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Access to Child and Adolescent Mental Health Services in 2019

Introduction and background

The Education Policy Institute (EPI) collects data annually through Freedom of Information (FOI) requests sent to child and adolescent mental health providers. It then uses the data gathered to report on the proportion of referrals to child and adolescent mental health services (CAMHS) that are rejected and waiting times to assessment and treatment for accepted referrals. It also reports on mental health provision for certain groups of vulnerable young people: those with conduct disorder or difficulties, in contact with the social care system, and those transitioning from CAMHS to adult mental health services (AMHS).

This year, requests were sent to 64 public child and adolescent mental health services providers across England. Responses were received from 62 providers by 31 October. This year, in addition to FOI requests sent to CAMHS providers, local health and well-being boards were asked about their level of understanding of local need, and provision for certain groups of vulnerable children with complex needs. These boards were established in 2012 to bring key leaders from the local health and care system together to improve the health and well-being of their local population. Their purpose is to address health inequalities and to ensure that the health needs of the local population are met in an integrated and holistic way.

Key points

Access to mental health services

- Public CAMHS providers were asked to report the percentage of referrals to their services that had been rejected or deemed inappropriate in the last financial year (2018-19). Sixty providers out of 64 responded to this question.
- On average, 26 per cent of referrals to CAMHS were rejected or deemed inappropriate. This figure is in line with data which has been collected since 2015. Converting this percentage to numbers reveals that in 2018 approximately 132,700 children were referred for but not accepted into treatment. Common reasons for rejecting referrals were that the condition was not serious enough to meet the threshold for access to service or that the young person was over 18, or older than the cut-off age for accessing CAMHS in the area.
- These findings echo EPI's previous research and raise concerns that the growing number of children and young people (CYP) with complex needs that do not fit clearly into diagnostic boxes, those with lower-level mental health needs and older adolescents may be unable to access the support they require.
- While NHS England has reported that more children with diagnosable conditions are receiving treatment as a result of increased investment since 2015, there are, as they themselves acknowledge, many limitations to their current data. This means that the reported trends may not be fully reliable. Furthermore, an increase in the number of children being treated does not negate the fact that the proportion of accepted referrals has not increased.
- EPI has previously voiced concerns that alternative services to support children who cannot access CAMHS are not available in all local areas. The Care Quality Commission (CQC) has highlighted that in cases where referrals are rejected and alternative services are not available, children are then referred back again for treatment by which time their mental health has deteriorated even further.
- Across providers, the proportion of rejected referrals ranged from 0.38 per cent to 86.0 per cent. The 2 highest rejection rates by providers were 86 and 70 per cent respectively. The provider with the lowest rejection rate was Alderhay children's NHS FT (41%).
- It is also important to note that the way in which referrals are treated and categorised varies across providers; many have adopted a 'single point of access' (SPA) model. This means that all referrals go through an administrative triage process, and young people who are not admitted for treatment are signposted to another service. Where this model is used, providers may report a very low rejection rate.
- There was greater variation across providers than in previous years: this was partly because some providers provided breakdowns by service or tier for the first time and reported high numbers of rejected referrals from their inpatient services. Previously a provider-wide average may have masked wide variation in rejected referrals by type or tier of service.
- Providers in the South of England reported the highest average proportion of rejected referrals (28.5% of referrals across all providers), followed by those in the Midlands and East (27.9%), the North (21.8%), and finally London (16.6%). These figures were broadly consistent with those from previous years.

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Waiting times

- Median wait times to start of treatment have fallen by 4 days in the past year (from 60 days to 56 days) and median wait times to first appointment have fallen from 34 to 29 days. It should, however, be noted that the wait time to treatment is still double the length of the government's proposed four-week standard.
- Maximum waiting times have also fallen significantly, but several providers reported that the longest waiting times, in some cases of over a year, were experienced by vulnerable children who face barriers to engaging with services.
- The longest median waiting times to treatment were found in London (65 days) and the shortest in the Midlands and East of England (49 days). This mirrors the 2018 findings and is likely to be related to the higher number of referrals accepted for treatment in London compared with the other regions.
- Within regions, providers varied widely with wait times to treatment of between one and 182 days. This variation is largely accounted for by the different services offered by the provider. For example, Tier 4 providers will have significantly shorter wait times, as these children require immediate intervention.

Provision for groups of vulnerable children

- As mentioned in the introduction, FOI requests were sent this year to local health and well-being boards, hosted by the 152 upper tier local authorities (LAs), In a few cases, researchers were referred on twice to obtain the requested information or referred back to the LA after being told that another agency held the information.
- The data revealed that although commissioners in most areas engage with a number of groups, including children and young people and their families through forums and surveys, to improve understanding of local need and service design, there is much less engagement with community, and particularly with faith groups. This is concerning as the CQC has found a widespread lack of responsiveness to the mental health needs of minority ethnic communities. Furthermore, studies show that high levels of mental health stigma prevent those from minority ethnic faith groups from seeking care.
- Specific mental health services for looked after children (LAC), commissioned by either the CQC, LA or both, exist in over half of areas in the country, yet the responses highlighted significant inconsistencies in provision. In certain areas, specific services were only available for certain groups of LAC, such as those who had experienced multiple placement moves.
- All children in contact with social services are able to access general CAMHS if they meet diagnostic thresholds. However, fragmented commissioning across agencies may prevent these children from receiving the specific support they need related to adverse childhood experiences. It may also mean that they fall through the gaps.
- Research has shown that the majority of young people face barriers when transitioning from children's to adults' mental health services and that many drop out despite ongoing clinical need. Fewer than one in 5 areas offer a specific service or have a dedicated staff member to support young people transitioning from CAMHS to adult services. Only one area clearly indicated they were following the National Institute for Health and Care Excellence's guidelines by starting transition planning in year 9.

Conclusions

- There is still a stark gap between available support and need for the one 8 children with a diagnosable condition.
- Mental health provision for vulnerable groups of children whose needs are likely to fall under the remit of different services is patchy across the country. The difficulties which EPI encountered in tracking down information on provision for these groups suggests a lack of local accountability across local health and care systems for their health and well-being.
- The outlook is not positive in terms of extending provision to the children in need of it. The government's existing plans for rolling out improvements to mental health provision – including a dedicated mental health lead in all schools, local mental health teams supporting schools and colleges, and a 4-week waiting time standard – will not reach the majority of children for several years.
- While new practitioners are being trained to staff the support teams, the number of child and adolescent psychiatrists and mental health nurses is falling.
- There are multiple flaws in the current system for reporting and disclosing basic data on CAMHS in England. This obscures understanding of the state of services and affects the ability to monitor progress. The variation in figures reported by providers each year indicates serious data quality issues. There is an urgent need for a robust reporting system, including a clear definition of children who are eligible for treatment.
- It is increasingly clear that mental ill-health is causally predictive of poor academic attainment, meaning that it is an obstacle to social mobility. If the government's aim is a society in which all children, regardless of circumstance, have access to opportunity, a more ambitious and holistic programme to address mental ill-health amongst children and young people is vital.

The full document can be downloaded from:

https://epi.org.uk/publications-and-research/access-to-child-and-adolescent-mental-health-services-in-2019/