

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People EMH 18

Ymateb gan: Cymdeithas Seicolegol Prydain  
Response from: British Psychological Society

### **Specialist CAMHS**

- The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS. Whether the improvements in waiting times Welsh Government expected from CAMHS have been met.
- What the data tells us about the variations in practice (equity of access) across Wales.
- The extent to which changes have addressed the over-referral of children and young people to CAMHS.
- Referrals and access to CAMHS by individual Health Board, including the restrictions and thresholds imposed by CAMHS
- Whether the changes have helped to improve specialist CAMHS' ability to respond out of hours and at times of crisis; whether out of hours care is working effectively, and specifically looking at the needs of those children and young people who present and are assessed at hospital A&E departments.
- Whether there is sufficient in-patient capacity in Wales.

#### 1. Comments:

The Society believes that the above terms of reference could also:

- Include multi-agency work that supports/facilitates CAMHS referrals and as a result, assessment and support might be helping to reduce CAMHS referrals.
- Include an explanation of at what point/level of need, referrals are most effectively made.
- Additionally, the Society believes that the scope of the investigation should include paediatric/Child Health Psychology services. As these services are not always included under specialist CAMHS but deal with the mental health of children and adolescents, it is essential that they are included within the inquiry.

## Funding

- Annual expenditure on CAMHS in cash terms and as a percentage of the overall spending on mental health, by local Health Board.
- The extent to which access to psychological therapies for young people has improved. Whether there has been a subsequent reduction in the use of medication for young people.
- How the additional funding has been used to improve provision for children and young people in local primary mental health support services
- The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act 1983.
- The effectiveness of current planning and commissioning arrangements to address the needs of young people who have early onset of a severe mental illness, such as psychosis.

## 2. Comments:

The Society believes that the following should be included:

- The type(s) of psychological therapies that are accessed most and least but also those perceived the easiest/hardest to access, by children, young people, parents and professionals.
- A clear definition of the type(s) of psychological therapies that are most effective in supporting areas of need. Also, the psychological therapies that are considered to be most effective at each level of intervention, for example- universal, administered to every member of a population, targeted and specialist interventions, designed for at-risk groups, delivered to individuals and groups that require higher levels of support from professionals with greater expertise. Intervention is considered to be necessary at each of these levels to be effective (Dunsmuir and Hardy, 2016)
- A definition of how psychological therapies are being individualised and tailored to the specific needs of a person, a central aspect of the current Welsh Additional Learning Needs Reform.
- Clarification on whether a more complex level intervention at an earlier stage can save money in the long term.

- The inquiry may also wish to add ‘children and young people with long-term physical health problems’ in to the section on vulnerable children (fourth bullet point)

### **Transition to Adult Services**

- How well planned and managed transitions to adult mental health services are.

### 3. Comments:

The Society believes that the terms of reference should also consider:

- How outcomes in regards to transitions to adult mental health services are best monitored/measured.
- Specific areas of support/barriers for effective transition.
- The transition of care from paediatric psychology to adult health psychology services

### **Links with Education (emotional intelligence and healthy coping mechanisms)**

- The work being done to ensure children and young people are more resilient and better able to tackle poor mental well-being when it occurs including:
  - The development of the Health and Wellbeing Area of Learning and Experience as part of the new curriculum.
  - Children’s access to school nurses and the role schools nurses can play in building resilience and supporting emotional wellbeing.
  - The extent to which health, education and social care services are working together.
  - The take up and current provision of lower level support and early intervention services, for example, school counselling services.

### 4. Comments:

In addition to the above, The Society believes that the terms of reference should specifically include:

- Children and young people’s access to and involvement of educational psychologists in supporting mental health in schools; and joint working between educational psychologists and CAMHS. There is an increasing consensus that Educational Psychologists can play a positive role in supporting wellbeing (Squires, 2010; Squires & Caddick, 2012).
- The extent to which school staff feel ‘ready’ and ‘able’ to support change for children and young people. The application of psychology in support of the work of teachers can support teachers’ well-being and resilience and yield cost-effective beneficial outcomes for staff and children. (Gibbs & Miller, 2014)

## References

Gibbs, S., Miller, A. (2014) *Teachers' resilience and well-being: a role for educational psychology*. *Teachers and Teaching: Theory and Practice*, **20(5)**, 609-621.

Hardy, J., Dunsmuir, S., (2016) *Delivering Psychological Therapies in Schools and Communities*. BPS. Leicester.

Squires, G. (2010). *Countering the argument that educational psychologists need specific training to use cognitive behavioural therapy*. *Emotional & Behavioural Difficulties*, **15(4)**, 279-294.  
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Squires, G., Caddick, K. (2012). *Using group cognitive behavioural therapy intervention in school settings with pupils who have externalising behavioural difficulties: An unexpected result*. *Emotional & Behavioural Difficulties*, **17(1)**, 25-45.doi:10.1080/13632752.2012.652423

*End.*