Health and Social Care

Department of Health
An Roinn Sláinte
Männystrie O Poustie
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Children and Young People's Emotional Health and Wellbeing Framework

Consultation Response Document

Personal details		
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Are you responding on behalf of an organisation?		**Yes** *(delete as applicable)*
Organisation *(if applicable)*	**Royal College of Psychiatrists in Northern Ireland**	

Guiding Values			
1. Do you agree with these Guiding Values?			
Please select Yes or No to each Guiding Value below		**YES**	**NO**
a.	Involving children, young people and their families	**x**	
b.	Child-centred	**x**	
c.	Identifying and addressing needs early, including preventative support	**x**	
d.	Understanding the wellbeing of a child in their current context	**x**	
e.	Collaborative working	**x**	
f.	Evidence-based	**x**	

2. Are there Guiding Values you would add?

Interagency working should be added to collaborative working.
We should be working closely with child health colleagues, as physical and mental health are interlinked and affect each other - and early and timely intervention is needed across children's services to provide children with the best start in life to become functioning healthy adults.
Education is also a massive part of a child's life and the current system does not provide a good environment for a lot of children with learning disability or neurodiversity which can negatively impact their mental health.

Who this Framework is for

3. Do you agree this Framework should be inclusive of all children and young people?

	YES	NO
Please select Yes or No	x	

4. If you have answered no, which group or groups of children should be included or excluded?

Please add an additional group or groups of children

Presenting Need

5. Do you agree that the primary focus of the Framework should be on addressing and supporting the child or young person's presenting needs?

	YES	NO
Please select Yes or No	x	

All children should be seen as children first and be able to access the same supports regardless of where they live, regardless of any neurodiversity or disability and regardless of any communication issues.
Input should be tailored to the individual child's needs.

The Need for Change

6. Do you agree that substantial change is required in this area?

Please select Yes or No	**YES**	**NO**
	x	

The current system is understaffed and underfunded and not providing timely intervention for mental health problems or diagnosis of neurodiversity.
Waiting lists for ADHD and ASD diagnoses are so long that some children will age out before being seen.
With early diagnosis and input these children would be much more likely to reach their potential and avoid negative experiences and outcomes.
This needs a Regional focus as all Trusts differ in their waiting times and assessments, plus in their ongoing care delivery post-diagnosis.
Early intervention, in particular, is important for those with learning disability, but as these services are not developed or are underfunded, waiting lists are long for initial parenting groups which would be so beneficial.
Children who are hard of hearing or deaf benefit from early intervention around communication optimisation, including in British Sign Language/Irish Sign Language if chosen, which is not available in the NHS. This would prevent language deprivation, which leads to poor educational attainment and mental health problems. Voluntary sector provide some of this, but not enough and are not funded appropriately by the Government.

Contextual Approach

7. Do you agree with these Contextual Approaches?

Please select Yes or No to each Contextual Approach below		**YES**	**NO**
a.	A trauma-informed approach	**x**	
b.	A neurodiversity-affirmative approach	**x**	
c.	A neurodevelopmental approach	**x**	

8. Are there Contextual Approaches you would add?
Please add any further Contextual Approaches

Regionally Consistent Model

9. Is a regionally consistent model the best way forward?		
Please select Yes or No	**YES**	**NO**
	x	
10. If not, what would an alternative option be?		
Children across Northern Ireland need to be able to access the same level of service within the same timeframes.		

Systems Change

11. Do you agree that an evidence-based model of change should be used to support the transformation of services?		
Please select Yes or No	**YES**	**NO**
	x	
Please add any further comments		

Implementation Principles

12. Do you agree with these Implementation Principles?

Please select Yes or No to each Implementation Principle below		**YES**	**NO**
a.	Regionally defined, consistent and equally accessible services for children, young people and families	**x**	
b.	Children, young people and families/carers are fully involved in care	**x**	
c.	Provision of high-quality care with measurable outcomes	**x**	
d.	Evidence-based intervention	**x**	

13. Are there other Implementation Principles that you believe should be considered?

Staffing levels to deliver the service and looking ahead with workforce planning must be done to ensure services can be maintained.
Information needs to be accessible for all, so the addition of British Sign Language/Irish Sign Language videos to existing information sources and future communications should be considered (given the expected future Sign Language Act.)

Core Components

14. Do you believe these core components will standardise the response to meet the emotional health and wellbeing needs of children, young people and their families?

Please select Yes or No	**YES**	**NO**
	x	

15. Are there any other Core Components that should be considered?

Please add other Core Components

Final Comments

It is clear that this Framework is purely about emotional wellbeing rather than mental health conditions, with a focus on primary and secondary prevention.
We welcome the development of an Emotional Wellbeing Framework, although it is not primarily about the types of services that Child & Adolescent Psychiatrists typically work in i.e. Step 3+ CAMHS.
There is a definite need to consider the greater involvement of Child Psychiatrists and Developmental Paediatricians in Early Years services.
We welcome the commitment to refresh the CAMHS Care Pathway.

The document is largely conceptual and aspirational - and as a Framework simply defines and consolidates many of the principles which we have been working to for years e.g. "system-wide…collaborative…needs led".
There is a need to develop tangible cross-sector action plans to realise the full potential of this Framework. Implementation will be heavily influenced by whether Professor Ray Jones' recommendation to make children's social care an arms-length body is adopted. This would see a structural separation of 'clinical CAMHS' from earlier intervention services described in this paper.

Whilst the concept of trauma-informed care captures some of the social determinants of poor mental health outcomes in later life, it is not adequate as a concept to fully ensure health inequalities are addressed in the early years e.g. ethnicity, access to nutrition and education etc.

Whilst there is a need to shift culture and practice – there is a need to ensure that we remain evidence- led. We feel strongly that we cannot 'throw the baby out with the bathwater' when it comes to prioritising a needs-led approach over a diagnosis-led approach. This seems to be largely driven by a desire to manage societal expectation and waiting lists. The system must remain evidence-led despite such pressures.

The NICE Guidelines/Quality Standards that relate to Social & Emotional and Wellbeing clearly outline the need for early identification and treatment of mental health conditions. Similarly, some of the most robust research evidence in the field of early intervention highlights the need for precise diagnosis and diagnostic re-evaluation over time. As far as needs-led models go, THRIVE is a well-established example with clear merits: THRIVE Framework for system change | i-THRIVE Again though, where long-term evidence for improved clinical outcomes exists, it largely relates the co-existence of needs and diagnostic-led approaches.

The Royal College of Psychiatrists (RCPsych) is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care, and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 450 Members in Northern Ireland (including Resident Doctors pursuing specialist training in Psychiatry) who provide the backbone of the local Psychiatric service, offering acute and community treatment, as well as specialist care and consultation across a large range of settings.

This response is submitted on behalf of the Devolved Council of the Royal College of Psychiatrists in Northern Ireland with particular input from our Child & Adolescent Faculty and our Learning Disability Faculty.

Dated: 31st July 2025

Dr Julie Anderson Chair RCPsych in Northern Ireland & Vice President RCPsych
- on behalf of RCPsych in Northern Ireland

Thank you for taking the time to respond to the public consultation.

Please submit your completed response by **5.00 pm on 28 August 2025** using the contact details below:

E-mail: Regional.EHWB@hscni.net

Hard copy by post to:

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