

INVEST TO SAVE

The Cost-Effectiveness of Developing Child and Adolescent Psychotherapy Services

Investment in 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.

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INTRODUCTION

Investment in 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.

A high proportion of children and young people in need of child and adolescent psychotherapy (CAPT) do not currently have access to it^{1,2}. At the same time service providers are not benefiting from the distinctive contribution that Child and Adolescent Psychotherapists bring to children’s services in support of professionals and teams working with children and young people whose needs may be complex and severe. It is therefore crucial that services make best use of limited resources when reviewing their workforce and consider whether their current mix of skills and competences enables them to deliver comprehensive CAMHS.

This document demonstrates why child and adolescent psychotherapy should be central to the development of cost-effective services focused on the needs of children, young people and their families.

Key Messages

- ✓ The costs of not providing a comprehensive child and adolescent psychotherapeutic service are high.
- ✓ CAPt can provide long-term benefits for children and their families and improved outcomes in education, social care and youth justice services.
- ✓ There is evidence for the effectiveness of child and adolescent psychotherapy.
- ✓ CAPts have the training and skills to deliver effective, person-centred services that meet the needs of children, young people and their families.
- ✓ The role of CAPts is far wider than individual psychotherapy and includes multi-disciplinary assessment, brief work, parent-infant psychotherapy, supervision and consultation within universal services such as schools.

¹ For example only 15 out of 50 PCTs in northern England currently commission CAPt .

² The issue of access to CAPt has been highlighted as a concern by the NHS Workforce Review Team in their Workforce Risk Assessment 2008/09.

THE CONTRIBUTION OF CHILD AND ADOLESCENT PSYCHOTHERAPY

Child and Adolescent Psychotherapists make an effective contribution to universal and targeted children's services by providing a specialist function within a multi-disciplinary team.

Psychoanalytic child and adolescent psychotherapy, whether with individuals, families or groups, is based on the detailed observation and understanding of conscious and unconscious communication.

Child and Adolescent Psychotherapists must have substantial experience of working with children, adolescents or families prior to their training and many are already experienced and senior practitioners in professions such as nursing, social work, teaching, psychiatry and psychology. The pre-clinical training includes two years of close observation of infants and young children and the rigorous doctoral-level clinical training is unique in that it is based on a 4-year full-time training post in one CAMHS team. This enables the trainees to develop skills in a multi-disciplinary setting from the outset.

As a result of the breadth and depth of their intensive training Child and Adolescent Psychotherapists have high-level competencies in the assessment and treatment of children and their families and are uniquely able to sustain long-term individual psychotherapy when difficulties are severe, complex or chronic. Children and young people with severe emotional and behavioural disturbances can use a lot of resources within the NHS and wider children's services and the early intervention of a locally-based child and adolescent psychotherapy service is likely to prevent the development or intensification of their difficulties and hence the costs to services.

The type of children and young people with complex and co-morbid difficulties who have been identified in numerous studies³ as being the most costly in terms of their use of resources are precisely the type of patient who can most benefit from the highly skilled intervention of Child and Adolescent Psychotherapists⁴. 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 CAPt indicates that improvements are sustained or even enhanced at long-term follow-up (Kennedy, 2004).

Child and Adolescent Psychotherapists also benefit services through the added-value of the contribution they make to the team and to partner agencies as demonstrated in the section below on New Ways of Working. Their training gives CAPts the ability to provide expertise in specialist areas of work and to extend their practice into new service areas where this is required to meet the needs of children and young people. Examples of this type of work include:

³See for example: Scott et al. (2001); Muntz et al. (2004); Morris et al (2001)

⁴ Research such as the outcome study by Trowell et al (2007) on childhood depression examined psychotherapy with the most intractable depressed children in a clinical sample rather than using recruited populations. Similarly the sample in the multi-centre randomised trial of psychotherapy for sexually abused girls (Trowell et al., 2002) had suffered serious abuse resulting in complex, co-morbid presentations including PTSD, depression and anxiety.

Examples of Specialist Work

- ✓ Brief work with adolescents
- ✓ Brief work with families with very young children
- ✓ Consultation to parents
- ✓ Group work
- ✓ Autistic spectrum disorders
- ✓ Children with physical disabilities
- ✓ Work with children in the care system
- ✓ Foster care support and training
- ✓ Post-adoption support
- ✓ Family Court assessments
- ✓ Forensic services
- ✓ Learning disabilities
- ✓ Eating disorders
- ✓ School based therapeutic services
- ✓ Therapy and consultation in hospitals including neo-natal units
- ✓ Consultation to institutions
- ✓ Practice based research

SERVICE AREAS WHERE COST-SAVINGS MAY BE ACHIEVED

The costs of not providing a comprehensive child and adolescent psychotherapeutic service are high in terms of emotional needs left unrecognised and untreated and the actual financial cost incurred when children and young people's needs escalate.

The role of the Child and Adolescent Psychotherapist encompasses not only individual psychotherapy with children, young people and parents but supervision, teaching and consultation in support of workers with less specialist trainings who will be in contact with highly disturbed and disturbing children and adolescents⁵. The combination of these two distinctive aspects of the role can lead to beneficial outcomes and cost-savings across agencies and services. The following areas are given as examples:

Costs to Children's Services

£ Out-of-area treatment and placements – including therapeutic treatments, secure children's home, specialist foster care, residential schools and other residential placements.

⁵ See for example the importance of supervision for staff working with sexually abused girls as demonstrated in Trowell et al., (2002).

- ✓ CAPts have the specialist skills and competencies needed to sustain treatment in the community for severely disturbed children and adolescents. They can also work with the complex network of agencies that are often involved in the care of these children.

£ **Placement breakdown** – the breakdown of foster care placements and adoptions which result in the need for crisis intervention and the resulting drain on staff time and resources as well as impacting 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.

£ **Complex cases** – 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.

£ **“Revolving door patients”** – the cumulative cost of treatment time for children and young people receiving serial short-term interventions and repeat presentations.

- ✓ Child and adolescent psychotherapy is often the chosen treatment for complex mental health problems where other interventions have been tried and not led to improvements. Offering this treatment earlier is clearly cost-effective.

£ **Staff turnover** – 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 (DoH/DfES, 2006b; Jackson, 2002⁶). The retention rate for CAPts is among the highest of any profession.

⁶ This paper describes the provision of on-site work discussion groups for secondary school staff as part of a mental health in schools outreach project. It illustrates the ways these groups help staff enhance their observational skills and develop a deeper understanding of the factors that impact on learning, behaviour and teaching, and reduce staff stress.

Costs to NHS Services

£ **A&E presentations for self-harm and attempted suicide** – may lead to hospital admissions and is expensive for CAMHS in terms of the on-call rota and staff time in liaison with hospital services.

- ✓ Regular psychotherapy sessions provide depressed and self-harming children and adolescents with a containing structure for their week. As the therapeutic work progresses it provides a benign frame of reference within the mind and patients are less likely to lean heavily on other services⁷.

£ **In-patient services and beds** – either in hospital or specialist mental health/tier 4 in-patient treatment including inappropriate use of adult beds.

- ✓ CAPts can provide intensive treatment for severely disturbed children and adolescents and support other staff to work with complex and difficult cases in order to sustain care in community settings and reduce the need for admissions.

£ **Transition and adult services** – where problems are not resolved in childhood there will be a long-term impact on the resources of 16 – 18 and adult mental health services.

- ✓ Intervention in the first ten years can reduce the need for more costly adolescent and adult services. Studies show that the benefits of child psychotherapy can be maintained into adulthood (Kennedy, 2004).

£ **Medicines budget** – cost is one of several reasons to provide psychotherapy in preference to pharmaceuticals. This is also an issue for patient-choice as the preference of children and young people for “talking therapies” is well-documented.

- ✓ NICE guidance recommends brief psychoanalytic psychotherapy for children and young people with moderate to severe depression which has been unresponsive to other treatments (NICE, 2005).

Costs to Partner Agencies

£ **Forensic 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

⁷ For example a recent audit (Robertson, 2007) of children being seen as intensive training cases by trainee child and adolescent psychotherapists at the Tavistock Clinic showed a decrease in the level of perceived risk in 48% of cases during the period of treatment (44% = no change, 3% = increased risk).

workers formally and informally. CAPts can offer consultation and training in understanding and managing hostile and violent children and young people.

£ **Specialist packages of care** – family court proceedings sometimes result in a Care Plan which requires the provision of intensive psychotherapy which has to be bought in if not available locally.

- ✓ Psychotherapy services should be provided locally and include a range of treatment modalities including child and adolescent psychotherapy (DoH/DfES, 2006).

£ **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 impact on learning and behaviour. A psychotherapy intervention and associated liaison work with parents and teachers can often hold a child in school⁸.

EVIDENCE FOR THE EFFECTIVENESS OF CHILD AND ADOLESCENT PSYCHOTHERAPY⁹

The systematic review of the evidence base for psychoanalytic child and adolescent psychotherapy carried out in 2004 by Dr Eilis Kennedy¹⁰ identified 32 distinct research studies that were of a sufficiently high quality to be considered appropriate for drawing conclusions about the efficacy of this form of treatment (including six randomised controlled trials).

Kennedy (2004) noted that 'a vast majority of studies were undertaken in clinically referred samples rather than samples recruited for research', involving children with a range of diagnoses or problems and involving well-trained psychotherapists. This would indicate that the findings are likely to have relevance to the 'real world' setting.

This is significant because many studies used to support "evidence based interventions" are based on recruited samples with patients selected because they fit a particular diagnosis. Children with complex problems or co-morbid presentations are often excluded from studies but these are precisely the kind of children increasingly seen in CAMHS and referred to CAPts. .

The systematic review suggested that many of the children studied had high levels of clinical disturbance, and most of the studies made use of a broad range of

⁸ See for example the evaluation of psychotherapy in primary schools in the London Borough of Camden (Levitt et al 2007).

⁹ This section is based on the text of Midgley N (in press).

¹⁰ Dr Kennedy is a Consultant Child and Adolescent Psychiatrist and conducted the review independently on behalf of the North Central London SHA

outcome measures, including standardized psychiatric and psychological measures. Most studies were of children presenting with a range of difficulties, rather than one specific diagnostic group, although some studies also focused more specifically on particular diagnostic categories. Unusually, many of the studies (20) included a long-term follow-up, ranging from one and a half to 40 years.

Some of the key findings are outlined in the table below:

Summary of Evidence of Effectiveness

- ✓ Overall, beneficial effects were shown on a broad range of outcome measures, for children with a wide range of psychological disorders.
- ✓ Several studies indicated that improvements were sustained or even enhanced at long-term follow up, suggesting the possibility of a 'sleeper effect' in psychoanalytic treatments. (Trowell et al., 2002, 2007; Muratori et al., 2002, 2003)
- ✓ Follow-up into adulthood indicated the important long-term impact of psychoanalytic treatment in childhood, both in terms of objective measures and the former client's own perspective (Schachter 2004; Schachter and Target, in press; Midgley & Target, 2005; Midgley et al., 2006)
- ✓ Some studies suggest that younger children are more likely to improve with treatment (Fonagy and Target 1994; Target and Fonagy 1994a, 1994b), and that work with parents or families alongside the individual treatment was an important component of the treatment (Szapocznik 1989).
- ✓ Evidence was also found to support the effectiveness of treatment with adolescents and young adults (Baruch 1995; Baruch et al., 1998; Sinha and Kapur 1999; Gerber, 2004)
- ✓ Children with less severe levels of disturbance appear to respond equally well to less intensive (e.g. weekly) or short-term treatment as to more intensive (e.g. 3 times weekly) or longer-term treatment. (Muratori et al., 2002, 2003; Smyrniotis and Kirkby, 1993; Fonagy and Target 1994)
- ✓ Children with more severe levels of disturbance, if they are to show improvement, appear to respond to more intensive treatment. Such improvement is especially noted at the point of long-term follow-up. (Lush et al., 1998; Schachter and Target, in press; Heinicke and Ramsay-Klee, 1986)
- ✓ Broadly speaking, children with emotional/internalising disorders appeared to respond to psychoanalytic psychotherapy better than children with disruptive/externalizing disorders. (Baruch et al., 1998; Fonagy and Target 1996; Muratori et al., 2002, 2003)
- ✓ Specific studies identified evidence for effectiveness with specific groups

of children, including those suffering from:
depression (Target and Fonagy 1994b; Trowell et al., 2007; Horn et al., 2005)
anxiety disorders (Target and Fonagy, 1994a; Kronmuller et al., 2005)
behaviour disorders (Kronmuller, 2006)
personality disorder (Gerber, 2004)
specific learning difficulties (Heinicke and Ramsey-Klee, 1986)
pervasive developmental disorders (Alonim, 2003; Reid et al., 2001)
eating disorders (Robin et al., 1999, Vilvisk and Vagnum, 1990)
severely deprived children and children in foster care (Lush et al., 1998)
sexually abused girls (Trowell et al., 2002)
children with poorly controlled diabetes (Moran et al., 1991).

- ✓ Some studies identified possible adverse effects of treatment, e.g. if inadequate treatment is provided for severe levels of disturbance (Target and Fonagy 2002) or, in one study, if individual therapy is offered without concurrent parent or family work (Szapokznik et al., 1989)

There is evidence for the effectiveness of child and adolescent psychotherapy.

Child and Adolescent Psychotherapists are actively engaged in research and the development of evidence based practice¹¹. It should be recognised though that there are significant limitations to the research used to evaluate all forms of psychotherapy and questions still remain about how well such findings can be translated to the actual clinical setting¹². The above summary indicates that there is a small, but growing, body of evidence that suggests that a preliminary assertion can be made that child and adolescent psychotherapy is effective and that beneficial outcomes for a range of children and young people have been independently verified.

NEW WAYS OF WORKING

New Ways of Working is an important development for Child and Adolescent Mental Health Services and is central to the development of cost-effective services focused on the needs of children, young people and their families.

The New Ways of Working programme¹³ within CAMHS is one strand of work aimed at enhancing the delivery of services alongside other important initiatives such as Every Child Matters and the Children's National Service Framework (NSF). Child and Adolescent Psychotherapists are a key contributor to this development at both

¹¹ See Kennedy & Midgley's (2007) review of process and outcome research in child, adolescent and parent-infant psychotherapy which demonstrates the range and scope of active research by child psychotherapists into illuminating how and why therapeutic interventions lead to change.

¹² The findings of efficacy studies carried out in artificial research settings are often very different from "naturalistic" studies carried out in real services therefore making the results of some studies that claim to demonstrate effectiveness of limited relevance to decisions about clinical services.

¹³ See www.newwaysofworking.org.uk for further information.

local and national level and to the provision of value-for-money services that meet the needs of service users and their carers.

Where commissioners, managers and clinicians have not had the experience of working alongside a Child and Adolescent Psychotherapist there can be an outmoded view of their role as only relating to long-term work with a small number of cases, possibly in isolation from the multi-disciplinary team. The good practice examples provided in a recently published document (ACP, 2007) show that Child and Adolescent Psychotherapists are in fact at the forefront of the extended practice and new roles that are essential to the cultural shift required to secure effective, person-centred services that meet the needs of children, young people and their families.

The examples in the document “New Ways of Working: The Contribution of Child and Adolescent Psychotherapy to New Ways of Working for Child and Adolescent Mental Health Services” (ACP, 2007) demonstrate how commissioners and service providers can use Child and Adolescent Psychotherapists in ways that make best use of their distinctive contribution; within multi-disciplinary specialist CAMHS and working into universal services and community provision.

The range of issues covered includes:

Good Practice Examples

- ✓ **Extending the role of experienced and specialist staff to meet the needs of children, young people and their families**
Examples include: Tavistock Outreach to Primary Schools in Camden; paediatric liaison in radiotherapy and adolescent haematology; the Renal Project at Great Ormond Street Hospital.
- ✓ **Working in a multi-disciplinary and multi-agency way that focuses on the needs of the child**
Examples include: multi-agency training in the Solihull Approach¹⁴; services for looked-after children in Manchester and Salford; input to the Youth Inclusion and Support Panel and Youth Offending Teams in Birmingham. The Monroe Young Family Centre for at-risk or abused children.
- ✓ **Early intervention to transform infant mental health**
Examples include: Cheltenham “Secure Start” in Children’s Centres; the Parent-Infant Project at the Anna Freud Centre; consultation and training project with Nurseries
- ✓ **The development of services in different settings to provide care where it is needed**
Examples include: CAPts working in primary care, schools, Children’s Centres, day units, community and voluntary sector settings.

¹⁴ The Solihull Approach was originally developed by Child and Adolescent Psychotherapists and demonstrates their ability to work across psychological modalities where this meets the needs of patients.

✓ **Improving Access to Psychological Therapies including access for black and minority ethnic children**

Examples include: an audit of patients in one inner-city CAMHS demonstrating the broad range of work by CAPts with children from minority ethnic backgrounds; the development of multi-disciplinary training in psychological therapies to meet the need for therapeutic provision.

✓ **Developing the Children's Workforce**

Examples include: a training skills escalator for support workers who may not have the formal educational attainments needed to access other trainings; new roles such as assistant and practitioner grades.

Child and Adolescent Psychotherapists are one of the professions who are taking a lead in this area of work because they have the training and skills to extend their roles and scope of practice beyond the core work within multi-disciplinary CAMHS. The core therapeutic work with children and young people with complex emotional and mental health difficulties will remain: in fact it needs to grow and develop and take advantage of the latest research. At the same time commissioners and providers are increasingly recognising the distinctive contribution that child and adolescent psychotherapy makes to wider children's services and its role in developing new ways of working that meet the needs of children, young people and their families.

The following is an example of the work being done by just one CAPt:

The Extended Role of One CPT

- ✓ **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.

COSTS

Child and Adolescent Psychotherapists are paid on the same scale as other highly skilled and experienced professional non-medical staff in the NHS. This document shows they provide value for money.

Trainee Child and Adolescent Psychotherapists are employed on NHS Agenda for Change Band 6 therefore the starting point for newly qualified CAPts will be either Band 7 or Band 8a if, for example, they are employed in a specialist service, are required to provide supervision of trainees, or in circumstances where recruitment would be difficult at the lower Band. CAPts will be paid at Bands 8b and above as they take on increased clinical responsibility, including more specialist work, and management, service development and training roles¹⁵.

CONCLUSION

The costs of not providing comprehensive services for children and young people are high and a large number of those in need do not currently have access to child and adolescent psychotherapy.

The examples and evidence in this document demonstrate how investment in child and adolescent psychotherapy can provide two crucial outcomes:

- ✓ Positive long-term benefits for children, young people and their families;
- ✓ Value for money in health, social care and other children's services.

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¹⁵ Sample job descriptions can be provided on request

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