

# **BARNARDO'S CYMRU**

## **RESPONSE TO PUBLIC CONSULTATION PROPOSED PROVISION OF MENTAL HEALTH SERVICES LCO COMMITTEE (LCO No 6)**

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## **Consultation Mental Health LCO**

### **Introduction**

#### **A. Barnardo's Cymru Services**

Our services in Wales all provide support to children, young people and families under the broad umbrella of Emotional Wellbeing and Mental Health. This section briefly outlines the nature of some of our services in Wales.

We provide an **adoption and fostering** service which addresses the needs of children and young people who have not been placed through statutory services. We work in **primary schools** delivering emotional, social and behavioural support. A group of six **family support centres** offer a range of services including playgroups, homework clubs, **parenting courses** and leisure and training opportunities, and emotional and social programmes, which support vulnerable and socially excluded families. Through our **services for those with physical and learning disabilities** we provide short breaks, enable access to other services and provide educational and emotional support. Our services for **young carers** provide opportunities for these young people to access learning and leisure and provide practical and emotional support. In the **16+ age group** we offer services to those leaving care, provide accommodation and support to **homeless young people**, to those with **mental health problems** and for **young parents**.

More recently Barnardo's Cymru has developed specialist services to address the needs of those with **sexually harmful behaviour** and, separately, a service for children and young people who are being **sexually exploited**. Currently services to support those **families where a parent is imprisoned** are being developed.

Throughout its services Barnardo's will use a **participatory approach**, engaging its service users as partners in the task of addressing the issues of concern. This method validates and empowers service users and encourages a growth in self-esteem and individual and social responsibility. Linked closely to this is the use of the concept of resilience in an approach to practice. **Resilience** is a key factor in **protecting and promoting a good mental health** and is based on self-esteem. It involves developing a clear sense of identity, a sense of agency and self-efficacy. Even following adverse or abusive experiences children, young people and families can build on and develop aspects of resilience through having their personal strengths and limitations recognised and by having supportive positive experiences.

#### **The Views of our Service Users**

Barnardo's Cymru believes that the views and experiences of those children and young people who receive CAMHS in Wales should be heard and acted upon. On that basis we regularly consult with our service users and include and involve them in any

campaigning and lobbying work we undertake around improving mental health services for children and young people.

Barnardo's Cymru will be campaigning in 2008 for improved mental health services for 16 to 18 year olds in Wales. To this end a Policy and Practice Briefing has been produced, which is referred to and referenced in this consultation response, and has been emailed to you separately as an accompanying document. Young people will contribute to the campaign and we hope to ensure their voices are heard.

## **B. Barnardo's Cymru support the proposed LCO.**

As a children and young people's organisation we are keen that the proposed change recognised the impact of adult mental ill health and children, young people and families and the particular issues for young people in transition from child to adult mental health services.

### **How the issue of parental mental ill health impacts on children.**

It is widely acknowledged that where parents have mental health problems or illnesses there are implications for children in terms of their emotional, educational and health outcomes.

'Young people can blame themselves, thinking that their parent's illness is somehow their fault. Mental illness is difficult to understand and some children and young people fear that the same thing could happen to them. A mentally ill parent can behave in unpredictable ways. This can be confusing or distressing for children who may be too embarrassed to invite friends back to their homes.' 'Family Minded: Supporting children in families affected by mental illness' (Barnardo's – forthcoming publication)

Many young people show great maturity in the care they provide their parents, dealing with medication and providing emotional support. Our services report that this is all the more so when, for one reason and another, their parent is not getting all the help they need from other services. We know that this can be a strain on children and affects their schoolwork and social lives. (Barnardo's – as above)

Parents also come under extra pressure if they have a mental illness because of the concerns they have for the well being of their children. 'Asking for help with parenting is hard to do, especially if parents fear their care-giving skills may be criticised, or the family separated' (Barnardo's – as above)

It is important to think in a 'family-minded' way therefore when addressing mental health needs. Parents with mental health problems are highly likely to have children who are suffering as a result of, or need support to cope with, the implications of their parent being ill.

Some key Welsh Assembly Government strategies and action plans in relation to families and mental health make a case for improved inter-agency working across children and adult services as part of improved service support. These include the 'Framework for Partnership', the 'Service Framework to Meet the Needs of People with a co-occurring Substance Misuse and Mental Health Problems', 'The Parenting Action Plan' and 'Everybody's Business' the CAMHS Strategy document which presented the idea of 'the CAMHS Concept', a model for holistic and inter-agency working in a broad and inclusive sense.

## **Transitions**

We would ask that particular consideration be given to of the needs of 14 – 25 year olds. The current transitional arrangements especially for 16 and 17 year olds do not in anyway meet their needs. In any future legislation this group of young people must be identified and recognised. Up to 20% of 16 – 24 year olds have a recognised mental disorder while the numbers experiencing mental health difficulties at a level below that of a specified disorder is even greater.(Green et al 2005)The need for effective early interventions with young people is vital in order to prevent their life long use of mental health services.

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.

A publication by the BMA 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.

This issue has been repeatedly highlighted by young people, parents, carers, professionals, agencies and the Children's Commissioners Office. There is limited evidence of progress.

Young people currently experience difficulties in accessing services and even when they are able to access the services themselves, they often find them inappropriate and at times unsafe. Within any changes to adult mental services, this younger group, who have consistently been failed by current provision should be entitled to particular consideration and protection.

## **C. Responses to specific public consultation questions No's 3 + 5.**

**3. The proposal is to impose duties on the Health Service to provide assessment of and treatment for mentally disordered persons. Should it cover duties on other bodies?**

The needs of children and young people are best met across a broad swathe of agencies. In order for their needs to be acknowledged and fully met it is imperative that the multi agency of best practice is recognised. For the children of parents experiencing mental ill health bodies other than health maybe best placed to meet their needs. For young people in the transition between children and adult services they are likely to have a range of needs and health will only be one agency involved in protecting and maintaining their well being.

**5. In relation to assessment of persons and advocacy services, the matter applies to persons “who are or may be mentally disordered”. What are your views on this?**

It is vital that young people and children within mental health systems and the children of parents with mental ill health are identified. Children and young people need advocacy in their own right and not as an adjunct of their parents or carers. It is imperative that in the assessments of persons “who are or may be mentally disordered” the needs and wishes of their children are addressed and supported. Within any future legislation these two aspects are crucial for the well being and safety of children.