

National Assembly for Wales

Children, Young People and Education Committee

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Inquiry into Child and Adolescent Mental Health Services (CAMHS)

Evidence from : YOT Managers Cymru

Response to the Children, Young People and Education Committee Inquiry into Children and Adolescent Mental Health Services (CAMHS)

YOT Managers Cymru represents the Youth Offending Services across Wales. There has been strong concern voiced for many years about the over representation of young people with mental health and wellbeing problems within the youth justice system in general and in custodial entitlements in particular.

The Crime and Disorder Act 1998 required that relevant Health Boards contribute staff and monies to the Youth Offending Teams/Services to meet the needs of children and young people in the criminal justice system. There is no uniformity across Wales in how this duty has been discharged. Some YOS have in-house specialist CAMHS nurses, some have access to CAMHS services, some have no arrangements with Health Boards in relation to CAMHS services.

At an All-Wales level the YOS have access to the Forensic Services, FACT. In theory all YOT/S should have access to Welsh Government funded Consultants for professional support however in reality this arrangement varies across Wales from good to non-existent.

Most areas of Wales, with the exception of Gwent and Powys, have indicated a general or specific dissatisfaction with the existing level of support in meeting the needs of young people in the criminal justice system who are not already known to CAMHS. This in spite of the requirement within the Mental Health (Wales) Measure 2010 for CAMHS to support young people within the Criminal Justice system.

Within this we recognise that CAMHS is poorly resourced by comparison to English funding arrangements for children and adolescents. That there are recruitment issues at all levels and that individuals act heroically in trying to meet the needs of young people.

The experience of Youth Offending Services since establishment in 2000 is that more could be done more effectively if the emotional health and wellbeing of young people formed an essential element of CAMHS intervention rather than the dominant current reliance on the diagnosis of a treatable mental illness. Professionals are rightly reluctant to form a diagnosis in adolescence that may stigmatise a young person for life. However in not meeting the broader continuum of need from trauma, alcohol or substance misuse, low mood or a range of other issues of mental and emotional wellbeing at an early stage they frequently consign the young person to risks of education failure, family relationship difficulties or self-medication. Even when young people are self-harming or exhibit suicidal ideation referral to CAMHS

can be a lengthy and frustrating experience. Appointments can take many months to achieve and then prove to be a superficial engagement pushing the young person back to the YOS rather than allowing access to a universal service. Clearly inconsistent with the due regard measures of Welsh Government and with the UNCRC.

The paucity of psychological services for this group of young people is an inherent reflection of a service which, in some areas, defines itself around a definition of mental illness.

A further area of concern picked up by YOS has been the complexity of clinical governance and referral pathways. Manifestly the General Practitioner is the referral agent to access Tier 2 services. However many G.P's acknowledge that their training in adolescent mental health is very limited therefore practitioner referrals to G.P's can go unactioned and with no alternative route to escalate intervention drift can occur which is potentially a threat to both wellbeing and safeguarding. Parents have expressed similar concerns to YOS as well. This is inherently contrary to best engagement of young people and childrens rights. Similarly access to Tier 3 services is governed by Tier 2 referral. The Forensic Service is there to deal with issues relevant to the public safety as well as patient wellbeing. The nature of risk to the public manifestly includes the potential harm that can be done by people exhibiting personality disorders rather than those receiving treatment for mental illness. There has been a litany of issues over the years of serious harm caused by delay in the systems. Logic suggests that this group identified as risk to self or others need a rapid escalation pathway rather than months waiting for an appointment which they may not attend given the chaotic lifestyle many exhibit. YOS find themselves, in common with other elements of the criminal justice system, working with their young people in custodial settings which do not lend themselves to meeting the welfare of the young person as an indirect result.

Also relevant from the management of risk in individual cases is the impact of confidentiality within CAMHS. The analysis of serious incidents has shown a failure to share information or an unacceptable delay in sharing information pertinent to the assessment and management of risk in the community. This extends to sharing information between CAMHS and members of their own service seconded to Youth Offending Services as well as staff from other agencies forming the Youth Offending Service.

Should the committee wish to expand on anything raised in this written submission YOT Managers Cymru will ensure attendance at any hearing.

Initial contact should be with Mary O'Grady, Chair, YOT Managers Cymru, Powys Youth Justice Service, Powys County Council, County Hall, Llandrindod Wells, Powys, LD1 5LG

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