1. How children and adolescents potentially at risk of developing mental health problems are identified and how those problems should be prevented

There are a variety of ways in which children and adolescents potentially at risk of developing mental health problems are identified depending on their age and the involvement of different agencies. Those under 5 will be most likely to display signs of behavioural and/or emotional problems, and these are most likely to be picked up by parents, nursery teachers/staff, health visitors, social workers, or other health professionals that are involved with the child.

Those over 5 who are attending school are more likely to have problems picked up in the school environment, by teachers or the school nurse. Parents may also identify problems and will then refer to the GP who will then either refer to more specialist CAMHS or provide treatment themselves for less serious issues.

The prevention of mental health problems in children and adolescents should be based around promotion, prevention and education. If caught at an early stage mental health problems may be prevented from escalating. There are a number of difficulties at both a macro and micro level. Firstly the issue of stigma: Mental health problems are still viewed in a largely pejorative manner throughout society and this does not therefore encourage young people to seek help for problems in the same way they would if they had a physical problem. Similarly agencies in health, social work and education that do not routinely deal with mental health issues are sometimes also reluctant to address the needs of these young people, largely through lack of knowledge and an inability to cope with specific issues. Therefore all those working in the arena of mental health should be working towards de-stigmatising mental illness. Specifically related to children and adolescents this can and is being done within schools, both to educate children and adolescents and teachers.

Similarly within schools there has been considerable work to develop primary mental health development workers who are largely based within CAMHS but have links with specific secondary schools and feeder primaries. These workers are able to provide training to staff, consultation, education to young people and also do some short interventions directly with children and young people, therefore preventing more serious mental health problems. A pilot project in Lothian evaluated well on these issues.

Significant challenges remain to ensuring that CAMHS Service developments address the needs of the community. Considerable work is being done within local communities in engaging with targeted youngsters who are challenged by school and social exclusion, with a big focus on the causes of substance misuse, anti social behavior and disengagement. Whilst PMHW is one option
that works for those in school, engaging with those who do not attend school or who are out with social norms is equally important, but unrecognized to some degree at present. With this in mind more training for staff around engaging with this hard to reach population would be of benefit to CAMHS and would help to address the problems around inequalities in service provision.

More specifically the Looked After and Accommodated Children (LAAC) population are a group of children and young people who are at far greater risk of developing mental health problems and risk taking behavior compared with young people in the general population. In accordance with Commitment 11 and with the evidence presented in the literature CAMHS is beginning to address this through the implementation of a number of new developments. Firstly the LAAC Nurse Therapist post in North Ayrshire addresses the mental health and well being of this group of children and young people. The Throughcare post also addresses these issues. However it is clear there is a lack of equity across Ayrshire in developing such initiatives. Recently CAMHS commissioned a piece of work carried out by Barnardos and Penumbra funded by the three Ayrshire Choose Life groups to provide training for staff in residential units around self harm.

2. What obstacles there are in identifying children and adolescents with mental health problems and how they might be overcome

The obstacles are largely a lack of knowledge and a lack of resources. As indicated places where children and adolescents spend most of their time will be where mental health problems are identified and unless workers within these areas have the skills to recognize the signs of mental health problems they will not be picked up at an early stage. Similarly if children and adolescents are not educated and encouraged to talk about mental health and seek appropriate help at the appropriate time, problems will escalate. The focus on school as already indicated doesn’t always identify those with most need. Local communities are developing strategies that engage with children and young people in their areas. CAMHS need to liaise better with these areas. Locally the CAMHS teams haven’t commenced work in conjunction with community development issues, and this area needs to be explored and further developed.

3. What action is being taken to facilitate early intervention and what else can be done

Primary mental health link workers in schools, as indicated facilitate early intervention within the schools, but also promote early intervention amongst tier1 services. Tier 2 services in CAMHS provide an early intervention service when more specialized short term work is required.
More resources within schools and tier 1 services to do early intervention work. This is something that has obviously been recognized at a national level as indicated by Commitment 10. However without specific funding meaningful outcomes are difficult to achieve. At present there is a lack of training and resources within universal services, although a lot of referrals to CAMHS could be worked with at tier1 if they had the skills and capacity. Schools are a crucial part of early intervention work and more resources should be aimed at the link worker role. Health visitors could be used to do more work with parents and to address emotional and behavioural problems in the under 5s. Perhaps we should be developing specialist HV roles.

The service has been re-designed to provide a triage and assessment process. All referrals are triaged and offered an assessment based on specific criteria that will identify cases at highest risk early in the problem cycle, so they can be addressed as a priority.

The provision of a Charge nurse for Looked After and Accommodated Children in one area is designed to identify, support, offer liaison and consultation to those working with children who are looked after in residential units. In another locality a nurse specifically working in partnership with throughcare provides mental health assessment to this group.

Developing a supportive working relationship with those doing outreach youth work in local communities could also build capacity within the wider mental health network and could assist in earlier intervention being undertaken.

4. **How access to services and ongoing support can be improved**

Access to services is good on the whole. Ongoing support often needs to be multi-agency, may be through IAF, but usually needs lots of liaison with other services to support the work that has been going on in CAMHS. Communication between agencies and sharing of information and information systems needs to be improved. Use of technology and provision of good self help material, with access to internet and telephone support for young people would potentially increase/improve access.

CAMHS needs to engage with partners to work with some of the most challenging young people as opposed to providing only clinic based work or limited PMHW provision. This should include children who have offended, substance misuse as co-morbidity, and learning disabilities. Similarly community based work in areas such as youth centres, supporting other professionals could become an area for service development.

Out of hours provision of routine work for families and young people could be considered, as could self referral routes for children and young people into primary mental health Link workers.
5. **What problems there are around transition from CAMHS to adult mental health services and how a smoother transition may be achieved?**

Services need to prepare better for transition, be flexible.

Locally there is a transition protocol, which indicates the need to start planning 6 months before care is handed over. Problems occur when cases don’t meet full adult mental health criteria, and there are no other supportive arrangements available to support young people’s needs. Inflexibility in maintaining care for those affected by age exclusion criteria are an issue.

Currently NHS Ayrshire and Arran have no service specifically for Adults with ADHD therefore handover of care is an ongoing issue.

Developing services based on a developmental or needs led basis would help the transition processes. This would involve the development of training and support for staff in both adult mental health and CAMHS.

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