



The Association of Child Psychotherapists

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TRANSFORMING CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH PROVISION: GREEN PAPER

The Association of Child Psychotherapists response to the House of Commons Select Committees on Health and Education joint inquiry of the proposed scope and implementation of the green paper

About the ACP

The Association of Child Psychotherapists (ACP) is the professional body for Psychoanalytic Child and Adolescent Psychotherapists in the UK. Child and adolescent psychotherapy is a core NHS profession with members completing a four year full-time training in NHS child and adolescent mental health services. This enables them to develop high level competencies and to provide specialist psychotherapy across a range of settings to some of the most vulnerable children and young people in society. Psychoanalytic Child and Adolescent Psychotherapists have a key role in supporting other professionals who work with infants, children and young people, and their families, across the health, care, education and justice sectors. The ACP is responsible for regulating the training and practice standards of child and adolescent psychotherapy and is registered with the Professional Standards Authority (PSA).

Publication and Queries

We are content for our response, as well as our name and address, to be made public. We are also content for the Select Committees to contact us in the future in relation to this inquiry.

Please direct all queries to:-

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Executive Summary

- 1.** The ACP supports the Government's intention that schools and colleges should be at the heart of efforts to identify mental health problems in children and young people (CYP) and as a way for them to access high-quality mental health and well-being support. The experience of our members working in and with schools is that such services can prove highly effective, and can provide a graduated approach to mental health difficulties, and as a way to engage families who may be hard to reach.
- 2.** The ACP has concerns that the scope of the green paper significantly fails to address recognised problems in the current provision of NHS mental health services for children and young people. School-based services must be seen as an adjunct to specialist NHS provision, and as a way to support access and referral to them, but not as an alternative.
- 3.** The ACP is concerned about the potential adverse consequences of implementing the wrong solution for a complex problem both for individual CYP and at a systemic level. There are a number of false assumptions in the green paper that lead to a misalignment between the complex needs of CYP and the solutions offered. This risks failures within the system, to the detriment of CYP and their families and also to wider society.
- 4.** The ACP is concerned that the four-week waiting time target, in isolation from action to improve and resource specialist NHS services, is likely to lead to a deterioration in services offered to CYP who are most in need.
- 5.** The ACP argues that the proposals for Transforming Children and Young People's Mental Health Provision must situate school-based services as linked to, and existing in relation to, specialist NHS services which themselves need to be significantly improved to ensure that the full range of treatment options is available, including psychoanalytic child and adolescent psychotherapy.

Five Points in Response to the Green Paper

1. Support for the intentions of the green paper:

1.1 The proposals could provide improved access to services through schools

The ACP supports the aim that schools and colleges should be at the heart of efforts to identify mental health problems in children and young people (CYP), and that 'all CYP should have access to high-quality mental health and well-being support linked to their school or college'. We have evidence from services in which our members work that school-based mental health services can prove highly effective, and can indeed provide a graduated approach to mental health difficulties. Our members have also found that it is possible in a school setting to engage families who are hard to reach by professionals based in services which can be perceived as stigmatising, including social care and mental health services. One effective model for a service of this kind makes use of mental health professionals employed by CAMH services but based in the school setting, thus ensuring that the members of the team are effectively linked into both health and education services.

1.2 Joined-up services could provide effective early intervention

We agree that it should be an aim of government policy that education, health, social care services and the voluntary sector work together in partnership to provide the range of support needed by CYP and their families. We agree that early intervention is crucial in preventing problems developing and worsening, if this is taken to mean intervention early in the history of the problem developing, and also intervention at an early age in the life of the infant, child or young person. This should include specialist mental health interventions in support of, for example, parent-infant relationships at one end of the age-range and youth justice services at the other. We support the development of CYP mental health services to include young people up to the age of 25, and to address the person as a whole rather than through pathways limited to a particular diagnostic category.

1.3 CYP need both school-based AND specialist NHS services

We are pleased to note that the green paper recognises that 'some children and young people will always need additional support from more specialist services within and beyond the NHS'. The role of specialists is key in understanding and assessing what additional support is needed. We are pleased also to note that the green paper acknowledges the CQC findings that quality of care in CAMH services is in places good, but waiting times can often be too long. Both quality and waiting times need improvement and this is borne out by our own survey of members of our profession and others working therapeutically with CYP in the NHS, which gives a picture of services often being decreased or closed.

2. Concerns about the scope of the proposals

We are concerned that the scope of the green paper significantly fails to address recognised problems in the provision of mental health services for children and young people (CYP).

2.1 The title "Transforming Children and Young People's Mental Health Provision" is a misnomer as the green paper is not directed to transforming or improving the core NHS

services for CYP with mental health problems. Instead it is proposed that an alternative service in schools will meet many of the needs that the, currently limited, NHS service should be meeting. The green paper thus fails the government's own 'Parity of Esteem' test in that a similar solution would not be proposed if there were identified problems with core NHS services for cancer, heart disease or diabetes. Community based early identification, triage and first aid services for conditions such as these might be felt to be an important adjunct to specialist NHS provision, and as a way to support access and referral to them, but not as an alternative to properly resourced clinical care provided by specialist NHS staff.

2.2 Our view is that the scope of the green paper is inadequate and that this is because the proposals are based on a number of false assumptions about child and adolescent mental health and about current service provision. These include:

2.2.1 The assumption that emotional, behavioural and mental health problems in children and young people are readily identifiable by non-qualified staff and that, once identified, most problems can be addressed through a defined treatment protocol delivered by a practitioner with limited training in only that specific manualised intervention. This is not the case; a seemingly straightforward symptom or behaviour, such as self-harm, risk-taking, conduct problems or a less visible withdrawal into oneself, may mask or be an indicator of highly complex and entrenched states of mind with multiple causes and manifestations. In such circumstances a simplistic or mis-judged response by a practitioner with insufficient understanding of the potentially complex nature of the problem may be harmful and brings with it significant risk.

2.2.2 The assumption that 'the expansion of specialist NHS services already underway' is a reality. The evidence from a number of sources, including our survey of members, is that this is not the case and that many areas struggle to provide comprehensive services meeting the full range of needs, especially for CYP with severe, complex and co-morbid conditions. Many services nationally do not have access to psychoanalytic child and adolescent psychotherapy. This lack of comprehensive specialist services is evidenced in the extent to which CYP with poor mental health harm themselves or others, use A&E and other services inappropriately, become NEETs or are caught in the youth justice system, and often continue to suffer into adulthood from conditions that should have been met with an effective treatment at the appropriate time. Further, where there has been recent investment, such as with CYP-IAPT and named diagnostic groups (e.g. eating disorders, adolescent crisis), this has been based on a simplistic understanding of child development and psychology that suggests that complex conditions, often linked to adverse childhood experiences, abuse, trauma and also to parental mental health, domestic violence and substance abuse, can be encompassed by single diagnostic categories which are amenable to, often, brief, behavioural and manualised treatments. This focus of current service 'transformations' has led to the reduction of genuinely specialist care from multi-disciplinary teams for those CYP who most need it.

3. Concerns about the implementation of the proposals

We are concerned about the potential adverse consequences of implementing the wrong solution for a complex problem both for individual CYP and at a systemic level. Our view is that this is due to the following points.

3.1 There is a misalignment between the recognised needs of CYP, the ambition to transform mental health services, and the solutions offered in the green paper. This opens up multiple opportunities for adverse consequences and failures within the system, to the detriment of CYP and their families and also to wider society. The green paper rightly identifies the needs of particular groups of CYP with multiple and complex difficulties and who are recognised as not currently receiving sufficient services. These include: Children in Need, Looked After and previously Looked After CYP, those with SEND, those who are LGBT, CYP whose difficulties are the result of adverse childhood experiences, are linked to parental mental health, or whose problems continue into adulthood. However, the proposed actions within the green paper are targeted at the mild to moderate spectrum of needs and problems. The new MHSTs are described as offering treatments tailored to mild to moderate difficulties, but the trailblazers will also test how the benefits can reach 'all CYP including the most vulnerable'. This suggests that it is not clearly understood that the most vulnerable children need a more specialist and flexible range of support, in particular those that can be offered by NHS clinicians.

3.2 We believe that this misalignment may be due to the systematic review of evidence which, as a methodology, only identifies completed clinical trials and which therefore favours brief, simple interventions that are amenable to testing by randomised control trial. This leads to recommendations for CBT and related brief, manualised and behavioural approaches for which there is in fact little evidence of effectiveness in relation to the groups identified as most in need, with complex, severe and co-morbid conditions. Conversely, the methodology leads to an undervaluing of intensive and relational approaches that may, sometimes, require the sustaining of long-term relationships with troubled and disturbed CYP by highly trained staff able to offer this type of work with all the difficulties it entails. The concern is that a misalignment between the complex nature of the problems that will be encountered in schools, and a service based on evidence relating to much less severe and complex conditions, will risk causing harm to the groups identified as being most in need, as well as being ineffective.

3.3 There appears to be an assumption that frontline, community or primary care services need less specialist, qualified and experienced staff when our experience in the mental health field is that this type of work can often be highly complex and demanding even for experienced staff with the support of a full multi-disciplinary team behind them. This risks not only a mis-match between what is offered and what is needed, but also a heavy burden of stress and burn-out on a workforce that finds the task to be significantly more difficult and disturbing than their training, and the support structures around them, allows for.

3.4 There is also an assumption that the kind of inter-agency and cross-organisational collaboration and joint working envisioned is unproblematic when all experience of such work is that it is fraught with operational challenges and complex dynamics, especially in the absence of clear leadership. It is questionable that the Designated Senior Lead in Schools would have sufficient authority or status in relation to mental health needs to advocate for CYP against NHS trusts, Clinical Commissioning Groups and senior clinicians with significantly greater knowledge and experience in the field. It is also assumed that the school-based practitioners will receive support from specialist clinicians in the NHS when our evidence is that they are increasingly under pressure and in many services being downgraded and therefore unlikely to be available in this role unless sufficiently resourced.

4. Concern about the waiting time target

We are concerned that the four-week waiting time target, in isolation from action to improve and resource specialist NHS services, is likely to lead to a deterioration in services offered to CYP who are most in need.

4.1 Whilst we agree that waiting times for CAMHS are unacceptably long, the imposition of a target without a systemic understanding of how this would be achieved, and therefore what kind of service would be provided once the patient has been 'seen', is very concerning because of the well-documented, and often irrational, ways in which services respond to targets of this kind. The target is based on a false assumption that 'good' NHS CAMHS services are already in existence, or that 'the expansion of specialist NHS services is already underway', and that there is in some way an artificial barrier to accessing them that can be overcome with a mandatory waiting time. In fact, the long waits are the sign of services under pressure, under-resourced and unable to meet even current levels of demand. The imposition of a waiting time target in these circumstances is likely to precipitate a further deterioration in quality due to a focus on crisis interventions, increasing numbers of lower grade staff, and brief treatments which do not meet the needs of the CYP with complex, severe or co-morbid conditions who *most* need swift access to effective and timely care. This is our experience of current service 'transformations' in response to pressure on resources from CCGs and requirements to increase 'throughput'. We fear that the green paper, in part a response to the concerns raised about these problems, will in fact instigate changes that worsen rather than ameliorate them.

5. Proposed amendments to scope and implementation

5.1 The scope of government proposals for Transforming Children and Young People's Mental Health Provision must situate school-based services as linked to, and existing in relation to, specialist NHS services which themselves need to be significantly improved to ensure that the full range of treatment options is available, including psychoanalytic child and adolescent psychotherapy.

5.2 The children, young people and families that could benefit from access to school-based services include the most vulnerable, who either see clinics as stigmatising or can find it difficult for a variety of reasons to access services. The school setting is often one which feels more familiar and supportive. However, in order to support them, the complexity of their needs must be recognised, for which a more comprehensive range of treatment options will be needed as well as supervision from specialists such as Child and Adolescent Psychotherapists, Clinical Psychologists and Psychiatrists.

5.3 In relation to the waiting time target, the only possible solution will be to address the mismatch between demand and supply of CAMH services, and in particular the current diminution of specialist services offered within the NHS.

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