

# Consultation on the Health Education and Improvement Wales (HEIW) Mental Health Workforce Plan for Health and Social Care

## Response from the Royal College of Paediatrics and Child Health (RCPCH)

March 2022

### About the RCPCH

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 500 members in Wales, 14,000 across the UK and over 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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# Children and young people's mental health

Our position statement on the [Role of Paediatricians in Supporting Children and Young People's Mental Health](#) along with our State of Child Health<sup>1</sup> report for Wales outline the key concerns and context around children and young people's mental health in Wales and the UK.

Mental health problems are common and increasing in the child and adolescent population<sup>2</sup>. Half of adult mental health problems start before the age of 14 and 75% start before the age of 24<sup>3</sup>. Therefore, improving children and young people's mental health should be everyone's responsibility; professionals should be able to identify concerns to signpost to services and resources before they reach crisis.

The COVID-19 pandemic has further increased concerns of mental health problems in children and young people due to the stresses associated with prolonged school closures, social isolation, adverse social and environmental circumstances and the lack of access to the usual support services<sup>4</sup>. Feedback from our members during the peak of the pandemic response in Wales in 2020-2021 suggested they were seeing a significant rise in mental health related presentations.

Nearly three quarters of children and young people with a mental disorder also have a physical or developmental problem. Having any physical complaint (compared with no physical health condition) increases the odds of having a mental disorder by 82%<sup>5</sup>.

Unfortunately, such problems can lead to extreme outcomes and suicide is now the leading cause of death for both males and females 5-19 years of age across England and Wales<sup>6</sup>.

## About paediatrics, paediatricians and children and young people's mental health

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<sup>1</sup> Royal College of Paediatrics and Child Health (RCPCH) (2020) *State of Child Health*. Available at: <https://stateofchildhealth.rcpch.ac.uk/>

<sup>2</sup> RCPCH (2020) <https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/prevalence/#page-section-12>

<sup>3</sup> RCPCH (2020) <https://stateofchildhealth.rcpch.ac.uk/evidence/nations/wales/>

<sup>4</sup> Royal College of Paediatrics and Child Health (RCPCH) (2020). *Role of paediatricians in supporting children and young people's mental health - position statement*. Available at: <https://www.rcpch.ac.uk/resources/role-paediatricians-supporting-children-young-peoples-mental-health-position-statement>

<sup>5</sup> RCPCH (2022). <https://www.rcpch.ac.uk/resources/role-paediatricians-supporting-children-young-peoples-mental-health-position-statement>

<sup>6</sup> RCPCH (2022) <https://www.rcpch.ac.uk/resources/role-paediatricians-supporting-children-young-peoples-mental-health-position-statement>

Our position statement on the [Role of Paediatricians in Supporting Children and Young People's Mental Health](#) outlines the role of paediatricians in supporting children and young people's mental health and makes key recommendations to ensure their mental health needs are met.

It is not intended that paediatricians take on psychiatric roles such as the diagnosis and pharmacological treatment of mental illness, nor that paediatric services take on patients who would otherwise be referred to CAMHS. However, the mental health of our patients is our business.

The skills, knowledge and competencies to deliver this commitment include that:

- Paediatricians should be able to assess any children and young people by considering the biological, psychological and social factors contributing to their presentation.
- Paediatricians, working across all areas of child health, must develop the knowledge and skills to identify, support and make appropriate onward referrals for common mental health problems in the children and young people that they see.
- Those likely to encounter high rates or greater complexity, such as Community Child Health, emergency medicine and neurology, should develop additional competencies through more in-depth training.
- Paediatricians working with children and young people with long term health conditions should consider regular screening for mental health problems.
- Paediatricians must protect young people from over medicalisation and harm from unnecessary investigation for physical symptoms when the biopsychosocial assessment suggests there are more appropriate pathways of support.
- Paediatricians should have knowledge of the appropriate legislation around mental capacity and the legal frameworks within which mental illness can be assessed and treated without consent in the country in which they work.
- Paediatricians should be committed to developing effective joint working and integration with mental health services for children and young people to provide patient centred pathways that meet mental health needs as well as physical needs.
- In addition to the local Child and Adolescent Mental Health services this will include the mental health support available through the wider children's workforce including the third sector, social care and education services.

These skills set out in our position statement provide a framework for thinking about the future need of paediatricians as part of a mental health workforce. In particular,

this highlights the need for equipping paediatricians with the skills and training to recognise and support children's mental health needs. They need to ensure integration with other professionals within multidisciplinary teams as well as CAMHS services, other statutory services (notably education and social care) and third sector services.

We regularly produce workforce reports and are currently working towards the next RCPCH Workforce Census. These reports have consistently reported significant gaps and staffing levels that fall below agreed standards (notably our Facing the Future suite). Pre-pandemic, our 'Workforce census: Focus on Wales (2019)' report found that paediatric consultant whole time equivalent (WTE) growth in Wales between 2015 and 2017 was 2.9%, the lowest of all the UK nations<sup>7</sup>. In the context of mental health, staff shortages within paediatric emergency and community child health settings are of particular concern.

## Overall response to the Mental Health Workforce Plan for Health and Social Care

While we don't disagree with the themes or most of the actions, the information above highlights the need for a particular focus on children and young people given different needs, service models and increasingly integrated ways of delivering care.

In addition, the policy and strategic landscape in Wales further necessitates an approach that includes the child mental health workforce specifically; with proper consideration given to the need to move towards integrated services and an upskilled child mental health workforce, including paediatricians. We welcome the focus within the plan on integration and on skills: this must also be considered specifically within the context of children and young people's mental health.

In particular, the plan needs to be able to deliver the workforce required to support agreed and emerging models of care for children and young people including:

- The [Whole School Approach](#) to mental health and wellbeing that is a central part of the Welsh Government's approach to children and young people's mental health in Wales.
- The [Nyth/Nest](#) framework and 'no wrong door' approach to services, providing earlier help and support for young people's mental and emotional health based on far more closely integrated services.
- Provision of "[in reach](#)" specialised mental health support to schools.

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<sup>7</sup> Royal College of Paediatrics and Child Health (RCPCH) (2019) *Workforce census: Focus on Wales* (2019). Available at: <https://www.rcpch.ac.uk/resources/workforce-census-focus-wales-2019>

- The commitment made by the Welsh Government to testing how community sanctuary facilities can help support young people in crisis, which is part of the Welsh Government's [Children and Young People's Plan](#).
- The [ALN framework](#) which provides a single legislative system relating to the support given to children and young people aged 0 to 25 years who have additional learning needs (ALN) and are receiving education and/or training; and provides for Individual development plans (IDPs) which can include additional learning provision (ALP) agreed by health services, social services and other services, as well as education.

We note also that the Children and Young People's Plan also states as a priority that "all children and young people should be supported to help them feel mentally and emotionally strong", with specific commitments to: "take into account the mental health and emotional wellbeing of children and young people in everything we do" and "improve access to low level support for children and young people's mental health as well as specialised services when needed"<sup>8</sup>.

Again, this range of policy commitments and Welsh Government strategic priorities would indicate a need for thinking about the children and young people's mental health workforce specifically, considering how to deliver the skills and integration required to realise the above commitments.

The above policies and strategies are not mentioned in the 'Policy and Legislative Context' section of the consultation document.

**We recommend that consideration be given to the policy and strategic context for children and young people specifically to ensure that the plan is able to meet changing demand and delivery models.**

## Feedback on specific areas of the plan

### Workforce Supply and Shape

We welcome many of the actions proposed here, in particular around improving workforce data, modelling and scenario planning. We agree that 'the shape and size of the mental health workforce needs to change to support future models of care, policy and legislative context'.

**We recommend that:**

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<sup>8</sup> Welsh Government (2022) *Children and Young People's Plan*. Available at: <https://gov.wales/children-and-young-peoples-plan.html#section-90948>

- The actions here (including the proposed Future Mental Health Workforce report; and the review of postgraduate education and training numbers) specifically extend to community paediatrics and paediatric emergency care
- Modelling and scenario planning account for the emerging political and strategic framework for children and young people's mental health. These may require upskilling groups of people other than those considered within the adult mental health frameworks identified in order to deliver the Whole School Approach, specialist in-reach programmes and the Nyth/Nest framework.
- Modelling and scenario planning engages with and builds upon the review of demand and capacity within ND services in Wales. It needs to consider whether there needs to be longer term intelligence gathering around demand and capacity within ND services.

Insights gained through our workforce Census may be useful in supporting data collection, modelling and scenario planning. We would be happy to discuss further.

### **An Engaged, Motivated and Healthy Workforce**

We welcome a number of proposed actions, notably around Commissioning a mental health workforce survey across health and social care, to assess staff engagement, experience and wellbeing and establishing a national Professional Support Unit for the mental health workforce.

The former could help understand roles and responsibilities not just for the 'specialist' mental health workforce, but also the generalists; and to identify gaps.

As a College we have taken actions to support our members wellbeing, particularly during the pandemic and have published resources [here](#). We welcome proposals to strengthen the support available for the mental health workforce specifically, whose needs may be different to the broader health workforce.

### **Attraction and Recruitment**

One of the fundamental workforce challenges is to reduce gaps and move towards a full and sustainable health workforce. We therefore welcome this being identified as a key theme with supporting actions.

Our &Us engagement network has been successful in its engagement with schools and young adults. In tandem with a survey this kind of engagement activity can help to inform children and young people's perceptions and understanding of mental health services, or where they feel they are not being heard. It can provide evidence that can then feed into the expansion of the role of the generalist workforce in particular.

## **Seamless Workforce Models**

We very much welcome the focus on seamless models of care. As a College, we are taking a number of steps to support our members to work in these seamless, integrated ways. These include:

- We have a Child Mental Health (CMH) Specialty Advisory Committee (CSAC), who are developing a Special Interest (SPIN) module.
- We have developed the Progress curriculum for all paediatric trainees to include CYP MH at all levels and in all domains.
- We are working with local schools of paediatrics to deliver training opportunities for all trainees in the MH aspects of the curriculum (Shape of Training)
- We are running regular courses for paediatricians to improve practice / developing webinars on key topic areas.
- We have partnered with MindEd to produce a paediatric 'learning path'

The actions proposed do not reference specific policies and programmes in Wales that are about seamless and integrated care models for children and young people's mental health in Wales, notably the Nyth/Nest framework, the Whole School Approach and the ALN framework (see links above).

**We recommend that consideration be given to the workforce implications of each and how this should be addressed in actions under this heading.**