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 35
Ymateb gan: Gwasanaeth Eiriolaeth Ieuenctid Cenedlaethol
Response from: National Youth Advocacy Service

NYAS welcomes the opportunity to respond to the inquiry consultation.

NYAS is the commissioned children and young people's independent advocacy and Independent Visitor services to over 63 LA's across England and Wales. We provide service to children, young people and adults in formal and informal patients in mental health setting across England and Wales.

We are a specialist Independent Mental Health Advocate (IMHA) provider of Independent advocacy services to young people detained in secure settings and hospitals.

Based on our current advocacy case work and consultation with young people, NYAS would like to propose the following recommendations for consideration:

Specialist CAMHS

1. **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.**

It is not clear from the data whether the reconfiguration of services are having a sustained impact on waiting times; whether children and young people are getting the services they need when they need them. Young people through our advocacy case work inform NYAS they are still waiting too long for therapies.

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

The data presents a picture of work undertaken and the investment in specialist staff. However what we see across Wales is variations in practice in relation to:

- The promotion of social inclusion and how stigma is being tackled through awareness, prevention, signposting and advice. Children and young people with complex needs need to have their rights and entitlements explained to them in a format they understand. The principles and values of participation needs embedding within practice. This will mean changing the barriers and cultures across agencies. Independent Mental Health Advocacy Services (IMHA) needs greater investment. Not all LHB are commissioning IMHA for all age groups. This means not all children and young people are getting an active offer of IMHA service. Children and young people receiving any tier of mental health support services should have access to a generic independent advocacy services.

- Provision of information, advice and assistance; Families don't always understand diagnoses and their role in care and treatment planning. Further planning/training could be achieved around this. Primary and secondary care staff should undertake training in working and communicating with young people. Youth services and specialist youth workers could be integrated within health and social care services.

- The mechanisms for ensuring that children and young people who are assessed as having disorders are offered further assessment and intervention by services that can, together or separately meet their needs; This is confusing for young people and their families as they are not always clear on the what tier of service is being provided and the agencies/individuals putting this in place. Therefore, more could be done to make care and treatment plans simple and easy for both parents and children to understand. Also these plans need to be transportable to ensure 'stories are not retold; and there is a seamless provision/transfer of services and staff.

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

Greater publicity and awareness of the tiers of services is filtering through health and social care sectors. Professionals are better aware of the thresholds. However, improved public awareness of CAMHS services and what can be offered needs improving. For example, clear free information for parents, young people and families about CAMHS and the support it offers. Importantly, young people waiting too long for primary care services should have access to specialist mental health advocates so their experiences of care and treatment, their views, wishes and feelings are take into account and our part of decision-making processes.

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

The changes reflect an improved specialist CAMHS' service with ability to respond to out of hours and at times of crisis; whether out of hours care is working effectively, and is specifically looking at the needs of those children and young people who present and are assessed at hospital A&E departments would need greater independent scrutiny. However, within the triage model for assessing crisis care we should be actively engaging with the views of the patient, especially children and young people. In terms of reducing police involvement in s136 having advocacy and specialist youth workers as part of a crisis team could help reduce police time, enable crisis to be managed at home, work restoratively, to uphold rights and liberty. Young care experienced people often require specialist advocacy intervention to protect their rights and entitlements from their LAC status.

5. **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.**

See response at 1. Importantly, the NHS and Social care should build effective relationships within the voluntary sector; instead of LA's and LHBs running direct services. More could be achieved to harness the expertise we already have within the charitable and voluntary sectors, especially in delivering psycho- social education programmes which are underpinned by a cognitive behaviour approach.

The investment in psycho-social interventions should not just be left to education and schools. The local and national voluntary youth sectors also have a role to play in developing preventative mental health services and building resilience and emotional wellbeing.

The demise of the youth service in Wales has not helped. However, this is a prime opportunity for Welsh Government to promote and invest in youth services to promote wellbeing and for youth services to provide that all important out of hours support.

The commissioning of psychological therapies should be considered within a national framework approach to ensure consistency of provision across Wales. Professionals providing these therapies should be registered with a regulatory body and have an up-to-date Continual Professional, Education and Learning and are able to provided evidence of this. Would be helpful to know the view of HIW, CSSIW and Social Care Wales on maintaining standards and codes of professional practice in regards to these types of therapies and how they are audited and inspected.

6. **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.**

See 1. Despite an increase and welcome focus on improving outcomes for children and young people's mental health there remains a number of system-wide challenges. These include evaluating whether the increase public funds is making the impact which the data refers to.

The transition from CAMHS to adult mental health services especially for children placed in psychiatric/secure settings is improving but more could be achieved. The knock on effect of a delayed discharge because CAMHS and CMHTs have not prepared in time is detrimental to the process of recovery and the young person's reintegration to their community.

Although we have seen some improvements in integration between services and prevention, the barriers represent considerable challenges for the mental health sector. Improving the care delivered to children and young people will require more financial resources to sustain and safeguard their wellbeing across Wales. However, NYAS is still unclear on the points provided below.

1. The funding of £2.7m which was agreed to see the recruitment of over 40 wte specialist staff and associated administrative support. Did this make an impact on meeting the needs of young people? If so, how?
2. How many urgent referrals were dealt with (within 48 hours) across Wales per LHB area and how does this compare with other parts of the country?
3. Routine assessments were reduced to 28 days to easy waiting times. What has been achieved since the last update? What does this data look like across Wales broken down per LHB area?
4. As part of the introduction of the 28 day target and the additional investment in new neurodevelopmental services health boards were asked to stratify waiting lists. Has this happened and what were the results? Did this have any impact on reducing waiting lists? Which LHB areas have waiting lists and for what types of services are children and young people waiting for?
5. The number of existing placements outside NHS Wales at April 2015 was 20 As of January 2016 there were only 11. We have not identified a figure for 2017? Do previous and current figures include children placed in commercial and private mental health settings?
6. In order to better support children and young people during their treatment and to enable better planning for discharge from hospital

WG provided £56,000 to fund a dedicated social work post within the south Wales inpatient unit. What outcomes have been achieved? How many cases were referred and from which South Wales areas does this post cover?

7. Improving access to talking therapies as an alternative to medication is a key component of the additional CAMHS investment. Following WG approval of health board proposals £1.042m annual funding was agreed, creating 18.8 wte specialist posts. What impact has this made in improving access? How many referrals were achieved? Why do we still have waiting lists?
8. Specific support for neurodevelopmental conditions saw an additional £2m funding available to Health boards to plan and deliver or to provide a bespoke service or increase capacity in existing services to ensure children and young people receive tailored support. Where are these bespoke services? How many children and young people are receiving tailored support? What was the breakdown of funding and where has this been spent? What areas saw the greatest impact with these additional monies?