

National Assembly for Wales

Children, Young People and Education Committee

CAM 57

Inquiry into Child and Adolescent Mental Health Services (CAMHS)

Evidence from : Dr Rachel Ann Jones C.Psychol AFBPsS

	<p><u>The Committee is interested in hearing about</u></p> <p>The availability of early intervention services for children and adolescents with mental health problems</p>
1.	<p>Comments:</p> <p>The general consensus is that locally there is limited pro-active services available, certainly not those with an early intervention emphasis. It is typically the experience that a young person's mental health condition needs to have deteriorated to a significant extent before referrals are accepted. Referrals are often rejected due to the absence of severe 'enough' and enduring 'enough' mental health problems, the trajectory for the young person is often clear. They will deteriorate to the point of being severe and enduring enough if left with no services.</p>
	<p>Access to community specialist CAMHS at tier 2 and above for children and adolescents with mental health problems, including access to psychological therapies</p>
2.	<p>Comments:</p> <p>Our experience has generally been that individuals have received limited psychological therapy, often not having had access to an adequate psychological assessment to determine the need for psychological therapy.</p>
	<p>The extent to which CAMHS are embedded within broader health and social care services</p>
3.	<p>Comments:</p> <p>This is an area of extreme concern. Speaking from an adult services team with both health and social care staff we have exceptionally poor links with CAMHS. There is limited positive experience of transfers of care from CAMHS to our service. Transition from CAMHS to adult services is hugely unpredictable.</p>
	<p>Whether CAMHS is given sufficient priority within broader mental health and social care services, including the allocation of resources to CAMHS</p>
4.	<p>Comments:</p> <p>Unable to comment.</p>
	<p>Whether there is significant regional variation in access to CAMHS across Wales</p>
5.	<p>Comments:</p> <p>Unable to comment.</p>

	The effectiveness of the arrangements for children and young people with mental health problems who need emergency services
6.	<p>Comments:</p> <p>It is our understanding that emergency services for acutely unwell children and young people are limited locally to a single bed on a paediatric ward in a general hospital. We are aware that additional acute services are available within the South Wales region, but local services seem inadequate and this runs a greater risk of young people being admitted to local adult facilities or facilities a long way from home.</p>
	The extent to which the current provision of CAMHS is promoting safeguarding, children's rights, and the engagement of children and young people
7.	<p>Comments:</p> <p>Unable to comment.</p>
	Any other key issues identified by stakeholders
8.	<p>Comments:</p> <p>Our key concern is the dearth of services available for children with learning disabilities, especially those who present with complex needs such as challenging behaviour or autistic spectrum disorder. It remains confusing how CAMHS remit is positioned with regards to this client group. However, an invitation to a Specialists CAMHS meeting in February 2014 in which the development of a very limited service for young people with learning disabilities and co-existing mental health difficulties was outlined, is a step in the right direction. There is huge disparity between CAMHS services and social care services. The Children's Disability Team (social care) do not have access to the specialist health services they require for children with learning disabilities, challenging behaviour or autistic spectrum disorder.</p>

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