



MILLION

**The CAMHS Review. Next Steps to
Improving the Emotional Well-Being and
Mental Health of Children and Young
People**

Response by 11 MILLION.

7th July 2008



**“The 11 MILLION children
and young people in
England have a voice”**
Children’s Commissioner for
England, Professor Sir Albert
Aynsley-Green

Table of contents

1) Who are we?	p. 3
2) Introduction	p. 4
3) The Need to Promote Emotional Wellbeing	p. 5
4) Continued Problems in Access to Mental Health Care	p. 7
5) Need to Ensure Safe and Supportive In-patient Environments	p. 10



1 Who are we?

11 MILLION is a national organisation led by the Children's Commissioner for England, Professor Sir Al Aynsley-Green. The Children's Commissioner is a position created by the Children Act 2004.

The Children Act 2004

The Children Act requires the Children's Commissioner for England to be concerned with the five aspects of well-being covered in *Every Child Matters* – the national government initiative aimed at improving outcomes for all children. It also requires us to have regard to the United Nations Convention on the Rights of the Child (UNCRC). The UNCRC underpins our work and informs which areas and issues our efforts are focused on.

Our vision

Children and young people will actively be involved in shaping all decisions that affect their lives, are supported to achieve their full potential through the provision of appropriate services, and will live in homes and communities where their rights are respected and they are loved, safe and enjoy life.

Our mission

We will use our powers and independence to ensure that the views of children and young people are routinely asked for, listened to and that outcomes for children improve over time. We will do this in partnership with others, by bringing children and young people into the heart of the decision-making process to increase understanding of their best interests.

Our long-term goals

1. Children and young people see significant improvements in their wellbeing and can freely enjoy their rights under the United Nations Convention on the Rights of the Child (UNCRC).
2. Children and young people are more highly valued by adult society.

For more information

Visit our website for everything you need to know about 11 MILLION:
www.11MILLION.org.uk

2 Introduction



The Children's Commissioner welcomes the opportunity to respond to this important review. The Commissioner considers that there is a demonstrable and urgent need for comprehensive and fully resourced child and adolescent mental health services (CAMHS) and recognition that mental health promotion is the responsibility of all those working with children.

There have been major improvements to CAMHS over the past few years with increased expenditure on CAMHS and specific government targets and standards to deliver a comprehensive service; however, there are significant gaps in the availability of appropriate services. We set out below our main concerns.

3 The Need to Promote Emotional Wellbeing



More needs to be done to raise awareness of the issues contributing to the increase of mental health problems (in some cases resulting in self-harm or suicide) among children and young people and how to address these in a way that children and young people find helpful.

Stigma and Discrimination

The stigma associated with 'mental illness' continues to be a problem within our society; this has a negative impact on children and young people and often deters them from seeking help - as well as impacting on their own attitudes towards mental illness in adult life. 11 MILLION is concerned that not enough is being done to raise young people's awareness of mental health problems.

High Incidence of Suicides and Self-harm

The numbers of children and young people who engage in self-harm or seek to take their own life is of serious concern. A survey of around 6,000 young people (most aged 15 and 16) undertaken in 2000-2001 found that 1 in 10 of these young people had self-harmed at some point in their teenage years¹.

A two year inquiry into self-harm, focusing on children and young people between 11 and 25 years, concluded that self-harm among people is a 'significant and growing public health problem'². The inquiry report, published in 2006, suggests that one in fifteen young people self-harm and that the rates of self-harm in the UK are higher than anywhere else in Europe. The inquiry found that there was a lack of awareness and understanding about self-harm amongst school staff and others who work with children and young people who self-harm and that the response to the self-harm was often inappropriate, focusing on the self-harm itself rather than the underlying causes. The report makes a series of recommendations geared towards establishing a comprehensive self-harm strategy that promotes positive well-being and provides appropriate information, training and intervention.

Working in Schools

11MILLION welcomes the Government's commitment to fund schools to work with mental health practitioners to improve the emotional well-being of pupils. The provision of such services in schools has real potential to improve outcomes. They may be less stigmatising than mental health services provided elsewhere, particularly where a 'whole school' approach is taken and mental health workers function as part of a multidisciplinary team which includes all those who come into contact with the children and young people at the school. They have a key role

¹ Samaritans & Centre for Suicide Research, University of Oxford (2002) *Youth and Self-harm: Perspectives*, Samaritans

² Camelot Foundation & Mental Health Foundation (2006) *Truth Hurts: Report of the National Inquiry into Self-harm among Young People*.

in supporting all staff to understand and address mental health problems including behavioural disorders.

However this additional investment should be seen in the context of a severe shortage of school nurses who would be instrumental in supporting young people experiencing problems. The Government should ensure that the recommended minimum of one full-time school nurse in every secondary school and its cluster of primary schools is achieved.³

³ National Service Framework for Children, Young People and Maternity Services, Core standards; Standard 1, pages 37 and 41; Department of Health (2004).

4 Continued Problems in Access to Mental Health Care



There continue to be problems for some children and young people in accessing appropriate mental health services and further work is required in order to ensure that all children and young people with mental health problems have access to services that are responsive to their needs.

Over the last two years 11 MILLION has received information about cuts in services and clinical posts being reduced. While some of these may be due to restructuring of services, anecdotal evidence suggests that in some areas, CAMHS are suffering as a result of the financial problems within the NHS and there is a concern that the good work to date risks being undermined by under-investment and poor planning in some areas.

Waiting lists, referrals and geographical variations

While progress is being made in meeting demand for CAMHS, this may not necessarily be meeting the actual need for such services. In other words, not all children and young people who should be are being referred to CAMHS. One of the means of reducing demand is by having high waiting times which deter many referrals. It is very difficult to get firm evidence on these issues but it is an area that merits further attention.

Concern about lengthy waiting times was raised in the Government's report on the implementation of Standard 9, published in November 2006. This report found that some children and young people have to wait over six months to see a CAMHS professional and that only 25% of children with a diagnosable psychiatric disorder were accessing mental health services over a 3 year period. It also raised concerns that there are geographical variations in the availability of services, reflecting the different levels of investment in different parts of the country so that access to services depends on which part of the country the child or young person lives.⁴

Furthermore, a survey carried out by the Royal College of Psychiatrists Research Unit raises concerns about the inequitable distribution of CAMHS inpatient services. It identified not only an increased inequity in provision of CAMH inpatient services but also a reduction in the number of units that admit children under the age of 14.⁵

⁴ Department of Health and Department of Education and Skills, *Report on the Implementation of Standard 9 of the NSF for Children, Young People and Maternity Services*, November 2006

⁵ O'Herlihy, A., Lelliott, P., Bannister, D., Cotgrove, A., Farr, H. and Tulloch, S., *Psychiatric Bulletin* (2007), 31, 454 - 456

These issues are of considerable concern to the Commissioner who would like to see all children and young people who need it receive high quality, evidence-based care from appropriately qualified staff.

The importance of early intervention

There are numerous examples of children who would benefit from earlier intervention, but are not receiving it. This means that some children and young people have to reach a crisis point before their mental health needs are addressed. This was the experience of a number of the young people involved in the Children's Commissioner's report, '*Pushed into the Shadows – young people's experience of adult mental health facilities*' ('*Pushed into the Shadows*').

There is a strong correlation between school exclusion and young people becoming involved in the criminal justice system and strong evidence of a link between offending behaviour and mental health problems, as well as learning disabilities. Although it is difficult to ascertain which is the cause and which is the effect, this is an important link. Finding alternatives to exclusion might help to maintain engagement with education and prevent a young person from getting into trouble with the law. Early intervention for those with emotional or mental health problems may be significant in preventing later involvement in crime.

While early intervention is important and necessary, there will always be some children and young people who will need specialised services from within Tiers 3 & 4. Establishing and maintaining the range of services and support across the CAMHS tiers with smooth transitions between them must be a key objective for the planning and development of CAMHS.

Lack of emergency provision

Pushed into the Shadows published in January 2007 showed that, despite the national policy objectives that seek to end such practices, children and young people were still being admitted on to adult psychiatric wards. One of the major factors that lead to children and young people in need of in-patient care being admitted to adult psychiatric wards was the lack of sufficient specialised CAMHS in-patient units. A particular concern was that services are not able to respond to emergencies.

Various reports on CAMHS provision have highlighted similar concerns. For example, a survey, carried out in 2005, of all adolescent in-patient psychiatric units in England and Wales showed that 72% of referrals for emergency admission were turned away.⁶ An analysis of the regional reviews of Tier 4 Child and Adolescent Mental Health Services (CAMHS) that have been undertaken in England over the last couple of

⁶ Cotgrove, A., McLoughlin, R., O'Herlihy, A. & Lelliott, P. (2007) 'The ability of adolescent psychiatric units to accept emergency admissions: changes in England and Wales between 2000 and 2005', [Psychiatric Bulletin](#) **31**, 457 - 459.

years found that the capacity to admit emergencies varies depending on bed availability, staffing levels and the level of disturbance on the unit.⁷ The responses to the recommendations made in *Pushed into the Shadows*, received from Primary Care Trusts and mental health trusts across England, indicate that there continue to be delays in accessing emergency in-patient facilities.

11 MILLION is aware that in many parts of the country, work is being undertaken to both increase the availability of in-patient provision, including facilities that are able to accept emergencies and out of hours referrals, and to develop community-based services with the aim of reducing the need for admission to in-patient facilities. However, it is of vital importance that such work is planned and implemented jointly between commissioners and providers in both adult mental health services and CAMHS.

Service mapping

Since 2003, the government has established a comprehensive exercise to map child and adolescent mental health services. This is now being extended to, and integrated with other health services for children and young people. This should now be used to identify and address inequalities in provision and to improve the quality of needs assessment to drive commissioning of integrated services.

Specific groups of children and young people

11MILLION has particular concerns about the access to mental health care for the following specific groups of children and young people.

- Infant mental health is known to be a highly important predictor of future wellbeing. There is growing evidence of the effectiveness of interventions to address poor infant mental health, which is likely to be associated with weak attachment due to parental problems such as poor maternal mental health or substance misuse. 11 MILLION would like to see additional investment in this area to enable specialist services to deliver evidence-based interventions at an earlier stage in the child's life than is currently common practice.
- 16 & 17 year olds – although the provision of age-appropriate services to this age group has been improved, there are still areas of England that have yet to include this age group in CAMHS. Furthermore, there are problems when these young people move from CAMHS at around 18 as they are told that they do not meet the criteria for adult mental health services.
- Children and young people with learning disabilities and mental health problems - again while much has been improved, mental health services for this group is not yet available in all parts of England.

⁷ Dr. Zarrina Kurtz, *Regional Reviews of Tier 4 Child and Adolescent Mental Health Services, Summary and Comment*, Care Services Improvement Partnership (CSIP), December 2007 paragraph 1.6

- Children and young people from black and ethnic minority groups - issues of concern include whether these young people are gaining access to services that meet their needs. Information from the Mental Health Act Commission suggests that there is a greater proportion of black and ethnic minority groups detained under the MHA 1983.
- Children and young people who have been abused: it is clear from data collected on 'historic abuse' (ie those adults who report that they were abused as children) that many children and young people who are abused during childhood do not report it. There is strong evidence that many will suffer as a consequence of the abuse and that appropriate, evidence-based therapeutic interventions would go some way to improving their emotional and mental health. As far as sexual abuse is concerned, many children and young people are not accessing appropriate support. Related to this is the needs of young people who display sexually harmful behaviour who require specialist support which addresses the underlying causes of their offending behaviour. Evidence of the gap in services for these groups is difficult to come by and more work is needed to assess needs to see what level of services is required.
- The very high numbers of children and young people with mental health problems within the youth justice system is also of particular concern.⁸ For many of these young people, their mental health needs are met inadequately and their problems inevitably continue on leaving custody. In addition, there are some young people with serious developmental disorders and/or challenging behaviour for whom current provision is insufficient. A small number of high profile cases in recent years have highlighted the serious consequences for these young people. Since 1990, thirty young people under the age of 18 have died in custody: all except two deaths were classified as 'self-inflicted' and died by hanging. 11 MILLION is of the view that the number of children and young people in custody is too high and that incarceration is unnecessary and inappropriate for some children. It is hoped that the poor mental health of this group will be addressed through this review and as a result of Lord Bradley's review into the mental health of all offenders.
- Asylum-seeking children and young people, both those in families and those who are unaccompanied, are known to have a high prevalence of mental health problems⁹. Issues of particular concern to the Commissioner include those in immigration detention since detention is known to have an adverse impact on their mental health and emotional wellbeing.

⁸ See: Youth Justice Board, *Mental Health Needs and Effectiveness of Provision for Young Offenders in Custody and in the Community*, 2005, Trust for the Study of Adolescence, *Key Data on Adolescence*, 5th edition 2005; Briefing by Department of Health: '*Mental disorder among young offenders*', October 2000; Office of National Statistics, *Psychiatric Morbidity among Young Offenders in England and Wales*, 2000;

⁹ Hodes, M, Jagdev, D et al, Risk and resilience for psychological distress amongst unaccompanied asylum seeking adolescents. *Journal of Child Psychology and Psychiatry* (2008).



5 Need to Ensure Safe Supportive In-patient Environments

The use of adult psychiatric wards

Pushed into the Shadows showed that not only were children and young people being admitted to adult psychiatric wards where services were not geared towards their needs, but the level of care offered to many of those young people was unsatisfactory, poorly planned, unsafe and inadequately monitored. 11MILLION is therefore delighted that the Government has now made a commitment to end the inappropriate admission of **all** children and young people on adult wards by April 2010.¹⁰ We also welcome the Care Services Improvement Partnership's extensive work plan to implement section 31 of Mental Health Act 2007. This provision requires the managers of hospitals to ensure that the environment of the hospital in which the young person is to be admitted is suitable for that young person.¹¹

However, we are aware from the responses to the recommendations set out in *Pushed into the Shadows* that there is a considerable amount of work to do in order to achieve the goal of ending the inappropriate admission of young people to adult psychiatric wards and ensure that measures are in place to safeguard those young people who are admitted to adult wards. We consider that the following areas will need to be addressed:

- Achieving a comprehensive CAMHS so as to prevent inappropriate admissions to adult wards
- Establish a system for the national collection of data so that we know how many young people are admitted to adult wards and the length of their stay
- Establishing robust safeguards for young people on adults wards

A review of the responses to the recommendations in *Pushed into the Shadows* will be published in the Autumn. This will include suggested "Markers of Good Practice" in the areas set out below. These can be used by PCTs and mental health trusts when developing their policies and protocols to safeguard young people on adult wards and in the planning, commissioning and delivery of mental health services for children and young people:

- A Safe and Supportive Environment
- Provision of Age-appropriate Information
- Involvement in care planning
- Access to Independent Advocacy
- Access to Education
- Involvement in Daily Activities
- Opportunities for Meaningful Participation

¹⁰ Letter from Alan Johnson, Secretary of State for Health, to the Children's Commissioner, September 2007.

¹¹ See: www.mhact.csip.org.uk/workstreams/the-mental-health-act-amendment-workstreams.html

Care and treatment in CAMHS in-patient facilities

Through our work with VIK (Very Important Kids)¹² and YoungMinds, our visits to various CAMHS units in England and consultations with practitioners working in this area, we are aware that the level of quality of care in CAMHS in-patients varies widely across the country.

We are concerned that where this is poor practice, children and young people may not have the support that they need to raise their concerns and/or pursue a complaint. Anecdotal evidence suggests that there is a lack of independent, age appropriate advocacy for children and young people in CAMHS units. Advocates also have an important role in enabling children and young people become involved in their own care-planning.

While the provision requiring independent mental health advocacy to be made available to all patients who are detained under the Mental Health Act 1983 (due to come into force in 2009) is very welcome, we consider that at the very least, advocacy should be made available to all under-18s receiving in-patient mental health care.

Furthermore, we suggest that an additional safeguard be introduced by extending the role of the Mental Health Act Commission to visit all hospitals where children and young people are receiving in-patient mental health care (whether or not detained).

We set out below the VIK's 'Top Tips' for all Tier 4 CAMHS in-patient units.

¹² VIK is a group of 15 children and young people aged between 5 and 25, from across England, who have had experience of emotional support across tiers 1-4 of CAMHS
11 MILLION Page 12 of 14
The CAMHS Review. Next Steps to Improving the Emotional Well-Being
and Mental Health of Children and Young People
7th July 2008

Tier 4: VIK's Top Tips

- Ⓜ Every unit should be linked to local children and young people's services – children and young people's advocacy should be signposted on the ward to let young people know that advocacy is "their right" and it should be accessible without explicit permission from staff.
- Ⓜ Children and young people should receive user friendly information about every step of their treatment in an inpatient unit, in ways that they can access the information and at various points so that they can take the information in (maybe through a computer programme/game/leaflets/DVD etc).
- Ⓜ Dignity nurse – there is now a 'dignity nurse' role at each hospital. This person should visit the psychiatric ward and have direct contact with patients through an available free phone on the ward.
- Ⓜ Key workers should have time to talk to children and young people about their care plans
- Ⓜ Children and young people should be given allocated time to talk about their care plans (can be with a named person)
- Ⓜ Ward managers/dignity nurse/advocates should collate feedback from patients regularly. This should be through a range of methods (and enabling respondents to maintain their anonymity if they so wish), such as
 - through a suggestion box
 - comments that can be sent to an email address
 - regular visits.
- Ⓜ Time during ward rounds should be dedicated to the child or young person so that s/he can ask questions or resolve queries. There must be enough time to do this.
- Ⓜ If agency staff are required they must be CAMHS trained
- Ⓜ There should be guidance for agency staff regarding appropriate training/policies and procedures on the ward
- Ⓜ Adult mental health services should be linked to CAMHS so that children and young people can be supported in the transition to adult services (similar to the way in which children and young people are supported from primary to secondary school); for example staff visiting CAMHS wards, provision of a link worker, education and occupational therapy staff working together
- Ⓜ Pre discharge – staff from the next team should come to the current ward/clinic to meet with the child/young person, so as to provide familiarity during the hand over period
- Ⓜ The most appropriate bed should be given to the child/young person, for example those of higher risk should be the nearest to the nurses' station.



**“The 11 MILLION children
and young people in
England have a voice”**

Children’s Commissioner for
England, Professor Sir Albert
Aynsley-Green



MILLION

11 MILLION, 1 London Bridge, London, SE1 9BG
Telephone: 0844 800 9113 Fax: 020 7357 8329
Email: info.request@11MILLION.org.uk
www.11MILLION.org.uk
CRO11