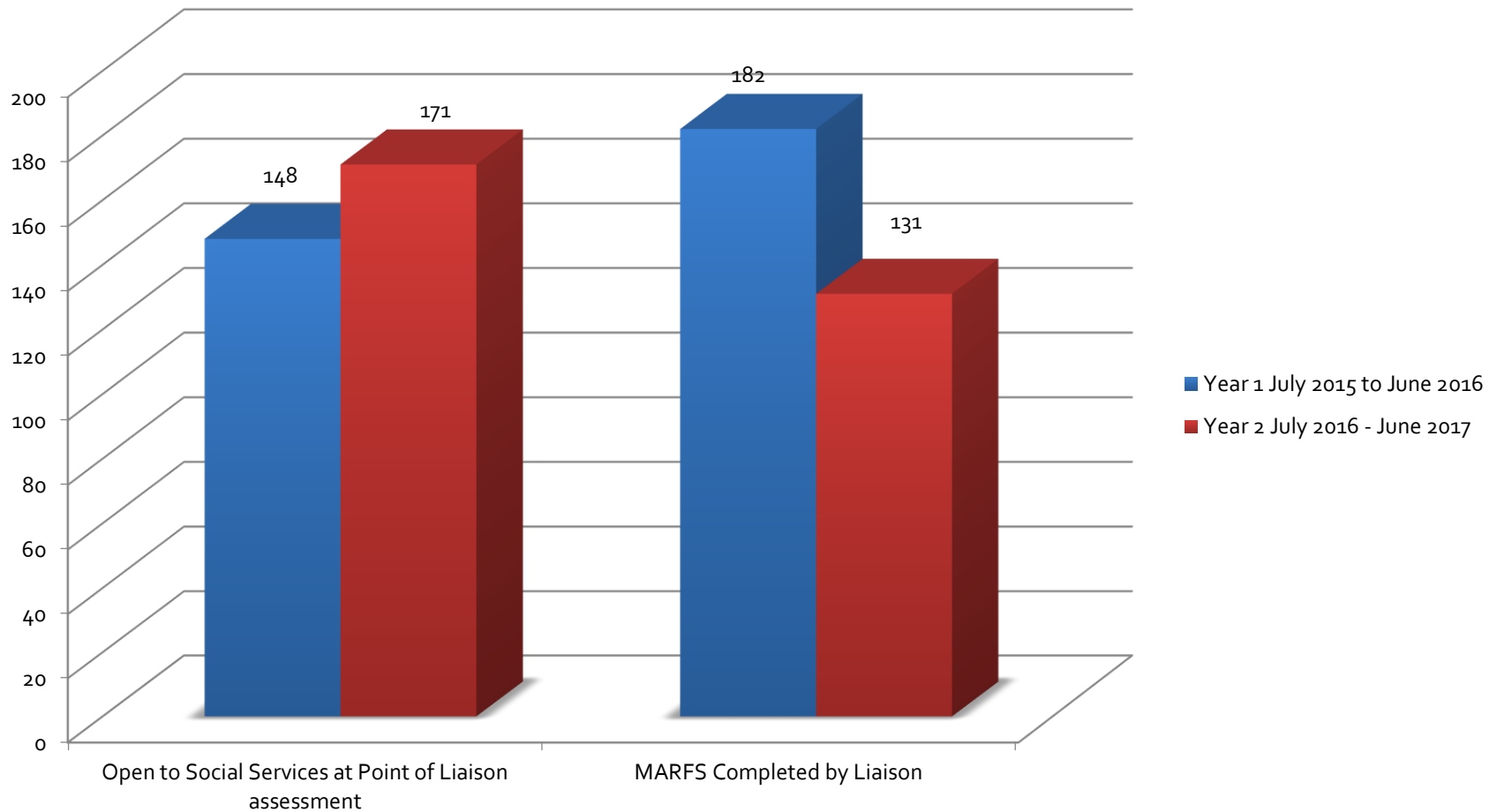
Total Number who were open to Social Services and numbers of MARFS completed by CAMHS Emergency Liaison

	Total Number of assessments	Total Number Assessed by Liaison who required Social Service intervention	Open to Social Services at the time of Assessment	Total MARFS Completed by Liaison	MARFS Completed by Liaison, for young people already open to Social
Year 1 – July 2015 – June 2016	393	210 53%	148 38%	182	86
Year 2 – July 2016 – June 2017	483	274 57%	171 35%	131	68

Social Service Involvement

- 319 patients, 37% of patients assessed by CAMHS Emergency Liaison were open to Social Services in at the time of CAMHS Emergency Liaison assessment.
- 55% of patients assessed by CAMHS Emergency Liaison in the first two years of being operational required Social Services involvement.
- 313 MARFS completed, by Liaison between July 2015 –June 2017.
- Although Safeguarding is a priority of Liaison, the emphasis in year 2 has been encouraging the referrer to complete a MARF if they have identified Safeguarding concerns. It was a widely held misconception in year 1, the it is the role of Liaison to complete MARFS, in addition to the CAMHS Emergency Assessment and WARRN Risk Formulation.

Social Service Interventions and Referrals

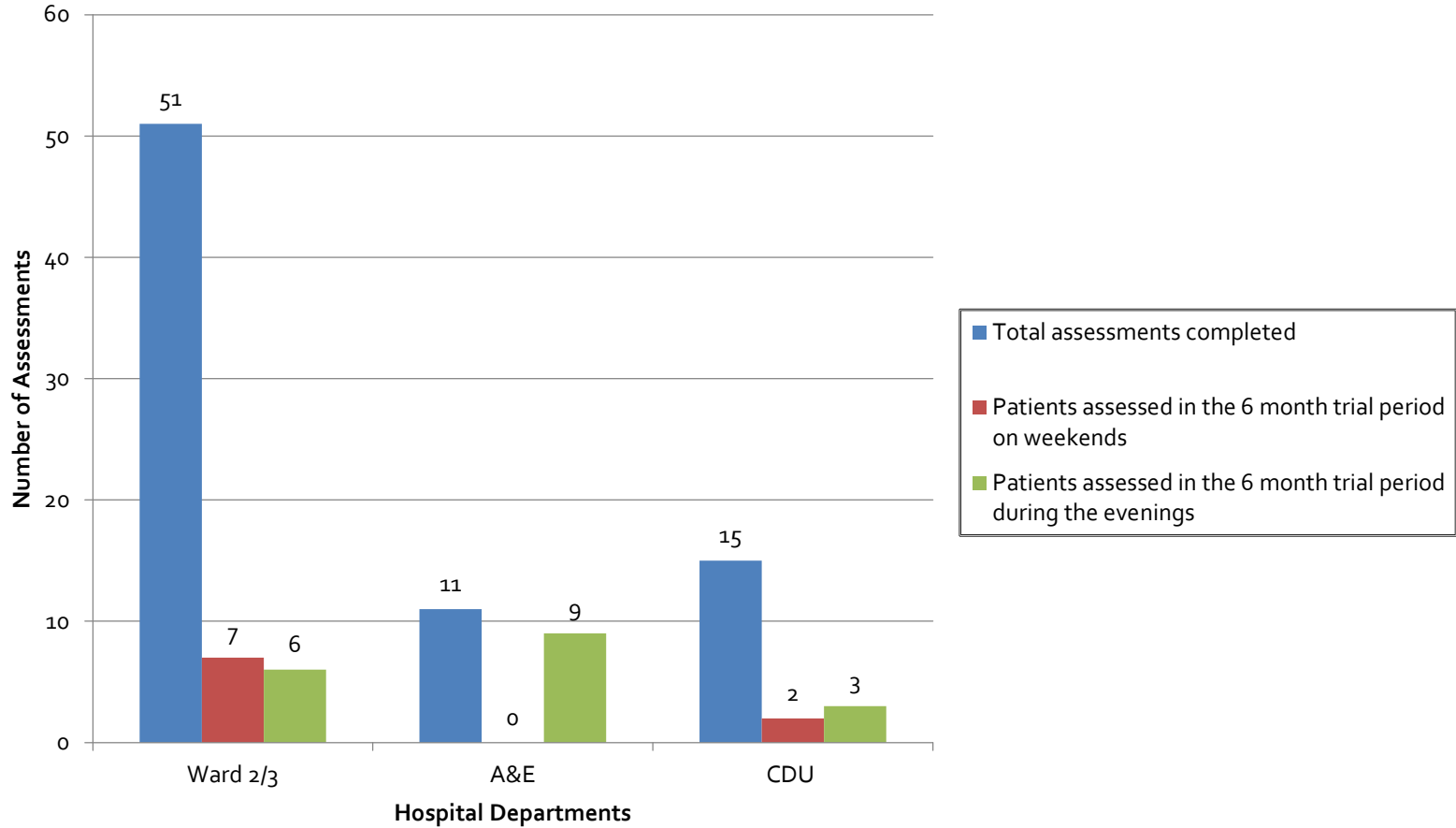


Outcome Measures of the Extended Hours Trial

The CAMHS Emergency Liaison Service have completed the 6 month trial period of providing extended hours of operation within ABUHB, from September 2016 – February 2017.

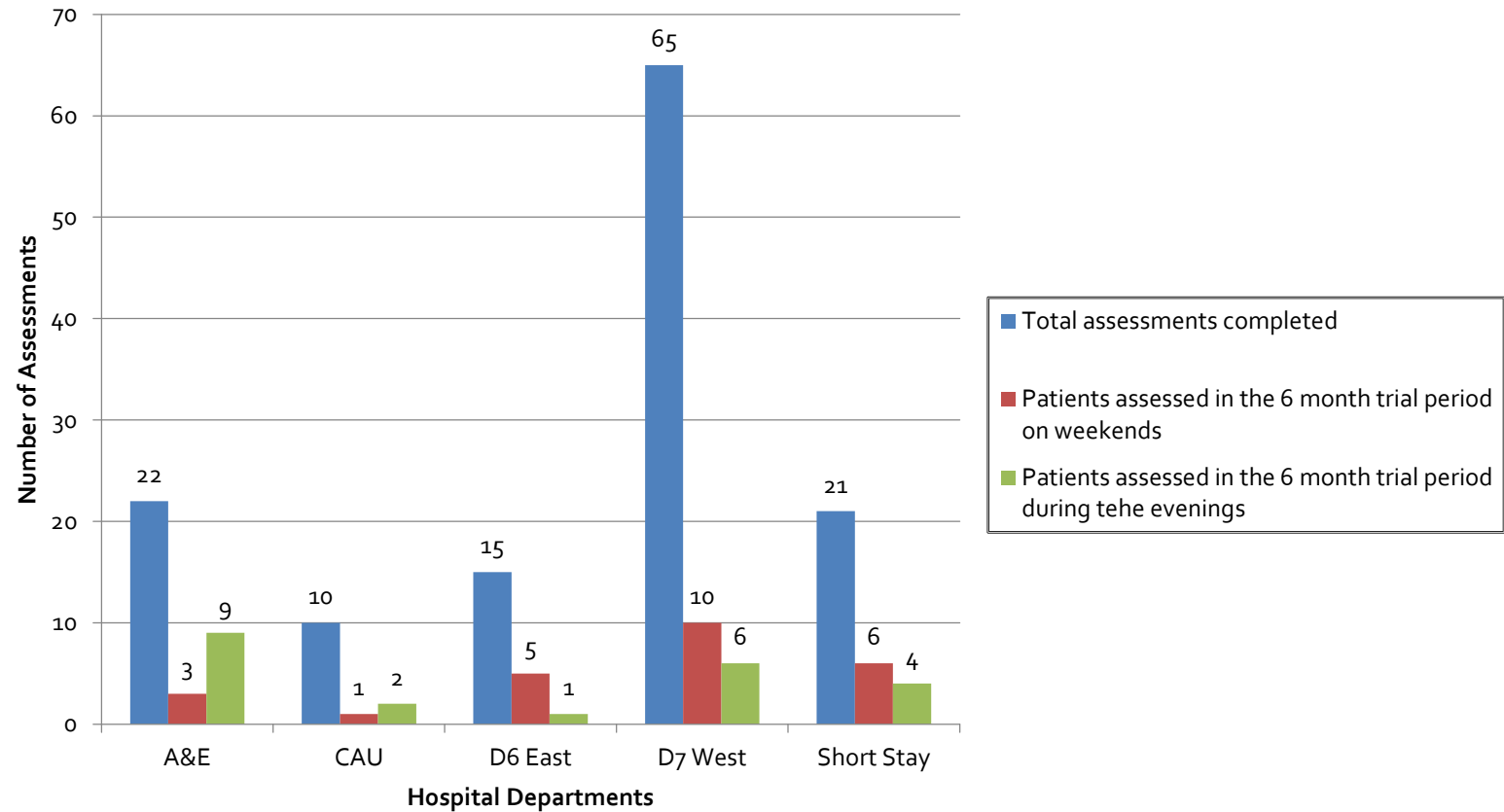
Nevill Hall Hospital

Assessments completed during 6 month trial period.



Royal Gwent Hospital

Assessments completed during 6 month trial period



<u>Neville Hall</u>	<u>Total Assessments</u>	<u>Rate of monthly admissions</u> <u>Evenings</u>	<u>Patients Assessment completed</u> <u>weekdays</u> <u>within regular working hours</u>	<u>Rate of Admissions</u> <u>Monthly</u> <u>Weekend</u>	<u>Patients assessed in</u> <u>the 6 month trial</u> <u>period</u> <u>Weekend</u>	<u>Patients assessed in</u> <u>the 6 month trial period</u> <u>Evenings</u>	<u>Rate of weekly admissions</u> <u>Evenings</u>
Ward 2/3	51	1	38	0.15	7	6	0.23
A&E	11	0	2	0.07	0	9	0.34
CDU	15	0.5	10	0.07	2	3	0.11
Total	77	1.5 per month	50	0.29 per weekend	9 weekend admissions in NHH in 6 months	18 evening assessments completed in 6 months 0.69 per month	0.68

<u>Royal Gwent Hospital</u>	<u>Total Assessments</u>	<u>Patients Assessment completed weekdays within regular working hours</u>	<u>Patients assessed in the 6 month trial period</u> <u>Weekend</u>	<u>Patients assessed in the 6 month trial period</u> <u>Evenings</u>	<u>Rate of weekly admissions</u> <u>Evenings</u>	<u>Rate of monthly admissions</u> <u>Evening</u>	<u>Rate of Admissions Monthly</u> <u>Weekend</u>
A&E	22	10	3	9	0.34	1.5	0.09
CAU	10	7	1	2	0.07	0.33	0.02
D6 East	15	9	5	1	0.005	0.16	0.14
D7 West	65	49	10	6	0.38	1	0.29
Short Stay	21	11	6	4	0.23	0.66	0.17
Total	111	86	25 in 6 months	22 in 6 months	0.683	3.65	0.71

Illustration of CAMHS Emergency Liaison work completed in and out of office hours September 2016 to March 2017

