Sarah Wollaston Chair, Health Committee. Â Click here to watch Sarah speak

It is a pleasure to open this debate on our report into child and adolescent mental health services. For the record, I am married to a full-time NHS adult forensic psychiatrist who is also the chair of the Westminster Parliamentary Liaison Committee for the Royal College of Psychiatrists. I thank the many organisations and individuals who have contributed to our report, my fellow Committee members and also the Clerk of our Committee, David Lloyd for his exemplary leadership and work over the course of this Parliament.

May I start by setting the scene? This report was launched in part because of the number of children and young people who were being admitted to hospitals many hundreds of miles from home when they were in mental health crisis and needing the highest level of support.

During the course of our inquiry, we identified serious and deeply ingrained problems with the commissioning and provision of child and adolescent mental health services, and we found that they ran throughout the whole system from prevention and early intervention services to in-patient services for the most vulnerable children and young people.

We welcomed the setting up by the Government of the Children and Young People’s Mental Health and Wellbeing Taskforce, and many of our recommendations were directed at that taskforce. I am sorry that it has not yet reported, but I understand that it is to report very shortly, and we look forward to seeing its recommendations. The taskforce knows that it is a matter not just of tweaking the CAMHS system but of fundamental change. I hope that it will clearly set out how that will be implemented. We have legislated for parity of esteem, we have written it into the NHS Mandate, but all that counts for nothing if it does not translate into better services for children and young people.

The key recommendation in our report is about the importance of prevention and early intervention. However, services cannot be planned without knowing the extent of the problem. It is a matter of great regret that the five-yearly prevalence survey was cancelled under the previous Government. That means that our data are 10 years out of date. I very much welcome the reinstatement of that survey. In his response, will the Minister give further details of the extent? I know that he has already announced that the funding has been identified, but many professionals are waiting to hear further detail about exactly what will be included. That would be very welcome.

While we wait for the prevalence data to appear “it would be nice to hear the expected time frame in which we will hear the results” we all acknowledge that there has been an alarming rise in the level of distress and need reported by all those who work in the field, including those in the voluntary sector, in teaching and in CAMHS. There are unprecedented levels of demand at a time when, unfortunately, 60% of local authorities that responded to a survey from YoungMinds report cuts or a freeze in their CAMHS budget. That is where the front line of prevention should be.

The compelling evidence that we heard throughout our report was that early intervention prevents children from presenting when they have become more unwell, so that is where
we need to focus our resources. Clearly, the Government were right and everybody welcomes the investment in 50 extra beds in the areas of greatest need—some of which are in my area—but it costs around £25,000 a month for a child or young person to be treated in an in-patient setting. For every young person who is in one of those beds, we have to ask whether they would have needed to be admitted to hospital in the first place had those resources been properly directed to prevention services. We need double running. If we just keep investing in in-patient beds at the expense of prevention, we will fill those beds and there will be a demand for more.

I hope the Minister will recognise the need for double running so that we focus relentlessly on prevention and early intervention. As he will know, if we are looking at in-patients and admissions, the very last place that any young person should be at a time of mental health crisis is in a police cell. I pay tribute to all those who, over a number of years, have campaigned on that. The problem is not new. I am one of the few MPs or perhaps not so few who has been inside a police cell at night, because for many years I was a forensic medical examiner. It was always profoundly shocking to think that children as young as 12 or 13 across the west country were being taken into police cells under section 136 of the Mental Health Act 1983—an horrific experience.

It is sometimes an individual case that finally brings an unacceptable practice to an end. I pay tribute to Assistant Chief Constable Paul Netherton of Devon and Cornwall police for highlighting the awful case in Torbay of a child who was detained in a police cell, and I pay tribute to Chief Constable Shaun Sawyer because they have taken steps to bring the practice to an end. Although as a Committee we called for this to be a "never event" within the NHS, in effect the procedures that will be put in place will be equivalent. Finally, on this Government's watch, we will see this unacceptable practice coming to an end. That is long overdue and very welcome.

In focusing on the need to keep that timely support for children and young people, I also hope that the taskforce will set out what can be done to address some of the perverse financial incentives in children and young people's mental health services. For example, a child who is admitted to hospital no longer has to be funded by the clinical commissioning group, in other words, they are handed over to specialist commissioning creating all sorts of inappropriate decision making in the system. It also means that children are more likely to be readmitted because there are no step-down services. Therefore, a focus on active intervention to try to prevent that admission and keep children at home is very important. I also look forward to hearing the taskforce's recommendations on how that can be done consistently across the country, because another issue we raised was the extent of variation in practice.

I will now turn my attention to volunteers. If we are to retain a focus on the earliest intervention and prevention, we have to recognise the value of our volunteers. I would like to pay tribute to a number of volunteers in my constituency. I am a patron of Cool Recovery, a charity that provides mental health support to carers and those affected by mental health problems across south Devon. There are many such organisations working directly with young people. Representatives from Spiritualized, which supports young people in Kingsbridge, recently came to Parliament after being shortlisted for an award for the work it is doing in mental health first aid out in the community. In Brixham there is the Youth Genesis Trust and volunteers from The Edge. Work is also being done in schools. Representatives from South Devon college, which is based in my constituency, recently came to Parliament after it received an award for its work in student well-being and prevention of mental health problems.
Those organisations are reporting that both the demand for their services and the level of complexity have never been greater. Part of the reason for that, as the Minister will know, is the increasing waiting times for CAMHS. That means more young people are becoming much more unwell before being seen in the CAMHS setting. I hope that in his response he will be able to say exactly how we can balance that across the whole system. I very much welcome the investment in services for eating disorders and self-harm and early interventions in psychosis, and of course the Improving Access to Psychological Therapies programme. However, as he will know, fundamentally the issue comes down to funding. We will never achieve parity of esteem for mental health unless we address the funding inequality, with 6% of the mental health budget going to services for children and young people, and that budget itself is an inappropriately small slice of the overall funding pot for the NHS. How will we actually drive change in increasing funding?

Norman Lamb The Minister of State, Department of Health

I agree with everything my hon. Friend has said and very much welcome her Committee's report. I agree on the need to address the funding issue. In particular, it is critical that we achieve what I call an equilibrium of rights to access between mental and physical health in order to address the awful problem on waiting times, and that must include children's mental health services.

Sarah Wollaston Chair, Health Committee

I thank the Minister for that intervention. It is very welcome that we now have waiting time targets as a right for people with mental health problems, alongside those for people with physical health problems, but the challenge is not so much about the budget for children and young people's mental health services, but what we take that from, because there are no areas of slack in the mental health budget, as he will know. I think that the mental health budget overall must achieve some parity. Again, if we look at prevention and the really small amounts of money, in relative terms, that are required to keep excellent voluntary services running in our communities, we see that it would be the greatest waste and tragedy to lose those vital services in our communities for the want of what are really quite small sums. When children, young people and voluntary services came to give evidence to our inquiry, we heard time and again that what they need is stable, long-term funding. They do not require a great deal of money, but they are currently limping from one short-term budget to another. Another issue raised was that if funding is available, it often gets directed to a new start-up project, not towards a project in the same community that may have proven value.

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