

Cyflwynwyd yr ymateb hwn i ymgynghoriad y [Pwyllgor Plant, Pobl Ifanc ac Addysg](#) ar [Flaenoriaethau'r Chwched Senedd](#)

This response was submitted to the [Children, Young People and Education Committee](#) consultation on [Sixth Senedd Priorities](#)

CYPE SP 104

Ymateb gan: Liz Williams, Swyddog Polisi, Coleg Brenhinol y Seiciatryddion Cymru

Response from: Liz Williams, Policy Officer, The Royal College of Psychiatrists Wales

Beth yn eich barn chi yw'r prif flaenoriaethau neu'r materion y dylai'r Pwyllgor eu hystyried yn ystod y Chwched Senedd? Os oes modd, nodwch eich barn o ran sut y gallai'r Pwyllgor fynd i'r afael â hyn.

What do you consider to be the main priorities or issues that the Committee should consider during the Sixth Senedd? Where possible, please set out your view about how the Committee could address them.

Thema 1: Addysg oedran ysgol | Theme 1: School-age education

Thema 2: Addysg bellach ac addysg uwch | Theme 2: Further and higher education

Thema 3: Iechyd a lles, gan gynnwys gofal cymdeithasol (i'r graddau y maent yn ymwneud â phlant a phobl ifanc) | Theme 3: Health and well-being, including social care (as they relate to children and young people)

Cefndir

Yn 2018, nododd adroddiad Cadernid Meddwl y rhan allweddol mae ysgolion yn ei chwarae wrth feithrin poblogaeth emosiynol wydn o bobl ifanc. Galwodd am ymagwedd ysgol gyfan i leihau stigma a hyrwyddo iechyd meddwl da. Hefyd disgrifiodd y diwygiadau arfaethedig i'r cwricwlwm yng Nghymru fel 'cyfle unwaith-mewn-genhedlaeth' i ymgorffori lles ym mywydau plant. Cafodd y Bil Cwricwlwm ac Asesu (Cymru) ei gyflwyno ym mis Gorffennaf 2020.

Mae'r cymorth a roddir gan ysgolion, rhieni a chymunedau'n hanfodol i feithrin lles emosiynol. Mae dealltwriaeth dda o hyn yng Nghymru, a bydd angen y ddarpariaeth sydd wedi'i chreu wrth gynorthwyo ag atal problemau iechyd meddwl ac ag ymyrryd yn gynnar ynddyn.



Fodd bynnag, er y gwelir ffocws a gwelliannau ar 'ran flaen' y llwybr gofal, mae angen ffocws ar y diffyg darpariaeth i blant a phobl ifanc sydd angen cymorth mwy arbenigol, y rhai ag anghenion cymhleth a'r rhai sydd angen cymorth mewn argyfwng.

Ers amser maith mae gwasanaethau arbenigol wedi profi prinder staff ac adnoddau. Yn yr ymateb hon, rydym yn tynnu sylw at rai o'r effeithiau ar grwpiau gwahanol – a'r cyfleoedd sy'n bodoli i wella canlyniadau i fabanod, plant a phobl ifanc.

Argymhellion allweddol

Mae Coleg Brenhinol y Seiciatryddion, Cymru yn galw am:

- Gwell darpariaeth o wasanaethau arbenigol Iechyd Meddwl Plant a'r Glasoed (sCAMHS) a mynediad atynt
- Gwell darpariaeth ar gyfer pobl ifanc ag anhwylderau bwyta
- Mwy o ffocws ar iechyd meddwl myfyrwyr Addysg Uwch
- Mynd i'r afael â heriau'r gweithlu a chraffu ar y Cynllun Gweithlu Iechyd Meddwl

Gwasanaethau arbenigol Iechyd Meddwl Plant a'r Glasoed (sCAMHS)

Mae angen i ni sicrhau bod arbenigwyr gael y cyfle i weithredu ar ben uchaf eu trwydded, a chlywn yn gynyddol nad yw hyn yn wir ledled Cymru. Nid yw'r dull hwn yn gwerthfawrogi'r agwedd gyfannol tuag at seiciatreg na'r sgiliau unigol ac arbenigol y mae seiciatryddion plant a phobl ifanc yn eu cynnig, a bydd yn parhau i effeithio ar recriwtio a chadw seiciatryddion, ac argaeledd gofal arbenigol.

Mae angen iddynt hefyd gael y lefel briodol o gefnogaeth glinigol a chyfle i ymgymryd ag ymchwil trwy amser gwarchodedig.

Mae angen i ni symud i ffwrdd o gyfeirio at wasanaethau arbenigol fel baich ariannol. Nid yw hyn yn helpu o gwbl ac mae'n creu mwy o stigma i'r grwpiau bregus hynny sydd angen y cymorth arbenigol hwnnw.

- Rhaid inni ehangu'r gweithlu CAMHS arbenigol a sicrhau bod lles y gweithlu yn cael ei gynnal.
- Rhaid i ni gynyddu gallu gwasanaethau CAMHS, gan gynnwys cynyddu capasiti cleifion mewnol a gwelyau ar gyfer lleoliadau anabledd dysgu
- Rhaid i seiciatryddion gael yr amser a'r cyfle i wneud gwaith ymchwil ac arwain prosiectau arloesol - mae prosiect CWTCH yn enghraifft o werth un yn unig o'r rhain. Prosiect dan arweiniad seiciatreg i gleifion ag anhwylder bwyta mewn CAMHS, a aeth ymlaen i lywio rôl gyfan ymgynghori trwy fideo ar draws y GIG a gofal cymdeithasol.



- Mae angen cydnabod yr angen am ymyrraeth arbenigol ar draws y gwasanaeth iechyd, a rhaid i arbenigwyr gael y cyfle i weithredu ar ben uchaf eu trwydded.

Darpariaeth ar gyfer pobl ifanc ag anhwylderau bwyta

Mae'r pandemig Covid wedi creu cyd-destun byd-eang sy'n debygol o gynyddu risg a symptomau anhwylderau bwyta, lleihau'r ffactorau sy'n amddiffyn rhag anhwylderau bwyta, a gwaethygu'r rhwystrau i gael gofal. Mae'n bosibl y bydd y tarfu hwn ar drefn ddyddiol a chyfyngiadau ar weithgareddau awyr agored yn cynyddu pryderon am bwysau a siâp, ac yn cael effaith negyddol ar fwyta, ymarfer corff a phatrymau cysgu, a all yn ei thro gynyddu risg a symptomau anhwylderau bwyta. Yn yr un modd, mae'n bosibl y bydd y pandemig a'r cyfyngiadau cymdeithasol cysylltiedig wedi amddifadu unigolion o gefnogaeth gymdeithasol a strategaethau ymdopi ymaddasol, ac felly efallai'n cynyddu risg a symptomau anhwylderau bwyta trwy dynnu ymaith ffactorau amddiffynnol. Ffactor arall yw mwy o gysylltiad â chyfryngau sy'n ymwneud yn benodol ag anhwylderau bwyta neu sy'n achosi gorbryder, ynghyd â'r ofn am ymddygiad heintus.

Er mwyn sicrhau ein bod ni'n ymateb yn gynt i arwyddion anhwylder bwyta sy'n datblygu, mae angen inni:

- Sicrhau bod mwy o staff meddygol wedi'u hyfforddi i adnabod a chynorthwyo plant sydd ag anhwylderau bwyta. Mae'r Cyngor Meddygol Cyffredinol wedi cynnal arolwg o ysgolion meddygol yn ddiweddar ac wedi cadarnhau canfyddiadau blaenorol bod myfyrwyr meddygol yn cael llai na dwy awr o hyfforddiant ar anhwylderau bwyta yn ystod pedair i chwe blynedd o astudiaethau cwrs gradd.

Er mwyn ymdopi â'r galw cynyddol hwn, mae angen inni:

- Ehangu'r gweithlu anhwylderau bwyta arbenigol ochr yn ochr ag ehangu a chynorthwyo'r gweithlu CAMHS arbenigol.
- Buddsoddi'n sylweddol mewn ymchwil i driniaethau ar gyfer anhwylderau bwyta er mwyn rhoi inni syniad llawer gwell o'r hyn sy'n gweithio. Bydd angen i ymchwil yn y dyfodol ddefnyddio gwaith casglu data rheolaidd y GIG, a sicrhau bod gwasanaethau rheng flaen y GIG yn cael cymorth priodol i gasglu data o ansawdd da ac integreiddio ymchwil i arferion clinigol.



Canolbwyntio mwy ar Iechyd Meddwl Myfyrwyr Addysg Uwch

Mae'r pandemig Covid wedi achosi cruglwyth newydd o broblemau y bydd angen eu hystyried yng nghyd-destun iechyd meddwl myfyrwyr. Bydd y rhain yn berthnasol i'r holl fyfyrwyr ond yn pwysu'n drymach ar y rhai â hanes o iechyd meddwl gwael. Efallai y bydd myfyrwyr o'r fath eisoes yn ei chael yn anodd integreiddio mewn amgylchedd cymdeithasol newydd ac i feithrin perthnasoedd gyda chlinigwyr, staff cymorth, staff academiaidd a'u cyd-fyfyrwyr.

Bydd yr anawsterau hyn yn cael eu dwysáu gan y cyfyngiadau sy'n deillio o Covid. Gall problemau godi yn y meysydd canlynol:

Mwy o orbryder cyffredinol a/neu iselder ymysg y boblogaeth myfyrwyr yn deillio o: gorbryder am gael Covid; effeithiau'r argyfwng Covid ar eu cwrs a'u hasesiadau; gorbryder am arian oherwydd bod llai o gyfleoedd i weithio am gyflog; gorbryder am gyfleoedd gyrfa yn y dyfodol; gorbryder am eu teuluoedd gartref yn wynebu risg Covid neu'n sâl ag ef; gorbryder am fyw mewn llety a rennir.

Er bod yna effeithiau niweidiol posibl oherwydd Covid, yn ddiau, mae'n bwysig sylweddoli y gall effeithiau buddiol mynd i'r brifysgol fod yn llawer mwy na'r rhain. Bydd y risg o gael salwch difrifol yn isel iawn i'r mwyafrif llethol o fyfyrwyr, a byddant yn elwa ar ddisgyblaeth bywyd myfyrwyr.

- Hefyd mae dyletswydd ar Lywodraeth Cymru, y prifysgolion a GIG Cymru i ddarparu gwasanaethau iechyd a lles i fyfyrwyr, er mwyn mynd i'r afael â'r galw cynyddol sy'n codi o'r helbulon newydd hyn.

Mynd i'r afael â heriau'r gweithlu a chraffu ar y Cynllun Gweithlu Iechyd Meddwl

Mae'r cynllun gweithlu iechyd meddwl yn cynnig cyfle i greu gwasanaethau cynaliadwy sy'n sicrhau y gall pawb yng Nghymru gael cymorth iechyd meddwl priodol. Deallwn fod iechyd meddwl plant a phobl ifanc i fod yn faes ffocws allweddol yn y cynllun, ac felly byddai o gymorth mawr pe bai'r pwyllgor yn craffu ar weithlu iechyd meddwl y dyfodol ar gyfer babanod, plant a phobl ifanc, o bosibl ar y cyd â'r pwyllgor iechyd.

Yr hyn sy'n hollbwysig yw'r angen i ddiogelu a chynorthwyo ein gweithlu yn yr heriau a fydd yn cael eu gosod arnynt yn syth wrth fynd i'r afael â rhestrau aros ac ar yr un pryd rheoli chwythu plwc oherwydd gorweithio; lliniaru cyfraddau ymddeol ar ôl y pandemig; a hyn i gyd ar yr un pryd â chynllunio gweithlu tymor hirach a all reoli anghenion iechyd meddwl ein poblogaeth yn y tymor hirach.

- Galw ar y pwyllgor i graffu ar y cynllun gweithlu iechyd meddwl er mwyn sicrhau ei fod yn ystyried yr heriau a ddaw yn syth yn ogystal â'r weledigaeth hirdymor ar gyfer y gweithlu. Mae hyn yn cynnwys cynnydd tuag at fodloni



safonau Coleg Brenhinol y Seiciatryddion ar gyfer gwasanaethau iechyd meddwl amenedigol.

- Galw ar y pwyllgor i graffu ar y graddau y bydd y cynllun yn ymgysylltu ac yn ymgynghori'n helaeth ar draws grwpiau defnyddwyr gwasanaethau a grwpiau proffesiynol yn ystod camau datblygu'r cynllun.
- Galw ar y pwyllgor i sicrhau bod rolau arbenigol yn cael sylw ac ystyriaeth briodol yn y cynllun i fynd i'r afael â meysydd prinder darpariaeth, a gwneud hynny gan ddeall yr heriau hanesyddol sydd gan Gymru wrth recriwtio a chadw i rolau arbenigol.

Background

In 2018, Mind over Matter identified the key role schools play in building an emotionally resilient population of young people. It called for a whole-school approach to reducing stigma and promoting good mental health. It also described the planned reform of the curriculum in Wales as a 'once-in-a-generation opportunity' to embed well-being into children's lives. The Curriculum and Assessment (Wales) Bill was introduced in July 2020.

The support given by schools, parents and communities is essential to developing emotional well-being. This is understood well in Wales, and the provision that's been created will be needed in supporting both prevention and early intervention of mental health problems.

However, whilst focus and improvements are now being seen at the 'front end' of the care pathway, there needs to be an additional focus on the lack of provision for children and young people who need more specialist support, those with complex needs, and those who need help in a crisis.

Specialist services have long experienced staff and resourcing shortages. In this response, we've highlighted some of the impacts on different groups – and the opportunities that exist to improve outcomes for babies, children and young people.

Key recommendations

The Royal College of Psychiatrists Wales is calling for:

- Improved provision of, and access to, specialist CAMHS services (sCAMHS)
- Better provision for young people with eating disorders
- Increased focus on the mental health of higher education students
- Addressing workforce challenges and scrutiny of the Mental Health Workforce Plan



Specialist CAMHS services (sCAMHS)

There have been historic vacancies in specialist CAMHS posts. We need to ensure that specialists are able to operate at the top of their licence, and we hear increasingly that this is not the case across Wales. This approach doesn't value the holistic approach to psychiatry or the individual and specialist skills that child and adolescent psychiatrists bring and will continue to affect recruitment and retention of psychiatrists, and the availability of specialist care.

They also need to be given the appropriate level of clinical support and opportunity to undertake research through protected time.

We need to move away from referring to specialist services as a financial burden, this is hugely unhelpful and further stigmatises those vulnerable groups who need to access that specialist support.

- We must expand the specialist CAMHS workforce and ensure the wellbeing of the workforce is supported
- We must increase the capacity of CAMHS services, including increasing inpatient and bed capacity for learning disability placements
- Psychiatrists must be given the time and opportunity to undertake research and lead innovative projects, this is to the advantage of future service delivery in Wales. An example of the value of just one of these instances is the CWTCH project. A psychiatry led project for ED patients in CAMHS that subsequently went on to inform the whole role of video consultation across the NHS and social care.
- The need for specialist intervention must be recognised across the health service, and specialists must be given the opportunity to operate at the top of their licence.

Provision for young people with eating disorders

The Covid pandemic has created a global context likely to increase eating disorder (ED) risk and symptoms, decrease factors that protect against EDs, and exacerbate barriers to care. Disruption to daily routines and constraints to outdoor activities may increase weight and shape concerns, and negatively impact eating, exercise, and sleeping patterns, which may in turn increase ED risk and symptoms.

Relatedly, the pandemic and accompanying social restrictions may have deprived individuals of social support and adaptive coping strategies, thereby potentially elevating ED risk and symptoms by removing protective factors. Another factor is increased exposure to ED-specific or anxiety-provoking media, as well as fears of contagion.



In order to ensure we react earlier to signs of a developing eating disorder, we need to:

- Ensure that more medical staff are trained to identify and support children with eating disorders. The GMC has recently surveyed medical schools and have confirmed previous findings that medical students receive less than two hours of training on eating disorders over four to six years of undergraduate study.

To cope with this rising demand we need:

- To expand the specialist eating disorder workforce alongside expansion and support of the specialist CAMHS workforce
- To significantly invest in research into eating disorder treatments to give us a much better idea of what works. Future research will need to harness routine NHS data collection, and frontline NHS services should receive appropriate support to collect good quality data and integrate research into clinical practice.

Increased focus on the mental health of higher education students

The Covid pandemic has highlighted a number of emerging challenges and issues in the context of student mental health. These will apply to all students but will weigh more heavily on those with histories of mental ill health. Such students may already find it difficult to integrate with a new social environment and to build relationships with clinicians, support staff, academic staff, and their fellow students. These difficulties will be exacerbated by the restrictions arising from Covid. Problems may arise in the following areas:

Increased general anxiety and/or depression amongst the student population arising from: anxiety about getting Covid; the effects of the Covid crisis on their course and their assessments; anxiety about finances because of fewer opportunities for paid work; anxiety about future career prospects; anxiety about family back home being at risk of, or ill with, Covid; anxieties about living in shared accommodation.

Whilst there are undoubtedly potential adverse effects of Covid, it is important to appreciate that the beneficial effects of going to university can far outweigh these. The vast majority of students will be at very low risk of serious illness and will benefit from the routine of student life.

- The Welsh Government, universities, and NHS Wales must provide appropriate and robust health and welfare services for students to address the increased demands arising from these new adversities.



Addressing workforce challenges and scrutiny of the Mental Health Workforce Plan

The mental health workforce plan presents an opportunity to create sustainable services which ensure that all people in Wales are able to access appropriate mental health support. We understand children and young people's mental health is due to be a key focus area within the plan, and so it would be extremely helpful for the committee to undertake scrutiny on the future mental health workforce for babies, children and young people, potentially in conjunction with the health committee.

What's crucial is the need to protect and support our workforce in the immediate challenges that will be imposed upon them in tackling waiting lists whilst managing burnout; mitigating the rates of retirement post pandemic; all whilst planning a longer term workforce that can manage the longer-term mental health needs of our population.

- Call for the committee to scrutinise the mental health workforce plan to ensure it considers the immediate challenges as well as the long-term vision for the workforce, this includes progress towards meeting the Royal College of Psychiatrists standards for perinatal mental health services
- Call for the committee to scrutinise the extent the plan is engaging and consulting widely across service user and professional groups in its development

Call for the committee to ensure that specialist roles are given appropriate attention and consideration within the plan to address areas of shortage of provision, in doing so understanding the historic challenges that Wales has in recruitment and retention to specialist roles.

Thema 4: Plant a phobl Ifanc | Theme 4: Children and young people

Rydym yn croesawu'r cyfle i ymateb i'r Pwyllgor Plant, Pobl Ifanc ac Addysg ynghylch ei flaenoriaethau ar gyfer y Chweched Senedd.

Ynghylch Coleg Brenhinol y Seiciatryddion

Coleg Brenhinol y Seiciatryddion, Cymru, yw'r corff meddygol proffesiynol sy'n gyfrifol am gefnogi seiciatryddion trwy gydol eu gyrfaedd, o hyfforddiant yr holl ffordd at ymddeoliad, ac am osod a chodi safonau seiciatreg yn y Deyrnas Unedig. Nod y Coleg yw gwella canlyniadau i bobl sydd â salwch meddwl ac anabledau deallusol, ac iechyd meddwl unigolion, eu teuluoedd a'u cymunedau.



Er mwyn cyflawni hyn, mae'r Coleg yn gosod safonau ac yn hyrwyddo rhagoriaeth ym maes seiciatreg; yn arwain, yn cynrychioli ac yn cefnogi seiciatryddion; yn gwella'r ddealltwriaeth wyddonol o salwch meddwl; yn gweithio gyda chleifion, gofalwyr a'u sefydliadau ac yn eirioli drostynt. Yn genedlaethol ac yn rhyngwladol, mae gan y Coleg rôl hanfodol wrth gynrychioli arbenigedd y proffesiwn seiciatrig i lywodraethau ac asiantaethau eraill. Mae'r Coleg yng Nghymru'n cynrychioli mwy na 600 o Seiciatryddion Ymgynghorol a Seiciatryddion Dan Hyfforddiant sy'n gweithio yng Nghymru.

We welcome the opportunity to respond to the Children, Young People and Education committee around its priorities for the Sixth Senedd.

About RCPsych Wales

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and setting and raising standards of psychiatry in the United Kingdom. The College aims to improve the outcomes of people with mental illness and intellectual disabilities, and the mental health of individuals, their families and communities.

In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations.

Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies. RCPsych in Wales represents more than 600 Consultant and Trainee Psychiatrists working in Wales.

