

Mental Health Unit
DHSSPS
Room D1.4
Castle Buildings
Stormont Estate
Belfast
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26 March 2012.

Dear Sir / Madam

Consultation on a CAMHS Draft Service Model

NICCY is supportive of developments to ensure that policy guidance is in place for child and adolescent mental health services (CAMHS) across Northern Ireland. We welcome the opportunity to provide comment on the consultation and note that this response is not intended to be comprehensive but instead highlights a number of key issues in relation to the draft document.

The 2006 Bamford Review of Mental Health and Learning Disability recorded that mental health services for children and young people were under resourced, inadequate and inequitable. In turn the 2011 RQIA Independent Review of CAMHS, while noting progress in some areas, drew attention to the inconsistent structures and provision of services across health and social care trusts and recommended that the Department developed regional policy guidance to address this. We acknowledge that this Service Model consultation is a response to that recommendation. We would however also note that the Stepped Care Model has not been developed in the context of a CAMHS, or indeed wider child health and wellbeing strategy for Northern Ireland.

It is important that the Service Model is underpinned by the United Nations Convention on the Rights of the Child (UNCRC). While it is helpful for the document to articulate the aim and principles of the CAMHS Stepped Care Model these should reflect that children's rights and best interests provide the basis for the Model and services provided. In its 2008 Concluding Observations following examination of the UK, the United Nations Committee on the Rights of the Child recommended that government should allocate additional resources and improve capacity to meet the needs of



children with mental health problems, particularly for vulnerable groups such care experienced children, those affected by the conflict, and those in contact with the justice system.

The 2011 Compton Review of health and social care "Transforming Your Care" discusses the importance of providing access to services consistently across trusts. The Review also proposes that the recommendations of the 2011 RQIA report should be implemented estimating this as requiring £2 million per annum to fund. It is important to recognise that failure to secure the necessary investment in CAMHS provision will limit the potential of the Stepped Care Model to improve services, and of course outcomes, for children and young people with mental health difficulties. Indeed, the 2011 RQIA report in highlighting concerns that aspects of the current tiered model were underdeveloped identified that resourcing constraints were a factor in this.

NICCY recognises that the Stepped Care Model seeks to further develop the tiered approach to CAMHS and establish greater coherence between the needs of each child and the support they receive, with children receiving services in the latter steps only when this is clinically required. As noted by Bamford, CAMHS must be based upon a holistic understanding of children and models of provision should retain flexibility as a child's particular needs may not be reflected by a certain tier or step.

NICCY welcomes the emphasis placed on prevention, early intervention and proactive recovery in the document. Step one provision should reflect a life stage approach to children's health and well being, as advocated by the Committee on the Rights of the Child, to guard against prevention and early intervention simply equating to services in the early years of children's lives. The Stepped Care Model must ensure they have access to services at an early stage of risk or difficulty throughout childhood, adolescence and in the transition to adulthood. We would however observe that strategic direction for addressing infant mental health is yet to be developed.

It would be helpful for greater clarity to be given in relation to the role of the wide range of professionals across step 1 including how they will be supported and have capacity to fulfil their decision making responsibilities in the referral pathway. Indeed, there must be effective referral and care pathways across the Model, including between steps from universal and targeted to specific CAMHS interventions. We would cite concerns raised in the 2011 RQIA Review that GPs remained a key referral route which for some children and families was difficult to secure. In reflecting on targeted interventions within step 2 of the Model we would highlight the central role played by

primary mental health workers and the need for these posts to operate in accordance with the Bamford recommendations.

We are aware that there has been significant variation in provision across trusts at tier 3 of the current model in relation to generic and specialist CAMHS teams and the Stepped Care Model must provide adequate guidance and direction to remedy this. We would draw attention to the continuing need to develop specialist services for children with learning disabilities, who are more likely to experience mental health difficulties, and for those with physical and sensory disabilities.

In considering steps 4 and 5, as noted by the 2011 Compton Review, responses to urgent mental health care should be effective and consistent across trusts. This should for example, address issues such as emergency assessments being conducted by CAMHS professionals within a short time frame in some areas but not in others. In responding to the needs of children with significant and enduring mental health problems the need for in-patient and secure care should be minimised where possible. As highlighted by RQIA and also referenced in the Compton Review, ensuring appropriate outreach, day service provision and home treatment is available will assist this.

Commenting on the use of highly specialised care we would draw attention to RQIA's findings that particular trusts have a significantly higher rate of utilising CAMHS in-patient facilities at Beechcroft. The Department should assess whether this trend has continued and if the opening of Beechcroft has reduced the numbers of children who are placed on adult wards across Northern Ireland and who are referred for treatment in other jurisdictions. NICCY also notes that we are not aware of the development of any regional forensic CAMHS provision in Northern Ireland.

We would highlight that it is not appropriate in our view to admit children to adult wards and are concerned that the 2011 RQIA Review did not assess trusts as fully achieving against the criteria of having effective protocols to ensure the best interests of a young person on an adult ward are met. The report also raised issues in relation to not all trusts providing appropriate data to RQIA concerning detained young people.

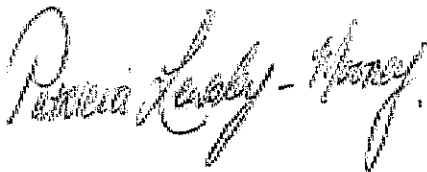
It is important that the draft Service Model recognises that provision and services across all steps must be effectively integrated and joined up to improve outcomes for children and young people. This must, for example, include effective multi agency working across sectors including health and social care, education and justice and

ensure there is proper transition from children's to adult services for young people with mental health difficulties. Throughout the Stepped Care Model children and young people should be able to access age appropriate advocacy and this should not operate on an ad hoc basis across trusts. We would note that such provision should not solely be linked to forthcoming legislation on mental health and capacity as it appears this will not fully take account of the interests of children under the age of 16 years.

NICCY would highlight the need to closely monitor and evaluate the Model as it is implemented. This is particularly important given the inconsistent structure and delivery of CAMHS provision across Northern Ireland.

Please do not hesitate to contact my office if you require any further information.

Yours sincerely,

A handwritten signature in cursive script that reads "Patricia Lewsley-Mooney".

Patricia Lewsley-Mooney
Commissioner for Children and Young People