

## **EXECUTIVE COUNCILLOR DECISION**

**16 MARCH 2018**

---

### **REPORT: CHILD AND ADOLESCENT MENTAL HEALTH SERVICE**

#### **SCRUTINY OPINION FROM THE CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE – 9 MARCH 2018**

---

The Children and Young People Scrutiny Committee met on 9 March 2018 and considered a report concerning the Child and Adolescent Mental Health Service (CAMHS).

The Committee unanimously supported the recommendations contained in the report.

In addition, the following comments were made:

- Concerns were raised about whether professionals understood the difference between Healthy Minds and CAMHS and who to refer young people to. It was noted that Healthy Minds was still new but there were clear pathways for which services to access in the best interests of the child. CAMHS was only available for those with diagnosed mental health issues, which was why Healthy Minds had been commissioned. The Committee agreed that there was a need to avoid Healthy Minds being seen as "CAMHS Light".
- It was queried how eating disorders were dealt with given that they were very complex to deal with as the person suffering might not see it or want help. Officers confirmed that it was delivered to the national specification and was a community based service. The Young People Eating Disorder Service worked intensively with young people using the National Institute for Health and Care Excellence (NICE) Guidance eating disorder pathway to keep them at home, but the young person could be referred to a psychiatric or mental health bed if need be. There were strict waiting times which were currently being met. It was highlighted, however, that more work needed to be undertaken around early identification and prevention.
- Concerns were raised about the length of the average waiting time for routine assessments of 4.4 weeks and the average wait time for routine treatment of 9.8 weeks. The Committee agreed that these waiting times were too long for a young person to wait, whilst acknowledging the national waiting time is 18 weeks. Officers highlighted that this needed to be looked at as part of the consultation, but for waiting times to decrease, there would be an impact on costs and staffing.