

Ymateb gan: Gweithredu dros Blant
Response from: Action for Children

YN GWEITHIO

15th January 2018

Mrs Lynne Neagle
Chair of the Children, Young People and Education Committee
National Assembly for Wales,
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Dear Mrs Neagle,

I would like to thank you for giving Action for Children the opportunity to provide oral evidence to the Children, Young People and Education Committee's inquiry into the mental health and emotional wellbeing of children and young people. I am writing to clarify an issue that was raised during the oral evidence session held on 14th December 2017. In the letter that follows, I refer to points made during the meeting with reference to the numbered paragraphs specified in the Committee's draft transcript.

In paragraph 412, you asked for observations on the delays between a CAMHS assessment and the treatment subsequently offered to children and young people. Action for Children conducted a small survey to support our written response to this inquiry, based on the experiences of eighteen children and young people. Only five were offered treatment following a CAMHS assessment. Of the two that waited more than eight weeks for treatment to begin, both respondents felt the wait was 'too long'. They claimed their mental health worsened during this period. For example, one respondent stated that the lengthy wait intensified anxiety and self-harming behaviours.

In paragraph 414, Action for Children's Services Manager Sandra White stated that the waiting time for a CAMHS assessment is 26 weeks, and in paragraph 420, Action for Children was asked to give evidence to support this statement. Firstly, Action for Children would like to clarify that Sandra was referring to the maximum waiting time for referral to treatment. Secondly, we'd like to clarify that this comment specifically referred to the cases of children and young people with specialised neurological disorders. This information was reported in discussions with the service managers and practitioners working under the Health Boards listed in Action for Children's written statement. We hope that this clarifies the matter for the Committee.

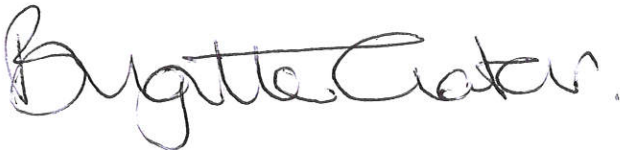
In relation to the request for quantitative evidence, I'm afraid that it's not possible for us to gather quantitative evidence of the mental health experiences of all the young people and children we engage with at this time. Action for Children works with over 22,000 children, young people and families in Wales each year. Gathering these statistics would be a hugely complex task and would not be achievable in the timeframe given to respond to a consultation. However, we would be keen to show the Committee some of the work that Action for Children is undertaking to alleviate the mental health symptoms of the children and young people we support. By equipping young people with coping strategies, our aim is to reduce the likelihood that young people will experience mental health issues and in turn, we hope to reduce demand for CAMHS services.

We would like to invite Committee members to visit Action for Children's Blues programme; an evidence-based intervention delivered to 15-18 year olds in the school setting, with the aim of reducing the likelihood that children and young people will experience mental health issues. Through our corporate partnership with the Royal Mail, this programme is currently engaged with all secondary schools in Cardiff, along with some colleges and alternative education providers. Seven of these schools will deliver this programme over the next term and we've begun a recruitment drive to deliver in North Wales. All young people complete a questionnaire and the outcome score identifies whether the student would benefit from the therapeutic intervention offered by the Blues programme to support their mental health. This programme has evidenced positive outcomes on young people's depression scores in the United States, with a reduction of 48-83% after a six-month follow-up.

Action for Children would like to see a system for mental health support in Wales that offers children and young people support much sooner, with access to a wider variety of services. The Blues programme can only be a positive approach towards increasing children's understanding and ability to deal with their own mental health. By equipping young people with coping strategies, our aim is to reduce the likelihood that young people will experience mental health issues and in turn, we hope to reduce demand for CAMHS services and alleviate the pressure they face.

We'd be delighted to show the Committee the work that we do to prevent mental health issues and look forward to hearing your response.

Kind regards,



Brigitte Gater
National Director Wales