



Universal Periodic Review: UK 3rd Cycle Mental Health

Suggested Questions for the UK:

- Will the UK and devolved governments commit to investing in universal preventative and early intervention services and ring fence investment to CAHMS (Child and Adolescent Mental Health Services)?
- What steps is the UK and devolved governments taking to ensure that CAHMS adhere to waiting time and access standards?
- How are the UK and devolved governments ensuring that local community CAMHS have enough capacity to use health and alternative Places of Safety and prevent unnecessary admission to A&E, general acute, or specialist inpatient care? What measures is the UK Government and devolved administrations taking to reduce and end the use chemical and physical restraint, and overuse of seclusion in CAMHS inpatient services?
- Will the UK and devolved governments consider creating an independent system for investigating deaths of children in mental health care settings?

Suggested Recommendations:

- The UK and devolved governments should invest in universal preventative and early intervention children's services to prevent an increase in mental ill health among children and ensure adequate resources are in place to enable safe, effective and accessible CAMHS. Money invested to mental health services should be ring fenced for CAMHS.
- The UK and devolved governments should ensure that maximum waiting time and access standards for access to CAMHS are adhered to across the country.
- Funding for the number of health- based and alternative places of safety for children in need of specialist inpatient treatment or a place of safety in mental health crisis should be increased so they are never placed in a police cell, adult ward or far from their support networks. The Government should ban the use of physical and chemical restraint and overuse of seclusion in all inpatient settings.
- A new, fully independent system for investigating deaths of children in mental health care settings should be created.

Background

There has been some progress in relation to taking forward recommendations 110.103 and 110.102 due to considerable effort and investment from the UK Government to achieve parity of esteem with mental and physical health but rising levels of mental health and poor access to services have limited progress.

Worsening mental health amongst children

Mental health problems amongst children in the UK are increasing. Nearly a quarter of a million children in England are receiving support from mental health services of which 11,849 are under five years old. In Wales, between 2010 and 2014, the number of children referred to CAMHS doubled to 2,342.¹ Research has shown a sharp decline in levels of well being and mental health amongst girls over the last five years, in contrast to boys.² There has been an alarming rise in suicides amongst

children in the UK, affecting older boys than older girls.³ The number of children self-harming has also risen dramatically in the past 10 years in England⁴ and the levels of deaths caused by self harm in Scotland also remain worrying.⁵ In Wales, the age and pattern of self-harm is most concerning for young women aged 15-19 who were shown to have the highest prevalence, with an overrepresentation of young girls aged 10-19 treated at Welsh hospitals for self-harm compared with boys.⁶

Lack of progress on mental health strategies and data collection

The English Government 'Future in Mind' strategy to improve children and young people's mental health in 2015 and £1.4 billion investment till 2020 is welcome but demand for services is increasing and mental health is still not being given the same priority as physical health. The Scottish Government has committed to publish a new Mental Health Strategy in late 2016, which will cover a 10-year timeframe supported by £150m over five years. However, publication of the strategy has been delayed and the Scottish Government has not yet taken forward recommendations from civil society to conduct a Child Rights Impact Assessment on the strategy to ensure it proactively considers and promotes the rights of children and takes their experiences into account.⁷ The Welsh Government have published a new Delivery Plan for 2016-19 in support of their 10 year 'Together for Mental Health Strategy' and committed to invest £7.65 million annually in CAHMS, but there remains concerns over the level of funding in Wales and the increasing demand for timely preventative services.

Stretched children's mental health services

There are concerns about the capacity and capability of English health commissioners to deliver the intended transformation of CAMHS set out in 'Future in Mind'.⁸ Research has found that access to CAMHS and treatment is currently a postcode lottery: 28% of children referred to CAMHS in 2015 were turned away – increasing to 75% in some areas. New waiting time targets for CAMHS are welcome although recent statistics show that this has not been met in 24% of all referrals in Scotland.⁹ In England, nearly 60% of children were on a waiting list, with many forced to wait an average of 100 days and new waiting time targets will not fully come into effect until 2020.¹⁰ In Wales, between 2010 and 2014, the number of children referred to CAMHS doubled and lengthy waiting times and referral rates are problematic.¹¹ Lengthy waiting times can lead to children not engaging with the service, and/or their condition worsening.

Lack of specialist inpatient mental health provision

Despite a duty prohibiting it and calls from the UNCR Committee, children are still being placed in inappropriate settings such as adult mental health wards and police cells during mental health crisis. 202 children were admitted to adult mental health wards in 2015/16 in England, a 43% increase since 2011/12.¹² The numbers of children under 15 years old rose from two in 2011/12 to at least 10 in 2015/16. In both periods the youngest child was 13 years old. In Scotland inpatient services are only available in 3 big cities which has resulted in some children being placed in adult psychiatric wards.¹³ Children with severe mental health problems in England still have to travel long distances for treatment due a lack of specialist inpatient mental health and community provision.¹⁴ Concerns have been raised in inspections of specialist inpatient CAMHS units about the use of physical and chemical restraint.¹⁵ Inquests continue to show that children die in mental health institutions due to a combination of failings such as neglect, inadequate staffing levels, poor care and risk management.¹⁶

Recommendations referenced from the UK's UPR 2012 (2nd Cycle)

110.103	Guarantee the enjoyment of economic, social and cultural rights, particularly health, education and adequate housing	Cuba: A/HRC/21/9 - Para. 110 & A/HRC/21/9/Add. 1 - Para. 19	Supported
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110.102	Strengthen measures aimed at reducing serious inequalities in access to health, education and employment, which still exist despite the adoption of the Equality Act	Spain: A/HRC/21/9 - Para. 110 & A/HRC/21/9/Add. 1 - Para. 21	Noted
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About us

Children's Rights Alliance for England (CRAE)

CRAE works with over 150 organisational and individual members to promote and campaign to protect children's rights and the UNCRC in England. See: www.crae.org.uk

Together (Scottish Alliance for Children's Rights)

Together is an alliance of over 340 NGO and individual members that works to improve the awareness, understanding and implementation of the UNCRC in Scotland. See: www.togetherscotland.org.uk

Wales UNCRC Monitoring Group

The Wales UNCRC Monitoring Group is a national alliance of non-governmental and academic agencies tasked with monitoring and promoting the UNCRC in Wales. It is currently facilitated by Children in Wales, the national umbrella organisation. See: www.childreninwales.org.uk

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¹ National Assembly for Wales, Children, Young People and Education Committee (2014) *Inquiry into Child and Adolescent Mental Health Services (CAMHS)*

² Hamblin, E. (2016) *Gender and children and young people's emotional and mental health: manifestations and responses. A rapid review of the evidence NCB*

³ The Samaritans (2016) *Suicide statistics report 2016*

⁴ NHS Digital Figures obtained by The Guardian Campbell, D. (23 October 2016) 'NHS figures show 'shocking' rise in self-harm among young' The Guardian

⁵ National Records of Scotland (2016) *Probable Suicides*

⁶ Welsh Government (2015) *Talk to Me 2: Suicide and Self Harm reduction strategy for Wales Suicide and Self Harm Prevention Strategy for Wales 2015-2020*

⁷ Together (2016) *State of Children's Rights*

⁸ The Five Year Forward View for Mental Health (February 2016) *A report from the Independent Mental Health Taskforce to the NHS in England*

⁹ See *Child and Adolescent Mental Health Services Waiting Times in NHS Scotland* (Quarter ending 31 December 2015)

¹⁰ Children's Commissioner for England (2016) *Lightning Review: Access to Child and Adolescent Mental Health Services*

¹¹ Hafal (2016) *Making Sense: A report by young people on their wellbeing and mental health*

¹² Responses to FoI requests to CRAE from 33 NHS Trusts or Foundations in England

¹³ Together (2016) *State of Children's Rights reports*

¹⁴ House of Commons Written Answer (8 February 2016) <http://www.theyworkforyou.com/wrans/?id=2016-02-01.25026.h>

¹⁵ Care Quality Commission Inspections

¹⁶ INQUEST (2 June 2016) 'Jury finds Priory's gross failings contributed to death of 14 year Amy El Keria in child mental health unit' Press Release and INQUEST (21 September 2016) 'Coroner concludes gross failings constituting neglect contributed to the death of 15 year old Christopher Brennan in Bethlem Hospital Adolescent Unit' Press Release