



Children and Young People's Mental Health: Specialist Provision for Complex Needs

Evidence to Support the NHS Long Term Plan: Mental Health Implementation Plan and NHS People Plan in Providing Effective Multi-Disciplinary Children and Young People's Mental Health Services

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The Association of Child Psychotherapists

The Association of Child Psychotherapists (ACP) is the professional body for Child and Adolescent Psychoanalytic Psychotherapists in the UK. The ACP is an accredited register of the Professional Standards Authority and is responsible for regulating the training and practice standards of child and adolescent psychotherapy across the public and private sectors. It was established in 1949 and has nearly 1,000 members working in the UK and abroad.

Introduction

Child and Adolescent Psychoanalytic Psychotherapy (CAPPT) is one of the 12 psychological professions that have come together in the Psychological Professions Workforce Group (PPWG) which reports to NHS England/Improvement (NHSE/) and Health Education England with the aim of developing a strategy and integrated workforce plan for the Psychological Professions for England to further the objectives of the Long Term Plan (LTP).

The NHS Long Term Plan offers a much needed roadmap for improving access to quality psychological healthcare. The ACP welcomes the priority given in the plan to mental health, and to improving services for children and young people in particular.

This report is offered as a contribution to understanding the need for multi-disciplinary specialist services able to assess and treat children and young people with the most complex needs. Such services should complement and support new services in community and school settings. They are an essential element of the comprehensive provision of high quality services for children, young people and families that the Long Term Plan aims for.

The principal call of this report is for specialist services for children and young people with complex needs to be comprised of professionals with a range of skills, competences and trainings working together in well-led multi-disciplinary teams. Within this the report details the ways in which CAPPT can contribute, as one component of those teams alongside other specialist and generic clinicians.

The particular contribution of CAPPT to each of the objectives of the Long Term Plan is laid out in the table on page 24.

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Executive Summary

- One in eight 5-19 year olds had a diagnosable mental disorder in 2017, equating to roughly three children in every classroom. Currently only one of these three children is able to access treatment and support.
- The significant and rapid expansion of mental health services for infants, children, young people and their families is a welcome element of the NHS Long term plan (LTP). The commitment to early-intervention services in schools and colleges is a positive development that will increase the capacity in the system and help to address the needs of some children and young people. As there is more extensive provision of services in the community the needs of the two children in each classroom who are currently not receiving help will be uncovered and understood, and some of these will require specialist input.
- 40% of children with mental health difficulties suffer from two or more mental disorders; this equates to approximately 48 children in the average state-funded secondary school, 14 children in the average state-funded primary school and 13 children in the average independent school who are likely to require specialist support.
- Children and young people with complex needs have often suffered from early trauma or adverse childhood experiences, or are in the care system. They can be hard to understand and engage in treatment and require a multi-disciplinary approach.
- Specialist children and young people's mental health services are already suffering from high demand, long-term underfunding and service transformations which leave them without the specialist clinicians they need to respond effectively. Unless the expansion of children and young people's mental health services is allied to a commensurate increase in specialist services and clinicians who can lead and support the staff in schools and also assess and treat children and young people with more chronic, severe or complex needs, it will not be effective.
- There is currently a significant misalignment between the severity of need and provision. More funding alone will not solve the problem. A drive towards short-term solutions intended to meet immediate pressures ignores the complexity of the needs of many children and young people who require specialist treatment. Specialist multi-disciplinary services in many parts of the country are currently inadequate to meet the needs of this group of patients and in many places are being eroded by service transformations designed to increase capacity whilst driving down costs. Such service transformations can have the effect of reducing the effectiveness of services and in fact driving up costs across the system.
- Not providing the right treatment at the right time has significant implications both for the patient and the wider system. This includes worsening mental health and a further strain on NHS resources through an increase in A&E attendances and inpatient treatment, with an increasing cost of patient care. The cost of providing CAMHS community support for a year is £3,000 compared to £100,000 a year per inpatient.
- Effective, timely and responsive services for infants, children and young people with mental health difficulties, and their families and carers, depend on multi-disciplinary teams able to offer a range of evidence-based treatments and interventions. These teams should include child and adolescent psychiatry, clinical psychology, child and adolescent psychotherapy,

family therapy, other psychological therapies, nursing and allied professions as appropriate to the needs of the population.

- Child and Adolescent Psychoanalytic Psychotherapists (CAPPT*) are amongst the most highly skilled and rigorously trained mental health professionals working with the most vulnerable and disturbed children and young people; often those whom other therapeutic interventions have not been able to help. They are a crucial element of these specialist treatment teams and are essential to the aims of the Long Term Plan.
- As well as providing specialist treatment alongside other professions, Child and Adolescent Psychoanalytic Psychotherapists are well placed to contribute to assessments to ensure that children and young people with severe mental health needs are identified and directed to the most appropriate care. This improves patient care and helps to prevent more costly intervention being required further down the line.
- They also play a crucial role in providing training, case consultation, supervision and specialist clinical leadership for colleagues across the wider children's workforce so that they are better able to carry out their work.
- If specialist services including CAPPT are not properly supported we fear that this will have a negative effect on outcomes. Not only will there be an inadequate number of specialist clinicians to meet demand but other mental health staff will not have sufficient leadership and supervision to help those with complex or severe mental health needs. Patients will not receive the specialist support they need, and there will be knock-on cost impacts on the NHS and wider society.
- The ACP recommends key actions that should be taken forward to help provide specialist multi-disciplinary services and the increased psychological professions workforce that is needed in every area of the country.
 - 1 That NHS England/Improvement (NHSE/I) commissions work to define a model specification for specialist multi-disciplinary CAMHS that responds to the ambitions of the LTP and which is effective and cost-effective in meeting the needs of the most vulnerable and disturbed children and young people.**
 - 2 That NHSE/I ensures that Sustainability and Transformation Partnerships and/or Integrated Care Systems have plans in place for multi-disciplinary services for children and young people with the most complex needs including access to child and adolescent psychoanalytic psychotherapy as part of its multi-disciplinary response to meeting the needs of the local population.**
 - 3 That the core NHS profession of CAPPT is recognised alongside other psychological professions in the NHS People Plan and by local systems as a vital component of community-based CAMHS.**
 - 4 That those providing community and education based services receive guidance and training from CAPPTs in support of their work and in identifying individuals with more complex cases who need referral to specialists.**

- 5 That national and local workforce plans include an increase in the number of CAPPT in training and employment to support the ambitions of the Long Term Plan and address regional shortages.**

- 6 That NHS Digital implements a specific workforce code for CAPPTs so that accurate data on the profession is collected.**

N.B. This document is primarily aimed at providing evidence ahead of the NHS Long Term Plan Mental Health Implementation Plan and NHS People Plan however we also expect it to have relevance to equivalent developments in Scotland, Wales and Northern Ireland and we will be seeking to engage with these further using this report as a starting point.

*A note on terminology: Throughout this report we refer to Child and Adolescent Psychoanalytic Psychotherapists or CAPPT to indicate that the evidence provided relates to those clinicians who have completed the NHS funded training in child and adolescent psychoanalytic therapy, are equipped with the breadth and depth of competences this training provides, and who are regulated by the Association of Child Psychotherapists. The title 'Child Psychotherapist' is often used as shorthand for CAPPT however it is not a protected title and is therefore used by a range of practitioners who have completed a variety of different trainings under the auspices of other professional bodies. These practitioners also have a valuable contribution to make to the health and wellbeing of CYP but for the purposes of designing and commissioning services for CYP with complex and severe needs it is important to recognise that this work requires the skills and competences that are derived from the training undertaken by ACP CAPPTs.

Part A: The Increasing Need for Effective Mental Health Services for Children and Young People

The crisis in the availability of child and adolescent mental health services is well documented, with many more children and young people needing treatment than there are services to provide it.

One in eight 5-19 year olds had a diagnosable mental disorder in 2017¹, equating to roughly three children in every classroom. Of these, 40% had two or more mental disorders; one in twenty 5 to 19 year olds. **This equates to approximately 48 children in the average state-funded secondary school, 14 children in the average state-funded primary school and 13 children in the average independent school with complex and comorbid conditions who are likely to require specialist support**². Nearly three quarters of children with a mental disorder also had a physical or developmental problem³, indicating that they require the input of a range of professionals. On average 183 referrals were made to CAMHS per school day in 2017/18⁴.

The number of people seeking counselling at university increased by 50% in the five years from 2011 to 2016⁵.

However, services have not increased to meet this demand and many children and young people are being left without support. **The British Psychological Society estimates that only 25-40% of these young people receive input from a mental health professional early enough, if at all**⁶. The Long Term Plan notes that around only 30.5% of children and young people were able to benefit from treatment and support in 2017/18, although this is up from 25% two years earlier⁷. Of those who did access support, three quarters said that it was helpful or very helpful⁸.

The significant and rapid expansion of mental health services for infants, children, young people and their families is a welcome element of the NHS Long term plan (LTP). The commitment to early-intervention services in schools and colleges is a positive development that will increase the capacity in the system and help to address the needs of some children and young people. However, **these services will not be effective if they are not allied to a commensurate increase in specialist services and clinicians who can lead and support the staff in schools and also assess and treat the needs of children and young people with more chronic, severe or complex needs.**

More funding alone will not solve the serious difficulties that have developed within CAMHS services. The ACP believes that a drive towards short-term solutions aimed at meeting immediate pressures overlooks the complexity of the needs of children and young people who require

¹ NHS Digital (2017) *Mental Health of Children and Young People in England: Trends and Characteristics*, accessed at: <https://files.digital.nhs.uk/A0/273EE3/MHCYP%202017%20Trends%20Characteristics.pdf>

² Department for Education (2019), *Schools, pupils and their characteristics: January 2019*, available at: <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2019>. Calculated using the average school size and 1 in 20 children having comorbid disorders.

³ NHS Digital (2017) *Mental Health of Children and Young People in England: Multiple Conditions and Wellbeing*, accessed at: <https://files.digital.nhs.uk/95/AC12EC/MHCYP%202017%20Multiple%20Conditions.pdf>

⁴ NSPCC (2018) *School referrals for mental health treatment rise by over a third*, accessed at: <https://www.nspcc.org.uk/what-we-do/news-opinion/one-third-increase-in-school-referrals-for-mental-health-treatment/>

⁵ The Guardian (2016), *University Mental Health Services Face Strain as Demand Rises 50%*, accessed at: <https://www.theguardian.com/education/2016/sep/23/university-mental-health-services-face-strain-as-demand-rises-50>

⁶ BPS (2018), *Mental Health Awareness Week – Children and Young People*, accessed at: <https://www.bps.org.uk/blogs/bps-policy-unit/mental-health-awareness-week-children-and-young-people>

⁷ NHS (2019), *The NHS Long term plan*, available at: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

⁸ NHS Digital (2017), *Mental Health of Children and Young People in England, 2017: Professional services, informal support and education*, accessed at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

specialist treatment. There has been an understandable focus in recent years on brief treatments but these tend to be delivered by staff with training in only a single manualised therapy for which there is limited evidence of its effectiveness for those with more severe needs. The emerging evidence from CYP-IAPT is that children and young people with more complex presentations (mixed anxiety/depression) seem to be the group who are helped least^{9,10}. Less than 35% of those who initially scored above the threshold for comorbid depression and anxiety were identified as having reliably improved, and only 26% were considered to have ‘reliably recovered’ to below the threshold. This group of comorbid patients in fact made up the majority, 59%, of those seen in these services suggesting a significant mis-match between level of need and treatment offered.

The needs of children and young people who are not currently being helped by brief manualised treatments should be a priority and receive more attention and investment. Specialist multi-disciplinary services in many parts of the country are currently inadequate¹¹ to meet the needs of this group of patients and continue to be hollowed out and down-graded under transformation plans¹². Child and adolescent psychoanalytic psychotherapy is a crucial element of specialist treatment teams and is essential to the aims of the Long Term Plan.

If specialist services including CAPPT are not properly supported we fear that this will have a negative effect on outcomes. Not only will there be an inadequate number of child psychotherapists to meet demand, but other mental health staff will not have sufficient leadership and supervision to help those with complex or severe mental health needs. Patients will not receive the specialist support they need, and there will be knock-on cost impacts on the NHS and wider society.

It is the view of the ACP that both **ensuring early intervention takes place in schools and the community, and access to highly-trained clinicians who have the skills to properly assess and understand the range and complexity of children and young people’s needs, are essential to the Long Term Plan’s success.**

1. Exploring the Misalignment Between Need and Provision

Before looking at the vital role of specialist services in meeting the needs of children and young people’s mental health and successfully delivering the ambitions of the Long Term Plan, it is useful to explore the difficulties that have developed in CAMH services to understand why there is so much unmet need, including and perhaps increasingly for those with complex conditions.

Below, we outline the misalignment between provision and the high levels of need both in terms of numbers and severity. The data demonstrates that there is not enough capacity overall, and also that a lot of what there is, is targeted at the mild to moderate end of the need scale.

⁹ Edbrooke-Childs, J., Wolpert, M., Zamperoni, V., Napoleone, E., & Bear, H. (2018). Evaluation of reliable improvement rates in depression and anxiety at the end of treatment in adolescents. *BJPsych Open*, 4(4), 250-255. doi:10.1192/bjo.2018.31

¹⁰ The Mental Elf (2019) *Youth anxiety and depression treatment not as good as we think? What should we tell the children?*, available at: <https://www.nationalelfservice.net/treatment/psychotherapy/youth-anxiety-depression-treatment-not-as-good-as-we-think-what-should-we-tell-the-children/>

¹¹ CQC (2019) *Are we listening? A review of children and young people’s mental health services*, available at: <http://www.cqc.org.uk/publications/themed-work/are-we-listening-review-children-young-peoples-mental-health-services>

¹² ACP (2018) *Silent Catastrophe*, available at: <https://childpsychotherapy.org.uk/launch-acp-report-silent-catastrophe>

The extent of children with likely unmet mental health needs

The development of early intervention services in schools and colleges is welcome, however it is likely to uncover more children and young people who require mental health support, i.e. the two children in every class who are currently not receiving the help they need. Some of these will require specialist input. It is crucial that their needs are correctly identified so that they can get the timely support they require.

What do we mean by Vulnerable Children and Complex Needs?

- **Across a typical class of 30, 6 children are growing up at risk due to family circumstances; these are likely to overlap with the children with unmet mental health needs.**
- **This includes 2 children who have experienced abuse or neglect and children living in households where domestic violence, substance misuse and/or severe mental health problems are present, known as the ‘toxic trio’.**
- **Another key group of vulnerable children are those who are in care.**
- **Children with complex needs are often those who have suffered from the above or other stressful events occurring in childhood (Adverse Childhood Experiences) such as parental abandonment through divorce or a member of the household being in prison.**
- **The trauma these children experience increases their chances of developing a range of mental health, emotional and relational problems which can impact on their development.**
- **These are the kinds of children and young people who are likely to require the input of a specialist mental health professional such as a child and adolescent psychoanalytic psychotherapist.**

Children’s Commissioner (2019) *Childhood Vulnerability in England 2019*, available at:
<https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/07/cco-vulnerability-2019->

In addition to the three children in every class who are likely to experience mental health difficulties, some of which will be complex and require specialist input, there are also those children who are not in school and who are likely to have higher levels of need.

The Children’s Commissioner¹³ estimates that 2.3 million children are living with risk because of a vulnerable family background. Within this group, more than a third – 829,000 children – are ‘invisible’ in the sense of not being known to services. They are therefore not getting any support. Another 762,000 children are known to services, but their level of support is unclear. In total this means that there are 1.6 million children in families with complex needs for which there is no established, recognised form of support.

In 2018-19 less than 20% of CCGs were covered by a plan that clearly assessed the needs of the most vulnerable children (including those who have been abused) to inform service design in local areas.

¹³ Children’s Commissioner (2019) *Childhood Vulnerability in England 2019*, available at:
<https://www.childrenscommissioner.gov.uk/publication/childhood-vulnerability-in-england-2019/>

2% had no recognition at all in the plan of the increased mental health needs of vulnerable children¹⁴.

There is a danger that when initial assessments are undertaken by less specialist staff without adequate training serious mental health conditions are not picked up. 'Mild' presenting symptoms may mask some very troubling underlying problems with multiple causes and manifestations. One psychotherapist, providing information on what constitutes inadequate CAMH services, said:

“What would previously have been accepted [into CAMHS] was signposted to early intervention services who in my view were not trained or supported enough to respond to often highly complex cases with considerable risks.”

As part of multi-disciplinary teams Child and Adolescent Psychoanalytic Psychotherapists are well placed to contribute to initial assessments as well as provide training to other staff in how to identify complex cases that may require specialist treatment. This is discussed in further detail in part B.

Increasing thresholds resulting in people being turned away

One issue contributing to the misalignment of provision and need is that due to the shortage of capacity, the threshold for patients being seen by specialist CAMHS services has increased to manage demand. This is leaving many to reach crisis point before they are able to access help. A survey¹⁵ of Child and Adolescent Psychoanalytic Psychotherapists with frontline experience of NHS CAMHS found that nearly three quarters thought the threshold for access to services has increased in the past 5 years. This means that by the time patients are seen they are at a much higher level of risk and their condition may have deteriorated to the point where it becomes much harder, and potentially more costly, to provide them with effective help. Providing more information on what evidence they had for this, psychotherapists said:

“Patients are unlikely to be seen unless they are in crisis (i.e. acutely suicidal)”

“Children at assessment are being turned away as [they] ‘don’t meet threshold for treatment’ even though there is clearly a need for help and clinicians agree previously [they] would have been offered treatment”

“More cases having to be re-referred several times and reaching a crisis point before being accepted.”

“Thresholds are increasingly driven by immediate risk to life. Inadequate resources making it hard to provide service for children in need of mental health support but not currently suicidal or other risk. Young people are especially missing out despite repeated government papers highlighting the need for early intervention in mental health.”

¹⁴ NSPCC (2019), *Transforming Mental Health Services for Children Who Have Been Abused*, accessed at: <https://learning.nspcc.org.uk/media/1838/transforming-mental-health-services-children-who-have-been-abused-july-2019-report.pdf>

¹⁵ ACP (2018), *Silent Catastrophe*, available at: <https://childpsychotherapy.org.uk/acp-report-silent-catastrophe/>

One young person who received help from a CAPPT said:

“I had to be really strong with my message to the GP that I needed specialist help. I did have times where I was shrugged off. It’s terrible that you have to be in a crisis to get the help you need. Young people walking into a surgery and telling their GP ‘I want to die’ shouldn’t be the first time they’re heard.”

The Care Quality Commission echoes these experiences, noting: “Sometimes, children and young people are repeatedly referred to different parts of the system after several services tell them they fail to meet the threshold for support”¹⁶.

Information from the Education Policy Institute also supports this. It finds that the number of referrals to specialist CAMHS has increased by 26% over the last five years, in contrast to the population of people aged 18 and under which increased by 3% over the same period. **However, between one fifth and one quarter of the children referred to specialist services were rejected. It estimates that this equates to some 55,800 children and young people being turned away, but says that the true number is likely higher.** The most common reason given for this was that the condition was not serious enough to meet eligibility criteria for specialist treatment or suitable for specialist CAMHS intervention¹⁷. Some providers rejected half of all referrals.

Similar concerns have been raised by the NSPCC which finds that the number of children referred for mental health treatment by schools has increased by 33% in the past three years but nearly a third of these were denied treatment as they did not meet criteria for support¹⁸. Nearly half of UK head teachers said that they are struggling to get mental health support for their pupils¹⁹.

We would challenge the reason given for turning people away that “the condition was not serious enough” in a number of cases. Rather, admission criteria are increasingly based on limited medical diagnostic categories which means that children and young people not fitting these may be rejected even though they have complex social, emotional and behavioural problems and may even be the two children in every classroom who have experienced abuse or neglect.

Providing evidence for this, CAPPTs said:

“The severity (and complexity) of young people’s presentations, and the number of years they have been waiting. Worryingly, very high levels of risk are dismissed. Sexual abuse is no longer considered a reason for referral.”

“The cases we see are much more complex, have higher risks and higher complexity of social care needs. They often reach us at crisis point or in great distress as they have not received enough support elsewhere or have had to wait for a long time for a referral.”

This means that those who do not meet the threshold, perhaps because they are not presenting with an immediate risk to life or do not fit into medical diagnostic categories, but still have severe

¹⁶ Care Quality Commission (2017) *Review of Children and Young People’s Mental Health Services*, accessed at: https://www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf

¹⁷ Education Policy Institute, *Access to Children and Young People’s Mental Health Services*, accessed at: https://epi.org.uk/wp-content/uploads/2018/10/EPI_Access-to-CAMHS-2018.pdf

¹⁸ NSPCC (2018) *School referrals for mental health treatment rise by over a third*, accessed at: <https://www.nspcc.org.uk/what-we-do/news-opinion/one-third-increase-in-school-referrals-for-mental-health-treatment/>

¹⁹ Place2Be (2018), *Research: Schools struggle to know what type of mental health support is needed for pupils*, accessed at: <https://www.place2be.org.uk/our-story/news/what-type-of-mental-health-support-is-needed-for-pupils.aspx>

and complex mental health difficulties, are not receiving the specialist support they need. This negates efforts at early intervention to meet need in a timely and appropriate way and is likely to make services more costly and less efficient as they are dealing with entrenched problems for which brief treatments are not appropriate. Moreover, the EPI research²⁰ finds that overwhelmingly, providers reported no or limited follow-up after a referral was not deemed serious enough for specialist treatment. Only a minority of providers contacted other services and a small minority checked whether the young person had accessed other support. **This raises concerns about what happens to children referred to, but not accepted into, specialist treatment.**

Long waiting times for treatment

Where patients are accepted to receive support from CAMHS, many experience long waiting times for treatment given the lack of capacity.

Of 3,000 children and young people referred to CAMHS in 2015 with a life threatening condition (such as suicide, self-harm, psychosis and anorexia), 14% were not allocated any provision and 51% went on a waiting list. The average waiting time following referral for those with life threatening conditions was over 100 days²¹. NHS Digital finds that 20% of those who eventually saw a mental health specialist in 2017 waited over six months²².

Amongst children with a mental health disorder, around one in five reported waiting over six months for contact with a mental health specialist²³.

86% of parents with a child who experienced a mental health crisis agreed it would have been helpful to have access to support before they reach crisis point, whilst 61% believed the care they received was bad or unacceptable²⁴. Over three quarters of parents with a child with a mental health condition said their condition deteriorated whilst waiting for support from CAMHS²⁵.

²⁰ Education Policy Institute, *Access to Children and Young People's Mental Health Services*, accessed at: https://epi.org.uk/wp-content/uploads/2018/10/EPI_Access-to-CAMHS-2018.pdf

²¹ Children's Commissioner (2016), *Lightening Review: Access to Child and Adolescent Mental Health Services*, accessed at: <http://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/06/Childrens-Commissioners-Mental-Health-Lightning-Review.pdf>

²² NHS Digital (2019) *Mental Health of Children and Young People in England, 2017*, available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

²³ NHS Digital (2017), *Mental Health of Children and Young People in England, 2017: Professional services, informal support and education*, accessed at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

²⁴ Young Minds (2018), *A&E attendances by young people with psychiatric conditions almost doubled in five years – new figures*, accessed at: <https://youngminds.org.uk/about-us/media-centre/press-releases/ae-attendances-by-young-people-with-psychiatric-conditions-almost-doubled-in-five-years-new-figures/>

²⁵ Young Minds (2018) *A new era for young people's mental health*, accessed at: <https://youngminds.org.uk/media/2620/a-new-era-for-young-peoples-mental-health.pdf>

2. Risk of Expansion in Short-Term Interventions Failing to Provide Support for Those with Complex Needs

Given the dual pressures of increased demand and chronic underfunding, there has been a move towards commissioning services which appear to be able to offer a larger number of treatments at a lower cost, favouring short-term interventions which can seem to meet these immediate pressures.

Whilst such brief interventions are helpful for some children and young people, it is generally those with mild to moderate difficulties for whom they are effective²⁶.

For those with more complex or comorbid needs, or even those with moderate to severe depression or anxiety, their needs are often not amenable to brief interventions or appropriate to pathways based on single diagnostic categories. Rather, such interventions may be unhelpful and ineffective and lead to worse outcomes both for the patient and the NHS in the long-term.

It can lead to a 'revolving door' situation in which patients are repeatedly referred back to CAMHS after being recommended ineffective short-term interventions, for example receiving 6 sessions and then being discharged.

In 2015, of nearly 250,000 children and young people referred to CAMHS, 28,204 (11%) were re-referred²⁷.

The ACP's survey of over 400 Child and Adolescent Psychoanalytic Psychotherapists identified specialist mental health services (at Tier 3) being replaced by interventions that would previously have been offered in primary care/Tier 2 as one of the top warning signs of changes taking place in CAMHS that are linked with ineffective care for children and young people²⁸.

When asked to provide further information on what makes a CAMH service inadequate, a number of respondents mentioned short-term interventions for those with complex needs, for example:

“Short term work is ineffective for complex cases, it can increase risk as families are so demoralized by having only 7 sessions.”

“It is depressing to feel patients could be better healed if they were provided with sufficient length and frequency of work as per our training”.

Whilst the planned increase in mental health provision for children and young people is welcome, the risk is that the expansion of current services offering brief interventions will fail to provide effective treatment in a significant proportion of cases because of more complex needs, which cannot be treated within a short number of sessions.

Those with complex needs require teams with a range of skills and competencies and often a longer-term, relational approach. This should lead to better long-term outcomes for patients and their families, as well as for the NHS and other public services.

²⁶ Edbrooke-Childs, J., Wolpert, M., Zamperoni, V., Napoleone, E., & Bear, H. (2018). Evaluation of reliable improvement rates in depression and anxiety at the end of treatment in adolescents. *BJPsych Open*, 4(4), 250-255. doi:10.1192/bjo.2018.31

²⁷ Children's Commissioner (2016), *Lightening Review: Access to Child and Adolescent Mental Health Services*, accessed at: <http://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/06/Childrens-Commissioners-Mental-Health-Lightning-Review.pdf>

²⁸ ACP (2018), *Silent Catastrophe*, available at: <https://childpsychotherapy.org.uk/acp-report-silent-catastrophe/>

3. Implications of Not Correctly Identifying or Treating More Complex Issues

Not correctly identifying or treating more complex issues is ineffective both in terms of outcomes for children and young people and in cost terms. The serious implications include rising levels of self-harm and suicides, increasing pressure on already stretched A&E services and in-patient units, as well as costs in hidden waiting times and resources wasted on managing risk and high levels of re-referrals.

Case Study: Implications for Patient of Lack of specialist knowledge and capacity

“There are now so many crisis presentations to the service that the crisis team can’t cope. There are not the resources to offer appropriate treatment. For example, a senior child and adolescent psychotherapist, very experienced with suicidal adolescents, saw a girl and was very concerned about her. She was suicidal and hopeless and there was the possibility of undiagnosed ASD [Autism Spectrum Disorder]. Her mother was checking windows at home because she thought the girl was likely to jump out. In the assessment meeting with the CAPPT the girl settled a bit and expressed hope that something could change via talking to someone. The CAPPT recommended that this patient be prioritised to receive treatment. A form had to be completed for prioritisation, which was rejected because it was decided that a safety plan was in place ‘because mother was checking the windows’. When the CAPPT questioned this decision she was reprimanded. Suicide rates in this area are high compared to national averages and increasing. Concerns about this have been dismissed ‘because it is happening everywhere’. The service is not resourced or designed in a way that enables it to offer treatment even in potentially serious and risky situations.”

ACP (2018) *Silent Catastrophe*, available at: <https://childpsychotherapy.org.uk/launch-acp-report-silent-catastrophe>

Implications for Patients

For patients, not correctly identifying or treating more complex issues can lead to worsening mental health which can impact on their relationships, development and life chances including family and care placement breakdown and the continuation of mental ill health into adulthood.

The number of suicides amongst 10 to 19 year olds increased by 24% between 2013/14 and 2015/16²⁹. In 2017, suicide was the most common cause of death for both boys and girls aged between 5 and 19³⁰.

However, only 39% of those under the age of 20 who died through suicide between January 2014 and April 2015 had any diagnosis of mental illness, with just 32% having any contact with CAMHS

²⁹ The Guardian (2018), *Warning over rise in London teenager suicides*, accessed at:

<https://www.theguardian.com/society/2018/jun/08/london-teenage-suicide-rate-england-wales-figures>

³⁰ Office for National Statistics (2017), *Deaths registered in England and Wales*, available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredinenglandandwalesseriesdr/2017#suicide-accounted-for-an-increased-proportion-of-deaths-at-ages-5-to-19-years-in-2017>

and 43% having no contact with any service at all³¹. This demonstrates the need for those coming into contact with children and young people to be adequately trained in identifying the warning signs for serious mental health difficulties and correctly diagnosing and recommending effective treatment.

Implications for Services

The impact of rising thresholds for specialist services and severely mentally ill children and young people not receiving the support they need can also be seen in the increase in those presenting to A&E at crisis point. A&E attendances by young people under 18 with psychiatric conditions have doubled in five years, from 13,800 in 2012/13 to 27,500 in 2017/18. Those presenting to A&E with cases of self-harm increased from 17,800 in 2012/13 to nearly 22,000 in 2017/18³².

The rate of hospital admissions as a result of self-harm in children and young people increased by 16% between 2011 and 2017. This data does not, however, take into account A&E admissions, so the true figure is likely to be much higher.

With the increase in thresholds often meaning that patients cannot access help until they are in crisis, it is pertinent to highlight that whilst the average cost of a referral to a community CAMH service is £2,338 this rises to £61,000 if a patient has to be admitted to an in-patient CAMHS unit³³. 38% of spending on children's mental health goes on providing in-patient mental health care. This is accessed by less than 1% of children aged 5-17³⁴. Early intervention is critical to achieving effective outcomes for both patients and the NHS.

Case Study: Children 'bounce around' the system until they reach crisis

"The children and young people with more complex and severe needs are in 'stasis' without effective treatment being provided and are likely to 'bounce around' the system receiving serial short-term interventions, inappropriate to their level of need, until they reach a crisis that requires in-patient admission. The loss of Tier 3 is seen in increased pressure on Tier 4 and evidenced in the extent to which children and young people with poor mental health harm themselves, use A&E and other services inappropriately, become NEET or are caught in the youth justice system, and often continue to suffer into adulthood from conditions that should have been met with an effective treatment at the appropriate time."

ACP (2018) *Silent Catastrophe*, available at: <https://childpsychotherapy.org.uk/launch-acp-report-silent-catastrophe>

Inadequate early intervention in the community and children and young people reaching crisis before they are being seen promotes a vicious cycle in which they are too ill to manage so require in-

³¹ Rodway, C, Tham, S et al, *Suicide in children and young people in England: a consecutive case series*, *Lancet Psychiatry* 2016; 3 (8): 751-759, accessed at: <https://www.sciencedirect.com/science/article/pii/S2215036616300943>

³² Young Minds (2018), *A&E attendances by young people with psychiatric conditions almost doubled in five years – new figures*, accessed at: <https://youngminds.org.uk/about-us/media-centre/press-releases/ae-attendances-by-young-people-with-psychiatric-conditions-almost-doubled-in-five-years-new-figures/>

³³ Children's Commissioner (2017) *Briefing: Children's Mental Healthcare in England*, accessed at: <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/10/Childrens-Commissioner-for-England-Mental-Health-Briefing-1.1.pdf>

³⁴ *ibid*

patient admission, which is more costly than care in the community and then drains the system of funding for early intervention.

The Royal College of Psychiatrists has warned of a “national crisis” in mental health bed shortages, with Dr Ranga Rao, the National Lead for Acute Inpatient Care, saying that a reduction in patient beds over the last 10 to 15 years means more patients were sent out of area for treatment, away from their home and support network, despite clinicians knowing it delayed recovery³⁵.

NHS England figures show that over 1,000 children and adolescents in England were admitted to a non-local bed in 2017-18, in many cases more than 100 miles from home. Many had complex mental health problems that often involve a risk of self-harm or suicide.

National benchmarking data³⁶ finds there was a 90% occupancy rate for overnight mental illness beds for the most recent quarter. The Kings Fund notes that current levels of extremely high occupancy mean the average hospital in England is at risk of being unable to effectively manage patient flow leaving it vulnerable to fluctuations in demand. These data make the case for better resourced multi-disciplinary CYPMH services in the community which are able to intervene and provide treatment at the right time to reduce the need for in-patient admission wherever possible.

Implications for Wider Society

As well as impacts on the NHS, in the Children’s Commissioner’s 2017 report the Commissioner noted: “children’s inability to access mental health support leads to a whole range of additional problems, from school exclusions to care placements breaking down to children ending up in the youth justice system”. The Mental Health Foundation suggests that the rate of mental health problems of those in the criminal justice system tend to be three times greater than that of the general population; falling between 25% and 81%, with those in custody having the highest rates³⁷.

Timely and appropriate interventions can lead to savings across a number of areas, including:

Problem Caused by Not Correctly Identifying or Treating Complex Mental Health Issues	Cost
Patient mental health gets worse	In 2017, suicide was the most common cause of death for children aged 5-19.
NHS resources are put under further strain	A&E attendances by under-18s with psychiatric conditions have doubled in 5 years. Those presenting to A&E with cases of self-harm increased from 17,800 in 2012/13 to nearly 22,000 in 2017/18. The rate of hospital admissions as a result of self-

³⁵ Health Service Journal (2017), *Royal College warns bed shortage is ‘national crisis’*, accessed at: <https://www.hsj.co.uk/humber-nhs-foundation-trust/royal-college-warns-bed-shortage-is-national-crisis/7020046.article>

³⁶ NHS England (2019) *Bed Availability and Occupancy Data – Overnight*, accessed at: <https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-overnight/> Beds Time-series 2010-11 onwards

³⁷ Mental Health Foundation (2002) *The Mental Health Needs of Young Offenders*, accessed at: <https://www.mentalhealth.org.uk/publications/mental-health-needs-young-offenders-update>

	harm in children and young people increased by 16% between 2011 and 2017.
Lack of timely intervention - some children who could have been treated earlier at a lower cost end up requiring admittance to an in-patient CAMHS unit at a much higher cost.	In 2019 there was a total of 3,000 admissions to CAMHS inpatient services, costing £300 million nationally, which equates to £100,000 a year per admission ³⁸ . By contrast, the cost of CAMHS community support per child is £3,000 per year.
Youth offending - the escalation of mental ill-health can result in behaviour that leads to crime and violence and the intervention of services including youth offending teams, young offender institutions and secure children's homes.	Within the youth justice system, the average price per place in an under 18 young offender institution is £76,000 , whilst it costs £160,000/year for a place in a Secure Training Centre and £210,000/year for a place in a Secure Children's Home ³⁹ .
Learning and behavioural difficulties - children's and adolescent's emotional, behavioural and learning difficulties can have a high impact on educational resources and lead to the use of exclusion	According to an IPPR report from 2017 ⁴⁰ , the average school exclusion costs £370,000 across an individual's lifetime : "As well as an incalculable personal cost, this has a huge societal cost. The cost to the state of failing each pupil is an estimated £370,000 in additional education, benefits, healthcare and criminal justice costs across a lifetime." Fixed period exclusions have increased from 269,000 in 2013/14 to 411,000 in 2017/18. Permanent exclusions have also risen across this period, from less than 5,000 to nearly 8,000 ⁴¹ .
Transition to adult services - Where problems are not resolved in childhood there will be a long-term impact on the resources of adult mental health services.	Research across mental health strongly indicates that long term adult service users with a variety of presenting difficulties frequently experienced mental health difficulties in childhood and adolescence, and may have repeatedly used CAMHS without good outcomes during this period.

As we have outlined above, there is an increasing need for mental health services for children and young people. Whilst some children and young people can be helped by brief interventions, for those with more complex and comorbid needs, this may be unhelpful or ineffective. There is currently a misalignment between the high levels of need and specialist provision in the community, 'closer to home', as the NHS LTP commits to. Services need to be able to offer more to these patients.

³⁸ The Centre for Mental Health (2019) *Children's mental health services: the data behind the headlines*, accessed at: <https://www.centreformentalhealth.org.uk/blog/childrens-data>

³⁹ Ministry of Justice (2018) Written Parliamentary Question 144303, available at: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2018-05-15/144303/>

⁴⁰ IPPR (2017) *Making the difference: breaking the link between school exclusion and social exclusion*, accessed at: <https://www.ippr.org/publications/making-the-difference>

⁴¹ Department for Education (2019) *Permanent and Fixed Period Exclusions 2017 to 2018 – national tables, table 1*, accessed at: <https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2017-to-2018>

Part B: The vital role of Child and Adolescent Psychoanalytic Psychotherapists in specialist teams in delivering treatment for children and young people with complex mental health needs

As there is more extensive provision of services in the community, at school, colleges and universities in line with the ambitions set out in the Long Term Plan, there will be a greater identification of children and young people requiring specialist treatment. As a result there needs to be a matching increase in specialist capacity to respond.

Specialist mental health clinicians including Child and Adolescent Psychoanalytic Psychotherapists are central to the achievement of the aims and targets in the LTP, both in directly meeting the needs of children and young people in priority areas, but also in assessment and in training, supervising and leading the greatly expanded workforce that is required under the plan.

It is the view of the ACP that **both** ensuring early intervention takes place in the community **and** access to highly-trained clinicians, who have the skills to properly assess and understand the range and complexity of children and young people's needs, are essential to the Long Term Plan's success.

1. Child and Adolescent Psychoanalytic Psychotherapy

Child and Adolescent Psychoanalytic Psychotherapists are amongst the most highly skilled and rigorously trained mental health professionals working with the most vulnerable and disturbed children and young people; often those whom other therapeutic interventions have not been able to help.

They work as a vital part of multi-disciplinary teams in the NHS and other public services to assess and treat infants, children and young people with severe and complex mental health problems and work with their families, carers and networks of professionals surrounding them.

Child and adolescent psychoanalytic psychotherapy is the only mental health specialist training to focus exclusively on work with children and young people (0-25) and their families. It is a six-year training comprising a two-year part-time self-funded post-graduate pre-clinical course and an NHS funded four-year full-time doctoral level clinical training.

What does Child and Adolescent Psychoanalytic Psychotherapy Offer?

Children and young people with severe and long-lasting mental health problems may respond to people and situations in ways that they do not understand and cannot control. Their emotions can be extreme and are often expressed through their behaviour and in problematic relationships. These difficulties often extend to relationships with services and professionals. This can prevent these children from benefiting from the care and opportunities that are available to them.

The approach of Child and Adolescent Psychoanalytic Psychotherapists seeks to look beneath the surface of difficult emotions, behaviours and relationships to help children, adolescents and their families to understand themselves and their problems. They are trained to carefully observe what a child or young person might be communicating non-verbally through their behaviour and play. The

extensive training of Child and Adolescent Psychoanalytic Psychotherapists enables them to work with these very disturbing thoughts and to develop and sustain relationships with children and young people to help them to make sense of their experience. Confused, frightened, hurt, angry or painful feelings can gradually be put into words rather than actions. As a result the child can begin to express their emotions in less disturbed ways and start to return to the normal process of child development. They are likely to feel less anxious, more able to learn and better equipped to sustain friendships.

Child and Adolescent Psychoanalytic Psychotherapists may see children and young people individually or with other family members and can support these relationships as well as those with carers and professionals. Concurrent work with the parents or carers of children in therapy is an important part of the CAPPT approach.

Child and adolescent psychoanalytic psychotherapy is a doctoral level, professional qualification. Applicants are required to have substantial experience of working with children and adolescents. For many people child and adolescent psychoanalytic psychotherapy is a second professional training after nursing, midwifery, teaching, social work, occupational therapy, psychology or psychiatry and they bring extensive experience of working with children, their families and the professionals around them in a variety of contexts to bear on their work.

Complex Work Provided by CAPPT

Child and Adolescent Psychoanalytic Psychotherapists work with some of the most vulnerable and deeply troubled children and young people in society. The areas where a specialist child and adolescent psychoanalytic psychotherapist is most needed include children and young people with complex and comorbid conditions and those suffering from developmental breakdown. This includes children who have been neglected, abused, those suffering with trauma, moderate to severe depression including suicidal thoughts, crippling anxiety, eating disorders, those with learning difficulties and communication disorders such as autism spectrum disorders. Unlike some therapies offered to infants, children and young people, child and adolescent psychoanalytic psychotherapy is not a single therapeutic modality, but rather a powerful combination of skills, knowledge and experience that can be applied to a wide range of patients, groups and work contexts. This equips CAPPTs with the capacity to work with the most complex cases characterised by severity of disturbance, co-morbidity and, often, multi-agency involvement.

CAPPT Testimonial from an 18 year old:

"I was a drastic case and was seen urgently 2-3 weeks after being referred by my GP. Before psychotherapy I'd tried CBT and it didn't work for me. During psychotherapy sessions I felt it was a talking session, where I could freely shout, cry, vent and there was nobody telling me I had to get through an exercise.

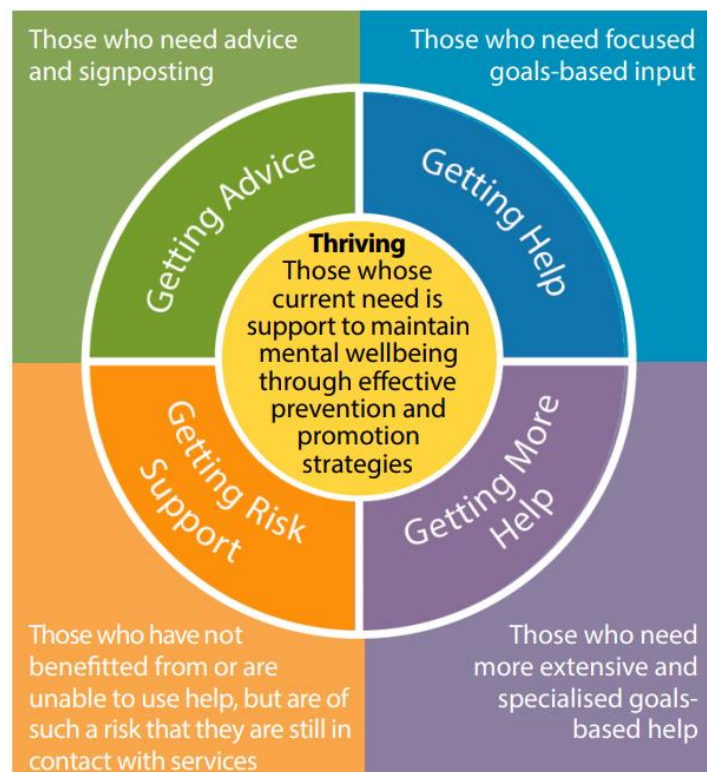
"I wouldn't be the person I am today without the psychotherapist¹. I have more self worth. The psychotherapy allowed us together to see things from an outside perspective and highlighted it to me in a way that didn't aggravate or upset me. I became less angry, happier, more independent. The psychotherapist made me realise that there were things in my life that were traumatic and upsetting and enabled me to understand it at my own pace. I have more confidence in relationships and friendships now - I have more self worth to say 'I deserve this'."

CAPPT and THRIVE

The NHS Long term plan recommends the ‘THRIVE’⁴² framework as an operating model of mental health services that provides an integrated approach across health, social care, education and the voluntary sector. The THRIVE framework is needs-led which means that mental health needs are defined by children, young people and families alongside professionals through shared decision making, and not on a service-led definition of severity, diagnosis or pathway. The aim is for children and young people’s mental health needs to be identified and appropriately responded to earlier. THRIVE offers the opportunity to move away from specialist mental health clinicians including Child and Adolescent Psychoanalytic Psychotherapists being confined to tier 3 CAMH services, with a high boundary wall for admission, and instead being integrated with other professionals across the whole system and able to offer expertise in a more timely and appropriate way. This is an approach that CAPPTs have always supported⁴³ and they are an important element of the THRIVE model, providing consultation, assessment or treatment in the right time and place across all four of its quadrants of activity:

- They can contribute to ‘Getting Advice’, where the THRIVE model recommends that “health input in this group should involve our most experienced workforce, to provide experienced decision making about how best to help people in this group and to help determine whose needs can be met by this approach.”

- In ‘Getting Help’, the THRIVE model suggests that “health input in this group might draw on specialised technicians in different treatments”. CAPPTs work effectively in multi-disciplinary teams to provide case consultation across the children’s workforce as well as offering training, for example to those working in schools.



⁴² Wolpert et al (2019) THRIVE Framework for System Change, available at: <http://implementingthrive.org/about-us/the-thrive-framework/>

⁴³ A classic paper describing the benefits of a CAPPT being able to ‘stand next to the weighing scales’ of a GP baby clinic and offer informal support to mothers, and advice to professionals, is: Dilys Daws (1985) Two papers on work in a baby clinic: (i) Standing next to the weighing scales, Journal of Child Psychotherapy, 11:2, 77-85, DOI: 10.1080/00754178508254776

- CAPPTs are primarily located within multi-disciplinary teams in the ‘Getting More Help’ section, which says that “health input in this group should involve specialised health workers”. The model notes that this group might include children with a range of overlapping needs that mean they may require greater input, such as the coexistence of autistic spectrum disorder, major trauma or broken attachments. These are the kinds of children and young people with complex needs that CAPPTs are well placed to treat.
- In ‘Getting Risk Support’, CAPPTs meet the criteria that “health input should be from staff trained to work with this group and skilled in shared thinking with colleagues in social care”.

Fundamental to the aims of the THRIVE model is empowering children, young people and their families through active involvement in decisions about their care. Tailoring treatment to individual needs with personalisation of care and choice is a strength of CAPPT.

2. The Cost Effectiveness of the Right Treatment at the Right Time

As outlined in Part A.3, not correctly identifying or treating more complex mental health issues is ineffective both in terms of outcomes for children and young people and in cost terms for the NHS and wider society.

As part of effective multi disciplinary teams Child and Adolescent Psychoanalytic Psychotherapists can contribute to assessments to ensure that children and young people with complex needs are identified and directed to the most effective and appropriate intervention. The cost effectiveness of child and adolescent psychoanalytic psychotherapy as one element of effective specialist treatment is also proven.

For every £1 invested in a child psychotherapist’s training, between £7 and £23 of net benefits can be expected. It has been estimated that CAPPT can produce net benefits of between £1 million and £5 million over 10 years⁴⁴. **The NHS gains fully from its investment in CAPPTs. Almost 100% of students complete the training and continue to work in the NHS or other public mental health services.**

A recent paper⁴⁵ looking at five different meta-analyses of studies from around the world found that positive change and patient growth continue to develop beyond the end of psychotherapy sessions, as measured in follow-up assessments conducted as long as three years post-treatment. This suggests that psychotherapy provides patients with the tools to continue to function better in the world and reduce symptoms well beyond the end of their treatment.

⁴⁴ O Shaughnessy, T and Booth, K (2015) Cost Benefit Analysis for the BTTP Child and Psychotherapy Training School.

⁴⁵ Shedler, J. (2010) *The efficacy of psychodynamic psychotherapy*. American Psychologist, 65, 98-109.

CAPPT in NICE Guidance

Depression in Children and Young People

NICE recommends psychodynamic psychotherapy in its guidance on management of depression in children and young people¹:

- For 5 – 11 year olds psychodynamic psychotherapy is recommended (1.6.4) as one of the options for first line treatment for those with severe to moderate depression.
- For 12 – 18 year olds it recommends psychodynamic psychotherapy as an option to consider (1.6.6) if individual CBT would not meet the clinical needs of those with moderate to severe depression or is unsuitable for their circumstances.
- In addition the guidance recommends psychodynamic psychotherapy (approximately 30 weekly sessions) for depression unresponsive to combined treatment (1.6.13).

CYP with moderate to severe depression, and co-morbid depression and anxiety, are likely to make up a significant proportion of the additional 345,000 to be seen under the LTP and therefore psychodynamic psychotherapy should be made available in all CAMHS and considered as an option for all 5 to 18 years olds with moderate to severe depression.

CAPPTs undertook the work in the trials that have led to the inclusion of psychodynamic psychotherapy in the NICE guideline and are best placed to offer treatment for these groups of patients. This work is included as a core competency in their training.

Abuse and Neglect

NICE/SCIE guidelines² on therapeutic interventions after abuse and neglect recommend individual psychoanalytic psychotherapy as an intervention after sexual abuse for girls aged 6-14.

It also recommends providing separate sessions for non-abusing parents or carers to help them support their child's attendance and address issues in the family. Concurrent work with parents is a key aspect of the CAPPT approach.

1. NICE (2019) NICE guideline [NG134] Depression in children and young people: identification and management, available at: <https://www.nice.org.uk/guidance/ng134/chapter/Recommendations>

2. NICE/SCIE (2018) Therapeutic Interventions After Abuse and Neglect, accessed at: <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides-for-social-care/therapeutic-interventions-after-abuse-and-neglect>

A Systematic Review of research into the effectiveness of psychoanalytic psychotherapy for children and young people⁴⁶ found that it was effective in treating children and young people with depression, anxiety and behaviour disorders, eating disorders and developmental issues. It was also found to be effective in helping sexually abused girls. Significantly, the review found that improvements were sustained or even enhanced in the long-term, with adults who had been treated as children or adolescents still feeling the benefits of psychodynamic psychotherapy many years later. This finding, which has been labelled the 'sleeper effect' was clearly demonstrated in a

⁴⁶ Kennedy, E. (2004) *Child and Adolescent Psychotherapy: A Systematic Review of Psychoanalytic Approaches*

randomised control trial of severely depressed young people⁴⁷. In the study, 30 sessions of CAPPT plus parent work were shown to be highly effective.

The IMPACT study launched in 2010 assessed nearly 500 adolescents diagnosed with depression who were randomised to either a cognitive behaviour therapy, short term psychoanalytic therapy (STPP) or to a brief psychosocial intervention. It found⁴⁸ that 70% of adolescents had improved substantially in each of the treatment groups, with a reduction in depression symptoms maintained a year after the end of therapy. It demonstrates that the three different psychological therapies may be employed in NHS CAMHS with equal confidence^{49, 50}. This is the study which led to the inclusion of psychodynamic psychotherapy within the NICE guidelines. **Provision of STPP is best delivered by CAPPTs and this is a strong reason for inclusion of CAPPT in service models and workforce plans to meet the LTP ambitions.**

“CAPPT offers short-term psychoanalytic therapy to teenagers with depression - STPP- which was found to be equally effective as CBT and in some cases, depending on the individual young person, would be the treatment of choice.”
Consultant Child and Adolescent Psychiatrist, North West CAMHS

⁴⁷ Trowell J, Joffe I, Campbell J, Clemente C, Almqvist F, Soininen M, Koskenranta-Aalto U, Weintraub S, Kolaitis G, Tomaras V, Anastasopoulos D, Grayson K, Barnes J, Tsiantis (2007). Childhood depression: a place for psychotherapy. An outcome study comparing individual psychodynamic psychotherapy and family therapy. *J.Eur Child Adolescent Psychiatry*. 2007 Apr;16(3):157-67.

⁴⁸ Goodyer, I., Reynolds, S., Barrett, B., Byford, S., Dubicka, B., Hill, J., Holland, F., Kelvin, R., Midgley, N., Roberts, C., Senior, R., Target, M., Widmer, B., Wilkinson, P., Fonagy, P. (2016). Effectiveness And Cost-Effectiveness Of Cognitive Behaviour Therapy And Short-Term Psychoanalytic Psychotherapy Compared With Brief Psychosocial Intervention In Maintaining Reduced Depressive Symptoms 12 months after end of treatment in Adolescents with Unipolar Major Depression (IMPACT): A Pragmatic Superiority Randomised Controlled Trial. *Lancet Psychiatry*.

⁴⁹ For further details of the main study protocol, see Goodyer et al. (2011) *Improving mood with psychoanalytic and cognitive therapies (IMPACT): a pragmatic effectiveness superiority trial to investigate whether specialised psychological treatment reduces the risk for relapse in adolescents with moderate to severe unipolar depression: study protocol for a randomised controlled trial*

⁵⁰ Catty, Jocelyn and Cregeen, Simon and Hughes, Carol and Midgley, Nick and Rhode, Maria and Rustin, Margaret (2017) *Short-term psychoanalytic psychotherapy for adolescents with depression: A treatment manual. The Tavistock Clinic Series / The Developments in Psychoanalysis Series*. Karnac, London. ISBN 9781782203520

3. How CAPPT Aligns with the Long term Plan

The following table sets out the role and contribution of Child and Adolescent Psychoanalytic Psychotherapists as a part of effective multi-disciplinary teams in relation to the key deliverables and other ambitions in the LTP. This is underpinned by the ACP’s competence framework for child and adolescent psychoanalytic psychotherapy which identifies the skills and knowledge acquired by CAPPTs during their six-year training. The map of competences is available on the ACP’s website⁵¹ with each box in the map opening to list the relevant detailed competences. It also discusses its advantages for clinicians, trainers, managers and commissioners.

LTP Aim	How CAPPT can support delivery of this ambition	Evidence from Practice
<p>By 2023/24, an additional 345,000 children and young people (CYP) aged 0-25 will be able to access mental health support.</p>	<ul style="list-style-type: none"> • The expansion of services will uncover further unmet needs. Whilst some of these additional children’s needs will be met by mental health support teams on the frontline, others will require specialist treatment and care in multi-disciplinary teams. • The rigorous training of Child and Adolescent Psychoanalytic Psychotherapists enables them to sustain intensive work with the most difficult children who can have a troubling impact on individual workers and systems of care. They have the skills and experience to respond to the complexity of emotional, behavioural and developmental difficulties faced by many children and young people with severe mental health needs. • This is gained through many years of working clinically with children and young people from infancy through to young adulthood (0-25). • In addition to providing treatment, CAPPTs can also contribute to assessments either directly or through training other staff members to ensure that complex needs are identified and children are recommended the most appropriate treatments. • They also offer training and supervision to other staff dealing with children with complex mental health needs to ensure they can best carry out their work. • CAPPTs work across a range of settings from in-patient units to community settings such as schools, hospitals and social care environments providing specialist support to a child and the network 	<p><i>“Our consultant CAPPT takes on some of the most complex cases.”</i> Ward Manager, London hospital</p> <p><i>“[Our CAPPT] is hugely helpful in formulation, complex case discussion and supervision meetings. For longer term work she will see young people (sometimes intensively) who otherwise might be hospitalised. I have not admitted a young person to hospital since April 2017.”</i> Consultant Child and Adolescent Psychiatrist, North Yorkshire Community CAMHS</p>

⁵¹ <https://childpsychotherapy.org.uk/competence-map-child-and-adolescent-psychoanalytic-psychotherapists-point-qualification>

	around them.	
<p>All children and young people experiencing crisis will be able to access crisis care 24 hours a day, seven days a week.</p> <p>Recognising the pressure on emergency departments local areas will design and implement models of care that are age appropriate, closer to home and bring together physical and mental health services.</p>	<ul style="list-style-type: none"> • Presentations for self-harm and attempted suicide can be resource intensive, potentially using ambulance, A&E, crisis team and inpatient resources. A relatively small proportion of individuals who present at A&E with deliberate self-harm may use a disproportionately large amount of resources. • The availability of regular psychotherapy sessions provides depressed and self-harming children and adolescents with a containing structure for their very intense emotions. • An audit of children being seen as training cases by trainee CAPPTs showed a decrease in the level of perceived risk in 48% of cases during the period⁵². 	<p><i>“Since 2017 we’ve had a CAPPT and a crisis team on board, which I have daily contact with. I no longer admit eating disorders [to hospital] due to having them in place - it used to be 4-5 a year.”</i></p> <p>Consultant Child and Adolescent Psychiatrist, North Yorkshire Community CAMHS</p> <p><i>“The CAPPT is part of the risk rota and as a duty practitioner assesses children and young people who present in crisis with concerns around high levels of risk in A&E and on the paediatric ward. The CAPPT further offers initial assessments and consultations to children/ young people and their families with a diverse range of presenting difficulties.”</i></p> <p>Consultant Child and Adolescent Psychiatrist, North West CAMHS</p>
<p>Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it.</p>	<ul style="list-style-type: none"> • At present, only 30.5% of CYP can currently access the specialist care they need. • Many of those susceptible to complex mental health needs are in areas of high deprivation that are not adequately served by existing mental health services. • If every area of the country is served by a CAPPT as part of an MDT with other specialist clinicians, this will ensure that every child can access the specialist treatment they need. 	<p><i>“Considering the increased numbers of referrals to CAMHS that we see and the rise in young people presenting with emotional difficulties, it is so important CAMH services are offering different therapeutic interventions to young people, depending on their suitability for a particular intervention and the young person’s choice. More effort should be</i></p>

⁵² Robertson, K (2007) Audit of intensive cases held by child and adolescent psychotherapists in training at the Tavistock Clinic at November 2006. Unpublished audit report.

		<p><i>made on a regional and national level to ensure that we can deliver therapeutic interventions, including psychoanalytic psychotherapy, to those young people who are coming to us because of their distress and emotional difficulties which are impacting on their development and overall life, in a timely fashion and by experienced and well trained clinicians.”</i></p> <p>Consultant Child and Adolescent Psychiatrist, North West CAMHS</p>
<p>The NHS and our partners will be moving to create Integrated Care Systems everywhere by April 2021 - ICSs bring together local organisations in a pragmatic and practical way to deliver the ‘triple integration’ of primary and specialist care, physical and mental health services, and health with social care</p>	<ul style="list-style-type: none"> • CAPPTs work across a range of settings from in-patient units to community settings such as schools, hospitals and social care environments providing specialist support to a child and the network around them. • They can also help understand and communicate the CYP’s thoughts and relationships to other members of staff across the care system to advocate for them and ensure that the treatment approach is coordinated across all areas. • CAPPTs are an important element of the THRIVE model, providing consultation, assessment or treatment in the right time and place across all four of its quadrants of activity. They support THRIVE as a model for providing an integrated approach across health, social care, education and the voluntary sector. See section B1 above for further detail. 	<p><i>“Our CAPPT is specialised in a range of presentations and complex safeguarding cases; the CAPPT links with other partners and other parts of the hospital.”</i></p> <p>Ward Manager, London Hospital</p> <p><i>“Our CAPPT will lead individual workshops in which we meet once a week to collaborate and decide what is the best individual work for that child. The level of our work means difficulties are projected onto staff. Particularly for our young staff, the CAPPT aids their understanding of the transference relationship which is key to understanding the projected processes. He’ll often be consulted in cases when there are medically unexplained symptoms.”</i></p> <p>Ward Manager, London Hospital</p>
<p>We will extend current service</p>	<ul style="list-style-type: none"> • CAPPT is the only specialist mental health training to focus exclusively on the 0-25 age group with in-depth knowledge of child and adolescent 	<p><i>“The CAPPT’s expertise spans the whole</i></p>

<p>models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.</p>	<p>development.</p> <ul style="list-style-type: none"> • Young people needing the extension of services to age 25, and the continuity it will bring, are often those in the care system or with disrupted support networks. Mental health staff need the capacity to sustain relationships through this period of transition and be able to work effectively with the carers and network around the young person. These are central CAPPT competences. • A comprehensive offer should mean that children and young people have access to a range of treatments to ensure that the broad range of mental health difficulties faced by this age group can be effectively addressed. 	<p><i>age range which is unique as working with children with high levels of aggression and/or young children individually is not routinely available in CAMHS.”</i> Consultant Child and Adolescent Psychiatrist, North West CAMHS</p>
<p>[The NHS] will test approaches that could feasibly deliver four week waiting times for access to NHS support, ahead of introducing new national waiting time standards for all children and young people who need specialist mental health services.</p>	<ul style="list-style-type: none"> • Assessment by experienced clinicians should be an important component of better management of waiting lists so that CYP are directed to the right treatment or service at the right time, rather than stepping up through potentially ineffective treatments. This approach is recommended in the THRIVE model which states that the most experienced workforce should be used in the first quadrant to provide “experienced decision making about how best to help people in this group and to help determine whose needs can be met by this approach”. CAPPTs have high level competences in assessment. 	<p><i>“We have a referrals meeting every fortnight and the CAPPT always comes with a multi-disciplinary approach – informing whether we need to make a referral or not. As a team, we also ask his advice on assessments in terms of risk and how we can support that family.”</i> Ward Manager, London Hospital</p>
<p>Mental health support teams will be embedded in schools and colleges.</p>	<ul style="list-style-type: none"> • CAPPTs have a strong history of working effectively in schools and colleges, adapting their core skills to these environments. • This has included: consultation and training in emotional development and child mental health for staff; working with children in groups, including alongside school staff; direct therapeutic work for children and parents; whole family work in schools; making specialist assessments and referrals to other professionals and helping to train and guide teaching staff in recognising the mental health needs of pupils. 	<p><i>“The CAPPT boosts morale of teachers and SENCO teams. She meets with us all to talk through and understand why certain children are behaving a certain way. She gives us little clues and tips on how we can work with that child. She guides us on having more background information about the child to make job of relating to children’s psychological sides easier.”</i> Primary School Teacher, London</p>

		<p><i>“It would be great to see more people like our CAPPT in our school and if we could create full-time roles within schools, that would be brilliant. They form a safe environment for a child to go if there’s a crisis, they are someone who knows what to do based on their expertise and knowledge and can refer to other agencies much faster than I can.”</i></p> <p>Primary School Teacher, London</p>
<p>The Long Term Plan will improve access to and the quality of perinatal mental health care for mothers, their partners and children.</p>	<ul style="list-style-type: none"> • CAPPTs, with their in-depth training in early social and emotional life, and in infant observation, are key professionals in the multi-disciplinary early years field, both in terms of direct work with infants and families, and in training, supervising and consulting to a wide range of professionals and agencies in health, social care and the third sector. The majority of CAPPTs at the point of qualification will have the ability to offer psychoanalytically informed perinatal and parent-infant work. • CAPPTs work in perinatal services and mother and baby units where their focus is on the parent-infant relationship. The infant's development cannot wait for the recovery of the mother and their pathway through mental health services needs to be tracked from the first interventions (currently the patient of perinatal services is the mother rather than the dyad). 	
<p>Over the next five years, we will also boost investment in children and young people’s eating disorder services. As need continues to rise, extra investment will</p>	<ul style="list-style-type: none"> • For CYP with eating disorders a strong multi-disciplinary team is essential to work with them and their families. CAPPTs are able to work with young people who may be in a very disturbed state, for extended periods where necessary, often when manualized treatments such as CBT-E have not been effective. CAPPTs working in this way in community settings can help to prevent the escalation of problems and potentially avoid an expensive and disruptive in-patient stay. 	<p><i>“We were working with a 16 year old girl who was presenting self-harm, eating disorder, emotionally non-verbal and underperforming at school. I, alongside a psychotherapist trainee started to see her weekly. The child couldn’t manage 7 days without seeing the psychotherapist. Unfortunately, we ended up having to</i></p>

<p>allow us to maintain delivery of the 95% standard beyond 2020/21.</p>		<p><i>admit her as we didn't have a crisis team. She went into hospital with signs of severe self-harm, eating disorders. She was then taken onto the adult ward and sectioned. If we could have offered psychotherapy to the child and parents ongoing, this could have been prevented.</i> Consultant Child and Adolescent Psychiatrist, Community CAMHS</p>
<p>In selected areas, we will also develop new services for children who have complex needs that are not currently being met, including a number of children who have been subject to sexual assault but who are not reaching the attention of Sexual Assault Referral Services.</p>	<ul style="list-style-type: none"> • CAPPTs in all services work with looked-after children and many work in specialist looked-after children services. CAPPTs also work in and consult to residential settings providing long-term care. They are also closely involved with the family courts providing assessments and work in forensic services. CAPPTs can offer long-term therapy where this is needed, but also work in and consult to the networks around CYP. Their high-level competence in understanding the underlying difficulties of the child and family helps professionals to maintain their stability and capacity to think about the needs of the child. • These approaches are also needed for work with other groups of children who have suffered traumatic or Adverse Childhood Experiences, including those who have experienced Domestic Abuse, and refugee children. • NICE/SCIE guidance recommends child-parent psychotherapy, group psychotherapy and individual psychotherapy for those suffering from abuse and neglect⁵³. 	<p><i>“Without the CAPPT, I would be blindly going on my instincts without knowing what to do. As a teacher, I don't have the time in the day or the skills to dig deeper into a child's problems. I've seen the value of seeing parents as part of the CAPPT process. It gives them a chance to learn more about their child too. They will often be struggling to see how their child is behaving badly or concernedly. As long as the CAPPT is on board, we can see positive change in vulnerable children.”</i> Primary School Teacher, London</p>

⁵³ NICE (2018) *Therapeutic Interventions After Abuse and Neglect*, accessed at: <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides-for-social-care/therapeutic-interventions-after-abuse-and-neglect>

4. Skills for Training and Supervising the Wider Children and Young People's Workforce

In addition to providing specialist treatment to patients, Child and Adolescent Psychoanalytic Psychotherapists play a crucial role in providing training, case consultation, support, supervision and specialist clinical leadership for colleagues across the wider children's workforce so that they are better able to carry out their work, as indicated through the testimonials in the above table. Their skills offer colleagues a way of understanding, managing and treating patients in complex and frightening clinical situations.

Children with severe comorbid conditions whose needs are complex require the input of a network of carers and agencies. They are resource-intensive (a quarter of the amount councils spend on children goes on 1.1% of children who need acute and specialist services⁵⁴) and often cause the most anxiety for professionals. CAPPTs work across the network of professionals and carers to represent the child's experience and help contain workers' anxiety sufficiently to enable them to develop helpful relationships.

Their work in effective multi-disciplinary teams promotes good staff development and helps staff to cope better with working with complexity and disturbance in children. This boosts morale, increasing staff retention and lowering vacancy rates. For example, one **clinical nurse specialist** said:

"We have group supervision sessions monthly with our CAPPT... one of the things the CAPPT has done is strengthen relationships in the team. The CAPPT has helped us deal with things better. We don't get a moment to think about the enormity of what we're dealing with – very sick children. These sessions enable us to take a moment to understand the impact on us."

The emotional resilience the intensive CAPPT training provides can be seen through much lower levels of 'burnout' than other professions though this is hard to evidence as CAPPTs are not currently identified as a separate workforce in many NHS statistics.

Almost 90% of CAMHS professionals surveyed who currently work with a CAPPT believe losing access to one would reduce their ability to offer effective, appropriate support to all the children they work with⁵⁵. 80% said that they believed it to be "very important" to have a CAPPT working as part of the CAMHS team.

5. What is Needed

As indicated above, CAPPT needs to be aligned with the priorities and targets of the Long Term Plan for the NHS to ensure it can deliver the right outcomes. A key element of this is ensuring that CAPPTs are included in all planning and provision of CAMHS services and that there are CAPPTs working at all levels, within multi-disciplinary teams.

As provision in communities and at schools and colleges increases CAPPTs are well placed to provide training to those undertaking initial assessments to ensure that they can correctly identify complex,

⁵⁴ Children's Commissioner (2019) *Childhood Vulnerability in England*, accessed at: <https://www.childrenscommissioner.gov.uk/publication/childhood-vulnerability-in-england-2019/>

⁵⁵ ACP (2017). Survey of 211 CAMHS professionals on the role and value of child psychotherapists.

comorbid conditions to recommend the most appropriate and effective intervention. Similarly, training by CAPPTs of those professionals in regular contact with children and young people, for example in schools or care services, may help to pick up some of the cases that are currently slipping through the net.

Schools, colleges and local services should all be able to have access to CAPPT expertise. Every area of the country needs to be able to access a CAPPT so that every child can benefit from their skills, expertise and experience as part of a comprehensive system of support. At present, many CCGs have limited or even no access to a CAPPT. Children and young people with mental health problems can end up being treated as far as 285 miles away from home, according to NHS figures. We have found that many towns in areas of high poverty and deprivation with greater levels of need in fact have very limited access to a CAPPT⁵⁶. There needs to be an increase in the workforce and targets established to improve geographical coverage to rectify this situation as well as to increase the BAME workforce to better reflect the communities that are served.

The ACP is concerned that Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) are not aware of the extent of the role played by CAPPTs as part of effective multi-disciplinary teams in addressing the needs of CYP and as such do not include provision for CAPPT in all CAMHS services. As NHS England/Improvement considers the plans of systems following the publication of the framework of the LTP, and the NHS Mental Health Implementation Plan 2019/20 – 2023/24⁵⁷, it should ensure that all STPs and ICSs recognise CAPPT as a vital component of community-based CAMHS.

STPs and ICSs should also have adequate provision in their system plans so that their communities all have access to a CAPPT.

The Royal College of Psychiatrists has provided guidance on workforce and skill mix in specialist CAMHS⁵⁸. Within the skill mix it recommends there should be 1.25 Child and Adolescent Psychoanalytic Psychotherapists per 100,000 total population. This relates to services for CYP aged 0 – 16. If the figure were expanded to account for the 0 – 25 population as proposed in the NHS LTP then the figure would be 2.0 CAPPTs per 100,000 total population. As the total population of England is 53 million that would equate to a total national workforce of CAPPTs of 1,100. This is likely to be a minimum figure given the increased prevalence of mental illness identified by NHS Digital in 2018 and also the Long Term Plan ambition for at least an additional 345,000 children and young people aged 0-25 will be able to access support by 2023/24, and for 100% who need it to have access to specialist services by 2029.

The ACP proposes that the NHS increases the annual intake of trainees to ensure that the number of CAPPTs needed to meet the needs of the Long Term Plan is reached within ten years.

⁵⁶ ACP (2018) *Regenerating Seaside Towns and Communities*, available at:

<https://childpsychotherapy.org.uk/news/regenerating-seaside-towns-and-communities>

⁵⁷ <https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/>

⁵⁸ https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr182.pdf?sfvrsn=8662b58f_2

6. Recommendations

The ACP recommends key actions that should be taken forward to help provide specialist multi-disciplinary services and the increased psychological professions workforce that is needed in every area of the country.

- 1 That NHSE/I commissions work to define a model specification for specialist multi-disciplinary CAMHS that responds to the ambitions of the LTP and which is effective and cost-effective in meeting the needs of the most vulnerable and disturbed children and young people.**
- 2 That NHSE/I ensures that Sustainability and Transformation Partnerships and/or Integrated Care Systems have plans in place for multi-disciplinary services for children and young people with the most complex needs including access to child and adolescent psychoanalytic psychotherapy as part of its multi-disciplinary response to meeting the needs of the local population.**
- 3 That the core NHS profession of CAPPT is recognised alongside other psychological professions in the NHS People Plan and by local systems as a vital component of community-based CAMHS.**
- 4 That those providing community and education based services receive guidance and training from CAPPTs in support of their work and in identifying individuals with more complex cases who need referral to specialists.**
- 5 That national and local workforce plans include an increase in the number of CAPPT in training and employment to support the ambitions of the Long Term Plan and address regional shortages.**
- 6 That NHS Digital implements a specific workforce code for CAPPTs so that accurate data on the profession is collected.**

These recommendations should also be applied to the equivalent processes in the devolved nations.

For any further information please contact the report's authors:

Isobel Pick
Chair

Dr Nick Waggett
Chief Executive

The Association of Child Psychotherapists
CAN Mezzanine, 7-14 Great Dover Street, London, SE1 4YR
Tel: 020 7922 7751

Email: nick.waggett@childpsychotherapy.org.uk

Website: www.childpsychotherapy.org.uk

