National Assembly for Wales
Children, Young People and Education Committee
CAM 30
Inquiry into Child and Adolescent Mental Health Services (CAMHS)
Evidence from : Rhondda Cynon Taf Children Services

The Availability of Early Intervention Services for Children and Adolescent Mental Health Problems:

There are currently no specific services within Rhondda Cynon Taf (RCT) that provide support to young people with identified emotional issues. CAMHS did provide a Primary Mental Health Services but this service was discontinued in 2013 when the funding supporting this service was withdrawn.

When young people have been identified as having emotional health issues the third sector organisations are often the first referral point. Within RCT these are Eye to Eye Counselling and the Amber Project. This puts a considerable amount of pressure on these services and can result in increased demand being put on the CAMHS Tier 2 services, because the help required by young people is not provided in a timely way and problems can escalate.

It is unclear, at present, of the full expectations the SS Bill will place on LA to maintain and increase well-being. However, it is accepted that the availability of early intervention services to support those with emotional issues will be essential.

Access to Community Specialist CAMHS at Tier 2:

The process to access Community Specialist Tier 2 services is well established within the area. However, difficulties arise because there is not a clear understanding of CAMHS criteria and the responses received to requests for services can vary and appear to be inconsistent. They appear to only assess those with mental health problems, no discreet service for those young people who have specific problems e.g. those who have been sexually abused. If there was a clearer understanding of expectations only appropriate referrals would be made into the services thus reducing demand.

Issues also arise when accessing the CAMHS services when children and young people are looked after and placed out of county. Although the responsibility remains with the LA that placed the child, it is almost impossible to have access to the local CAMHS provision in other parts of the country in a timely manner. This results in vulnerable children not having the service they need.

The model of delivery of the CAMHS service is based on a medical model and clinic based appointments, which for the majority of young people is not suitable. If young persons miss appointments then they are often struck off

the list having to be referred again which can, in many cases, cause unnecessary delays and leads to the escalation of problems. In the cases of children and young people in the court arena delays are not acceptable and can result in LA's being reliant on costly independent assessors who do not always have the specialist knowledge required.

Any referral for TIER 3/4 services or specialist services can only be accessed through a consultant within CAMHS e.g. the CAMHS KIT Services will visit young people at home but the referral must be made to KIT through a CAMHS consultant. The availability of psychological therapies is very limited and restricted with access to psychological therapies usually through payment to independent services.

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

For many years RCT Children's Services has had a social work presence within CAMHS on a secondment. Due to issues that have occurred the social work role has been eroded with the social workers now being part of the general CAMHS services delivery model.

There was also, within the Youth Offending Services, a full time mental health advisory role which offered assistance but this has now been reduced to a part time post with the post holder also having to undertake other additional responsibilities.

The strategic links between RCT Children's Services, YOS and CAMHS has, over the years, also deteriorated and this has impacted on the ability to plan effectively for future service development. The introduction of' 'Together for Mental Health' should in the future make a difference to this and the early indications are that Strategic Groups are beginning to meet and joint plans are being formulated.

Whether CAMHS is being given sufficient priority within broader Mental Health and Social Care Services, including the allocation of resources to CAMHS:

RCT Children Services have for a number of years provided funding for Social Workers to be seconded to the CAMHS Services. The level of funding has however reduced over the years and at present funding continues for one and half social workers only.

Wider adult psychiatric service appear to have the bulk of the funding and appear to be better resourced.

Whether there is sufficient regional variation in Access to CAMHS across Wales:

This is very difficult to comment on without having an overview of what services CAMHS provided in other areas. However there appears to be

considerable variation in the provision of Tier 1 and Tier 2 services, there are Primary Mental Health Services in other areas. Across the network, team's infrastructure appears also to be different which must have a bearing on access to Tier 3/4 provision.

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

CAMHS do provided emergency cover. They have a duty system that allows for any young person presenting at A&E Services with mental health problems or have attempted suicide to be seen immediately. However, this does present problems when out of normal working hours.

The YOS and Children Services, if they feel that a young person has mental health problems that need immediate help, can telephone CAMHS for an emergency appointment. However, the person on the telephone will assess the risk and will only arrange an immediate appointment if they deem the young person to be high risk. The appointment offered under these circumstances is still within a clinic, which under this type of circumstance, can be difficult to get the young person to attend.

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

It is not evident that CAMHS are proactive within the safeguarding arena. They are not part of any of the Strategic Safeguarding Delivery Groups and from an operational level very rarely attend individual children/young peoples Children in Need meetings, YOS High Risk Panels, or Child Protection Conferences.

It is very difficult to understand how CAMHS promote children's rights and the engagement of young people when they only deliver a clinic base model of service delivery. Their practice of obtaining parents written confirmation, before providing an intervention, delays the young person actually receiving treatment. This can also pose problems for those families who experience literacy problems.

Any other key issues identified by stakeholders:

More consideration needs to be paid to the role of schools and education and in particular the relationship between CAMHS and specialist services in education such as educational psychology, behaviour management etc.

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