CHILD AND ADOLESCENT MENTAL HEALTH SERVICES
A SERVICE MODEL

Consultation Response Questionnaire
CONSULTATION RESPONSE QUESTIONNAIRE

You can respond to the consultation document by e-mail, letter or fax.

Before you submit your response please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: chris.wilkinson@dhsspsni.gov.uk
Written: Mental Health Unit
DHSSPS
Room D1.4
Castle Buildings
Stormont Estate
Belfast, BT4 3SG

Telephone: 028 9052 2537
Text phone: 028 9052 7668
Fax: 028 9052 2500

Responses must be received no later than 26th March 2012.

I am responding: as an individual
on behalf of an organisation X

Name: Nancy Rowland
Job Title: Director of Research, Policy & Professional Practice
Organisation: British Association for Counselling & Psychotherapy
Address: 15 St John’s Business Park, Lutterworth, Leicestershire, LE17 4HB

Tel: 01455 883352
Fax: 
E-mail: policy@bacp.co.uk
BACKGROUND

Bamford Review of CAMHS

The Bamford Review provided proposals and recommendations for the re-organisation and expansion of the management and commissioning arrangements and relationships within CAMHS to reduce the gaps and deficits in the service.

Key features of this proposed re-organisation included an integrated Children’s Service System to bring together all aspects of Health and Social Care Children’s Services as a single system under common management. These services would then operate in partnership with Children’s services in other agencies, particularly education, youth justice, police and voluntary sectors.

The Bamford Review proposed that a 4-Tier model should be developed across Northern Ireland whilst the RQIA report proposed re-emphasising the flexibility of the model as it was originally conceived, recognising that children and services do not fit neatly into tiers.

RQIA Review of CAMHS 2011

In February 2011 the Regulation and Quality Improvement Authority (RQIA) published a report of their review of child and adolescent mental health services (CAMHS).

This RQIA report found that progress has been ongoing since the 2006 Bamford Review report “A Vision of a Comprehensive Child and Adolescent Mental Health Service” and recognised some specific improvements in CAMHS services e.g.
• the development of a 33 place, purpose built Child and Adolescent inpatient unit;
• increased available capacity for young people requiring admission to hospital;
• development of services for eating disorders and crisis intervention.

The RQIA Review Team reported, however, that more work needs to be done to ensure that children and young people with mental health needs will be seen by the right person, at the right time, and in the right place. The RQIA Review Team felt the absence of an agreed regional model for CAMHS in Northern Ireland has resulted in each Trust area developing services differently, resulting in a variability of service delivery across Trust areas. In particular, there were differences in the service at tiers 2 and 3, together with variation across Trusts in access criteria and the age range for which service provision has been made. The absence of clarity in these areas has meant that some young people aren’t seen at the most appropriate tier and may not be getting the best level of care commensurate with their assessed needs.

As a result of these findings RQIA recommended that:

The Department of Health, Social Services and Public Safety should confirm through policy guidance a model for service provision in Northern Ireland.

The aim of this document is to reinforce the message of the Bamford report, and to define clearly the vision of a Stepped Care Service Model, helping patients secure better outcomes; and to help children and young people with mental health conditions, and their carers, get the best from the health and social care system. This policy framework is not prescriptive in how people with mental health conditions should be supported. Rather it sets out a number of high level principles and values which should be embedded in the overall approach to service delivery.
This policy framework will provide a source of advice and guidance for Health and Social Care commissioners, HSC Trusts, the voluntary and community sectors and independent care providers that will help them plan and develop more effective services to support people with mental health conditions and their carers.

In developing this policy framework, account has been taken of relevant policies, strategies and service frameworks and it has been designed to complement these.

The consultation questionnaire

This questionnaire has been designed to support the consultation process relating to the policy framework for supporting children and young people living with mental health conditions and their carers. The questionnaire seeks your views on the policy framework, and should be read in conjunction with the policy framework document which can be found at http://www.dhsspsni.gov.uk/index/consultations/current_consultations. It is particularly important to know whether the proposed policy framework will improve the quality of care and support for children and young people in Northern Ireland.

The questionnaire can be completed by

- an individual health professional; or
- a stakeholder; or
- member of the public or it can be completed on behalf of a group or organisation.

The consultation opened on 13th February 2012 and will close on 26th March 2012.

If you have any queries regarding this consultation please contact Chris Wilkinson (chris.wilkinson@dhsspsni.gov.uk Telephone: 02890 522537).
Q1. Do you consider that implementation of this policy framework will help plan and deliver more effective services to support children and young people with mental health issues?  

Yes [x]  No [ ]

If you would like to qualify your response, please explain further.

BACP agrees in the principal with the framework; however, would suggest that there are mechanisms in place for effective communication between the stakeholders mentioned on page eight and those that are not yet included such as school based counsellors, to support the delivery of effective services.

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Q2. Do you agree with the priority given to prevention and early intervention?  

Yes [x]  No [ ]

If you would like to qualify your response, please explain further.

BACP is pleased to see the emphasis of this service model on prevention and early intervention. It is now well known that up to half of lifetime mental health problems start by the age of 14 (Kessler et al, 2005). Counselling can be an effective early intervention strategy for young people who have emotional, behavioural and social difficulties. Early and easy access to counselling in schools can prevent mental health problems developing or becoming more serious, and can build up trust and confidence to enable clients to access more specialist services if required. Many school teachers can identify children who are troubled, and early intervention at this stage would be ideal. Left undiagnosed and untreated mental health issues can become entrenched in adulthood leading to poor relationships, drug and alcohol abuse, risk taking behaviours and unemployment. An effective counselling service in a school supports young people with such problems thus preventing further deterioration.

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Q3. Do you agree that CAMHS need to further develop interface protocols with the services / agencies as outlined?  

Yes [x]  No [ ]

If you would like to qualify your response, please explain further.

Yes, however BACP is surprised to see that no reference has been made in the diagram on page eight to schools. Specifically the diagram should mention the Counselling in Schools Service, launched by the Department of Education. The Independent Counselling Service Schools (ICSS) operates in accordance with ICSS Standards and ICSS Operational Handbook.

To ensure that referrals to specialist CAMHS are made only where appropriate, school-based counselling services need to be linked with services provided by
education service specialists such as education psychologists, education welfare officers and school nurses within the boundaries of confidentiality (Welsh Assembly Government, 2008).
Q4. Do you agree that implementation of the stepped care model will result in improved care and support for children and young people

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If you would like to qualify your response, please explain further.

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Q5. Do you agree with the 5-stepped model of care as proposed?

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If you would like to qualify your response, please explain further.

The stepped care model described on page 11 is currently excluding school based counselling services provided in all post primary schools in Northern Ireland. School based counsellors operate at both step one as universal provision but also as targeted interventions in step 2. It is also important to note that research (Cooper, 2009) has shown that school based counsellors are seeing children and young people who show the same levels of distress at those seen in tier 3 CAMHS.

BACP would strongly recommend that sections 5.4.5 and 5.4.7 include school based counselling.

It is unclear whether youth counsellors mentioned in 5.4.7 are qualified, appropriately trained counsellors, who abide by an ethical framework of good practice such as BACP’s.

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Q6. Do you agree with the proposed CAMHS Referral Pathway?

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If you would like to qualify your response, please explain further.

BACP agrees with the referral pathway outlined, but is unclear about the box titled ‘Initial Assessment Choice’. Is a decision made by the professional as to whether the child or young person moves to step two or three? or is this does in collaboration with the child or young person?
Q7. Do you agree with the proposals for implementation and monitoring.

Yes [x]  No [ ]

If you would like to qualify your response, please explain further.

Q8. Have you any other comments regarding the organisation / delivery of CAMHS.

Yes [ ]  No [ ]

If you would like to qualify your response, please explain further.

BACP is concerned that no reference has been made to the Counselling in Schools Service launched by the Department of Education in the following sections:

1. In section 2.1.4, it would be useful to reference counsellors, ‘…referring to more specialised staff, such as school based counsellors where appropriate’
2. In section 3.1 regarding prevention-promotion of positive mental health, BACP would suggest the inclusion of school counselling. School-based interventions offer great potential for addressing the emotional wellbeing of children and young people, often without more specialist intervention. Such interventions can empower individuals to take control over aspects of their life by helping them to make decisions.
3. Section 4.1 as discussed above in question three.
4. Section 5.3.1 as discussed above in question five.
5. Section 5.5.2 needs to include reference to school based counsellors in two parts; ‘…youth counsellors, school based counsellors and other practitioners involved with the child/young person’ and ‘…initial referral should be directed to the appropriate school services in the first instance (e.g. Educational Psychologist, School counsellor…’.
6. Section 5.5.3 should include counsellors.
7. Annexe A also needs to include school based counsellors in step one and step two.
Equality Implications

Human Rights and Equality Implications

Section 75 of the Northern Ireland Act 1998 requires Departments in carrying out their functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between person with a disability and persons without; and
- between persons with dependants and persons without.

In addition, without prejudice to the above obligation, Departments should also, in carrying out their functions relating to Northern Ireland, have due regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group. Departments also have a statutory duty to ensure that their decisions and actions are compatible with the European Convention on Human Rights and to act in accordance with these rights.

The Department has carried out an Equality Impact Screening exercise on this policy framework. Although it is recognised that certain groups which fall within the remit of S75 do in fact suffer from a higher prevalence of mental health issues it is not foreseen that these proposals will impact in any way negatively. The Department has therefore determined that a full Equality Impact Assessment is not necessary. The Department is inviting responses to the following questions:
Q9. Are the actions set out in this draft policy framework likely to have an adverse impact on equality of opportunity on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?

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Please state the group or groups and provide details of any supporting qualitative or quantitative evidence.

Q10. Have the needs of the Section 75 categories been fully addressed in the draft policy framework?

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If you answered “no” to this question, or would like to qualify your “yes” response, please explain further.

Q11. Is there an opportunity for the draft policy framework to better promote equality of opportunity or good relations?

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If you answered yes” to this question please give details as to how.
Please return your response questionnaire.
Responses must be received no later than 26th March 2012.
Thank you for your comments.
Appendix 1

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor’s Code of Practice on the Freedom of Information Act provides that:

the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department’s functions and it would not otherwise be provided;

the Department should not agree to hold information received from third parties “in confidence” which is not confidential in nature; and

acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

For further information about confidentiality of responses please contact the Information Commissioner’s Office (or see web site at: http://www.informationcommissioner.gov.uk/).