

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 : Child & Women's Health at ABMU

Purpose of the consultation The Children, Young People and Education Committee has agreed to undertake an inquiry into Child and Adolescent Mental Health Services (CAMHS). The Committee has agreed to focus on some key issues around CAMHS in the context of the Welsh Government's reforms as set out in Breaking the Barriers; the implementation of the Mental Health (Wales) Measure 2010; and the Welsh Government's 2012 mental health strategy Together for Mental Health.	
The Committee is interested in hearing about:	
The availability of early intervention services for children and adolescents with mental health problems;	Access is a problem, services vary from area to area and it's very difficult to know where to send children and young people. Schemes seem to run whilst funding is available and are then withdrawn when funding dries up. Children admitted with overdoses or deliberate self harm are seen by CAMHS staff in a paediatric ward environment up to the age of 16years. Children are assessed by CAMHS staff and depending on the outcome of the assessment and further telephone consultation with a Consultant Psychiatrist may be offered an outpatient appointment. Some children may be identified with behaviour issues as a result of the CAMHS assessment. These children are not always followed up by CAMHS as they do not meet CAMHS criteria.

<p>Access to community specialist CAMHS at tier 2 and above for children and adolescents with mental health problems, including access to psychological therapies;</p>	<p>Seems to be “criteria” driven and many patients don’t fulfil CAMHS / Royal College requirements for interventions, so don’t get seen.</p> <p>There is NO access to psychology. The standards for many chronic medical conditions(diabetes, CF, etc) state that psychological assessment / access is important at least on a annual basis, but this doesn’t happen.</p> <p>Many families with children with learning disabilities would benefit from psychological support, particularly managing challenging behaviour, but there is no service provision for them.</p> <p>Chronic regional pain seems to be increasing and children are being sent to England to access specialist care when a local intervention earlier on in the illness may have proved beneficial before behaviours become entrenched.</p>
<p>The extent to which CAMHS are embedded within broader health and social care services;</p>	<p>Certainly isn’t embedded in health. For certain patient groups, the psychologist should be part of the team, not someone you see when things have deteriorated so far that the family can’t manage any longer. Early support might prevent these situations arising. Using the examples above , compliance problems with diabetic control only means more long term complications for adult services to address.</p>
<p>Whether CAMHS is given sufficient priority within broader mental health and social care services, including the allocation of resources to CAMHS;</p>	<p>No, the CAMHS does not receive any priority at all.</p>

<p>Whether there is significant regional variation in access to CAMHS across Wales;</p>	<p>There appears to be variation in primary mental health services, but communication about what goes on where is very poor and the way we have to work with the Primary Mental Health worker is unsatisfactory.</p>
<p>The effectiveness of the arrangements for children and young people with mental health problems who need emergency services;</p>	<p>This is shocking; often the default position is the acute paediatric ward. We act as a holding bay until a psychiatric bed becomes available. Admissions to an acute ward are not therapeutic in any way. Paediatric medical and nursing staff do not have the skills, nor indeed the time, to support the patient or the family in the manner required.</p>
<p>The extent to which the current provision of CAMHS is promoting safeguarding, children’s rights, and the engagement of children and young people; and</p>	<p>Not at all</p>
<p>Any other key issues identified by stakeholders.</p>	