



NSPCC 
**Dim mwy o greulondeb i blant. DIM.
Cruelty to children must stop. FULL STOP.**

NSPCC CYMRU/WALES RESPONSE TO:

IECHYD MEDDWL CYMRU: A WELL BEING AND MENTAL HEALTH SERVICE FIT FOR WALES

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August 2008

NSPCC Cymru/Wales welcomes the opportunity to respond to Professor Michael Williams' paper on the proposals for Iechyd Meddwl Cymru: A Well Being and Mental Health Service Fit for Wales.

The NSPCC's purpose is to end cruelty to children. Our vision is of a society where all children are loved, valued and able to fulfil their potential.

We seek to achieve cultural, social and political change – influencing legislation, policy, practice, attitudes and behaviours for the benefit of children and young people. This is achieved through a combination of service provision, lobbying, campaigning and public education.

1.0 Introduction

- 1.1 NSPCC Cymru/Wales welcomes the decision by the Welsh Assembly government to base all its policies relating to children and young people on the United Nations Convention on the Rights of the Child (UNCRC). However, we are disappointed with the lack of reference to the many Articles specifically relating to the health and well being of children and young people within the proposals. We urge the Welsh Assembly Government to highlight again their commitment to a rights-based approach and include reference to the UNCRC in any future developments of these proposals.
- 1.2 We acknowledge the opportunity to respond to the proposals detailed within this Paper and hope to advocate a child-centred and safeguarding approach to the area of mental health. Despite drawing on our practice experience to respond, we have found it difficult to comment on proposals which will indeed affect the provision of Child and Adolescent Mental Health Services (CAMHS) in Wales. This is due to the fact that a Joint CAMHS Review between the Wales Audit Office and Healthcare Inspectorate Wales is currently underway. We are unsure as to why proposals were sought before the findings and recommendations of such an important review for children and young people in contact with the mental health system in Wales are published. **Despite this, we look forward to a comprehensive response from the Welsh Assembly Government once findings have been published and urge them to provide a clear status update as to the changes to be made as promptly as possible thereafter.**
- 1.3 We would like to take this opportunity to acknowledge the recent priority given to Wales' mental health agenda by the Welsh Assembly Government and others. However, we do not believe the Paper's proposals reference appropriately such developments. We also hold concerns that limited reference is made to guidance currently in place with regard to commissioning structures and local service provision. **We would urge the Welsh Assembly Government to ensure that any further developments are comprehensively linked to guidance such as that for Local Authorities' Single Plans, and lead by example to enable a clear, open and joined up approach to be taken to mental health services in Wales.**

2.0 Key Comments

- 2.1 One of NSPCC Cymru/Wales' main issues is that the current CAMHS Strategy in Wales¹ is very comprehensive and refers to both the commissioning of and service provision for children and young people. Despite the many issues we highlight within this response as to its failures in practice, we firmly believe that a fully-effective funding commitment and investment in its delivery, alongside addressing key recommendations made by agencies such as ourselves, would go some way to end the reoccurring reference to CAMHS as "in crisis"², and meet the needs of children and young people across Wales. **We would like clarification from the Welsh**

¹ Welsh Assembly Government (2001) Everybody's Business: Child and Adolescent Mental Health Services – Strategy Document, Cardiff.

² Children's Commissioner for Wales (2007) Somebody Else's Business? Report of a scoping exercise of the child and adolescent mental health services in Wales, Office of the Children's Commissioner for Wales, Swansea.

Assembly Government as to the reasons behind re-structuring rather than a focus on current delivery.

- 2.2 We would like to acknowledge the reference made to our research within the CAMHS section of the Paper. We are pleased that our service experience has been considered and that the issues highlighted were noted within the proposals. **However, we are concerned with the lack of specific guidance as to how exactly current CAMHS practice will be affected if the IMC proposals are agreed. We urge the Welsh Assembly Government to clarify this as a matter of urgency.** Community Health Services are included within the proposals though we would like further clarity from the Welsh Assembly Government as to how these will look in practice. In relation to children and young people, we would seek reassurances around how the particularly specialist work of CAMHS will fit with such proposals without losing focus and/or resource. Teams should be multi-disciplinary, reflecting a holistic view of meeting the needs of children and young people.
- 2.3 We are concerned that proposals to develop one statutory body for all mental health services will dilute the focus given to CAMHS, which even under the current, more local system seems to be failing. The Paper itself recognises that CAMHS is under considerable pressure³ in meeting its multiple issues and challenges and that the Iechyd Meddwl Cymru (IMC) would need to address this. **However, NSPCC Cymru/Wales has reported on such issues and now seeks clarification from the Welsh Assembly Government as to how the IMC through these proposals will aim to achieve this.** We hold concerns as to how far the IMC will be able to ensure a tailored response is prioritised for the children and young people in need of accessing mental health services in Wales.
- 2.4 Everybody's Business⁴ details key groups of children and young people to which the Welsh Assembly Government wished "to see a particular focus of activity"⁵, including children and young people who have experienced abuse. From our own experience, we have learnt that CAMHS does not appear to be in a position to meet these needs. **We therefore seek clarification from the Welsh Assembly Government as to how IMC would consider such vulnerable groups of children and young people and particularly include them within its work and planning developments.**
- 2.5 Pertaining to the IMC's responsibility for the provision of services, NSPCC Cymru/Wales' research identified that local CAMHS provision is currently unable to meet their demand. There was vast knowledge that CAMHS were operating huge waiting lists and were therefore unable to provide timely help, support and/or treatment for all children and young people in need of a service. Due to this, many of our services are working with children and young people in a support and therapeutic context in the interim, yet do not feel that this provision is being recognised appropriately. Our Swansea therapeutic service with its over subscribed caseload meets a growing need for such provision across South Wales, yet this service currently receives no statutory funding for its mainstream services. **We would urge the Welsh**

³ Williams, M (2008:11) Iechyd Meddwl Cymru: A Well Being and Mental Health Service Fit for Wales, Cardiff.

⁴ Welsh Assembly Government (2001) Everybody's Business: Child and Adolescent Mental Health Services – Strategy Document, Cardiff.

⁵ Ibid:49.

Assembly Government to consider how one statutory body with responsibility for the commissioning and provision of all mental health services, not only CAMHS, ensure that current delivery issues and barriers to care are addressed and that appropriate services are offered and made available to children, young people and their families in a timely and effective manner. Services providing interim support must also be acknowledged for their work and included in future planning processes.

- 2.6 We also hold particular concerns that the proposed IMC statutory body will be responsible for both the commissioning and provision of mental health services across Wales, including CAMHS. We would need clarification as to how their approach to two very important aspects of service delivery will ensure and safeguard that the service users voice will be heard and taken forward. There appear to be a lack of clear lines of accountability also. **We urge the Welsh Assembly Government to clarify how changes to the current structure will avoid a potential conflict of interest between the responsibilities to commission and provide mental health services for all, across Wales.**
- 2.7 The Paper includes the proposal that a new service could be established within a year without reducing current provision. We believe that this may be an unrealistic goal with potentially significant impacts upon current delivery. With no indication of how such change will be met by the necessary funding resource, we hold concerns that the current delivery of CAMHS will be further impacted by the required changes. Not only does the timescale involved concern us but also the fact that only £11million is quoted as the estimated amount of funding needed for mental health services in Wales⁶. This follows the CAMHS Strategy⁷ back in 2001 detailing that £10 million recurrent additional funding for the first three years would be necessary to implement its recommendations. The £11million proposed within this Paper would be to cover all mental health services in Wales. **Not only would we urge the Welsh Assembly Government and other agencies to be more transparent in relation to funding but to also re-assess these estimated figures and ensure the provision of a more realistic ongoing sustainable funding settlement for mental health services, including CAMHS in Wales.**
- 2.8 Linked to the commitment to service provision which reflects the best interest of the service users, our research has highlighted that the current delivery of CAMHS is based upon professional knowledge, medically-driven, instead of a needs-led approach. This in turn has a considerable impact on the individual child or young person. Many of our practitioners felt that CAMH services were often provided on the basis of the child or young person 'fitting in' with the criteria/pre-requisite of the services. This adult-dominant approach highlights the need to reconsider how decisions are made and to what extent children and young people themselves participate. **We therefore urge the Welsh Assembly Government to clarify how changes to the current structure by the introduction of one national statutory body for Wales will better reflect the individual needs of service users on a local basis?**

⁶Williams, M (2008: 6-7) Iechyd Meddwl Cymru: A Well Being and Mental Health Service Fit for Wales, Cardiff..

⁷ Welsh Assembly Government (2001) Everybody's Business: Child and Adolescent Mental Health Services – Strategy Document, Cardiff.

- 2.9 There are another two issues we would like to highlight here. Firstly, linked directly to the above comments, is the need to identify the importance and provision of advocacy support for service users who may be unable to express their views and wishes themselves. **We urge the Welsh Assembly Government to recognise the important role that advocacy could play here and to provide such support where appropriate.** Secondly and as we have mentioned previously, the proposals must reflect a joined up approach to other current developments around mental health services in Wales. For example, the proposed Legislative Competence Order (LCO) by Jonathan Morgan (AM) includes this particular issue of advocacy provision. **Again, we urge the Welsh Assembly Government to ensure that any further developments are comprehensively linked to other proposals and their potential impact is acknowledged and addressed.**

3.0 Further Comments

- 3.1 Proposals addressing the commissioning of the voluntary sector detail a new “service planning approach”⁸. We would like to see further clarification as to what such an approach will look like and would welcome the opportunity to comment further. However, we would like to take this opportunity again to highlight the need for a joined up approach to service planning. We wish to specifically highlight the Single Plan developments within each local authority in Wales, most of which dedicate a considerable amount of time to CAMHS. **We urge the Welsh Assembly Government to consider how the ICM will establish and maintain such important strategic links in relation to commissioning, which must then be appropriately reflected in practice.**
- 3.2 Also in relation to its commissioning responsibility, we would like to acknowledge the proposal to establish clear and sensitive commissioning processes for the voluntary sector. We agree that the current commissioning structure should be simplified, though would particularly like to **stress the need for the Welsh Assembly Government to ensure processes are more open, transparent and communicative, not only among professionals but also with children, young people and their families being able to easily access and understand information on local provision.** We feel there may also be merit in highlighting the recent report by the Communities and Culture Committee of the National Assembly for Wales on the funding of voluntary sector organisations. Any review around the financing of the voluntary sector, as proposed within the paper should note the recommendations made by the Committee.
- 3.3 We also agree with the proposed partnership approach to the provision of mental health services and believe that this will not only help to provide seamless care, mentioned as another aim of IMC, but will also help establish multi-agency working. We are currently concerned that the CAMHS Concept, as described within the Strategy⁹, is unsuccessful at times, and that information is not always shared appropriately. This, in some cases, will have caused further delay to appropriate service provision for vulnerable children and young people in need of support.

⁸ Williams, M (2008: 3) Iechyd Meddwl Cymru: A Well Being and Mental Health Service Fit for Wales, Cardiff.

⁹ Welsh Assembly Government (2001) Everybody’s Business: Child and Adolescent Mental Health Services – Strategy Document, Cardiff.

- 3.4 Our research also indicated that the ability to co-work and further engage with local CAMHS teams has a considerable positive effect on the professional knowledge of its structure and function. We also concluded that multi-disciplinary working provides the opportunity to apply a number of different models that best suit the particular needs of the child or young person, and that local CAMHS teams must acknowledge the potential to refer out to local services where such needs cannot be met in-house. In addition to the above, our limited experience of working in contact with Primary Mental Health Workers (PMHWs) or a similar role within the health setting has a positive impact on the services provided to children and young people. However, the development of PMHWs has been slow throughout Wales. **We would urge the Welsh Assembly Government to provide further detailed guidance as to how the IMC, responsible for all mental health services across Wales will establish and maintain an effective and communicative partnership approach. We also seek clarification as to how IMC will recognise the merits of co-working and reflect the role of PMHWs.**
- 3.5 Proposals detailing the employment of staff are another aspect of the details we would like to comment upon. We wish to highlight the importance of ensuring that capacity is maintained, if not increased. **We would urge the Welsh Assembly Government to guarantee that no cut-backs would be made.** Our research indicates that CAMHS are operating huge waiting lists and are therefore unable to provide timely help, support and/or treatment for all children and young people in need of a service. One service in particular had noticed a complete lack of CAMHS access for disabled children and young people, a focus of activity promised by the CAMHS Strategy¹⁰. **We recommend again that the Welsh Assembly Government carry out a regular mapping of CAMHS provision across Wales to ensure that need is being met.** This should include accurate information regarding the levels of staffing and should be applied to IMC as a necessary process.
- 3.6 Another staff-related issue we would like to highlight is the potential danger of causing further difficulties to communication by transferring professional mental health expertise from all proposed agencies to form part of the IMC. For example, taking all those involved in mental health service provision from social services departments at local authority level could potentially separate the issues of mental health from a multi-disciplinary and/or multi-agency working ethos and ultimately cause more harm than good. **We would seek assurances from the Welsh Assembly Government that structures would be in place to avoid this at the outset.**
- 3.7 Currently many of our services across Wales who have contact with their local CAMHS teams are establishing and maintaining working relationships with no written contracts or procedures. Our services have voiced their concerns that this can restrict their ability to communicate and consequently their ability to refer or to take referrals. We acknowledge the reference made within the proposals to develop written protocols with the voluntary sector and believe this would increase the knowledge of services available and make the multi-agency aspect of the CAMHS Concept a reality. However, we are concerned with the descriptive nature of the paper with no reference to further guidance. **We question how exactly this will work with one statutory body responsible for all national mental health services in Wales and urge the Welsh Assembly Government to clarify.**

¹⁰ Ibid.

- 3.8 We are also concerned by the lack of clarity as to how proposals to develop specialist mental health services for people of all ages may impact on current specialist services, particularly inpatient mental health provision across Wales. **We urge the Welsh Assembly Government to reflect a joined up approach** here and to refer back to the consultations on the transfer and development of CAMHS Inpatient services in both North and South Wales, and also the recent review of Health Commission Wales' (Specialist Services) role and function, conducted by the Wales Centre for Health. IMC proposals currently fail to reflect this joined up approach to current CAMHS delivery and we are therefore seeking reassurances that such links will be made.
- 3.9 Our research highlighted that specialist CAMHS facilities in some areas are of such limited capacity that children and young people have been known by our services to be placed on adult wards. This is an area of real concern and does not reflect the child-centred and age-appropriate response required by CAMHS by its Strategy¹¹. This practice is completely inappropriate for young people, who are vulnerable and have specific needs that cannot be met in this environment. There are also significant child protection concerns here. **We would urge the Welsh Assembly Government to clarify how the implementation of one statutory body, providing care across all ages, ensure and safeguard that this current inappropriate practice is stopped.** We hope this clarification will include how the temptation of providing timely services, though not reflecting the particular needs of children and young people, will be avoided.
- 3.10 Our service experience has also led us to believe that stigma, social exclusion and discrimination is a huge issue for children and young people who need to access CAMHS provision. One of our service users made it clear that they were very unhappy with having to access the particular CAMHS service offered as it was located next door to the adult psychiatric hospital. NSPCC Cymru/Wales would like to acknowledge the reference made to the need to support service users who are extremely vulnerable and the aim to address such issues. **However, we would like to see further clarity from the Welsh Assembly Government as to what the proposed "collaborative programmes"¹², to be derived by IMC to address such issues, will look like and to stress the importance of ensuring a needs-led approach, where service users continually participate in decision-making processes.**
- 3.11 With regard to service users within the justice system, NSPCC Cymru/Wales agrees in principle with the establishment of a Joint Policy Board to oversee the links between mental health commissioning, provision and the needs of users involved with the police, courts, prisons or secure hospitals. As a therapeutic and advocacy service provider at Hillside Secure Centre in South Wales, we believe that young offenders are potentially more vulnerable to the impact of mental health issues and may be in need of service provision. **We would urge the Welsh Assembly Government to consider how a Joint Policy Board could further develop such vital services for this potentially more vulnerable group, particularly young offenders.**

¹¹ Ibid.

¹² Williams, M (2008: 15) *Iechyd Meddwl Cymru: A Well Being and Mental Health Service Fit for Wales*, Cardiff.

4.0 Conclusion

- 4.1 We again would like to acknowledge the opportunity to respond to the proposed changes to mental health services in Wales and look forward to further involvement in developments. We urge the Welsh Assembly Government to consider the comments made and would welcome the opportunity to further discuss these as appropriate.

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