

# National Assembly for Wales

## Children, Young People and Education Committee

### CAM 37

#### Inquiry into Child and Adolescent Mental Health Services (CAMHS)

##### Evidence from : Hafal

1. Hafal welcomes the opportunity to submit written evidence to the Committee in relation to its inquiry into CAMHS. Our response to the specific areas that the Committee is focusing on is given below. We are also happy to deliver evidence in person to present the service user perspective and have someone give evidence who has experience of receiving CAMHS services
2. *The availability of early intervention services for children and adolescents with mental health problems*
  - Hafal is working in partnership with Aneurin Bevan Health Board to provide an Early Intervention Service for young people age between 14 and 25 who are at risk of or are currently experiencing a first episode of psychosis. This service is helping raise awareness of the symptoms of psychosis and providing evidence-based treatments and promoting recovery for young people
  - People with a serious mental illness tell us that this type of service needs to be available across the whole of Wales. The majority of people with lifetime mental health problems first experience symptoms before their mid-20s, and failure to intervene early makes it much more difficult for young people to reach their social, emotional and vocational potential
  - We have found that young people who develop a mental illness are much more likely to see a decline in their educational and employment opportunities. People tell us that it is absolutely essential that at this crucial stage in a young person's vocational development they are fully supported in engaging with educational services and/or getting into employment as part of their recovery. We call on Health Boards working with local authorities to make this a key priority in their plans and to establish clear performance outcome measures to show progress in tackling this issue
  - Early intervention does not necessarily mean being referred to a specialist mental health service or having a formal diagnosis. Great care and caution is needed to ensure young people receive the most appropriate care and support, and do not inappropriately find themselves within the mental health system.
  - Quotes from young people who have been through the CAMHS system;

'Having a diagnosis can be quite scary because of a lack of understanding when people are young. It's a complex issue. Having a diagnosis can mean you get support, lots of places won't give you support unless you are diagnosed. However, the stigma, association and stereotypes – children and young people can be very cruel'.

“We all know that it is difficult to talk about what you experience with regards to mental health; there is a great fear that you will be judged or stereotyped. This needs to change!”

“I believe the best way we, as people who suffer with mental illnesses, or care for people who do, should speak up when these comments are made, and remind people that yes, we are mentally ill; some of our thoughts and actions are unusual or at times scary, but that we are actually still human, and these comments hurt.”

“When you’re in hospital nobody sits down with you and explains what’s wrong”

### ***3. Access to community specialist CAMHS at Tier 2 and above for children and adolescents with mental health problems, including access to psychological therapies***

- Many families have said that they have found it difficult and challenging accessing psychological therapies.
- Quotes from younger people;

“More should be done to provide talking therapies rather than just waiting on your medication and watching the clock tick.”

“To get treatment or to be listened to I found that you have to be incredibly unwell, to be suicidal or hearing voices. If you want information you have to find it yourself, you have to find it on the Internet but you don’t know whether that’s reliable or not.”

“I didn’t have any information when I first became ill. I went into hospital but I wasn’t diagnosed until 3 years later. They sat me down and explained what was wrong. I couldn’t take it all in at once. It went in one ear and out the other.”

“Having someone to listen always helps although there is the danger that when some people listen they don’t actually listen, they assume things. My psychiatrist listens without listening!”

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

- The Welsh Government has ring fenced mental health expenditure across all age groups since 2008 with the intention of protecting mental health expenditure and facilitating investment in services. This has been widely welcomed and supported by people who use mental health services and by carers, and has sent out a very strong message to Health Boards that they should protect these valuable services for a highly vulnerable group of people. However, there appears to be a lack of openness and transparency in recording and reporting how and where money is spent.

### ***5. The extent to which CAMHS are embedded within broader health and social care services***

- All children and young people who access secondary mental health services are entitled by law (Mental Health (Wales) Measure 2010) to have a holistic, recovery focused Care and Treatment Plan. This is the main tool for ensuring that all of the person’s needs are co-ordinated and addressed in an integrated way, e.g. accessing or re-accessing education, dealing with a person’s loneliness, providing support for any dependencies, any benefits problems, providing counselling or other form of talking therapy, etc. Care co-ordinators must be able to make these links and ensure services are delivered in a fully integrated and joined up way.

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

- We have not seen any meaningful data that shows what, if any, the variation is in accessing CAMHS services across Wales, but this may be due to a lack of appropriate data.
- Apart from the service in Aneurin Bevan Health Board there appear to be very few teams across Wales providing early intervention services for children and young people.

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

- All children and young people who have been using secondary mental health services, and their families and/or carers, should have details in their Care and Treatment Plans of who to contact in case of an emergency or crisis. Health and/or social services need to be available 24 hours a day for people in crisis.
- Parents have often told us that when they have contacted the health service to report that their child may be showing signs of relapsing and in need of a service to prevent a crisis that there is no service available. People feel they have to reach a crisis point before any support is available.

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

- One of the main principles and intentions of the Mental Health (Wales) Measure 2010 was to ensure that people who use mental health services are involved in the planning, development and delivery of care and treatment to the fullest possible extent. The Code of Practice to Parts 2 and 3 of the Measure says that; '*children should be given the opportunity to fully engage in the process even when consent may be required from their carers*'. However, we are not aware of systems being in place across Wales for capturing and acting upon the views of children, young people and their parents, or where this has influenced change.

9. *Any other issues identified by stakeholders*

- Mainstream services, e.g. schools, colleges, youth services, should be fully equipped to support young people with a mental illness. For example education and training is needed for those working in mainstream services in order to be able to better support young people who experience mental ill health.
- Some young people come to the attention of the criminal justice system because of their illness. This system is poorly equipped to help and support people with a serious mental illness, and the outcome can often be devastating for the people involved. There needs to be adequate services in the community that help prevent people with a mental illness from entering the criminal justice system in the first place.
- Where young people are detained under the Mental Health Act and taken to a place of safety then this should be a hospital or healthcare environment and not a police station.

## 10. *About Hafal*

Hafal (meaning 'equal') is the principal organisation in Wales working with individuals recovering from serious mental illness and their families. We are managed by the people we support - individuals with serious mental illness and their families. Our 191 staff members and 150 volunteers provide help and support to over 1500 people with serious mental illness and 1600 carers. The charity is founded on the belief that people who have direct experience of mental illness know best how services can be delivered. In practice this means that at every project our clients meet to make decisions about how the service will move forward and the charity itself is led by a Board of elected Trustees, most of who either have serious mental illness themselves or are carers of a person with a mental illness. Our mission is to empower people with serious mental illness and their families to enjoy equal access to health and social care, housing, income, education, and employment, and to achieve a better quality of life, fulfil their ambitions for recovery, and fight discrimination.

## 11. **Contact**

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