

Still Waiting- Implementation

NICCY Progress Update Monitoring Report Feb 2022

1.0 Introduction

The Northern Ireland Commissioner for Children and Young People (NICCY) was established under the Commissioner for Children and Young People (NI) Order 2003 with a principal aim to safeguard and promote the rights and best interests of children and young people in Northern Ireland (NI). In exercising her functions, the Commissioner must have regard to all provisions of the United Nations Convention on the Rights of the Child (UNCRC).

In September 2018, NICCY published a Rights Based Review of Mental Health Services and Support for Children and Young People - *'Still Waiting'*,¹ this report was produced in accordance with the powers and functions set out in the NICCY Order. This includes duties to keep under review the adequacy and effectiveness of law, practice and services provided for children and young people by relevant authorities; to advise Government and relevant authorities; and to encourage children and young people and their parents / carers to communicate with the Commissioner.

2.0 Implementation of 'Still Waiting' Recommendations

The Report contained 50 recommendations across 8 thematic areas, as outlined below.

1. Working Effectively	5. Moving from Child to Adult Services
2. Accessing Help	6. Flexible Treatment Options
3. Support for Adults working with Children and Young People	7. Mental Health Awareness & Literacy
4. Specialist Support	8. Young People with Additional Needs

An Inter-Departmental Group (IDG) Chaired by the Department of Health and involving representatives from the Departments of Education, Justice and Communities, along with members of the Voluntary and Community Sector was established to publish an action

¹ www.niccy.org/StillWaiting

plan and be responsible for the implementation of the recommendations.

2.1 Progress Reporting and Monitoring

The IDG published their third annual progress report which outline steps taken to implement each action from the Still Waiting Action plan (SWAP). Their most recent progress update report was published for the year 2020/21.

As a parallel process, NICCY continues to monitor the implementation of the ‘Still Waiting’ recommendations on an annual basis between 2020-2023.² This monitoring report is the third in a series of four reports that will be published and sets out an assessment on progress in implementing the recommendations from Still Waiting.

In addition to this summary report, we have also published a detailed response on progress against each of the individual actions in the Still Waiting Action Plan (SWAP) and this document is available from the ‘Still Waiting’ webpage on the NICCY website www.niccy.org/StillWaiting

Alongside the monitoring reports described above, NICCY publishes annually updated mental health data which is a compilation of mental health service activity data from 2013/14. The current report contains data for the period 2013/14 -2020/2021.³ The data in these reports cover a range of areas that include waiting lists, anti-depressant prescribing rates, and presentations to Emergency Departments during mental health crisis and are used to indicate the performance of services and support and whether improvements are visible. Much of the data contained in the report is not in the public domain and came from data requests made by NICCY to the HSCB, BSO, BHSCT and RQIA.

3.0 Overarching Reflections

The following section of the report outlines some board reflections on progress and the structures in place to develop and implement mental health policy. The main purpose of the monitoring process is to assess progress in implementation of the Still Waiting recommendations, on that basis we are disappointed that more has not been achieved since last year. We recognise that we are living through unprecedented times, due to the pandemic, which is placing huge pressure on all our public services. However, **in terms of**

² ibid

³ Mental Health Data Report available from 09.02.22 at www.niccy.org/StillWaiting

public health, the most significant public health issue caused by the pandemic, aside from the physical health risk from the covid-19 virus, has been on population emotional wellbeing and mental health, and the evidence is now clear that children and young people have been disproportionately impacted. In August 2021, NICCY published a comprehensive report on the wide-ranging impact of covid on children and young people.⁴ Within this report recognition was given to the efforts made by those working in the system to maintain existing mental health services and where possible expand support.

The limited statistics that are available on service activity paint a concerning picture, in that:

CAMHS (Step 3 Core) Waiting Time figures for March 2021 showed a significant fall from the same time point in 2020, whilst in normal times this may indicate positive progress, in the context of the pandemic, there is a concern that this decrease is likely to be due to children with mental health needs not coming forward for support or having problems accessing support. More up to date monthly waiting time figures are showing an upward trajectory in waiting times- at November 2021, 451 children were waiting over 9 weeks for a Step 3 referral,⁵ this is a substantial increase from March when the total number waiting over 9 weeks was 167.⁶ **During pre-pandemic times it was clear that the mental health system was unable to meet the scale and range of needs, and the increasing mental health need since the pandemic makes investment and reform in mental health services for children an even more urgent priority.**

CAMHS statistics are showing an increase in referrals to CAMHS from Emergency Departments (ED) for young people presenting during a mental health crisis. Between 2019/20 and 2020/21 referrals from ED have increased by 24% (from 765 to 949),⁷ whilst referrals from other main referral agents such as GP and general hospital has decreased. **Pressure on universal services such as General Practitioners (GPs) and ED is a longstanding issue, and the pandemic has further highlighted the reliance placed on**

⁴ ['A New and Better Normal: Children and Young People's Experiences of the COVID-19 Pandemic' \(niccy.org\)](https://www.niccy.org)

⁵ CAMHS Data Report provided to NICCY

⁶ HSCB Monthly Minutes- Performance reports- <http://www.hscboard.hscni.net/meeting/hscb-board-meetings-2021-2022/>

⁷ Ibid

these services as the first point of contact for most healthcare needs, this includes mental ill health. In its Still Waiting Report, NICCY raised significant concerns about the suitability of GPs and ED departments, in their current form, to respond to children with mental health problem. And the report set out a range of recommendations to address this, which included increasing mental health training for a wide range of professionals, to include GPs but not limited to them, and improving working arrangements between universal services and specialist mental health services. Fledgling evidence of improvement is evident from the Still Waiting Action Plan; however, the speed of progress needs to increase. The unsustainable pressure placed on GPs and EDs during the pandemic has also vindicated NICCY's long standing view that alternative pathways to support for children with mental health need must be found, to include those in mental health crisis. We are aware that work on a regional crisis service is being progressed as part of the Mental Health Strategy and we will be closely monitoring these developments for how it delivers for children.

The Managed Care Network (MCN) has always been articulated as a critical action needed to deliver on a range of objectives from the SWAP, namely greater joined up working and simplifying care pathways. The MCN is still not fully operationalised although we welcome the fact that key staff have now been recruited. **We reiterate the need for the Managed Care Network to become operational as a matter of urgency, along with a monitoring / evaluation process to track progress and capture learning.**

In the 2021 IDG progress report the intention was to prioritise actions under the theme 'children with additional needs' which includes children with a learning disability and children with co-occurring mental health and alcohol and drug problems. These children and families experience the greatest barriers to access to emotional wellbeing and mental health support. **Whilst we welcome the planning work in the form of strategies and frameworks to improve pathways and support, there is no clear evidence that support and outcomes for children have improved.**

Still Waiting referred to the need to clarify and where necessary strengthen the role of the regulatory body, RQIA when under 18's present to Emergency Departments or are admitted to adult or general paediatric wards for mental health care or treatment. It also recommended expanding ETI's inspection role of schools to include an assessment of pupil wellbeing. **It would appear from the IDG progress update that no tangible actions have been taken on either regulator's role in these circumstances and we**

would urge the IDG to address this.

In 2020, 17,981 anti-depressant prescriptions were dispensed to 2950 under 18's in Northern Ireland, this included 822 prescriptions to 140 children under the age of 12. Prescribing data between 2018-2020 shows a levelling off or slight fall in the number of children in receipt of anti-depressant medication, however, **the number of anti-depressants prescriptions being administered every year in Northern Ireland has increased which includes the administration of drugs not recommended by NICE.**⁸ There is also no evidence of an increase in access to psychological therapies for children since Still Waiting was published.⁹ There is a statutory 13 week waiting time target for access to psychological therapies for adults and children, however no statistics are available for under 18's. **It is vital that a robust regional wide system is in place to regularly monitor prescribing practices, as well as improving and monitoring the availability of psychological therapies which may bring anti-depressant prescribing rates down. It is impossible to meet NICE Guidelines without adequate access to alternatives to medication, which is not currently the case in Northern Ireland.**

3.1 Revision of the Still Waiting Action Plan

We welcome the time spent by the IDG to refine the actions within the SWAP, including identifying leads and to link with other relevant strategic work such as the **Mental Health Strategy, the Substance Misuse Strategy, and the Emotional Health and Wellbeing in Education Framework.** We also welcome that the revised action plan outlines all specific recommendations from Still Waiting which relate to children with a learning disability (recs 37-40) and those with alcohol and drug problems (recs 41-44).

Unfortunately, the human, technical and financial resource needed to implement the action plan in full remain unclear. We welcome plans to increase CAMHS funding on a cumulative basis over the coming years from £2.5 million in 2022-23, £4 million in 2023-24 to £7 million in 2024-25.¹⁰ This is in line with the commitment made in the Mental Health Strategy 2021-2031 to increase CAMHS funding to 10% of adult funding, however this funding and any future funding is subject to Executive Approval. Furthermore, the 10% benchmark is not based on a detailed exercise which maps out current services against need. **It remains our view**

⁸ Overview | Depression in children and young people: identification and management | Guidance | NICE, 2019.

⁹ Data provided by BSO-22.11.21.

¹⁰ Information provided by DoH- 03.02.22.

that a detailed fund mapping exercise is required to fully understand the gap between current investment and what is needed to ensure CYP have access to a comprehensive range of mental health services and we have shared a methodology for doing this. This process would inform the establishment of a long term and sustainable ‘funding and practice partnership model’, which takes account of the investment required across all key services and sectors included in the Stepped Care Model for CAMHS and which includes the Voluntary and Community / Youth Sector.

The ability of the Executive to work on a multi-year budget cycle following the Chancellor’s Annual Spending Review is positive, as it will provide more scope for departments to plan more effectively. **With respect to children’s mental health, we hope that it will remove barriers to longer term planning and the delivery of reform of children’s mental health services. We also hope that it will facilitate departments to work to shared PfG outcomes rather than departmental priorities, enable greater pooling of resources, and commissioning of services to the VCS.** The recent joint re-current funding of the Emotional Health and Wellbeing in Education Framework by DE and DoH is a good example of cross-departmental, outcome focused programme delivery.¹¹

NICCY has welcomed the overarching aim of the Emotional Health and Wellbeing in Education Framework, which includes earlier intervention, and improved co-ordination and care planning for children and young people. **We are, however, concerned about delays in establishing the primary school counselling service (Healthy, Happy Minds), and the range of operational issues that need to be addressed to ensure all primary school children can avail of the support it offers.** We also note that the **Emotional Wellbeing Teams in post primary pilot** which includes a CAMHS Link Worker is expected to be operational from September 2022.

There is also a fundamental need to address mental health workforce issues. **The Mental Health Workforce review which is due to be completed by August 2022 is inextricably linked to the effort needed to fully realise a comprehensive mental health care system for children and young people.** We look forward to seeing the actions needed to recruit, retain and train the staff required across the stepped care model for CAMHS. **We are concerned about the lead in time for this work and would emphasise the need to ensure that known gaps in key workforce are filled as a priority without waiting for a workforce review and action plan to be completed.**

¹¹ [Emotional Health and Wellbeing | Department of Education \(education-ni.gov.uk\)](https://www.education-ni.gov.uk/emotional-health-and-wellbeing)

3.2 CAMHS Data

The Office for Statistics Regulation carried out a review of mental health statistics in NI in 2021 in which it recommended improvements in the accessibility and quality of mental health data. It also highlighted that such data should be recognised as a public asset and used in that way.¹² These report findings echo the outstanding recommendation in Still Waiting for the DoH to publish statistics in line with other health statistical reporting. In terms of progress on this action, **we welcome the work to integrate the CAMHS dataset into the new information management system- Encompass, and the commitment made by the DoH to scope out options for sharing information captured by the CAMHS dataset in the public domain.**

3.3 Identify Key Performance Indicators

It is clear from reviewing the Still Waiting Action Plan that it would be strengthened further by having SMART key performance indicators against actions. These must include measures which can show improvements in health outcomes for children, and greater levels of satisfaction with services and support. **NICCY recommends that the IDG develop a set of indicators by which it can measure the outcomes of the work to implement the ‘Still Waiting’ recommendations and where possible these should align with outcome indicators being adopted for other relevant strategic work.**

3.4 Engagement with Children and Young People

The DoH and IDG recognise the need to improve engagement with children and young people on all levels which includes the actions being taken to create services that meet need and expectations. We welcome that some children and young people including NICCY Youth Panel members were consulted on the draft revised SWAP. However, more can be done to strengthen engagement with young people, and the newly formed youth assembly offers a new channel to do this. At a basic level, **child and young person accessible information is needed to engage young people in a meaningful way on mental health policy and service planning, and a mechanism developed to build capacity and facilitate engagement on an ongoing basis.**

3.5 Departmental Structure & Policy

It is vital that sufficient focus is given to children in all decision-making processes about mental health and wellbeing support and services. The establishment of a Director of

¹² [Review of mental health statistics in Northern Ireland – Office for Statistics Regulation \(statisticsauthority.gov.uk\)](https://statisticsauthority.gov.uk)

Mental Health and a Child and Adolescent Mental Unit at the DoH, and the expansion of the HSCB mental health commissioning lead role to encompass emotional health are very **welcome structural changes, that should increase the visibility of children's emotional and wellbeing, that will be reflected in policy making and service planning.**

The Mental Health Strategy 2021-2031 is the roadmap for improving mental health of the whole population and therefore we welcome the linkages made between it and the Still Waiting Action Plan. We also reiterate the need to ensure that connections are made to the broader high level strategic work relevant to children and young people, this includes the Children and Young People Strategy 2020-2030 which is the delivery plan for the Programme for Government, as well as the Children's Service Cooperation Act (NI) 2015. **The implementation of these strategic pieces of work are coinciding which provides an opportunity to join-up policy and planning, making it more likely that a whole system approach is taken to children and young people's needs and ensures that services are better integrated and co-ordinated in how they work. This includes the sharing and cross-referencing of outcomes and key performance indicators, essential for maximising the impact of limited resources.**

4.0 Conclusion

NICCY committed to publishing four monitoring reports between 2018 and 2023, and as we approach the final monitoring report in 2023, we wish to acknowledge the commitment and seriousness with which the IDG continues to show in implementing the Still Waiting Action Plan, however, we must record our disappointment at the limited progress on actions in the Action Plan which would make a tangible difference to children and young people's emotional wellbeing and mental health. Some of the key service activity data collated as part our monitoring work which includes waiting lists, presentations to EDs during mental health crisis, and anti-depressant prescribing practices are not indicating a positive and sustained shift in trajectory. Furthermore, a lack of any clear progress in the establishment of a regional ID-CAMHS services or services for under 18's with more serious alcohol and mental health co-morbidities is of great concern. Of course, the pandemic has been a factor in the lack of noticeable change, however a government led response to mental health need is more important than ever. In the coming year **we must see plans and reviews translated into supports and services that are having a positive and visible impact on children's lives.**