Written evidence submitted by ADCS (MHS0017)

The Association of Directors of Children's Services Ltd. (ADCS) is the national leadership organisation in England for directors of children's services (DCSs) appointed under the provisions of the Children Act (2004). The DCS acts as a single point of professional leadership and accountability for services for children and young people in a local area, including children's social care and education. As such we welcome the opportunity to take part in this pertinent and timely inquiry with a particular focus on the child and adolescent mental health measures set out in the scope:

- Growing the mental health workforce
- That 70,000 additional children and young people receive evidence-based treatment each year
- Achieve 2020/21 target of 95% of children and young people with eating disorders accessing treatment within 1 week for urgent cases and 4 weeks for routine cases
- Ensure there is a CYP crisis response that meets the needs of under 18-year olds.

Context

The mental health and emotional wellbeing of children and young people continue to be a concern to members of ADCS, particularly after the unprecedented disruption of the last 18 months, although it is also the case that the true impact of the pandemic on people of all ages is not yet known. However, we know that many mental illnesses experienced in adulthood begin in childhood, and that better identification and support in childhood can help people build resilience and avoid crises later on. Despite this, children's mental health has never truly received the system-wide focus needed in order to see sustainable changes to the way poor mental health is prevented, identified and treated throughout a person's life.

In the recent past there has been significant investment in children's mental health via Future in Mind, however, that transformative opportunity was not fully realised, in part due to funding not being ringfenced meaning impact was limited at best and lost at worst. It is likely that a growing willingness and acceptance to talk about mental health in society has led to increased awareness of the importance of good mental and emotional health and wellbeing, however, we remain someway off achieving parity of esteem with physical health.

Further, wider health reforms do not give the same profile and regard to children as adults. From the development of integrated care systems, Liberty Protection Safeguards (which will apply to 16 and 17 year olds) to the NHS Long Term Plan, which deals with specific cohorts e.g. babies or conditions e.g. autism rather than taking a holistic approach to childhood. It is also the case that there is no longer a senior minister or civil servant in the DHSC with children, young people, families or CAMHS in their title or portfolio.

Whilst there may have been some specific improvements in children's experiences in localities in recent years and there are some good examples of various organisations and local partnerships working to overcome the hurdles in the system, a strategic partnership approach at the national level is still urgently needed, bringing our various responsibilities, powers and resources together to achieve some identified common aims for children's – and therefore adults' outcomes.

A review into children's mental health by the Care Quality Commission drew similar conclusions. After part one of the review, the CQC noted in 2017: "The system as a whole is complex and fragmented. Mental health care is funded, commissioned and provided by many different organisations that do not always work together in a joined-up way. As a result, too many children and young people have a poor experience of care and some are unable to access timely and appropriate support." After part two of the review, the CQC reported in 2019: "We found that many children and young people experiencing

mental health problems don't get the kind of care they deserve. The system is complicated, with no easy or clear way to get help or support….things need to change at the top, so those working with children and young people have the support they need to be able to provide the best care."

In September 2021, the Children's Commissioner published the outcome of her 'Big Ask,' which over half a million children and young people responded to with insights into their life and priorities for the future making it the biggest survey in the world of under 18s. Whilst just over half of 9 – 17 year olds said they are happy with their mental wellbeing, 23% reported being okay and 20% were unhappy, making this the top issue they were unhappy with. Worryingly, girls were nearly twice as likely as boys to say they were unhappy with their mental health. The survey also showed that children's experience of in-school support is variable and they want the NHS to be there when things are more serious: "Some children's experiences failed to live up to this principle and a lack of mental health support is impeding children's wider development: *'The lack of help with mental health has been the biggest thing that has stopped me and my friends from achieving what we want. It is difficult to access as we are not taken seriously, and when we are, waiting lists are so long'* – Girl, 17."

Lengthening waiting lists for CAMHS have never been far from the headlines in recent years. In September 2021 the Royal College of Psychiatry released new figures showing an alarming rise in the number of referrals to CAMHS, with more than 2,000 children per day being referred on for help, double the 2019 figures. RCP said the data lays bare how 'children and young people are suffering terribly' due to the toll of lockdowns and school closures. There has also been a sharp jump in the numbers needing crisis care following an overdose, self-harm or other emergency. The RCP found about 340,694 children are now in contact with mental health services in England, up from 225,480 in June 2019.

Government commitments

While the Five Year Forward View for Mental Health and the NHS Long Term Plan committed to improving mental health services for children and young people, they lacked the ambition needed to ensure the system can support all children and young people who require it.

ADCS members continue to be concerned that the current system does not have the capacity to meet both current and future need; the full impact of the pandemic is not yet known at an individual or societal level. The recruitment and retention challenges within the CAMHS workforce have been widely reported and cannot be underestimated. There is a lack of oversight and ownership at the national level in the development of the whole spectrum of the children's services workforce. The absence of national data on the wider children's services workforce further exacerbates this problem. ADCS members suggest there is a need for a national holistic workforce strategy, informed by timely and accurate data, covering the breath of professionals working with children and young people. There are shortages in many areas of the workforce, from social workers, teachers and educational psychologists, to speech and language therapists to child psychiatrists, which must be addressed.

There is further work to do to meet the targets set for eating disorder services. NHS data for quarter one of 2021/22 shows that across England, 61% of urgent cases started treatment within a week of referral, this is someway off the 95% target. There were 122 urgent cases waiting between 1 – 12 weeks to start treatment following a referral and 23 urgent cases waiting over 12 weeks.

The commitment to ensure 70,000 additional children and young people receive evidence-based treatment each year only equates to approximately 35% of need based on the 2004 ONS prevalence survey and this is only in relation to those who have a diagnosable mental health condition. There the is no similar commitment to those with emotional and behavioural needs, despite the well-recognised and accepted link between trauma, emotional wellbeing and behavioural presentation.

ADCS members report continued challenges in accessing tier 4 provision for those with severe and/or complex needs who require in-patient services. This is two-fold; partly a result of health partners

drawing distinctions between children and young people's emotional and behavioural needs and their diagnosable mental health condition in order to gatekeep access to rationed CAMHS services, and the NHS policy drive to reduce the number of children in tier 4 mental health placements.

As leaders of children's services, we are increasingly concerned about the growing difficulties in accessing the right help and support for children and young people with complex emotional issues typically arising from early childhood trauma and abuse or exploitation in adolescence. This can frequently manifest in aggressive anti-social or even violent behaviours. Often there is no clinical diagnosis or treatable condition to act as a gateway to therapeutic services and support, whether that's in-patient or delivered in the community as part of a wider package of support provided by the NHS. This cohort of young people present a huge risk to themselves, with severe self-harm, suicide ideation or attempts on their own lives, including swallowing broken glass, making ligatures or running into roads. They also present huge risks to others when their distress manifests in threatening behaviours and physical violence aimed at the people around them, including family members, carers and professionals.

This cohort is small, but there are very limited options when a CAMHS assessment at the point of crisis does not result in a referral for tier 4 in-patient services. A recent judgement highlights this issue; Re Y, concerning an extremely distressed 12-year-old who was held in the paediatric ward of a busy hospital for several days in the absence of any alternatives whatsoever. For a time during his stay on the ward, up to 15 police officers were required to restrain him on occasion and medical sedation was employed. Y was assessed under the Mental Health Act 1983 but did not meet the relevant criteria for detention. This case is extreme but not sadly uncommon, similar judgements were handed down by the courts in the weeks leading up to Re Y and have been handed down since.

Covid-19 is undoubtedly contributing to this situation, as is a shortage of specialist care placements, but this issue pre-dates the pandemic. ADCS believes a wholly new approach and therapeutic offering is required to respond to the needs of this group.
ADCS members have identified several current challenges, blockers or experiences in meeting the needs of children with various mental health difficulties. These include:

- The growing difficulties in accessing the right help and support for children and young people with the most complex and overlapping needs, who may be on the edge of the criminal justice or care systems and/or the brink of hospitalisation.
- Growing waiting lists for community based CAMHS, which pre-dates the pandemic but has undoubtedly worsened in the last 18 months.
- The Mental Health Act does not apply well to children, particularly younger ones, and particularly in terms of recognising children's rights and the role of parents
- Children and young people have not been the focus of the development of the LPS and the implications for the cohort remain unclear.
- There remains a grey area in mental health services for 16 and 17 year olds, with children timing out of CAMHS in some areas after their 16th birthday.
- Too many users of CAMHS services report an overly-clinical feel as well as difficulties with waiting times or approaches to appointments which are at odds with the needs and lifestyles of many children in need of these services. It would therefore be useful to have data on the experiences of children being referred, waiting and accessing CAMHS services at different levels.
- ADCS members continue to report barriers in accessing CAMHS services for children with complex needs, including those in care and/or with learning disabilities. This is a particular problem for children placed out of the immediate local area, even where this might be appropriate for their wider needs. This situation is not replicated in meeting children's physical health needs
- There is a gap in provision for a very therapeutic, supportive, but contained environment. Hospital is not necessarily the right place for children in extreme distress but there is a gap in

specialist provision between a tier 4 bed or welfare secure placement, both of which are in short supply, and existing residential or foster care provision, where children can receive bespoke, wraparound support.

- Growing challenges in accessing mental health support for the unaccompanied asylum seeking children in care, this need will doubtlessly be present in the cohort of newly arrived children and families from Afghanistan. There is likely transferrable learning from other major incidents about trauma-informed support, such as the responses to recent terror attacks.

The NHS is embarking on its second major reorganisaton in a decade as clinical commissioning groups transition into integrated care systems. This re-configuration offers an opportunity to boost the profile of children and young people but ADCS members are again concerned that the needs of children and young people are not in focus. We need more than ever to work together to avoid fragmentation and the failures that can come from that.

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