

## Response ID ANON-CQ9Z-4AQK-R

Submitted to **Developing the long term plan for the NHS**

Submitted on **2018-09-28 16:14:41**

### About you

#### 1 In what capacity are you responding?

**In what capacity are you responding?:**

Other public body

**If you have selected 'Other public body' or 'Other', please specify::**

The Association of Child Psychotherapists (ACP) is the professional body for Child and Adolescent Psychoanalytic Psychotherapists in the UK.

#### 2 If responding on behalf of an organisation or group of organisations please state organisation(s) name.

**If responding on behalf of an organisation or group of organisations please state organisation(s) name:**

Association of Child Psychotherapists

#### 3 In what region are you based?

**In what region are you based?:**

N/A - National or regional organisation

#### 4 Is this response submitted on behalf of a group of people or organisations?

No

#### 5 How many people does your organisation(s) represent?

**How many people does your organisation(s) represent?:**

960

### Developing the long term plan for the NHS

#### 1 Please select a theme you would like to comment on?

Life stage - Early life

#### Life stage - Early life

##### 1 What must the NHS do to meet its ambition to reduce still-births and infant mortality?

**(200 words):**

In relation to maternity and perinatal care, perhaps more so than in any other area of public policy, joined-up planning and investment is especially important, but is also equally challenging. The determinants of maternal and child health are complex, multiple and cut-across many individual, relational and social factors. There are therefore potentially multiple divisions and splits through which policy-making and investment focused on the mother and baby's wellbeing and the parent-infant relationship can fall. Individual services may focus on the needs of the mother, or perhaps the parental couple, others may focus on the needs of the infant, but these are often not brought together. Similarly, some services might focus on physical health needs, some on emotional and mental health needs (of mother or child but rarely both simultaneously) and others on social and economic circumstances. Because these factors are all connected and inter-related, focusing on one risks losing sight of the whole. This means that some problems and opportunities will be 'invisible' if they do not fit with the remit of the service. There is need for the development of a national plan from conception to age 2 that enables joined-up strategy and investment.

##### 2 How can we improve how we tackle conditions that affect children and young people?

**(200 words):**

In our report 'Silent Catastrophe' we asked ACP members who feel they work in excellent services what makes them so. The top 10 indicators of an excellent service are:

1. Specialist services for children and young people supported by effective early intervention in the community, including from birth to age 25
2. Profession-specific roles and clinical leadership
3. Skilled professionals able to work to their competency and support lower banded staff
4. In-depth assessment and formulation that considers the whole child or young person in context
5. Referral criteria that recognise the complexity of emotional, behavioural and social presentations of mental illness
6. Service models co-constructed with local agencies and service users and based on a realistic assessment of the burden of mental illness and sufficient funding
7. Strong multi-disciplinary team working with effective leadership
8. Provision of effective, discipline-specific supervision, training and opportunities for career progression
9. Focus on staff wellbeing and working conditions
10. Specialist treatments for the most vulnerable children central to the service design alongside effective early intervention

### **3 How should the NHS and other bodies build on existing measures to tackle the rising issues of childhood obesity and young people's mental health?**

**(200 words):**

There is widespread recognition that there is a crisis in childhood mental illness, and that services in many areas are failing to address this. What is required is a whole system response including both public health and treatment components. For example, an extension of mental health services into schools is to be welcomed, but will only be effective if it is part of a comprehensive, properly funded and well-designed system.

The view of the Association of Child Psychotherapists is that the the long-term plan for the NHS should instigate a major review and overhaul of mental health care and treatment for children and young people. This must include both early intervention in the community and access to highly trained clinicians, working in multi-disciplinary teams, who have the skills and experience to properly assess need and to understand and formulate how to respond to the complexity of emotional, behavioural and developmental difficulties that children, young people and families are burdened with in 2018.

### **4 How can we ensure children living with complex needs aren't disadvantaged or excluded?**

**(200 words):**

The long-term plan for the NHS must highlight the needs of vulnerable children and young people with the most severe, complex and enduring mental health difficulties who require specialist services, and a highly skilled workforce in order to deliver those services. The ACP's view is that there continues to be insufficient focus and resourcing of these two elements, on which all other developments depend, such as the proposals for school-based services in the government's green paper. In fact, actions taken by local commissioners and providers in many parts of the country appear to be driving changes that are leading to what we identify as the 'hollowing out' of specialist services with a reduction in their capacity to meet the needs of the most vulnerable, disturbed and distressed children and young people. Our recent report 'Silent Catastrophe' showed that in many areas of the country there has been a deterioration of specialist services including: 61% said that the main NHS service they work in is/was facing downsizing; 72% said that the threshold for access to services has increased in the past 5 years.

### **5 Would you like to comment on another theme?**

Clinical priorities - Mental Health

#### **Clinical priorities - Mental Health**

#### **1 What should be the top priority for meeting peoples mental health needs? Over the next five, and ten years?**

**What should be the top priority for meeting peoples mental health needs? Over the next five, and ten years?:**

Focus on children who have had especially adverse life experiences (including trauma, abuse, illness and disability).

#### **2 What gaps in service provision currently exist, and how do you think we can fill them?**

**(200 words):**

Children and young people are facing serious and possibly increasing challenges to their mental health. Many fail to get the treatment and care they need and deserve. There is a significant 'treatment gap'. Along with many others, the ACP has been concerned for some time about the quality of services available to children and young people with mental health difficulties. We need high quality, safe and effective services including:

- Specialist services for children and young people supported by effective early intervention in the community, including from birth to age 25
- Profession-specific roles and clinical leadership
- Skilled professionals able to work to their competency and support lower banded staff
- In-depth assessment and formulation that considers the whole child or young person in context
- Referral criteria that recognise the complexity of emotional, behavioural and social presentations of mental illness
- Service models co-constructed with local agencies and service users and based on a realistic assessment of the burden of mental illness and sufficient funding
- Strong multi-disciplinary team working with effective leadership
- Provision of effective, discipline-specific supervision, training and opportunities for career progression
- Focus on staff wellbeing and working conditions

### **3 People with physical health problems do not always have their mental health needs addressed; and people with mental health problems do not always have their physical health needs met. How do you think we can improve this?**

**(200 words):**

Only a few areas offer child and adolescent psychoanalytic psychotherapy within paediatric and adolescent medicine in hospitals and this should be increased nationally. The task of the CAPPT is to try to reflect with the patient (and/or parent) on their experience, their capacity for adaptation to the reality of their illness, treatment and prognosis, and to enable the expression of fear, anger, anxiety and sadness. The hope is to minimise the psychological effects and foster the capacity for resilience. The belief is that being able to make sense of the experience helps the child's or adolescent's coping mechanisms. The training of CAPPTs enhances their capacity to meet and bear the intensity of such emotions. For other children and parents the condition may be chronic, such as cerebral palsy or diabetes. The on-going psychological strain can be immense and may lead to such problems as the adolescent diabetic patient who does not comply with the daily treatment regime or the parent racked by anxiety who allows their child no freedom. The CAPPT helps develop an understanding of how resistance and internal conflict can bring about apparently irrational behaviour that may impact on physical health.

### **4 What are the major challenges to improving support for people with mental health problems, and what do you think the NHS and other public bodies can do to overcome them?**

**(200 words):**

There is an urgent need to prevent and intervene in the Adverse Child Experiences that are at the root of many mental health problems that develop in childhood and adolescence and which, if left untreated, will continue into adulthood and have serious impacts on physical health and life chances. Genuine early intervention and prevention must start in the first 1001 critical days from conception to age 2. A child's mental health is influenced from before birth, and many risk factors of later mental health problems occur in the first two years of life. We are concerned about the lack of recognition in current NHS plans of the antecedents of the mental disorders that are impacting children and young people. There is strong and increasing evidence that early adverse childhood experiences are amongst the strongest predictors for poor mental health in childhood and into adulthood. In our experience the majority of CAMHS neglect the early years and do not have the expertise to intervene with children under 5. If early difficulties are left untreated until later life they are likely to be entrenched and to have impacted upon the child's development and relationships to the extent that more specialist, expensive, help is needed.

**5 How can we better personalise mental health services, involving people in decisions about their care and providing more choice and control over their support?**

**(200 words):**

Recent research has identified that specialist mental health services are on average turning away nearly a quarter of the young people referred to them for treatment. Under the Five Year Forward View for Mental Health the government has committed to an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions. It is a scandal that the target isn't 100% and this should be included in the long-term NHS plan. The reality is that the majority of children and young people with mental illness receive no treatment. Where they do this is often limited and there is rarely the possibility for this to include a choice, or to be personalized to meet the needs of the individual. There remains a need for comprehensive NHS services that are resourced to meet the needs of children and young people who are unwell, and whose emotional, social and behavioural difficulties may be severe and enduring. This would go a long way to providing more choice and control over their support. In addition a far wider range of treatments and interventions, properly supported by available evidence, should be provided.

**6 Would you like to comment on another theme?**

Enabling improvement - Workforce

**Enabling improvement - Workforce**

**1 What is the size and shape of the workforce that we need over the next ten years to help deliver the improvements in services we would like to see?**

**(200 words):**

The NHS needs a flexible child and adolescent mental health workforce containing professionals with a range of skills and experience who are able to provide early intervention in the community as well as access to highly specialist services. It needs well- trained clinicians, working in multi-disciplinary teams, who have the skills and experience to respond to the complexity of emotional, behavioural and developmental difficulties that many children, young people and families are experiencing in 2018.

HEE currently funds the training costs and salary support for 35-40 CAPPT trainees per annum across England but there is concern that this may be threatened. This could have serious consequences for the capacity of the NHS to deliver the expansion of the children and young people's mental health workforce and services. It will also decrease the level of specialist clinical leadership that is required to support the expansion of early intervention services such as those planned for schools in the government's green paper. The long-term NHS plan must commit to the ongoing commissioning at a national level of the training of Child and Adolescent Psychoanalytic Psychotherapists (CAPPTs), and also to initiate a national programme which would require all CAMHS to employ or have access to the expertise of a CAPPT.

**2 How should we support staff to deliver the changes, and ensure the NHS can attract and retain the staff we need?**

**(200 words):**

The ACP's recent survey of members found serious concerns about the conditions of the current workforce in child and adolescent mental health and its capacity to deliver increases in the quantity and quality of services:

- 73% said there had been a down-banding of posts;
- 64% said there had been a negative change in the number of practitioner posts
- 38% felt there had been a large negative change in staff morale, in addition to 35% who had seen a moderate negative change.

This indicates significant challenges to the NHS's workforce objectives and we currently see no effective national workforce development strategy within CAMHS. We are concerned that a reliance only on the CYP IAPT programme to deliver 'a highly skilled workforce' significantly mis-judges the complexity and intensity of the needs of some children and young people, and therefore the nature of the services required to meet those needs. We are also concerned that the role and resources of Health Education England have been significantly reduced in recent years such that they may now struggle to lead the desired increase and improvement in the workforce.

**3 What more could the NHS do to boost staff health and well-being and demonstrate how employers can help create a healthier country?**

**(200 words):**

The ACP's report on the 'danger signs' for when services are starting to significantly fail to provide a comprehensive service to children and young people identified workforce problems as a major factor, including:

- Profession-specific roles and disciplines dismantled and loss of senior clinical leadership, replaced by operational management
- Pressure on lower banded staff to perform specialist demands whilst skilled professionals not working to maximum competency
- Loss of multi-disciplinary team working leaving services fragmented and staff isolated

- High staff turnover, poor morale and poor working conditions

The factors that our survey identified as necessary for a healthy and effective workforce, and which should be central to the workforce plans that support the long-term NHS plan, were:

- Profession-specific roles and clinical leadership
- Skilled professionals able to work to their competency and support lower banded staff
- Strong multi-disciplinary team working with effective leadership
- Provision of effective, discipline-specific supervision, training and opportunities for career progression
- Focus on staff wellbeing and working conditions

#### **4 Would you like to comment on another theme?**

No