

Response of the Association of Child Psychotherapists to the CAMHS review consultation

The Association of Child Psychotherapists is the professional body representing child and adolescent psychotherapists eligible to work under that title in the NHS and the body that is recognised by the Department of Health to accredit UK trainings in child and adolescent psychotherapy.

Child psychotherapists are recognised as core members of the multi-disciplinary specialist child and mental health services (CAMHS) in the National Service Framework, Standard 9 (2004).

As a national professional organisation, not a CAMHS service provider or user group, we think it appropriate in our response to focus on what emerges as a core focus of the review:

How can mainstream, universal, targeted and specialist services be more effective in promoting the emotional wellbeing and mental health of children, young people and their families/carers and in ensuring they get the support they need?

We agree that an essential outcome is the promotion of the emotional wellbeing and mental health of children, young people and their family/carers and planning to try to ensure that they can access the support they need.

1. First, with regard to targeted services.

A complex network of services and agencies work with key groups of vulnerable children and young people with complex needs. These include services for Looked after Children (LAC), Children with Special Needs, Youth Justice, Paediatric Liaison. There are some particular models for the contribution from specialist child psychotherapists to multi-agency services, recommended by the Children's NSF and Every Child Matters that could be promoted in other areas:

Looked after Children Services are a key area of government commitment. Child and Adolescent Psychotherapists in all services are involved with looked-after children, also in specific LAC services and in residential settings. These provide

individual long term treatment which address the deep and complex psychological difficulties of these often very disturbed children, and thus help to sustain placements. They also work with carers and the network to prevent breakdown of placements and tackle the children's difficulties in making use of educational and other opportunities.

Youth Justice and Forensic Services. There is recognition of the need to promote multi-disciplinary mental health input to these under resourced services both to help the young people and also to promote understanding of and communication with often hard to reach young people. Examples of good practice include the Birmingham Trust for Psychoanalytic Psychotherapy's work as part of the local Youth Inclusion and Support Panel (YSIP) with positive feedback from the police service.

Paediatric liaison: Standard 9 of the NSF stressed the importance of CAMHS input to hospital-based children's service and required that "there are robust liaison arrangements in place to secure CAMHS input, including psychiatry, psychology, individual and family psychotherapy, social work and CAMHS trained nurses." The input of Child and Adolescent Psychotherapists has been highly valued in aspects of paediatric liaison including:

- A&E services including deliberate self harm and acute psychiatric presentations
- Neonatal Intensive Care Unit (NICU) and Paediatric Intensive Care Unit (PICU)
- Complex, impairing and life threatening and long-term illness

We would submit that such models of care provision as these are transferable and could be rolled out across local areas. We would also suggest that these service models fit the CAMHS review document Question 26 as "examples of good and innovative practice in the area of supporting children and young people with mental health problems."

2. Universal services.

Schools, children's centres, GPs, health visitors, social workers, that offer general advice and treatment for less severe problems, promote mental health, aid early identification of problems and refer to more specialist services.

We welcome the DCSF programme for the promotion of emotional health and wellbeing in schools.

We are also as stakeholders contributing to the two NIMHE National Workforce Programmes, Improving Access to Psychological Therapies and New Ways of Working in Mental Health which are now planning the delivery of New Ways of Working in the Psychological Therapies for Children and Young People in CAMHS. We recognise this to be of great importance for meeting the increased demand for therapy and counselling services with a wider competency-based workforce. This work is linked to the Skills for Health programme to develop National Occupational Standards for the psychological therapies.

3. Supervision.

We believe that alongside the development of an expanded workforce there remains the need for highly specialised practitioners able to support, train and consult to others (DoH/DfES, 2006), as well as a solid core of practitioners skilled in certain key competences. Access to skilled supervision supports good practice and improves retention in mental health work.

Examples include:

Tavistock Outreach to Primary Schools in Camden (Jackson 2002); 'Secure Start' in Children's Centres; the Parent-Infant Project in the Anna Freud Centre; consultation and training project with nurseries; early intervention work to transform infant mental health.

There is a substantial recognised inequality of CAMHS provision in England which the government is committed to address.

With regard to Child Psychotherapy, we consider it important to note that there is a lack of equity, especially in the south-west of England and in

the north of England where 35 out of 50 PCTs do not currently commission child and adolescent psychotherapy despite Standard 9 of the NSF.

Care pathways and integrated services

We, along with other professions of the multi-disciplinary CAMHS specialist services, consider it to be of crucial importance that the transition for 17/18 yos to adult services be addressed to give adequate care provision and continuity in a system that can currently be extremely problematic for some of the most vulnerable and complex cases, such as young people with learning disabilities, autism and psychotic illnesses.

We would be pleased to provide further information to the CAMHS Review as appropriate.

REFERENCES

DoH/DFES (2006a) Promoting the Mental Health and Psychological Well-being of Children and Young People: Report on the Implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services, London: Department of Health/Department for Education and Science.

DoH/DFES (2006b) Promoting the Mental Health and Psychological Well-being of Children and Young People: Report on the Implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services. Annex: models of good practice. London: Department of Health/ Department for Education and Science.

Jackson, E (2002). Mental Health in Schools: What about Staff? Journal of Child Psychotherapy. 28(2), 129-146.

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