The following questions have been broken into two parts

Q1 How children and adolescents potentially at risk of developing mental health problems are identified and how those problems should be prevented?
Part a) How are children and adolescents potentially at risk of developing mental health problems identified?
Response:
Research has shown that there are many groups of children and young people who have a higher risk of developing mental health problems, the list is lengthy but includes children of substance abusing parents, children of parents with a learning disability, children of parents with mental health problems, those children who are bullied, children who have a learning and/or communication difficulties, children who have physical impairments, looked after children, etc.

Part b) How should the problems identified in question 1a be prevented?
Response:
Through a range of prevention and early intervention initiatives including easy access to self help materials, parenting programmes, training and development for parents, teachers and other workers on risk reduction and early intervention, open access to specialist advice, consultation and support. Integration across child and adult services to support parents who have their own problems that are having a secondary effect on their children’s emotional and psychological wellbeing.

Q2 What obstacles there are in identifying children and adolescents with mental health problems and how they might be overcome?
Part a) What are the obstacles in identifying children and adolescents with mental health problems?
Response:
Estimates vary, but research suggests that 20% of children have a mental health problem in any given year, and about 10% at any one time. Hence the scale of the problem is huge. Parents and frontline staff are often not well educated to identify potentially serious issues at an early stage and they are often unaware how their behaviour/actions are either having a positive or negative impact on children’s mental health.

Access to specialist help to support emotional & psychological well being is limited as most resources are directed towards more severe classifiable mental health problems and disorders.

Part b) How might the obstacles be overcome?
Response:
With good prevention and early intervention in place what is then required is a clear framework for access to increasing levels of specialist expertise for consultation to help identify these children and young people earlier. All children and young people are engaged with adults in some way or form and all children under 16 should be engaged with education as a universal service. Therefore parents and education professionals should be targeted to help identify children and adolescents with developing mental health problems also others working with children and young people in sport, youth work, etc could be trained.
Q3 What action is being taken to facilitate early intervention and what else can be done?
Part a) What action is being taken to facilitate early intervention?
Response:
There are many initiatives to support early intervention however thresholds for access and long waiting times often reduce the effectiveness of early intervention programmes. Also the priorities of partner organisations such as education for on going training and development of staff and allocating time to early intervention work to improve emotional and psychological wellbeing mean that again the capacity for early intervention is limited.

Part b) What else can be done?
Response:
There is a need to further develop shared priorities across agencies regarding prevention and early intervention and this must be supported by initially a training and development programme that then must have sustainable capacity to support and achieve prevention and early intervention. 
Self help programmes should be available on line as many young people are familiar with accessing information in this way. Support/ consultation for parents, teachers, etc should be available and this must be backed by direct rapid response short intervention, longer term therapy and also importantly short term intensive community support at times of crisis.

Q4 How can access to services and ongoing support be improved?
Response:
Equal emphasis should be given to prevention and early intervention priorities and targets as are given to more developed mental health problems for children and young people. Shared priorities across agencies are critical with a view to longer term life outcomes.

Q5 What problems are there around transition from CAMHS to adult mental health services and how a smoother transition may be achieved?
Part a) What problems are there around transition from CAMHS to adult mental health services?
Response:
Transition management is improving all the time. However there are differences in how children, young people and adult services clinically manage and provide access to services for individuals with psychological problems, this is particularly related to risk taking and life style, i.e. adults have more rights related to choice and there are higher thresholds for intervention in adults lives. Hence the focus of adult services tends to be around classifiable mental health disorders with less resources directed towards emotional and psychological well being a state that is critical for parents to break the negative generational cycles that can develop.

Part b) How might a smoother transition be achieved?
Response:
Smother transitions could be achieved through joint appointments of staff across CAMHS/ Adult Services or through the development of youth mental health teams that manage care from a developmental point in adolescence (no less than 14 years) up to 25 years old.

Other comments:
Sadly the concepts around prevention and early intervention of mental health problems in
children and young people are increasing well understood while our actions on putting in place initiatives to achieve prevention and early intervention are lagging behind.

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