# **Supplementary material 5: Notes from SAG meeting held in March 2021**

# Crisis responses for children and young people: an evidence synthesis of service organisation, effectiveness and experiences (CAMHS Crisis)

Combined Project Oversight and Stakeholder Advisory Group.

Monday 1<sup>st</sup> March 2021 11.30-13.30 Virtual meeting via Zoom Meeting notes

#### Record of attendance

Project team			
-	Position	Present	
Dr Nicola Evans (chief investigator)	Reader	Yes	
Deborah Edwards (project manager)	Research Associate	Yes	
Prof Ben Hannigan (co-investigator)	Professor of Mental Health Nursing	Yes	
Dr Judith Carrier (co-investigator)	Reader	Yes	
Mair Elliott (co-investigator)	Public and Patient Project Member	Apologies	
		given	
Elizabeth Gillen (co-investigator)	Subject librarian	Yes	
Elizabeth Williams (co-investigator)	Public and Patient Project Member	Yes	
Dr Rhiannon Lane (co-investigator)	Research Associate	Apologies	
		given	
Stakeholder advisory group			
	Position	Present	
Michael Coffey	Independent chair, Professor of Mental Health	Yes	
	Care, Swansea University		
Mirella Longo	Health economist - Cardiff University	Apologies	
		given	
		Email follow-	
		up	
Dr Robert Potter	Consultant child and adolescent psychiatrist,	Yes	
	Cardiff University		
Steve Riley	Nurse Consultant CAMHS, Betsi Cadwaladr	Yes	
	University Health Board		
Victoria Goodwin	High Impact Service User Case Manager,	No response	
	Unscheduled Care, Aneurin Bevan University		
	Health Board		
Mary O'Grady	Head of CAMHs, Powys Teaching Health Board	Yes	
Emma Bell	Cardiff Cluster Manager, Place2Be	No response	
Katherine Cullen	Health economist, Swansea University	Yes	
Gaynor Pring	Secondary school teacher - Wellbeing and	Apologies	
	Safeguarding specialist	given	
Gemma Price	Parent	No response	

Rachel Phillips:	Parent	Apologies
		given
Debbie Wharton	Parent	No response
lain McMillan	Group Manager Social Services and Wellbeing	Apologies
	Children Social Care, Bridgend County	given
	Borough Council	Phone call
		follow-up

### 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. Recap of study aims and objectives

NE revisited the study aims and objectives

# 3. Recap of decisions made by group in previous meetings

NE reminded the group of the decision that had been made in the previous meeting

#### 4. Where are we in relation to COVID

It was reported that the team are about a month behind the original finishing date and that a non-cost extension has been granted by the funder in order to finish the final report.

## 5. CAMH crisis progress update: data synthesis

DE presented a progress update and the results of the data synthesis.

There was a discussion around the following point:

The tension in practice on resources when the population is sparse.

If you do not see may CYP coming through the system how do you keep up your skills. The lack of research studies that were conducted in a UK setting and the cultural and contextual differences from research conducted elsewhere makes it difficult to draw firm conclusions and this needs to be explored within the limitations section of the final report.

The data synthesis reported that home-based care was effective but, would children want to stay at home or be admitted if home life was a cause of their crises. Steve Riley suggested the ACES animation as an example of what can be achieved from an animation and another example that was given were the eating disorders you tube videos by Eva Musby.

Through follow-up email Mirella Longo suggested careful consideration of one of the goals of crisis care - keeping children and young adults in their home environment in case a problematic home environment is also an issue and whether keeping the person in the home might be the best way to care for this patient.

#### 6. Dissemination

The research team are hoping to commission an animation that presents an overview of the study findings. NE suggested using a patient journey as a way of doing this, however, this idea was not supported as using one example of a patient journey could lead people to think that that journey was the only option. The research team were asked to think of a different approach. Sample animations from the company Jammy Custard were showed and the group members asked to state which one they prefer. Everyone agreed and chose the high-fidelity option which allowed for more movement form the animated characters.

#### 7. End of project alternative event

Due to the COVID pandemic it was acknowledged that it is not possible to schedule an end of project face to face event. However, the funder will allow us to keep dissemination funds for 2 years post contract which would take us to March 2023 by which time it is hoped that a face-to-face event would be possible.

#### 8. Future work discussion

NE presented ideas for future funding bids. It was mentioned that the delivery unit are conducting some research into what happens to YP at the point of crisis. There was some discussion around what outcomes do you want from crisis services and how you would define outcomes for a primary study. Everybody acknowledged that children's crisis is a really important area and there is not much research currently being conducted.

# 9. Summary of the meeting

MC presented a summary of the meeting.