

Mental health provision for 16 and 17 year olds in Wales

No 2

Policy and practice briefing

Dr Sam Clutton and Menna Thomas

Summary of key issues and research findings highlighting the unmet need and gaps in provision for 16 and 17 year old young people in Wales with mental health problems



BELIEVE IN CHILDREN

 **Barnardo's**
Cymru

Mental health provision for 16 and 17 year olds in Wales

No 2

Policy and practice briefing

Summary of key issues and research findings highlighting the unmet need and gaps in provision for 16 and 17 year old young people in Wales with mental health problems

Introduction

Drawing on the available evidence, this policy and practice briefing provides an overview of the problems associated with the lack of provision of appropriate and accessible mental health services for 16 and 17 year olds in Wales. The briefing highlights the difficulties faced by many young people with mental health needs, the problems regarding transition between services and the long term legacy of social exclusion they have to live with, as a result of not receiving appropriate support at this crucial time in their lives. In addition, the briefing provides information on the current policy context in Wales and outlines practice solutions for improving current service provision.

Context

One in five children suffers from mental health problems in Wales. Across the UK, adolescent mental health problems have increased in the last 25 years¹ and up to 20 per cent of 16 to 24 year olds have a recognised mental disorder.² The numbers experiencing mental health difficulties at a level below that of a specified disorder is even greater. Problems associated with lack of access and inappropriate responses to the mental health needs of 16 to 18 year olds were flagged in the Welsh Assembly Government's Child and Mental Health Service Strategy 'Everybody's Business' in 2001 and were returned to in the National Service Framework for Children, Young People and Maternity Services in 2006. These are reoccurring issues where there is limited evidence of progress.³

For young people aged 16 to 18 years and not in full-time education, access to mental health services in Wales is severely restricted or, in some areas,

simply does not exist. The child and adolescent mental health services (CAMHS) landscape serves to exclude young people aged 16 to 18 years by virtue of age or vulnerability (out of education, substance misuse, homelessness, 'chaotic lifestyles' or learning disability). At the same time, those young people who do access CAMHS or adult mental health services often do so as a result of 'crisis' in their mental health and often receive care which is inappropriate to their age, needs and safeguarding.

This issue was highlighted in two reports issued in 2007. The Children's Commissioner for Wales Office published the report of their scoping exercise into CAMHS in Wales in November 2007.⁴ The report has 15 Conclusions, including:

'CAMHS should be commissioned and resourced to provide services to all children and young people up to their 18th birthday' (Conclusion 2) and:

'All 16 to 18 year olds should have access to CAMHS regardless of their

educational status and the Welsh Assembly Government should change policy to make this clear' (Conclusion 3).

The Wales Non Governmental Organisations' alternative report to the United Nations Committee on the Rights of the Child was also published in November 2007. One of the Concluding Observations of the UNCRC Committee in 2002 was that the Government should:

'take all necessary measures to strengthen its provision of mental health and counselling services, ensuring that these are accessible and sensitive to adolescents' (CRC/C/15Add.188 para 42c).

The UNCRC NGO Monitoring Group report finds that there has been:

*'limited progress since 2002 regarding the development of policy/legislation/guidance that promotes the Concluding Observation and inadequate implementation of children's rights at the level of service delivery.'*⁵

Adolescent mental health – what we know

(i) Adolescence – a critical developmental stage

The World Health Organisation defines adolescence as the period between age 10 and age 19. During this time, young people undergo enormous psychological, emotional and social change and are expected to move through the transition from being a primarily dependent and supported child, to being a primarily independent and self-supporting adult. This is a challenging period of development for all individuals, and one that is also filled with opportunity. However, for those who are exposed to a high number of risk factors in particular, this can be a potentially devastating phase of development with long term implications for their health, wellbeing and future prospects.

Recent research into the brain development of adolescents has reflected the above and has highlighted how vulnerable adolescents are to risk factors. This is because:

*'The brain structures mediating emotional experience change rapidly at the onset of puberty, generating powerful emotional urges for sexual behaviour, independence, and the formation of social bonds. However, the maturation of the frontal brain structures that underpin cognitive control lag behind by several years. This leaves the adolescent with powerful emotional responses to social stimuli that he or she cannot easily regulate, contextualise, create plans about or inhibit.'*⁶

In other words, the onset of adolescence is like 'starting an engine without yet having a skilled driver behind the wheel.'⁷ One of the main developmental tasks of adolescence is to become a competent 'driver'.

However, socially and economically, the pressure on adolescents and young adults is increasing. The growth and pressure of consumerism, the increased availability, and acceptability, of drugs and alcohol and the ever widening range of issues that young people are expected to make decisions about,

place a large weight of responsibility on their shoulders. A 'Young Minds' briefing paper on the adolescent and young adult brain, 'A Work in Progress' points out that, despite all the evidence highlighting the vulnerabilities of adolescents due to emotional and physiological immaturity, 'society continues to allow the adolescent a degree of agency never before afforded to people so inexperienced.'⁸

Even though adolescents are developmentally not in a position to exert control over their impulses and emotions, and are in the early stages of developing personal planning and organisational capacities, they are weighed down with more and more decisions and given autonomy in many areas of their lives. Research indicates that, for some, the stress created by excessive expectations can have an adverse effect on healthy brain development during this stage, which may have implications for their mental health in the longer term.

(ii) Mental illness in adolescence

Intense emotions are a feature of normal adolescence; however 'inability to cope with intense emotions in healthy ways may lead adolescents to express their pain and frustration through violence or self-injury, or to attempt to numb themselves of emotions through isolation, reckless behaviours, and alcohol or illicit drug use.'⁹

Adolescence is also a peak age of onset for serious mental illness, particular mood disorders such as depression or bi-polar disorder and psychotic disorders such as schizophrenia.¹⁰ Young people with depression or bi-polar disorder are more likely to self-harm or commit suicide, while young people with psychotic illnesses are more likely to be aggressive or to misuse substances.¹¹

However, as young people move towards age 16, mental health services, which they may have relied upon to support them for some time, are withdrawn and there is an absence of statutory mental health provision until the young person reaches 18 and is eligible for adult mental health

services. Moreover, a large number of young people in Wales never manage to access any mental health provision whatsoever until the point of crisis or breakdown. Many of these are young people who have experienced disruption, trauma or abuse in their early lives which, ironically, puts them at greater risk of developing mental illness as they approach adolescence.

(iii) Risk taking in adolescence

Adolescents are pre-disposed to taking risks and risk-taking is an inevitable and important part of the process of adolescent development. Consequently, parenting adolescents can, at times, be a tricky balancing act, with parents having to make judgements about the level of risk their offspring can or cannot manage. Frequently, responsible adults outside the family play an important role in guiding young people at this time.

The World Health Organisation reports that the three main causes of death in adolescents are accidents, frequently as a result of risky or risk-taking behaviour; violence and suicide:

*'Impaired mental health is a precursor or consequence of many health risky behaviours, such as alcohol and substance abuse; unwanted or unprotected sex; physical, sexual or emotional abuse (as victim or perpetrator); reckless driving or excessive risk-taking; extreme eating habits; and excessive influence by advertising and other forms of media. Other behaviours and attitudes are also integrally linked to adolescent mental health: aggressiveness and disregard for laws or the rights of others; school avoidance and school failure; isolation from peers, family and other emotional relationships; or the inability to keep one's disappointments in perspective.'*¹²

Adolescents and young adults need to be able to access support and information on a range of issues in order to help them negotiate their way safely through this phase of life. Moreover, they need to be around people who have an eye to their emotional wellbeing and who are able to identify signs of deteriorating mental health.

Current concerns regarding CAMHS provision to 16 and 17 year olds in Wales

Lack of access

- Access to CAMHS is severely restricted for 16 and 17 year olds. Many CAMHS services do not offer a service to young people aged over 16 where they are no longer in full-time education.^{13 14}
- CAMHS and adult mental health services take different approaches to mental health issues with higher thresholds for intervention in adult services and many adult psychiatrists are not prepared to work on issues which affect young people.¹⁵
- The Royal College of Psychiatrists has suggested that psychiatric disorders increase in frequency above the age of 16 and has stated that specialist CAMHS that end at the 16th birthday will require significant extra resources to extend services to the age of 18 years.¹⁶
- Many mental health services will not support young people who have substance misuse problems, conduct disorder, a learning disability or chaotic lifestyles. This is rationalised on the basis that clinical intervention will be ineffective while these co-occurring issues are present.¹⁷

- Young people excluded on these grounds are those most vulnerable to mental health problems. For example, homelessness almost trebles a young person's chance of developing a mental health problem and homelessness is frequently associated with substance misuse problems.¹⁸
- The pattern of drug misuse and its impact is different in young people compared to adults – many (some report up to 90 per cent of) adolescent drug misusers develop co-existing mental disorders.¹⁹

Transition

- Adult mental health services (AMHS) usually focus on provision to people with specific and severe mental disorders. CAMHS has a different approach with the result that young people who have been receiving CAMHS sometimes find that they are not eligible for AMHS.²⁰
- Lack of transition support and limited access to information about transition processes means that young people may disappear from statutory services.²¹
- A publication by the British Medical Association suggests that a lack of support and confusion about what will happen next at point of transition may serve to actually compound young people's mental health problems.²²

Inappropriate care

- Young people report that they are offered medication and/or services that do not meet their needs and that there is a lack of therapeutic treatment and holistic responses from services.²³
- A report published by the Royal College of Psychiatrists highlights a lower number of adolescent beds per head of population in Wales compared to the rest of the UK and issues related to the lack of appropriate in-patient provision.²⁴ The level of provision of in-patient beds for adolescents in Wales has been described as 'woefully inadequate'.²⁵
- Young people often find themselves placed on adult wards and this has been described by the Children's Commissioner for Wales as potentially 'frightening and damaging' for young people.²⁶
- Research undertaken with young people on adult psychiatric wards in England, which included young people from Wales, found that there was a lack of safety, security and therapeutic care on adult wards and discharge arrangements were rapid and disorganised.²⁷

Key messages from consultations with young people²⁸

1. **Need for information:** about rights, services, treatment, transition, care pathways – both in the community and in-patient facilities.
2. **Accessible support:** support should be available before things reach 'crisis' point, waiting lists should be cut and services should be flexible and accessible in terms of opening hours.
3. **Environment:** young people want to receive support in an accessible, welcoming and safe environment. Adult wards and Accident and Emergency departments are often seen by young people as being inappropriate for emergency support.
4. **Therapeutic responses:** young people want access to activities, peer networks, therapeutic responses, counselling and complementary therapies, rather than just being given medication.
5. **Holistic age specific services:** young people want access to services that treat their mental health as part of a whole person approach and deliver services appropriate to their age range.
6. **Staff:** young people want to have a say about who they work with – including the gender of staff. Staff need to understand young people's issues, have the 'right' personality and have training that prepares them for working with young people.

Overview of relevant policy guidance

Child and Adolescent Mental Health Services (CAMHS) Strategy: Everybody's Business – National Assembly for Wales, 2001 (Sections 6.5, 6.6)

- 6.5** Our general policy is that young people up to 18 should only be admitted, when necessary, as day or in-patients to facilities of a style and culture appropriate to young people and which are staffed by professionals who have been trained to work with young people.
- 6.6** It is recommended that CAMHS should ordinarily cover young people up to their 18th birthday (i.e. 0 – 17 years inclusive) but recognised that this policy is not applied or applicable in the NHS in many areas presently. It is recommended that moving towards this age range for CAMHS should be the goal. Its achievement would be a key part of local strategic planning and implementation that would require consideration of the substantial resource and training issues consequent on this plan.

Adult Mental Health Services for Wales: Equity, Empowerment, Effectiveness, Efficiency – National Assembly for Wales, 2001 (Section 9.3)

- 9.3** Towards the upper end of this age range, depending upon the individual needs of the young person, the child and adolescent team may refer a case to be looked after within the general adult mental health services but on wards that are appropriate for this purpose and in circumstances where all other solutions have been considered. Adult mental health services must have in place policies regarding admission criteria. Adult mental health services should also keep a child centred focus when considering the needs of children of adults suffering from mental illness.

National Service Framework for Children, Young People and Maternity Services in Wales – Welsh Assembly Government, 2006

Chapter 2: Key Actions Universal to all Children

Standard: Service Planning Environment

- 2.18 When a child or young person requires admission to hospital or residential placement, either in or out of county:
- (i) they are placed in settings which are most appropriate for their developmental as well as clinical needs;
 - (ii) they are only admitted to adult settings in exceptional circumstances;
 - (iii) when placed in adult settings, systems are in place to protect them from harm.

Chapter 4: Children and Young People with Mental Health Problems and Disorders

Standard: Children and young people have equitable access to a comprehensive range of services according to assessed need, delivered in a co-ordinated manner

4.1, 4.2, 4.3, 4.4, 4.5, 4.6:

these actions relate to assessments and access to services at Tiers 1 – 4.

- 4.8** Children and young people have access to emergency and out-of-hours consultation, which is provided 24 hours per day, 7 days per week, as well as effective interventions and the availability of appropriate expertise for risk management.
- 4.17** All cases referred to specialist CAMHS will be subject to case management as defined in 'Everybody's Business'.
- 4.19** Whenever young people over the age of 14 years are assessed or the review of their plan identifies potential continuing needs for CAMHS beyond their 16th birthday, their care and treatment plans will describe the arrangements for engagement with and provision of services for young adults.

Many young people with mental health problems or disorders will require on-going support after their 18th birthday. Chapter 5 lists key actions under a Transition Standard for those young people who will eventually require input from adult services. Although this standard is listed under the Disabled Child Chapter, the key actions within this standard apply to any young person who will require support or services after their 18th birthday.

Chapter 5: Transitions

Young people who require continuing services, such as those who are disabled or chronically ill, young people with persistent mental illness or disorders, vulnerable young people and their families and carers, and care leavers, are offered a range of co-ordinated multi-agency services, according to assessed need, in order to make effective transitions from childhood to adulthood.

Policy and practice solutions

Research on evidenced good practice recently published by the Mental Health Foundation²⁹ suggests responding to the mental health needs of young people requires:

- provision of person-centred, holistic and inclusive services with access to services whatever the entry point.
- services designed for 16 to 25 year olds to address need and transition issues.
- the participation of young people in service planning, training for professionals and peer support.

The evidence demonstrates that by making services accessible, user friendly and broad based in their information and service provision, it is possible to address the needs of those with serious mental health problems more effectively, but also to offer preventative work to young people. Emerging evidence from England suggests that the success of this approach does

not depend only on new sources of funding but on new ways of working to make more effective use of resources and capacity across agencies.³⁰

The Assembly CAMHS strategy *Everybody's Business*³¹ in discussing problems related to transition makes reference to the need for work to consider further the rationale for developing services for 16 to 21 or 16 to 25 year olds however this work has not been undertaken in Wales.

Good practice examples of a holistic approach^{32 33}

The Caterpillar Service, Barnardo's Marlborough Road Partnership, Cardiff

The Caterpillar Service offers holistic, flexible support to young people aged between 12 and 21. Working in both community and hospital settings the project offers one-to-one and group support. Every aspect of the young person's life is considered and the emphasis is on treating young people as whole people rather than concentrating on their problems.

Icebreak, The Zone, Plymouth

The Zone provides holistic support to young people with community, education and health services available 6 days a week. Icebreak is an early intervention service for 16 to 25 year olds and part of the national Early Intervention in psychosis programme running in England. The service works with young people experiencing emotional and behavioural problems and support is primarily delivered through group work.

Recommendations

The Welsh Assembly Government should:

- accept and respond to the recommendations of the 2007 report of the Children's Commissioner for Wales³⁴ including the need to review the policy and rationale for CAMHS in Wales and the need to commission and resource services to all children and young people up to their 18th birthday
- end the practice of placing young people on adult mental health wards
- address deficit of service for young people excluded as a result of their age, co-existing substance misuse or because of learning disability
- encourage, facilitate and resource the development of practice to address lack of access, inappropriate

care and poor transition for young people through the provision of holistic, young-person centred and inclusive services for young people aged 16 to 25 years.

Local and regional commissioners and providers of services should:

- include actions to address current service deficits for young people aged 16 and 17 years old, young people with co-existing substance misuse issues or learning disability in regional and local commissioning and service delivery plans
- consider evidence of effective joint commissioning, partnership working and better outcomes in the provision of person-centred, holistic and inclusive services for 16 to 25 year olds currently being delivered elsewhere in the UK

- ensure that the CAMHS and transition standards of the National Service Framework for Children, Young People and Maternity Services (2006) are implemented locally
- recognise the importance of and plan for the participation of young people in service planning, professional training and peer support.

References

- ¹ Collishaw S, Maughan B, Goodman R and Pickles A (2004) *Time Trends in Adolescent Mental Health*, Journal of Child Psychology and Psychiatry, 45
- ² Green H, McGinnity A, Meltzer H, Ford T, Goodman R (2005) *Mental Health of Children and Young People in Great Britain (2004)*, Basingstoke: Palgrave
- ³ See for example: Martyn Standing (2006) *Child and Adolescent Mental Health Services: an interview study of the perceptions of mental health professionals on services in Wales* Board of Community Health Councils in Wales, Cardiff: Community Health Council:Wales Board; Also BMA (2006) *Child and adolescent mental health: a guide for healthcare professionals*, London: BMA Board of Science
- ⁴ Children's Commissioner for Wales (2007) *Somebody Else's Business? Report of a scoping exercise of child and adolescent mental health services in Wales 2007*, Swansea: Office of Children's Commissioner for Wales
- ⁵ Croke R and Crowley A (Eds) (2007) *Stop, look, listen: the road to realising children's rights in Wales*, Wales NGO alternative report, Cardiff: Save the Children
- ⁶ Young Minds (2006) *A Work in Progress: the Adolescent and Young Adult Brain*, A Briefing Paper
- ⁷ Dahl R and Dahl E (2001) *Affect regulation, brain development and behavioural/emotional health in adolescence*, CNS spectr:6, 1-2
- ⁸ See 6 above, Young Minds (2006)
- ⁹ World Health Organisation, *Child and Adolescent Development – Prevention and Care of Illness, Adolescents*, <http://www.who.int/child-adolescent-health/publications/publist.htm>
- ¹⁰ See 9 above, WHO
- ¹¹ Hayes D, (2001) *Early Onset Psychosis; Childhood and Adolescence*, for EI DOH Working Group
- ¹² See 9 above, WHO
- ¹³ See 3 above BMA (2006). Also HMIP, Healthcare Commission (2006) *A review of healthcare in the community for young people who offend; 'Lets talk about it'; Inspecting, Informing, Improving*, London, Healthcare Commission and Wincip E, Buckland G and Bayliss R (2003), *Youth homelessness and substance use: report to the drugs and alcohol research unit*, Home Office Research Study 258, London: Home Office Research, Development and Statistics Directorate
- ¹⁴ See 4 above, Children's Commissioner for Wales (2007)
- ¹⁵ Social Exclusion Unit (2005) *Transition: young adults with complex needs: a Social Exclusion Unit final report*, London: ODPM
- ¹⁶ York A and Lamb C (Eds) (2006) *Building and sustaining specialist child and adolescent mental health services*, London: Royal College of Psychiatrists
- ¹⁷ The Mental Health Foundation (2006) *Making the link between mental health and youth homelessness: A pan-London study*, London: Mental Health Foundation. Also see 13 above Healthcare Commission (2006)
- ¹⁸ See 15 above, Social Exclusion Unit (2005)
- ¹⁹ National Assembly for Wales (2001) *Child and Adolescent Mental Health Services (CAMHS) Strategy: Everybody's Business*, Cardiff: Assembly Government
- ²⁰ See 3 above, BMA (2006)
- ²¹ See 15 above, Social Exclusion Unit (2005)
- ²² See 3 above, BMA (2006)
- ²³ See Turner C and Scott S (2004) *Community based crisis services for young people: an evaluation of the mental health crisis programme, Phase 1*, Barkingside: Barnardo's. Also National Assembly for Wales (2006) Social Justice and Regeneration Committee papers SLJ(2)-17-06, Review of Youth Homelessness
- ²⁴ See 16 above, A York and C Lamb (Eds) (2006)

- ²⁵ Standing M (2004) *Child and Adolescent Mental Health Services: an interview study of the perceptions of mental health professionals on services in Wales*, Cardiff: Community Health Council: Wales Board
- ²⁶ See 4 above, Children's Commissioner for Wales (2007)
- ²⁷ Office of the Children's Commissioner (England) 2007, *Pushed into the Shadows; young people's experience of adult mental health facilities*, London: Young Minds
- ²⁸ Research and consultations including participation from young people from Wales: Garcia I, Vasiliou C and Penketh K (2007) *Listen up! Person-centred approaches to help young people experiencing mental health and emotional problems*, London: Mental Health Foundation. See 23 above: Turner C and Scott S (2004); See 27 above: Office of the Children's Commissioner (England) 2007; Also National Assembly for Wales (2006), Social Justice and Regeneration Committee papers SLJ(2)-17-06, Review of Youth Homelessness; Children in Wales (2005), *The Looking After Health Project, 2002-2004*, Cardiff: CIW; *Homeless Link Cymru (2007), Homelessness People's Healthcare Needs and Access to Healthcare Provision in Wales, Draft Analysis*, Presentations by young people using Barnardo's Cymru Caterpillar Service
- ²⁹ Garcia I, Vasiliou C and Penketh K (2007) *Listen up! Person-centred approaches to help young people experiencing mental health and emotional problems*, London: Mental Health Foundation.
- ³⁰ Department of Health, (2007) *Mental Health: New Ways of Working for Everyone, Developing and sustaining a capable and flexible workforce*, www.newwaysofworking.org.uk
- ³¹ See 19 above, National Assembly for Wales (2001)
- ³² See 29 above Garcia I, Vasiliou C and Penketh K (2007). Caterpillar Service, www.barnardos.org.uk/malboroughroad. Icebreak, the Zone. www.thezoneplymouth.co.uk
- ³³ The national Early Intervention (EI) in psychosis programme is a 3 year service improvement programme jointly funded by the National Institute for Mental Health in England, part of the Care Services Improvement Partnership (CSIP), and Rethink. <http://www.nimhe.csip.org.uk/our-work/early-intervention.html>
- ³⁴ See 4 above, Children's Commissioner for Wales (2007)

Contacts

**For further copies of this briefing,
please contact:**

Joan Ryan
Barnardo's Cymru
Trident Court, East Moors Road
Cardiff CF24 5TD
Tel: 029 2049 3387
Email: joan.ryan@barnardos.org.uk