

# National Assembly for Wales

## Children, Young People and Education Committee

CAM 59

**Inquiry into Child and Adolescent Mental Health Services (CAMHS)**

**Evidence from : SNAP Cymru**

SNAP Cymru is an independent organisation, unique to Wales offering a range of services to families, professionals, children and young people. The organisation was established regionally in 1986 and became a Wales national charity in 1996. All services offered are impartial and objective and free at the point of delivery to families and young people. SNAP Cymru offers a constructive professional partnership, working with other local and national agencies in Wales. Areas of activity include SEN and disability related information, advice and training, Parent Partnership Service, Pupil Participation and Advocacy, Disagreement Resolution and Representation in relation to School Exclusion, Admissions, SEN and Discrimination Appeals and Tribunals. The services are managed and delivered by skilled experienced staff supporting regionally based, local staff and volunteer teams across Wales.

SNAP Cymru holds the SQM (Education Advice), Investors in People (Bronze) and Investors in Volunteering awards. The organization was recognized for its services and volunteering with the Queens Diamond Jubilee Award for Voluntary Services (2012).

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## **1. The availability of early intervention services for children and adolescents with mental health problems**

- 1.1 Our experience across Wales is that families and professionals are not generally aware of what is available for children and adolescents
- 1.2 Families report that schools refer them to their GPs and GPs refer them back to school
- 1.3 Families report stress and anxiety in relation to their need for a diagnosis for their child
- 1.4 Families generally report that diagnosis is not available because of a lack of availability of a Clinical Psychologist Assessment.
- 1.5 Referral data suggests a higher % of boys than girls
- 1.6 Referral data suggests a higher prevalence of need is linked to other poverty indicators e.g. poor housing, low income, parental history
- 1.7 An example of good practice are services developed in CCSwansea where there is a multi agency strategy and referral pathway involving Education, Health and Social Care working with other agencies from tier 1 to promote positive mental health including the development of training support packages and protocols, linking with primary mental healthcare workers to allow for more effective use of existing specialist CAMHS, Parenting support services and evidenced parenting education programmes, a key role for schools in promoting positive mental health.

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

- 2.1 Our experience is that information about and access to CAMHS and other psychological therapies is patchy throughout Wales.
- 2.2 Example of good and improving practice: City and County of Swansea: A County wide needs assessment recognises the importance of accessible and timely CAMHS. The development of primary mental health care for children and young people offers the opportunity for more effective use of the existing specialist CAMHS service. Referral and care pathways are being developed through collaborative work with other agencies. The contribution of primary mental health care workers is key to development. They have the Swansea CAMHS Planning Sub Group and the Positive Mental Health (PMH) group working together to ensure effective emotional and mental health services for children and young people. As well as young people 16+ there is recognition to work together within finite specialist resources to meet needs identified including: an increase of 56% five year children under the long term care of CAMHS services suffering from ADHD; children who have a learning disability with an I.Q lower than 60; children and young people with substance misuse and mental health problems – a growing area; those who require admission on account of serious mental illness or self harming behaviours. This means children and young people with a psychiatric disorder may be inappropriately admitted to an adult psychiatric ward or to a paediatric ward. The situation is particularly emphasised when an emergency

admission is required; children in the community who need intensive support who may otherwise require out of county residential placements.

3. The extent to which CAMHS are embedded within broader health and social care services;

3.1 Our experience is that there are reported waiting lists everywhere for CAMHS. There is also a lack of referral from professionals because of known waiting lists and poor information about referral pathways. For example the staff team in Central South have noted that gaining a CAMHS appointment takes several months, For families where children are exhibiting unusual behaviours in school the pressure on them with phone calls to CAMHS from schools to try and prevent exclusion is significant. The waiting just makes this more frustrating, causing higher stress levels in the family and greater risk of disengagement with education for the child or young person (exclusion or otherwise).

4. Whether CAMHS is given sufficient priority within broader mental health and social care services, including the allocation of resources to CAMHS;

4.1 The evidence suggests that CAMHS is not given sufficient priority. Some families have been quoted as saying 'children can't vote' 'not a priority for health as children are not counted the same as hospital beds and waiting times; 'children are less important to health as politicians are only interested in those statistics that provide the most votes'. Families of children in need of CAMHS service feel extremely vulnerable, most often their child is distressed or displaying behaviour that is hindering their learning and sometimes the learning of others; to be waiting for a service causes more distress for families. Poor attenders, school refusers and children who display behaviours difficult to manage remain outside of the school system and have little input if any from CAMHS

5. Whether there is significant regional variation in access to CAMHS across Wales;

5.1 Access to information and clear referral pathways are not made available to families

6. The effectiveness of the arrangements for children and young people with mental health problems who need emergency services;

7. The extent to which the current provision of CAMHS is promoting safeguarding, children's rights, and the engagement of children and young people;

7.1 Children and young people are not accessing timely mental health services

and

8. Any other key issues identified by stakeholders.

8.1 Whilst diagnosis does not itself meet need parents wish to achieve a diagnosis at the earliest possible time.

- 8.2 As young people progress toward and into adulthood they are requesting diagnosis and more information
- 8.3 SNAP Cymru believe that young people would be better able to focus more on their strengths if they understood their difficulties, a diagnosis would be helpful to them.
- 8.4 Diagnosis seems to be required as a key to accessing vital support and the lack of early assessment and intervention is a barrier.
- 8.5 There are also some reports where CAMHS appointments are cancelled due to the school / family not having filled out a Connor's Questionnaire. This could be avoided with support from SNAP Cymru or another agency support worker assisting the family/school.
- 8.6 Education professionals across Wales have on many occasions asked for more support from CAMHS to assist them in meeting the needs of children and young people in schools and other educational settings. Again there is some good practice where specialist input from CAHMS to develop strategies and provide advice for specific children and young people but this seems very patchy.
- 8.7 The CAMHS that do exist are under a great deal of pressure
- 8.8 Families and schools need specialist help in helping children to develop social skills and self esteem. When help is available it is held in high regard.