Welcome to
Community CAMHS COVID-19 Webinar

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www.khub.net

Sign-up and access the following groups for more information:
- COVID-19 Mental Health Improvement Network
- Quality Network for Inpatient CAMHS (QNIC)
- Quality Network for Community CAMHS (QNCC)

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Community CAMHS Covid-19 Webinar

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(We welcome any feedback and queries!)

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Wider context

• Frightening experience

• Huge variation in the way people responded

• Awareness of mortality / losses

• Anxiety / fear about its medium-long term course

• Financial worries

• Opportunities (e.g.. to change)

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Today's webinar

- Outline of Camden Community CAMHS – Tavistock and Portman NHS Trust

- What has changed

- How we evolved as a service

- Specific issues

- Lessons learned / learning

- Implications for the future

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Camden context

- Population 262,200 (2018)

- 17% are under 18 (approx. 45,000)

- Around 4,000 CYP 5-16 years have a diagnosable mental health condition

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Camden CAMHS

- Part of Children, Young Adults and Families Services

- Services to 0-17 years

- Clinic-based and outreach services

- Referrals: GPs, schools, other health services, LA, self-referrals

- Teaching / supervision as part of Department of Education & Training

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Camden CAMHS

- North Camden Community Team
- South Camden Community Team
- CAISS – Camden Adolescent Intensive Support Service
- Whole Family Team
- LAC CAMHS Team
- Clinical Intake Team (information gathering and signposting)
- Mental health support team (Trailblazer initiative)

Referrals meeting – twice a week

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Interventions

- Range of therapies & generic input
- Parent support
- Camden Parental Wellbeing Service (CandI)
- Medication
- Groups
- Liaison/ consultation with professional network
- Working with schools

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What has changed: work environment

- Information overload

- Access to services / usual referrals e.g.., GPs, schools

- Changes to linked agencies e.g.., social care

- Physical space

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What has changed: clinical environment

- Pace

- Shift from face to face to remote contact

- Overload, overtime, tiredness, uncertainty (but also resilience and comradery)

- Nature of issues, for instance YP with multiple risk / added factors e.g.., comorbidities, isolation, impulsive, LD, vulnerable

- YP who prefer to wait for f2f intervention

- PPE

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What has changed – staff / workforce

- Working from home (and related issues) e.g.., physical and head space in the home setting

- Sense of isolation / connectedness

- Maintaining emotional equilibrium when we're bombarded with difficult news that need to be digested

- Workforce management: recruitment / off sick / self-isolation

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What has changed – staff / workforce

- Conversely, more people can attend meetings

- Working relationships

- Professional development: on hold but wanting to continue

- Importance of feeling valued and recognised, how we communicate (given less face to face communication)

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What has changed

- Organisational:
  - Standard operating procedures updated e.g.., Camden CAMHS Hub, room booking
  - Things that will have to wait

- IT issues:
  - equipment, shortages
  - some upgrading were caught in the middle
  - IT people were themselves in lockdown
  - Zoom-bombing

- Educational:
  - Teaching
  - Supervision

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How has the service evolved / innovations

- Camden CAMHS Hub: co-ordination between teams, f2f OPAs, representation from some teams, centralised point of referral

- Zoom briefs: team / senior leadership/ whole Trust (relatively quickly settled within a new way of working)

- Staff support: In Mind Online publication, Together in Mind project, podcast (eg., about how to do something eg. Reduce stress)

- EPR: up to date / clear agreed care plan / formulation / safeguarding / risk docs / ensures CG /admin support needed to support trainees

- RAG rating: Amber / red cases: f2f

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How has the service evolved / innovations

- Proactive contact: Welfare / safety calls (re. safeguarding, abuse)

- Supervision / MDT clinical discussion

- Challenges with new assessment

- Safety of the building

- Projects that had being developed were put on hold / others were swiftly started (QI project on remote working and WfH)

- Consent re online video /phone / emails

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How has the service evolved / innovations

- Family and systemic discipline: family therapy team/reflecting space/online therapy guidance

- Creativity / collaboration / flexibility eg. Network meeting using 3 mobiles

- Demographic staff risk assessment

- People stepped up (and learned new skills)

- Re-deployment to Crisis Hubs

- Duty

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Issues concerning psychotherapy

- Confidentiality
- Privacy
- Nuances / gut feelings / gestures / smell
- Continuation
- Safety
- Endings
- Starts
- Scoping for cases where clients do not want video sessions for the next step

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Issues concerning psychiatry

- Medication

- Risk

- New /diagnostic assessments

- Network meetings

- Support / Supervision

- On calls

- Emergencies / crisis

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Issues concerning teaching / supervision

- Zoom/ Microsoft teams

- In many cases it actually sped things up

- Form filling

- Sharing screen

- No travelling

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Interface with the acute sector

- Bumpy / speedy start but very good collaboration

- NCL CAMHS Crisis hubs

- Links with several North-Central London Hospital

- Issues when there are more than 1-2 v disturbed YP on the ward

- RMNs

- New rotas

- Switchboards – who to call

- Crisis team

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Lessons learned / learning

- Importance of staying steady

- Clarity about the task

- Communication and connectedness (easier / faster on line?)

- Learning (more) about one's roles and 'togetherness'

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Lessons learned / learning

- Proactivity

- Importance of continuity (e.g.., to deliver a service) and support to those doing it

- Importance of acknowledgement, praise, recognition, and attention to one's professional development

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Lessons learned / learning

- Clarity / importance of boundaries

- Awareness of limits / limitations

- Being good enough can be enough

- Looking after oneself: breaks, outside interests, relationships

- The need for reflective opportunities to think about our learning

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Future implications / aftermath

- Service delivery and configuration

- Collaboration / cross-agency work e.g.., health and social care (and education)

- Commissioning

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Future implications / aftermath

- Standards

- Risk

- NHSE and Improvement: looking to capture what innovations / positive changes have been rapidly developed in response to COVID-19, which have improved mental health services, let them know.

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Resources

- https://nosycrow.com/blog/released-today-free-information-book-explaining-coronavirus-children-illustrated-gruffalo-illustrator-axel-scheffler/ (free information book explaining the coronavirus to children, illustrated by Gruffalo illustrator Axel Scheffler)

- Impact on mental health of 2019-2020 Covid / coronavirus pandemic (https://www.knowledgeshare.nhs.uk/index.php?PageID=literature_search_request_download&RequestID=22538)

- Colleagues in physical health needing to break bad news about a Covid death might find this useful (https://www.youtube.com/watch?v=p_HhyNufoZ0?)

- How to tell children that someone has died (https://www.psych.ox.ac.uk/research/cap

- Coronavirus and Bereavement Support for Schools / Settings and Parents / Carers – Bracknell Forest Council

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