PROMOTING THE MENTAL HEALTH AND PSYCHOLOGICAL WELL-BEING OF CHILDREN AND YOUNG PEOPLE:

COMMISSIONING CHILD AND ADOLESCENT PSYCHOTHERAPY

35 OUT OF 50 PCTs IN THE NORTH OF ENGLAND DO NOT COMMISSION CHILD AND ADOLESCENT PSYCHOTHERAPY

61% OF CHILDREN AND YOUNG PEOPLE DO NOT HAVE ACCESS TO THIS SERVICE
WTE Qualified CAPTs
per 50,000 0 - 19 year olds
- 0.0
- 0.0 - 0.5
- 0.5 - 1.0
- 1.0 - 1.5
- 1.5 +

Red means no child and adolescent psychotherapy service is commissioned.

Locations
- Qualified CAPTs
- Trainee CAPTs

GAPS AND SHORTAGES

The map shows that a large proportion of districts within the north of England are not providing child and adolescent psychotherapy and that significant numbers of children and young people do not have access, or have only limited access, to this service. Historically the shortage of child and adolescent psychotherapy in northern England was due to the lack of a local training infrastructure but from 2003 onwards the NHS has commissioned NSCAP to provide training to meet the demand from services for child psychotherapy. There are now 23 Child and Adolescent Psychotherapists in training in northern England and hence a workforce supply and an opportunity for local commissioners of children’s services to include child psychotherapy in medium term workforce and service development plans.
ARE YOU COMMISSIONING COMPREHENSIVE CAMHS?

The 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.

Child and adolescent psychotherapy is an important component within the target areas and can make a significant contribution to local service delivery. The short- and medium-term priorities have therefore been used as a framework for this guide which also relates to the wider Every Child Matters agenda and the Children’s Workforce Strategy. The aim is to help commissioners incorporate child and adolescent psychotherapy into medium-term strategies for Children’s Services.

DISTINCTIVE CONTRIBUTION

Child and adolescent psychotherapy makes a distinctive contribution to children’s services. It is a psychoanalytic mode of treatment, based on detailed observation and understanding of conscious and unconscious communication.

Child and adolescent psychotherapy is a graduate entry profession and applicants must already have substantial experience of working with children, adolescents or families. The pre-clinical training includes two years of close observation of infants and young children and the rigorous doctoral-level clinical training includes personal psychoanalysis and a four-year full-time placement in a CAMH service.

RESOURCE-INTENSIVE PATIENTS

Child and adolescent psychotherapy is often the chosen treatment for children and young people with the most complex and severe mental health problems where other interventions have been tried and not led to improvements. These patients can use a lot of resources within children’s services. The NHS and partner agencies need to have staff with high level competencies to provide a sustainable local service and to support workers with less specialist trainings who will be in contact with highly disturbed and disturbing children and young people.

HIGH LEVEL COMPETENCIES

Child and Adolescent Psychotherapists have high level competencies in the assessment of children and their families and are uniquely able to sustain long-term individual psychotherapy with children and young people when difficulties are severe, complex or chronic. Child and Adolescent Psychotherapists offer supervision, teaching and consultation across all agencies and professions. They are able to provide expertise in specialist areas including:

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

EFFECTIVE OUTCOMES

There is evidence to support the effectiveness of psychoanalytic psychotherapy for children and young people with a range of psychological disorders. Beneficial effects are shown with treatment on a variety of outcome measures and many studies show that improvements are sustained or even enhanced at long-term follow-up.”
WHAT IS MISSING?

The following questions relate to the Standard 9 priorities and are designed to help you identify the functions that are missing locally and the impact of these gaps on service delivery and patient outcomes. It is hoped they will assist the commissioning of child and adolescent psychotherapy as a core component of comprehensive child and adolescent mental health services.

**CAMHS DEVELOPMENT IN THE SHORT TERM (PSA TARGET)**

**24 hour and emergency cover, and next day specialist assessment**

Do you have senior clinicians with the depth of training and skills to manage the anxiety generated by complex and high risk cases presenting to emergency cover teams?

Do you have clinicians who are able to understand and address the complex emotional consequences for parents of children and young people in crisis?

**Services and transitional arrangements for young people**

Do you have clinicians with the skills to differentiate between serious psychiatric disorder and developmental breakdown characteristic of adolescence which need not result in inpatient treatment?

**CAMHS for children and young people with a learning disability**

Do you have clinicians who can treat the mental health problems of children and young people with learning disabilities, as well as addressing management and behavioural issues?

**CAMHS DEVELOPMENT IN THE MEDIUM-TERM**

**Early Intervention**

Do you have clinicians trained and skilled in the identification and treatment of severe attachment difficulties in pre-school children which can lead to impairments in personality development that impact on learning and behaviour?

**Primary Care**

Do you have clinicians offering a therapeutic service in the school setting?

**Partnership Working**

Do you have clinicians who can represent the child’s experience in relation to his/her family placement, special educational needs and therapeutic needs?

**Specialist CAMHS**

What are the range of treatment options/modalities currently available to patients?

Do your treatment options include ones that address underlying conditions as well as behaviour management?

Are you aware of costs arising elsewhere in children’s services where children and young people have not been able to access specialist mental health services?

Do you have clinicians able to offer brief psychotherapy (30 weeks) for children and young people with moderate to severe depression, which has been unresponsive to other treatments, as recommended by NICE Guidelines?

**Services for children with complex, severe and persistent conditions**

Do you have access locally to intensive psychotherapy as a key component of highly specialist packages of care or does this have to be purchased from out-of-district providers?

Do you have the local capacity to work with the small number of most resource-intensive patients who are very costly to organisations and who cause the most anxiety for professionals?

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Bed Provision
Do you need to reduce the demand for inpatient facilities? Do you have clinicians with the highly specialist skills and competencies needed to sustain treatment in the community for severely disturbed adolescents?

Services for Children in Care
Do you have clinicians able to offer long-term therapy, including intensive therapy, to children in the care system and supervision and consultation to their carers and professionals?

What do you do when proceedings result in a Care Plan in which individual psychotherapy is a requirement?

CAMHS and Youth Justice
Do you have clinicians able to provide treatment for young people whose difficulties result in contact with the youth justice system?

Workforce Development
Do you have sufficient staff with the appropriate skill mix and competencies to deliver all the assessment and treatment components of comprehensive CAMHS?

Do you have clinicians with high level competencies in training and supervision who can support the emotional well-being of staff in all agencies working with children and young people with mental health problems, some of which may be severe?

User Involvement and Choice
To what extent does the pattern of services reflect the well documented preference of users for talking therapies?

Evidence-Based Practice
Are current interventions providing satisfactory long-term outcomes? Especially in complex and co-morbid presentations there is a limited evidence base. Do you have senior clinicians able to use clinical judgement to determine appropriate treatment options which take account of practice based outcomes?

Routine Outcome Monitoring
Do you have local data on the cumulative length of treatment time for patients receiving serial short-term interventions or repeat presentations?

SOME OF THE POLICY AND GUIDANCE NSCAP HAS TAKEN INTO ACCOUNT IN PREPARING THIS LEAFLET

• Every Child Matters
• Children’s Workforce Strategy
• National Service Framework for Children, Young People and Maternity Services (NSF)
• Standard 9 (of the NSF) which is called Promoting the Mental Health and Psychological Well-being of Children and Young People
• NICE Guidelines
• Promoting the Health of Looked After Children
• Safeguarding Children and Young People: Roles and Competences for Health Care Staff
• Transition: getting it right for young people
• Policy Review of Children and Young People
• Care Matters
• Youth Matters
Contact Details

Northern School of Child and Adolescent Psychotherapy
71-75 Clarendon Road
Leeds LS2 9PL
Tel: 0113 343 4868
Fax: 0113 343 3934
Email: nscap@leeds.ac.uk
Website: www.nscap.org.uk