

**National Assembly for Wales
Children, Young People and Education Committee
CAM 52
Inquiry into Child and Adolescent Mental Health Services (CAMHS)
Evidence from : Diverse Cymru**

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Organisation Background

Diverse Cymru is an innovative, relatively new organisation in the Welsh Third Sector, created in recognition of the realities faced by people experiencing inequality in Wales.

Diverse Cymru promotes equality for all. We believe that we can work together to challenge discrimination in all its forms and create an equitable future for the people of Wales.

Diverse Cymru aims to make a real difference to people's lives through delivering services that reduce inequality and increase independence; supporting people to speak for themselves and to connect with decision makers; creating opportunities for participation and development; raising awareness of equality issues; and inspiring people to take action against inequality.

Our current services include direct payments, self directed and independent living support, and BME mental health befriending. Our advocacy services include an All-Wales health and social care advocacy service for BME people with mental health issues, alongside income maximisation, welfare benefits and general advocacy. We produce information resources, run a service user involvement project and co-ordinate volunteer placements. We facilitate forums and groups that work on various issues, from improving disability access to equality impact assessments. We provide consultancy services and deliver a range of training courses on equality related topics.

This response focuses specifically on impacts on people from protected characteristic (equality) groups. We would be delighted to assist with the development of specific work programmes, and with engaging service users in future. We are happy for our response to this consultation to be published and would welcome the opportunity to present oral evidence to the committee.

Inquiry response

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

1. Our service users have indicated that access to early intervention services and low level support, such as counselling and talking therapies, is very low.

2. Barriers to accessing services vary according to region and group. For BME young people recent engagement through a specialist support group we are co-ordinating in partnership with Mind Cymru has shown that BME young people are not told that talking therapies or even educational therapists could be available and are consequently under-represented within CAMHS service users.
3. Additionally there is a lack of recognition of mental health issues for children and young people amongst GPs, health service providers, and education providers.
4. One Service user provided the following experience, illustrating the attitude of some GPs and other health specialists that presentation of mental health issues in children and young people is merely attention seeking:
5. "At the age of 10, my daughter made an appointment with our GP to request counselling. The GP's reaction was what do you want counselling for, you are and always have been a drama queen. This may have occurred 18 years ago, however, when I confronted that same GP 2 years ago, they were adamant that they had made the correct decision and still adopts the same stance to other 'silly little girls looking for attention.'

The reasons why my daughter was seeking help included being terrified that her mother would die, due to having been recently diagnosed with a degenerative illness and having spent long periods of time in hospital. Her father had left because he couldn't cope having a 'crippled' wife. These circumstances the GP was well aware. The fundamental reason for her desperately seeking help was that her grandfather had attempted to sexually assault her, and her father had actually done so, which we did not feel confident to report due to divorce proceedings and the distress we were both experiencing at the time.

As access to any support or services had been denied, my daughter has spiralled into depression since and as a 14 year old resorted to self-medication in the form of class A drugs."

A parent from South East Wales

6. CAMHS is a vital element of supporting children and young people in Wales and ensuring that young people can access services and ensure that the negative impacts of not receiving support for mental health issues of poor educational attainment, poor personal development and poor employment prospects are averted.
7. In ensure that services support children and young people it is essential that services are easier to access.

8. These improvements in access should include:

- Information on CAMHS and talking therapies in schools, colleges, youth services, community centres, libraries, leisure centres, GPs surgeries, and other services and venues that young people access in plain language and a variety of community languages and formats.
- Self-referral routes for young people to mental health support services
- Community and third sector organisation support and referral routes to CAMHS services

Access to services – referral times and waiting lists

9. Some of the young people we have been working with have expressed concerns regarding the length of waiting lists and long referral times for both counselling and talking therapies and CAMHS for young people.

10. Some people are concerned that the referral process and acceptance to services is too complicated and lengthy. This not only does this present barriers to young people and people with parental responsibility for young people understanding and accessing referral processes, but also leaves young people without support initially. There are also cases where children and young people are lost in the system, and never receive support, due to the lengthy referral process.

11. This waiting time can lead to worsening mental health issues, in addition to affecting educational attainment, learning and personal development for young people while they are not receiving support and treatment.

12. One parent told us that it took over 5 years for her son to be assessed by CAMHS, after presenting with mental health issues at an early age.

Access to services through schools and exclusion in education

13. Young BME people with mental health issues we have been working with have had behavioural issues in school, due to mental health issues. The link between behavioural issues and mental health issues for these young people has not been identified.

14. Consequently many of these young people have been excluded from school, but not offered contact with either an educational psychologist or counsellor, talking therapies, or any other form of support for their mental health issues.

15. As this lack of support continues and BME young people are excluded from school many have resorted to using drugs or alcohol to manage their depression, which has sometimes resulted in these young people entering the Criminal Justice System. For other young BME people with mental health issues they leave school without any qualifications or not having achieved the Level 2 threshold, which prevents them from entering employment or further education.
16. For many of these young people the lack of previous identification of mental health issues leads to YOS and other Criminal Justice services not being aware of existing mental health issues.
17. Entering the Criminal Justice System is the first time many of these young people have access to mental health support and education.
18. In order to address the lack of support and access, which has serious impacts on offending rates, educational attainment, employment prospects and life chances for BME children and young people with mental health issues and other young people:
 - Youth services, schools, education professionals and all frontline workers who work with children and young people should receive comprehensive training and information in mental health awareness and services.
 - Specialists who are trained to identify and support children and young people with mental health issues should be available in all schools and youth services.
 - Mental health professionals and professionals working with young people should receive training in BME mental health awareness and in the issues and needs of each protected characteristic group specifically, in order to provide an inclusive and relevant service for all children and young people.