

The RCN in Wales is of the view that the publication of 'Breaking the Barriers (2010)' and the subsequent Mental Health Measure created an impetus for the improvement in Child and Adolescent Mental Health Services. Despite this, there is some concern from our members on the ground that the publication of the Welsh Government's 2012 all age Mental Health Strategy 'Together for Mental Health' may have stifled this impetus and that CAMHS services are now seen in some areas as 'the Cinderella of Cinderella services'.

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

There are a number of early intervention services available to children and young people. One of the most significant developments has been the presence of school counsellors who are a very important first port of call for many young people.

However, the demand for these services, and other CAMHS and related services, exceeds the limited availability. This needs to be addressed as these services form a very significant role in dealing with young people's needs at an early point. If adequately resourced, these services may reduce the number of referrals that are subsequently made to specialist CAMHS.

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

As a result of the measure those with less severe mental health problems or behavioural issues have seen an improvement in services, however there some of our members are of the view that this has had a knock on effect to young people with psychotic illness and other major mental health issues, who may not now always be receiving the care that they need, in the right places, in a timely manner. Where early Intervention services for psychosis and major mental health problems exist, it is debateable as to how effective these are given their very limited resources. There are also still tensions between adult mental health and CAMHS services around roles and responsibilities, when young people with major mental health problems cannot be found appropriate placements in a timely manner.

Some of our members working in CAMHS are also reporting a distinct lack of CAMHS expertise in many all age mental health teams, consequently young people are often waiting long periods before being seen. In some areas the previous model of providing primary mental health care was disbanded and combined with adult mental health teams or new teams formed. In some areas, this has led to a situation whereby many perceive the new service as being 'inferior' to that in existence before the emergence of the Mental Health Measure.

Our members report that access to CAMHS at Tier 2 is inconsistent across Wales. There are differing referral criteria depending on where you live, particularly around developmental disorders and different service models. It has to be recognised that according to criteria and

recommendations from the Royal College of Psychiatry and the 'Choice and Partnership Approach (CAPA)' model there is around a 50% shortfall in whole time equivalents of staff to provide what is deemed an adequate service for the population epidemiology figures for Wales. Consequently access to CAMHS for routine appointments entails long waiting lists and the urgent and emergency nature of the work is prioritised which only serves to exacerbate the problem.

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

CAMHS services historically have had reasonable working relationships with other services and agencies, but there is presently a sense that these are being tested under the current climate of 'austerity' where all services feel stretched and at times overwhelmed and their ability to provide a good service is compromised. There does seem to be a culture developing of trying to redirect young people to other services because of feeling overwhelmed rather than on the basis of meeting need.

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

Our members tell us that the allocation of resources is not adequate and also skewed. The budgets for Adult and Children's Mental Health Services are not equitable when population figures of the age groups are considered. The change in policy to ensure all young people with mental health needs up to their 18th birthday becoming the responsibility of CAMHS has had a big impact on resources(in those areas that previously only took 16 and 17 year olds in school as opposed to all). There has been no increase in budget to account for this yet the impact on workloads has been very significant.

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

We have received differing views on this from our members across Wales and this would therefore lead us to believe that there is regional variation of services.

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

The RCN welcomes the development of the Specialist Tier 4 Units in North and South Wales, but we are aware that there remain significant difficulties at times in getting young people admitted in emergency situations. We know that some of the beds in the Tier 4 Units are unavailable as there is inadequate funding to fully staff the number of beds.

Whilst we are pleased to see that services for young people that have in the past been slow to develop (such as those for Eating Disorders and serious conduct and behavioural difficulties) are now improving. However this is having an impact on Tier 4 in-patient services (who are often supporting growing numbers of patients in these in-patient units). For

example, sometimes there is an inappropriate patient mix on the units, or patients with serious mental illness (such as psychosis) cannot be admitted because units are full. Until such time as comprehensive youth mental services are developed, with appropriate emergency arrangements, this will continue to be a problem.

We have anecdotal evidence that young people are still being admitted into adult care environments, which are inappropriate and presents risks. In these situations it can be difficult to ensure that there are appropriately trained staff able to meet the specific needs of young people available to cover these admissions. There has also been a shift in on call arrangements by junior medical (psychiatry cover) which has meant that access to assessments can be problematic.

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

CAMHS services are usually good at promoting children’s rights and in promoting safeguarding. The service model used across Wales continues to expect young people to attend traditional clinic settings and it would be more appropriate for young people to be able to access services in more central and convenient locations. There are many good examples of providing youth mental health services in this way and the evidence from Australia as well as some UK services show that meeting mental health needs in this way is more efficient. The long term benefits of doing this are well documented in the literature.

ABOUT THE ROYAL COLLEGE OF NURSING (RCN)

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The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.