

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)
ar [anghydraddoldebau iechyd meddwl](#)

This response was submitted to the [Health and Social Care](#)
[Committee](#) consultation on [mental health inequalities](#)

MHI 38

Ymateb gan: | Response from: Coleg Brenhinol Pediatreg ac Iechyd Plant |
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RCPCH response to the Mental health inequalities consultation

Our [State of Child Health report](#) highlights that early intervention in mental health problems is key to reducing the damage caused. Half of adult mental health problems start before the age of 14 therefore it is vital that services are built around the individual child or young person specific to their individual needs. As more young people are able to recognise their mental health and wellbeing, there should be adequate services available to meet demand.

Child health outcomes are the product of complex, inter-connected social, economic, personal and political factors. An individual child's health is inevitably influenced by the world and environment around them, not only by the quality of care they receive from the health system, but also by the services they are able to access and by their family's lifestyle.

Too many children and young people grow up in families that are experiencing poverty and deprivation. Certain groups of young people may be particularly vulnerable to poorer outcomes and require targeted support to ensure they have a healthy and happy childhood. Data from State of Child Health demonstrate that child health outcomes are significantly impacted by their socio-economic status and geographical variation. It is not only children's health which may be impacted, but also their educational and social outcomes.

Adoption of a cross-governmental approach to 'child health in all policies' recognises that child health should be considered in all decisions at both national and local levels. We would welcome a commitment from Welsh Government to include children's health in all policies, specifically how this would be delivered and built into policy making in the future.

Our [report](#) in 2020 set out a number of policy recommendations to Welsh Government, to reflect this.¹

There is considerable variation in how mental health services for children and young people are delivered across the UK. The RCPCH has published a [position statement](#) on the role of paediatricians in supporting children and young people's mental health. It calls for better integration with mental health services and makes [key recommendations](#) to ensure their mental health needs are met.²

We recognise that the COVID-19 pandemic has further increased concerns of mental health problems in children and young people due to the stresses associated with prolonged school closures, social isolation, adverse social and environmental circumstances and the lack of access to the usual support services.

Questions

Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?

Data consistently show that poverty and inequality impact a child's whole life, affecting their education, housing and social environment which in turn adversely impacts their health outcomes. Our State of Child Health indicators reveal a widening gap between the health of children from wealthy and deprived backgrounds. It highlights that child health outcomes are significantly impacted by their socio-economic status and geographical variation. However it is not only children's health which may be impacted, but also their educational and social outcomes.

Mental health problems are more common in vulnerable children and adolescents, such as from low income families, those with parental mental health problems, LGBTQ+, special educational needs, not attending school, on child protection plans, looked after children, and in the criminal justice system.³

¹ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P24

² <https://www.rcpch.ac.uk/resources/role-paediatricians-supporting-children-young-peoples-mental-health-position-statement>

³ <https://www.rcpch.ac.uk/resources/role-paediatricians-supporting-children-young-peoples-mental-health-position-statement>

The impact of adverse childhood experiences in later life has been well documented and researched; all children deserve equal opportunities, and we welcome the policy focus on preventing exposure to adverse childhood experiences (ACEs).⁴

According to Public Health Wales (PHW) *“adverse childhood experiences are traumatic events, particularly those in early childhood that significantly affect the health and well-being of people. These experiences range from suffering verbal, mental, sexual and physical abuse, to being raised in a household where domestic violence, alcohol abuse, parental separation or drug abuse is present.”*⁵

In 2016, PHW published the first Welsh adverse childhood experiences study which revealed 47% of adults in Wales experienced at least one adverse childhood experience in their childhood, and 14% experienced four or more. Children who experience stressful and poor quality childhoods are more likely to experience poor mental health due to poor self-image and self-worth.

Welsh Government recently announced the development of an ACE’s plan. We would welcome this but would ask for Welsh Government to engage and consult with the Royal Colleges in developing this plan.

Feedback from paediatricians highlighted that children and young people who experience higher levels of mental health issues often have long term health conditions, such as diabetes and neurodevelopmental conditions. Long term health conditions place added stress and responsibility and sometimes can take away some of the freedoms of the child. Others may have worries about their long term future and prognosis leading to anxiety.

Our State of Child Health report highlights that many long term conditions develop during childhood. More children are presenting with multiple morbidities with added complexity too, which need tailored management. Children and young people with long term conditions are more likely to develop mental health problems and may have poorer education outcomes. Young people with long term conditions should be empowered with self-management tools to control their health condition as they become adults. This is particularly important for young people as they navigate the transition from child to adult health services.⁶

In our report we called on Welsh Government to establish key clinical networks and provide appropriate resources for long term conditions including asthma, epilepsy and diabetes. We asked for these networks to include links to mental health, education and transition and include input from both multidisciplinary professionals and family / young person engagement.⁷

For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

A resilient child health workforce of sufficient number and skill is crucial to efforts to improve the health of children and young people in the UK: not simply paediatricians, but also children’s nurses, health visitors, mental health professionals, primary care and allied health professionals. Child health inequalities cannot be addressed effectively without the support of an adequate workforce that is able to meet their needs, particularly those of vulnerable groups. Currently, the demand for child health services outstrips capacity and is a barrier for young people accessing high quality care.

Our [report](#) from 2020 set out a number of policy recommendations to Welsh Government that included:

- Consider the breadth of the child health workforce including medical, midwifery, nursing, allied health professionals, pharmacists, health visitors and school nurses.
- Address the recruitment and retention of the healthcare workforce.
- Ensure their healthcare workforce data is robust, reliable and comprehensive.
- Be based around robust and proactive modelling, to better match the changing needs of children and young people with the training and recruitment of our future child health workforce⁸

⁴ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P25

⁵ <https://phw.nhs.wales/topics/adverse-childhood-experiences/>

⁶ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P27

⁷ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P28-P29

⁸ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P30-31

Our workforce census was published in May 2019, prior to the pandemic. It highlighted the gaps in service provision and the geographical variation producing inequalities due to workforce provision. There are concerns that this has worsened during the pandemic. We need to ensure there is a fortified system in place that is able to cope with the mental health needs of children and young people.

We understand that Welsh Government are reviewing the demand and capacity within neurodevelopmental services. Many neurodivergent young people experience mental health problems and there are overlaps also in terms of the workforce who care for them, including in community paediatrics. We hope this review will highlight any inequalities and share learning or proposals to help mitigate.

Member feedback suggests that centralised care was a barrier to children and young people accessing the mental health services that they needed to support them. The lack of more local services and limited places across Wales further widens geographical inequalities. Many vulnerable families find it challenging accessing them centrally due to factors such as transport, employment and education.

Community paediatricians noted that children and young people wanted to have more options around accessing mental health services such as virtual / online appointments. We feel this is an important area to be developed further and modernised in the future to ensure that they are supported adequately.

Infants, children, young people and families should have equitable access to cross-sector services, resources, advice and support within the local community to support their health and wellbeing. Local Authorities should have adequate resource to provide services to meet the local needs of the population they serve. Indicators from our State of Child Health report identified a widening gap between the health of children from wealthy and deprived backgrounds. We called on Welsh Government to tackle the causes of poverty and reduce variation to ensure that all children have the best start to life, wherever they are.

To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?

Community paediatricians strongly feel that in order to reduce mental health inequalities it is important to recognise that these services need to be co-designed with those it intends to support. Services cannot be designed effectively unless we know what their needs are, to ensure that they can be met optimally.

Our [RCPCH Strategy](#) highlights that services needed to be co-designed with children and young people and key considerations for shaping future paediatric care models is also mentioned in our [Paediatrics 2040](#)

Extra support and resources are needed for those that have an increased risk of a mental health condition. Member feedback suggests that further work needs to be done around early intervention, preventative measures and appropriate treatment to address the policy gaps. For each of the State of Child Health indicators, the current trends within the data can be improved if preventative measures are put in place.

We would welcome initiatives to increase resilience and improve mental health throughout the population of children and young people. We cannot respond effectively to child health inequalities without ensuring that services such as Child and Adolescent Mental Health Services (CAMHS) -who are there to support the most vulnerable- are adequately resourced.

What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

State of Child Health recognises that improving children and young people's mental health should be everyone's responsibility; professionals should be able to identify concerns to signpost to services and resources before they reach crisis or suicide. As more young people are able to recognise their mental health and wellbeing, there should be adequate services available to meet growing demand.⁹

⁹ <https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf> P23

Our Facing the Future standards for children with ongoing health needs also has a specific standard for service planners on integration of mental health care, the standard being: *“Service planners ensure children have timely access to a range of mental health and psychosocial services that are integrated with children’s health services and that all healthcare staff have sufficient competences to support the psychological needs of children and recognise when involvement of mental health services is required.”*¹⁰

Children and young people have told us in Wales and across the UK that there is a need for increasing awareness of mental health across all CYP, to improve knowledge of signposting and services by all (health, teachers, children and young people, families) but to make sure there is quicker access to mental health services for those who need it. This would include working with those involved in the statutory and third sector services who are working with the most vulnerable children and young people.

We would welcome and encourage integrated working between organisations and agencies across the whole children’s workforce. Integration of practice, education, pathways and commissioning will ensure that prevention, recognition, early intervention, support and onward referral is commonly addressed by professionals. This would clearly benefit children and young people that are most vulnerable, making the whole system work for them much better in the future.

¹⁰ https://www.rcpch.ac.uk/sites/default/files/2018-4/facing_the_future_standards_for_children_with_ongoing_health_needs_2018-03.pdf P39-43