

Royal College of Paediatrics and Child Health (RCPCH) Wales response to Welsh Government Draft Mental Health and Wellbeing Strategy

11 June 2024

RCPCH Wales welcomes the opportunity to provide comments on the strategy. While it does provide useful actions for improving child mental health, the preference of RCPCH Wales would be to have a specific children and young people mental health and wellbeing strategy.

Research from Cardiff University has suggested that 1 in 6 children and young people have a diagnosable mental health problem, and many more struggle with challenges from bullying to bereavement. Additional research indicates that 50% of mental health problems are established by age 14 and 75% by age 24.

The case for early support, intervention and prevention in childhood has been well made. With an increase in the number of children and young people requiring mental health and wellbeing support, RCPCH Wales strongly believes the Welsh Government should afford children and young people's mental health more attention.

If this is not possible at this stage to have a separate strategy, the Welsh Government should develop a delivery plan to ensure the actions relating to children and young people in the draft Mental Health and Wellbeing Strategy are not lost.

The Welsh Government should

- Develop a delivery plan for actions relating to children and young people to ensure children are not lost in the all-age strategy.
- Provide greater emphasis on the early years, specifically the first 1,000 days, supporting parents to establish a healthy parental-infant relationship and school readiness within Vision Statement 1.

- Ensure more of an emphasis on protecting children's good mental health within Vision Statement 2 and how the Welsh Government will mitigate child mental health inequalities.
- Create a separate action in Vision Statement 3 for improving transition between child and adult mental health services.
- Detail what is considered the 'appropriate level of support' within Vision Statement 3.
- Clarify if children and young people are included in the actions relating to physical health (VS4.6-VS4.8) in Vision Statement 4.

Overall RCPCH Wales supports the vision statements as set out within the draft strategy, in particularly the emphasis on cross-governmental action and the need for seamless mental health services across primary, community and secondary care.

There are clear actions within the draft strategy that RCPCH welcomes. However, there are concerns that some of actions within the strategy lack the necessary detail needed to ensure the strategy has a powerful and long-lasting impact.

Vision Statement 1: People have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing

For the strategy to have a long-term impact, protecting, supporting and encouraging children's good mental health needs to be a priority. This is not necessarily the case within Vision Statement 1 (VS1).

The early years of an individual's life are a critical stage for emotional development. VS1 provides a section on 'Babies, children and young people' and comments on the importance of the first 1,000 days. However, out of 9 actions within VS1 only one directly comments on children and is tied in with the need to 'implement a life-course approach'.

VS1.9 'Implement a life-course approach to protecting and promoting mental wellbeing, for example, strengthening public and professional understanding of the importance of parent-infant relationships, infant mental health and other key developmental periods such as adolescence'.

While a life course approach is necessary, acting to improve parent and infant mental health in the first 1,000 days of our youngest children's lives will reduce inequalities in outcomes across the life-course.

VS1 should provide greater emphasis on the early years, specifically the first 1,000 days and supporting parents to establish a healthy parental-infant relationship.

Vision Statement 2: There is cross-Government action to protect good mental health and wellbeing

RCPCH Wales welcomes the Welsh Government's acknowledgement that it is essential for the strategy 'to consider how it can improve the socio-economic status of the population.' We further welcome the emphasis that this will be done in collaboration and across government.

The actions relating to Vision Statement 2 (VS2) are sound and would promote cross government working. RCPCH Wales particularly welcomes VS2.4 to embed NYTH/NEST across all relevant Welsh Government policies and pages 30-32 on giving children the best start to life.

However, VS2 could go further to support system re-design and reducing socio-economic inequalities for children. Both of these would require cross-governmental support.

The recent Academy of Medical Royal Colleges publication, *Securing our healthy future Prevention is better than cure* identified mental health as a priority indicator for improving child health outcomes, and one that is significantly impacted by socio-economic determinant.

Research indicates that children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 compared to those from the wealthiest 20%.

Poor mental health in childhood commonly lead to life-long inequalities in health, education, employment as well as poorer wellbeing and quality of life and mortality outcomes.

In Wales poverty remains stubbornly high and children are disproportionately impacted. The latest figures show that 29% of children are living in poverty, compared to 21% of working adults and 16% of pensioners. This is higher than the previous year and also higher than rates in Northern Ireland, Scotland and many regions in England.

The Welsh Government published the Child Poverty Strategy for Wales in January 2024. It details that during engagement that evidence gathered from those with lived experience poverty would inform the mental health strategy.

However, there are very few measurable actions that would reduce the rates of mental ill health and protect/promote good mental health of children living in poverty in Wales within either strategy.

RCPCH Wales believes there needs to be more of an emphasis on protecting children's good mental health by reducing the rise and exposure to adverse childhood experiences (ACEs) within the strategy and how the Welsh Government will seek to mitigate socio-economic inequalities.

This would lend itself to work that is already ongoing within the Welsh Government including NYTH/NEST and the whole school approach.

The Welsh Government are championing social prescribing, and research is suggesting better patient outcomes. However, there are few examples of the involvement of children and young people. There should be a way to expand the uptake of social prescribing for children and young people. This should include rethinking the traditional role of schools by furthering community focussed schools, and exploring whether schools could be established as hubs for social prescribing for children and their parents/carers as a way to reduce pupil absences and supporting families. Alternatively, this could take the form of increasing access to youth support and integrated healthcare through support from school nurses and health counselling.

Building on this, investment in protecting children's good mental health should include, improving agency and purpose by using language and approaches to care that empowers and works towards young peoples' and their families' goals, ensuring there is support available for the child's parents/carers from infancy to adolescent, and addressing social determinates of mental ill-health, including poverty.

Additional consideration to expanding free school meals and reducing the stigma surrounding them could improve mental health of pupils living in poverty as well as reduce school absences.

All of the above will require a collaborative approach within health, education, social services, social justice and housing as well as maximising formal and informal structures within community-based support and charitable services.

Vision Statement 3: There is a connected system where all people will receive the appropriate level of support wherever they reach out for help

RCPCH Wales welcomes Vision Statement 3 (VS3), specifically actions VS3.5, VS3.7 and VS3.11 as there needs to be a more joint up integrated approach to providing care for babies, children and young people.

Action VS3.2 requires additional information to ensure its effectiveness.

VS3.2 Ensure access routes into support for mental health and wellbeing are timely, accessible to all, and joined-up between sectors, including improving the transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS), and between neurodiversity and substance misuse services, and mental health services.

Transition from child to adult services is a major barrier for young people and one that needs to be addressed quickly.

RCPCH Wales strongly believes there should be a specific standalone action related to improving transition from CAMHS to AMHS. This would reflect the importance of transition and the urgent need for improvement.

Furthermore, age-appropriate care should be featured within discussions regarding transitions from CAMHS to AMHS. Care should not necessarily be provided on the basis of age alone but should be person-centric and dependent on the needs of the individual.

The Welsh Government should also outline what it defines as ‘appropriate levels of support’ as detailed in VS3.

RCPCH recently published a position statement on the role of the paediatrician in children and young people mental health. It is clear that specialist mental health services cannot be expected to care for every child with mental health needs alone, any more than paediatric secondary care should be required for every child with a physical health complaint when another service may be more appropriate.

The paper outlines there is a place for all professionals working with children to support their mental wellbeing, recognise and respond well to childhood mental ill health, and refer children to onward support if it is needed.

The strategy should consider how to encourage and engage with paediatric schools to develop activities that promote postgraduate learning in mental health and embed a thorough understanding of the

biopsychosocial approach. The College's '[Paediatrician of the Future: Delivering really good training](#)' guide explores this in more detail.

Furthermore, the strategy should encourage opportunities for joint training between paediatric and child and adolescent psychiatry trainees should be explored.

The College supports the development and UK wide roll-out of simulation-based, multi-professional training on CYP mental health crisis presentations to increase the confidence and skills of the child health workforce and provide a standardised framework for all professionals to respond well to acute mental health distress. This should cover de-escalation and appropriate use of restraint and restrictive practice. This training should be seen as equivalent to existing ALSG (Advanced Life Support Group) simulation training on resuscitation and safeguarding and should be embedded in training pathways.

By encouraging postgraduate and joint up learning, this could enhance the confidence of professionals when supporting a child or young person experiencing mental ill health. This could in turn reduce demands on specialist services and allow for earlier management with improved outcomes and greater value.

The activities outlined above will take time to implement as they require a shift in activity. However remedial support can offer high value. While paediatricians should not be expected to take on psychiatric roles such as the diagnosis and pharmacological treatment of acute mental illness, child health encompasses both mental and physical wellbeing, and paediatricians are uniquely well placed to play a role in supporting children's mental health. It has never been more important for paediatricians to recognise that the mental health of our patients is our business.

The RCPCH position statement sets out a series of recommendations regarding providing appropriate levels of support for children and young people's mental health by a paediatrician. These can be found in the statement [here](#).

The Welsh Government should outline what is expected from professionals in supporting children and young people's mental health and wellbeing and what is deemed 'appropriate'.

Vision Statement 4: There are seamless mental health services – person-centred, needs led and guided to the right support first time, without delay

RCPCH Wales welcomes Vision Statement 4 (VS4). The need for seamless services between primary, community, secondary and tertiary care should be a priority.

It would be beneficial for VS4.1 to outline if there will be a separate children's mental health quality statement, as currently it simply details that there will be a quality statement for mental health. An all-age quality statement would promote the status quo for children at a time when resources should be re-distributed according to need and lifelong impact for society. Research by the Health Foundation and Resolution Foundation found that people in their early 20s are more likely to be not working due to ill health than those in their early 40s. The research also found that young people with mental health problems are more likely to be out of work than their healthy peers. Between 2018 and 2022, one-in-five (21 per cent) 18-24-year-olds with mental health problems were workless, compared to 13 per cent of those without mental health problems. We would encourage the Welsh Government to publish a separate children's mental health quality statement to ensure children's mental health receives the attention required to improve lifelong outcomes.

If children's mental health is to be included in another quality statement, for example a child health quality statement this should be listed in VS4.1. If this is to be the case, it would be beneficial to outline how the two statements will work together, so children's mental health is not lost between the two.

RCPCH Wales further welcomes the link between physical health and mental health within VS4.6-VS4.8

VS4.6 Establish a new cluster-based specification improving the physical health of people with severe and enduring mental health conditions, supported by clear data. This will focus on our ambition to reduce the mortality gap between people who have severe and enduring mental health conditions and those that do not.

VS4.7 Develop a programme that will support access to psychological therapies, which will include a focus on mental health conditions such as anxiety and depression as well as supporting

people with psychosis, bipolar disorder and personality disorder and people with long term physical health conditions.

VS4.8 Ensure people living with long term mental health conditions are supported in having their physical health needs met by expanding access to evidence-based physical health care.

We would welcome VS4.8 expanding to ensure people with long term physical health conditions have their mental health needs met as well. Ultimately, services should be seamless so whether a person presents in a physical health setting requiring mental health support, or a mental health setting requiring support for a physical health practitioner there should be a clear timely two-way pathway to gaining this support.

While these actions do not specify if they include children and young people, it is our understanding that they would apply equally to children and young people as they would adults. It would be beneficial for this to be outlined in the actions as to make it explicit and reduce the level of ambiguity.

About RCPCH Wales

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 600 members in Wales, 14,000 across the UK and an additional 17,000 worldwide. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

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