National Assembly for Wales

Children, Young People and Education Committee

CAM 05

Inquiry into Child and Adolescent Mental Health Services (CAMHS)

Evidence from : Julie Wallace – Child & Adolescent Psychotherapist

I would like to respond to the following two areas of work, as outlined in the consultation document.

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

Most interventions are not offered before the child is aged 5/6. This is partly because of a lack of CAMHS personnel who are trained to work with the under 5's. It is also because the needs of the under 5s are expected to be met by health visitors. While there are many experienced health visitors, some of the difficulties that emerge in the under 5s are too complex to be adequately addressed by primary care staff alone.

An early intervention clinic is currently available within Monmouthshire for parents and children aged 0-3, where significant difficulties have already been identified within the family. Additionally a ***child &adolescent psychotherapist*** *works alongside other health professionals assessing and providing an early intervention at the most opportune time. Often these difficulties have been present in generations of the same family and have proved costly in terms of resources, and have often been offered too late, e.g. when the child is aged 8/9, and causing concern to a number of agencies.*

Other areas have employed clinical psychologists and other mental health professionals, but this is inequitable and most posts are part-time. Focussing ***appropriate resources*** *in preventive work will save money and address need.*

Primary Care Mental Health Workers are expected to respond initially to referrals from primary care services. Sometimes they are able to offer short-term focussed approaches which meet the current need. More often they are seeking specialist services which are under-resourced and have unmanageable waiting lists, which lead to problems becoming acute and demanding more resources. Since the introduction of the new Mental Health Measure, many PCMHWs who are not trained to work with children and adolescents are expected to do so. As a result difficulties are not addressed and the work force is de-skilled and overwhelmed.

Access to community specialist CAMHS at tier 2 and above for children and adolescents with mental health problems, including access to psychological therapies:

Specialist CAMHS teams are woefully under-resourced, and case-loads are congested with families who have long-term, complex needs. Consequently waiting lists are long and only those who present with acute need or crisis are seen as a matter of

priority. The current trend for short-term, quick-fix approaches can only meet the needs of a minority of children and adolescents. Many receiving short-term treatment have their presenting symptomatology reduced, only for them to return with a different set of symptoms requiring further interventions (e.g. revolving door children).

Children and adolescents in the Care System are the group most likely to have unmet mental health needs. This group of young people frequently (although not exclusively) have complex difficulties resulting from emotional deprivation, disrupted patterns of attachment, and early trauma. As well as professionals who support the systems around the child, there should be those who are trained and equipped to work with the child's internal world, and patterns of relating developed as a result of their early damaging experiences.

CAMHS in Wales have traditionally recruited exclusively from child psychiatry, clinical psychology and nursing to address the mental health needs of children and adolescents. While these professionals play a very important role in assessing and treating the mental health needs of children and adolescents, they are not always best equipped to work with those whose needs present a complex picture, and do not respond to brief intervention and/or medication. This group of young people are most likely to develop long-term difficulties into adulthood, resulting in poor educational achievement, enduring mental ill health, criminality, alcohol and substance misuse, and an inability to nurture and protect their children.

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