

**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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**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, but note qualifications listed below.**

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

**The Child & Adolescent Psychoanalytic Psychotherapy N.I. group (CAPPNI), welcomes the invitation to consult with the DHSSPSNI regarding the development of psychological therapy services in Northern Ireland, and hopes the strategy will help support the psychological health and emotional wellbeing of children and young people. We have studied the draft document circulated in December 2008 and support the overall direction the Department is taking in relation to this initiative. We agree wholeheartedly with the need to improve access to psychological therapies for the population in Northern Ireland and the need to organise and map such service provision.**

**We would however like to make the following points:**

**In the draft document no clear distinctions are drawn between what it is that generic clinical psychologists do and what accredited psychotherapists do, whether they be adult, child or family therapists. In this regard professionals are not being set within their proper contexts.**

**Role clarification is necessary in order to enable workforce planning needs to be assessed and appropriate funding decisions to be made.**

**Alongside the Clinical Psychology Workforce Strategy, a broader and more integrated workforce strategy, that is inclusive of the registered psychotherapy professional groups, is required to facilitate workforce planning of psychotherapy services.**

**We find no specific reference in the draft document to the development and deployment of Child & Adolescent Psychotherapy (CAPt) services within an evolving CAMHS. We wish to draw attention to the following points:**

- **Due consideration must be given to the fact that in the NHS in England, CAPt is the only funded specialist child & adolescent**

mental health training in psychotherapy accredited by the DOH for the practice of child & adolescent psychotherapy in the NHS.

- In England [the](#) National Services Framework for children lists CAPT as a core CAMHS profession. (Sept 04)
- There is substantial research evidence for the effectiveness of CAPt in the treatment of emotional disturbances in children and young people. (Kennedy et al 2004). More detail regarding research evidence is provided under the 'General Services Principles' heading.

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

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 the Department will know, there has been historic underinvestment in Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland (NI). One of the results of this is that there are currently only 2.5 qualified CAPt posts and one trainee post in NI, which means that many children, young people, parents, families and other professionals do not have access to this vital service. This gap in resources means that:**

- **Not all children with complex mental health needs referred for intensive CAPt work can be seen, even where the referral is appropriate and has been recommended by the courts**
- **The substantial training, consultation and supervision that can be offered by CAPts to other staff working within tiers 1 & 2 and those working with disturbed and disturbing children, including teachers, social workers, nurses and other professionals, is severely limited.**

**However we hope that the proposed investment of £7-million, recurrent from 2010/11, will enable this imbalance to be rectified.**

**The strategy report refers to Bamford's statement that 25 per cent of the N.I. population is under 18-years of age and CAPPNI is particularly hopeful that a relative percentage of this investment will go towards the modernisation and development of CAMHS and specifically the development of adequately qualified child and adolescent psychotherapists in order to implement the strategy and address the gaps outlined above. Bamford states that: "The psychotherapeutic approach should be more strongly integrated into CAMHS in Northern Ireland. 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" (Bamford 7.29, p.69).**

**CAPPNI has worked closely with the DHSSPSNI to set up a postgraduate diploma/MA in 'Therapeutic Skills with Children & Young People'. This post-qualification professional development course offers participants opportunities to deepen their understanding of the emotional development of children and how their emotional needs may be communicated, understood and met. This kind of understanding is an essential pre-requisite for effective behaviour**

management and control. We would wish to see this kind of course made widely available to professionals working with children, young people and their carers in health, social care, education and allied professions. It is particularly relevant to staff entering CAMHS from non-specialised disciplines.

The course, importantly, also provides an entry point to clinical training in CAPt as it meets prescribed pre-training requirements. CAPPNI would hope to build on this with the establishment of strategically placed Trainee CAPt posts across the region, to enable graduates of the pre-clinical training to progress to clinical training. (CAPPNI recommends that four trainee posts be established by 2012 recurrent in 2015, and so on, alongside career pathways for CAPts to move into Band 8 posts). CAPPNI is in a position to provide clear guidance on this workforce strategy and support its implementation with support from the ACP regional advisor.

CAPPNI believes that investment in CAPt would guarantee that adequate *psychotherapeutic* skills and knowledge are represented within the workforce that will be required to deliver psychological therapy services for children and adolescents (see comments below after recommendation 1).

Where CAPt has become established within CAMHS, CAPts, alongside their specialist treatment role, have been widely used to provide consultation, supervision and training. A comprehensive document – ‘New Ways of Working – the Contribution of Child & Adolescent Psychotherapists to Mental Health Services (2008) is available through CAPPNI. This is a submission made by the Association of Child Psychotherapists (ACP) to the national workforce programme as evidence of good practice.

## **General Service Principles**

Do you agree with the general service principles set out at Section 4. **Yes, if the comments below can be taken on board.**

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

CAPPNI agrees with the general service principles outlined in section 4. We welcome the emphasis on the delivery of safe effective therapeutic services that are evidenced based, with staff having the appropriate training and skills, along with the appropriate supervision to provide services that are also regularly monitored and evaluated. We feel that there could be clearer understanding and recognition of the high levels of competence in skill and knowledge that enable CAPts to make significant contributions to psychological services for children and adolescents:

1. There is a substantial literature and evidence base for child and adolescent psychotherapy, which has been built up in the 60 years since the founding of the profession and covers a wide range of activity
2. Child and adolescent psychotherapy has a specific evidence base distinct from other psychological treatments. The evidence base for CAPt and the specific role of CAPts in multi-disciplinary teams should not be confused with those of psychological interventions in general (see NWW for CAPt document, April 2008)
3. CAPt have been involved in a wide range of research activities including evidence-based research, to support the development of child and adolescent psychotherapy and demonstrate it's effectiveness. The research approaches are rooted in observation and close attention to clinical practice, combined with consideration of and adaptation of theoretical models. Research demonstrates that improvements from a child and adolescent psychotherapy intervention are sustained or even enhanced in the long-term, with adults who had been treated as children or young people still feeling its benefits many years later. Some examples of research involving CAPt are listed below.

The ACP is actively involved in the development of clinical guidance by the national institute of health and clinical excellence (NICE). CAPt is recommended in NICE guidance on borderline personality disorder (Jan2009), depression in children and young people (Sept 2005), eating disorders (Jan 2004). The profession is currently represented on the expert group developing NICE guidelines on looked after children (expected Sept 2010).

CAPts are actively involved in an ongoing NHS funded random control trial for treatment of adolescent depression. This is a large study involving almost 600 young people suffering from moderate to severe depression. It will compare treatment as usual (psychiatric management and medication as necessary) with Short-Term Psychoanalytic Psychotherapy with parental support (STPP) and Cognitive Behavioural Therapy (CBT). Further information about the research mentioned above is available at the ACP's website [www.childpsychotherapy.org.uk](http://www.childpsychotherapy.org.uk).

## **Recommendations**

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

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

**Yes but we feel there needs to be some expansion.**

**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 but please note relevance of comments below.**

**We recommend that the Department looks towards a more integrated workforce strategy that is inclusive of the registered psychotherapy profession groups in adult, family and children's services and which adequately differentiates the training skills and competencies of the professional groups involved.**

**CAPts should be recognised as a core profession with high competency training in CAMHS.**

**Some progress as noted in the report has been made in CAMHS particularly in the Belfast Trust, however most of the child psychotherapists and systemic family therapists are in sub specialty services such as the Family Trauma Centre or specialist Looked After Children services. Funding has been identified to develop these professions in Tier 3 and tier 4 in-patient regional services for example but in a very limited way. No funding has been identified to develop such services across core CAMHS. To meet this recommendation such funding would need to be made available and this would be one specific initiative that would improve the general access to a range of psychological therapies provided by skilled and competent staff.**

**With only 2.5 CAPts in designated posts there is an urgent need to develop a strategy for the implementation of 13 F/T CAPt posts across the region. Four trainee posts should be established by 2012, recurrent in 2015. Access to Training in Therapeutic Skills with Children & Young People should be available as a CPD option for staff working at Tiers 1 & 2.**

**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**

**CAPPNI has made significant strides in the last few years to develop as an information and resource group in N.I. In 2004 the legacy Trust South & East Belfast organised and hosted a regional conference for senior managers and clinicians to inform about the work of CAPts in the health service and North & West Belfast legacy trust organised and hosted two major international conferences highlighting the work of CAPts. However more work needs to be done to inform other professionals and service users about the work of CAPt.**

**The ACP website, [www.childpsychotherapy.org.uk](http://www.childpsychotherapy.org.uk) is a national resource providing information for parents, young people, professionals and the media.**

**The CAPPNI information and resource service welcomes public and professional enquiries and can be accessed via [cappni@googlemail.com](mailto:cappni@googlemail.com).**

**The ACP offers a regional advice service, the Northern Ireland Regional Advisor can be contacted through the CAPPNI email address or through the ACP.**

**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 cares 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?

**CAPts are working hard with colleagues in rest of UK to develop an appropriate and meaningful contribution document that will be used by service users at the beginning of an assessment period for psychotherapy and reviewed at intervals during treatment focusing on progress and goals. While this is not a formal contract it is a tool designed to provide collaborative working relationships with parents and children needing a CAPt service. CAPt are aware that more development is needed in this area.**

**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?

**CAPPNI strongly supports this recommendation and welcomes the involvement of our profession in the development of this strategy. We are willing to take part in the proposed Regional Psychotherapies Group to oversee implementation of this strategy and advise the department on future developments of child and adolescent psychological services**

**alongside colleagues from other professional backgrounds.**

**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?

**Yes.**

**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 with qualification noted below.**

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

**CAPPNI feel that further discussion and planning would be required in tandem with our proposed workforce development recommendations to ensure that CAPts are able to provide services at steps 1 and 2. We feel that service users requiring step 1 & 2 interventions should have access to psychoanalytic psychotherapy, which is not possible at present due to poor and uneven access to CAPt services in N.I.**

**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 but with reservations outlined below.**

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

**We understand that CAMHS in N.I. is adopting the CAPA (Choice and Partnership Approach). In addition to the CAPA model sharing many of the principals outlined in this consultation exercise, such as placing the family and the service users at the heart of service delivery and involving users in service planning, the development of CAPA also requires a single point of access. While we agree with the single point of access in principal we do have concerns that the services that CAPt provide, both in individual therapy with children and adolescents and in our broader work, is not well enough understood by other professionals who may be involved in making decisions with service users at the point of entry to services. In our view this issue definitely requires further discussion and planning.**

**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. Please note comment on recommendation 7.**

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

**See the previous comments**

**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. Please note comment on recommendation 9.**

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

**See previous comments**

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

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

**While CAPPNI supports many elements of the Clinical Psychology Workforce Review we feel that it is not broad enough as the only workforce action recommended. We strongly recommend a more integrated workforce strategy that is inclusive of the registered psychotherapy professional groups to ensure the success of this development. (Please see previous comments).**

**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?

**The provision of accredited training programmes is central to the successful implementation of this strategy.**

**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 importance of clinical supervision needs to be acknowledged and it's place located within the 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/>).