1 Introduction

This review has been undertaken on behalf of Torfaen Local Health Board and will inform the work of the Torfaen Child and Adolescent Mental Health Strategic Planning Group and the South East Wales Child and Adolescent Mental Health Services Commissioning Network.

The need for this review was identified through issues regarding specialist Child and Adolescent Mental Health Services (CAMHS) in Torfaen which have come from various sources and from local and strategic imperatives as illustrated below:

1.1 “Strong partnerships need to be developed between primary and secondary care to ensure that early signs of mental health problems are recognised and treated appropriately”. (Sainsbury Centre Review of Mental Health Services in Torfaen December 2006)

1.2 “CAMHS Community services provision seem to be fragmented and there needs to be a closer look at service provision in Torfaen and how referrers can make best use of the services provided”. (Torfaen Community Nursing Needs Assessment March 2007)

1.3 GPs in Torfaen are unhappy with the services they currently receive from the CAMH Service (Torfaen GP Network September 2006, Torfaen Local Health Board Board Briefing March 2007).

1.4 In the current financial climate it is imperative that we strive to improve the quality and timeliness of patient care within existing resources, making sure that we are maximising the potential of the services we currently commission.

2 Scope of the review

This review aims specifically:
2.1 To identify and make recommendations about how to raise awareness among GPs and other tier one professionals about the roles and responsibilities of locally available support services and specialist CAMH Services

2.2 To investigate and make recommendations about how to improve communication and encourage closer working between local GPs and tier 1 professionals around CAMHS issues

2.3 To investigate and make recommendations about how to improve GPs and tier one professionals referral into specialist CAMH Services

2.4 To make recommendations to promote the development of a cohesive CAMH Service which ensures that Young people presenting with mental health problems in Primary Care receive the right support and treatment at the appropriate level in the right place and at the right time.

2.5 To inform future strategic thinking about the opportunities to reorient services in line with the modernisation agenda to improve services for children, young people and families making them more efficient and effective, and reduce waiting times.

2.6 To ensure that this review links in and informs the National Reviews currently taking place.

3 Background

3.1 National policy context

The direction for the development of CAMH Services in Gwent is set by national and local strategic priorities. These strategic themes are encapsulated in the following documents:

*Together we Stand (Health Advisory Service thematic review) 1995* sets out the 4-Tier framework for provision of CAMHS (Tier 1 being coalface workers who encounter children and young people with mental health and well being issues, Tier 4 being highly specialised CAMH Services often provided on a regional basis).
Everybody’s Business – Child and Adolescent Mental Health Strategy: September 2001 which puts the child at the heart of service planning.

It’s Our Business - the Torfaen CAMHS Strategy (2002) which sets a vision for co-ordinated and integrated multi-agency/multi-disciplinary work, a single referral pathway into specialist Child and Adolescent Mental Health Services and a non-stigmatising service.

The Wanless Review of Health and Social Care, Making the Connections and Designed for Life which advocate patient centred safe, high quality treatment, fast access, with an integrated, joined up system.

The policy intent of these documents is that the largest providers of CAMH Services are Tier one professionals - non specialist CAMHS health social care and education providers – focusing on mental health promotion, prevention and early intervention – supported by tiers 2 and 3 specialist CAMHS. It intends that first access, tier one services are supported and developed so that they are enabled and empowered to deal with mental health problems at an early stage and thus allow specialist CAMHS to deal with the more serious problems.

The four tier concept for services intends to be a flexible structure providing a comprehensive service and ensuring that relationships between services within and across tiers is understood. The differentiation in the tiers is the nature of the service provided and not a description of the provider. This tiered approach advocates that professionals provide services and deliver integrated care for children, young people and their families to suit their needs, rather than expecting them to fit into available services. It is essential that all composite parts of the service work together effectively.

3.2 National Reviews

The Welsh Assembly Government has made mental health one of its 3 key health priorities and numerous reviews are being undertaken during 2007 as follows:

3.2.1 Child and Adolescent Mental Health Services Review – led by Healthcare Inspectorate Wales and Wales Audit Office with the support of Esytyn and the Care and Social Services Inspectorate Wales looking at the provision and commissioning of all 4 tiers of service to
assess whether services are safe, effective and subject to continual development and improvement.

3.2.2 Welsh Assembly Government internal review of CAMHS - focusing on mapping specialist health and social care services across Wales.

3.2.3 Transitional arrangements are being assessed as part of a wider review of adult mental health services: Greenwell Burrows Review

3.2.4 Audit Commission review of mental health services for young people in secure locations

3.2.5 Children’s Commission for Wales review of CAMHS to inform their response to the UN commission on the convention of the rights of the child.

3.2.6 National Public Health Service Discussion Paper Service Model for Specialist Child and Adolescent Mental Health Services

3.2.7 Durham University Mapping Exercise: Commissioned by Welsh Assembly Government

3.2.8 Review of CAMHS Forensic Services: Unsworth

4 Proposed changes to Specialist NHS CAMHS in Gwent

The Child and Family Division has consulted on and is now proposing to reorganise the Specialist CAMH Services (Clinical Psychiatry and Psychology) into an integrated service which will include the development of one waiting list for new referrals to specialist CAMH Services and establish clear care pathways for all referrals managed within Specialist CAMHS.

5 Review methodology

The service review methodology developed by the National Public Health Service has been used to undertake this review.
5.1 Planning and preparation

A considerable amount of time has been spent speaking to key stakeholders, about the best way to undertake this review and engage with the key professionals who would be taking part. This also ensured that all key players were aware that a review was going to be undertaken and the reasons why.

Discussions were held with some of the LHB Board members and the Medical Director to ascertain the best way to engage locally with GP’s and to identify issues we can expect to hear about and how we need to tackle these.

5.2 Clinical engagement

Visits were made to local GP practices by Trust representatives and the LHB to identify the constraints that GPs were finding in the current system, discuss their concerns and how they can be tackled. A structured interview was developed to aide these discussions and provide the opportunity to raise specific issues upon which the review is focussing.

As well as providing the opportunity to gather information about how GPs view current services, these visits gave an opportunity for networking and improving relationships between GPs and the Trust. It also ensured that primary and secondary care were both engaged within the process which will lead to changes affecting their working practice.

5.3 Other stakeholder perspectives

The LHB held one-to-one meetings with CAMHS specialists who work within the trust and in various multi-agency teams across the borough including Youth Offending Team and Primary Mental Health Team and Torfaen Young Peoples Support Service Torfaen. Discussions were also held with Educational Psychology.

Meetings were also held with Tier one professionals who use the CAMH Service including Health Visitors, School Health Nurses, Social Services, the Police and Head teachers from primary and secondary schools to gain an understanding of the views of all stakeholders in
relation to CAMHS and to identify if the constraints being experienced by GPs are common to other professionals.

A national perspective was gained through conversations with the National Public Health Service.

In all over 100 people were been involved in the review which has provided a rich source of data and identified many common issues.

5.4 Needs Assessment

A needs assessment was undertaken to help inform this review which took the form of literature research, email correspondence, one to one interviews and analysis of data

5.5 Waiting list information – Psychiatry/Psychology

Waiting list data from Psychiatry was collected. A snapshot of referrals into the Psychology Department was undertaken for the period June – July 2007.

5.6 The patients journey – referrals into Psychiatry

The journey of patients referred into Psychiatry by Tier one professionals over a 12 month period was undertaken.

6 Key Findings of the review

6.1 Feedback from Tier one professionals

The main views from discussions with GPs and Tier 1 professionals in Torfaen were as follows:

6.1.1 Integration of specialist services

In Gwent, specialist CAMHS in the NHS are currently organised on the basis of caseload populations based around the areas of psychology, psychiatry and substance misuse.
The services require similar but different referral information. This has been sited as a major problem by all key stakeholders in that it causes uncertainty regarding who to refer to in specialist CAMHS and has caused delays in referrals being processed.

It is acknowledged that the impending integration of these services by the Trust will address these issues

### 6.1.2 Referral pathways/protocols

The majority of stakeholders were unclear as to how to refer into CAMH Services and felt that the development of referral pathways and protocols would be useful to better inform professionals and to help streamline the patients journey through the system.

There is a widely shared view among the partner agencies that there are still too many children being referred for assessment because the referrer does not know what is needed and perhaps sees referral to a specialist service as a means of passing on responsibility for a difficult situation.

### 6.1.3 Support from the Primary Mental Health Team (PMHT)

The PMHT was established around the principals set out in “Together We Stand” (1995) in that they were to provide consultation, signposting and training to Tier One (non specialist) professionals working with children and young people.

Professionals felt that the PMHT needs to change the way in which the service is provided so that they receive and assess all referrals, sign post onto community or specialist services and work with the referrer to provide brief intervention. This would be similar to the service provided for Adult Mental Health users by the First Access Support Team (FAST).

### 6.1.4 Information about what services are available

The majority of stakeholders are not aware of the range of CAMH Services currently available. This often results in families being “pushed from pillar to post” around many services over a long period of time and not actually getting the support they need. This causes frustration to the families and the service providers involved.
6.1.5 Training

Professionals felt that they could better support children, young people and their families if training could be given on a variety of CAMHS related issues.

6.1.6 Parenting Support

Professionals felt that a lot of the behavioural problems in children and young people are as a result of poor parenting skills and feel that the provision of parenting support classes/interventions is one way of helping parents with their children. It is felt that there is a lack of parenting support available for parents with teenagers.

Details of Parenting classes need to be better publicised to improve uptake by parents and referrals of Tier one professionals.

6.1.7 Multi-agency Assessments by Community Psychiatric Nurses (CPNs) currently in independent teams

Professionals identified that there is a need to better co-ordinate services provided to individuals when several agencies need to work together to conduct effective assessments and intervention is needed.

There are currently four CPNs in Torfaen based in the community as part of multi-agency teams: Torfaen YOT, Torfaen Young People Services Support; Torfaen Social Services LAC Team and Torfaen PMHT.

These CPNs do not regularly meet with each other, or their peers based in the specialist CAMH Service, to discuss issues/compare experiences.

Tier One Professionals felt that it would be helpful if these posts could better co-ordinated, led the Trust, to facilitate improving the potential to undertake multi-agency assessments in the community.
6.1.8 Transition

NSF standards state that services should be working towards access to CAMHS for all up to the age of 18.

Professionals identified that there are issues around transition and particularly how the transition process is handled effectively with minimum disruption and greatest continuity.

Associated with this is the appropriateness of the service the young person moves into.

Adult mental health systems and care interventions are delivered in very different ways, which are potentially alien and unacceptable to younger people. The issue of the age of transition also needs to be considered.

6.2 Key findings of the Needs Assessment

An analysis of the Needs Assessment leads to the following conclusions:

6.2.1 There is a need for an integrated CAMH service, which is able to offer specialist services to address the range and complexity of disorders experienced in childhood. This needs to be complemented by a wide range of well co-ordinated, community based interventions, to address the apparent growing need for support to emotional and conduct disorders.

6.2.2 There would appear to be sufficient resources within the CAMHS system as a whole to provide a comprehensive service.

6.2.3 The current configuration of the service is extremely complex and could be simplified for the benefit of both service users and their carers and those who need to refer into the system.

6.2.4 The Primary Mental Health Team is well resourced compared to other areas in Wales and has a key role to play in supporting Tier One professional in:

- Promoting better understanding of the signs of mental health problems in childhood
- Undertaking supported consultations to consider most appropriate care pathways.
• Providing a clear reception point through which all referrals flow and from which advice and guidance can be sought
• offering brief interventions to those individuals experiencing mild to moderate symptoms. This could also potentially assist in reducing the higher than average waiting times for Psychology services.

6.2.5 CAMHS in Torfaen is changing, specialist services are in the process of integration, and the CAMHS service review will generate further scope to change. Fundamental to this process of change is the development of a service model based upon key service principles. The development of this, needs to be an open and inclusive process which looks fundamentally at what the service needs to achieve.

6.3 Key issues raised from the Psychiatry waiting list data and patient’s Journey exercise

Up until very recently Consultant Psychiatry cover for Torfaen was provided by neighbouring boroughs as both local Consultants were on maternity leave.

The service does not currently have a significant waiting list however as, in their absence, an Occupational Therapist and Community Psychiatric Nurse were asked to screen the waiting list and signpost the patients accordingly. Due to the success of this ‘triage’ type process it is anticipated that this system will continue.

Common issues which arose through consideration of the referral letters into Psychiatry were:

Not enough information was provided within the letters for the Psychiatric service to determine whether they could see the child/young person

Sometimes the referrer was referring a patient into the service after meeting the young persons parent - without having seen the patient

The referral would be better placed to be seen by a community based support service, most notably the PMHT
The above highlighted the need to develop a clear referral process for tier one professionals so that they are clear about which information they need to provide for the CAMH Service to ascertain whether the young person would benefit from seeing a Psychiatric professional.

It also highlighted the need for the PMHT to undertake more joint assessments with tier one professionals in order that they could better understand how best to support the young person.

6.4 Key issues raised from Psychology waiting list data and patient’s journey exercise

The Psychology Department currently has a 9 month waiting list. Work undertaken by the service to examine referrals suggests that all referrals made into the service are appropriate for psychology.

It is not clear whether this waiting list adequately reflects demand however as many stakeholders claimed that they no longer refer into the psychology element of specialist CAMHS because they are not confident that they will get a timely response.

7 Conclusions and overview of what the review found

A diverse range of issues have emerged through the review process but some core themes have been identified by all stakeholders, and these form the basis of the recommendations of this report.

Key issues raised are around information and communication. There is a general lack of understanding about what services are available, and the roles and responsibilities of the professionals/teams providing CAMHS assessment and treatment.

Locally agreed protocols on referral and transfer between and across the system are also required

The proposed integration of the Specialist CAMH Service is welcomed by all referrers consulted in the review.
It is acknowledged across community and specialist services that there is a need to maximise the use of existing resources to improve services and breakdown barriers. Also that professionals work closely together across statutory and non-statutory services to develop and deliver a whole system model to provide outcome-focused care, treatment, and support to deliver the right service at the right time in the right place.

The recommendations made as a result of the review have been formed based on extensive discussion with key stakeholders and in consideration of national and local strategic requirements. They will require professionals to positively change the way in which services are provided to ensure that the best possible outcomes for children, young people, and their families in terms of prevention, quality of interventions, and value for money are delivered.

It must be noted that the professionals who have been involved in helping to undertake this review have done so with enthusiasm and a positive attitude to respond to change. Indeed this review has become a vehicle for change with issues being considered and resolved throughout the review process. Details of the changes that have been made and continue to be made are highlighted below:

7.1 Improving information about CAMH Services

A website based directory – Headzone.org.uk has been launched and widely publicised by the Local Health Board. This provides information to professionals, families, and young people about child and adolescent mental health service support. The website is “live” and stakeholders have been encouraged to provide the LHB with feedback regarding content, ease of access etc to ensure that it are meeting the needs of those who are using it.

The Primary Mental Health Team now circulate a monthly newsletter which promotes their service. They have also developed a resources pack which has been widely circulated to all GP practices and other tier one professionals.

The PMHT has also liaised with Education, Social Services, and Health to arrange for the PMHT to have slots within induction programmes.
7.2 Improving relationships and an understanding of roles and responsibilities

Many different professionals have helped to undertake this review, and their coming together to take it forward has resulted in the opportunity to develop an understanding of their different roles and responsibilities and build positive working relationships.

7.3 Training

The PMHT have undertaken a training needs analysis, sending out a proforma to all tier one professionals, asking them to highlight their CAMHS related training needs.

8 Recommendations

8.1 Multi-agency working and relationships

The need for change must be owned by the people involved in the changes

It is RECOMMENDED that a workshop involving all of tier one professionals and camhs professionals is organised by the LHB to take a closer look at service provision in Torfaen and gain agreement as to how referrers can make best use of the services provided.

Also to identify how to pool the capacity of these teams and develop strong links between them where appropriate.

It is hoped that this workshop will ensure that professionals can work together to identify how to take forward the recommendations that arise from the review, to facilitate ownership of the issues and solutions and develop a common understanding about how CAMH Services in Torfaen are going to be taken forward

8.2 Integration of specialist services

The re-organisation of specialist CAMH Services with one point of entry will streamline referrals into specialist services.

This will assist the LHB in ensuring that it meets SAFF Specialist CAMHS access targets.
It is RECOMMENDED that the integration of Clinical Psychiatry and Clinical Psychology is implemented as a matter of urgency and that changes in the service are clearly communicated to GPs and other tier one professionals.

8.3 Information about what services are available

The timely provision of information is key to ensuring stakeholders are kept up to date about CAMH Services.

It is RECOMMEND that a rolling programme of information sharing is developed to ensure that professionals are kept up to date about services that are available.

8.4 Referral pathways/protocols into tier one, two and three services

A draft referral pathway for referrals from tier one services into specialist CAMH Services has been developed by the PMHT.

The CAMHS Commissioning Network is in the process of developing a model of care service specification into all tier two and three services.

It is RECOMMENDED that details of these are widely shared with all stakeholders.

This would ensure compliance with NSF Targets.

8.5 Primary Mental Health Team (PMHT)

It is RECOMMENDED that the PMHT look at reconfiguring the service they provide, to mirror the highly successful First Access Team model which provides support to Adult Mental Health service users. This would mean that the PMHT becomes the first point of contact for CAMH Services and all referrals would pass through it for initial assessment, brief intervention (where appropriate) and signposting onto other services. This would ensure that referrals into specialist CAMHS are appropriate and fewer in number and enhance and develop Tier 1 skills.
Key criteria for brief interventions and clear referral pathways to other areas would also need to be developed.

This, together with the integration of specialist CAMH Services would help the LHB meet its SAFF Target requirements, help reduce waiting times and deliver key requirements of the Torfaen CAMHS Strategy.

8.6 Training

The training needs analysis will identify training needs of tier one professionals.

It is RECOMMENDED that training sessions are developed to meet the needs identified in the training needs analysis. Particular reference needs to be given to the training issues identified in the CAMHS SAFF targets for 2008-09.

8.7 Parenting Support

It is RECOMMENDED that details of forthcoming parenting groups are communicated to tier one professionals.

With regards to parenting support for parents with teenagers it is RECOMMENDED that the CAMHS Strategic Planning Group in partnership with the Parenting Strategic Planning Group commission a Task and Finish Group to develop a proposal to address this issue.

8.8 Community Psychiatric Nurse Services in Torfaen

This review concurs with findings of the Torfaen Community Nursing Strategy that CAMHS Community services provision are fragmented.

It is RECOMMENDED that the Management of the CPNs based in the community and in specialist CAMHS is co-ordinated to ensure that a cohesive service is provided.

It is further RECOMMENDED that Community CPNs meet together regularly, with CPNS from specialist CAMHS, to provide peer support, share best practice and ensure that services provided meet all needs and avoid duplication.
8.9 Multi-agency working with schools

It is RECOMMENDED that the Community based CPNs work together with the PMHT to provide multi-agency assessments in schools in Torfaen. Professionals cited the model adopted by Monmouthshire as one which could be replicated in Torfaen.

8.10 Transition

It is RECOMMENDED that more formal and relevant protocols between CAMHS and Adult Mental Health (AMH) need to be developed.

It is further RECOMMENDED that training needs of staff in CAMHS and AMH are considered in relation to transition.

This would address NSF actions in the Children, Young People and Maternity Services NSF and the Adult Mental Health NSF

9 Reporting mechanisms

Recommendations arising from the review are to be made in November to the Torfaen CAMHS Strategic Planning Group to inform their work programme and identify priorities for action.

The report will also be presented to the South East Wales Regional Commissioning Network and Torfaen Local Health Board.

Catherine Gregory
October 2007
Review of use of Child and Adolescent Mental Health Services (CAMHS) by GPS and Tier one professionals in Torfaen

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