

The Welsh NHS Confederation Policy Forum's Children's Mental Health Sub-Group is pleased to respond to the Children, Young People and Education Committee on their inquiry into the Emotional and Mental Health of Children and Young People.

The inquiry focuses on the advances of the Together for Children and Young People programme (T4CYP), a Welsh NHS initiative designed to improve Child and Adolescent Mental Health Services (CAMHS) from prevention strategies to specialist services. The T4CYP programme was launched in February 2015 following the Committee's initial inquiry into CAMHS. In preceding years, CAMHS had come under scrutiny for being unable to meet the mental health needs of children and young people across Wales. The then Health Minister, Professor Mark Drakeford, announced in response to the Committee's findings that a root and branch review would take place to "modernise and redesign the service for the future".ⁱ

T4CYP has been in operation for two and a half years and is markedly different in many ways to previous attempts to improve services. It is a programme for change and not another 'review' of service provision. It uses a windscreen model for prevention, protection and provision, and is supported by a number of work streams that are responsible for improving delivery across a broad spectrum of mental health conditions and neurodevelopmental disorders from prevention and early intervention to specialist CAMHS. It attempts for the first time to include a wide range of stakeholders from health, education, social services and from the NHS, local authorities, membership bodies and third sector, enabling stakeholders to contribute to service design and service delivery. It prioritises a values-based approach rather than a focus on outputs and targets. Most importantly, it is a programme that is backed by significant funding.

We have seen major changes in some areas of service delivery but fewer advancements in others. Huge strides have been made in specialist CAMHS and the neurodevelopmental pathway but we are concerned that the work on prevention and early intervention lacks cohesion and commitment from all stakeholders. This could be further supported by a robust joint strategy from Welsh Government covering health and education. We are pleased with the announcement from the Cabinet Secretaries for Education and for Health, Wellbeing and Sport who have pledged £1.4m to be invested in a pilot programme in three Health Board Areas, to provide CAMHS professionals direct and regular access to school clusters train staff and to help prevent and treat early mental health conditions.ⁱⁱ

Our comments on the specific terms of references can be found in the following pages.

Chartered Society of Physiotherapy
Citizens Advice
Learning Disability Wales
NSPCC
Royal College of Paediatrics and Child Health
Royal College of Psychiatrists in Wales
Samaritans Cymru

Specialist CAMHS

1. “Everybody’s Business” (2001)ⁱⁱⁱ was the National Assembly’s All-Wales Strategy for CAMHS. It failed to gain the traction that it needed to deliver good practice because it was not backed by appropriate funding. When the CYPE Committee conducted their initial inquiry into CAMHS in 2014 the findings showed that services were overstretched and over prescribed, resulting in lengthy waiting times to gain access and treatment. The inquiry also found that many children were referred to specialist CAMHS despite not meeting the required threshold and that the overall numbers of referrals to CAMHS were too high to meet demand. The report highlighted that CAMHS was struggling because it was operating under capacity.
2. The T4CYP developed a work stream to focus entirely on specialist CAMHS and we have seen a number of improvements through the financial investments made in crisis care teams and early intervention psychosis. There is now much less variation in practice across Wales, particularly in the management of severe mental illness. There has also been significant investment in accessing psychological therapies and in developing a primary care mental health pathway that is standard across Wales. The RCPsych in Wales says that there has been a reduction in the lengthy waiting times to specialist CAMHS but that referrals are just as high. This could be down to the enhancement of primary care mental health services who may be able to better identify need and the appropriate pathway.
3. There is a concern that hard to reach populations (generally children who live in deprived areas but specifically the BME communities, young people with learning disabilities, and children of young parents with LD) find it much more difficult to access CAMHS and this should be further explored.
4. We are also concerned that there is a paucity of inpatient beds available in Wales. Tier 4 Inpatient services are stretched and there is currently no inpatient provision for forensics, Learning Disabilities and the under 11-year-olds so many children are being treated far away from their homes and families.

Funding

5. The T4CYP Programme is backed by significant investment and without this could not produce the much needed changes to service delivery. CAMHS has historically been underfunded so the additional investment is now supporting a very low baseline. Austerity measures and the cuts in funding to social care have also impacted on the overall care of children and young people, particularly vulnerable and looked after children.
6. We are pleased to learn that a further investment of £1.4m on a pilot project will provide designated CAMHS professionals to serve as regular links between cluster schools, providing training, advice, assessment and referrals where necessary. This project will be monitored and evaluated. We also welcome the upskilling of teachers in ‘low level mental health problems’ within this investment but believe basic mental health awareness training should be rolled out across all educational settings in Wales.

The early intervention and prevention work of T4CYP needs further commitment from the range of stakeholders to agree to the fact that the mental health and wellbeing of children and young people is indeed everybody's business.

Transition to Adult Services

7. The transition from adolescence into adulthood can be a difficult time for many as they leave the family home, change or leave schools, take up employment, and interact with new people. Transitioning from child to adult mental health services can add to the already stressful changes that a young person can experience. It takes place on the 18th birthday when the young person must leave the familiarity of a child-centred service that is multi-disciplinary in approach and includes families and carers, to a service that is unfamiliar and adult-orientated. Some young people may not need to continue being treated in Adult Mental Health services and some will find that they do not meet the required threshold. The *Making Sense*^{iv} report highlighted transitions as an area that required major reform and this report has been used by the programme as the evidence base of the patient voice.
8. The T4CYP programme has developed a new Transitions Guidance and Transitions passport in consultation with a variety of stakeholders. It seeks to address the specific problem areas that are well documented around current transition arrangements. We welcome that the guidance centers on the needs of the individual and not of the services and that transition begins when the person is ready and not when he or she turns 18. We also welcome the focus on shared responsibility between specialist CAMHS and adult mental health services to work together on joint protocols on transition, information sharing and approaches to practice.

Links with Education (emotional intelligence and healthy coping mechanisms)

9. With increasing pressure on schools in Wales to deliver a very robust PSE framework, lessons on emotional and mental health can often be excluded. It is vital that the Health and Wellbeing Area of Learning and Experience (AoLE) is implemented through the inclusion of emotional health lessons on the school curriculum. Education in Wales must embed a public health approach to low mental wellbeing and mental health issues by placing its primary focus on prevention, rather than cure alone. Emotional health programmes in schools should be viewed as a form of promotion, prevention and early intervention which could reduce pressure on CAMHS.
10. Wales is more advanced than other UK nations in terms of protecting school counselling. Secondary schools teaching pupils aged 11 plus are required by law to 'secure reasonable provision for a service providing counselling in respect of health, emotional and social needs'.^v This is highly commendable, and the statistics show a marked improvement in reducing the level of psychological distress and the reductions in referrals to CAMHS.^{vi} However we are concerned that the quality of provision is patchy and that some children may not seek help due to the stigma attached to mental health and seeking help. Schools must equip staff to enable students to feel safe to talk openly about their mental health.

11. This should be adopted in all settings. We would recommend that all professional bodies representing all those working with infants, children and young people in health, social care, education, criminal justice, and community settings should equip their members with the necessary tools to identify mental health issues and to seek the appropriate help and advice.

ⁱ <http://www.senedd.assembly.wales/documents/s34408/Report%20November%202014.pdf>

ⁱⁱ <http://www.bbc.co.uk/news/uk-wales-41267915>

ⁱⁱⁱ <http://www.wales.nhs.uk/Publications/men-health-e.pdf>

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

^v <http://www.legislation.gov.uk/anaw/2013/1/section/92/enacted>

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