Putting child psychotherapy on the map

a guide to commissioning for health and local authorities

‘... psychoanalytically trained child psychotherapists have an important contribution to make to the totality of service provision ...’

NHS Psychotherapy Services in England – Review of Strategic Policy, 1996

The Child Psychotherapy Trust aims to increase the access of children in need, to local appropriate and effective child psychotherapy provision.
Acknowledgements

This report was written by Christine Hogg

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summary

- Child psychotherapists provide psychotherapy for children and young people who have severe emotional and behavioural problems, often after other interventions have failed.

- Up to 1.2 million children and young people have some psychiatric or psychological problem severe enough to handicap them for a year of more.

- Research shows that psychotherapy is effective. As a result of therapy children and young people show more trust and confidence, more age-appropriate behaviour and a greater awareness and concern for other people.

- Psychotherapy can reduce the long term financial consequences to the NHS, local authorities and the care system for juvenile offenders by avoiding costly residential care.

- Child psychotherapists offer individual psychotherapy based on psychoanalytic techniques, support and advice to others working with children and families and training and consultation for local mental health services in developing local services.

- All child and adolescent mental health services need to ensure that child psychotherapy is available to children and young people and that support is available to staff working with children with emotional and behavioural problems in the community, schools, residential and foster care.

- The development of a comprehensive service for child psychotherapy is restricted by the inadequate number of child psychotherapy posts and training places, which are mainly in the South East of England. Training Consortia in each Region need to develop a strategy to increase the number of training places and training posts.
introduction

It is estimated that one in five children up to age 16 suffers significant levels of emotional and behavioural distress or mental illness. Often signs of distress among children and young people are not recognised or are dismissed as a ‘phase’ that will pass. The children most likely to develop psychological problems are those who are socially and economically disadvantaged, whose parents themselves have a mental illness, who have been abused, who have a physical illness or disability, or who have suffered trauma and loss.

Understanding of emotional distress and behavioural problems in children, their causes, treatment, and prognosis has improved considerably over the last 15 years. Early intervention in childhood and adolescence can be effective in preventing later distress and adult mental ill health. What we experience as children largely determines how we function as adults.

However, mental health services for younger people are patchy, uncoordinated and underfunded. Children are 20-25% of the population but child mental health services receive no more than 5% of the total local mental health budget. Only now are services starting to be developed to meet local needs.

This report provides guidance to health and local authorities on how child psychotherapists can contribute to the development of comprehensive services for children and young people with mental health problems and those at risk, covering primary care and local specialised services.

what is child psychotherapy

Child psychotherapists provide psychotherapy for children and young people who have emotional and behavioural problems. Child psychotherapists are in touch with the child’s view of their situation and provide a continuous therapeutic relationship that is important to children who may have experienced long periods of difficulty, distress or abuse. In this safe environment children are helped to make sense of events such as family breakdown, bereavement, fostering, child abuse or physical illness. About a third of the children referred to child psychotherapists have already received other interventions which have failed to lessen their distress or change their behaviour.

Child psychotherapists are normally employed in the health service as part of the child and family mental health service. They offer individual psychotherapy, based on psychoanalytic techniques, to help children understand their distress and to change their behaviour. Support and advice to other professionals working with disturbed children and young people and their families. Their skills and knowledge helps other agencies such as social services, education and the voluntary sector training and consultation for local mental health services on developing child psychotherapy services.

Child psychotherapists have received psychoanalytic training in child development, which is normally undertaken full time over 4 years. This includes personal analysis to ensure that they have the maturity to cope with children’s trauma and ensure their safety. In order to practice, all trainees and trained psychotherapists must be registered with the Association of Child Psychotherapists, the professional body recognised by the Department of Health.
effectiveness of child psychotherapy

Child psychotherapy is based on an understanding of child development and evidence of effectiveness in the care and treatment of children with emotional and behavioural problems. Several studies show that children who received psychoanalytic psychotherapy improve more than children in a control group. Children under 12 with severe and pervasive emotional disorders respond very favourably to intensive psychotherapy (that is at least three sessions a week). Treatment of a few months produced symptomatic improvements, but longer term treatment was required for modifications in the personality or for entrenched social difficulties. As a result of therapy children and young people in these studies showed more trust and confidence, more age-appropriate behaviour and a greater awareness and concern for other people.

Child psychotherapy is cost-effective. It can reduce the long term financial consequences to the NHS and local authorities, as well as to the care system for juvenile offenders, inpatient or residential care. Children who have received psychotherapy are subsequently less likely to need expensive institutional placements and the breakdown of foster placements may be avoided. For example, a single referral to a residential home may cost the local authority £1000 a week or more, while inpatient care will cost the health authority even more a week. In contrast, six child therapy sessions costs £360; intensive individual treatment five times a week for a year costs £3,420.

The employment of a full time child psychotherapist, at a salary of £20-30,000 a year, can provide a service to local children and young people and support and advice to people working with children and their families. Trainee child psychotherapists are cost effective, since they see patients under supervision throughout their training.

The Health Advisory Service identifies four tiers of service that are required to provide a comprehensive, co-ordinated child and adolescent mental health service. These include:
- **Tier 1** Primary or direct contact services
- **Tier 2** Interventions in the community by individual professionals
- **Tier 3** Interventions by teams of specialist staff, helping children and adolescents with more complex problems
- **Tier 4** Very specialised interventions and care.

Child psychotherapy has a contribution to services at all these levels.

**Joint commissioning**

Mental health services for children and young people can only be effective where health and local authorities take a joint approach to commissioning services, working closely with schools and education authorities. The Health Advisory Service outlines areas for joint activities:
- joint assessment of population needs
- joint assessment of individual needs
- joint assessment of the needs for research and development
- joint assessment of the training needs of staff
- joint agreement of strategy
- joint service planning
- joint care planning/care management/care programming
- joint purchasing (e.g. of new projects, sharing resources on existing projects and/or individual care packages
- joint evaluation/monitoring.

Children’s service plans are now produced by local authorities in consultation with health authorities. Child psychotherapy should be included in these plans. Many of the children who are referred to child psychotherapists have been or are in residential or foster care or have been adopted. Child psychotherapists are able to provide the child centred care and long term support promoted by the Children Act.

**Primary care**

Effective intervention requires timely recognition of the problem and help for children and their families. GPs are normally the first contact for families and for young people. Almost a quarter of children who are taken to see their GP have mental health problems.
Child psychotherapists can:
- help members of the primary health care team who are in regular contact with families to develop awareness and skills in identifying problems at an early stage.
- support and assist the primary health care team in the assessment and treatment of children and young people with psychological problems and work with their parents.
- assist the primary care team in treating patients with psychological problems associated with physical disorders.

Child psychotherapists can be based part-time in the surgery. Where they are not based in the practice, GPs should have direct access to the child psychotherapy service through their local child mental health service.

Consultation and training
Child psychotherapists work with and provide a consultation service to staff and carers who look after children with emotional and behavioural problems. They provide support and training in identifying problems at an early stage:
- to members of the primary care team on recognition of problems and care of children and families.
- to mental health team members on the assessment and the management of individual cases.
- to teachers, school and child care staff to help them understand and cope with disturbed behaviour among children in their care, in particular resulting from sexual abuse, or problems arising from clashes of cultural or ethnic loyalties.
- to local authority residential care staff and foster carers.

Assessment and treatment
Child psychotherapists should be part of the mental health team involved in assessment in cases where other interventions have not helped or where there may be a long history of distress or disturbed behaviour.

Some children need psychotherapy. Individual treatment may be a few sessions or may extend over two or three years, if the problem is severe. Work may be carried out with the rest of the family at the same time by other members of the team:
- in the community, child psychotherapists work closely with field social workers, giving them support and advice.
- in hospitals, child psychotherapists work with physically ill children and their families, often in specialties such as oncology, paediatric endocrinology and orthopaedics to support the child through the illness and help them come to terms with what has happened. They can also help children with severe problems, such as particular disabilities, autism or eating disorders in specialist centres and elsewhere.

The development of a comprehensive service for child psychotherapy in all parts of the country is restricted at present by the shortage of child psychotherapist posts and training places. There are 300 qualified child psychotherapists in the UK and some 100 in training. A survey in 1994 found that 44% of units providing community based care for children and adolescents had some sessions from a child psychotherapist.

In 1994 there were 220 qualified child psychotherapists, 20 assistant child psychotherapists and 60 trainees working in the NHS and 174 whole time equivalent posts. About 80% work within multi-disciplinary teams in the NHS. The posts are unequally distributed. Ninety two per cent of child psychotherapists were employed in the South East of England (the Thames, Anglia and Oxford and South and West regions). This is illustrated in the map.

More recently there have been significant developments both in the training field and the establishment of posts in Birmingham, Leeds, Liverpool, Exeter, Nottingham and Edinburgh. In many areas demand for the provision of child psychotherapy has increased.

In order to develop comprehensive child psychotherapy services, it is necessary to develop training for child psychotherapists. Child psychotherapists are the only professionals in the NHS who generally have to pay for their own training, though there are wide differences in the extent to which their training is funded by different districts. There are at present six schools providing child psychotherapy training; four in North London, one each in Edinburgh and Birmingham. Training schools within existing NHS clinical facilities need to be developed in other regions.
NHS Executive Regional Offices have responsibility for co-ordinating the education and training of child psychotherapists along with other ‘small staff groups’. In each Region consortia of health authorities, GP fund holders, local authorities and NHS trusts are responsible for commissioning professional education from universities and other training bodies. Workforce planning will be undertaken by each consortia for all staff groups within their sphere. Consortia need to advise the Regional Offices urgently on the importance of child psychotherapy services, the need for trained child psychotherapists and more training places.

Objectives

Health and local authorities need to ensure that:

- consultation and support by child psychotherapy techniques is available for people working with children with emotional and behavioural problems in the community, schools, residential and foster care.
- child psychotherapy treatment is available within the district to children with severe difficulties.
- longer term plans are in place to train child psychotherapists.
**Health authorities**

Have you looked at district requirements for child psychotherapy in needs assessment?  

Is child psychotherapy included in the strategy for child and adolescent mental health?  

Is there a child psychotherapist working with child and adolescent mental health services?  

If no, why is this?  

If yes, does the child psychotherapy service undertake clinical work:  
- in primary care  
- on referral from the child and family mental health team  
- in acute hospitals  
- in children’s institutions  

Is there a consultation service provided by the child psychotherapy service to:  
- the mental health team?  
- children’s services?  
- schools?  
- the primary care team?  

Has the need for trained child psychotherapists been raised in the training consortium for action by the NHS Executive Regional Office?  

Do you have a policy for training child psychotherapists?  

Have you discussed the development of child psychotherapy services with local authorities?  

**Local authorities**

Is child psychotherapy for children who are looked after by local authorities included in the children’s services plan?  

Have you discussed the possibility of developing child psychotherapy services with health authorities?  

Is there a consultation service provided by child psychotherapists to:  
- residential childcare staff?  
- schools?  
- foster care and adoption service?  
- family support services?  
- daycare and family centres?  
- voluntary sector childcare and play agencies?  

**specimen service specification**

The service will have a Grade A and Grade B child psychotherapist working as part of the multi-disciplinary team in child and family mental health services.  

There will be agreed criteria for referral of children to the child psychotherapy service for assessment and treatment.  
- Referral criteria  
- Review and evaluation criteria  
- Review training policy  
- Review access to consultation and liaison  

There will be arrangements for a Grade B child psychotherapist to provide advice and on site consultation on the management of individual cases.
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background


NHS Executive EL (95)27, Education and training in the new NHS. 3 March 1995.

Further information

The Child Psychotherapy Trust
Star House
104-108 Grafton Road
London NW5 4BD
Telephone 0171 284 1355
Fax 0171 284 2755

The Child Psychotherapy Trust in Scotland
13 Park Terrace
Glasgow G3 6BY
Telephone 0141 353 3399
Fax 0141 332 3999

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