

Date of meeting	Item	Members wished to make the following comments and conclusions:	Response/Comments
27-Mar-19	CAMHS	<p>Members were concerned that there were a high number of children and young people in Bridgend that had been diagnosed with a mental health condition and stated that whilst there were excellent support services to support their emotional Health and Wellbeing, they recommended that better analysis should be undertaken to identify the emerging themes, i.e geographical issues, social media, bullying etc behind their diagnosis. Once the themes are identified preventative measures could then be investigated.</p>	<p>Email sent to invitees on 11 April 2019, sent a chaser email 28 May 2019</p>
		<p>Members recommended that when referring Children and Young people on for further support services such as Counselling or group therapy, that their individual needs and requirements are considered. For example, if they are referred for group therapy that they are placed in an environment with young people with similar circumstances so sharing their experiences with each other contributes to their recovery.</p>	
		<p>Further Information</p>	
		<p>Members asked how the causes behind a diagnosis of a mental health condition in a child are recorded and analysed, and if a summary could be shared with the committee so they could understand the reasons for diagnosis.</p>	<p>The 'causes' of mental health conditions are not systematically recorded and analysed. All young people that enter the system have an initial 'choice' appointment with a CAMHS professional and this follows a bio-psycho-social formulation, alongside diagnosis, to understand a young person's difficulties. This will be individualised to each young person and so there is no summary of this for the whole case load. This working formulation may change throughout the course of CAMHS input and this understanding is reached in collaboration with the young person and their families/carers.</p>
		<p>Members asked to receive a case study of a child that has been diagnosed with a mental health condition which shows their journey from diagnosis to treatment.</p>	<p>Male young person was seen for a "choice" appointment at around 17 years and 9 months. He was describing depressive symptoms and suicidal ideation, and was referred by his GP. The symptoms were impacting on the young person's functioning, especially in education. He was initially seen by a CAMHS consultant to explore medication as this was the young person's second presentation within a relatively short period of time and family were requesting medication. He was prescribed an anti-depressant. The patient attended individual therapy, with another member of the team, for 6 sessions where Cognitive Based Therapy (CBT) based principles were explored, which brought about improvements in his mood and a reduction in his anxiety. His depression appeared to be secondary to anxiety which was largely triggered by school. Predisposing factors included poor relationship with his father who had his own difficulties. CAMHS on behalf of and alongside the young person were able to collaborate with adult mental health services (AMHS) to explore transition. There was a meeting incorporating the family, CAMHS and AMHS to review the care and treatment plan under part II of the Mental Health Measure (MHM). The young person was discharged from the Part II of the MHM with services put in place from the adult transition team. The young person said they felt that they had been listened to and felt confident about the support being offered going forward. CAMHS received a complement from the family</p>