

Health Committee Select Committee Announcement

4 November 2014

STRICTLY EMBARGOED not for use in whole or in part UNTIL 00.01 am on 5 November 2014

PUBLICATION OF REPORT – CHILDREN’S AND ADOLESCENTS’ MENTAL HEALTH AND CAMHS

Serious and deeply ingrained problems with children’s and adolescents’ mental health services, says Health Committee

In a report published today, the Health Select Committee concludes that there are serious and deeply ingrained problems with the commissioning and provision of children’s and adolescents’ mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people:

- There are **major problems with access to inpatient mental health services**, with children and young people’s safety being compromised while they wait for a bed to become available. Often when beds are found they may be in distant parts of the country, making contact with family and friends difficult, and leading to longer stays.
- Early intervention services provide support to children and young people before mental health problems become entrenched and increase in severity. These services reduce the need for higher tier services including admission. However **in many areas early intervention services are being cut or are suffering from insecure or short term funding**. We welcome the announcement of the DH/NHS England Taskforce and recommend that it should audit commissioning of early intervention services in local authorities, and report the best mechanisms to provide stable, long term funding for early intervention services.
- **While demand for mental health services for children and adolescents appears to be rising, many CCGs report having frozen or cut their budgets**. CCGs have the power to determine their own local priorities, but we are concerned that insufficient priority is being given to children and young people’s mental health.
- The Committee is particularly concerned about the **wholly unacceptable practice of taking children and young people detained under s136 of the Mental Health Act to police cells**, which still persists. In responding to this report we expect the

Department of Health to be explicit in setting out how this practice will be eradicated.

- Concerns have also been raised about the **quality of education children and young people receive when they are being treated in inpatient units**. We recommend that OFSTED, DFE and NHS England conduct a full audit of educational provision within inpatient units as a matter of urgency.
- In community CAMHS services, providers have reported **increased waiting times for CAMHS services and increased referral thresholds**, coupled with, in some cases, challenges in maintaining service quality, as a result of rising demand in the context of reductions in funding. Not all services reported difficulties – some state that they have managed to maintain standards of access and quality – but **overall there is unacceptable variation**. Young people and their parents have described “battles” to get access to CAMHS services, with only the most severely affected young people getting appointments; they also described the devastating impact that long waits for treatment can have.
- We recommend that **NHS England and the Department of Health should monitor and increase spending levels on CAMHS until we can be assured that CAMHS services in all areas are meeting an acceptable standard**. Service specifications for Tier 2 and 3 services should set out what acceptable services should be expected to provide, and NHS England and the Department of Health should carry out a full audit to ensure all services are meeting these.
- A crucially important time for promoting good mental health is the perinatal and infant period, but there is **unacceptable variation in the provision of perinatal mental health services, and the Committee recommends that these services must be available in every area**.
- It is clear that there are currently insufficient levers in place at national level to drive essential improvements to CAMHS services, including insufficient scrutiny from the CQC. **There must be a clear national policy directive for CAMHS, underpinned by adequate funding**.

In addition, the report highlights further areas for action:

- **Problems persist in the commissioning of CAMHS**. Despite the move to national commissioning of inpatient services over a year ago, many of the perceived benefits of national planning have not been realised, and we intend to review NHS England’s progress in address this this area early in 2015.
- Out-of-hours crisis services, paediatric liaison teams within acute hospitals, and Tier 3.5 assertive outreach teams can have a positive impact, including reducing both risk and length of inpatient admission; however **availability of services which bridge the gap between inpatient and outpatient care is extremely variable, and current**

commissioning arrangements act as a perverse incentive driving admissions as these are then funded by NHS England rather than CCGs. We call on the Department of Health and NHS England to act urgently to ensure that by the end of this year all areas have clear mechanisms to improve commissioning arrangements. We welcome the extra funding for early intervention in psychosis services and crisis care and recommend it is clearly set out how this will improve services for young people.

- It is ten years since the last survey of children's and young people's mental health, and the **lack of reliable and up to date information** in this area means that those planning and running CAMHS services have been operating in a "fog". Ensuring that commissioners, providers and policy makers have up-to-date information about children's and adolescents' mental health must be a priority for the Department of Health/ NHS England taskforce.
- We heard from young people that while some teachers and schools provide excellent support, others seem less knowledgeable or well trained, and can even seem 'scared' of discussing mental health issues. We recommend the Department for Education looks to including a **mandatory module on mental health in initial teacher training, and should include mental health modules as part of ongoing professional development in schools for both teaching and support staff.** We also recommend that the Department for Education conducts an audit of mental health provision and support within schools, looking at how well the guidance issued to schools this year has been implemented, what further support may be needed, and highlighting examples of best practice. OFSTED should also make routine assessments of mental health provision in schools.
- **Children and young people also need to know how to keep themselves safe online.** We recommend that as part of its review of mental health education in schools, the Department for Education should ensure that links between online safety, cyberbullying, and maintaining and protecting emotional wellbeing and mental health are fully articulated. We recommend clear pathways are identified for young people to report that they have been sent indecent images of other children or young people, and that support is provided for those who have been victims of image sharing. Pathways should also be established for children and young people who have experienced bullying, harassment and threats of violence.
- The Department of Health/NHS England taskforce should also report on the most effective ways of **supporting CAMHS providers to help young people cope with the challenges of online culture,** and also on how agencies can make better use of online means of communication for reaching out to young people.

FURTHER INFORMATION:

Third Report from the Health Committee, Session 2014-15, *Children's and adolescents' mental health and CAMHS*, HC 342, published 0.01am on Wednesday 4 November 2014.

Committee Membership is as follows: Dr Sarah Wollaston (Con) (*Totnes*) (Chair), Rosie Cooper (Lab) (*West Lancashire*), Andrew George (Lib Dem) (*St Ives*), Robert Jenrick (Con) (*Newark*), Barbara Keeley (Lab) (*Worsley and Eccles South*), Charlotte Leslie (Con) (*Bristol North West*), Grahame M Morris (Lab) (*Easington*), Andrew Percy (Con) (*Brigg and Goole*), Mr Virendra Sharma (Lab) (*Ealing Southall*), David Tredinnick (Con) (*Bosworth*), Valerie Vaz (Lab) (*Walsall South*),

Media Enquiries: Alex Paterson, Media Officer, Tel: 020 7219 1589 patersona@parliament.uk

Specific Committee Information: e-mail: healthcom@parliament.uk

Committee Website: <http://www.parliament.uk/healthcom>

Watch committees and parliamentary debates online: www.parliamentlive.tv

Publications / Reports / Reference Material: Copies of all select committee reports are available from the Parliamentary Bookshop (12 Bridge St, Westminster, 020 7219 3890) or the Stationery Office (0845 7023474). Committee reports, press releases, evidence transcripts, Bills; research papers, a directory of MPs, and Hansard (from 6 am daily) and much more, can be found on www.parliament.uk