

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry

into The Emotional and Mental Health of Children and Young People

EMH 37

Ymateb gan: Coleg Brenhinol y Seiciatryddion

Response from: Royal College of Psychiatrists



The Royal College of Psychiatrists is pleased to respond to the Children, Young People and Education Committee inquiry into the emotional and wellbeing of children and young people in Wales.

The inquiry looks specifically at Child and Adolescent Mental Health Services (CAMHS), an area of intense scrutiny over the years not just in Wales but in the UK. CAMHS have been under extreme pressure and this has been highlighted in the WAO reports, the original CYPE inquiry and our written and oral evidence to the inquiry. The lack of financial and human resources coupled with an increase in demand left those working in CAMHS feeling overwhelmed, impacting on patient care.

In November 2016, we welcomed the Health Minister's announcement at the time to develop an improvement Programme, rather than conduct another review. We must stress first and foremost that this was a positive step to making improvements – focusing on “what can be done”, rather than “what is going wrong”. For the first time it was also backed by a significant increase in funding, which is vital for change to happen.

The Programme has successfully brought together a number of health and social care professionals and third sector organisations to work jointly towards reaching common goals. It looks at all stages of mental health conditions, from prevention to specialists services. The focus of the Programme is on quality outcomes and patient need.

Professor Dame Sue Bailey, past President of the Royal College of Psychiatrists and Advisor to the T4CYP remarked at the RCPsych in Wales's child and adolescent faculty meeting in October 2016, that the work in Wales should be seen as a beacon because it is further ahead than any other UK nation in delivering a values-based model of children's mental healthcare. The findings of the Values-Based CAMHS Commission, spearheaded by the College and published in their report *What really matters in children and young people's mental health* outline what needs to be done to obtain values-based outcomes and Wales is clearly further ahead with the development and approach of the T4CYP.

We are pleased that the Cabinet Secretary for Health, Social Care and Sport meets regularly with T4CYP Government Advisors to drive forward improvements to service provision. We would say that, whilst we have seen improvements at the high-end of service delivery, we are yet to see the same advances in prevention and early intervention, particularly in tackling stigma and focusing on mental health education and awareness in schools. We welcome the announcement of additional funding for a pilot scheme to run in three Health Board areas, ensuring a dedicated CAMHS professional works directly with cluster schools to offer regular training, advice and support, and to be the link between schools and mental health services.

Specialist CAMHS

Q. The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS. Whether the improvements in waiting times Welsh Government expected from CAMHS have been met.

1. There has been a significant reduction in the numbers of children waiting long times for specialist CAMHS. Some Health Boards record a major reduction in waiting times.
2. However, whilst there has been a reduction waiting times, there is no evidence to suggest a reduction overall in the number of patients being seen.

Q. What the data tells us about the variations in practice (equity of access) across Wales.

3. The data show that the variations in practice have diminished. Significant work is still required to overcome the backlog but all areas have made vast improvements and there is probably less variation in the management of severe mental illness than before. More needs to be done to eliminate variation entirely and there is a larger variation in the way primary mental health services are delivered, again though the gap has narrowed.
4. There has been general agreement in adopting the Choice & Partnership Approach (CAPA), an outline agreement in the service specification, which we welcome.
5. There have always been regional differences in resource allocation and access to CAMHS. In CAMHS we often see inverse care where access is more available to those who need it least. Access is most difficult for people from deprived areas and with certain populations, such as those with learning disabilities, looked after children, and those from the BME community. Models of care and performance measures need to expand to ensure outreach liaison and consultation to hard to reach groups is scrutinized as much as direct work in outpatients.

Q. The extent to which changes have addressed the over-referral of children and young people to CAMHS.

6. The number of referrals to CAMHS has not reduced and we continue to experience a large number of referrals to specialist CAMHS. However, it is important to recognise that primary care services have since been enhanced so more children will be picked up.

Q. Referrals and access to CAMHS by individual Health Board, including the restrictions and thresholds imposed by CAMHS

7. Restrictions and thresholds are necessary to ensure that specialist services are available to those who need them, when they need them. Our Members have raised concerns that they have seen too many unnecessary patient referrals to specialist services, when the best type of treatment could be provided by primary care. The *Making Sense* report written by young people who have themselves lived experience, says, "Nothing could be more wrong than treating a troubled child for a mental health problem if their difficulty really lies externally, with family, school, or if they are experiencing normal reactions to life events such as parents separating, bereavement, etc."¹
8. GPs need the training and confidence to identify and treat or refer appropriately. This is of particular concern as GPs are reporting growing numbers of people presenting with mental health conditions. GPs are relying on local primary care mental health services and allied health professionals to assess and treat common mental health disorders. However, we would call for better mental health training in primary care.
9. College is looking into ways to address this. We are currently working with GPs to develop a training programme in areas where there is a need for better support. A recent RCPsych in Wales and RCGP Wales survey of GPs highlights that most respondents would welcome training on a range of conditions including depression, anxiety, eating disorders, and bereavement. For many children the GP is not seen as an accessible service so support also needs to be given to all professionals in health, social care and education to build capacity and enable them to identify and support referral for those most in need.

Q. Whether the changes have helped to improve specialist CAMHS' ability to respond out of hours and at times of crisis; whether out of hours care is working effectively, and specifically looking at the needs of those children and young people who present and are assessed at hospital A&E departments.

10. Each Health Board has developed new or enhanced existing crisis intervention teams that are either working closely with the new liaison teams, or with inpatient services, or working as outreach teams or

¹ <http://www.hafal.org/wp-content/uploads/2015/06/A-report-by-young-people-on-their-well-being-and-mental-health.pdf>

community intensive teams. Health Boards have designed their services specifically to work on meeting their population's needs and the services that were already available. There is now a national network for Assertive Outreach for CAMHS – ED Network, led by Glyn Jones. The T4CYP Programme reports into this network regularly.

11. We understand that the number of children and young people being detained in police cells has been dramatically reduced and in some areas the figures have reached zero. We must ensure however that they are being assessed in the appropriate health-based places of safety and not simply moved elsewhere.

Q. Whether there is sufficient in-patient capacity in Wales.

12. There are currently 19 beds in Ty Llydiard and 12 in Abergele and access is often difficult. We still send some patients requiring complex care across the border. There are no beds for forensics, Learning Disabilities and the under 11's requiring inpatient services within Wales.

Funding

13. In our previous submission to the Committee in 2014, we raised concerns that the pressures from Acute Health Care in other specialties frequently detract from appropriate specialist CAMHS resourcing. In 2015, we called for all Health Boards to have an Executive Board Member for mental health and learning disability, to ensure that appropriate priority would be given to these areas. Despite the injection of funding to bolster specific mental health services, Health Boards still need to give mental health and learning disabilities the attention it deserves.
14. The Welsh Government has invested additional funding to children's mental health services, outlined below:
 - £2.7m to support the NHS-led service change and development of CAMHS including support specialist services, ensuring young people are assessed when they present in crisis at an A&E department or are arrested under s136 of the Mental Health Act 1983.
 - £1.1m to support the development of psychological therapies for children and young people across Wales.
 - £2m for the assessment and treatment of ADHD, autism and other neurodevelopmental conditions, which will improve the provision of services for young people
 - £800,000 to increase the capacity of local primary care mental health teams to support young people preventing the need for children to be referred to specialist services unnecessarily
 - £800,000 invested in earlier intervention for young people developing psychosis between the ages of 15 and 24
 - £250,000 to develop services for the most vulnerable young people who are already in - or are at danger of entering - the youth justice system; and
 - £250,000 for transitions for people with eating disorders.

- £4.5m into school counseling services
- £1.4m into a pilot project linking CAMHS with schools.

15. We are pleased that officials are monitoring Health Boards on recruitment to these posts but acknowledge that training numbers need to be increased to create sufficient professionals to sustainably fill an expanded CAMHS in the future.

Q. The extent to which access to psychological therapies for young people has improved. Whether there has been a subsequent reduction in the use of medication for young people.

16. Psychological therapy has always been a fundamental part of the therapeutic armory for CAMHS with all staff able to deliver models of therapeutic care. There has not been the same level of focus as with adult therapies e.g. through the Adult Matrics work. We welcome the recent development of an All Wales CAMHS Psychological therapies special interest group and hope this can now progress.

Q. How the additional funding has been used to improve provision for children and young people in local primary mental health support services

17. There has been improved access but the model focused on GP entry and assessment and treatment has not been beneficial. In the first years of running the new local primary care mental health support services Health Boards were held to account for assessment and brief intervention targets, which were purely output driven. We are pleased that the new service model incorporates consultation, training and signposting with a focus on quality outcomes. In addition, the new Primary Care Pathway will work together with the CAMHS Pathway which will enable single points of entry, based on the 'no bounce' principle.

Q. The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act 1983.

18. Funding bids were targeted at improving provision to all of the above groups. There is evidence that ASD/ND waiting times and care pathways are improving. Links have been established with the National Adoption service and some excellent models of care developed; however, this is not universal and currently Health Boards and regional partnerships vary in their ability to develop services outside of those affecting the outpatient waiting times performance. We are very pleased overall with the development of the all-Wales neurodevelopmental assessment pathway and the integrated autism services that have improved integration between health and social care and between primary and secondary care,

based largely on the Prudent Healthcare principles.

Transition to Adult Services

19. Transitioning from child to adult mental health services is a very difficult time in an adolescent's life. The service model of CAMHS differs greatly from AMHS and this stark transition from a multi-disciplinary, nurturing environment to a more formal, one-to-one style of care can be hard for many. The challenges and difficulties of the transition for young people, their families and the clinicians involved in their care are complex and well documented
20. The College Report 182 Building and sustaining specialist CAMHS to improve outcomes for children and young people², states that "Joint transition protocols must be agreed and implemented between CAMHS and adult services. Transitions of care must be planned and involve the young person and their family." In Wales, the care and treatment planning process of the Mental Health (Wales) Measure performs a similar role. The problem of transition of young people who meet criteria of current adult services should be solved by improved working between current service providers. The lack of a national Adult mental health equivalent body to T4CYP or the Eating Disorders/CAMHS network means developing all-Wales process at a pace is more problematic.

Q. How well planned and managed transitions to adult mental health services are.

21. The T4CYP has produced Transitions Guidelines and a Transitions Passport, which seek to address these particular issues. We welcome the documents and are pleased that transitions will no longer be compulsory on the day of the person's 18th birthday. The guidance stipulates that transitioning should be a gradual process which should begin when the child is ready. This approach is more needs-led than service driven and when implemented should result in better quality of care. This is particularly important in eating disorders, where those with eating disorders are at risk of maturing at a much slower pace, and we welcome the extra £500,000 recurrent funding for ED transitions services. So we are pleased that the guidance begins to address the problem how to improve the experiences of young people with transition trajectories that do not meet current eligibility criteria for adult services, such as those with eating disorders, neurodevelopmental problems, personality disorders and moderate/severe anxiety and affective disorders.
22. The College is developing a work plan to best meet the new guidance. The Chairs of the Child and Adolescent Faculty in Wales, the General Adult Faculty in Wales and Eating Disorder Faculty are forming a small working group to ensure that members follow guidance as intended.

Q. Links with Education (emotional intelligence and healthy coping

² <http://www.rcpsych.ac.uk/files/pdfversion/CR182x.pdf>

mechanisms)

23. We understand that the Cabinet Secretary for Education is working closely with the Cabinet Secretary for Health, Sport and Wellbeing to better meet the emotional and mental health needs of children in schools and we welcome this. It is important that schools are given better support and guidance from Welsh Government. Educational institutions play a large part in children's lives. Schools therefore have a responsibility to develop pupil resilience and the ability to cope with the stresses they may face either because of school (homework, exams, bullying) or with family life.
24. Most mental illnesses are manifested in the early years of life. If left untreated emotional distress is very likely to carry on into adulthood. Early intervention is the best form of prevention. Again, we welcome the recent announcement of investment into a pilot project where a dedicated CAMHS professional works regularly in cluster schools to provide training, support and advice and help with referrals.
25. Prevention and early intervention strategies can be successfully used in schools but there is a worry that wellbeing and emotional intelligence is not embedded in the current curriculum and will not always be covered in Public and Social Education (PSE) classes. The Donaldson Report³ recommends that six areas of learning and experience are embedded into the school curriculum, including expressive arts; health and wellbeing; humanities; languages, literacy and communication; maths and numeracy; and science and technology, but we are yet to see these incorporated into the curriculum.

Q. The work being done to ensure children and young people are more resilient and better able to tackle poor mental well-being when it occurs:

26. We noted in our original response to the Committee in February 2014 a recent audit of the Wales Primary Mental Health Group highlighted CAMHS as one of the biggest gaps in their competencies and that teacher training had no child development or mental Health component. We hope that £1.4m investment will improve training, support, brief interventions, and referrals to be then rolled out across Wales.

Q. Children's access to school nurses and the role school nurses can play in building resilience and supporting emotional wellbeing.

27. School nurses are part of the Tier 1 primary care mental health services and therefore have a responsibility in pupils' mental health. They must therefore have the relevant training and link with School Counsellors.
28. The school must ensure that pupils are aware that there is a school nurse available who is responsible for all pupils. Pupils should be encouraged to seek the advice of a nurse or of a counsellor. This is an important point.

³ Donaldson, G (2015) Successful Futures: Independent review of curriculum and assessment arrangements in Wales, OGL.

Nurses and counsellors are often not aware of a child's mental health and emotional state unless the child seeks support. Teachers are more likely to notice a change in a child's behaviour, and therefore should have the training and confidence to approach a child. The real issue therefore is to train teachers in spotting the signs of mental ill health, such as self-harm, suicidal thoughts, depression, and anxiety.

29. Wales is the only UK nation that legally binds local authorities to provide appropriate counseling services in secondary schools and this is welcomed. We must ensure that these services are well supported, and through evaluation, are meeting the needs of pupils. Data show an overall improvement in reduction in psychological distress.⁴ This must be consistent in all areas around Wales.

Q. The extent to which health, education and social care services are working together.

30. Primary Care Mental Health services comprise a range of health, social care and educational professionals as well as the third sector. It is a complex system that relies on excellent communication channels, clear pathways, and multi-disciplinary working. Such a complex system comes with greater risk of things going wrong.

31. The Programme has launched the Child and Adolescent Local primary Mental Health Support Services Pathway in line with the Mental Health (Wales) Measure to provide consistent care across the whole of Wales. The document provides guidance on a range of areas that, if met, would ensure the effective delivery of good quality care for children and young people. It includes an Activity Performance and Outcome Measures that would enable comparisons across the country.

32. The RCPsych in Wales is holding a joint seminar with Welsh Government in November on improving the integration between health, education, and social care services for children who require mental health services and will be using the new Pathway to drive forward the discussions. The seminar will highlight where integrated services are working and where they are not. The participants will be grouped by their geographic location to discuss patient pathways and these will then be compared to gain an all-Wales view on how well services are integrated. We are happy to share the results of this event with the Committee.

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⁴ <http://gov.wales/docs/statistics/2017/170329-counselling-children-and-young-people-2015-16-en.pdf>