National Assembly for Wales
Children, Young People and Education Committee
CAM 50
Inquiry into Child and Adolescent Mental Health Services (CAMHS)
Evidence from : Association of Educational Psychologists

Background to Submission

1. The AEP is delighted to provide this response to the Children, Young People and Education Committee's inquiry into Child and Adolescent Mental Health Services (CAMHS). The AEP currently has 3250 members across England, Scotland, Wales and Northern Ireland, representing 210 Welsh educational psychologists. It is the only trade union and professional association in Wales organised exclusively for and by educational psychologists (EPs). The AEP represents the collective interests of its Welsh members, promotes cooperation between EPs, seeks to establish good relationships between EPs and their employers and seeks to promote the overall wellbeing of children and young people across the country.

2. EPs work with children and young people aged from 0-19 but the majority of their time is spent with school-age children. EPs play a key part in helping shape how educational settings approach a vast range of educational issues including Special Educational Needs (SEN), emotional wellbeing and classroom practice. EPs carry out a wide range of statutory and non-statutory work that helps to improve learning, developmental and welfare outcomes for all children and young people, but especially those within the most vulnerable situations.

3. The role of EPs includes providing advice on identifying and addressing issues of concern related to children and young people's development and functioning, as well as training around a range of specific issues including management of behaviour, supporting children and young people with autism and promoting mental health.

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

4. The AEP feels that the availability of early intervention services for children and adolescents is currently variable in the different parts of the country. At the earliest level (i.e. tier 1) the front line staff are typically teachers, nurses and health visitors. Early intervention would be the result of good practice in schools and nurseries utilising the skills and advice given by professionals such as specialist teachers or EPs. This would depend on the appropriate staff being in post and having the time available to do this work. Our experience has been that it can be difficult to get schools and parents to look at different ways of working as they seem to prefer having EPs undertake individual assessments. However, agencies such as Barnardos have been successful in undertaking some early intervention schemes many of which have been devised by psychologists.

5. It has been reported that Joint Assessment Family Frameworks (JAFF) refer to Primary Mental Health Teams when mental health is raised as an issue causing concern. However, we would stress that Primary Mental Health Teams are very poorly resourced and currently can only carry out very short pieces of work with minimum input.

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

6. In a similar vein to the first answer, the access to community specialist CAMHS is variable across the country. In some areas there are staff shortages in CAMHS and the models of working are not very efficient, with staff being mainly clinic based. This means that in some cases parents have huge logistical problems getting their children to appointments. As CAMHS work under health they have a very strict policy regarding failed appointments and will cross clients off the list if one appointment is missed. It can also be quite an obstacle course for professionals filling in numerous forms in order to enable a child to obtain an appointment at a CAMHS clinic.

7. We would like to raise concerns that some of our members have observed that referrals made are often refused for not meeting the criteria, which has not been discussed or explained. Often requests are made for more tier 1 interventions and these are limited. Referrals agreed are then put on very long waiting list. This has led to a situation in tier 1 where some pupils are waiting 10 months to see clinical psychologist and social communication clinic referrals are waiting over a year.

8. We have been pleased that the Welsh Government has supported school based counselling services and this has been helpful to date and an important resource in helping pupils parents and teachers. However we would query the sustainability of these services given the funding cuts. Some areas of the country currently seem to have Primary Mental Health Teams that have practitioners who go out into the community and undertake systems work and group work with vulnerable client groups. In other areas this model does not seem to exist.

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

9. This would vary from area to area as some CAMHS services seem to operate very much as a free standing service whereas others are more embedded into health and social care. Generally CAMHS are not embedded within broader health and social care services. Individual CAMHS have built relationships locally between health, education and social services and there is good practice in this area, but this has not been driven by policy in the way it has in England. With increasing cuts to front line services and increased waiting lists, there is less time for multi-agency liaison and approaches.

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

10. CAMHS seems to be a 'Cinderella' service when it comes to funding. We believe that, because resources are scarce, CAMHS can be given lower priority for allocating funding – tough decisions have to be made and sometimes those making the decisions do not fully appreciate the need for CAMHS services. For example, we have heard reports from one member that a psychiatrist left and there were no plans to replace her job. We understand that there is a similar situation in clinical psychology. We would also like to make the point that there is a gap in provision: when children leave school they are no longer entitled to receive CAMHS but do not yet qualify for adult services.

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

11. Yes, there does seem to be regional variation which would depend on the priority the various Health Boards give to CAMHS and also how the particular CAMHS operates within the community. The AEP has found that there is a significant difference in how CAMHS services operate with EPs and that where robust protocols are in place then good practice generally occurs.

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

12. Our members have reported that there is a lack of suitable provision for young people in crises. This is a very demanding group of young people and the care and support that they need is specialised with staff involved needing to be well trained and supported. Often the staff have not received appropriate training and are not being sufficiently supported. Children who are admitted to hospital are receiving support. However, other children who have presented with mental health issues at accident and emergency but who are not admitted do not appear to have robust follow-up and support.

13. This kind of care is expensive and currently the funding is not available. We would like to see the Welsh Government invest in this area in future to ensure that these children and young people, who are most in need of support, benefit from early intervention.

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

14. In our experience this varies from area to area but we would like to see more work to assess how effective CAMHS are in promoting safeguarding, children's rights, and the engagement of children and young people. Safeguarding, in this sense, should be early intervention and lowering the risk of more serious issues developing later. In an earlier question we have already commented on long waiting lists and difficulties accessing CAMHS, which do not promote either children's rights or safeguarding. Current provision isn't fit for purpose. Children's rights are not protected as they are not receiving treatment and in some cases this leads to them being excluded from their school and so not receiving education.

Any other key issues identified by stakeholders.

15. Over the past few years AEP members have increasingly expressed concerns that children with behavioural difficulties are being prescribed drugs without full discussions with other professionals to see if other strategies or approaches could be used instead of, or at least alongside, the medication. It is of particular concern to the AEP that the number of children aged under six, and as young as three, who have been prescribed ADHD drugs to address challenging behaviour, including inattentiveness and hyperactivity, is rising substantially.

16. The AEP feels that there is insufficient evidence to have confidence in what the long-term neurological impact of these drugs might be on the developing brains of children and would like to see increased use of psychological treatments. NICE guidance advises that psychological treatments should occur first, however, the AEP does not feel this guidance is always being followed due to pressures of work and the shortage of time to make the multi-modal assessments advised by NICE.

17. Simply relying on medication is no solution; the AEP believes that the Quality Standard on ADHD developed by NICE should advocate a more collaborative approach to the treatment of children with conditions such as ADHD – involving GPs, teachers, EPs and healthcare professionals alongside the child's parents – that is not reliant on medication, but considers a comprehensive programme of treatment and therapies.

18. We would like to see the Welsh Government collect information on the number of children and young people being prescribed powerful psycho-stimulant drugs, such as Ritalin, and undertake a study into how current guidance on ADHD is being implemented. We would also like to see more done to ensure that health professions are better informed in supporting children with conditions such as ADHD via training.

For more information about the Association of Educational Psychologists, please contact Gary Jones at gary.jones@whitehouseconsulting.co.uk or 0207 463 0697.