

**Response from the Royal College of Nursing Wales to the Children, Young People & Education Committee's inquiry into the emotional and mental health of children and young people in Wales**

The Royal College of Nursing Wales is grateful for the opportunity to respond to this important inquiry. Outlined below are our responses on the four broad areas of consideration: specialist CAMHS; links with education; funding; and transition to adult services.

**Overview**

**The role of nurses in the emotional and mental health of children and young people**

- I. Nurses and the wider nursing family are key stakeholders in actively promoting and improving the mental health and wellbeing of children and young people. Nurses care for children and young people with wide ranging needs and in a multitude of different settings, such as schools, the community and hospitals. Whilst some specialist nursing roles such as a Children's Mental Health Nurses or General Practice Nurses, play a key role in providing interventions which help to treat mental ill health of children and young people, other nursing roles such as such as School Nurses, are central to the promotion of emotional wellbeing and providing vital support for children and young people in maintaining their emotional and mental health.
- II. It is essential that all healthcare professionals undertake the right level of training and education to acquire the level of skill, in the areas of children and young people's emotional and mental health, which is appropriate to their role and the type of exposure to different issues which they will encounter. In addition, healthcare professionals should be trained to identify signs of mental ill health where necessary, and sign-post to other services and refer to specialist interventions where appropriate.

**Specialist CAMHS**

**Access to specialist nurse led services**

- III. Children and Young People's Mental Health Nurses have a key role in providing direct support to children, young people and their families, as well as educating and supporting other professionals, including teachers and school nurses, to promote emotional and psychological wellbeing. Access to specialist and targeted services in a timely manner can make all the difference to a child or young person's long term health and wellbeing.
- IV. Specialist nurses can provide a range of therapeutic interventions including

cognitive behavioural therapy, dialectical therapy and family therapy, as well as the management of deliberate self-harm. Access to other professionals such as health visitors, who can provide invaluable support for children and their families, particularly in relation to advice around maternal and infant mental health, is also key to the emotional and mental health of children and young people.

- V. It is vital that health care professionals who work with children and young people are employed in the right numbers and with the right skills to be able to deliver appropriate levels of care. As already outlined, of equal importance is that the workforce who come into contact with children and young people (within health, education and beyond) is appropriately educated in children and young people's mental health issues so that they are equipped with the knowledge and skills needed to identify, sign-post or treat people as appropriate to the scope of their role.

#### Primary & Secondary CAMHS services

- VI. The Royal College of Nursing Wales has been made aware via members working in mental health services that there are issues around the delivery of Primary CAMHS and Secondary CAMHS in Wales. Secondary CAMHS in general are multidisciplinary services targeted at those with moderate to severe mental health needs, whilst Primary CAMHS are an intervention and assessment service with short term therapies targeted at those with mild to moderate mental health issues. There can be a lack of clarity around the eligibility criteria for each which can result in confusion and a certain amount of fluidity around which services children and young people are referred to. This lack of clarity can also create variation dependent upon location and also on individual consultant opinion. It can therefore depend where you are and who you are seen by as to which of the two services you are referred to.
- VII. Furthermore, Primary CAMHS in some areas are not always able to access Secondary CAMHS, meaning that there is no flow-through for patients who may initially access primary services, but need further treatment and support from secondary services.

#### Waiting lists and the Mental Health Measure

- VIII. Part One of the Mental Health Measure 2010 requires that, from October 2012, Local Primary Mental Health Support Services (LPMHSS), of which Primary CAMHS would be a part, offer: primary mental health assessments; short-term treatment or support; referral to secondary mental health services. In reality however, we understand from some of our members that some services are becoming unmanageable, in part because of the pressures around waiting lists. As such, the Committee may want to ask Health Boards what the current status

is of their LPMHSS services, and how stable or sustainable they are. One of the aims of Part One of the Measure was to reduce waiting times and therefore improve outcomes, but reports from our members suggests that this aim is not necessarily being achieved.

- IX. Funding has been released by Welsh Government to help improve waiting lists. However, whilst some waiting lists for some services have seen improvements, it is not clear whether this is in part due to patients being referred to alternative services instead (e.g. to primary instead of secondary), thereby exacerbating the problems, and the challenges just being moved from one place to another. Again, this may be one area which the Committee would like to consider further.

## **Links with Education**

### Educating the workforce and equipping families

- X. Ensuring that the workforce and parents/carers have the knowledge to recognise and support children and young people who have mental health needs is crucial. It is essential therefore that the workforce involved in working with children and young people have appropriate levels of training in mental health issues for this age group, and the existing workforce are able to upskill in these areas where needed.
- XI. The Together for Children & Young People Programme is beginning to promote resilience via increased early intervention and prevention. However, in many respects, the work around this to date has served to identify some of the gaps in knowledge of professionals working with children and young people of how to approach mental health issues, and this in turn can have an impact on the competence and confidence of the workforce in this regard.
- XII. The RCN has partnered with MindEd which is a free educational resource aimed at upskilling the workforce, as well as parents and carers. The resources offer free online learning and information to help educate the workforce, plus advice and information for families and carers, and an example of how technology can be utilised to communicate vital information.
- XIII. There are two resources:
- MindEd for Families – online advice and information to help families understand and identify early issues and how best to support children. Specific pathways have been developed to signpost school nurses and others to key modules to complete.
  - MindEd for Professionals and Volunteers – provides adults who care or work with young people the knowledge to support their wellbeing, the understanding to identify a child at risk of a mental health condition, and the confidence to act on their concern and, if needed, signpost to

services that can help.

- XIV. It is worth noting that appropriate levels of training and education should also not just apply within health and education settings, but for other professions which work with children and young people as well, such as social services, the police, foster carers and youth workers.

#### The role of the school nurse

- XV. As identified in the Welsh Government's School Nursing Framework, the role of the School Nurse is pivotal in supporting the emotional wellbeing of children and young people of school age, and initiatives run by school nursing teams can provide vital services which improve mental wellbeing. School Nurses will be involved in the prevention agenda via a public health approach to building resilience through informing pupils about emotional and mental wellbeing, as well as using skills in identification and early intervention to escalate concerns where appropriate. They can provide open access drop-in services, offering pupils a safe place to discuss a wide range of health issues, including mental health issues.
- XVI. The School Nursing Framework sets out a minimum expectation of the level of knowledge for school nursing services in Wales. The standard has been written with a rights based approach in line with the UNCRC (1989). It has been recommended by RCN members in the school nursing profession, that in order to meet these standards, the degree programme curriculum leading to the school nursing qualification should be revised and enhanced in the areas of emotional and mental health, and that existing staff in post would benefit from being upskilled in these areas.
- XVII. An RCN Wales Nurse of the Year Winner 2016, Jacqueline Jones provides an example of best practice in school nursing. Jacqueline worked tirelessly with children, young people and families to develop and provide a model of school nursing that is highly visible, accessible and makes a difference to those who need it. It included the school nurse speaking at the school assembly each month, a presence on the school website, posters about the school nurse role and contact information, as well as increased involvement in PSHE lessons to support young people to build emotional resilience.
- XVIII. Young people and fellow professionals provided exceptionally positive feedback in terms of the way in which the role of the school nurse had been highly instrumental in supporting young people to protect, re-establish and maintain their emotional and mental wellbeing.
- XIX. It is important to note that being able to fulfil this level of dedication to the emotional needs of children and young people is dependent on having the time and capacity to prioritise this vital element of the role. School Nurses plan,

coordinate, deliver and evaluate appropriate health interventions and public health programmes for all school aged children and young people in Wales. This often means significant workloads with many competing priorities such as immunisation, implementing the Child Measurement Programme, educating and providing advice and support on a range of issues such as sexual health, substance misuse and eating disorders, as well as playing a strategic and coordinating role within a wider multi-agency team across health and social care. School Nurses must be employed in sufficient numbers, and enabled to prioritise the emotional needs of the children and young people in their care, as well as the physical needs.

- XX. Furthermore, the statutory provision of school counselling services has benefited children and young people immensely but, if effective early intervention and prevention is to be fully realised, then there is a need for them to be resourced to be available to younger pupils at primary school. Many areas work within current resource confines to try to provide additional services but this is not always possible due to limited budgets. The Committee therefore may want to consider whether counselling services should be made available to younger school-aged children.

### **Funding**

- XXI. With evidence suggesting that demands on mental health services are increasing, and with the ongoing pressures around waiting lists, it is clear that significant additional resources are needed in order for tangible improvements to be achieved. Consideration needs to be given as to whether this should comprise short-term funding initiatives targeted at reducing waiting lists, or whether it should also involve a wider and more concerted effort to increase the capacity within mental health teams to cope with demand and create a more sustainable and responsive service in the long-term.
- XXII. Appropriate resources must be in place to enable the workforce to undertake necessary levels of training and education, as well as having access to Continuing Professional Development (CPD) as required. Investment in education, training and CPD is an important means for maximising what the workforce can offer and contribute.
- XXIII. It should be noted that the staff involved in waiting list initiatives can face extra demands on their shifts and longer working hours which, in turn, can affect morale. Not only does this have the potential to impact negatively on the quality of care which staff are able to deliver, but it can also have an impact upon the recruitment and retention of staff. In areas where there are already existing shortages of mental health nurses, this would be detrimental to the service being delivered.

## **Transition to Adult Services**

- XXIV. The journey from adolescence into adulthood is a particularly challenging time for all young people from biological, social and psychological perspectives. For young people with any form of disability, long-term conditions or significant mental health problem, this is made even more difficult. At the same time as their own care needs are evolving, they are moved between different health care services which will often have significant differences in the expectations, style and culture of these services.
- XXV. The Royal College of Nursing has the following standards on service provision in relation to transition to adult services:
- Services need to be flexible and based on the needs of the young person, rather than focused on the needs of the service.
  - Local services must work together, along with the young people and their families, to plan the transition. This includes working with mental health services where necessary, including child and adolescent mental health services, adult mental health services and emergency inpatient services.
  - Service providers should examine the way transition services are delivered. Services may need to be redesigned so that they truly meet the needs of this client group. More recently the concept of co-production and co-design have been successful models of engaging young people to manage their long-term conditions such as sickle cell disease.
  - In order for young adults to be more engaged in their own treatment, services should be accessible and acceptable to these patients. For example, drop-in clinics, online information, and the use of apps and social media can make a service more accessible and approachable.
  - In planning to meet an individual's needs, NHS and social services providers should not overlook the services available locally from the voluntary sector.
- XXVI. There should be a shared protocol between children's and adults' services, which is a genuinely shared arrangement, and is properly implemented. A transition should appear as seamless as possible to the young person. If possible, the young person should have the opportunity to visit the clinic in advance or meet the team who will take on their care. They should be given time and support to adjust to the transition, and the opportunity to say goodbye to staff and friends connected to the children's service before they leave.
- XXVII. Parents or carers will have varying degrees of contact with, and responsibility for, the young person. It is important for key workers to understand this level of contact and also to agree appropriate communication channels in collaboration with the parents/carers and the young person. These discussions must include issues of confidentiality between professionals, young people and parents, and the outcome of these discussions should be clearly documented.

- XXVIII. All staff should receive training about the needs of the young adult facing transition. Staff in adult services should be given training in issues relating to young people's developmental and wider social and emotional needs. Pre-registration modules should include a proportion of time devoted to the issues of transition from children's to adult services. Similarly, it is beneficial for a post-registration module to be available which can be aimed at a variety of professionals which also includes time to consider transition issues and examine transition needs.

#### About the Royal College of Nursing

The RCN is the world's largest professional union of nurses, representing over 430,000 nurses, midwives, health visitors and nursing students, including over 25,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing. The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.