

**Supplementary material 4:  
Notes from SAG meeting held in May 2020**

**Combined Project Oversight and Stakeholder Advisory Group.**

**Tuesday 19 May 2020**

**11.30-13.30**

**Virtual meeting via Zoom**

**Meeting notes**

**Record of attendance**

<b>Project team</b>		
	<b>Position</b>	<b>Present</b>
Dr Nicola Evans	Reader	Yes
Deborah Edwards	Research Associate	Yes
Prof Ben Hannigan	Professor of Mental Health Nursing	Yes
Dr Judith Carrier	Reader	Yes
Mair Elliott	Public and Patient Project Member	Yes
Elizabeth Gillen	Subject librarian	Yes
Elizabeth Williams	Public and Patient Project Member	Yes
Dr Rhiannon Lane	Research Associate	Yes
<b>Stakeholder advisory group</b>		
	<b>Position</b>	<b>Present</b>
Michael Coffey	Independent chair, Professor of Mental Health Care, Swansea University	Yes
Mirella Longo	Health economist – Cardiff University	Yes
Dr Robert Potter	Consultant child and adolescent psychiatrist, Cardiff University	Apologies given
Steve Riley	Nurse Consultant CAMHS, Betsi Cadwaladr University Health Board	Yes
Victoria Goodwin	High Impact Service User Case Manager, Unscheduled Care, Aneurin Bevan University Health Board	Yes
Mary O’Grady	Head of CAMHS, Powys Teaching Health Board	Apologies given Online meeting on 9 June 2020
Emma Bell	Cardiff Cluster Manager, Place2Be	No response
Katherine Cullen	Health economist, Swansea University	Yes
Gaynor Pring	Secondary school teacher - Wellbeing and Safeguarding specialist	Yes
Gemma Price	Parent	Apologies given
Rachel Phillips:	Parent	Yes
Debbie Wharton	Parent	Apologies given
Iain McMillan	Group Manager Social Services and Wellbeing Children Social Care, Bridgend County Borough Council	Apologies given Telephone meeting 10 June 2020

## **1. Welcome, introductions and apologies**

Project oversight, stakeholder advisory group (SAG) and project team members were welcomed by the chair, Michael Coffey, and the chief investigator Nicola Evans.

## **2. CAMH crisis project Combined Project Oversight and Stakeholder Advisory Group.: terms of reference**

The revised terms of reference were approved

## **3. Where are we in relation to COVID**

Regarding the GANT chart we are just two weeks behind schedule.

Regarding retrieving full reports of journal articles by ILL, Liz Gillen reported that we have six inter library loan requests outstanding as libraries are not able to provide photocopies of physical reports during this time. It was also reported that the database ProQuest is only available in campus and at this present time staff are not allowed on campus which impacts on the retrieval of dissertations. This situation will be revisited in September 2020 in which time it is hoped that some of the current restrictions will have been lifted. In the meantime, Liz Gillen has contacted the authors and the libraries directly to see if they hold any digitised copies of the dissertations that are needed.

## **4. CAMH crisis progress update: searching, screening and finalising included records**

### *Searching:*

Due to the initial volume of literature retrieved the decision had been made to limit the reports to those published during 1995 and later. This decision was based on the publication of Together we stand: the commissioning, role and management of child and adolescent mental health services. NHS Health Advisory Service, London, 1995. The search found only 2 UK studies and Ben Hannigan contrasted this with the wealth of studies in adult mental health crisis.

### *Exclusion criteria:*

A number of criteria for excluding articles on full text screening were confirmed

- For those studies that include participants that are children and adults where the average age of the participants was over 25 years
- Where crisis is a group crisis experience such as a mass shooting or stabbing in an educational establishment or a natural disaster

### *Finalising included reports:*

A discussion was had about the volume of papers that had been retrieved where children and young people presented in crisis to emergency departments. It was agreed by all in attendance that such articles would be included.

Deborah Edwards asked the group to discuss the difference between being in psychological distress and crisis and was there a threshold to help differentiate between the two. It was decided that this was a very individual thing and that it was more about reaching a point when someone can no longer manage on their own. It was noted however, that not all children and young people have parents who can

advocate for them. In a school setting a crisis was reported to be those at risk of imminent harm. It was felt that this threshold also varies across ages and with prior experience. Any reports that just talked about psychological distress would need to be discussed with the whole project team for any decisions to be made.

#### *Modelling different types of services/programmes*

A range of different services/programmes across a variety of settings are reported covering support models such as text based services or crisis hotlines and assessment and/or treatment. A discussion was undertaken on the best ways of presenting this information. Suggestions included a clinical flow chart that moves from primary to secondary care with overlapping sectors. Another suggestion would be to use the tier levels approach. The final decision was to use categorise the literature as triage/assessment-only approaches, digitally mediated support approaches and intervention approaches and models.

#### *Different models of emergency department care:*

When a publication is about routine treatment in the emergency department and is only about protecting someone's physical health that it was agreed that such reports would be excluded.

Publications that are about routine treatment in the emergency department which involves signposting, referral or some degree of mental health intervention will be differentiated from the above. It was suggested that the team revisit these reports and include them. These would also include models of follow up treatment/intervention after presentation to emergency departments.

For the qualitative literature there is a need to differentiate between what people would like from a crisis service and peoples experience of an actual crisis service.

### **5. Next steps**

The next steps will be to conduct the quality appraisal and data extraction.

### **6. Summary of meeting**

Discussions were recapped, and SAG members were thanked for their time and valued contributions.

### **7. Date of next meeting**

The date of the next and final meeting will be Tuesday 2nd February 2021.