

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 32

Ymateb gan: Cyngor Iechyd Cymuned Aneurin Bevan

Response from: Aneurin Bevan Community Health Council

At the Aneurin Bevan Community Health Council we monitor and scrutinise the services provided by the Aneurin Bevan University Health Board. We do this by analysing data, as well as visiting premises and talking with patients about their experiences.

Due to our involvement in the health sector, our response to the Committee focuses on the specialist CAMHS provision that is available within Gwent to Aneurin Bevan University Health Board patients.

Waiting times

The waiting time statistics indicate that patients referred to CAMHS within the Aneurin Bevan University Health Board area are not waiting as long as they previously were. The routine waiting list has decreased significantly, however; the main impact on this was the creation of the neurodevelopmental waiting list which arguably moved children and young people from one waiting list to another rather than decreased the numbers who were waiting significantly.

People on the routine waiting list are no longer waiting over 16 weeks to be seen and the average waiting time has decreased significantly. The neurodevelopmental waiting list shows that the numbers of people waiting is decreasing gradually, however, the average wait has increased to just under a year and high numbers of patients are routinely waiting over the 26 week target time.

It is hoped that the introduction of the ISCAN neurodevelopmental process will have had a positive impact on the waiting times, however at the time of reporting there was insufficient evidence to determine whether this is the case.

Over-referrals

Specialist CAMHS provides a service to a very small percentage of the patients in Gwent. We are aware that the eligibility criteria has changed over time, however the data shows that there has been no significant change in the percentage of referrals that are rejected each year. Approximately 66% of referrals made to specialist CAMHS are rejected which would indicate that

any changes made since the introduction of the Together for Children and Young People programme have not addressed the over-referral of children and young people to CAMHS.

With over 60% of referrals being rejected by CAMHS we would highlight the fact that a large amount of time and effort is being wasted in making inappropriate referrals. Education of the system is required to ensure that referrers are aware of the remit of CAMHS and the eligibility criteria so that the time of professionals is not wasted, but more importantly, that children and young people are referred to the most appropriate service in the first instance and do not have their time wasted and assessment/treatment delayed by inappropriate referrals.

We would also query what services are available to children and young people who are rejected by CAMHS and whether the over-referral rate is, in part, due to having nowhere else to refer a child or young person who is in need of mental health support.

Out of Hours provision

It is the opinion of the Aneurin Bevan Community Health Council that the current provision available to children and young people who present in crisis outside of usual working hours is not adequate. The Out of Hours service will regularly advise young people or parents of children to attend the accident and emergency department at either the Royal Gwent or Nevill Hall Hospitals as this is the most appropriate resource available at the time. Having visited the accident and emergency departments in both the Royal Gwent and Nevill Hall Hospitals we have concerns about the environment in which children and young people in distress are expected to wait.

Whilst there is access to CAMHS provision out of hours, the Community Health Council members have conducted visits to emergency departments and observed young people waiting with no support in the waiting area of the emergency department. The waiting times within the accident and emergency departments in Gwent are usually long during the evenings and night and so we believe that a better provision for children and young people could be implemented to ensure support is provided. We do not feel it is appropriate for a young person who is experiencing mental distress to be expected to sit in a waiting room for a long period of time with no support.

In-patient capacity

The main in-patient provision for children and young people who require a period of time in hospital is provided out of county. Whilst it is not known how many beds are available and whether the number of beds is adequate to

serve the population that require their use, it is apparent that location is not ideal for patients from Gwent. Having the support network of the patient at a distance could potentially impact on the recovery or rehabilitation of the child or young person. However, we also appreciate that the demand for this provision is unlikely to warrant a localised provision that would require staffing and resources.

For children and young people who are in need of staying in hospital for a short period of time, e.g. to be assessed, a different option is available depending on the age of the patient. For those patients who are under 16 they will be taken to a paediatric ward within either the Royal Gwent or Nevill Hall Hospital. This provision allows of the parents/carers of the child to remain with them during their stay, however, there are queries regarding the suitability of the paediatric wards for patients with mental health conditions and the impact that their admission has on the running of the paediatric ward.

During a routine visit to a paediatric ward it was noted that a patient of CAMHS had been admitted and a four bedded bay was allocated to this one patient. This obviously had an impact on the provision available to paediatric patients as three beds were unable to be used. However, it also potentially has an impact on the patient of CAMHS who could feel isolated with no relatives or mental health support during their stay on the ward.

We would raise the question about whether the staff on a non-mental health ward have the appropriate training to support and manage a patient who is admitted during a time that CAMHS support is unavailable.

For patients aged 16 or 17 years of age, a bed is available on an adult mental health ward. Whilst this bed is separated from the general adult population, it is felt that the environment may be distressing for a young person who is experience mental health issues and would question whether this is an appropriate provision for 16 and 17 year olds. A separate bed can also lead to feelings of isolation and potentially puts pressure on the staff of the ward.