The Association of Child Psychotherapists
CAN Mezzanine, 32-36 Loman Street, London, SE1 0EH
Tel: 020 7922 7751 Email: admin@childpsychotherapy.org.uk
www.childpsychotherapy.org.uk

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Rt. Hon Jeremy Hunt MP
Secretary of State for Health and Social Care
Department of Health
79 Whitehall
London SW1A 2NS

Dear Secretary of State,

We are writing to both the Secretary of State for Health and Social Care, and the Secretary of State for Education, on behalf of the membership of the Association of Child Psychotherapists in response to the *Transforming Children and Young People's Mental Health Provision* green paper. Since the consultation asks questions about the specific proposals in the paper, and our concerns are more fundamental, we felt it better to write to you directly.

The ACP[1] 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 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. However, given that the Prime Minister had previously announced plans to transform mental health support, starting in childhood, and the government has committed to *parity of esteem*, we were surprised by the limited scope and ambition of the green paper. We thought that the government understood the scale of the difficulties faced by many children and young people, and their families, and hence the depth of the challenge faced by the services and professionals tasked with supporting them. This is however not reflected in the proposals for a limited service in schools, rolled out over an extended time period, that tackles only one aspect of a complex problem; welcome though that is in its own right. As clinicians with direct experience of working with children and young people with, often, severe and long-standing difficulties, we also have concerns about specific aspects of the proposals that mis-judge the complexity and intensity of their needs and therefore the nature of the services required to meet those needs, and the potential risks related to this.

[1] 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. The ACP is responsible for regulating the training and practice standards of child and adolescent psychotherapy and is an accredited register of the Professional Standards Authority (PSA).

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Our hope in writing to you is that the knowledge and experience of frontline professionals, as well of course of children, young people and families themselves, is taken into consideration in developing new proposals that genuinely address the crisis in childhood mental illness that requires a whole system response including both public health and treatment components. We offer some initial proposals towards this aim.

**Joined-up services can provide effective early intervention, but this must begin before birth and continue to age 25**

The ACP strongly agrees that it should be an aim of government policy that education, health, social care, justice and the voluntary sector work together in partnership to provide the range of support needed by children and young people and their families. We support the aim that schools and colleges have an important role to play in identifying mental health problems in children and young people as part of a graduated approach to mental health difficulties. We also agree that early intervention is crucial in preventing problems developing and worsening.

However, we do not view the proposals as representing genuine early intervention as they do not address the first 1001 critical days[2]. A child's mental health is influenced from before birth, and many risk factors of later mental health problems occur in the first two years of life. We are concerned about the lack of recognition in the green paper of the antecedents of the mental disorders that are impacting children when they reach school age. There is strong and increasing evidence that early adverse childhood experiences are amongst the strongest predictors for poor mental health in childhood and into adulthood. We therefore join with the Maternal Mental Health Alliance and others in calling for a fundamental shift in attention and resources towards early intervention and prevention focussed on a child's experiences and environment long before they start school. Proposals must include adequate action to prevent, detect and treat perinatal mental illness, including addressing its impact on the child. In our experience the majority of CAMHS neglect the early years and do not have the expertise to intervene with children under 5. If early difficulties are left untreated until later life they are likely to be entrenched and to have impacted upon the child's development and relationships to the extent that more specialist, expensive, help is needed. Genuine early intervention is therefore also the cost-effective approach. The impact of untreated mental illness in pregnancy and in early parenthood has been costed at £8.1billion per annual cohort of births. Three quarters of these costs relate to the impact on the child. A joining up of resources would enable commissioners to support the needs of all children and young people with mental health problems, including help for families if there are problems in the early parent-infant relationships, whether due to parental mental illness or other adversities. This also requires the training and commissioning of specialist clinicians such as child psychotherapists who are able to work with families with infants and very young children.

We support the development of 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. We are pleased to note that the green paper recognises that 'some children and young

[2] Transforming infant wellbeing — research, policy and practice for the first 1001 critical days (2017). Leach (Ed). Routledge, Oxford

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[3] of members of our profession and others working therapeutically with children and young people in the NHS, which gives a picture of services often being decreased or closed.

However, we would advise that the kind of inter-agency and cross-organisational collaboration and joint working envisioned is not unproblematic. 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 children and young people 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.

**Concerns that the green paper significantly fails to address recognised problems in the provision of mental health services for children and young people**

The ACP is in agreement with the Prime Minister that a transformation of children and young people's mental health provision is necessary. There are well documented and widely reported difficulties for children and their families attempting to access timely, effective and local services. The Time to Deliver report[4] found that two thirds (66.9 per cent) of young people aged 16-34 who had attempted suicide had not subsequently received medical or psychological help. Their research also identified that specialist mental health services are on average turning away nearly a quarter (23 per cent) of the young people referred to them for treatment. In these circumstances our view is that the green paper fails the aims it seeks to address as it is not directed at transforming or significantly improving the core NHS services for children and young people with mental health problems. Whilst school-based services have their place, there is no indication that they will be resourced, or have the expertise, to meet many of the needs that the, historically under-funded, NHS service is already failing to meet effectively. The proposed teams in schools are planned to establish pilots to cover, at most, a quarter of the country by 2022/23 which indicates that the proposals will not have a significant impact on increasing access during the course of this Parliament, a point made by Young Minds amongst others. We would argue that the green paper thus fails the government's own *parity of esteem* test in that a similarly limited solution would not be proposed if there were such significant problems identified in core NHS services for cancer, heart disease or diabetes.

[3] http://www.childpsychotherapy.org.uk/news/new-nhs-survey-reveals-declining-state-mental-health-services-children-and-young-people
[4] http://epi.org.uk/report/time_to_deliver/

The green paper's focus on a limited provision in schools is predicated on the assertion that an 'expansion of specialist NHS services [is] already underway'. 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 children and young people with severe, complex and co-morbid conditions. Many services nationally do not have access to psychoanalytic child and adolescent psychotherapy. Evidence from both the Education Policy Institute[5] and the Royal College of Psychiatrists[6] is that the government's decision not to ring-fence funding for children's mental health has meant it is not reaching the frontline. The lack of comprehensive specialist services is evidenced in the extent to which children and young people with poor mental health harm themselves, 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 children and young people who most need it.

This is linked to concerns about the adequacy of the current workforce to meet the mental health needs of children and young people, and thus in turn, to support the development of services in schools. Research[7] supports previous findings that workforce difficulties are a key barrier to the implementation of the vision set out in Future in Mind. 83 per cent of trusts which responded to the Time to Deliver report said they had experienced recruitment difficulties. Many NHS trusts have been restructuring their CAMHS to take out senior and experienced clinicians (at Band 8a and above) and replacing them with lower banded and less skilled practitioners. This has impacted psychiatrists, clinical psychologists, family therapists and child psychotherapists who are essential to good multi-disciplinary work with children with severe and complex needs. They have also traditionally provided clinical leadership of services that would enable and support the work of more junior staff, including trainees who will be the workforce of the future. We are concerned that services are moving to a position in many areas where all they are able to provide is an initial response to self-harm or other crises, but with no backup to that in terms of ongoing therapy. The CYP-IAPT services that the government has put money into can support young people with mild to moderate difficulties, but are of little or no help to children with severe and complex needs. At the same time we hear[8] that the thresholds for admission are rising, with devastating consequences. In these circumstances the ACP is surprised and concerned to learn that the core NHS funding from Health Education England for the training of child psychotherapists is under threat for the second time in two years. This is counter-productive and would almost certainly result in the collapse of this specialist and intensive

[5] http://epi.org.uk/report/time_to_deliver/
[6] http://www.rcpsych.ac.uk/mediacentre/pressreleases2016/underfundedcamhsresearch.aspx

[7] http://epi.org.uk/report/time_to_deliver/
[8] https://www.bma.org.uk/news/2018/february/the-devastating-cost-of-treatment-delays

training which provides NHS services with child psychotherapists equipped with a uniquely valuable set of competences[9] for working with children and young people with the most difficult and complex needs.

**Concerns about the potential adverse consequences of implementing the proposals in their current form.**

The ACP's view is that the green paper represents a misalignment between the recognised needs of children and young people, the government's ambition to transform mental health services, and the solutions offered. This opens up multiple opportunities for adverse consequences and failures within the system, to the detriment of children and young people and their families and also to wider society. The green paper rightly identifies the needs of particular groups of children and young people 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 children and young people, those with SEND, those who are LGBT, children and young people 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 children and young people 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 specialist NHS clinicians.

We are concerned that the proposals make an 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. This first false assumption leads to a second, which is that frontline, community or primary care services need *less specialist*, qualified and experienced staff. Those working in the mental health field know 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. Our view is that this mistake has been made in many current NHS service re-designs based around CYP-IAPT and must not be repeated with school-based teams.

[9] http://www.childpsychotherapy.org.uk/competence-map-child-and-adolescent-psychoanalytic-psychotherapists-point-qualification

We are concerned that this misalignment between complex needs and a seemingly simplistic solution may arise from the systematic review of evidence undertaken to inform the green paper. We have not seen the completed review but are aware that, as a methodology, systematic reviews favour completed clinical trials and therefore 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 children and young people by highly trained staff able to offer this type of work with all the difficulties it entails. The concern is that a mis-alignment 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 being ineffective, or worse, causing harm to the groups identified as being most in need.

**Concerns that the four-week waiting time target will lead to a deterioration in services offered to children and young people who are most in need.**

A recent report[10] from the BMA found 3,700 patients waited more than six months for talking therapies last year and 1,500 for longer than a year. A survey[11] of UK head teachers by Place2Be has found that nearly half are struggling to get mental health support for their pupils. The ACP knows all too well that waiting times for CAMHS are unacceptably long, but fears that 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 appears to be based on an assumption that that there is in some way an artificial barrier to accessing services 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 children and young people with complex and severe 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.

**Proposed amendments to the green paper proposals**

We want to reiterate that we support the aims of the green paper and recognise the positive direction of travel of government policy in identifying the mental health of children and young

[10] https://www.bma.org.uk/news/2018/february/the-devastating-cost-of-treatment-delays
[11] https://www.childrensmentalhealthweek.org.uk/news/research-schools-struggle-to-know-what-type-of-mental-health-support-is-needed-for-pupils/

people as a priority. To be effective, we argue that the government's proposals for *Transforming Children and Young People's Mental Health Provision* should:

1. Revisit the evidence base to ensure it takes into account the antecedents of poor mental health in childhood in early adverse childhood experiences.
2. Instigate a fundamental shift in attention and resources towards early intervention and prevention in the perinatal period and first three years of life.
3. Situate school-based services as 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.
4. Gather evidence of what works from frontline professionals with experience of the demands of meeting the needs of children and young people with severe and complex mental health difficulties.
5. Recognise that the children, young people and families who 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. 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 psychotherapists, clinical psychologists and psychiatrists.
6. Support the training and commissioning of specialist NHS clinicians such as child psychotherapists, alongside, and in support of, developing new roles.
7. Acknowledge that, 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.

Yours sincerely,

Dr Nick Waggett
ACP Chief Executive
On behalf of the Board and members of the ACP