



**RESPONSE TO THE CONSULTATION ON:  
LOCAL PRIMARY MENTAL HEALTH MODEL**

**Draft 4**

**From the CAMH Sub-Group of the Children's NGOs'  
Policy Officers' Group**

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## **Responder details**

The purpose of the Child and Adolescent Mental Health sub-group of the Children's NGOs' policy officers' group is to improve the emotional wellbeing and mental health services available to children and young people in Wales through influencing policy and practice.

We aim to achieve this by:

- sharing knowledge, information, experience and ideas on current policy and practice as it impacts on the mental health and wellbeing of children
- seeking opportunities for collective lobbying and/ or shared campaign work
- building on existing partnerships for positive change

The following organisations are currently represented on the group:

- Barnardo's Cymru
- NSPCC Cymru
- Learning Disability Wales
- Tros Gynnal
- Action for Children
- Children in Wales

Collectively, the above organisations have extensive knowledge and experience in delivering mental health services and support services to children and young people in Wales, and in influencing the policy agenda to achieve change in this field.

## **Responses to specific sections**

### **Section (7)**

We are pleased to note that this model for primary mental health provision doesn't replace the national CAMHS strategy, or its recently produced action plan. However, we would welcome more detail on how this model fits with the CAMHS strategy and action plan.

### **Section (10)**

Children and Young People's Partnerships produce primary health plans as part of their Single Plans, on a three yearly cycle. The quality of these plans is very variable. This service model is an opportunity for CYPPs to have improved guidance on aspects of what should be included in these plans.

## **Section (12)**

As WAG intends to issue separate guidance on preparing primary mental health schemes, it would be worth considering creating separate guidance for CYPPs in producing their emotional wellbeing plans, to support and enhance what is already available.

## **Section (15)**

The overall objectives of local primary health support services fit with our understanding of the service that should be available to children and young people. An increase in the amount of CAMHS provision at this level, particularly more access to psychological therapies, has the potential to significantly improve emotional wellbeing and mental health outcomes for children and young people.

## **Section (25)**

The point is made here that the provision envisaged by this legislation is separate from the current CAMHS primary mental health provision. Presumably, the current primary mental health workers, will remain within the specialist CAMHS teams, whilst a separate team/resource allied to GP practices in the community will be the outcome of this model of delivery. If we have understood this correctly, then this is certainly something we would support. However, we are concerned that the detail of how this will be achieved is left to 'local determination'.

With regard to CAMHS, we are concerned to protect the primary mental health workforce in its current form. It's a small, vulnerable workforce, inconsistently funded from a variety of unreliable funding streams, which has been built up very slowly over a long period of time. However, these practitioners are often the accessible, friendly 'face of CAMHS' for our services in the voluntary sector. This is because their current role involves coming out into the community to support our practitioners as they reach out to vulnerable groups and families who, historically, have been unable to access any CAMH services delivered via clinical health models.

If the planning of additional service provision is left to 'local determination', we are concerned that the current small pool of PMHWs will be drawn into delivering the GP aligned service described here. This is a high risk currently when funding is so limited for all services.

This would be an unhelpful development for the majority of our service users, many of whom experience barriers to approaching GP and other statutory services for help. These barriers include:

- Anxieties about attracting social service involvement and the perceived risk of having their children removed if they present to their GP with a child

experiencing distress and emotional difficulties, which are often frightening and difficult for their parents to understand.

- Where parents in vulnerable families who are often under stress and are preoccupied with problems of income, housing etc, means that they are more likely to inadvertently 'miss' developing problems in their children, sometimes despite their best intentions.
- The discomfort and stigma of receiving services via formal health routes for young people. This is well documented.
- Where educational staff might pick up a problem at school and suggest a parent take a child to the doctor, but this may not necessarily happen.

In addition we should aim to avoid, at all costs, a child having a 'mental health' record, unless it is absolutely necessary. Many problems in the early years and childhood respond quickly to improvements in the child's emotional and social environments, which are often far more effectively addressed via delivering services to parents and carers, or support to teachers. 'Everybody's Business' states that *'It is essential that the mental health of children and adolescents should be a genuine partnership between the statutory agencies involved and between them and the non-statutory sector. Of key importance is the partnership between service agencies and carers.'*<sup>1</sup>

Moreover, we are concerned that if groups who access a primary mental health service via their GP have a statutory right to this service, whilst those who access support via other routes do not, then inevitably this will create an inequity in service provision which needs to be acknowledged, thought about, and addressed. We don't see this as an insurmountable problem, but more an issue that would need to be planned for in the development of a primary CAMH service model.

## **Section (26)**

Here the suggestion is made that some primary mental health services could be delivered via third sector organisations. We would welcome more direct guidance outlining a requirement that LAs and LHBs work in participation with the communities they serve to identify how those communities would like these services to be delivered. Whether a decision is made to commission services out, or not, to the third sector, primary mental health services should be accessible and effective no matter which sector delivers them.

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<sup>1</sup> National Assembly for Wales (2001) [Child and adolescent mental health services: everybody's business: strategy document](#). Cardiff: National Assembly for Wales. p.23

## **Section (29)**

We are pleased that it is made clear that these services should be available to those with an emotional or developing mental health problem 'regardless of any co-occurring condition such as a learning disability or substance misuse'. Children and young people frequently miss out on appropriate emotional and mental health support because of compartmentalisation of these issues in service delivery. Again it should be made clear to LAs and LHBs how service planning and practice approach can avoid such discrimination.

## **Section (47 - 49)**

This is a useful section which describes a primary mental health function which is suitable for CAMHS. The elements missing are those which refer to the high importance of providing good quality early years intervention and support. The Government's Flying Start programme is an example of good practice in this field. However, Flying Start is only delivered in Communities First areas and doesn't include a mental health component.

There is a plethora of research showing the imperative nature of ensuring that babies between 0 and 3 experience the highest quality care possible, as neurological and brain development during this early stage lays down the foundations for emotional and cognitive capacities in later life. This development is entirely dependent on good quality nurturing experiences. Again, a stronger connection with the CAMHS agenda is required, both in terms of communicating knowledge and understanding of the importance of emotional and mental health development in infancy and childhood, and showing how this legislation connects with other CAMHS policy and legislation to achieve this.

## **Concluding comments**

This group continues to be fully supportive of the CAMHS strategy outlined in 'Everybody's Business' and have been concerned about the implementation gap between strategy and service delivery. We hope that the 'Breaking the Barriers Action Plan' and the changes outlined in the Mental Health (Wales) Measure will go some way to supporting further implementation. Therefore we welcome the enhanced capacity for primary health service provision outlined in this document. From a policy and strategic perspective, and without taking account of the limiting nature of the current financial situation, our overall concern is that some further work needs to be done in order to bring this model in line with this the CAMHS strategy and action plan. To this end, we would like to see the work of developing a CAMHS primary mental health model further developed in other forums such as the newly established Delivery Assurance Group, and the National Expert Reference Group for CAMHS.