

National Assembly for Wales

Children, Young People and Education Committee

CAM 35

Inquiry into Child and Adolescent Mental Health Services (CAMHS)

Evidence from : Vale of Glamorgan Youth Offending Service

In response to the questions raised in your letter of 24th January 2014, I would comment as follows:-

1. Early intervention services for children and adolescents with mental health problems:-
 - a. A Primary Mental Health Nurse operates within the Vale of Glamorgan providing emotional literacy in primary schools. This Nurse's primary focus is linked to education and does not extend beyond primary schools.
 - b. In relation to adolescents, counselling services are available through comprehensive schools and the PRU, however young people must be attending school to access this provision. For the majority of young people involved with the Youth Offending Service this provision would not be sufficient to meet their complex needs and as many are also not attending school they are unable to access.
 - c. Many young people accessing the Youth Offending Service have experienced some form of trauma and are experiencing emotional well being issues, despite this need being identified the Youth Offending Services does not have a dedicated Mental Health Nurse or access to psychology services or counselling services.
 - d. The Youth Offending Services does benefit from a part time Primary Health Nurse who has an extensive knowledge of emotional and mental health issues and is able to identify young people in need of referral to CAMHS services. (The Primary Health Nurse Post is employed full time across Cardiff and the Vale Youth Offending Services – a single Nurse post).
 - e. Although there is a Mental Health Advisor Role available to Youth Offending Services, our experience is that involvement of this professional rarely extends beyond the initial assessment which on the whole states that there is no diagnosed mental health condition to work with.
 - f. Having identified that some young people within the Youth Offending Service are suffering from anxieties, depression and symptoms of

young people, children and young people's issues tend to receive less focus.

- b. Aware that children and young people who are not being provided with services to address their emotional well being, trauma issues can and do go on to develop mental health issues later in life, this would suggest a lack of provision.
 - c. As well as limited community provision there is also a lack of hospital beds available for children and young people.
5. Whether there is significant regional variation in access to CAMHS across Wales:
 - a. There is significant regional variation in services available to Youth Offending Services with some YOTs having a dedicated CAMHS nurse, whilst others have Primary Health Nurses and Health Visitor.
6. The effectiveness of arrangements for children and young people with mental health problems who need emergency services:-
 - a. From the Criminal Justice point of view, young people who are brought into Police Custody can be assessed by the Force Medical Assessor who determines whether or not there is a requirement for the on call CAMHS psychiatrist to attend to assess the young person. Access to this service is reliant on professionals working with the custody suites recognising mental health issues.
 - b. There are limited beds available for young people who need access to provision on an emergency basis. In our experience young people have not been able to access provision within Wales on occasion and have been transported to England only to be turned around and transported back to Wales.
 - c. We are also aware of young people who have been kept in A&E departments awaiting the identification of provision.
 - d. Further concerns have arisen where young people have been admitted to hospital having "attempted suicide" and been allowed to leave the hospital without a psychiatric/psychological assessment and with no follow up.
 - e. CITT services are inflexible as they are only available during office hours for young people with mental health issues.
7. The extent to which the current provision of CAMHS is promoting safeguarding, children' rights and the engagement of children and young people:-
 - a. Despite limited availability of provision, the majority of professionals working within CAMHS from our experience understand and promote safeguarding of children and young people. However the group of

young people that are experiencing trauma, emotional well being issues that are not able to access CAMHS services may not being effectively safeguarded due to the lack of suitable provision.

- b. The ability to promote engagement of children and young people is hampered by the availability of personnel, young people with complex needs often need support to attend appointments, or would find it easier to attend appointments other than at hospitals, clinics etc, but the scarcity of resources tends to result in young people being offered appointments which fit around the professional rather than the young person's individual needs.
- c. In addition to this, due to the presentation of many young people within the Youth Offending Service CAMHS' doctors in particular struggle to engage on an appropriate level with these young people.
- d. CAMHS operate an "opt in" service, which places the onus on families and young people whose lifestyles are often chaotic and it is our understanding that young people can also be discharged from the service if they fail to attend one appointment, but without support some young people struggle to access services.
- e. The policy which CAMHS operate which states that young people 17.5 must be transferred or referred to Adults Services does not promote children and young people's rights.

8. Any other key issues identified by stakeholders:-

- a. There is a lack of in reach services available to secure establishments. Once placed in custody, community services withdraw and frequently there is no continuation of services on release from custody for young people.

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