

EMH 36

Ymateb gan: Hafal

Response from: Hafal

1. Hafal welcomes the opportunity to respond to the Welsh Government's consultation. We are Wales' leading charity for people with serious mental illness and their carers. Covering all areas of Wales, Hafal is an organisation managed by the people we support: individuals whose lives have been affected by serious mental illness.

### **Specialist CAMHS**

2. Through the Making Sense initiative (<http://www.hafal.org/wp-content/uploads/2015/06/A-report-by-young-people-on-their-well-being-and-mental-health.pdf>) we have evidence from young people and their carers that there is insufficient in-patient capacity across Wales, with young people reporting travelling long distances both within and outside Wales to access appropriate in-patient services and support.
3. Where it is necessary for them to be in a hospital setting, young people should be accommodated in an in-patient environment most appropriate to their needs. We recognise that that in some cases this may be an adult ward, however agree that this should always be reported, with a clear explanation as to why, as per the Welsh Government policy.
4. We assert that young people should always be accommodated in the least restrictive environment possible when requiring crisis intervention, and consideration must be given to all alternatives to hospital admission.

## **Funding**

5. Hafal recognise and appreciate the CAREMORE monies provided by the Welsh Government in 2015 and 2016, finding both clinical and third sector based roles across Wales, developing the provision of services for young people who have the onset of a severe mental illness. However, we assert there remains significant variation in service delivery across Wales, resulting in a lack of equity in services received.
6. We believe a potential means of addressing the variation in service delivery across Wales is for the Welsh Government to publish an overarching set of standards for service design and delivery. Such guidance needs to give consideration to the geographical and population variances both across and within health boards and allow for a defined period of transition. Performance in the implementation of such standards should be reported to the Welsh Government.
7. We recognise the Performance Measures identified in Priority Area 7 of the Together for Mental Health Delivery Plan 2016 – 2019 in establishing minimum delivery requirements of services designed to support young people who have the onset of a severe mental illness, however believe that these Performance Measures alone are not sufficient to ensure quality of service planning and delivery.
8. Consideration should be given to the establishment of joint commissioning framework across health boards to ensure the most effective use of the resources available.

## **Transition to Adult Services**

9. Hafal recognise and appreciate the recently published Together for Children and Young People ‘Good Transition Guidance’ and accompanying passport, and would like to echo it’s comments regarding this thoughts and perceptions of young people regarding the transitions process.
10. 38% of those young people who were either currently in receipt of, or who had previously used, sCAMHS who responded to the Making Sense report said the best way to improve the transition to adult services is having flexibility around the age young people are required to transition. Whilst we recognise that both Welsh Government and NICE guidance regarding transitions recognises the importance of services being delivered based on need rather than age,

in practice, the majority of young people are still being transitioned at the arbitrary point of their 18<sup>th</sup> birthday.

11. Local transition protocols need to be developed in conjunction with young people and their carers' to ensure they are treated as equal partners, with their needs understood and taken seriously. Hafal also support the comments of the Together for Children and Young People 'Good Transition Guidance' in that specialist CAMHS and Adult services should jointly agree a shared transition protocol, an information sharing protocol and approaches to practice. Further, other relevant agencies including education, social care and the third sector should be engaged in the development of such protocols to ensure their relevance and success.
  
12. The Together for Children and Young People 'Good Transition Guidance' states "*A 'trusted' contact should be available within sCAMHS for a reasonable period as the young person builds relationships with clinicians in adult services who will be providing their care.*" We believe further clarification is required to define 'a reasonable period'. In most cases Hafal advocate that this should be for a minimum of 6 months pre and 6 months post transition to ensure effective relationships are established, however consideration must be given to the personnel circumstances of the individual. We think this doesn't necessarily need to be in a clinical capacity, but could be better delivered through independent staff based in the third sector.

### **Links with Education (emotional intelligence and healthy coping mechanisms)**

13. Hafal believes that it is everybody's business to help future generations of young people live healthy and fulfilling lives, but urge caution that building of emotional intelligence, healthy coping mechanisms is not confused with mental illness.
  
14. We support the identified purpose of the new curriculum to build healthy, confident individuals, ready to lead fulfilling lives as valued members of society.
  
15. When responding to the Making Sense report, 56% of CAMHS users identified that they would prefer to turn to friends for help and 44% said school, college & university, reiterating the importance of

increasing the knowledge base not only of those professionals working within education but of young people themselves regarding the building of emotional intelligence and healthy coping mechanisms.

16. Hafal support the joint announcement of Health Secretary, Vaughan Gething and Education Secretary, Kirsty Williams of Monday 25<sup>th</sup> September 2017 of £1.4m investment to strengthen the support from specialist child and adolescent mental health services (CAMHS) to schools, however urge caution that such services delivered by sCAMHS focus on supporting those young people who are most unwell, and do not build expectations of all young people to access sCAMHS provision within an education setting.
17. To ensure the aims of the new curriculum are effectively met, Hafal encourage the delivery of generic emotional resilience building training to all young people to ensure the aspiration of ensuring future generations of young people live healthy and fulfilling lives is met. However, Hafal do not believe that such generalised services to support the development of emotional resilience in young people should be funded by health boards or delivered by sCAMHS staff for this will result in the diversion of resources away from those young people who are the most unwell. Such services should be funded by through existing resources within Education and Social Care Services.
18. Hafal would welcome the opportunity to discuss our response further with the Commission and please do not hesitate to contact me on [sam.hewitt@hafal.org](mailto:sam.hewitt@hafal.org) .