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 49
Ymateb gan: Gweithredu Dros Blant
Response from: Action for Children

Action for Children's response to the Children, Young People and Education Committee's inquiry into the emotional and mental health of children and young people

September 2017

Summary

Action for Children recommends that:

- More resources are invested into mental health services outside CAMHS to reduce pressure on waiting lists and increase the capacity and reach of lower tier services
- CAMHS should adapt referral thresholds to consider the intensity and impact of a young person's mental health issues to prevent children resorting to harmful coping behaviours.
- Improved collaboration between CAMHS and other agencies would help to establish a better understanding of CAMHS' referral criteria
- There should be an agreed single point of referral to ensure a more stream-lined mental health offer for children and young people.
- Health Boards should increase provision of psychological therapies for all children and young people to address the historic and social aspects of their mental health issues.
- CAMHS and adult mental health services should regularly engage with children and young people in-between appointments to ensure that their medication is appropriate.
- Funding for school-based counselling should be ring-fenced and counselling should be monitored, assessed and quality-assured to ensure young people get the best support.
- School-based counselling needs to consider all aspects of a child's life and should be complimented by family therapy when appropriate so that improvements at home can support improvements to a child's wellbeing at school.

Introduction

From before they are born until they are into their twenties, Action for Children - Gweithredu dros Blant helps vulnerable children across Wales. We improve the lives of 22,500 children, young people, parents and carers in Wales every year. We work with the Welsh Government and the National Assembly for Wales to make sure every child can reach their potential. We succeed by doing what's right, doing what's needed and doing what works for children.

Action for Children (AfC) welcomes the opportunity to contribute to the Children, Young People and Education Committee's consultation on the emotional and mental health of children and young people. Through our work in Wales, we know that families experience significant difficulties accessing the emotional and mental health support they need from the health systems, which can intensify the problems they experience. Around 41% of the

children and young people referred to us have identified emotional needs.[1] AfC's staff are equipped with the appropriate skills and training to effectively support these children and young people. Most of these young people access school-based counselling, which improves their social skills, engagement in education and learning and communication skills. We also deliver counselling and therapeutic support through family-based interventions, which transform children's behaviour, parental confidence, family communication and relationships.

This response considers the impact of the structure and practices of the existing health systems across the *A*, *B*, *C D* and *E* Health Boards (please refer to key) and we present suggestions to facilitate further improvements. The evidence has been gathered from in-depth interviews with four young parents aged between twenty and twenty-five years, and thirteen practitioners from across AfC's range of services. In addition, evidence has been gathered from a small survey designed for children and parents, including children in care, young carers, young parents and children with disabilities. It reflects the experiences of eighteen children and young people based in the same services, and aged between eight and twenty-five years.[2]

The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS.

1. AfC acknowledges the considerable changes that have been made to address the waiting times for an assessment from CAMHS, across each of the health boards referenced above. Waiting times for assessments for neurological disorders have been reduced to an average of twenty-six weeks across the Health Boards referenced above, although waiting times for depression and anxiety remain unchanged at four to eight weeks. Nevertheless, waiting times are still too long, and the figures referenced reflect the average rather than the maximum waiting times. Some children and young people are waiting considerably longer, which can intensify their mental health issues.

2. These findings have been echoed by the findings from AfC's survey, in which children, young people and parents described the waiting times for assessment from CAMHS as 'too long', particularly when they exceeded three months. And in one of our interviews, a young parent from the area covered by Health Board B admitted to taking an overdose because she couldn't wait for support from adult mental health services any longer. This demonstrates the significant impact that lengthy waiting lists can have on vulnerable children and young people.

[1] This figure reflects the needs of the children and young people accessing our direct support services and would most likely increase if we could also reflect the needs of those who access our universal support services.
[2] The survey data cannot be segmented to reflect the different arrangements for mental health provision within the remit of each Health Board. This decision was made to protect the anonymity of those who responded to the survey. However, the information we gathered from practitioners enabled us to contextualize this information and consider arrangements in different locations.

3. The findings of the survey also showed that children and young people who waited more than eight weeks for treatment to begin described the wait as 'too long' and indicated that their mental health worsened during this period. In one case, a child's anxiety and self-harming behaviours increased as they waited for treatment. Based on the information gathered for this response, AfC is extremely concerned that children and young people are not receiving appropriate support at the point of need, which can have catastrophic consequences for children, young people and their families.

"It feels like there's nothing there. We've tried everything. The support out there nowadays has gone crap." Young Person

Recommendation: The Welsh Government should invest in a wider range of mental health services outside CAMHS, to increase the capacity and reach of lower tier and earlier intervention services and reduce pressure on CAMHS waiting lists. This would ensure that young people can access appropriate support, when they need it most.

Recommendation: The Welsh Government should continue to invest in CAMHS to ensure that that those needing specialist help are adequately supported and to enable CAMHS to reduce waiting times for all cases in line with the Welsh Government target of 26 days.

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

4. Referral criteria have tightened across all Health Boards. CAMHS only accept referrals when a young person's issues are high-end and life-threatening. For example, in the area covered by Health Board D, it was reported that self-harm is no longer enough to guarantee an appointment unless a child or young person's life is in danger. Furthermore, an increasing number of young people are turned away for support from CAMHS, which increases pressure on services delivering lower tier interventions. Although our staff are highly competent and well-trained, increased workloads and complex cases heighten the level of risk attached to the conditions under which our practitioners operate. AfC is concerned that children and young people aren't receiving the right level of support and as a result, their mental health issues are escalating. This is causes more stress for young people and their families, compounding the issues they already face.

"They refused to work with me because I was too angry. But I thought that's why they were supposed to work with me. My little brothers had been adopted and my little girl was taken away by the police when she was like hours old. How did they expect me to feel? I was 16. How did they expect me to feel!?!" Young Person

Recommendation: CAMHS referral thresholds should consider the intensity and the potential impact of a young person's mental health symptoms. This would help to avoid cases in which children and young people resort to harmful behaviours that compound their difficulties while they wait for an assessment**.**

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

5. Given the lengthy waiting lists and the strict criteria, referrals to CAMHS are usually made in a crisis and as a last resort. If an alternative and more appropriate option was available, referrals would be directed elsewhere. However, young people and practitioners frequently mention that there are few available alternatives. In other situations, over-referral occurs because criteria are being continually tightened and changes aren't communicated widely.

> "There's nothing else out there. There aren't enough general mental health services for children. So, it's only 'over-referral' according to CAMHS' own criteria." Practitioner

Recommendation: CAMHS should improve communication with external agencies so that partners have a better understanding of CAMHS' referral criteria. When referrals are rejected, CAMHS should work with wider agencies and commissioners, in the best interests of children and young people, to ensure that an alternative mental health offer is provided.

6. AfC is aware that changes are being implemented to deliver services through a single and integrated pathway of referral, led by a multi-agency team. However, in the area covered by Health Board D, there seems to be more than one point of entry, which undermines the purpose of a single pathway. A health-led team focus on assessments for neurological disorders and CAHMS lead another team. Therefore, children's referrals are delayed as they bounce between different places. In addition, some multi-agency teams struggle to secure collaboration with health services, which can mean that children and young people still struggle to get the mental health support they need.

Recommendation: CAMHS should improve collaboration with multi-agency teams and agree a single-point of referral for mental health assessments to discuss changes to referral criteria, enhance multi-agency working and ensure young people get the help they need.

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

7. AfC's survey found that most children and young people with mental health issues had been offered psychological support from CAMHS, including therapies like counselling,

Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT) and these were perceived to be effective. Although the number of respondents in our survey is too small to generalise from, this snapshot is encouraging. Furthermore, practitioners working under the remit of Health Board E have noticed increased access to CBT, systemic psychotherapy and family therapy through community mental health teams. They also acknowledged that fewer children referred from CAMHS to lower tier interventions had been prescribed medication. However, those working within the footprint of Health Board B were concerned that mental health services were still over-reliant on medication. Some parents choose to withhold medication because they prefer their child's natural behaviour, rather than the side-effects of medication.

"It's not really useful. We don't do nothing that will change my life except medication. I think my past has a big impact on my life and I would like them to go through it, but we don't do that. We just talk about the voices in my head and if they've been telling me to kill anyone. I think if we did address the past my life would improve." Young Person

8. With respect to adult mental health services within the area covered by Health Board B, some psychiatrists seem to be unwilling to refer young people for psychological support, despite repeated requests from young people and external practitioners. A young person from this area also reported that her psychiatrist would change medication, without considering her views and preferences. Another young person had their medication switched to a less effective product and was left to struggle with the symptoms of her mental health issues while she waited for her next appointment.

"I asked him several times and he was so sarcastic. He just said, 'I can…' [My practitioner] had to force him and he eventually agreed, but nothing ever came from it and the last time I saw him was in April." Young Person (August 2017)

Recommendation: Psychological therapies should be offered to all children and young people where clinically appropriate as part of a standard and comprehensive offer of mental health support that moves beyond the medical model. Health Boards should continue to invest in a wider range of psychological therapies.

Recommendation: Mental health services should provide follow-up phone calls to discuss any changes in medication in-between appointments. Changes to medication should always account for the views of the young person and/or responsible parent or carer.

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.

9. As mentioned above, there have been significant attempts across local health boards to reduce assessment waiting times for children and young people with potential neurological disorders, although waiting times are still lengthy. Furthermore, when a child has been diagnosed as having an autistic-spectrum disorder, they aren't always given access to support groups that can tackle their anxiety. Their emotional needs aren't acknowledged. Our discussions with young people and practitioners also established that children in care are now offered more timely assessments. However, AfC's practitioners working in the area covered by Health Board B, are aware that some young people are deliberately getting themselves arrested with the intention of accessing quicker support from CAMHS and adult mental health services. This can have a detrimental effect on their future life chances and suggests that although improvements have been made, waiting times for vulnerable children and young people are still too long.

Recommendation: Health Boards should make further attempts to reduce assessment and treatment times for CAMHS and adult mental health services for vulnerable children and young people; the Welsh Government should continue to invest in a wider range of appropriate and accessible mental health services to prevent young people from having to take drastic steps to access support.

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

10. AfC's Family Intervention Team in the area covered by Health Board E provide monthly consultations for the benefit of school nurses. They have praised the work undertaken by the local nurses to address the mental health and emotional needs of the children and young people they serve. The nurses were described as "very wise" and their eagerness to work with psychologists was acknowledged.

> "The school nurses are amazing. They deal with so much. But there is no longer a full-time nurse in every school." Practitioner

11. More generally however, AfC's practitioners recognise the limitations of this role. Schools have limited budgets, so they must share the costs of hiring a school nurse and therefore, the nurse is only available to support children and young people on certain days, and at particular times. Therefore, many school nurses don't have the time to support young people with their emotional and mental health and prefer to focus on the prevalence of physical illnesses within the student population. This demonstrates that when school resources are reduced, it can have a knock-on effect on other areas. In this case, more

pressure is placed on services like CAMHS because intervention isn't provided early enough at the right level.

12. These points were echoed by the findings of AfC's survey. Almost all school-age children and young people with mental health and emotional issues had accessed support from school nurses. However, there was a mixed response in relation to the effectiveness of the support that was offered. Although many young people expressed positive opinions about their school nurse, others said that the school nurse couldn't offer enough support or wasn't able to appreciate their mental health and emotional needs.

13. AfC welcomes the Welsh Government's recent announcement about strengthening CAMHS provision in schools by piloting the provision of a dedicated CAMHS practitioner. This will improve working arrangements between health and education for a more comprehensive offer of mental health support for children and young people. We hope that this service will be rolled out to all schools in due course and that this CAMHS practitioner will ensure that the mental health literacy of the staff and student populations improves, and that school nurses are equipped to provide a good level of emotional and mental health support for children and young people.

Recommendation: The Welsh Government should expand provision of the school-based CAMHS practitioner and ensure that school nurses are supported by this practitioner so they can deal with children and young people's mental health and emotional issues.

The take up and current provision of lower level support and early intervention services, for example, school counselling services.

14. Many of our survey respondents had accessed other options offered by schools, including counselling, pastoral care and a visiting educational psychologist. However, waiting lists for counselling support are too long and the number of sessions provided is too limited. While AfC has welcomed the introduction of school-based counselling, our practitioners are concerned that without ring-fenced funding and under the new funding arrangements, money will get absorbed into a school's budget and the quality of counselling offered by schools could become further diluted, with poorer outcomes for children and young people.

Recommendation: The Welsh Government should ring-fence funding for school-based counselling to ensure that the counselling on offer is of good quality and sufficiently meets the needs of children and young people.

15. Our practitioners have also noted that school-based counselling is based on an "individualistic" model of support. Where appropriate, support should be offered to the whole family to address a young person's mental health and emotional needs and to build

their resilience. If improvements to adverse situations in the home environment could mirror improvements to adverse situations at school, then we could ensure better and longer-lasting outcomes for children and young people's emotional and mental health.

"We don't go into schools and say, 'we know best'. We listen and they listen to us and hear what's happening. That's the magic ingredient really – how we communicate. The work done at school can mirror what's going on at home." Practitioner

Recommendation: Where appropriate, family therapy should complement school-based counselling to address the needs of the whole family and ensure that issues in the home environment can be tackled alongside issues in the school environment to address a child's mental health and emotional needs more effectively in the long-term.

16. According to the Welsh Government's school-based counselling Operating Toolkit, school-based counselling should be delivered by counsellors who are members of a professional body, work under an ethical framework and access regular continuing professional development.[3] These guidelines ensure that school-based counselling is of good quality. The Welsh Government used to collect statistics every term to establish the presenting and predominant issues arising within school-based counselling. These statistics were used to ensure that a quality service was provided and to guide the future development of services and improve mental health literacy through materials, like a toolkit for practitioners. However, now, the Welsh Government only collect these once a year. This has been accompanied by a decline in the number of quality assurance meetings attended by commissioners, providers and Welsh Government officials. AfC is concerned that these changes will lead to a decline in the quality of counselling provided to meet the needs of children and young people in schools.

Recommendation: School-based counselling should be regularly monitored and assessed and should be quality-assured to ensure that all children and young people across Wales are offered the same quality of mental health and emotional support.

For further information, please contact:

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[3] Welsh Government. 2011. *School-based Counselling Operating Toolkit.* Available online: http://gov.wales/docs//dcells/publications/110823toolkitmarch11bi.pdf