Welcome to Community CAMHS COVID-19 Webinar
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North Camden Community CAMHS
Tavistock Clinic
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Hosted by: QNCC

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)
Community CAMHS Covid-19 Webinar

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(We welcome any feedback and queries!)

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)
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
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

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
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

Interventions

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

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
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

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)
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

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
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

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
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

Issues concerning psychiatry

• Medication
• Risk
• New /diagnostic assessments
• Network meetings
• Support / Supervision
• On calls
• Emergencies / crisis
Issues concerning teaching / supervision

• Zoom/ Microsoft teams

• In many cases it actually sped things up

• Form filling

• Sharing screen

• No travelling

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 very disturbed YP on the ward

• RMNs

• New rotas

• Switchboards – who to call

• Crisis team
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’

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
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

Future implications / aftermath

• Service delivery and configuration

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

• Commissioning
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.

Resources


• 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](https://www.youtube.com/watch?v=p_HhyNufoZ0))

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

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