

Cynulliad Cenedlaethol Cymru  
Y Pwyllgor Plant, Pobl Ifanc ac Addysg  
Gwaith dilynol ar yr adroddiad Cadernid Meddwl  
MOM: 32  
Ymateb gan: Coleg Brenhinol y Seiciatryddion

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National Assembly for Wales  
Children, Young People and Education Committee  
Follow-up on the Mind over Matter report  
MOM 32  
Response from: Royal College of Psychiatrists

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### Overarching issues

**Key recommendation (2018).** That the Welsh Government make the emotional and mental well-being and resilience of our children and young people a stated national priority. This status should bring with it a commitment to:

- provide adequate and ring-fenced resource for our schools to become community hubs of cross-sector and cross-professional support for emotional resilience and mental well-being. Schools cannot shoulder this responsibility alone - the support of other statutory and third sector agencies, most notably health, is essential;
- ensure that emotional and mental health is fully embedded in the new curriculum;
- ensure that everyone who cares, volunteers or works with children and young people is trained in emotional and mental health awareness, to tackle issues of stigma, promote good mental health, and enable signposting to support services where necessary. This should include working with professional bodies to embed training in initial qualifications and continuous professional development; and
- publish every two years an independent review of progress in this area. This process should involve children and young people throughout.

**Recommendation A (2019):** The key recommendation in our Mind over Matter report called for the emotional well-being and mental health of our children and young people should to be a national priority. Further to this, we recommend that the Together for Children and Young People Programme is extended to help ensure sustainable improvements in access to support services within both primary and secondary care through Child and Adolescent Mental Health Services (CAMHS), as well as supporting the whole-system approach. It is our view that the Together for Children and Young People Programme should be extended to coincide with the end of Together for Mental Health 2012-22, the Welsh Government's 10 year strategy to improve mental health and well-being.

### Preface:



<p>The College welcomes the opportunity to contribute to the Children, Young People and Education Committee however we would like to preface that this response only represents our knowledge of Welsh Government progress on the recommendations as far as we know.</p> <p>There will undoubtedly be scenarios in which our members, in their clinical duties, have been involved in the work of the recommendations but haven't reported back to the College.</p>			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
Amber	<p>The College welcomes The Welsh Government's vision for the Mind over Matter programme. They have managed to drive into it both investment and excitement.</p> <p>Regarding T4CYP, The College absolutely welcomes the work that has taken place and believes the strategy and direction it has taken is absolutely right. However, the T4CYP agenda is without "teeth".</p> <p>On the ground, for clinical staff, Health Boards are still asking staff to work to drivers that are not set by the T4CYP agenda. Many of these relate to assessment and waiting time targets.</p> <p>Therefore, progress isn't being made against the strategy set by T4CYP as quickly as we would expect. Getting assessments done on time is still a struggle for Health Boards.</p> <p>In addition to this, from the experience of some of our members, the mind over matter, whole school approach and T4CYP agendas need to identify a</p>		<p>In November 2019, the College held a Whole School Approach conference jointly with Welsh Government. The conference delegation, that was made up of educators and clinicians alike, identified a number of key themes.</p> <p>In addition to the need to offer early, timely support and reduce waiting lists, the themes asked educators and mental health professionals to address the needs of individuals rather than their diagnosis and involve them in service design through a process of co-production.</p> <p>Along a similar line, it was suggested that there should be a shared language across</p>



	<p>solution to work even more collaboratively across sectors.</p>		<p>different services that engage with young people.</p> <p>The conference also concluded that resourcing of schools and retention of staff may be detrimental in supporting the mental health and wellbeing of young people.</p>
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**The new curriculum**

**Recommendation 1 (2018).** That the Welsh Government publish, within three months of this report’s publication, a route map of how health (led by the Together for Children and Young People Programme) and education (led by the Health and Well-being Area of Learning Experience) will work together to inform the new curriculum. This route map should contain clear milestones and specify the agencies or individuals responsible for delivery.

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Amber	<p>The College acknowledges that mental health and wellbeing as an area of learning has taken a huge leap forward since 2018, and we are sure that Wales will be a leader in this regard.</p> <p>We are aware of exploratory workshops that have taken place, we would like for the College to have a more formal role in inputting into the design of the curriculum and ensuring that mental health and wellbeing is at the heart of it.</p> <p>The College is not aware of whether a route map has been published.</p>	<p>We would like greater involvement in the design of the curriculum.</p> <p>By April 2021 we would expect that a route map of how Clinical representatives and educators should be working together to be made public.</p>	

**Measurement of well-being in schools**

**Recommendation 2 (2018).** That the Welsh Government prioritise the work of improving measurement of well-being in schools within the inspection framework in order to drive activity and performance. The development of these measures should involve all relevant



<p>stakeholders to ensure that they are fit for purpose and do not lead to unintended consequences. Most importantly, children and young people should be involved in the process of preparing these measurements to ensure that they capture correctly the factors that influence their well-being. These measures should be available within six months of this report’s publication, or form part of the report of the independent review of the implications of the educational reform programme in Wales for the future role of Estyn, whichever is the earliest.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	<p>The importance of evaluation and measurement of well-being in schools cannot be overstated enough.</p> <p>However, we acknowledge that this may mean different things to different partners of the Mind over Matter programme. During our Whole School Approach conference, one of the themes that was raised was the importance of a joint language, a shared interface between the health, social care, education and third sectors.</p> <p>It’s important that all partners in the process recognise and have a stake in the measurement criteria. This should be designed co-productively with children, teachers, families, mental health practitioners and the third sector.</p> <p>The College is not aware of whether measures of well-being have yet been designed.</p>	<p>Wellbeing measures should be co-produced by clinicians and educators with input from children and young people. The measures should be constructed using a shared language that has value to both clinicians, educators and children.</p>	
<p><b>Emotional and mental well-being initiatives in schools</b></p>			
<p><b>Recommendation 3(2018).</b> That the Welsh Government undertake a review of the numerous emotional and mental well-being initiatives underway in Wales’s schools, with a view to recommending a national approach for schools to adopt, based on best practice. The Welsh Government should work with exemplar schools such as Ysgol Pen y Bryn in Colwyn Bay to develop elements of this national approach, including but not limited to mindfulness</p>			



**Recommendation C (2019):** Further to Recommendation 3 in our Mind over Matter report, the Welsh Government must ensure the implementation framework for schools is published without delay, by December 2019. This is to ensure that all schools are working to a fundamental set of principles in relation to children and young people’s emotional well-being and mental health and are supported to do this. We want the Welsh Government to be working with schools to implement the guidance and to begin the self-evaluation process.

**Recommendation 4 (2018).** That the Welsh Government, while undertaking the review we call for in recommendation 3, work in the meantime with the Samaritans to develop its Delivering Emotional Awareness and Listening (DEAL) Programme for wider use in schools in Wales. Subject to the results of the DEAL evaluation that is underway, the Welsh Government should fund the extension of the programme to the primary school sector.

**Recommendation 7 (2018).** That the Welsh Government issue interim guidance to health and education services (and other relevant statutory bodies) about the support they should deliver for emotional and mental health in schools. This should specify the support that they should expect from each other as statutory services. This guidance should remain in place, and should be resourced adequately, until the findings of the in-reach pilots are reported to us and others. The guidance should be issued within three months of our report’s publication and reviewed after the in-reach pilots conclude.

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Amber	<p>The College welcomes the enthusiasm for which the in-reach pilots have been delivered. We understand that the in-reach pilots are due to be evaluated soon, although we don’t know exactly when this will be.</p> <p>The evaluation of the project is important, especially given its extension to December of this year. We need to know whether it is having an impact on the workload that CAMHS is experiencing, and that it is providing benefit to schools and reducing incidence of emergencies.</p>	The CAMHS inreach pilot will have been evaluated which will include the impact it has had on local CAMHS services, and a decision made as to whether to roll it out further.	The College would welcome more formal involvement.

**School counselling**



<b>Recommendation 6 (2018).</b> That the Welsh Government assess the quality of the statutory school counselling available, not least how the service copes with increasing demand, tackles stigma and meets the needs of children and young people. This should include consideration of providing counselling support online and outside lessons/school, and for those younger than 11 years old.			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
Red	<p>School counselling is an important element in supporting the mental wellbeing of children and young people. As far as we are aware counsellors feel disempowered by the amount of resource available to them.</p> <p>Counsellors should be resourced to provide to support to children and young people whenever and for as long as needed, rather than having time-limited sessions.</p> <p>This is important for making sure that children and young people are supported, and that they don't later emerge in CAMHS if it can be prevented.</p>	<p>Counselling services should be available to children and young people of all ages to help them manage their emotional and mental wellbeing, in the comfort of their communities.</p>	<p>We would like to see Counsellors assured of their importance and given more resource to help support children and young people as and when they are needed.</p> <p>The College would also like to see counselling services offered to those below secondary school level, to primary schools. Early intervention is key.</p>
<b>School staff</b>			



**Recommendation 5 (2018).** That the Welsh Government commission a mapping exercise of the availability of non-teaching staff in schools to support emotional and mental health and well-being, and the anticipated level of future need. This exercise should provide an outline of how any shortcomings will be addressed.

**Recommendation 8 (2018).** That the Welsh Government pilot the role of “guidance teacher” in Wales, or adopt another model that allocates responsibility for the emotional and mental health of pupils to a lead member of teaching or nonteaching staff.

**Recommendation B (2019).** To ensure that all school staff have a sufficient understanding of children and young people’s emotional and mental health and well-being, the Welsh Government should develop—as a matter of priority—a programme of compulsory training for new and existing school staff.

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Red	The College is not aware that steps have been taken place to introduce training of this kind and believe it should be a priority for the Welsh Government.		<p>We still support the proposals and would suggest that there is a programme to support existing school staff and new starters to better understand children and young people’s mental health and well-being.</p> <p>We would advise that weight, body shape, esteem and prevention of eating disorders is taught to teachers through a programme that is co-produced by mental health professionals and educators.</p>

**Primary health care**

**Recommendation 9 (2018).** That the Welsh Government make available the management data tracking progress in relation to local primary mental health support services (LPMHSS) waiting times for assessment and interventions for children and young people since the commencement of the provisions of the Mental Health (Wales) Measure 2010.



**Recommendation 10 (2018).** That the Welsh Government set out an improvement plan for local primary mental health support services (LPMHSS) for children and young people in Wales. This should provide an assessment of current levels of provision, the anticipated demand for services over the next 5-10 years, and the estimated level of resource needed to join the two. It should also outline how LPMHSS will engage with other statutory and third sector services, and provide the most accessible, appropriate and timely “intermediate” support services to bridge the gap between emotional resilience support on the one hand, and specialist CAMHS on the other. The improvement plan should outline clearly the pathways available for children and young people so that signposting to and between each level of services is clearer and simpler. It should make explicit reference to how LPMHSS should liaise with schools in particular.

**Recommendation F (2019).** Further to Recommendations 9 and 10 in our Mind over Matter report, we expect to receive a copy of the NHS Delivery Unit’s review of Local Primary Mental Health Support Services, as well as the Health Board improvement plans, this summer (2019). Publication of this information will help to provide a better understanding of whether there is enough capacity in the primary care CAMHS

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Amber	<p>The College is not aware that the management data is currently available.</p> <p>The College supports the recommendations of the committee that an improvement plan for LPMHSS services should be put in place for children in Wales, especially to look at the current levels of provision and consistency of provision.</p> <p>We also would like the Welsh Government to ensure that all primary mental health teams are equipped with the skills to support young people. This is important to ensure consistent service quality across Health Boards and services.</p>	By this date, the College would like the Welsh Government to have made public what type of data the core data set will be collecting. We would like a plan in place to ensure that all primary mental health teams are equipped to services for children.	

**Care pathway**

**Recommendation 11 (2018):** That the Welsh Government ensure:





<ul style="list-style-type: none"> <li>• consistent pathways for all specialist CAMHS services, based on the national referral criteria once agreed, are implemented by all Health Boards (and related agencies where relevant) in Wales within six months of this report’s publication;</li> <li>• each pathway is accompanied by defined standards against which all Health Boards can be measured and benchmarked consistently; and</li> <li>• information is made publicly available so that Health Boards and the Welsh Government can be held to account for performance in a transparent and well-informed way.</li> </ul>			
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Amber	The College believes that there is a shared aspiration in Wales for a single point of access system in CAMHS. However varied progress is being made towards it. It is important that multiagency discussion takes place for every incoming referral.		The College agrees with the need for defined standards, and that information on progress and performance against these should be made publicly available. This would allow issues within the pathways to be identified and solutions designed. We are not confident that this information is currently available.
<p><b>The ‘missing middle’</b></p> <p><b>Recommendation 12 (2018).</b> That the Welsh Government outline as a matter of urgency, and within three months of this report’s publication, how it intends to address the challenges faced by the group of children and young people who do not meet the threshold for specialist CAMHS but for whom alternative services are not available – the so-called “missing middle”. This should include:</p> <ul style="list-style-type: none"> <li>• the detailed steps it will take over the next six months to ensure that their needs are met and that relevant agencies are held to account for delivery; and</li> <li>• an account of the consideration given to focusing referral criteria on levels of distress experienced by children and young people (the source of which can be behavioural, social (including attachment-related disorders) and/or medical in nature), rather than on a medically defined, diagnosis basis alone. This should include consideration of replacing the current “pyramid” model of care with the “iceberg” model presented to us in evidence.</li> </ul>			



<b>Recommendation E (2019).</b> We want to see the Welsh Government implement Recommendation 12 in our Mind over Matter report as a matter of urgency, including publishing details of it how it intends to take forward the early help and enhanced support workstream to reduce the 'missing middle'. We request an update from the Welsh Government on progress by the end of October 2019.			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
Amber	<p>There are a number of projects that aim to re-engage the missing middle in services. In some areas the hub and spoke model, in Monmouthshire they operate using youth panels. Co-location is important, panels should be brought together to share experiences.</p> <p>Our North Wales members have explained that steps are being taken to reduce gaps by combining primary and secondary CAMHS and delivering psychological therapies through a multi-disciplinary context.</p> <p>The College is not aware that significant progress has been made against recommendation 12.</p> <p>However, the College has been made aware by our North Wales members that there has been an initial internal only short consultation across representatives of CAMHS in response to the 'iceberg' model in the context of early drafts of Matrics Cymru Plant. Their response was that whilst they support the themes of the model and strive to implement them, the 'iceberg' model itself would be difficult to operationalise.</p>		



<b>Neurodevelopmental services</b>			
<p><b>Recommendation 13 (2018).</b> That the Welsh Government develop an immediate recovery plan for neurodevelopmental services in Betsi Cadwaladr University Health Board to address the unacceptably long waiting times faced by over 1000 children and young people.</p> <p><b>Recommendation I (2019).</b> We recommend the Welsh Government fully implement Recommendation 13 in our Mind over Matter report in relation to neurodevelopmental services. Alongside this, the Welsh Government should:</p> <ul style="list-style-type: none"> <li>• set out a clear plan of how it will support Health Boards, local authorities and third sector partners to meet the needs of the estimated 40-50 per cent of children and young people who do not meet the threshold for diagnosis but need some help, to ensure that families are not left feeling unsupported;</li> <li>• routinely publish data on neurodevelopmental performance so that there is greater transparency and understanding of whether Health Boards are achieving the 26 weeks waiting time standard for assessment;</li> <li>• provide further details of how the Welsh Government intends to monitor the performance of neurodevelopmental services, so that frontloading support into assessment to meet the 26 week waiting time standard for assessment is not done at the expense of providing interventions following assessment;</li> <li>• publish the findings of the demand and capacity modelling work it is undertaking to ensure effective neurodevelopmental service models are in place across all areas of Wales.</li> </ul>			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
Amber	<p>Regarding the recovery plan for neurodevelopmental services in Betsi Cadwaladr UHB, we are not aware of the status of the plan.</p> <p>However, our members from North Wales have expressed confidence in the leadership from the community child health teams. Members also commented that collaborating with the independent sector in commissioning help to reduce waiting lists has been helpful.</p> <p>In response to the progress on the second recommendation. We would first like to comment that the recommendation is very diagnosis heavy,</p>	Health Boards should have made progress on waiting lists, and they should be resourced with sufficient capacity to both continue assessing incoming individuals and to provide support for those who have been assessed.	More resourcing for neurodevelopmental services



	<p>this should be accompanied with consideration for offering support to both those with a positive or negative diagnosis.</p> <p>Members have suggested that there is still a lack of needs-based support for those who don't meet the criteria for diagnosis. For those who do meet the needs of diagnosis, systems are so overwhelmed with providing assessments, so they also receive a lack of support.</p> <p>There is also some question over the remit of the Integrated Autism Services (IAS). It has shifted quite dramatically since its inception. They no longer offer support explicitly for children, they do for families and parents. They are also encumbered by adult referrals and waiting lists continue to get longer.</p> <p>There should be a whole system approach to the neurodevelopmental work stream.</p>		
<b>Qualitative measures of performance</b>			
<b>Recommendation 14.</b> That the Welsh Government prioritise work to ensure qualitative measures of performance are developed to sit alongside existing referral to assessment waiting time data within six months of this report's publication. This information should be made publicly available so that those responsible can be held to account for service delivery and performance.			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
Amber	As a college we're not aware that that these measures have been developed. There were some developed by neurodevelopmental teams, but we are not aware of their current status.		



	The Welsh Government should consider not only what the measures will be, but how they should be used.		
<b>Crisis and out-of-hours</b>			
<p><b>Recommendation 15 (2018).</b> That the Welsh Government, within six months of this report’s publication, in relation to crisis and out-of-hours care:</p> <ul style="list-style-type: none"> <li>• work with Welsh police forces to scope an all-Wales triage model which would see mental health practitioners situated in police control rooms to provide advice when children and young people (and other age groups, if appropriate) present in crisis;</li> <li>• outline how resources could be directed towards enabling crisis teams in all Health Boards to provide training and cascade expertise to other frontline services, particularly colleagues in A&amp;E, in border areas (to improve cross-border relations with those centres most often accessed by Welsh domiciled patients), and in schools (to normalise conversations about suicide and self-harm in particular);</li> <li>• ensure that follow-up support is being provided by Health Boards after discharge, provide information on how Health Boards monitor this provision, and commit to making this information publicly available to ensure transparency and accountability;</li> <li>• ensure that all Health Boards are adhering to the requirement to hold designated beds that could be staffed adequately for unders-18s in crises, indicating how this will be monitored and reported in future, and what steps will be taken if such beds are not available;</li> <li>• implement with pace and in a uniform way across Health Boards the single point of access approach to specialist services, to ensure timely and appropriate access to support, urgent or otherwise; and • reflecting on the results of the review of crisis care, outline what more needs to be done to deliver a safe and cost-effective 24/7 crisis care service in all areas of Wales, how that will be done, and by when.</li> </ul> <p><b>Recommendation G (2019).</b> Further to Recommendation 15 in our Mind over Matter report, we recommend that the Welsh Government undertake an urgent piece of work to better understand how and why children and young people access crisis/out of hours support. Further improvements to crisis and out of hours care for children are needed to help ensure children and young people can access immediate support when they are in distress, at any time. Access to mental health crisis support must be consistent across Wales, which may require Welsh Government investment to support those Health Boards currently unable to extend their services.</p>			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
Amber	The College view is that in relation to crisis and out-of-hours care, there is still a lot of progress		More designated beds are needed and additional staffing



	<p>that needs to be made including in how different crisis are managed.</p> <p>Our members have explained that many of the section 136 calls that are made are to handle a social care crisis and we would welcome more involvement from social care teams in these incidents.</p> <p>Furthermore, many Health Boards don't have out of hours care that are equipped to manage the needs of children in crisis, it is adult focused. The availability of out of hours crisis care for children is still very varied and remains a concern.</p> <p>We understand that every health board has a designated bed, but in some cases these may not be available. In other cases, there may not be any appropriately trained staff available to make the bed available.</p>		<p>resources to support children in beds out of hours.</p> <p>The Welsh Government should consider jointly commissioned residential care for people who may be experiencing a social care and a mental health crisis, or where it is not clearly one or the other.</p>
<p><b>Suicide</b></p>			
<p><b>Recommendation 16 (2018).</b> That the Welsh Government, in relation to suicide specifically, work with expert organisations to:</p> <ul style="list-style-type: none"> <li>• provide, within three months of this report's publication, guidance to schools on talking about suicide and self-harm, to dispel the myth that any discussion will lead to "contagion";</li> <li>• work with expert organisations to prioritise the issuing of guidance to schools where there has been a suicide or suspected suicide; and The Emotional and Mental Health of Children and Young People in Wales</li> <li>• ensure that basic mental health training, including how to talk about suicide, becomes part of initial teacher training and continuous professional development, so that all teachers are equipped to talk about it.</li> </ul> <p><b>Recommendation D (2019).</b> Further to Recommendation 16 in our Mind over Matter report, the Welsh Government must ensure that all schools and local education authorities implement fully the guidance on suicide and self-harm to be introduced in September 2019.</p>			



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Amber	We understand that this guidance has been developed but are unaware of what steps have been taken to implement it.	The College would like to see a postvention pathway for schools that is easy to use in the event of a tragedy. There should be additional bereavement support to children and young people in schools affected by suicide.	
<b>In-patient services</b>			
<p><b>Recommendation 17 (2018).</b> That the Welsh Government:</p> <ul style="list-style-type: none"> <li>• engage as a matter of urgency in addressing the reduced capacity in the north Wales in-patient unit; and</li> <li>• provide in its response to this report an action plan detailing the practical support it is going to give to Betsi Cadwaladr University Health Board to return the unit to its commissioned capacity of 12 beds by summer 2018.</li> </ul> <p><b>Recommendation H (2019).</b> Further to Recommendations 17 and 18 in our Mind over Matter report, we want to see urgent action taken to address the demand pressures for in-patient care throughout Wales. We recommend the Welsh Government :</p> <ul style="list-style-type: none"> <li>• ensure the capital works at Ty Llidiard are completed by the end of Summer 2019 and that the unit is in a position to accept children and young people at risk of suicide and self-harm;</li> <li>• ensure the staffing issues at Abergele are resolved urgently so that the unit is in a position to accept children and young people at risk of suicide or self harm.</li> <li>• explore with greater urgency options for creating extra in-patient capacity, specifically to cater for children and young people with complex needs who are currently placed outside of Wales;</li> <li>• put in place more effective arrangements for ‘stepping up’ or ‘stepping down’ between different levels of intervention;</li> <li>• provide capital investment to help progress at greater pace some of the opportunities for more integrated commissioning in relation to mental health, welfare and youth justice.</li> <li>•</li> </ul> <p><b>Recommendation 18 (2018).</b> That the Welsh Government use the results of the review of in-patient capacity in Wales as a basis to:</p> <ul style="list-style-type: none"> <li>• provide as many services as close to home as possible for Welsh domiciled children and young people;</li> <li>• engage in dialogue with NHS England about options for the creation of very specialist in-patient beds that could serve populations both sides of the border; and</li> </ul>			



<ul style="list-style-type: none"> <li>explore the viability of using spare in-patient capacity on the NHS estate to provide step-down services for those leaving placements.</li> </ul>			
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Amber	<p>Regarding Betsi Cadwaladr, our members are confident that the 12 inpatient beds are now fully functional and nursing staff have been successfully recruited, however recruitment of a consultant psychiatrist has not yet been possible.</p> <p>A senior clinical psychologist has been recruited instead to lead the unit with psychiatric input from the community psychiatrist to ensure that young people have a named psychiatrist overseeing their treatment.</p> <p>Our members from North Wales have also asked us to highlight some of the challenges of providing inpatient care for young people in North Wales who require very high dependency or intensive care.</p> <p>Given the size of the population, it's difficult to safely develop the level of skill and sustain these skills. This is compounded by the relative isolation of the unit at Abergele with no facility to call on other units and teams to help with mental health crisis or medical emergency on site.</p> <p>In terms of the broader picture of inpatient recruitment, recruitment of highly skilled staff for</p>	<p>We would hope that a solution be co-produced between clinicians and patients in North Wales to ensure safety and quality service provision.</p> <p>The recruitment issue is one that will take time to address, but we hope that our sustained efforts will put us in a better position.</p>	<p>Our North Wales members have suggested that the Welsh Government consider collaboration between adult services locally and CAMHS services in north west England to provide this very high level of care as locally as possible.</p>





	<p>inpatient services is a concern to the College. Services need to be attractive to work in.</p> <p>There are significant issues with the recruitment and retention of child and adolescent psychiatry.</p> <p>This year we achieved 100% recruitment into core training in Wales but ensuring that there are additional core training posts to support the number of specialists Wales will need, particularly in child and adolescent psychiatry, is important.</p> <p>Furthermore, the Welsh Government needs to ensure it makes the best use of the staff it already has within the Welsh NHS. Often specialist teams are developed to tackle specific issues, but at the expense of more general services that may then struggle with staffing.</p> <p>The Train Work Live team have released resources to us to allow us to deliver our own psychiatry recruitment materials, for which we are grateful.</p>		
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**Transitions**

**Recommendation 19 (2018).** That the Welsh Government, in light of the importance of the transition period in retaining engagement with support services and the heightened vulnerabilities of young people as they enter adulthood, require Health Boards and local authorities to report to them on a six monthly basis:

- the steps they have taken to ensure implementation of the transition guidance;
- their assessment of their level of adherence to the guidance; and
- details of the challenges they encounter when seeking to deliver smooth transitions and how they are mitigating those risks

**Recommendation J (2019).** Further to Recommendation 19 in our Mind over Matter report, and given the heightened vulnerabilities of young people as they enter adulthood, we recommend that the Welsh Government consider all options for improving transitions,



including exploring the extension of CAMHS up to the age of 25, to provide an extended period for young people to move into adult services, rather than immediately transferring to adult mental health services when they turn 18.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Green	<p>The Royal College of Psychiatrists have been engaged with the project board process for the transitions between paediatric and adult services for some time.</p> <p>We are content that all the relevant parties were included in the discussions and that good progress was being made on this document, although it should be stressed that this document references paediatric to adult services of all types, and not only CAMHS to AMHS.</p> <p>Of course, we now know that a formal consultation has been launched. The College has convened a policy subgroup alongside the Welsh NHS Confederation, and its members to produce a joint response to the consultation.</p> <p>As we understand it the transition guidance will be rolled out as a health circular, however it is not clear that there is a plan to enable this to be taken up consistently by services across Wales. We would also be keen that a version of the document be made available for parents, carers and children so that they know what kind of service they can expect to receive.</p>	<p>We would hope that by April 2021 the transition guidance will be revised and ready for roll out.</p>	<p>The consultation needs to be completed and there needs to be engagement between camhs and amhs services to implement the guidance.</p>
<b>Psychological therapies</b>			



**Recommendation 20 (2018).** That the Welsh Government, in light of the current variation in provision and the crucial role therapeutic interventions have to play, set out a national action plan for the delivery of psychological therapies for children and young people. As a minimum this should include:

- an outline of how primary, secondary and specialist services will work together to ensure a range of therapeutic services across the spectrum of need are delivered effectively;
- specific plans for developing and maintaining a stream of sufficiently trained (and regulated/registered) therapeutic practitioners;
- details of the proposed review of prescribing trends for children and young people with emotional, behavioural and mental health problems, building on previous work undertaken by Professor Ann John and including an assessment of whether other interventions have impacted on these trends, to begin in the next 12-18 months; and
- an assessment of the plan’s financial implications and affordability, and how its outcomes will be measured.

**Recommendation K (2019).** The Welsh Government should work proactively with the Health Education and Improvement Wales (HEIW) to ensure the CAMHS workforce is prioritised in the 10 year workforce strategy. We would welcome further information about plans for developing and maintaining a stream of sufficiently trained therapeutic practitioners to deliver interventions to children and young people.

**Recommendation L (2019):** Further to Recommendation 20 in our Mind over Matter report, we recommend the Welsh Government publish the children and young people’s version of Matrics Cymru by December 2019, alongside details of how this will help to ensure a range of therapeutic services across the spectrum of need are delivered effectively to children and young people across Wales.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Amber	The College has not been involved in the Matrics Cymru work formally, although we know it is ongoing and we welcome any opportunity to increase access to psychological therapies.	We would welcome more involvement in any project related to increasing access to psychological therapies.	

**Prescribing and medication**

**Recommendation M (2019).** Our view as expressed in Recommendation 20 of our Mind over Matter report, that a national review of prescribing trends for children and young people with emotional, behavioural and mental health problems is needed, remains unchanged. In the absence of such a review, we recommend the Welsh Government provide us with further assurances on this issue by December 2019.



RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>The College is not aware that this review has taken place.</p> <p>However, ensuring that children and young people are not inappropriately, or unnecessarily prescribed medications is important. Ideally psychological approaches would be the first resort, this is advised by NICE.</p> <p>In practice, many services are under resourced to provide these non-drug interventions. Being able to offer psychological therapies is important, and the plan for treatment needs to take into the views of the individual but also the clinical judgement.</p> <p>We are aware that some Health Boards monitor prescribing trends but cannot be sure that this is consistent across Health Boards.</p>	<p>We would have liked a review to take place, and feedback that will allow psychological therapies to be administered when preferred.</p> <p>Monitoring should continue and data be released through the core data set.</p>	
<b>Advocacy</b>			
<p><b>Recommendation 21 (2018).</b> That the Welsh Government, within six months of this report’s publication, commission a review of the current provision of – and need for – advocacy services for children and young people accessing all mental health services, not just those in in-patient settings. This review should be undertaken in consultation with key stakeholders such as the Children’s Commissioner, the National Youth Advocacy Service, commissioned providers of services, and children and young people. Based on the review the Welsh Government should assess the viability of providing an active offer of advocacy to all children and young people accessing mental health services and should publish a full account of its conclusions.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?



Green	<p>The College is aware that this review has taken place and is looking at how Health Boards offer advocacy more broadly to children and young people.</p> <p>The College hopes that the work will result in a set of core principles for advocacy that are upheld by Health Boards.</p>		
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**Vulnerable children (including children who are care-experienced, adopted or have experience of the youth justice system)**

**Recommendation 22 (2018).** That the Welsh Government work across agencies to ensure that the emotional and mental health needs of children and young people are assessed on entry to care and on receipt of a referral order within the youth justice system, and routinely thereafter. This will help inform planning of adequate provision of multi-disciplinary support to meet their often-complex needs in a timely and appropriate way.

**Recommendation 23 (2018).** That the Welsh Government, within six months of this report’s publication, undertake a piece of work on the provision of emotional, behavioural and mental health support for looked after and adopted children. This should:

- be informed by the activity of the Ministerial Advisory Group on looked after children and the T4CYP Programme’s work; and
- consider, in the case of looked after children, the extent to which public bodies are adhering to their responsibilities as corporate parents to provide both the physical and emotional support they need.

**Recommendation N (2019).** The Welsh Government should provide more detail about—and evidence that—the workstreams of the Joint Ministerial Advisory Group on outcomes for children, the whole-school approach programme, and the Together for Children and Young People Programme are linked and working in tandem to ensure that the most vulnerable children and young people are having their emotional and mental health needs assessed and can access support promptly. The Welsh Government should provide a further detailed update to the committee on this, together with timescales for progressing this work. In the meantime, we remain deeply concerned about the provision of emotional well-being and mental health support for care-experienced children.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	The College is not aware of the progress on these recommendations.		

**Working with the third sector**



<b>Recommendation 24 (2018).</b> That the Welsh Government, within three months of this report, act on the evidence received from the Royal College of Paediatrics and Child Health that it needs to establish an overarching group “with teeth” to manage the joint working that is needed between statutory and third sector organisations in order to deliver effective and timely emotional and mental health support services.			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
	The College supports this recommendation, more joint work should take place between the statutory and third sectors.		
<b>Workforce</b>			
<b>Recommendation 25 (2018).</b> That the Welsh Government ensure that all Health Boards respond promptly and comprehensively to surveys on workforce numbers conducted by the Royal Colleges in Wales. This will help enable the design of services that take into account staffing capacity and respond in an effective and innovative way to any shortages.			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
Amber	We aren't aware that the Welsh Government have encouraged Health Boards to commit to this, however we do know the Royal College of Psychiatrists has previously surveyed Health Boards for workforce statistics and hasn't received responses from all Health Boards.  We would welcome more transparency from Health Boards in general on vacancies, workforce numbers and recruitment needs.	It would be useful for us, if Health Boards produced a data bulletin of vacancies.	
<b>Welsh language services</b>			
<b>Recommendation 26 (2018).</b> That the Welsh Government ensure the T4CYP Programme undertake a comprehensive piece of work on the current and future availability of Welsh language emotional and mental health support services.			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>



Amber	<p>The College is not aware that the T4CYP programme has undertaken work on Welsh language emotional and mental health support services.</p> <p>Pockets of good practice are taking place across Wales, but we can't be confident that Health Boards are improving welsh language provision systematically.</p>		<p>Work should be done to establish demand for Welsh Language as a step to considering broader provision.</p> <p>Good practice for Welsh language provision in other services should be identified, and thought about how it can be translated to CAMHS services.</p>
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**Reporting and data**

**Recommendation 27 (2018).** That the Welsh Government require Health Boards to report expenditure on emotional and mental health services for children and young people in a uniform way to increase accountability and transparency. This data should include information on all services, not specialist secondary CAMHS services only, and should be broken down by area (e.g. primary, secondary, crisis, therapeutic, third sector etc.) This information should be made publicly available so that those responsible can be held to account in relation to the affordability, relative prioritisation and value for money of the services provided.

<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
Amber	<p>The College believes that Health Boards should release their budget expenditure for each medical division and specialty that they provide. In an ideal world this would be broken down by primary, secondary, crisis, therapeutic and third sector.</p> <p>However, this information is not made publicly available. In March 2018, we did FOI each health board. With the exception of Betsi Cadwaladr UHB, Health Boards were unwilling to disclose this information in the way it was requested.</p>	We would like Welsh Government to clarify that this information should be publicly produced, or should at least be available at the request of an FOI.	Work should take place to ensure that services across Health Boards are consistently reporting financial data so that it is available on request.



<b>Youth work</b>			
<b>Recommendation O (2019).</b> The Welsh Government must ensure that within its Draft Budget for 2020-21, and in future financial years, sufficient funding is allocated to youth work in recognition of the vital role it has to play in supporting the emotional well-being and mental health of children and young people.			
<b>RAG status</b>	<b>Why have you given this RAG status?</b>	<b>Where, realistically, should we be by April 2021?</b>	<b>What needs to be done to get us there?</b>
	Unable to comment on this.		

