Comisiwn Bevan Commission

NHS WALES GIG CYMRU
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board



BCUHB CAMHS Innovation Programme

Compendium

April 2025

Supporting the Transformation of CAMHS across BCUHB

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FOREWORD



As the Director of the Bevan Commission, it is my pleasure and privilege to introduce this compendium of innovation projects from the BCUHB CAMHS Innovation Programme.

This collection of innovative projects represents the very essence of our mission at the Bevan Commission: to support and champion innovation to ensure health and care is fit for the future.

The projects featured throughout this compendium are a testament to their remarkable creativity, dedication, and expertise of the Exemplars involved. Each project has been carefully developed and tested to address pressing challenges around the health and wellbeing of children, young people and families in North Wales. They offer practical, effective solutions that have already begun to yield tangible benefits.

The projects have demonstrated the power of innovation in driving positive change, exemplifying the forward-thinking that is now essential for the transformation of our health and care system.

However, as we all know, the journey does not end with the conclusion of the BCUHB CAMHS Innovation programme. For these projects to achieve their full potential and make a lasting sustainable impact, it is crucial that we now continue to support their wider adoption and spread across North Wales initially, which will require continued commitment, collaboration, and support.

As we move forward, I urge friends and colleagues across Wales to engage with these projects, champion their benefits, and work together to adapt and embed these into everyday practice. By doing so, we can collectively ensure that their remarkable work extends far beyond the boundaries of this programme, delivering sustainable improvements in patient care.

In closing, I extend my deepest gratitude to the Exemplars for their extraordinary dedication and contributions. Your work not only enriches our health and care system but also serves as an inspiration for other health and care professionals across Wales.



Helen Howson
Director, Bevan Commission

INTRODUCTION
BCUHB CAMHS Innovation Programme

Context and Background:

The Bevan Commission's CAMHS Innovation Programme was initially developed in 2021 in partnership with Betsi Cadwaladr University Health Board (BCUHB). Prior to initiation of the first iteration of the programme, BCUHB had been in special measures for five years, ending in November 2020. Subject to de-escalation, the Welsh Government subsequently put in place four domains for Targeted Intervention (TI), one of them being all-ages Mental Health. In response, and as a means of driving service wide transformation, BCUHB CAMHS issued a 'call for innovation' to local, regional, and national partners In total, the health board received 24 applications for this call, with between 12 and 15 of these being supported, including public, private and third sector partners.

The Bevan Commission worked in partnership with BCUHB CAMHS programme to develop a comprehensive 12-month programme of support and evaluation for these projects, with significant interest from other health boards across Wales. This programme was paused due to changes in priorities, stakeholders and governance, with the programme restarting in January 2024 and running until December 2024.

The Programme:

Building on the experiences of delivering the Bevan Exemplar Programme, the Bevan Commission's BCUHB CAMHS Innovation Programme aimed to support health and care professionals working with and within Children and Adolescents Mental Health Services to try out and test new innovative ideas, and subsequently promote their adoption where appropriate. The 12-month programme provided training and mentorship to inform thinking and develop skills so that projects were able to transform health and care services and have positive impacts on patient care, lived experiences, health outcomes and on service efficiency.

Family Wellbeing Practitioners in Primary Care | BCUHB

Elin Sanderson - BCUHB | Contact: elin.sanderson@wales.nhs.uk

Background:

The Family Wellbeing Practitioner (FWP) model was first piloted in North Denbighshire through the Bevan Exemplar programme. The service model developed provided a flexible pathway, which offered enhanced access to specialist advice, signposting, and brief intervention for families presenting to the primary care setting with concerns about children or young people's emotional wellbeing or behaviour.

Evaluation of the pilot demonstrated improvements in access to early support, reductions in inappropriate referrals to CAMHS, and in pressures on GP services. Building on these early results, the project received additional investment and was scaled up across all areas of BCUHB.

The approach to scale lacked a consistent framework for spread, which has led to the emergence of different implementation models.

Aim:

To have defined and agreed a co-created model of care to be provided by family wellbeing practitioners in each GP surgery access the BCUHB region.

Methodology:

- Undertake a mixed methods evaluation of the current models of delivery across BCUHB. The approach is to include:
  - Semi-structured interviews with area leads.
  - Online staff and stakeholder surveys.
  - Analysis of service level and outcomes data.
- Define a model of care to be delivered by family wellbeing practitioners, to ensure consistency and equity across the region.

"I've seen so many young peoples lives turn around for the better with this service." Stakeholder

Findings:

Current Models of Delivery

- All three approaches offer short-term, time-limited interventions with flexibility for re-referral. However, there are differences in the number of sessions offered, with two areas offering up to four sessions, with the remaining area offering six to eight sessions.
- They are staffed by a mixed team of practitioners working at Band 7 or similar.
- There is a shared emphasis on early intervention, signposting, and supporting young people on neurodevelopmental (ND) pathways.
- Each area engages with GP practices and third sector organisations.

Service Outcomes

While service level data is being collected in each area, there is variation in both the type and quality of data gathered, as well as in its availability and comparability for analysis. This constrained the evaluation of the effectiveness of the models, and it was not possible to compare them as a result.

Staff Survey Analysis

Staff reported that the FWP model:

- Improves quality of care and provides earlier access to flexible, practical support for families.
- Has clearer pathways and smoother handovers with CAMHS, schools and community services.
- Provides a job role that is rewarding and impactful.
- Faces challenges around capacity, resources, and integration with wider services.

Stakeholder Survey Analysis

- **85%** stated the service improves access, early intervention and collaboration.
- **90%** stated it supports prevention and early help.
- Stakeholders observed reduced pressure on other services and better support for families with complex needs.
- Over 75% support wider adoption of the model.

Both staff and stakeholders viewed the FWP service as a replicable, early-help approach that helps families access the right support at the right time.

Developing a Core Model:

Common Features across all approaches:

- Brief, flexible interventions.
- Delivery by experienced clinicians in primary care using MDT approaches.
- Manageable caseloads and appropriate training for staff.
- Emphasis on early support and signposting.
- Clear and consistent referral pathways and criteria, both into and out of services.
- Close collaboration with stakeholders.

These shared elements may provide a foundation for a core model that could be scaled more consistently across BCUHB and beyond. Future work should prioritise aligning data collection processes across areas, enabling robust comparative evaluation and the identification of which delivery features yield the greatest benefit.

"The service is so easily accessible and provides prompt review of patients who need support. It really does provide a bridge between primary care and CAMHs and is invaluable to refer to as a GP." GP

Care Home Pilot | BCUHB

Renné Evans - BCUHB | Contact: renné.evans@wales.nhs.uk

Background:

It is widely understood that the Mental Health of Looked after Children (LAC) is poorer than that of the general population. The experience of children and young people in care is often fractured, with multiple placement moves, placement breakdown, and interrupted education/changes to schools & interrupted treatment from therapeutic services. This further compounds the young person's sense of isolation and loneliness. The impact of the Covid-19 pandemic on looked-after children, young people's mental and emotional health and wellbeing, as well as their educational progress, cannot be underestimated.

Regionally there are currently 1803 children placed in care. 601 have emotional and behavioural issues with an extra 61 with mental health concerns, but only 78 are on the CAMHS waiting list. This indicates there are a significant number not meeting criteria for CAMHS interventions, or not accessing the service but experiencing emotional or behavioural issues.

Objectives:

- Develop a co-produced training programme with stakeholders and service users.
- Provide a core-training programme to a pilot cohort of residential children's homes in the BCUHB central area.

Methodology:

- Develop the training in collaboration with voices from Care Cymru, frontline staff, managers and residents of the four care homes in the pilot.
- Four care homes engaged in the project, and an extended phase included an additional 6 care provisions.
- Pre and post questionnaires completed by staff.

Conclusions:

This cohort of children and young people are those care experienced individuals who have comorbid symptoms that are secondary to their underlying developmental trauma & attachment difficulties. These young people present with significant emotional dysregulation, high-risk behaviour/impulsive behaviour.

These young people require a different, dedicated, specialised service to meet their needs.

The Training Programme:

Objectives:

- Assist staff to understand the context of poor mental health within a formulation of developmental trauma and attachment issues.
- Assist staff to see that a trauma informed/therapeutic parenting approach is necessary to address issues of developmental trauma and attachment.
- Support staff to understand the role of core CAMHS and that of partner agencies.
- Support staff to manage the crisis presentations of young people with a profile of developmental trauma and attachment.

Training Content:

- Overview of key Mental Health disorders in children.
- The impact of developmental trauma and attachment on children in care and their subsequent mental health.
- Working and communicating with adolescents.
- Crisis / in-patient pathway.
- Risk management (including managing Self Harm and Suicidal presentations).
- Self-Care for Staff.

Impact:

- The data collected from these questionnaires indicates an overall increase in both knowledge of, and confidence in, managing the topics taught.
- Early data collected through the programme requires cleansing however it indicates that there are delayed transfers of care for Looked After Children who fit within this particular cohort of young people i.e. those with underlying developmental trauma and attachment. These young people often present in crisis due to instability of placements and a lack of specialised mental health services to support their residential teams.
- The uptake and engagement of all care homes involved in the project was positive. There have been multiple requests from both those who have received the training and additional care providers requesting further training.
- The project has strengthened relationships through collaboration with statutory partners i.e. North Wales Police & Local Authorities. This integrated way of working reinforces guidance and legislation with regards to both mental health care and specifically meeting the needs of Looked After Children.

Wilderness Therapeutic Interventions | Campfire Cymru

Becks Fowkes and Ellie Jones - Campfire Cymru | Contact: info@campfire.cymru, 07989 501335, www.campfire.cymru

Background:

Campfire Cymru delivers tailored whole family Forest School sessions for families whose children have additional needs or disabilities, are neurodivergent or who are struggling with mental health or anxiety.

A number of families attending sessions were identified as showing signs of collective trauma linked to the stresses of the pandemic and/or fallout from their children's negative experiences within mainstream education.

Aim:

- To deliver a therapeutic wilderness programme to test how the approach can be used to support children, young people and families.

Approach:

- Delivery of a programme of 8 wilderness therapeutic sessions.
- Each session lasted 3 hours, and followed the following format:

- Starting Rituals/reflections - walk to camp, set up camp, welcome song, check in, firelighting ceremony (including gratitude)
- Main Activities - designed to facilitate personal progress towards wellbeing goals and self-reflection and tie in with the weekly theme (see below).
- Ending Rituals/Reflections - Fire dousing and checkout, take a leaf off the branch and add to journey stick. Marking each other with charcoal and family promise.

- Each week had a theme:

  Week 1: Stimulation.
  Week 2: Acceptance.
  Week 3: Purification.
  Week 4 and 5: Insight.
  Week 6: Recharging.
  Week 7: Change.
  Week 8: Ending, celebration.

Impact:

- During the pilot programme, 60% of participants showed improved scores on the wellbeing scales used - some of whom showed a very significant improvement. The programme tracked wellbeing measures, using the Warwick Edinburgh Wellbeing Scale (WEMWEBS), and the Stirling Children's Wellbeing Scale.
- 80% of participants completed the programme and all reported enjoying it.
- There was anecdotal evidence of progress in areas such as self-esteem and emotional intelligence.

Participant Journey:

Participant P: is a carer for her children who are neurodivergent as well as an elderly relative. She works part time in education and was getting used to a new role at the time of attending the programme. During the pandemic, a close family member died, which had a massive impact on the entire family. Her caring responsibilities have had an impact on her physical and mental health, and she has recently been diagnosed with a long term health condition. Husband, D also attended with her and their children and he talked about the stress he was feeling and how that impacts on P too.

From start to finish of the programme, P's WEMWEBS score improved by 13 points;putting it above the general population mean for wellbeing. P indicated that her self-awareness had developed throughout the programme and said that she had developed her self-smart skills, including being better able to consider her own needs and what works for her, along side those she cares for.

"It helped me to stop and reflect on how things around us have an impact on our wellbeing, and the importance of taking time to look after ourselves. I found the experience beneficial in so many different ways and it helped me to recognise that I don't need to take everything on my shoulders and it is important to prioritise what is and who are important to you. Also, as a family unit we work well together and can remind each other the importance of looking after our wellbeing."

Reflections:

- Although the programme was successfully delivered in 8 sessions, 10 sessions would have been more beneficial.
- A private site for programme delivery would be ideal.
- An extra member of staff would be invaluable, enabling more targeted interventions to happen at one time.
- Lots of time is required for building relationships with families before sessions start.

Next Steps:

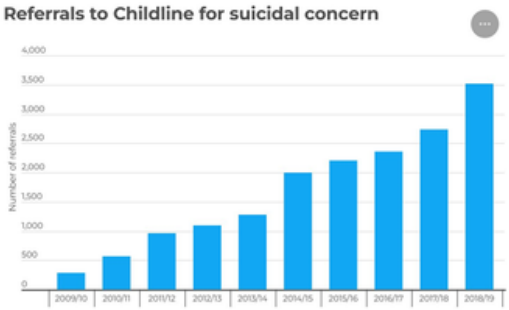
- To continue to deliver wilderness therapeutic interventions, potentially with different cohorts to enable comparison.
- Staff are attending additional training to support their therapeutic skills, particularly around parent/child relationships.

DBT in Denbighshire Schools | Denbighshire County Council

Kathryn Nash and Dan Trevor - Denbighshire County Council

Background:

Suicide is a leading cause of death for young people and until the emergence of an adapted DBT protocol for this group there has been no evidence-based intervention to address their problems.



Objectives:

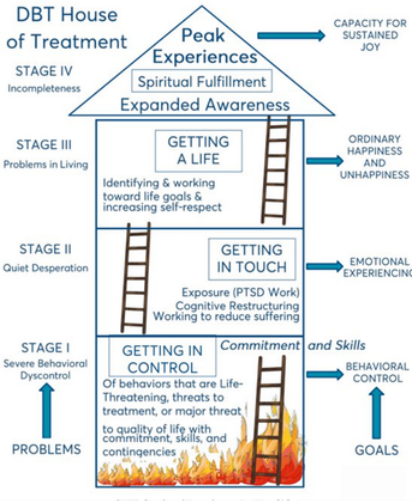
- Research established evidence-based DBT Skills Training Group programmes in Ireland / USA / Canada. We wanted an evidence-based model aimed at CYP at risk of self-injury and/or suicide.
- Implement a DBT pilot project in 2018 with assistance from Bangor University and the Churchill Fellowship. DBT delivered as part of the statutory School-Based Counselling service provision.

Methodology:

- Research evidence demonstrating effectiveness of specific DBT interventions in clinical practice.
- Undertake a specific exploration of adaptations of DBT for children and adolescents.
- Understand how programmes have flourished in non-clinical settings and especially in school communities.
- Visit and experience successful programmes by visiting relevant centres of excellence.
- Meet with developers and practitioners to gain an insight into the challenges encountered and the adaptations they have made.
- Develop professional relationships that facilitate detailed discussion and will be valuable in developing interventions.

Implementation:

- Young people make a commitment to attend a DBT Skills Group for 2.5 hrs. a week over one academic year. Skills groups run at 2 mainstream and one special (ASD) school .
- Young people learn skills from the 5 modules: Core Mindfulness, Interpersonal Effectiveness Distress Tolerance, Emotion Regulation, Middle Path (Dialectics).
- Individual weekly psychotherapy informed by the young persons DBT Diary Card (full programme).
- Weekly therapist consultation team.
- Focused skills application by phone coaching.
- Families can be supported to understand and support their adolescent children.



Stage I
Obtain behavioural control for clients experiencing life-threatening symptoms such as suicidal thinking, suicidal behaviour and self-injury.

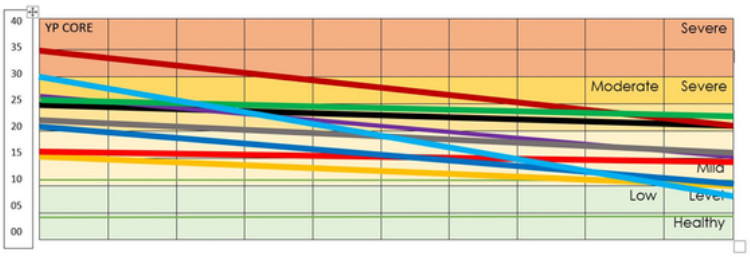
Stage II
Experience emotions and decrease avoidance.

Stages III & IV
Solving ordinary life problems and addressing feelings of incompleteness, develop a sense of meaning and connection within the world they live in.

Impact:

Young people CORE Average score at DBT Pre-Treatment April 2024 = 22.7/40.
Average score on DBT group completion February 2025 = 15.1/40.

This represents an average percentage reduction of over 33% for the whole group of 9 young people.



Case Study:

- Female, 15 years old. Year 10 at mainstream school.
- Emotion dysregulation. Lack of trust and dissociation. Ongoing Self-injury and suicide attempts.
- Experienced/witnessed domestic violence in childhood (father towards mother).
- Feeling anxious, not trusting others, becoming withdrawn and at times dissociated. Possible signs of potential PTSD re. her belief – 'world is dangerous - I am not competent to deal with it'.
- Signs of improvement in the way that she appeared less distant during skills groups and in 1:1 sessions. She reduced self-harm and suicidal thoughts since the beginning of the program.
- Building a Life Worth Living' Goal. Finding motivation re goal directed behaviours to engage at school – wanting to achieve autonomy / independence as an adult.

Young People's Wellbeing Space | GISDA

Sian Tomos and Lyndsey Thomas - GISDA | Contact: gisda@gisda.co.uk

The Need:

The number of anxiety cases has increased among children and young people in Wales. Statistics show that 46% of children and young people (compared to 12% in 2015–16) who received counselling in Wales in 2022–23 had anxiety as their problem.
(Welsh Government. (2024c) Counselling for children and young people: September 2022 to August 2023.)

50% of mental health problems are established by age 14 and 75% by age 24
(https://www.mentalhealth.org.uk/explore-mental-health/statistics/children-young-people-statistics)

On average, our Housing Support project, which supports 32 individuals in accommodation, visits emergency departments once a month due to self-harm, suicide attempts, or young people who need urgent attention and are unable to keep themselves safe.
(GISDA Statistics 24-25)

Aim:

To address the growing need for accessible mental health support for young people, by developing a young people's wellbeing space. This innovative approach improves access to services, simplifies support pathways, and improves outcomes by bringing specialist agencies into a safe, youth-focused space. The project is intended to support statutory mental health services.

Outcomes:

- Providing support around the young person.
- Reducing waiting times.
- Improving access to support.
- Improving early intervention.
- Simplifying multi-agency support – health, social services, education, and the third sector.
- Empowering young people.
- Supporting families and carers.
- Raising awareness and reducing stigma.
- Promoting wellbeing and resilience.



ICAN Project:

Funded by BCUHB.

ICAN provides easy-to-access early support to people struggling with their mental health and wellbeing, reducing the need for referral to specialist NHS services.

- 166 service referrals in 23/24.
- 100% with mental health needs.
- 69% with a mental health diagnosis.
- 56% risk of self-harm / suicide.
- 86% visited a GP about their mental health.
- 34% visited emergency departments with urgent mental health needs.

Following support:

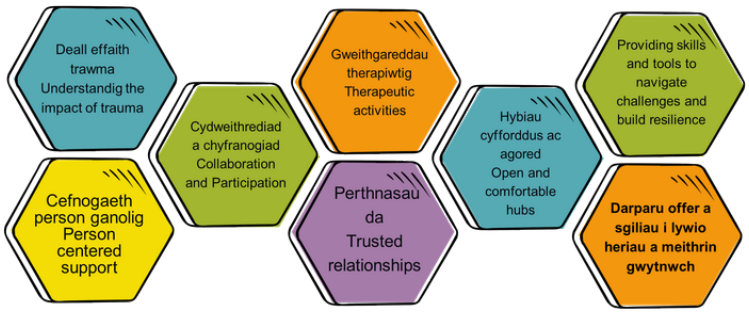
- **70%** noted an improvement in their mental health and wellbeing.
- **59%** noted that they can now cope better with difficult situations.
- **77%** noted an increase in awareness of the support available.

Approach:

Original Plan: Buy a property (a house in Bangor) for a dedicated "Alternative to Admission" centre.
Challenges: Lack of capital funding to buy and adapt a new building and the timetable to achieve this.
Offer: Use the Bangor cafe to run a pilot.

6 month pilot:
Provide mental health services in four areas in Gwynedd offering support to young people aged 12-18.

Model Fi - A way of working to give the best results for young people:



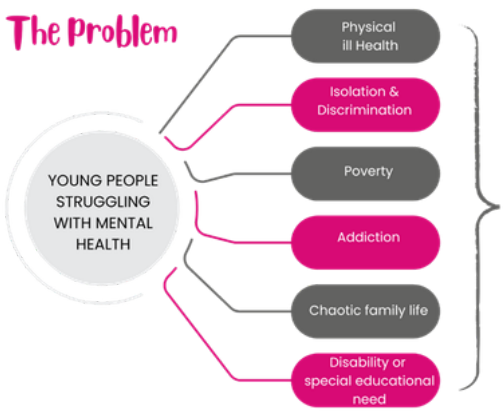
Available at the hubs:



ForMi Project | Here2There.me Limited

Kat Applewhite and Donna Thomas - Here2There.me Limited | Contact: kat@here2there.me.uk

Background:



Young people in Wales face significant and growing mental health challenges.
Many struggle to access timely and adequate support, with significant gaps in early intervention, trauma-informed care, and family-centred services.
Schools, colleges, and community settings are recognised as critical environments for delivering support, yet provision often falls short of meeting demand.
Increasing pressure on already stretched NHS Wales services.
Commissioners have a vital opportunity to address these gaps through innovative, evidence-based solutions like ForMi, which align with the Welsh Government's priorities for early intervention, integrated care, and equitable access to mental health support.

Aims:

- Improve young people's mental health outcomes by utilising ForMi to:
  1. Amplify their voice and empower them in their own recovery.
  2. Connect their support around their person centred, strength-based plan.
  3. Enable them to visualise and celebrate their progression in a safe space.
- Improve Services effectiveness and efficiency around communication, administration and reporting.

About ForMi:

ForMi is a digital tool that:

- Empowers people to manage their own mental health
- Connects services friends and families so that they get the support and encouragement needed to bring about lasting change.
- Available as an App and via a desktop or tablet.
- For everyone.
- Transcends barriers.
- Connects, engages and inspires people.

Next Steps:

- Secure additional funding to enable ongoing co-production and refinement of the app, to ensure it remains responsive to the needs of young people and their supporters.
- Shift focus to redeveloping the app so that individuals and families can access it directly, without needing to go through an organisation of service.

Why ForMi?

- By combining evidence-based principles with the objectives of the NEST Framework, ForMi is uniquely positioned to support the mental well-being of young people. The platform empowers individuals to set and track personal goals, reflect on their progress, and engage in meaningful conversations with their Circle of Support. Research shows that goal-setting enhances self-efficacy, while reflection and documentation of achievements foster emotional resilience and a sense of accomplishment.
- ForMi's interactive and supportive features facilitate connection and collaboration, essential elements in promoting mental well-being. By enabling young people to take ownership of their mental health journey, ForMi not only supports individual growth but also contributes to a more connected, efficient, and person-centred approach to mental health care. This makes it an invaluable tool in improving the overall mental well-being of young people, amplifying their voices, and strengthening the networks of support around them.

Challenges:

Whilst there was unanimous support for ForMi, the short duration of CAMHS interventions coupled with resource limitations meant that it was not possible to conduct a pilot within the CAMHS service.

Solution:

Through the CAMHS Innovation Programme, we met GISDA and identified an opportunity to use ForMi in their ICAN Service.

A team of young ambassadors at GISDA played a critical role in championing ForMi within the service. They gathered feedback from young people on ForMi. Feedback says ForMi helps people to:

- Set and achieve goals.
- Reflect on their progress.
- Have positive interactions with their support networks.
- Identify and mitigate risks before they escalate.

Collaboration with GISDA and the ICAN project has shown how ForMi can support people on their mental health journey.

Developing the Early Help Hub | Isle of Anglesey County Council

Llyr ap Rhisiart - Isle of Anglesey County Council | Contact: Teulumon@ynysmon.llyw.cymru

Background:

- Percentage of referrals were closed with no further action.
- Increase in demand for mental health support.
- Develop early help hub.

Objectives:

- Multi agency response.
- Better case formulation.
- Sharing of information.
- Avoid duplication.

Approach:

- Commenced in 2019 after consultation with agencies.
- Virtual meeting.
- Initially monthly, now twice weekly.
- Referrals sent to Teulu Môn.
- List shared.
- Case discussion.
- Actions taken from the meeting.

Findings:

- Popular forum.
- Better understanding of the child's life.
- Identify gaps in services.
- Avoid statutory services.
- Useful for step down of cases.
- Earlier intervention in schools.

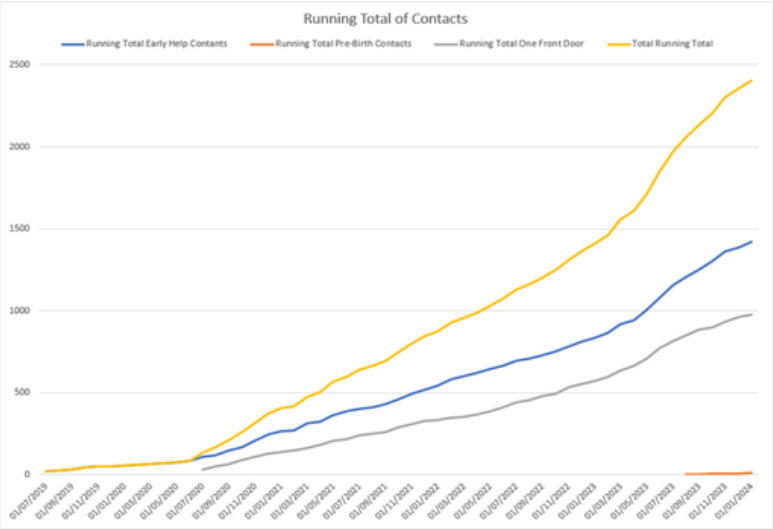
Next Steps:

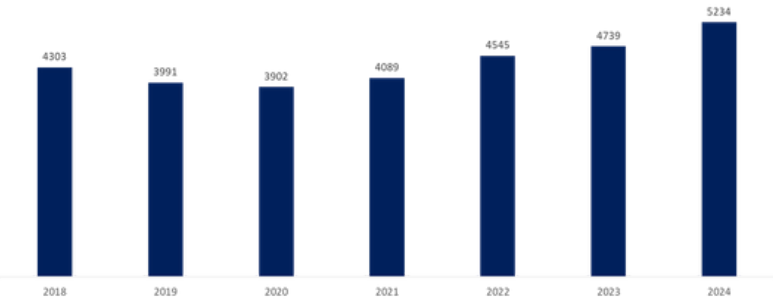
- Better system for collating data and outcomes.
- Align Early Help Hub with CAMHS Early Help
- Look at how we can bring schools into the hub.
- Consider multi agency area teams.

CYNGOR SIR YNYS MÔN ISLE OF ANGLESEY COUNTY COUNCIL

Impact:

The below charts show the increase in demand since the inception of the Early Help Hub.







Supporting Children and Young People with Autistic Spectrum Conditions | Your Space Marches

Rachel Hancocks - Your Space Marches | Contact: admin@yourspacemarches.co.uk

Background:

Your Space is a small charity that supports young people with autism and their families, whether or not the young person has a diagnosis. It provides family outreach support, and wellbeing support which includes 1-1 supporting, training, parent support groups and activities for young people.

It was identified that there is a gap in support for young people and families while they are on the waiting list for a diagnosis.

Aim and Objectives:

To offer an holistic approach for individuals and families to use flexibly , according to needs, from the initial conversation of autism and throughout their development through to adult hood.

- Provide a counselling service that understands children and young people.
- Provide a service that helps with improving children and young people's mental health through exploring and understanding of self.
- Deliver a service that helps with interaction with family and supports parents.

The Project:

The elements of the project included:

- Parent outreach support worker , including parent support groups and one to one sessions, support with diagnosis process and educational Statement issues.
- Respite support for children requiring one to one.
- TC Counselling (Talking therapy sessions).
- PROACT Training for practical solutions of behaviour management.
- Opportunities for young people to referred to take part in eider activities provided by Your Space.

Each stage of the project can be offered as an entity alowing for exit with an evaluation. This offers flexible support around family needs and circumstances but also offers periods of implementation, reflection and the celebration of achievements.

Impact:

- The project was very successful, and enabled the charity to offer an increasing amount of support to families.
- There has been an increase in referrals, and in 6 months, we supported 242 families.
- Early intervention pre and post diagnosis will alleviate issues becoming unmanageable leading to crisis point, empowering parents to develop and cope, recognising their skills and celebrating what they have learned and what they know.
- Less need for crisis interventiona nd poor mental health outcomes.
- Families better equipped to understand and support one another and others.

Conclusions:

- It has benefitted families, improving the mental health of parents and children and young people.
- Your space provides activities and opportunities for autistic young people to take part in activities and sessions of their choice as its main aim (social sessions, music and dance clubs, family events such as swim sessions, life skills, ball skills, teens clubs). All these are funding dependent .

“Great innovation only happens when people aren’t afraid to do things differently.”

Georg Cantor

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