



Llywodraeth Cymru
Welsh Government

Collaborative working between CAMHS and the Counselling Service

Guidance

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Audience	Child and Adolescent Mental Health Services; local authorities (LAs) (including counselling services, education welfare services, educational psychologists, and youth services); Families First support workers; counselling providers; third sector organisations which support mental health; general practitioners; health visitors; schools and school nurses.
Overview	This is non-statutory guidance on collaborative working between Child and Adolescent Mental Health Services (CAMHS) and counselling services for children and young people. It outlines how both services are organised, including their geographical footprint, and includes a number of case studies on collaborative working between the services.
Action required	CAMHS and LA counselling services should have regard to these guidelines.
Further information	Enquiries about this document should be directed to: Pupil Well-being Branch Support for Learners Division Education Directorate Welsh Government Cathays Park Cardiff CF10 3NQ e-mail: WELLBEINGshare@Wales.GSI.Gov.UK
Additional copies	This document can be accessed from the Welsh Government's website at www.gov.wales
Related documents	<i>Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales (2012); Talk to me 2: Suicide and Self Harm Prevention Strategy for Wales 2015–2020 (2015); Statutory guidance to Welsh local authorities on the provision of independent counselling services (2013); School-based Counselling Operating Toolkit (2011); Counselling for Children and Young People, 2013/14 (experimental statistics) (2016); Counselling for Children and Young People, 2014/15 (experimental statistics) (2016)</i>

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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1. Background and context

1.1 Introduction

Improving the emotional and mental health of children and young people is a key priority for the Welsh Government. We recognise that not only can it ameliorate more serious mental ill health in later life, but by addressing problems early, it can have a positive affect on the personal, social and educational attainment of the young person. This is central to our all-ages mental health strategy for Wales, *Together for Mental Health* (2012). Ensuring children and young people receive treatment in a timely and appropriate manner is not just a key priority for the Welsh Government, it also accords with the United Nations Convention on the Rights of the Child (UNCRC).

Local authority counselling services for children and young people and Child and Adolescent Mental Health Services (CAMHS) are in the frontline in supporting children and young people's mental health and well-being. Children and young people may require support because they are upset, worried, confused or afraid or, at the other end of the scale, they may have severe and/or enduring mental health problems.

Statistics show that 1 in 10 children between the ages of 5 and 16 have a mental health problem and many more have behavioural issues^{1, 2}. There is evidence this is increasing. Approximately 50% of people with enduring mental health problems will have symptoms by the time they are 14 and many at a much younger age, demonstrating that mental illness can affect people across the course of their lives. Early intervention is universally recognised as the best form of prevention. Knowing who to contact is key; in turn, services need to trust the judgement of those with localised expertise and respond accordingly.

Together for Mental Health sets out the aim of people of all ages experiencing sustained improvement to their mental health and well-being as a result of cross-Government commitment to all sectors working together. For children and young people who experience emotional, social and psychological distress or mental health problems, collaboration between CAMHS and counselling services can ensure they receive the most appropriate treatment. This is in line with Welsh Government priorities for prudent healthcare, to provide care for those with the greatest health need first, making the most effective use of all skills and resources. This can be further supported by encouraging services to work together to provide support, advice and guidance when needed so that inappropriate referrals can be avoided.

Improving collaboration between the services can also help safeguard children and young people, for example those that present to counselling with suicidal ideation.

In such cases, it is essential that children and young people can be referred on to CAMHS quickly.

The Social Services and Well-being (Wales) Act 2014 (section 131) strengthens existing safeguarding arrangements for children through the introduction of a new "duty to report" to the local authority (LA) and defines a "child at risk". The Act, in section 130(4), defines a "child at risk" as "experiencing or is at risk of abuse, neglect or other kinds of harm, and has

¹ www.mentalhealth.org.uk/content/assets/PDF/publications/lifetime_impacts.pdf

² www.hscic.gov.uk/catalogue/PUB06116/ment-heal-chil-youn-peop-gb-2004-rep2.pdf

needs for care and support”. Relevant partners (defined in section 130(5) including Health, Police and Probation will be required to inform the local authority where they have reasonable cause to believe a child to be at risk. Following such notification, local authorities will decide whether to exercise their existing duty to investigate under section 47 of the Children Act 1989. The key outcome of the package of measures under the Act is to ensure that safeguarding partners are supported by a stronger, more effective framework for multi-agency cooperation.

There is no single approach to how CAMHS and counselling services are organised in the different parts of Wales, so prescribing a ‘one-size-fits-all’ model is not practicable. These guidelines explain how counselling and CAMHS provision is organised, with reference to the underpinning legislation, and set out key principles for collaborative working between the services.

1.2 Legislative context

From April 2013, local authorities have been required, under the School Standards and Organisation (Wales) Act 2013, to secure the reasonable provision of an independent counselling service for children and young people aged between 11 and 18 in their area as well as for learners in Year 6 of primary school.

The School Standards and Organisation (Wales) Act 2013³ requires a local authority to provide an independent counselling service on the site of each secondary school that it maintains. A local authority may in addition offer counselling services at other locations, e.g. at independent schools or at a local community centre, youth centre or other community facility for young persons who are not in school and/or wish to access counselling outside of a formal education setting.

Statutory guidance for local authorities was issued in 2013 on duties and powers introduced under the School Standards and Organisation (Wales) Act 2013 regarding the provision of independent counselling services to children and young people.

The Mental Health Act 1983 (which was substantially amended in 2007) applies in England and Wales and allows people with a ‘mental disorder’ to be admitted to hospital, detained and treated without their consent – either for their own health and safety or for the protection of other people.

The main purpose of the Mental Health Act 1983 is to allow compulsory action to be taken, where necessary, to make sure that people with mental disorders get the care and treatment they need. It sets out the criteria that must be met before compulsory measures can be taken, along with protections and safeguards for patients.

In 2012 Wales implemented the Mental Health (Wales) Measure 2010, which consists of four parts.

- Part 1 – Local Primary Mental Health Services, which requires local health boards and LAs to work together to establish Local Primary Mental Health Support Services across Wales.

³ See section 92.

- Part 2 – Care Coordination and Care and Treatment Planning, which places duties on local health boards and LAs to work together. This ensures that people of all ages within secondary mental health services receive an individual Care and Treatment plan.
- Part 3 – Assessments of former users of secondary mental health services, which allows easier access back into secondary mental health services for people who have been previously discharged.
- Part 4 – Independent mental health advocacy, ensures all inpatients in Wales who are receiving assessment or treatment for a mental disorder are entitled to request support from an independent mental health advocate.

The 2010 Measure does not establish any new duties on local health boards or local authorities to provide mental health treatment or mental health support services. The legislative context for the provision of counselling services for children and young people and CAMHS therefore also includes:

- a) the duties of Local Health Board under section 1 of the National Health Service (Wales) Act 2006, which places a duty on Welsh Ministers to continue the promotion of a comprehensive health service designed to secure improvement in both the physical and mental health of the people of Wales and in the prevention, diagnosis and treatment of illness
- b) the duties of local authorities to provide services to children in need of care and support under Parts 4 and 6 of the Social Services and Well-being (Wales) Act 2014.

The Well-being of Future Generations (Wales) Act 2015, which came into force in April 2016, is about improving the social, economic, environmental and cultural well-being of Wales. It makes the public bodies listed in the Act think more about the long term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach.

1.3 Children’s rights

The Welsh Government has adopted the UNCRC as the basis for all its work with children and young people. The Welsh Government is committed to the centrality of the Convention, and children’s rights in all its work, and the Programme for Government sets out a commitment to “continue to use the Seven Core Aims of the national framework for developing policy for children and young people”. The Rights of Children and Young Persons (Wales) Measure 2011 imposes a duty on the Welsh Ministers to have regard to children’s rights set out in the UNCRC.

The Children’s Rights Scheme 2014 sets out the arrangements for Welsh Ministers to comply with the duty to have due regard to children’s rights when exercising any functions. The Children’s Rights Wales website (www.uncrcletsgetitright.co.uk) has been designed to help practitioners, policymakers and all stakeholders develop their understanding of children’s rights and how to adopt a children’s rights perspective in their work.

As with all existing services to children and young people, and in accordance with Article 12 of the UNCRC, the voice of the child should be incorporated into decision making and review processes relating to services that support the emotional and mental health of children and young people. Article 12 of the UNCRC provides that children have the right to say what they think should happen when adults are making decisions that affect them, and to have their opinions taken into account. LAs and local health boards, through their services that support the participation of children and young people, should also consider

ways in which the individual and collective voices of children and young people using their services can be heard.

2. Service provision

2.1 Counselling services for children and young people

Counselling offers one-to-one supportive therapy, which gives children and young people the opportunity to explore issues and concerns, in confidence, with a qualified counsellor.

In April 2008 the Welsh Government published *School-based Counselling Services in Wales: a National Strategy*, which aimed to ensure that counselling services were available in all secondary schools in Wales. From 2008–9 to 2012–13, the Welsh Government put more than £13 million of grant funding into school-based counselling, with the result that counselling was being delivered in all maintained secondary schools from September 2010.

From April 2013 the provision of counselling has been put on a statutory footing, which has extended the provision to all children and young people aged between 11 and 18, regardless of whether they attended a maintained school, and to learners in Year 6. At the same time, £4.5 million was transferred into local authorities' Revenue Support Grant for the continued support of this service.

Children and young people may self-refer or be referred to counselling over a range of issues, for example:

- abuse (including sexual)
- academic concerns
- anger
- anxiety
- behaviour-related
- bereavement
- bullying
- caring responsibilities
- cyber safety (including cyber-bullying and sexting)
- depression
- domestic abuse
- eating disorders
- family
- financial concerns/poverty
- relationships with teachers
- relationship with boyfriend/girlfriend
- relationships (other)
- self-harm
- self-worth
- sexual (including orientation)
- stress
- substance misuse
- suicidal ideation
- transgender issues
- youth offending.

This is not an exhaustive list.

A child or young person who attends counselling may need to be referred on to Child and Adolescent Mental Health Services (CAMHS) or to Child Protection or other appropriate services.

2.2 Child and Adolescent Mental Health Services (CAMHS)

The Royal College of Psychiatrists' document *Building and sustaining specialist CAMHS to improve outcomes for children and young people: Update of guidance on workforce, capacity and functions of CAMHS in the UK* (November 2013) sets out that CAMHS is a broad concept embracing all services that contribute to the mental healthcare of children and young people, whether provided by health, education or social services, or other agencies.

It includes those services whose primary function is not to provide specialist mental healthcare, but who have a general role in meeting the emotional and mental health needs of children and young people (e.g. general practice or schools, universal services). Specialist CAMHS are services with a core remit and responsibility to provide specialist mental healthcare. Such services may be provided by mental health professionals working as part of targeted services, for example for looked-after children, or as part of the specialist service of a community multi-disciplinary CAMHS team, or include inpatient and highly specialist outpatient services.

A child's or young person's journey may involve movement through the levels of service in a stepped-care approach, depending on the nature of their condition and level of need at any given time. Some children and young people will receive services from more than one of the levels at the same time.

Specialist CAMHS have the skills and responsibility to give advice, based on specialist knowledge, on how to ensure mental health and psychological well-being in children and young people, and how to support their families. Professionals in specialist CAMHS have the dual role of providing direct help and treatment to children, young people and families, as well as providing support and advice to other professionals who contribute to the mental well-being of children and young people through their everyday work.

In April 2014 the local health boards restructured their CAMHS planning and commissioning arrangements and established a single all-Wales CAMHS and Eating Disorders Planning Network. The Network ensures provision is planned nationally, with community and tertiary provision working together for the benefits of the patient.

Historically CAMHS has had high levels of inappropriate referrals, resulting in prolonged waiting times for assessment. To address this and other challenging issues within the service, the NHS has initiated service change and reconfiguration of CAMHS. The aim is to consider how best, and who is best placed, to meet the needs of vulnerable young people in a timely and effective manner. In conjunction with the work being taken forward for those with acute mental ill health, the service change will also address how to best meet the needs of young people with low-level mental ill health.

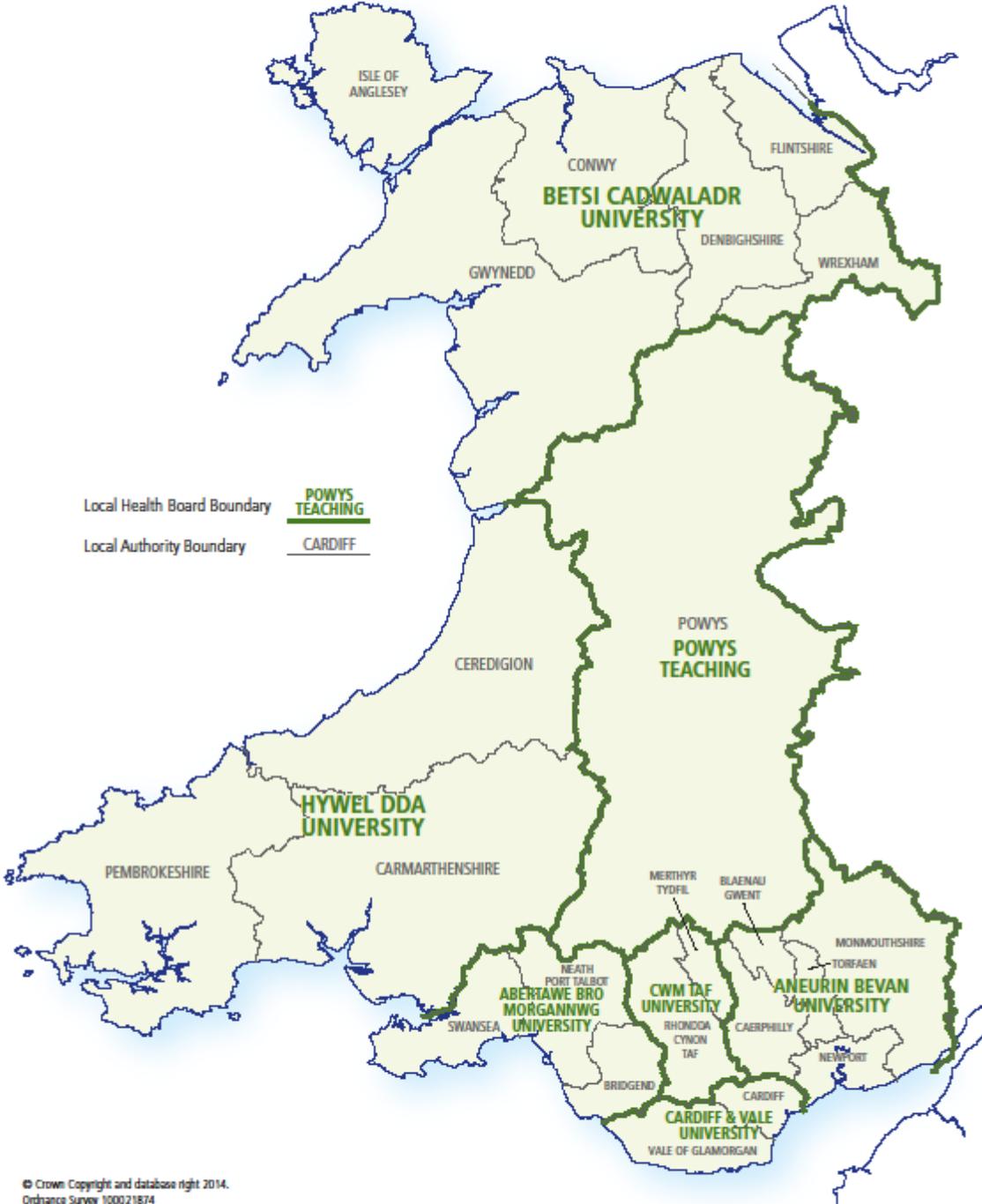
2.3 The geographical footprints of services

The seven local health boards in Wales are responsible within their geographical area for planning, funding and delivering primary health care services, including CAMHS. There are currently 22 LAs in Wales, responsible for the provision of all local government services, including education.

Following the publication of the report of the Commission on Public Service Governance and Delivery in January 2014, the Welsh Government conducted a series of consultations on the future of local government, including a review of the appropriate number of LAs in Wales. The Local Government (Wales) Act 2015 provided for the possibility of mergers between existing county councils. However, it has since become clear that there is not majority support, either in the Assembly or among wider stakeholders, for this policy at the present time. The Cabinet Secretary for Finance and Local Government is, at the time of writing, involved in discussions with local government and others, with a view to developing a fresh approach. There remains a broad level of agreement, though, that a large measure of collaboration between LAs is necessary to provide efficient services.

WALES

Local Health Boards



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There is no uniform approach as to how CAMHS or counselling services are organised. LAs and local health boards do not generally share the same footprint; this adds an extra dimension to the challenge of working across services. At times, LAs and CAMHS may have to work across borders, with services that are based outside their geographical footprint.

2.4 How counselling provision is organised

Some LAs have their own in-house counselling service, some contract the service out to external providers, and some use a combination of in-house and provider services, as outlined in the table below. Two LAs (Cardiff and Powys) offer online counselling services to complement the face-to-face counselling provided.

Local authority	In-house provision	External provision
Anglesey	Y	
Blaenau Gwent	Y	
Bridgend	Y	
Caerphilly	Y	
Carmarthenshire		Y
Cardiff		Y
Ceredigion		Y
Conwy	Y	
Denbighshire	Y	
Flintshire	Y	
Gwynedd	Y	
Merthyr Tydfil	Y	
Monmouthshire	Y	
Neath Port Talbot	Y	
Newport		Y
Pembrokeshire	Y	
Powys		Y
Rhondda Cynon Taf		Y
Swansea		Y
Torfaen	Y	
Vale of Glamorgan		Y
Wrexham	Y	

2.5 How CAMHS provision is organised

CAMHS has traditionally been organised in a tiered framework.

- **Tier 1 service (primary level service)**
Direct contact services. Direct access to staff able to recognise, assess and intervene with children's mental health problems – general practitioners (GPs), primary health carers, health visitors, school nurses, teachers and other school staff.
- **Tier 2 service (secondary level service)**
First-line specialist services in which the child is usually seen by one professional, i.e. specialist CAMHS or education support services (including counselling, specialist social workers, staff of voluntary organisations).
- **Tier 3 service (secondary level service/tertiary level service)**
Teams of specialist staff working together; community intensive therapy teams and specialist day care.
- **Tier 4 service (tertiary level service)**
Very specialist interventions, inpatient units and residential schools and specialist social care.

Primary Mental Health Teams

Under Part 1 of the Mental Health (Wales) Measure 2010, local health boards and LAs have a duty to work together to deliver an accessible and focused Local Primary Mental Health Support Service (LPMHSS) for communities in Wales.

LPMHSS are responsible for undertaking primary mental health assessments and providing short-term therapeutic interventions as well as making referrals to other services, providing information and advice to individuals about services available to them and providing information and advice to primary care providers.

The aim of these services is to improve access to mental health care within primary care settings, and to improve the outcomes for individuals accessing these services.

2.6 Tier 1 and 2 services that support children and young people

To give further context, there is a wide range of services at Tier 1 and 2 which support the emotional health and well-being of children and young people, helping children and young people to become more resilient and develop good mental health. These services include the following.

Third sector

Many third sector organisations (see Annex 1) offer services which can complement counselling services for children and young people and CAMHS. Which services are provided by third sector organisations also varies between regions.

Primary care provider (PCP)

A PCP is a health care practitioner who sees people that have common medical problems. This person is usually a GP, but may be a nurse practitioner. General practice provides the first point of contact for many children and young people's issues. General practice is an important setting for early detection and management of mental health problems in young people.

Support is provided by the practice team which may include GP practice nurse and other PCPs including LPMHSS. If required, advice may be requested from CAMHS services to inform the provision of care, or a referral to CAMHS may be arranged by the practice team/LPMHSS. In some local health board areas referral to CAMHS services must be undertaken via the GP. GPs increasingly provide a coordinating role to ensure that children and young people are able to access appropriate statutory and voluntary sector support to meet their needs. Continuity of care can be extremely valuable, particularly at times of transition for older adolescents moving from CAMHS to adult services.

Health visitors

Health visitors have contact with new families within the first two weeks following birth and are able to identify early signs of postnatal depression in new mothers. Assessment of a family's emotional resilience enables health visitors to coordinate access to specialist services and provide continuity for families of young children up until five years of age. They will work closely with midwives and community perinatal mental health services.

School nurses

Every comprehensive school and the partner primary school cluster have a named NHS employed school nurse who provides public health input and is available for support and advice to learners, parents/carers and education colleagues. They contribute at a local level to the Welsh Network of Healthy Schools Scheme and also link with school-based counsellors. Many provide open access drop-in confidential services in comprehensive school settings for learners, and in most areas they are also available for learners to contact outside of school terms and times. Tier 1 training and support is provided by Primary Mental Health Worker colleagues in some areas.

Schools

Schools play an important role in encouraging healthy lifestyles, social development and preparing young people for their adult lives. Schools can help learners to develop emotional intelligence and coping skills, which can help them to be more aware and resilient to life changes and think about their own mental well-being. Schools should also provide a safe learning environment which actively protects learners from harm and prevents bullying behaviour from taking place. The Welsh Network of Healthy School Schemes is a network of local healthy school schemes which encourage the development of a whole-school approach to health in schools in their area. Schools work on seven health topics, of which one is mental and emotional health and well-being. More than 99% of maintained schools are actively involved.

There are a number of approaches that schools can use to build emotional intelligence and resilience in children and young people. Some of these approaches are outlined at Annex 2.

Professor Graham Donaldson's independent review of curriculum and assessment arrangements in Wales⁴ recommended that the curriculum should be designed to help all children and young people to develop in relation to clear and agreed purposes. The report sets out four purposes for our children and young people to be:

- ambitious, capable learners who are ready to learn throughout their lives
- enterprising, creative contributors who are ready to play a full part in life and work

⁴ Donaldson (2015), *Successful Futures: Independent Review of Curriculum and Assessment Arrangements in Wales*. <http://gov.wales/topics/educationandskills/schoolshome/curriculuminwales/curriculum-for-wales/?lang=en>

- ethical, informed citizens who are ready to be citizens of Wales and the world
- healthy, confident individuals who are ready to lead fulfilling lives as valued members of society.

It also recommended that the school curriculum should contain six Areas of Learning and Experience, including Health and well-being.

If a child has difficulties in learning, they may have special educational needs⁵ (SEN). Many children will have SEN of some kind, such as emotional or behavioural difficulties, at some time during their education. Schools can help most children overcome the barriers their difficulties present. Schools do this both through differentiated teaching methods and a graduated approach to intervention which recognises that there is a continuum of SEN and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that a child may be experiencing.

The Welsh Government is proposing to replace the existing legislative framework for the assessment and planning of provision for children and young people with SEN with a simpler, more person-centred system.

The First Minister announced on 28 June 2016 that the Additional Learning Needs and Education Tribunal (Wales) Bill will be introduced into the National Assembly during the first year of this Government's legislative programme.

Education Welfare Service (EWS)

Local Authority Education Welfare Officers (EWOs) work closely with schools and families to support children and families when learners are experiencing difficulties in school or welfare issues are disrupting a child's education. Absence from school can be an indicator of problems: EWOs will investigate the reasons behind school absence and can advise families about specialist support services and make referrals to appropriate services. The approach is primarily supportive and directed towards children's educational entitlements.

Many EWOs also offer advice to schools on promoting whole-school attendance, child welfare and safeguarding in education. The overall responsibilities of the EWS and the roles and functions of an EWO may vary to a greater or lesser degree from one LA to another.

Educational psychologists

Educational psychologists (EPs) are often employed within LA inclusion services or may be employed within NHS trusts, usually in CAMHS. EPs work mainly with schools and early years settings to help them provide the best possible support to children who have SEN. For example, to promote learning, develop emotional, social and behavioural skills and support psychological development. They work mainly in consultation with parents/carers, teachers, social workers, doctors (paediatricians, GPs, psychiatrists), education officers and other people involved in the education and care of children and young people.

⁵ Children have SEN if they have difficulties that need special educational provision. Further information on responsibilities in relation to SEN is set out within the SEN Code of Practice for Wales.
<http://learning.gov.wales/resources/browse-all/special-education-needs-code-of-practice/?lang=en>

Families First – including Joint Assessment Family Framework (JAFF) and Team Around the Family (TAF)

Families First is an innovative programme which promotes the development of effective multi-agency systems and support for families, with a clear emphasis on prevention and early intervention for families, particularly those living in poverty.

Support services provided by Families First are bespoke and intensive, and based on identified local need. Families are referred into the Families First programme through either a key agency, e.g. school, GP, social services, or through self-referral, and any family can be referred into the programme.

One of the key elements of the programme is the JAFF. The JAFF provides a comprehensive evaluation of the whole family's needs, assessing the family's strengths and needs in a number of areas and is used to design a tailored plan of interventions to help families overcome the problems they face.

Another key element of the Families First programme is the provision of coordinated support to families through Team Around the Family (TAF) models. The TAF model brings together a wide range of professionals to provide intensive support and work with a family in order to help them address the breadth of challenges they are facing. Where necessary, counselling services and other mental health agencies, such as CAMHS, can, and do, form part of the Team Around the Family.

Youth services

High-quality youth work has a crucial role to play supporting many young people to achieve their full potential. Through informal and non-formal educational approaches, effective youth work practice builds the capacity and resilience of young people and can change young people's lives for the better. Through participation in youth work young people gain confidence and competence, develop self-assurance and have the opportunity to establish high expectations and aspirations for themselves.

Youth work is an intrinsic element of youth support services which seek to ensure that all 11 to 25-year-olds have the services, support and experiences they need to achieve their potential. In Wales the youth service is a universal entitlement, open to all young people. Through the Learning and Skills Act 2000, section 123(1), the Welsh Ministers have directed local authorities to provide, secure the provision of, or participate in, the provision of youth support services.

Youth workers work with young people facilitating their personal, social and educational development. They develop young people's knowledge and understanding of issues relating to their health and wellbeing, including; emotional wellbeing, sexual health, food and fitness, smoking, alcohol and drugs.

3. Referrals

3.1 Referrals to counselling

Local authorities are required to secure the reasonable provision of an independent counselling service for pupils in year 6 and all children and young people aged between 11 and 18 in their area that need to access this service. There are no specific referral criteria for accessing counselling services, which should be accessible to learners in Year 6 and young people aged between 11 and 18 who ask for counselling.

Requests for counselling, in terms of number of referrals and waiting lists, need to be managed in such a way that competing demands can be prioritised in a manner that is fair and just. There should be clear referral processes in place.

Referrals into counselling may be self referrals or made by interested parties such as parents/carers, teachers, education welfare officers, school nurses, youth offending teams, general practitioners, youth workers or CAMHS.

A young person has the right to access counselling without their parents' consent or against their parents' wishes if they are considered to be 'Gillick competent', i.e. if they have sufficient maturity and judgement to enable them to fully understand what is proposed.

3.2 Referrals to CAMHS

Primary care providers are able to recognise, assess and intervene if they feel that a child or young person might be experiencing mental ill health, and it is important that these vulnerable children and young people receive treatment in a timely and appropriate manner.

Part 2 of the Mental Health (Primary Care Referrals and Eligibility to Conduct Primary Mental Health Assessments) (Wales) Regulations 2012, states that a referral to LPMHSS for a primary mental health assessment can be made by any primary care provider (typically a GP). A primary care provider may refer any person:

- (a) who is entitled to receive primary medical services,
- and,
- (b) who appears to be in need of a primary mental health assessment, for a primary mental health assessment.

The primary care provider must, if it determines to make a referral for a primary mental health assessment, make such a referral to the local mental health partner for the local authority area in which the primary care provider carries on the majority of its business or activities.

Referrals to LPMHSS do not prevent referrals by GPs, counsellors or other practitioners to CAMHS or any other service. While there are some areas in Wales where counselling services are not able to make direct referrals to CAMHS, the Welsh Government's view is that if clinical need warrants a referral, counsellors should be able to refer to CAMHS on the same basis as other referral networks.

4. Recommended good practice for collaborative working between the services

Our *Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales* (2012) highlights the benefits of partnership working, setting out examples of the contribution partners and other agencies can make to improving mental health and well-being which in turn will help partners achieve their core goals.

There are undoubtedly challenges to collaborative working. As services are organised differently in the various local authorities and local health boards, there can be no common approach. Each local health board and its corresponding local authorities should have agreed processes in place. These will vary across Wales, depending on local need and organisational culture. Where local authorities contract out counselling provision, the counselling provider will need to work collaboratively with CAMHS. Thus when local authorities procure counselling services they should include this requirement within their specification.

Local solutions to joint working are required. We recognise that these can be time consuming to put in place, especially when services have competing priorities.

There is also some tension between working collaboratively and respecting the confidentiality of the client; it can be difficult to be clear on how much information should be shared with other services. All sharing of personal information should take place within the parameters provided for within the Wales Accord on Sharing Personal Information (WASPI) framework⁶, which enables service providing organisations to share personal data on a regular basis in a way that complies with the Data Protection Act.

Notwithstanding these difficulties, there are real benefits to be gained from putting processes in place to facilitate collaborative working, and benefits to the child/young person, particularly with regard to safeguarding. Joint workshops took place in March 2015, involving representatives from counselling and CAMHS services. The workshops allowed us to identify instances of good practice which are already in place and provided other suggestions which, it was felt, would improve collaborative working. Recommended good practice is as follows.

- Case discussions between counselling services and CAMHS, which can improve the quality of referrals into CAMHS.
- Combined support for the child/young person, involving other relevant agencies, and multi-agency meetings where appropriate. It may also be appropriate for families or carers to be part of this combined support.
- Training, which provide an opportunity to increase capacity and to build relationships between service representatives.
- Forums, which would also help to build relationships.
- Having a named contact for each service.
- Putting local processes in place for referrals from counselling to CAMHS.

⁶ More information on WASPI can be found at: www.waspi.org. The WASPI Accord has been signed by over 200 organisations, including all main public service organisations (local authorities, local health boards, NHS Trusts, Police and Fire Services) in Wales.

- Local protocols in place to underpin joint working, including, where appropriate, protocols for working across borders.

4.1 Case discussions

Case discussions between counselling services and CAMHS can be in the best interest of the child/young person and improve the quality of referrals into CAMHS.

Case study 1
Location⁷:
Situation/challenge:
<p>The counsellor contacted the Primary Mental Health Team, as the counsellor had been seeing a young person for a few sessions but that day the young person had said that they were feeling suicidal and had plans on how to do it.</p> <p>The counsellor had already put safety issues in place by arranging to meet with the young person during the last lesson of the day. The counsellor had had a discussion with the young person about going to their doctor, and had told the young person that their parents needed to be informed.</p>
Approach taken:
<p>The LPMHSS worker confirmed that that was the correct procedure – the young person had said they wanted to kill themselves and when asked had thought how they were going to do it.</p> <p>The counsellor spoke to the parents and they agreed that they would make a referral via the GP. The counsellor then passed on this information to the LPMHSS, and the LPMHSS worker informed the specialist CAMHS team that they should expect a referral.</p>
Outcomes:
<p>The referral into specialist CAMHS was treated as an urgent referral and actioned immediately and the young person was assessed.</p>

⁷ Location not stated to ensure the anonymity of the young person.

Case study 2
Location⁸:
Situation/challenge:
<p>The LPMHSS worker was contacted by the counsellor immediately after her first session with a young person. The counsellor had concerns as the young person had recently moved to the area and the school. The young person appeared low in mood and the counsellor was worried that the young person was depressed, so the counsellor wanted to discuss options with the LPMHSS worker. The young person was willing for the counsellor to do this and was willing to see someone outside the counselling service.</p> <p>The counsellor sought advice from the LPMHSS worker on whether the young person should be referred initially to the school nurse or whether it should be the GP.</p>
Approach taken:
<p>The counsellor and LPMHSS worker had a discussion around what history was known and the LPMHSS worker agreed to assess the young person at school on the following Friday (in three days time). The LPMHSS worker asked that the counsellor let the young person know that an assessment would take place, and to inform the family.</p> <p>The counsellor telephoned the LPMHSS worker to confirm that this had been done, and a time was agreed for the assessment.</p>
Outcomes:
<p>The LPMHSS worker saw the young person and undertook evidence-based assessments, after which it was decided it would be appropriate for the young person to have further sessions with the LPMHSS worker. The counsellor, the school nurse and the young person's family were informed and a care plan was devised with the young person. It was decided that no further sessions were required with the counsellor whilst the young person was having sessions with the LPMHSS worker.</p> <p>Three sessions were undertaken and the young person was discharged., With strategies to practice the young person did not need further support, but it was agreed with the young person that if they had concerns in the future they should then either seek to see the school nurse or the counsellor, depending on the day as they were in on different days.</p>

⁸ Location not stated to ensure the anonymity of the young person.

4.2 Combined support for the child or young person, involving other agencies where appropriate, and multi-agency meetings.

Case study 3
Location⁹:
Situation/challenge:
The counsellor was seeing a young person who was self-harming. The young person had family issues at home and was being bullied at school. Four sessions were undertaken, but the self injurious behaviour did not decrease and the young person was presenting as tearful, with feelings of helplessness.
Approach taken:
The counsellor initially phoned the LPMHSS after the four sessions to discuss the young person; the identity of the young person was not disclosed as the young person was not aware of the contact with the LPMHSS. The LPMHSS worker and the counsellor discussed addressing the self-harm and strategies for developing resilience. They also discussed asking the school nurse to look at the injuries, and addressing the bullying with the school, possibly via the Team Around the Family (TAF) process. It was agreed that the young person should continue go to the counsellor in order to continue to look at improving self esteem and to be able to 'offload' about issues at home.
Outcomes:
Six sessions were undertaken with the counsellor with good effect. A TAF meeting was held at the school, which was organised by the school nurse. The LPMHSS worker attended and plans were put in place to address the bullying. It was agreed that if there were still concerns the LPMHSS worker would assess the young person. It was agreed that assessment by the LPMHSS worker would be initiated by the school nurse, who agreed to continue to see the young person weekly.

⁹ Location not stated to ensure the anonymity of the young person.

4.3 Training

Case study 4
Location: Wrexham CAMHS
Situation/challenge:
<p>Due to a rise in referrals and increased waiting times for both counselling services at schools and CAMHS, it had become difficult to sign post clients up or down to the appropriate level of provision.</p> <p>This resulted in services handling clients at a level they weren't commissioned for – with incumbent challenges. Other unintended consequences was that counsellors and CAMHS clinicians had less time for peer discussion, training and to keep abreast of evidence-based practice; which was a particular difficulty when occasionally, both services were treating a child at the same time.</p>
Approach taken:
<p>The two respective service leads established a regular half term collaborative consultation Workshop, where the lead CAMHS clinician for early intervention and prevention meets with the counselling team for a facilitated discussion and themed workshop.</p> <p>The discussion focuses on needs and challenges encountered in a particular area, in and out of school. By focusing on a theme, such as anxiety, the workshop can address the roles of staff and services and the range of prevention and treatment for mental health interventions (universal promotion, selective prevention, indicated prevention, treatment for severe disorders and highly specialist treatment).</p> <p>The aim is to develop good communication between services, avoid duplication of limited resources, provide accessible continuous professional development (CPD) and build the skills of frontline workers.</p>
Outcomes:
<ul style="list-style-type: none">• Attendance is high for meetings.• Feedback is very positive.• Shared agendas have developed.• The services have a better understanding of respective skills and knowledge and challenges.• This is starting to impact positively on service planning and sustainability.

Case study 5
Location: Wrexham
Situation/challenge:
<p>CAMHS specialists received notification that schools in the area were struggling to manage learners' emotional and behavioural challenges, with increasing numbers of:</p> <ul style="list-style-type: none"> • childhood distress • dysregulation • impacts on children's attainment • high level demand for limited specialist services such as CAMHS. <p>School staff felt inadequately supported and unsure how to manage these challenges without a referral to a number of services for assessment and therapy or intervention.</p>
Approach taken:
<p>The local CAMHS early intervention service approached colleagues in the local educational psychology service, and obtained their agreement to offer a CAMHS consultation drop-in clinic in the local teachers' centre for one afternoon per week during term time. Invitations were sent to all schools and any staff working with school aged children in Wrexham were welcome. Subsequently a CAMHS clinician and an educational psychologist were available for consultation to any staff for two hours a week during term time.</p> <p>The clinic provides a problem solving model for staff within a framework of collaboration and acknowledgment of each disciplines respective skills and knowledge. It encourages positive coping and overcomes barriers for seeking help. It also minimises disruption to academic studies and reduces stigma. Consultees can discuss named children, with parental permission, or unnamed without.</p> <p>The overall aim was to provide accessible consultation in order to divert the risk trajectory of childhood mental health, and behavioural problems and lessen the impact on attainment.</p> <p>The CAMHS consultation drop-in clinic often provides brief a follow-up through the provision of psycho-educational materials, or introduce evidence-based interventions such as the 'Friends For Life 'programme.</p> <p>The clinic also offers half termly themed workshops focussing on recurrent issues brought to the consultation drop-in clinic. The workshops have covered a wide range of issues, e.g. eating disorders, exam stress, psychosis and low mood.</p>
Outcomes:
The consultation drop-in clinic has been attended by a range of school-based staff,

such as headteachers, SENCOs, learning support assistants, mentors, and also professionals such as, educational social workers, counsellors, school nurses, safeguarding social workers, youth justice officers and speech and language therapists.

Feedback indicates that users of the service rate it as good to excellent. Staff now feel supported in helping prevent a condition from escalating or accessing the appropriate services in a timely manner. Workshops are often very full and there is a sense that staff are beginning to apply their enhanced skills and confidence to other challenges, thus widening the pool of professionals who can help children and young people in distress. This builds sustainability and self-efficacy.

Services should also consider what opportunities exist to build relationships between the services by promoting joint attendance at appropriate training events and seeking to share training.

4.4 Forums

Local forums, where they exist (e.g. the regional groups for suicide and self-harm prevention) are an opportunity to develop relationships between services.

4.5 A named contact for each service

It is recommended that counselling services and CAMHS should ensure that a named contact is identified for each service, and contact details shared.

Case study 6

Location: North Wales Region Specialist CAMHS Single Points of Access

Situation/challenge:

Growing numbers of young people with emotional and mental health needs are seeking help, yet across agencies services are stretched to the limit. Counselling services across North Wales deliver substantial input for children and young people presenting with emotional health difficulties. Some of those young people need more specialist help which requires access to mental health advice and consultation and onward referral to a local specialist CAMHS.

The Mental Health (Wales) Measure 2010, implemented in 2012, focused primarily on the GP and primary health care team as the access route for seeking help from mental health services. Yet for children and young people, as well as the GP there are other front line universal Tier 1 services (such as schools or health visitors and school nurses) and Tier 2 services (including children's social workers and young people's counselling services) which often have very in-depth knowledge of a young person and their family and school situation. These other services are therefore in a strong position to identify those who need additional help.

Historically, referrals to specialist CAMHS had mainly been made in writing, with limited liaison prior to a young person being seen by the service. In addition, waiting times were often long. During the waiting time, things could change, some young people might wait for a service that was actually not needed, others might deteriorate. This system made it difficult to ensure that those who needed the service the most were seen in a timely manner.

Approach taken:

Specialist CAMHS across North Wales adopted a consistent approach to local arrangements for access, introducing the Specialist CAMHS Single Point of Access in each county. This was with a view to improving access for young people to the right level of help by increasing dialogue between professionals who wanted to refer children and young people and specialist CAMHS practitioners at the point of referral; and ensuring that all professionals who knew the child well were able to access mental health services for advice and input. It was also intended to simplify access for the referrer, and increase communication between referrers and specialist CAMHS.

What is the Specialist CAMHS Single Point of Access?

The Specialist CAMHS Single Point of Access was created to provide a single point for accessing all forms of help from specialist CAMHS in each local authority area., This included help in the form of consultation, training, and joint work, as well as for referrals of individuals for assessment and intervention – for children, young people and their families, and for professionals living/working in the local authority area. It was introduced under the Mental Health (Wales) Measure 2010, and was intended to improve access to specialist services for those who needed them most, and to quickly offer advice to referrers at the time of the request, including for those who did not need specialist help. The same system has been introduced in all local authorities across North Wales currently served by Betsi Cadwaladr University Health Board (BCUHB) specialist CAMHS.

Who can access specialist CAMHS through the Single Point of Access All professionals working with or offering a service to children and young people or their family can contact specialist CAMHS where there is a concern about mental health. This includes professionals from primary health care settings (GPs and practice staff), and any multi-agency service working with children, young people and families including young people's counsellors.

The same information is required for all referral requests.

How to access the Specialist CAMHS Single Point of Access

Access can be by telephone, in writing (using a standard form that is currently being introduced), or via face to face conversations with a specialist CAMHS professional. The standard access request form covers the information that is required. One aim of the single point is to increase ease of access to an initial discussion with a

specialist CAMHS professional to clarify concerns, identify any risks and agree next steps where needs are not clear.

Outcomes:

All local authorities across North Wales currently served by BCUHB Specialist CAMHS have introduced and operationalised the Specialist CAMHS Single Point of Access. Work is in progress to launch the new arrangements in each local authority area.

Counselling services have equal access to this route to discussion with specialist CAMHS professionals and referral into the local service for mental health assessment and intervention.

Dialogue has already increased, and referrers in several local authorities report high levels of satisfaction with the local Specialist CAMHS Single Point of Access in offering faster access to advice and information, a route to professional consultation and joint work, and greater clarity regarding mental health assessment.

Together the services are facing unprecedented increases in demand – one consequence of which is increased waiting times for counselling and also for mental health assessment and therapies from specialist CAMHS. By working together, the services can ensure that those who can successfully be supported through the counselling service and other community services are enabled to do so, and children and young people whose needs require specialist input are first identified and prioritised for that input.

4.6 Putting processes in place for referrals from Counselling to CAMHS

Case study 7
Location: Monmouthshire
Situation/challenge:
<ul style="list-style-type: none">• Lack of communication between the counselling service and CAMHS/child and family psychological services.• Lack of response to requests for advice, guidance and information from both services.• Unclear referral pathways between Monmouthshire counselling service (Face 2 Face Counselling) and CAMHS.
Approach taken:
<p>To address the challenges noted above, a meeting was held between the head of Face 2 Face counselling service and the local CAMHS to get a better understanding of each service structure and the referral procedures. As a result of this communication, it was agreed that Face 2 Face counselling service could refer direct into specialist CAMHS rather than through a GP.</p> <p>In addition, representatives from the counselling service and a family therapist in training was invited to join the specialist CAMHS family therapy team. Counselling services now have an honorary contract with the NHS with regular opportunities to discuss clinical work. Counselling representatives have also been invited to attend in house, NHS training, where they have had the opportunity of meeting the whole Aneurin Bevan psychology team.</p> <p>A meeting between Face 2 Face counselling service and the child and family psychological services has been scheduled to discuss counselling work, improving communication and multi-disciplinary working practice.</p>
Outcomes:
<p>The initial outcome was establishing the direct referral access, which has improved both speed and access for young people into appropriate services.</p> <p>The profile of Face 2 Face counselling service has continued to improve within specialist CAMHS, who now refer young people to the service for support/treatment, and Face 2 Face counselling service now has access to specialist advice and support in relation to complex cases.</p> <p>Personal relationships have been developed and continue to improve, leading to mutual professional respect and awareness of skills base and remit. These relationships have now evolved into inter- team conversations and sharing of good practice.</p>

4.7 Local protocols in place to underpin joint working

Local protocols between local authority counselling services and CAMHS are in the process of being developed in some areas. In Ceredigion, the pathway from Counselling to the Primary Mental Health Team for mental health concerns/queries has been mapped (see page 31).

Case study 8

Location: Denbighshire – Managing Self-Harm and Suicidal Expression Together

Situation/challenge:

1. Young people who harm themselves currently get a varied response from community services across North Wales. This can range from little or no response at all to immediate urgent referral straight to specialist CAMHS of all presentations of self-harm or reference to suicidal thoughts. In some areas, staff working in counselling services report holding cases that do not meet criteria for specialist CAMHS and many also report being relatively unsupported in this task. Neither position is the most useful for young people.
2. There is a wide variation in knowledge skill and confidence in knowing how to respond to young people and families where there is concern about self-harm or expression of suicidal thoughts.
3. In response to strategic drivers over recent years, there has been a steady increase in the number of (largely uncoordinated) training courses on self-harm and suicidal behaviour. These have been and continue to be provided by health, social care and third sector agencies, targeting front line services working with adults, children, young people and families. These courses are often of good quality, but are mainly one-offs, and focus on increasing awareness and early recognition, and how to speak to people who may be in distress. These are all important features of managing self-harm and suicide risk, but rarely is there any accurate information about local on-going advice or consultation for the participants post-training.
4. There is a need to offer an informed and systematic approach to addressing the needs of children and young people at risk of suicide or self-harm who are identified by front line services. This approach needs to ensure that children young people and front line professionals gain appropriate help when it is needed, and children and young people are assessed quickly and referred into specialist services appropriately where this is required.

Approach taken:

The counselling service, the educational psychology service and specialist CAMHS in Denbighshire are developing a joint approach to risk management of self-harm and expressions of suicidal thinking when young people present in schools. Jointly agreed pathways have been developed which specify responses of all parties at each step when presented with a medical emergency, when there is not a medical

emergency, and a joint approach to mitigation.

This work builds on earlier systems in place across Conwy and Denbighshire. A short series of working groups were held, endorsed by the Director of Education and Clinical Director in specialist CAMHS, to review the current picture, identify immediate risks, propose a standard protocol and consult with head teachers and unions.

The pathway includes implementing a standardised approach to identifying and managing immediate risks when schools are presented with young people who have engaged in, or are anticipating engaging in acts of self-harm. The aim is to support colleagues in education to carry out first level risk identification and management in the context of direct access to specialist CAMHS.

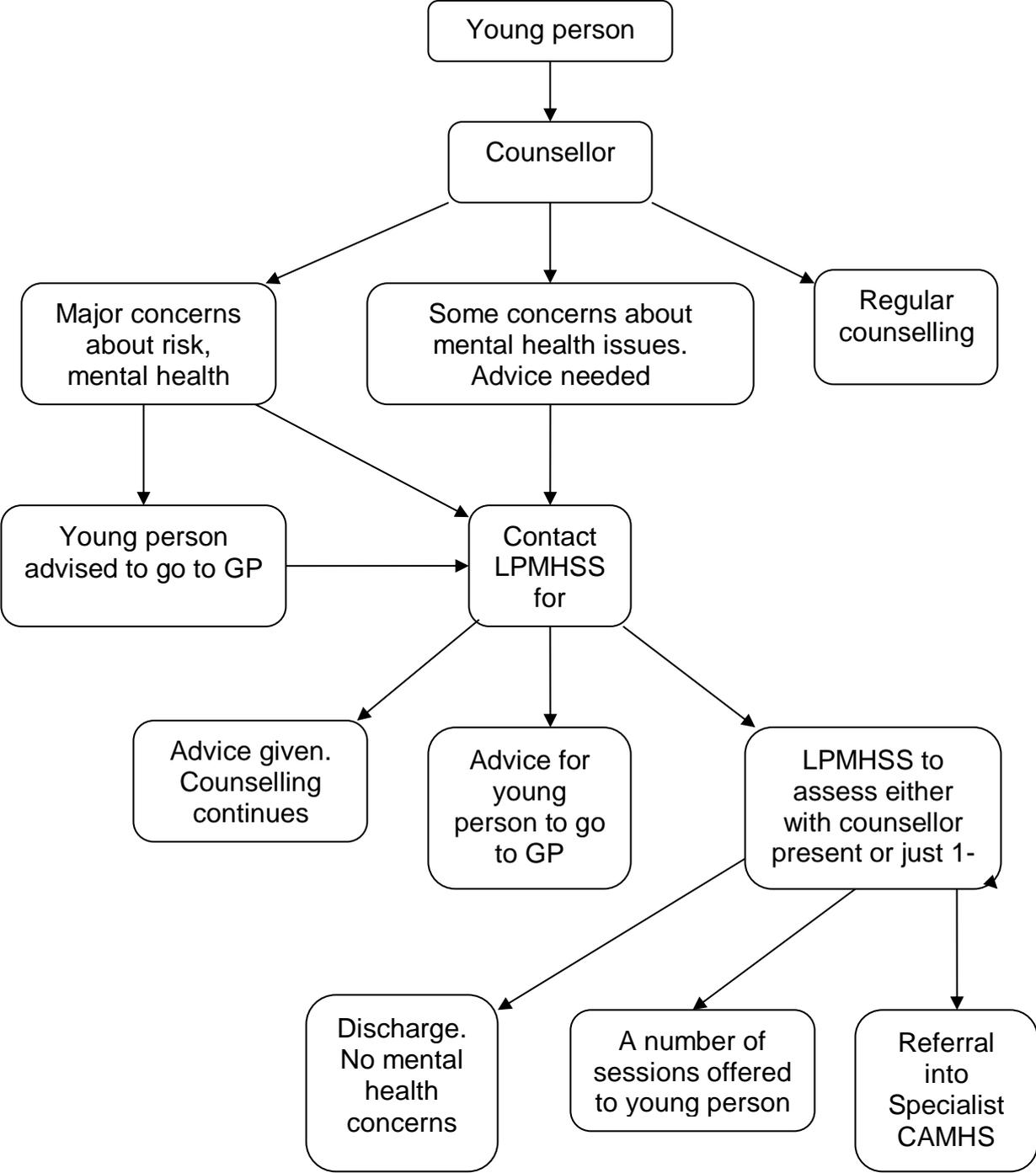
Protocols will specify tasks and responsibilities of each agency at each step in the pathway.

Jointly agreed training and access to consultation will form a core part of the implementation plan, and will be available on an on-going basis.

Outcomes:

The proposals have now been reviewed by secondary headteachers and relevant teaching unions. Key personnel in schools are now receiving training on the pathway, provided by CAMHS. The wider goal is to share this work and implement the same pathway across the region, working closely with colleagues in each education department and local specialist CAMHS team and the local safeguarding board.

Example of a referral pathway at Hywel Dda Health Board



Annex 1: Third sector organisations (with web links)

Action for Children	www.actionforchildren.org.uk
Adoption UK	www.adoptionuk.org/Wales
Advocacy Support Cymru	www.ascymru.org.uk
ASSIST (Assistance support and self help in surviving trauma)	assisttraumacare.org.uk
Association of Fostering and Adoption Cymru	www.adoptionwales.org
Barnardo's Cymru	www.barnardos.org.uk
Beat	www.b-eat.co.uk
Bipolar UK	www.bipolaruk.org.uk
Bullies Out	www.bulliesout.com
C.A.L.L	www.callhelpline.org.uk
Cartrefi Cymru	www.cartrefi.org
Children in Wales	www.childreninwales.org.uk
Children's Early Intervention Trust	www.childrearsearlyinterventiontrust.org
Cruse Bereavement Care Cymru	www.cruse.org.uk
Family Mediation Cardiff	www.familymediationcardiff.co.uk
Gofal	www.gofal.org.uk
Hafal	www.hafal.org
MEIC	www.meiccymru.org
Mental Health Advocacy Scheme	www.advocacyscheme.co.uk
Mind Cymru	www.mind.org.uk
MindEd	www.minded.org.uk
NYAS	www.NYAS.net
National Society for the prevention of cruelty to children – NSPCC	www.nspcc.org.uk
Outreach	www.valeofclwydmind.org.uk

The Royal College of Psychiatrists	www.rcpsych.ac.uk
Samaritans	www.samaritans.org
SNAP Cymru	www.snapcymru.org
TALKadoption in Wales	www.afteradoption.org.uk/our-services/support-young-adopted-people/talkadoption-wales#sthash.5EWONiPz.dpuf
Tros Gynnal Plant	www.trosgynnal.org.uk

Annex 2: Approaches that support building resilience in children and young people

1. Approaches used in schools

The **Incredible Years** programmes are aimed at children of Foundation Phase age. The Teacher Classroom Management programme emphasises skills such as the effective use of teacher attention, praise and encouragement, use of incentives for difficult behaviour problems, proactive teaching strategies, how to manage inappropriate classroom behaviours, the importance of building positive relationships with students, and how to teach empathy, social skills and problem solving in the classroom. The Dinosaur Curriculum emphasises training children in skills such as emotional literacy, empathy or perspective taking, friendship skills, anger management, interpersonal problem solving, school rules and how to be successful at school. The treatment version is designed for use for small groups of children exhibiting conduct problems.

KiVa is a schools-based anti-bullying programme that focuses on the bystanders, or witnesses of bullying, by actually providing ways to enhance empathy, self-efficacy, and efforts to support the victimised peers among the students. This approach can create an environment that's inhospitable to bullying behaviour. All learners within a school participate in most aspects of the programme. Additional individual interventions are targeted at learners who are identified as bullies or victims of bullying.

Mindfulness refers to the ability to direct the attention to experience 'in the moment', and to not worry about what has happened or what might happen. Mindfulness-based approaches are intended to teach people practical skills that can help with physical and psychological health problems and ongoing life challenges. Mindfulness is increasingly being used in schools to enhance wellbeing and learning.

www.mentalhealth.org.uk/help-information/mental-health-a-z/M/mindfulness

Nurture Groups give children opportunities to revisit early missed 'nurturing' experiences and, as well as developing curriculum-based skills, children are encouraged to acquire skills such as listening, sharing and turn-taking. There is evidence of the positive impact that nurture groups can have on children with social, emotional and behavioural difficulties. The Welsh Government handbook on how to establish and run Nurture Groups is available on Learning Wales:

learning.wales.gov.uk/resources/browse-all/nurturegroups/?status=closed&lang=en

Promoting Alternative Thinking Strategies (PATHS) is a school-based programme which aims to promote emotional and social competencies and reduce aggression and behaviour problems while simultaneously enhancing the educational process in the classroom. PATHS is designed to be used in a multi-year, universal prevention model. Although primarily focused on the school and classroom settings,

information and activities are also included for use with parents/carers.

In conflict resolution, **restorative practice** offers the opportunity for those who have been bullied to tell the bully how their actions have affected them, to get answers to their questions and obtain an apology. Equally, they offer the opportunity to bullies to understand the consequences of their actions, to take responsibility for what they have done and make amends. One of the main benefits of restorative approaches is that they are not only effective in resolving issues when things go wrong; they contain proactive elements which, if applied consistently using a whole school approach, can create a mind-set which encourages positive behaviour. Guidance on restorative practice is available on Learning Wales:

learning.wales.gov.uk/resources/browse-all/restorative-practice/?status=closed&lang=en

Social and emotional aspects of learning (SEAL) primary and secondary school resources offer a whole school approach for the development of social and emotional skills and promoting positive behaviour. These resources are available on Learning Wales:

learning.wales.gov.uk/resources/browse-all/seal-for-primary-schools/?status=closed&lang=en

learning.wales.gov.uk/resources/browse-all/seal-for-secondary-schools/?status=closed&lang=en

SPICE, which uses time credits to engage people in the design and delivery of public services and support them to take a more active role in their communities. Time credits increase active engagement, reduce dependency and build community and individual esteem. The Spice schools programmes work with both parents and students of all ages to raise aspirations and achievement whilst building confidence, developing skills and improving learning. The specialist Spice Schools model improves individual outcomes and connects schools to their local communities.

www.justaddspice.org

This is not an exhaustive list.

2. Self-help books

The Better with Books (Wales) scheme is a recommended self-help book list that encourages children and young people to consider reading a book to help them work through a difficult period in their lives, or who may be dealing with mild to moderate mental ill health. Building emotional resilience and improving mental health of children and young people can help to ameliorate more serious mental ill health in later life, and by addressing problems early, it can have a positive affect on the social and educational attainment of the young person.

The themes within the scheme were selected as the type of concerns that a child or young person might encounter, such as:

- worries and fears
- sadness
- sleep
- siblings
- divorce
- bullying
- confidence and self-esteem
- anger
- parents
- bereavement
- growing up.

For more information about the scheme please visit www.gov.wales and search Better with Books (Wales).