



## *The Association of Child Psychotherapists*

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## REGENERATING SEASIDE TOWNS AND COMMUNITIES

### **The Association of Child Psychotherapists response to the House of Lords Select Committee on Regenerating Seaside Towns and Communities**

#### **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 register 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 Select Committees to contact us in the future in relation to this inquiry.

Please direct all queries to:-

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# Regenerating seaside towns and communities: mental illness and the provision of child and adolescent psychotherapy

## Introduction

1. The Association of Child Psychotherapists (ACP) welcomes the inquiry by the House of Lords Select Committee on Regenerating Seaside Towns and Communities. As the Chair of the Committee states in the call for evidence, “Seaside towns and communities face a range of complex challenges”. This includes complex challenges to the mental health of children, young people, their families and carers. The ACP therefore wishes to submit evidence specifically in relation to Question 11, though there are important links to other questions including those relating to housing and demographics, and also education.

*Q 11. Is there evidence to suggest that certain health conditions are more prevalent in seaside towns? What factors might contribute to levels of poor health in coastal areas? Would any targeted interventions help to address any such issues in these areas?*

2. We wish to bring the Committee’s attention to two key and connected facts that indicate that particular attention should be paid to the mental health needs of vulnerable children and young people in coastal communities. Firstly, there are likely to be higher levels of social, emotional, behavioural and relational difficulties and mental illness amongst vulnerable children and young people in coastal communities. Secondly, despite this the resources required to support and treat those children and young people, and support their families or carers, are likely to be more limited in these communities. In relation to the first, there are concerns about the needs of children and young people who are looked after, as well as others who suffer from deprivation, poverty and neglect. In relation to the second, the ACP has identified that seaside towns are amongst the worst served areas in terms of access to specialist child and adolescent psychotherapy.

## Identifying increased mental health difficulties and vulnerabilities in coastal communities

3. It is known that some seaside towns are particularly affected by deprivation and poverty. For example, the report by the Social Market Foundation ‘Living on the edge: Britain’s coastal communities’<sup>1</sup> identifies “pockets of significant deprivation” in seaside towns and a widening gap with the rest the country. There are clear links between poverty and mental illness as demonstrated in many reports including that from the Mental Health Foundation<sup>2</sup>. This cites a systematic literature review which found that young people aged 10 to 15 years with low socio-economic status had a 2.5 higher prevalence of anxiety or depressed mood than their peers with high socio-economic status.<sup>3</sup> The

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<sup>1</sup> Corfe, S. (2017) Living on the edge: Britain’s coastal communities, Social Market Foundation. <http://www.smf.co.uk/publications/living-edge-britains-coastal-communities/>

<sup>2</sup> Elliott, I. (2016) Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation’s Anti-Poverty Strategy. London: Mental Health Foundation. <https://www.mentalhealth.org.uk/sites/default/files/Poverty%20and%20Mental%20Health.pdf>

<sup>3</sup> Lemstra et al. (2008) in Social Determinants of Mental Health, World Health Organization and Calouste Gulbenkian Foundation (2014). Available at: [http://www.who.int/mental\\_health/publications/gulbenkian\\_paper\\_social\\_determinants\\_of\\_mental\\_health/en](http://www.who.int/mental_health/publications/gulbenkian_paper_social_determinants_of_mental_health/en)

effects of this can be seen, for example, in reports of antidepressants being prescribed far more in deprived English coastal towns. Analysis of NHS prescription data<sup>4</sup> shows that rates of prescribing in Blackpool, Sunderland and East Lindsey are almost twice the national average.

4. The Centre for Social Justice has identified factors that connect deprivation and indicators of mental health pressures on young people and families. In their report<sup>5</sup>, which draws evidence from five seaside towns<sup>6</sup>, they identify very high rates of 15 to 17-year old pregnancy and dangerously high levels of family breakdown with more than 40 per cent of families with dependent children being fatherless. These factors greatly increase the likelihood that those children will perform less well at school, become unemployed and face their own family instability. These in turn are factors linked to poor mental health. Social, emotional and behavioural difficulties have been found to be inversely distributed by household wealth as a measure of socio-economic position in children as young as 3 years old.<sup>7</sup>
5. There are particular concerns for the wellbeing of children and young people who are looked after, either in foster care or children's homes. The prevalence of mental illness is significantly higher in looked after children than equivalent populations<sup>8</sup>. At the same time many coastal districts have significantly higher populations of looked after children<sup>9</sup>. Out-of-area placement of looked after children is common in England, despite the law insisting that it should only be done in exceptional cases and only for reasons that expressly benefit the child. Numbers placed in residential homes outside their local authority area increased by nearly two-thirds in five years<sup>10</sup>. Many of these vulnerable children end up in seaside towns because of the availability of relatively cheap accommodation that residential child-care providers can turn into children's homes and offer low-cost placements for local authorities with limited resources, and higher costs in their own areas, such as London. There are also greater numbers of foster carers in poor coastal areas where people rely on the income they get from fostering, rather in wealthier areas where the number of foster carers is dwindling. As the recent report<sup>11</sup> highlights, this is exposing these children and young people to significant risk including gang violence and sexual exploitation.

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<sup>4</sup> Gayle, D. (2017). Antidepressants prescribed far more in deprived English coastal towns, Guardian Online, <https://www.theguardian.com/society/2017/apr/14/antidepressants-prescribed-deprived-seaside-towns-of-north-and-east-blackpool-sunderland-and-east-lindsey-nhs>

<sup>5</sup> Centre for Social Justice. (2013) Turning the Tide: Social justice in five seaside towns. <https://www.centreforsocialjustice.org.uk/library/turning-tide-social-justice-five-seaside-towns>

<sup>6</sup> Rhyl, Margate, Clacton-on-Sea, Blackpool, Great Yarmouth

<sup>7</sup> Kelly et al. (2011) in Social Determinants of Mental Health, World Health Organization and Calouste Gulbenkian Foundation (2014). Available at:

[http://www.who.int/mental\\_health/publications/gulbenkian\\_paper\\_social\\_determinants\\_of\\_mental\\_health/en](http://www.who.int/mental_health/publications/gulbenkian_paper_social_determinants_of_mental_health/en)

<sup>8</sup> House of Commons Education Committee Mental health and well-being of looked-after children Fourth Report of Session 2015–16. HC 481 <https://publications.parliament.uk/pa/cm201516/cmselect/meduc/481/481.pdf>

<sup>9</sup> Tickle, L. (2018). Could Margate be the next Rochdale? Guardian Online, 1 Aug 2018.

<https://www.theguardian.com/society/2018/aug/01/margate-rochdale-children-drugs-gangs-kent-care-exploitation>

<sup>10</sup> Lepper, J. (2018). Major rise in number of children in 'out-of-area' residential care, Children and Young People Now, 08 May 2018 <https://www.cypnow.co.uk/cyp/news/2005262/major-rise-in-number-of-children-in-out-of-area-residential-care>

<sup>11</sup> Tickle, L. (2018) *ibid*.

## Identifying a lack of commensurate specialist child and adolescent psychotherapy provision

6. The factors above indicate that coastal towns develop a high density of children and young people with mental health needs who present with a range of social, emotional, behavioural and relational difficulties that place them at significant risk. This places great strain on public services and risks increasing the vulnerability of these already vulnerable groups. The second fact to which we wish to draw the attention of the Committee is that these high levels of need are not being met with comparably high levels of access to the specialist support and treatment provided by ACP registered Child and Adolescent Psychotherapists.
  
7. Our research has revealed that the majority of seaside towns and coastal communities have **no access at all** to specialist child and adolescent psychotherapy. In fact, to the best of our knowledge<sup>12</sup>, in England and Wales the only areas where the NHS provides child and adolescent psychotherapy are:
  - Brighton
  - Plymouth
  - Worthing
  - Bournemouth
  - Poole
  - Penzance
  - Portsmouth
  - Redruth
  - Weston-Super-Mare
  
8. All other coastal areas are not providing this form of psychotherapy which is recognised as a core component of comprehensive NHS child and adolescent mental health services (CAMHS) and is recommended as a treatment in NICE guidance for depression in children and young people<sup>13</sup> and in NICE/SCIE guidance as a therapeutic intervention after abuse and neglect<sup>14</sup>. As demonstrated above, both depression and the sequelae of abuse and neglect are likely to be higher in coastal areas. The areas where no child and adolescent psychotherapy is provided include the whole of the coasts of Yorkshire, Lincolnshire, East Anglia, Lancashire, Cumbria, and Wales. Other areas such as Northumbria, Essex, Kent and Cornwall have some limited access.
  
9. A central component of the intensive training of ACP registered Child and Adolescent Psychotherapists and their resulting high-level competences<sup>15</sup> is understanding and working with the traumas experienced by children and young people who enter the care

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<sup>12</sup> It is possible that some coastal areas are served by ‘out-reach’ services from larger inland towns and cities. The research of ACP members identified only those who list a coastal town or city as their primary NHS place of work.

<sup>13</sup> NICE (2017). Depression in children and young people: identification and management, Clinical guideline [CG28] <https://www.nice.org.uk/guidance/CG28>

<sup>14</sup> NICE/SCIE (2018). Therapeutic interventions after abuse and neglect: A quick guide for practitioners and managers supporting children, young people and families <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides-for-social-care/therapeutic-interventions-after-abuse-and-neglect>

<sup>15</sup> ACP (2017). Competence map for child and adolescent psychoanalytic psychotherapists at the point of qualification. Association of Child Psychotherapists. <https://childpsychotherapy.org.uk/competence-map-child-and-adolescent-psychoanalytic-psychotherapists-point-qualification>

system, including the breakdown of primary caring relationships which may be compounded by maltreatment, domestic violence, and the impact of mental illness. They also have a key role in supporting other agencies and professionals, such as social workers, teachers, residential care staff, and also foster carers, in the complex task of caring for these children and young people. Thus, if no Child and Adolescent Psychotherapists are employed or commissioned by the NHS or local authorities in coastal areas then this important aspect of the care and support network is absent. There may be other forms of treatment and specialist CAMHS in these areas, which may provide excellent care, but the specific contribution of children and adolescent psychotherapy is missing.

10. However, it should be noted that, in the last year, both the Children's Commissioner<sup>16</sup> and the Care Quality Commission (CQC)<sup>17</sup> have expressed concern that the quality of provision for children and young people with mental health difficulties in many parts of the country is often less than excellent. The ACP's own recent 'Silent Catastrophe' report<sup>18</sup> provided new evidence of the inadequacy of NHS mental health services for children and young people. In particular the report, based on a poll of 416 child and adolescent psychotherapists working within the NHS, records that specialist services are disappearing and it is becoming increasingly hard to provide effective care and treatment for children and young people, especially those with the most severe and long-standing needs. 61% of respondents said that the main NHS service they work in was facing downsizing and 72% said that the threshold for access to services has increased in the past 5 years.

## Summary

11. Our evidence points to a significant and concerning contradiction in relation to the mental health needs of vulnerable children and young people in coastal communities. Whilst there are likely to be high levels of mental illness amongst children and young people in seaside towns there is at the same time an absence of specialist child and adolescent psychotherapy provision in the majority of these communities. We identify this as a particular concern in relation to the needs of children and young people who are looked after, as well as others who suffer from deprivation, poverty and neglect, the prevalence of which are shown to be increased in coastal areas. We would urge the Committee to draw attention to these concerns and make recommendations for increased resourcing of specialist child and adolescent psychotherapy in those seaside towns where services are currently absent or limited.

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<sup>16</sup> <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/10/Childrens-Commissioner-for-England-Mental-Health-Briefing-1.1.pdf>

<sup>17</sup> <http://www.cqc.org.uk/publications/themed-work/are-we-listening-review-children-young-peoples-mental-health-services>

<sup>18</sup> ACP (2018). Silent Catastrophe: responding to the danger signs of children and young people's mental health services in trouble, Association of Child PSychotherapists <https://childpsychotherapy.org.uk/news/acp-report-silent-catastrophe>