

**STRATEGY FOR THE DEVELOPMENT OF PSYCHOLOGICAL
THERAPY SERVICES**

Stakeholder Consultation Exercise -Consultation Questionnaire

Consultation Response Questionnaire

You can respond to the consultation document by email, letter or fax.

Before you submit your response, please read Appendix 1, at the end of this questionnaire, about the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

Responses should be sent to:

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Written:

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TO BE CONSIDERED AS PART OF THE RESPONSE TO THE CONSULTATION PROCESS, RESPONSES MUST BE RECEIVED BY DHSSPS BY ?? March 2009.

I am responding on behalf of an organisation

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Purpose of Strategy: to provide an overarching framework for the development of psychological therapy services.

Do you agree that the Strategy covers the issues relevant to developing local PT services? **YES** / ~~NO~~

If not, what other areas need to be covered (or not covered)?

The Association of Child Psychotherapists (ACP), the professional body for psychoanalytically-trained child and adolescent psychotherapists in the UK, welcomes this consultation on the development of psychological therapy services in Northern Ireland.

In support of our colleagues in the Child and Adolescent Psychoanalytic Psychotherapy Northern Ireland (CAPPNI) group, who are members of the ACP and are submitting a separate response, we agree wholeheartedly with the need to improve access to psychological therapies for the population of Northern Ireland and the need to organise and map such service provision.

We would urge the department to address in particular the needs of children, young people and their families, who require services tailored to their circumstances. Children's services are able to take account of a range of factors that differ from work with adults. These include the importance of early intervention, an awareness of the different problems faced by children at different ages and the need to work with parents, other family members and the complex network of services that support children and young people.

Research shows that one in ten children and young people in the UK suffers from a clinically-diagnosable mental health disorder including problems with eating such as anorexia, emotional problems such as depression and behavioural problems such as conduct disorder. Many more have less severe problems that can affect the way they develop, learn and have relationships.

Left untreated, these difficulties can lead to emotional and behavioural difficulties in later life, including serious mental illness. They can also be linked with underachievement in school, unemployment, crime, teenage pregnancy, violence and the misuse of alcohol and drugs, all of which have social and economic costs to society.

Do you think that the Strategy is likely to have any adverse impact on equality of opportunity or on good relations with regard to the Section 75 categories of people? If yes, please explain why?

No.

If you believe there are likely to be adverse impacts on any of the Section 75 categories of people, can you suggest any ways in which they could be reduced or alleviated in the proposals?

If yes, please enter suggestions here

N/A

Northern Ireland Context

Are there any issues specific to Northern Ireland, which have been missed, or should be addressed or explored at greater length?

If so, what are they?

As our colleagues in CAPPNI state, there has been historic underinvestment in Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland. The strategy report refers to Bamford's observation that a quarter of the Northern Ireland population is under the age of 18. The ACP would urge the department to ring-fence a relative proportion of the £7million investment, recurrent from 2010/11, for CAMHS. As stated above (**Purpose of Strategy**), difficulties in childhood which are not addressed can lead to further and potentially more serious difficulties in adulthood, incurring costs to the individual and society as a whole.

Child and adolescent psychotherapists (CAPts) are recognised as core members of CAMHS in the National Service Framework (NSF) for Children, Young People and Maternity Services (September 2004). CAPts make a distinctive contribution to children's services and are most effective when they provide a specialist function as part of a multidisciplinary team.

CAPts have high-level competencies in the assessment of children and their families and are uniquely able to sustain long-term individual psychotherapy with children and young people where difficulties are severe, complex or chronic. CAPts offer supervision, training and consultation across all agencies and professions and their skills can support workers with less specialist trainings who will be in contact with highly disturbed and disturbing children and young people. The breadth and depth of their doctoral-level training also gives them the ability to provide expertise in specialist areas of work, including:

- Brief work with adolescents
- Brief work with families with very young children
- Group work
- Work with children in the care system
- Foster care and post-adoption support and training
- Family Court assessments
- School-based therapeutic services
- Therapy and consultation in hospitals, including neo-natal units
- Forensic services
- Autistic spectrum disorders and learning disability

Northern Ireland Context: continued from page 6...

Bamford recommended that a “psychotherapeutic approach should be more strongly integrated into CAMHS in Northern Ireland”, adding “there are very few dedicated family therapy and child psychotherapy posts in CAMHS in Northern Ireland and the role of these disciplines should be further developed and enhanced” (7.29, p69). This strategy and appropriate investment should reflect the need for the development of CAPt In order to address this deficit, as detailed in the CAPPNI submission. This would ensure that the psychotherapeutic knowledge recommended in Bamford is represented in the workforce that will deliver psychological therapies for children and young people, helping to meet the needs of children, young people and families in Northern Ireland.

General Service Principles

Do you agree with the general service principles set out at Section 4. **Yes / No**

If not, why not – and how could they be changed to get your support?

The ACP agrees with the General Service Principles outlined in section 4, and welcomes the emphasis on the delivery of safe, effective therapeutic services that are evidence-based, with staff having the appropriate training and skills, along with the appropriate supervision to provide services that are regularly monitored and evaluated.

CAPt has a substantial literature and evidence base, which demonstrates the effectiveness of CAPt in treating a wide range of childhood difficulties including depression, anxiety, behaviour and eating disorders, learning difficulties, developmental issues and personality disorders as well as the effects of sexual abuse, neglect and deprivation. Research has also demonstrated the ' sleeper effect ' of CAPt, with adults who had been treated as children still feeling its benefits many years later. See *Child and Adolescent Psychotherapy: A Systematic Review of Psychoanalytic Approaches* (2004, North Central London Strategic Health Authority) and *Process and Outcome Research in Child, Adolescent and Parent-Infant Psychotherapy: A Thematic Review* (2007, North Central London Strategic Health Authority) for further information. (A summary and free download of both documents is available on our new website, www.childpsychotherapy.org.uk, which goes live on Monday 30 March).

A new book published this week, *Child Psychotherapy Research: new approaches, emerging findings* (Midgley, Nick et al (eds), 2009, Routledge) brings together new research in the field of CAPt. Other recent developments include an ongoing NHS-funded random controlled trial (RCT) for treatments of adolescent depression, which is being carried out by ACP-trained CAPts in England.

The National Institute for Health and Clinical Excellence (NICE) recommends psychotherapy in its clinical guidance for the treatment of depression in children and young people, eating disorders and borderline personality disorder.

Recommendations

Recommendation 1: Psychological therapies should be a core component of mental health and learning disability service provision. Services should be delivered by staff with the skills and competence appropriate to the level of interventions required.

Do you agree with this recommendation?

Yes, we endorse the views of our colleagues in CAPPNI. Please refer to our response under the **Northern Ireland context** for details of the skills and competencies CAPts offer as part of a multidisciplinary team.

Recommendation 2: Clinicians and the public should have information on the range of psychological therapy services that are available and how to access them.

Do you agree with this recommendation? Yes

We endorse the views of our colleagues in CAPPNI. Please refer to the ACP's new website, www.childpsychotherapy.org.uk, a new national resource about CAPt for parents, young people, professionals and the media. It launches on Monday 30 March. The ACP also has a range of leaflets that may be of use in developing your material.

The Strategy makes 14 recommendations. Do you agree that the 14 recommendations are comprehensive?

Yes.

If not, what other recommendations do you think should be made?

If not, why not? How could it be changed to get your support?

Recommendation 3: Recognising the importance of psychological interventions, if a new care pathway or service framework is being developed, especially for mental health or learning disability conditions, due consideration should be given to the inclusion of psychological therapies within the pathway and service standards.

Do you agree with this recommendation?

Yes.

If not, why not – and how could it be changed to get your support?

Recommendation 4: Service users and carers should be involved at all levels of service development, planning and implementation of psychological therapy services. Do you agree with this recommendation? **Yes / ~~No~~**

If not, why not – and how could it be changed to get your support?

Recommendation 5: A Regional Psychological Therapies Group should be established as a matter of urgency to oversee implementation of this strategy and to advise the Department on the future development of child and adolescent and adult psychological therapy services. It should be representative of commissioners, service providers, carers and users. Do you agree with this recommendation? **Yes / ~~No~~**

If not, why not – and how could it be changed to get your support?

Yes. We endorse the submission from our colleagues in CAPPNI requesting representation on the Regional Psychological Therapies Group, to ensure that psychotherapeutic work with children, young people and families is represented alongside other approaches.

Recommendation 6: The HSC should develop an agreed service specification for relevant therapies, taking account of the service principles contained in this Strategy. Do you agree with this recommendation? **Yes / ~~No~~**

If not, why not – and how could it be changed to get your support?

Recommendation 7: Psychological therapy services should be subject to service, therapeutic and economic evaluation, which takes account of the views of service users and carers. **Yes / ~~No~~**

If not, why not – and how could it be changed to get your support?

Recommendation 8: The organisation and delivery of psychological therapy services should be based on a stepped care model. Do you agree with this recommendation? **Yes / ~~No~~**

If not, what alternative implementation structures would you prefer to see put in place?

The ACP supports CAPPNI's views on the stepped care model.

Recommendation 9: There should be a single point of access to psychological assessment to direct to the appropriate tier of intervention. Do you agree with this recommendation? **Yes / No**

If not, why not – and how could it be changed to get your support?

The ACP supports CAPPNI's views on the single point of access.

Recommendation 10: In order to improve early intervention and reduce pressure on specialist services, a detailed map is required of demand and associated workforce skills in adult, and child and adolescent psychotherapies with particular reference to tiers 1 and 2 interventions and the necessary supervision arrangements. Do you agree with this recommendation? **Yes / ~~No~~**

If not, why not – and how could it be changed to get your support?

Recommendation 11: Agreed pathways should be developed for child and adolescent and adult psychological therapies that incorporate face to face assessment by a competent mental health practitioner (band 6 or above) to ensure that a person's needs are appropriately addressed by a relevant professional with the appropriate skills and level of expertise. Do you agree with this recommendation? **Yes / ~~No~~**

If not, why not – and how could it be changed to get your support?

The ACP supports a child-centred assessment process, bearing in mind a child's emotional development to ensure that a face-to-face assessment is appropriate. In our experience, some children are over-interviewed, which can be damaging.

Recommendation 12: The recommendations contained in the Review of Clinical Psychology Workforce (2008) should be implemented. Do you agree with this recommendation? **Yes / No**

If not, why not – and how could it be changed to get your support?

The ACP supports CAPPNI's call for a more integrated workforce strategy that is inclusive of CAPt professional groups to ensure the success of this strategy.

Recommendation 13: A consortium of stakeholders, including accredited training providers, should be commissioned to agree a regional approach to undergraduate and postgraduate training to meet the requirements of a stepped care model. Do you agree with this recommendation? **Yes / ~~No~~**

If not, why not – and how could it be changed to get your support?

Recommendation 14: A supervision framework should be developed, which sets out the core competencies and accreditation required for supervisors at the different levels of intervention. Do you agree with this recommendation? **Yes / ~~No~~**

If not, why not – and how could it be changed to get your support?

The ACP supports the views of CAPPNI with regard to the development of a supervision framework.

Appendix 1

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: <http://www.informationcommissioner.gov.uk/>).