



The Association of Child Psychotherapists

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The Association of Child Psychotherapists response to the APPG on Mental Health inquiry into the Five Year Forward View for Mental Health

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 an accredited registered of 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 APPG to contact us in the future in relation to this inquiry.

Please direct all queries to:-

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APPG on Mental Health inquiry into the Five Year Forward View for Mental Health



10th May 2018: The All Party Parliamentary Group (APPG) on Mental Health is holding an inquiry into the implementation of the Five Year Forward View for Mental Health.

We are now halfway through the first ever five-year plan to improve the nation's mental health. This is an opportunity to assess where progress has been made and which areas need much more work.

The APPG wants to understand what impact the Five Year Forward View for Mental Health has had so far and what should be included in any strategy after 2021.

The consultation period runs 10th May 2018 – 15th June 2018. Consultation responses are limited to 1,500 words which respondents can split out over the following three questions or however they see fit.

1. Where has the Five Year Forward View for Mental Health made the biggest impacts and where could they go further?

The Committee would like to know which recommendations have seen improvement, which recommendations need more work and which recommendations have not seen any action.

ACP Response:

The ACP's response focusses specifically on the 5YFV for mental health's plans for improving services for children and young people (CYP). Within this we wish to highlight the needs of vulnerable CYP with the most severe, complex and enduring mental health difficulties who require specialist services, and a highly skilled workforce in order to deliver those services. Our view is that there continues to be insufficient focus and resourcing of these two elements, on which all other developments depend, such as the proposals for school-based services in the government's green paper. In fact, actions taken by local commissioners and providers in many parts of the country appear to be driving changes that are leading to what we identify as the 'hollowing out' of specialist services with a reduction in their capacity to meet the needs of the most vulnerable, disturbed and distressed children and young people.

1.1. The main objective in the 5YFV is that, *"By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions."*

Our response draws on evidence from a recent survey of ACP members who work in, or have previously worked in, the NHS. We received 416 responses in total (out of 650 practicing members). The survey contains important findings that demonstrate that the plans in the 5YFV are not only not being met, but that in many areas of the country there has been a deterioration of services:

- 61% said that the main NHS service they work in is/was facing downsizing.
- 72% said that the threshold for access to services has increased in the past 5 years.

- 33% described services as mostly inadequate or completely inadequate
- 62% reported negative changes in sessions per client, 65% in frequency of sessions
- 93% saw no evidence of claimed investment and expansion in services.

Whilst a lack of resources for mental health services for CYP is a major factor, the ACP's evidence is that an equally significant issue is the transformation and re-design of services in recent years, partly in response to the 5YFV aim of rapidly increasing the number of CYP receiving services which has perhaps been at the expense of an ongoing focus on the quality of those services. These have led to inefficiencies that mean that resources, principally the skilled workforce, are not used effectively and services can waste resources on managing risk and high levels of re-referrals, rather than offering effective treatment. We do not think enough attention has been paid to what services are provided, and how they are provided, in many areas. We have identified several 'danger signs' for when services are starting to significantly fail to provide a comprehensive service to CYP. These include:

- Specialist services (at Tier 3) disappear and are replaced by low level interventions that would previously have been seen in primary care/Tier 2, leading to rising levels of suicide, self-referral to A&E departments, and pressure on in-patient units
- Profession-specific roles and disciplines dismantled and loss of senior clinical leadership, replaced by operational management
- Pressure on lower banded staff to perform specialist demands whilst skilled professionals not working to maximum competency
- Assessment and treatment focuses on symptoms, not the whole child or young person in context; in-depth case assessment and formulation are missing
- Loss of multi-disciplinary team working leaving services fragmented and staff isolated
- High staff turnover, poor morale and poor working conditions

1.2 The main objective of the 5YFV is underpinned by significant workforce requirements:

"Delivering the increase in access to mental health services will require a significant expansion in the workforce. By 2020/21, at least 1,700 more therapists and supervisors will need to be employed to meet the additional demand, in addition to actions to improve retention of existing staff, based on recommended caseloads."

The ACP's survey found serious concerns about the conditions of the current workforce and its capacity to deliver increases in the quantity and quality of services:

- 73% said there had been a down-banding of posts;
- 64% said there had been a negative change in the number of practitioner posts
- 38% felt there had been a large negative change in staff morale, in addition to 35% who had seen a moderate negative change.
- Of those respondents to the survey who no longer work in the NHS, 62% left in the last five years. Their reasons for no longer working in the NHS were: nearly one in five (19%) felt burned out, nearly one in 10 (8%) saw the service they worked in redesigned and there was no place for practising child psychotherapy, 18% felt that the service was unsafe.
- 48% felt there was a deterioration in the quality of management of the service.

This indicates significant challenges to the 5YFV's workforce objectives and we currently see no effective national workforce development strategy. The 5YFV refers in particular to, *"All localities should ensure a highly skilled workforce by working with the existing Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme..."* As clinicians with direct experience of working with children and young people with, often, severe and long-standing difficulties, we are concerned that a reliance only on the CYP IAPT programme to deliver 'a highly skilled workforce' significantly mis-judges the complexity and intensity of the needs of some children and young people, and therefore the nature of the services required to meet those needs, and the potential risks related to this. CYP IAPT practitioners can play an important role in early intervention

but their training does not enable them to provide effective treatment for CYP whose needs are severe and enduring and who may require intensive and or long-term care.

Nationally, we are concerned that the role and resources of Health Education England have been significantly reduced in recent years such that they may now struggle to lead the desired increase and improvement in the workforce. There continue to be concerns about the funding by HEE of the core NHS training of child psychotherapists with an indication of a possible move a 'grant model'. We are concerned that a move towards grant funding of child psychotherapy training might imply a cut to the funding of the CAPt training which could seriously threaten the future of CAPt as a vital core profession within specialist CAMHS. Our fear is that the intention is to use CAPt training money to develop alternative forms of intervention including those in schools proposed in the Green Paper. The training of these clinicians should indeed be developed but not in such a way that specialist CAMHS is undermined.

2. What should any new mental health strategy post 2021 focus on?

The Committee is particularly interested in areas that were missed, such as old age mental health, the mental health of people with intellectual disabilities or psychosis treatment outside of EIP, that could be a focus for any work post 2021 and the future ambition for areas where we have made begun to make progress.

ACP Response:

There is widespread recognition that there is a crisis in childhood mental illness, and that services in many areas are failing to address this. What is required is a whole system response including both public health and treatment components. For example, an extension of mental health services into schools is to be welcomed, but will only be effective if it is part of a comprehensive, properly funded and well-designed system. There are many aspects to this but we have focused in our response to the APPG on the needs of vulnerable CYP with the most severe, complex and enduring mental health difficulties who require specialist services, and on the development of a highly skilled workforce in order to deliver those services. In both areas the 5YFV is currently failing to deliver.

The view of the Association of Child Psychotherapists is that the time has come for a major review and overhaul of mental health care and treatment for children and young people. This must include both early intervention in the community and access to highly trained clinicians, working in multi-disciplinary teams, who have the skills and experience to properly assess need and to understand and formulate how to respond to the complexity of emotional, behavioural and developmental difficulties that children, young people and families are burdened with in 2018. We wish to inform a new debate about what high quality, safe and effective services look like, and how we can deliver them. These should include:

- Specialist services for children and young people supported by effective early intervention in the community, including from birth to age 25
- Profession-specific roles and clinical leadership
- Skilled professionals able to work to their competency and support lower banded staff
- In-depth assessment and formulation that considers the whole child or young person in context
- Referral criteria that recognise the complexity of emotional, behavioural and social presentations of mental illness
- Service models co-constructed with local agencies and service users and based on a realistic assessment of the burden of mental illness and sufficient funding
- Strong multi-disciplinary team working with effective leadership
- Provision of effective, discipline-specific supervision, training and opportunities for career progression
- Focus on staff wellbeing and working conditions

- Specialist treatments for the most vulnerable children central to the service design alongside effective early intervention

3. How can we better scrutinise the implementation of the Five Year Forward View for Mental Health and what role can the public, Government, policy makers, Arm's Length Bodies (ALBs) and parliamentarians play?

The Committee welcomes thoughts on measuring the progress made by ALBs, data transparency and workforce.

ACP Response:

Our members have recently been contacting their local MPs to ask them to address a series of questions to CCGs. We have been surprised by the lack of knowledge within CCGs about the detailed content and quality of what they are commissioning from local provider trusts. Few are able to identify the skill mix, disciplines, pay bands or training of their workforce. There appears to be a focus on quantity rather than quality and this may, in part, explain rising levels of suicide, self-referral to A&E departments, and pressure on in-patient units. In turn the CCGs are unable to provide adequate data to central government about the impact of their commissioning strategies on the mental health outcomes of children and young people. We would suggest that scrutiny of quality and outcome data would encourage CCGs and sustainability and transformation partnerships (STPs) to invest in prevention and early intervention measures alongside high quality community mental health services.

We would suggest the APPG and the government need to scrutinize current and future workforce plans emerging from Health Education England to ensure they include sufficient focus on those members of the workforce who are required to meet the needs of those children and young people with the most severe and complex needs, as well as to support those practitioners with less-intensive trainings. This must include proposals for improving staff wellbeing and working conditions including a return to strong multi-disciplinary team working with effective leadership and the provision of effective, discipline-specific supervision, training and opportunities for career progression.

More about the APPG on Mental Health:

- Consultation closes 15th June 2018.
- Please send consultation responses to louise.forsyth@rethink.org and olivia.clark@rcpsych.ac.uk.
- If you have any questions, please make contact with either louise.forsyth@rethink.org / olivia.clark@rcpsych.ac.uk.
- If you have any additional evidence or appendices which you think the APPG will benefit from seeing, please send these to louise.forsyth@rethink.org and olivia.clark@rcpsych.ac.uk.