

that are already marginalised or disadvantaged may be particularly at risk.

Within the Health Board, we are seeing increased demand for Specialist Child and Adolescent Mental Health Services (s-CAMHS), ensuring the emotional well-being and mental health of all our young people across the population is a priority for the service.

Working collaboratively with other agencies and third sector colleagues, s-CAMHS has implemented a series of measures to strengthen the service:

- **S-CAMHS:** Critical mental health services and multidisciplinary teams have been functioning in all counties across the Health Board, providing a blended approach of face-to-face assessments/interventions alongside telephone assessments and support.
- **Single Point of Contact (SPOC):** Referrals have continued throughout this time at our SPOC and the service extended to a seven-day provision. Following receipt of a referral, a Clinician will triage and undertake a telephone assessment. If necessary, a face-to-face assessment is arranged, and where an urgent assessment is required, the Community Crisis and Assessment Team provide this.
- **Community Crisis and Assessment Team (CCAT):** This service has continued to provide a seven-day service operating between 9am-10pm, providing both urgent assessments and support for all young persons in a crisis in the community. The team has also supported the designated age appropriate facilities of two beds (one paediatric and one adult) to facilitate early discharge. Strong links remain in place with the Tier 4 inpatient facility. Crisis services are provided 24/7, with the Adult Mental Health team providing the out-of-hours assessment and support. There are plans in place to revert this to the s-CAMHS Crisis Team in the near future.
- **Early Intervention Psychosis Service (EIP):** Services for children at risk of developing psychosis, at risk mental states (ARMS) and those presenting with psychosis have been extended, with a seven-day service introduced to meet individual needs and provide support at weekends for this vulnerable group.
- **Neurodevelopmental Service – Autism Spectrum Disorder (ASD):** The ASD service has continued to be operational; however, a number of professionals (Speech and Language Therapy and Occupational Therapy) were deployed to other critical areas due to the impact of COVID-19, which reduced the capacity within the team. Subsequently, schools closed, which reduced the team's ability to conduct assessments; however, the time was utilised to prioritise young person's approaching transition, in anticipation of the need for more agile working in the future.

The ASD service has implemented a series of measures to ensure a more streamlined service:

- Telephone assessments have continued since the introduction of COVID-19. Face-to-face assessments have been restricted due to a number of reasons, including patient choice.
- An Integrated ASD team is working with the All Wales Performance Delivery Unit to undertake demand and capacity exercises.
- Waiting list initiatives have been utilised with additional sessions planned for weekends.
- Additional resources have been identified, along with the successful recruitment of three experienced practitioners allowing for a sustainable ASD service.
- Actively reviewing and managing referrals and referral pathways
- A virtual support appointment is being offered to parents to discuss any issues whilst awaiting the ASD assessment.

- Developing pathways with Local Authority Education staff to promote early intervention, advice and support for ASD.

Additionally, listed below are a series of further developments planned for the coming months:

- **Digital Platform** – Attend Anywhere is being piloted as a digital platform that can be utilised to provide assessments and interventions for children and young people as an alternative to face-to-face appointments, if children and young people did not want to attend Health facilities. This is being offered as a blended approach with face-to-face and digital platforms.
- **Therapeutic Group work** – whilst initial group work was temporarily suspended, this has now been resumed and offered virtually for those children and young people who display dysregulated behaviours and require an evidence based treatment e.g. Dialectical Behaviour Therapy.
- **Engagement** - A mini audit was undertaken to ascertain children and young people's preferences in respect of initial assessments and treatment. The results demonstrated that children and young people would prefer to wait to have a face-to-face consultation rather than a digital appointment. We plan to further explore this and hope it can be of help in service development and ensuring all critical services are in place. (copy attached as **Appendix 1**)
- S-CAMHS has commissioned a number of Digital services to support the provision of emotional and mental health services at a time when demand outweighs capacity, due to increased referrals, sick absence and the impact of COVID-19 on our workforce:
 - **KOOTH** – an online mental wellbeing community, from which you can access articles and reading material, join discussion boards, keep a digital journal or chat with a member of their trained team
 - **Area 43 Counselling Service** – school based counselling service based in Cardigan, offer school based counseling or online counseling for children and young people in Carmarthenshire, Ceredigion and Pembrokeshire
 - **NYAS** – Advocacy and support service for those transitioning out of care and towards independence
 - **Stress Control Training** for schools to support staff to support their students
- All children and young people currently on the s-CAMHS waiting lists have been contacted and informed they remain on a waiting list, provided with a list of resources and advised to contact us should their situation deteriorate; example letters are attached as **Appendix 2**.
- A resource list of supportive organisations and websites has been developed and sent out to all children and young people and their families; an example is attached as **Appendix 3**.
- IAWN website has been promoted and plans are underway to increase the resources available on line.

I trust this information is of assistance.

Best wishes
Yours sincerely



Steve Moore
Chief Executive

EWC Clinic Partnership Waiting list

Ten service users currently on the partnership waiting list, all were contacted to see if they preferred face to face (F2F), telephone or video appointments. Seven of the ten spoke to Simon, the remaining three were left telephone messages or Simon was unable to make contact.

The seven contacted provided their preferences for F2F, phone or video appointments, with ratings 1, 2 and 3, where 1 is their first preference and 3 is their last preference. A rating of '0' meant that the young person did not want to consider that method of contact.

F2F appointments were the most popular first choice (n=4) and telephone appointments shortly followed (n=3) (Figure 1). No one opted for video contact as their first preference and one individual scored this choice as '0'. Four individuals opted for telephone contacts as their second preference, three chose video appointments and two F2F (Figure 2). For their last choice, no one selected F2F appointments as they had already selected them for their first or second choice. The remaining chose telephone or video (figure 3).

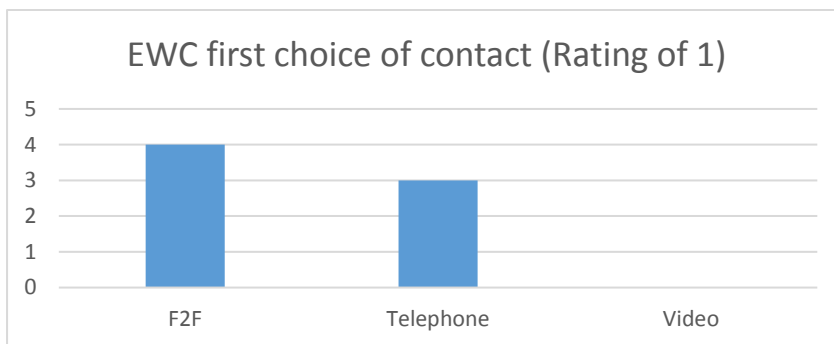


Figure 1. EWC First choice of contact: Rating of 1

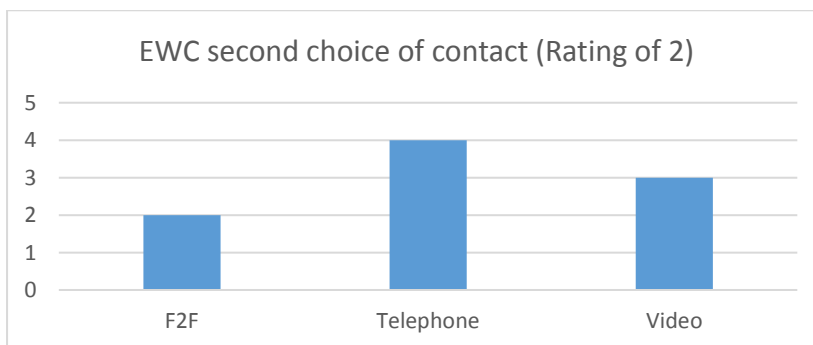


Figure 2. EWC second choice of contact: Rating of 2

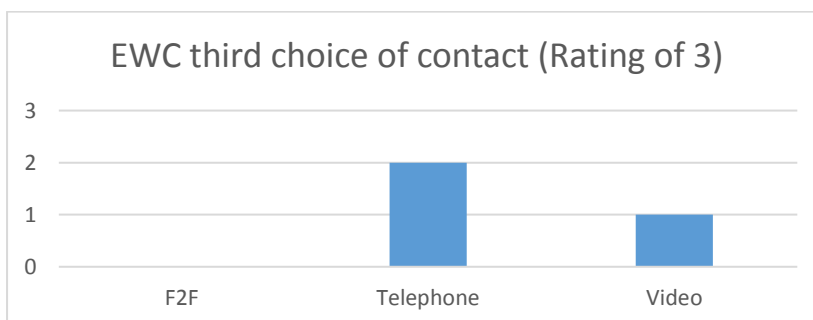


Figure 3. EWC third choice of contact: Rating of 3

A summary of these findings is provided in the below table.

Rating	F2F	Telephone	Video
1	4	3	0
2	2	4	3
3	0	2	1
0	0	0	1

Table 1. An overview of individuals' preferences for F2F, telephone or video call appointments at EWC.

Preseli Partnership waiting list

Data was collected from 42 individuals currently on the partnership waiting list. Again individuals were asked whether they would prefer F2F, telephone or video call appointments and were asked to rate these in order of preference from 1 to 3. A rating of 0 meant they would not consider this option at all. Note some individuals rated a method of contact equally, it is assumed this is because they did not have a preference between two options, for example they may have rated both telephone and video as '2'.

Like the EWC data, F2F appointments was the most popular first choice (n=26), with telephone appointments following this (n=13) and video call chosen by a minority (n=5). This is shown below in figure 4. No one rated 0 for F2F appointments, whereas five individuals rated telephone appointments as 0 and four of these individuals also rated video appointments as 0, suggesting their strong preference for F2F appointments.

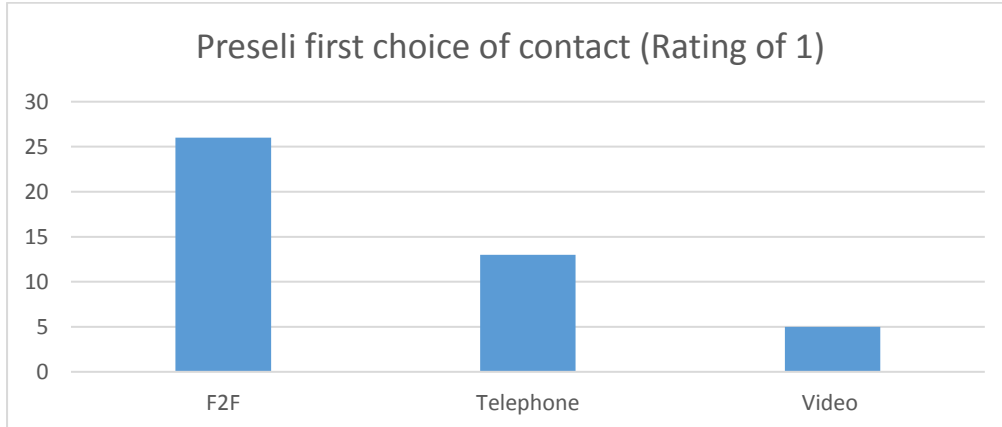


Figure 4. Preseli first choice of contact: rating of 1

As F2F appointments was the most popular first choice, this then reduced for individuals second choice (n=9). Individuals were just as likely to rate telephone and video appointments (n=16) for their second choice of contact (Figure 5).

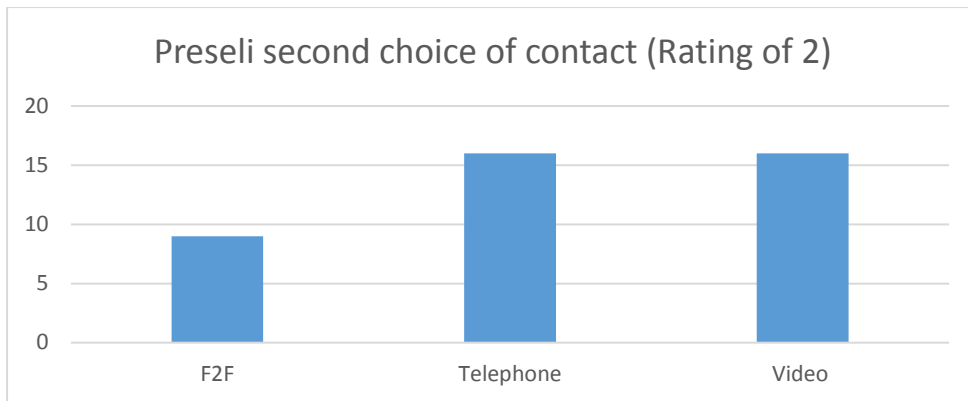


Figure 5. Preseli second choice of contact (rating of 2)

A rating of 3 was given mostly to video call appointments (n=17), this suggests that video calls are the least preferred method of contact by most individuals. Telephone appointments (n=8) and F2F appointments (n=7) were closely rated as a third choice of contact (see figure 6 below).

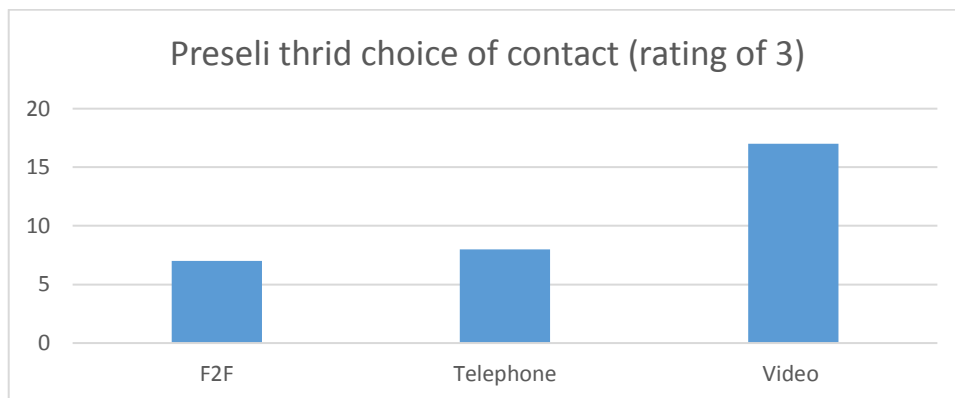


Figure 6. Preseli third choice of contact (rating of 3)

A summary of these findings is provided in the below table.

Rating	F2F	Telephone	Video
1	26	13	5
2	9	16	16
3	7	8	17
0	0	5	4

Table 2. An overview of individuals' preferences for F2F, telephone or video call appointments at Preseli.

Overview of Preseli and EWC data combined:

Rating	F2F	Telephone	Video
1	30	16	5
2	11	20	19
3	7	10	18
0	0	5	5

Table 3. Overview of individual's preferences for F2F, telephone or video call appointments at Preseli and EWC.

Name of YP or parent or both below (as appropriate on age / Gillick competency)

Dear

We are writing to keep in touch with you to let you know that you remain on our waiting list within S-CAMHS in *Pembrokeshire/ Ceredigion/ Carmarthenshire* for clinical intervention following your assessment within the service.

Unfortunately, due to increasing demand for our mental health services and the impact of the recent COVID-19 restrictions, our waiting list remains high although we are taking all opportunities to progress this.

We are considering a number of approaches to ensure we get to see you in a timely manner, and these may include the offer of support from a small therapeutic group, a Digital Counselling Service, or a virtual meeting that may be helpful to you.

If you do not have access to any digital devices, although most phones are compatible, please let us know so we can try to assist in another way.

We are hoping to use a Digital platform called Attend Anywhere to see young people and you may wish to take up this offer. We will provide more information on this if we utilise this option.

In the meantime there are a number of resources that may be helpful which we have included in the enclosed leaflet.

If you feel your situation has changed or you feel things are worsening please contact the centre on the above number.

Yours sincerely,

Cc Parent

Referrer

Local and National Support Networks

The following support services are available via telephone, online via messaging or skype.

Hywel Dda University Health Board: www.iawn.wales.nhs.uk/home - IAWN has been developed to provide information on the local primary mental health support service (LPMHSS) in Carmarthenshire, Ceredigion and Pembrokeshire. Its aim is to provide easily accessible online resources and information on mental health issues to enable people to self-help and know where to access further support should they need it.

In addition the following National Helplines all offer support and information:



CALM HARM: Mobile app to help teenagers resist or manage the urge to self-harm. *Free*



Harmless: Offers advice and information regarding young people who may self harm or experience such thoughts
Website: www.harmless.org.uk



Self Harm UK
Offers an online space to talk and ask questions about concerns in their life.
Website: www.selfharm.co.uk



National Self Harm Network
NSHN is an online forum that lets you talk to other people in a safe, controlled environment
Website: www.nshn.co.uk



Papyrus
Papyrus HOPElineUK:
Tel: **0800 068 41 41**
Website: www.papyrus.org.uk



www.nspcc.org.uk
Helpline: 0800 1111



www.youngminds.org.uk
Helpline: 0808 802 5544



www.rethink.org
Tel: 0300 5000 927



Helpline: 0808 808 4994



Text YM to 85258 for free 24/7 support if you are experiencing a mental health



SANE: SANEline operates 4.30pm – 10.30pm daily for Mental Health Support
Tel: 0300 304 7000

- www.livelifetothefull.com
- moodgym@anu.edu.au
- www.getselfhelp.co.uk
- meiccymru.org
- www.barnardos.org.uk/see-hear-respond-support-hub
- www.actionforchildren.org.uk
- www.hafal.org/

- **www.kidshealth.org/en/parents/anxiety.html** has information for parents on managing anxiety, fears and phobias with their child.
- **C.A.L.L. helpline** are a national service in Wales (community advice and listening line) for those suffering mental distress, their relatives and friends. Parents whose child has attempted suicide or have lost a child through suicide. Vulnerable adults who are suffering abuse.
- **MENCAP** - Charity that works with families where there is a learning disability. They offer a free family advisor services
www.mencap.org.uk/Support-in-Wales
08088081111 – National helpline
- **Children’s Bereavement Service** - Ty Cymorth, Glangwili General Hospital, Carmarthen, SA31 2AF - 01267 227639
- **National Autistic Society** can be contacted on 02920 629301 for more information on service in your areas, the main website for which is www.autism.org.uk
- **Beat** – The UK’s Eating Disorder Charity
www.beateatingdisorders.org.uk
Beat is the UK’s leading charity supporting anyone affected by eating disorders, anorexia, bulimia, EDNOS or any other difficulties with food, weight and shape.