

CAMHS Review

Next steps to improving the emotional wellbeing and mental health of children and young people

**SUBMISSION OF EVIDENCE
BY THE NORTHERN SCHOOL OF
CHILD AND ADOLESCENT
PSYCHOTHERAPY**

June 2008

Northern School of Child and Adolescent Psychotherapy
71-75 Clarendon Road
Leeds
LS2 9PL
tel: 0113 343 4868
email: nscap@leeds.ac.uk
web: www.nscap.org.uk

CAMHS Review: Next steps to improving the emotional wellbeing and mental health of children and young people

SUBMISSION OF EVIDENCE BY NSCAP

SUMMARY

The Northern School of Child and Adolescent Psychotherapy (NSCAP) welcomes the aim of the CAMHS review to improve the emotional wellbeing and mental health of children and young people. This brief paper draws on NSCAP's experience of work with universal, targeted and specialist services across the north of England to provide practical solutions to improve services to effectively meet the educational, health and social care needs of children and young people at risk of, or experiencing, mental health problems. We have considered the questions asked by the Review and, as a training and education body, have provided evidence focusing on the importance of workforce development to meet those challenges.

ABOUT NSCAP

The Northern School of Child and Adolescent Psychotherapy is the north of England NHS centre for psychoanalytic psychotherapy training for professionals working with children, young people and their families. NSCAP is a multi-disciplinary training organisation. The majority of our activity is aimed at extending the skills and competencies of professionals working with children, young people and their families in the full range of health, social care and education settings and organisations. For further information please contact Nick Waggett, Executive Manager of NSCAP or see our website at www.nscap.org.uk

EFFECTIVE SYSTEMS

More than in any other service area the systems engaged in supporting the emotional wellbeing and mental health of children and young people are highly complex. They involve health, social care, education and youth justice organisations, in the public, independent and voluntary sectors, and a wide range of professionals and carers with a myriad of trainings and roles. Significantly, many of these agencies and individuals may not view the promotion of emotional wellbeing and mental health as their core function, or if they do, may not have the training or skills to undertake this role effectively.

Effective systems need the right people with the right skills working in the right place in organisations that aid, not hinder, cross-boundary working. **NSCAP is actively supporting the development of New Ways of Working in Mental Health and the Improving Access to Psychological Therapies programme.** This will lead to the development of a flexible workforce, with relevant capabilities, prepared to adapt to a changing service-delivery context and to a modernised mental health service. This, in turn, needs to be reflected by children, young people and families being offered choices of psychological and social support, provided closer to home.

NSCAP supports this but argues that in order to properly support those with generic skills there will always need to be a small number of highly trained and experienced staff, such as Child and Adolescent Psychotherapists (CAPTs), with the competencies to manage, supervise and train, and also to contribute to the proper functioning of the organisations within which they work. **This will ensure governance arrangements and reduce the risks that could arise from less specialist or inexperienced staff working with complex families and networks.**

The following is an example of how generic workers in universal services can have their practice enhanced by using the training and skills of CAPTs working in enhanced roles and extended practice beyond the core work within multi-disciplinary CAMHS:

Example: Extended Roles

- **Consultation to local Children's Centre:** group and individual supervision for staff at the Centre who work in the community with hard to reach families; staff training; provision of Up-to-5's Counselling Service including home visits when a family is particularly hard to reach.
- **Consultation to local Nurseries:** class observations; consultation with staff; attendance at review meetings for a particular child; referring of child to a specialist service.
- **Centre for children with special educational needs:** role includes: applied work with families of children with autism and learning disabilities; attendance at the weekly Autism Clinic; attendance at the Centre's multi-disciplinary meeting; attendance at Paediatric Clinic when necessary, to support paediatrician with particular families.

There also needs to be greater emphasis on the training and supervision structures that support the emotional well-being of generic workers who are seeing some very disturbed and disturbing children and young people, sometimes with a background of only limited training. The inability to bear the emotional consequences of this work is a major contributor to problems of worker ill-health

and poor retention levels. **Training and support in self-reflective practice not only encourages a more effective response to the child but is a factor in reducing staff absences and turnover.**

Key message: Staff retention

Illness and turnover can result from the emotional impact of workers' contact with highly disturbed and disturbing children and adolescents whose difficulties may be as severe as those seen in "specialist services".

- CAPts can provide consultation and supervision for colleagues that can support them in their face to face work with children and families. One model is the "work discussion group" that has proved effective in many settings and is recognised nationally as a good practice model. The retention rate for CAPts is among the highest of any profession.

NSCAP particularly welcomes the work being undertaken by the Children's Workforce Development Council to develop a world-class workforce for children, young people and their families. As a training organisation we are supporting the development of a competencies based workforce, linked to National Occupational Standards, and aim to increase access to the specialist skills and experience of CAPts for the wider children's workforce through the new Integrated Qualifications Framework.

We would want to highlight the importance of having training and education that is specific to the needs of children, young people and their families. In our view too few CAMHS professionals have a training that is "child specific" and delivers the distinctive competences required for work with children, young people and their families which can be very different from those of adult mental health services.

Examples of competences of this type would include:

- an ability to work with the network of statutory agencies that surround many children and young people, particularly those who are looked after;
- an understanding of the internal and external factors which underlie the development of personality throughout the lifecycle;
- the skills to identify and treat severe attachment difficulties that can impact on learning and behaviour;
- an ability to represent the child's experience in relation to their family/placement, special educational needs and therapeutic needs.

VULNERABLE CHILDREN

Children and young people with severe emotional and behavioural disturbances require a range of interventions over time. This input can be resource intensive but the implications of under-investment are costly long-term problems into adulthood and inter-generationally. **The early intervention of effective, locally-based services is likely to prevent the development or intensification of their difficulties.** Early intervention is also cost effective in reducing the long term demands on services. In order to achieve this, properly trained staff with the right skills and competencies need to be available locally to provide care when it is most needed. **Often children's problems have escalated to severe levels before effective therapeutic treatment is offered.** As well as worsening the impact on the child's mental health, delay in treatment will effect their developmental progress, learning and relationships.

In order to meet the needs of vulnerable children services need access to a set of distinctive skills and competences that can be delivered at a high level by a small number of specialist workers.

Examples of competences of this type would include:

- specialist treatment options;
- an ability to work with and treat the most complex cases and the network of agencies surrounding them;
- an ability to work with and treat the most disturbed and disturbing children and young people and contain the anxiety created within organisations and fellow workers by these patients;
- the depth of training and experience to manage organisational dynamics and processes;
- supervision and training of workers in specialist CAMHS, as well as in universal services.

Key message: Complex needs

There are a small number of resource-intensive children and young people with complex and severe needs who are very costly to organisations and who cause the most anxiety for professionals. Often several agencies are involved in their care at the same time.

- CAPts are trained to sustain long-term and/or intensive work with children with severe co-morbid conditions whose needs will be complex and require the input of a network of carers and agencies.

The role of the parent or carer is pivotal in the provision of services for children and young people. Children cannot access the help they need without the support of an effective adult and, too often, parents may have mental health difficulties themselves that have not been recognised or addressed. The parent's difficulties may not be severe enough to result in the intervention of adult mental health services but are nevertheless sufficient to impact on the child's emotional wellbeing and developmental progress. **Specialist, targeted and universal services need to have the skills and capacity to work with parental mental health problems alongside those of the children and young people in their care.**

BETTER OUTCOMES

Children and young people who have complex and co-morbid difficulties, and who are the most costly in terms of their use of resources, can most benefit from the highly skilled intervention of specialist services. **NSCAP would argue that the integration of universal, targeted and specialist services is essential so that meeting the needs of this minority of children with complex difficulties takes places alongside improved provision for all.**

Within a context of integrated provision, investment in specialist services such as child and adolescent psychotherapy can provide positive long-term outcomes for children, young people and their families and, significantly, this can provide cost-savings and better use of resources for CAMHS, children's services and partner agencies.

The cost-effectiveness of improved services can potentially be demonstrated in relation to other therapeutic approaches in the short-term, and with less complex cases, but the evidence for Child and Adolescent Psychotherapy indicates that improvements are sustained or even enhanced at long-term follow-up^{1,2}.

Example: Learning and behavioural difficulties

Children's and adolescent's emotional, behavioural and learning difficulties can have a high impact on educational resources and lead to the use of exclusion, pupil referral units and EBD schools.

- CAPts can identify and treat severe attachment difficulties in pre-school children which can lead to impairments in personality development that

¹ KENNEDY, E (2004). *Child and Adolescent Psychotherapy: A Systematic Review of Psychoanalytic Approaches*. London: North Central London SHA.

² KENNEDY, E. & MIDGLEY, N. (Eds.) (2007). *Process & Outcome Research in Child, Adolescent and Parent-Infant Psychotherapy: A Thematic Review*. London: NHS London. pdf versions of both review are available at www.nscap.org.uk

impact on learning and behaviour. A psychotherapy intervention and associated liaison work with parents and teachers can often hold a child in school.

Example: Placement breakdown

The breakdown of foster care placements and adoptions result in the need for crisis intervention and significant staff time and resources as well as impacting on the child's well-being. Multiple breakdowns are likely to result in chronic mental health difficulties.

- CAPts are experienced in working with traumatised children and young people who are difficult to manage as a result of disrupted and often abusive early experience. CAPts also offer support to foster carers and adoptive parents who are finding that behavioural strategies are not enough.

Example: Youth justice services

The escalation of mental ill-health can result in behaviour that leads to crime and violence and the intervention of services including youth offending teams, young offender institutions, secure children's homes etc. The difficulty of working with violent and troubled young people is felt across a wide range of services.

- CAPts work in forensic settings, offering individual psychotherapy and group therapy. They also make an important contribution in supporting other workers formally and informally. CAPts can offer consultation and training in understanding and managing hostile and violent children and young people.

EQUITY OF ACCESS

The recent *Report on the Implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services* highlights short and medium priorities to achieve the 10 year objectives of *Promoting the Mental Health and Psychological Well-being of Children and Young People*. In order to achieve the objectives commissioners and providers of services need to recruit sufficient staff and develop the skill mix, capability and competencies to deliver all the assessment and treatment components of comprehensive CAMHS.

A large proportion of districts within the north of England (33 out of 50 PCTs) are not providing child and adolescent psychotherapy and significant numbers of

children and young people do not have access, or have only limited access, to this service.

Key Message

- A high proportion of children and young people in need of child and adolescent psychotherapy do not currently have access to it.
- Additionally, many teams and organisations working with children and young people for whom emotional health is an area of concern do not have access to the support and training that highly skilled CAPts are able to provide.

Previously the shortage of child and adolescent psychotherapy in northern England was due to the lack of a local training infrastructure. From 2003 onwards the NHS has commissioned NSCAP to contribute to the development of the children's workforce through the provision of training in child and adolescent psychotherapy and courses that enhance the skills of professionals working with children, young people and their families across the North-West, North-East and Yorkshire and the Humber.
