Still Waiting- Implementation

Education/Health Committee - Oral Evidence

9th February 2022

Introduction

I would like to thank both committees for taking time to hear from us today which is Children’s Mental Health Week.

Implementation of ‘Still Waiting’ Recommendations

In September 2018, NICCY published a Rights Based Review of Mental Health Services and Support for Children and Young People - ***‘Still Waiting.’*** The Report contained 50 recommendations across 8 thematic areas including the need for the system to work together more effectively, greater support for adults working with CYP, easier access to services and improved types of support available.

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 tasked with overseeing the implementation of the recommendations.

The IDG has recently published their third annual progress report for the year 2020/21. In turn my office monitors the implementation of the ‘Still Waiting’ recommendations on an annual basis and will continue to do so until I leave office next year. This week we have published the third assessment on progress in the form of a detailed response and a summary report, which has been sent to the committees in advance of today’s meeting. Alongside these we have also published updated mental health data for the period 2013/14 -2020/2021, covering a range of areas.

Overarching Reflections

It is important that we reflect on what we are talking about - what is actually going on for our children. A key recommendation of Still Waiting was a prevalence survey on children and young people’s mental health and the first of these was published a year ago. It has been incredibly informative on the state of children’s mental health pre-pandemic. It found that:

* One in eight children and young people in Northern Ireland experienced emotional difficulties.
* Almost one in ten (9.4%) 11-19 year olds reported self-injurious behaviour with close to one in eight (12.1%) reporting thinking about or attempting suicide.
* Children whose parents had current mental health problems were twice as likely to have an anxiety or depressive disorder themselves.
* When the 20% most deprived areas were compared to the 20% least deprived areas, there were higher overall rates of emotional and behavioural problems (16.5% vs 7.8%), emotional symptoms (18.1% vs 10.6%), conduct problems (13.3% vs 6.0%), hyperactivity (19.6% vs 9.9%) and peer problems (5.1% vs 3.7%).
* Young people in NI are 25% more likely to experience common mental health problems like depression and anxiety compared to young people in England, Scotland or Wales.

We are living through unprecedented times and the pandemic has placed huge pressure on all our public services. It is **clear that children and young people’s mental health has been impacted.** In August 2021, NICCY published a New and Better Normal, a comprehensive report on the impact of covid on children and young people. Through YLT and KLT we asked young poeple how the lockdown affected their mental health and we found that 41% of P7s and 52% of 16 year olds said it had deteriorated. This has to be viewed within the context of what I have just said about the high levels pre-pandemic.

The herculean efforts made by those working in the system to maintain services during the pandemic must be recognised. Services and systems showed how quickly they could change for example the introduction of electronic platforms for CAMHS appointments and communication and extended opening hours.

However, the statistics we have on service activity paint a concerning picture,:

CAMHS (Step 3 Core) Waiting Time figures for March 2021 show a significant fall from the same time in 2020. More up to date monthly waiting times show that at November 2021, 451 children were waiting over 9 weeks for a Step 3 referral, an increase of 284 in 7 months.

Statistics also show an increase of 24% in referrals to CAMHS from Emergency Departments 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 which the pandemic has exacerbated.** NICCY raised significant concerns about the ability of GPs and ED departments, to respond to children with mental health problem making a range of recommendations which included increasing training and improved 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, however, needs to increase.

We called for alternative pathways to support for children in mental health crisis. 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.

Whilst we welcome the intention outlined in last year’s IDG action plan that it will prioritise actions under the theme ‘children with additional needs’ including children with a learning disability and children with co-occurring mental health and alcohol and drug problems, there is no clear evidence that support and outcomes for children have improved.

In 2020, nearly 18,000 anti-depressant prescriptions were dispensed to 2950 children under 18, this included over 800 prescriptions to 140 children under the age of 12. The number of anti-depressants prescriptions being administered every year in Northern Ireland albeit to slightly fewer children has increased which includes drugs not recommended by NICE. There is also no evidence of an increase in access to psychological therapies for children since Still Waiting was published. **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.**

Revision of the Still Waiting Action Plan

We welcome the time spent by the IDG to link SWAP with other relevant strategic work such as the Substance Misuse Strategy, and the Emotional Health and Wellbeing in Education Framework. We also welcome plans to place implementation of SW into the Mental Health Strategy

**Unfortunately, the human, technical and financial resource needed to implement the action plan in full remain unclear.**

There is 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 welcome plans to incrementally increase CAMHS funding from £2.5 million in 2022-23 to £7 million in 2024-25 in line with the commitment made in the Mental Health Strategy to bring CAMHS to 10% of adult funding.

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 work collaboratively, enable greater pooling of resources, and commissioning of services. 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.

NICCY welcomes 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 offersparticularly to children with special educational needs and those in the Irish medium sector.

Identify Key Performance Indicators

One of the challenges in the implementation of any government led action plan, SWAP included, is the absence of 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.

**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. However, more can be done to strengthen engagement with young people in a planned way and the newly formed youth assembly offers a new channel to do this.

**Conclusion**

There has been a marked improvement in our attitude as a society to children’s mental health and well-being and I do believe that there is a real impetus to improve the situation. Solutions have to be across all ages and involve all systems and stakeholders including the voluntary and community sectors.

As we approach the final monitoring report in 2023, we wish to acknowledge the commitment and seriousness with which government, particularly DoH, continues to show in implementing the Still Waiting Action Plan, however, I 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. 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.