

National Assembly for Wales

Children, Young People and Education Committee

CAM 04

Inquiry into Child and Adolescent Mental Health Services (CAMHS)

Evidence from : The Neath Port Talbot (NPT) Looked after
Children's Health Team

The Neath Port Talbot (NPT) Looked after Children's Health Team, consists of five nurses whose function is to identify and address the health needs of looked after children aged between 0-18 years. The LAC population may reside within NPT or out of county and this gives us good insight in to what is being provided by CAMHS not only locally but in other regions.

The availability of early intervention services for children and adolescents with mental health problems:

Threshold for criteria for referral acceptance appears to have risen, with capacity for provision of early intervention restricted unless there is evidence of significant self harm, psychosis, depression and eating disorders etc i.e established mental health disorder/illness. There appears to be few early intervention services for children exhibiting behavioural problems as a consequence of emotional ill-health. Provision of the school counselling service 'Jigsaw' has been reduced

It seems ludicrous to deny a child/young person access to early intervention services that may prevent them from developing a mental health disorder/illness because they do not currently exhibit signs of mental illness. Such early intervention can help support the child and foster carers and promote placement stability.

Access to community specialist CAMHS at tier 2 and above for children and adolescents with mental health problems, including access to psychological therapies:

We encounter many children who have experienced chronic loss and chronic trauma and will often present with varying degrees of attachment disorder. There appears to be an inequitable service for these children. Locally, these children will not be accepted by CAMHS, unless they are also exhibiting signs of a mental health disorder/illness. However, in Carmarthenshire, we have children who have been assessed and diagnosed with Attachment Disorder and receive Psychotherapy input.

At a recent mental health seminar for looked after children and young people, concerns were raised that CAMHS clinic settings are not suitable for many of these individuals as they are often unable to engage in therapy in a conventional setting. Robust outreach services incorporating Dialectical Behaviour Therapy combined with Dyadic developmental Psychotherapy are vital for this client group, but which there is massive regional variation in service provision.

The extent to which CAMHS are embedded within broader health and social care services:

There is a designated CAMHS nurse attached to the local Youth Offending Team.

There used to be a CAMHS Primary Mental Health Worker locally, who provided advice, support and training to Tier 1 workers. However, this post has been vacant since July 2013 and it is understood the post has yet to be filled. In the interim, referrers are advised to contact the Primary Mental Health Worker for Adult MH Services – this position also is unmanned with a six month waiting list for a response. The lack of available and accessible support for teachers/social workers/health visitors and school nurses means increased referrals to GP and CAMHS for assessment. Children’s services employ a part-time social worker who is based in CAMHS and who can only be seen by the client when CAMHS referral criteria are met.

Whether CAMHS is given sufficient priority within broader mental health and social care services, including the allocation of resources to CAMHS:

There is no information to denote whether sufficient priority is given to CAMHS within broader mental health and social care services. However, anecdotal evidence from staff within the service locally indicates that resources have been cut, with staff not being replaced resulting in a “skeleton service that is fire-fighting only”. Key posts such as child psychiatrists have had working time reduced resulting in less appointments being available.

Unfortunately, due to the chronic lack of investment in to equipping Tier 1 services with the knowledge, skills and resources to be able to identify and address many emotional health problems, they have become a sign-posting service only. Unfortunately, they invariably signpost in to CAMHS but this may not be the most appropriate service.

Whether there is significant regional variation in access to CAMHS across Wales

Definitely. There is significant variation in CAMHS providing services for children on the Autism Spectrum. Some assess, diagnose and monitor post diagnosis. Others have no involvement unless a child has a co-existing mental health morbidity, considering Autism to be a neuro-developmental disorder to be managed by Community Paediatricians.

In some regions where CAMHS are the lead agency, there are behavioural support services in place that are able to work with carers and families. In other regions, there is nothing.

Locally CAMHS are the lead agency for assessing and diagnosing and providing post diagnostic support. Post diagnostic support would consist of this being an out-patient appointment in a clinic setting.

This can present significant problems in providing consistent mental health care for children and young people placed with carers 'out of area' and also when returning back to area due to regional variations of threshold, case ownership & management (CAMHS / Paediatrician) and post diagnosis support.

Instances of difficulty for children being transferred to CAMHS in their new area of residence have been encountered. A referral by their new GP to CAMHS has been necessary rather than the lead being taken by their existing CAMHS clinician.

As highlighted in Point 2, there are huge variations in psychological support for children who present with Attachment Disorder. Often independent Psychological services are commissioned in when CAMHS have stated they are unable to provide an intervention.

The effectiveness of the arrangements for children and young people with mental health problems who need emergency services:

CAMHS do provide a telephone consultation service for professionals worried about children and young people. However, it is not always possible to speak to a CAMHS worker on the day needed and so advice is that carers should refer to GPs immediately. However, do GPs have the necessary training and skills to be able to assess, diagnose and support?

Children and young people who self harm are taken to A&E and kept as an in-patient until they have been assessed by a CAMHS doctor. If they are deemed to be not at risk or at low risk of self-harming they will be discharged back in to the community, with varying degrees of follow-up and support.

The extent to which the current provision of CAMHS is promoting safeguarding, children's rights and the engagement of children and young people

It is felt with the current level and disparity of CAMHS provision across the regions, children are not being effectively safeguarded and their rights not being fully acknowledged and incorporated in to service delivery.

Considerations for engaging young people must be in an individual basis and not an assumption that universal provision with suit all. It is appreciated that there should be a degree of 'willingness to engage' on the part of the child or young person. However, anecdotally children & young people have expressed that professionals must also demonstrate imagination and flexibility in ways to encourage engagement.

Any other key issues identified by stakeholders:

There is a consistent difficulty in obtaining information from CAMHS both by telephone and in person (offering to go to the Children's Centre with identification), including if referrals have been accepted or not, if children and young people attended appointments and the outcome of any consultation. The usual response from the receptionist is that they do not have consent to share information. Lack of information sharing has been a key factor in many serious case reviews. Working Under the Children Act (2004) states that bodies have a duty to make arrangements to ensure that their functions are discharged in respect of the need to promote the welfare of and safeguard children and young people. The sharing of information is fundamental to complying with this yet it is difficult to safeguard children and young people when we do not know if they are receiving support and therapy from CAMHS or not.

Paediatricians in Child Health are not routinely copied into CAMHS correspondence. This can result in a lack of an holistic appreciation of a child's past health when their Child Health notes are reviewed on becoming 'looked after'