

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MB/MD/0223/14

Eluned Parrott AM
National Assembly for Wales
Cardiff Bay
Cardiff. CF99 1NA.

22 January 2014

Dear Eluned

Following questions in Plenary on 15 January I undertook to make enquiries regarding the provision of psychological therapies for children, following your concerns around access to talking therapies for children and young people with mental health problems.

You will recall I noted that this type of treatment is widely used in relation to treating complex eating disorders. I was pleased, in October 2013, to announce additional annual investment of £250,000 in Child and Adolescent Mental Health Services (CAMHS), to improve eating disorder provision specifically, and the range of CAMHS provision more generally. LHBs are currently considering how best to utilise this funding to ensure maximum benefit.

More generally psychological, or talking, therapies, together with the use of medication form the mainstay of CAMHS treatment services. In June 2013 we published comprehensive CAMHS Professional Advice for Service Planners, developed by a National Expert Reference Group of practitioners working across health, education and associated fields, highlighting the role of specialist interventions. This includes individual and group psychological therapies and family interventions, with specialist services needing to provide a range of clinically effective, evidence based psychological therapies and approaches. The Advice includes the list of evidence based therapies available for specific conditions.

The Advice also states that Services should work with partner agencies to ensure therapies are delivered to those who are able to benefit most from them. Pathways should be agreed between agencies to ensure the safety of the young person or child, and maximise the likelihood of engagement. Some interventions will be provided in primary mental health care, others will need to be provided in secondary care as part of multi-disciplinary care and treatment planning. Services should also ensure that staff delivering therapeutic interventions have the necessary training, and that supervision structures are in place.

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Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

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You also commented on CAMHS referral targets and problems accessing talking treatments. Access is determined on the basis of the clinical need of the individual. The only targets applied in CAMHS relate to waiting times, which are variable across Wales, and I am aware of particular issues in Betsi Cadwaladr UHB and Aneurin Bevan LHB. Work is in hand to consider how these can be addressed. The implementation, in 2012, of Local Primary Mental Health Support Services, as part of our Mental Health (Wales) Measure, will mean many more low level conditions can now be treated in primary care, helping alleviate the pressures on more specialist services, allowing them to focus on those in most need.

I am confident that my investment in October of additional funding in CAMHS, will also improve access. One of the requirements of the funding is that it leads to service redesign, ensuring specialist CAMHS and community services work more closely. These are key themes in the 'Together for Mental Health' Strategy (2012).

Best wishes
Mark

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