Child and Adolescent Mental Health Services
ChildLine in Scotland

ChildLine in Scotland (CLS) is the free 24 hour helpline for any child with any problem. Last year we provided a confidential counselling service to over 33,500 children. CLS hears from children with a wide range of problems and queries, many of which are directly related to mental health such as depression, eating problems, self-harming, and suicide. Children also call us about a range of other issues that can have a direct, and sometimes devastating, impact on their mental health, for example, domestic violence, difficulties in family relationships, physical abuse, sexual abuse, bereavement, parental separation and divorce, substance misuse (particularly parental alcohol misuse), pregnancy, bullying and exam pressure.

Calls to the helpline about mental health problems generally are increasing year on year, but the biggest increases can be seen in calls about suicide, which have risen from around 70 in 2003-2004 to around 540 in 2007-2008.

One of the fundamental aims of CLS’s services is to make sure that children's voices are heard in society, in policy-making and in practice. CLS very much welcome the inquiry’s focus on the needs of young people. Prevention and early intervention in child mental health problems is not only crucial to child health and welfare – it can also obviate the need for treatment later on in life.

The information CLS receives from callers on a daily basis leaves us in no doubt that there is an urgent need to improve access to and delivery of CAHMS if progress is to be made in improving the mental wellbeing of children in Scotland, and particularly to tackle the unacceptably high rate of suicide in the adolescent population. The provision of preventative care is also crucial to this issue. Before dealing with the specific questions, it should be emphasised that we understand ‘CAMHS’ as referring to wider services than those provided by statutory agencies. The voluntary sector has a high level of expertise in working with young people and at times a more flexible approach than statutory services can provide. Voluntary sector services do not categorise young people or exclude them from their services and can often respond more quickly and change the configuration of their services to respond to particular needs. Vitally, voluntary sector services are perceived as ‘neutral’ and are able to build up good relationships with clients because they are trusted.

Key questions

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

In 2007/08 around 1570 children talked to counsellors about mental health issues as their main problem. These calls represented around 5% of the total calls answered. In addition, many hundreds more children spoke to us about mental health issues during calls about other issues – for example sexual abuse and physical abuse.

Multiple problems

1 Where the terms ‘child’ or ‘children’ are used in this response this should be taken to refer to person/s under 18 unless otherwise stated
2 This figure indicates the number of children who received a counselling service from CLS. Many more children called the service but currently lack of funds means that not all children who call are able to talk to a counsellor.
I feel so unhappy inside myself – I wish I was dead. I sometimes speak to my friend but I can’t always tell her how I feel. The only thing that makes me feel better is when I cut myself. My mum gets very depressed. She sometimes has to go into hospital and stays in.

Children who talk to ChildLine about mental health issues rarely talk about just one issue. Instead, like the caller above, they are very likely to talk about multiple concerns and problems in their lives.

This is most clearly the case in calls about suicide. Thoughts of suicide rarely come out of the blue or as a response to a sudden or isolated problem. Many of the young people who call CLS about suicide have been dealing with complex problems and painful losses which have accumulated over the years. A 2001 study into calls to CL UK about suicide found that many have a complex history of humiliation and neglect. Many have been physically, sexually or emotionally abused – or all three. Nevertheless it is wrong to assume that every suicidal child has a background of abuse or an uncaring family. Bullying on its own can be enough to push a child over the edge. 106 children who called CLS to talk about bullying last year also talked about feeling suicidal.

The likelihood of children experiencing multiple, ‘layered’ concerns when they call about mental health problems is confirmed elsewhere in the ChildLine caller database. Research into calls about self-harm, for example, showed that 80% of children who had called about self-harm also talked about other concerns, most commonly family relationship problems (40%), depression and other mental health symptoms (14%) and bullying (12%).

Chaotic lives
Also highly likely to be represented amongst young people who call ChildLine with mental health problems are long term callers, the small but significant number of young people who receive a long term counselling service at CL.

Long term callers are mostly young people with highly complex, long-term difficulties who often have chaotic, violent and isolated lives. Many have been physically, sexually or emotionally abused and are struggling to cope with the resulting turmoil. Many display signs of mental health problems.

Wider issues impacting on young people's mental health
Whilst CLS increasingly hears from children already experiencing mental health problems, it is vital to also call attention to the thousands of children who contact the helpline because of issues closely correlated with mental health problems in later life. There is overwhelming evidence that physical or sexual abuse in childhood is a key cause of mental ill-health and probably a more significant factor than genetic inheritance in most cases. In a review of 13 studies of women with manic depression or schizophrenia, a minimum of 51% and maximum of 97% had been physically or sexually abused as children. (Oliver James; Observer, 2004)

Since it opened in 1990, physical and sexual abuse have consistently been amongst the top 5 issues that children and young people call CLS about. Last year they accounted for just under 20% of all calls answered.

Prevention
CLS hears from many children already experiencing mental health problems and has a clear role in providing support, not least in accessing appropriate services. The most crucial aspect of our service in relation to children’s mental health is undoubtedly, however, in preventative work. Everything CLinS does is about promoting children’s mental health: encouraging and enabling children to talk about their problems, supporting and empowering children to start dealing with their problems in a way that makes sense in the context of their own lives.

Not all children are resilient. Information from our caller databases tells us that many young people need additional emotional support at times of change, disruption or pressure at home or at school. It also tells us, however, that children can find it very difficult to talk about their problems to adults and to seek help when they need it. In many cases of children calling CLinS for help, friends are their sole confidants. Indeed children’s concerns are all too often hidden problems – shared only amongst other children.

**CLS firmly believe that the role of prevention cannot be overstated when it comes to tackling mental health problems in young people.** Encouraging and enabling children to talk about issues that are troubling them and to seek help with problems which may lead to mental health problems is of primary importance. As well as promoting access to the CLS helpline for all children and young people to talk about their problems and act as a first point of contact, CL would also strongly urge developments such as the following:

- mandatory, meaningful personal, social and health education which covers key issues impacting on children and young people’s lives and supports life skills development.
- introduction and sustainable funding of self-referral services - for example, school based counselling services - designed and delivered according to children’s unique needs and subsequently ‘owned’ by them. If such services are to be effective, it is vital that children are not required to ‘jump through hoops’ to access them, and that there are clear boundaries and parameters which children and professionals understand around confidentiality. Inappropriate use would include such services being regarded by staff as a repository for children with behavioural problems, leading to stigma (‘that’s where you go for punishment’) and would be counter-productive.
- expansion of informal drop-in services (such as the CHILDREN 1ST service, Chill Out Zone)
- wide spread peer support programmes
- wide spread provision of nurturing initiatives. Developments in neuroscience suggest that positive physiological changes can take place in the brain in response to a supportive relationship. Support for nurturing initiatives such as ‘ThePlace2Be’ and nurture groups may be a key way of ensuring that younger children at risk of abuse or neglect can receive at least some of the focussed attention they need to help reduce the risk of mental health

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3 CLS Training and Outreach Service offers peer support training programmes for schools and other organisations working with young people.

4 The Place2Be was established in 1994 in London to enable therapeutic and emotional support to be provided to children in schools based on a practical model backed up by research.
problems in later life – as well as the other corrosive, long-term effects of a chaotic family back-ground.

Given the very clear relationship between sexual abuse and mental health problems in later life, trauma recovery services for children who have experienced abuse are also a clear priority, and should be provided where and when children need them as to delay access causes a further injustice.

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

Children can find it extremely difficult to articulate their problems and also experience a range of barriers that can prevent them from seeking help or support with issues such as mental health problems, including the following:

Stigma and not being taken seriously
Despite public campaigns to de-stigmatise mental health issues, it would appear that children still have a fear of mental illness, and of not being listened to, of being dismissed as ‘attention-seekers’.

Fears of burdening parents and families
Children often speak to CLS about their reluctance to tell family or other carers about the emotional or mental problems they are experiencing. Often, if the parents are dealing with multi-layered problems themselves, children can display a profound understanding of the pressures on their parents, and can be reluctant to ‘add’ to family difficulties, such as bereavement, divorce, unemployment, debt problems or alcohol dependency. Children can feel desperate to protect their parents or other significant adults in their lives and therefore will strive to keep their own problems hidden.

Gender issues
More girls call CLS than boys about all mental health issues. However, the difference is far more pronounced in some areas. For example in calls about eating disorders in recent years the ratio of girls to boys was 18:1 and in self-harm 8:1 whilst in calls about suicide it was 3:1.

This fits the general pattern of what CLS know about male callers. Boys use the service less for a range of cultural reasons, including difficulty in admitting to problems they can’t deal with themselves. Subsequently, boys often wait longer before seeking help, and are more likely to have reached ‘crisis point’ when they call CLS. This is reflected in the kinds of concerns that boys can be expected to call about more often: physical abuse, sexual abuse, suicide.

CLS works in a variety of ways to tackle gender differences in service use. Training (‘Working with Boys’) helps volunteer counsellors develop a different counselling style when working with boys on the helpline (more direct, helping boys name their emotions etc.). We have also worked with groups of boys to identify key barriers to their service use and involve them in developing potential ‘solutions’. CLS is in no doubt that tackling long since recognised gender differences in help seeking behaviour and encouraging boys to talk about problems are crucial aspects of preventing mental health problems in boys and men.
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Fears about confidentiality
Confidentiality is a key reason that children and young people use the ChildLine service and it is clear from what many young people tell us that perceived lack of confidentiality remains one of the main barriers to young people accessing help when they need it.

Lack of confidential services is indeed an issue almost unique to young people. Self harm is a classic example of unequal access to confidential help for a mental health issue. A self-harming adult can access help to talk confidentially about their feelings and explore what is going on in their lives. If a child talks to anyone about what they are doing, **action will most likely be taken**. Children also tell us that with issues like self harm, professionals are likely to respond to the immediate behaviour and symptoms – but do not go deeper into the causes of their behaviour. This can make young people feel even worse: they feel disempowered; matters are taken out of their control when they very clearly have a need to talk about things.

ChildLine’s confidential helpline service overcomes a range of access barriers for children and young people. The helpline represents a ‘safe space’ where children can explore a range of feelings **at their own pace**, without feeling pressured. It is often a first step in the difficult process of children accessing the help they need.

Limits and possibilities
There are obvious limits, of course, to the service that CL can offer young people with more severe mental health issues. A crucial aspect of counsellors’ work with children who appear to have a mental health problem is and will always be to encourage children to access to their own GP, in order to start a referral process.

Nevertheless, it is also vital to re-iterate the important role CLinS can play in providing a long-term counselling service for young people with chaotic lives (as previously mentioned), who may at risk of developing mental health problems and lack the trust to access any kind of support.

*I don’t think anyone will care if I die – they’ll just laugh. You don’t really care. Nobody really cares. You’re just worried that it will look bad for you.*

As described previously, long term callers to CL are mainly young people with highly complex, long-term difficulties who often have chaotic, violent and isolated lives – like the caller quoted above. This young man called CLS in despair on New Years Eve. He had had a violent row with his father and was feeling suicidal. He was in statutory care. During his 18 months counselling with CLS he had been moved 3 times and repeatedly had to establish new relationships with staff and other young people. He did not trust anybody in his life.

Long term caller’s relationships with CLS tend to be based around chronic situations, for example overcoming the effects of sexual abuse or re-building self-esteem after an extended period of bullying. The service provides a safe place for callers who desperately need the experience of a consistent, supportive presence in their lives. Research indicates a consistent relationship with a supportive non-related adult is a key resilience factor for young people (Barnardos; 2002).
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- What action is being taken to facilitate early intervention and what else can be done

As a free confidential service accessible to all children 24 hours a day 365 days a year, ChildLine is well placed for early intervention work. As well as the preventative work described above, CL can help identify mental health issues through our contact with young people and can help signpost young people to an appropriate service provision. In doing so, we can also help the young person to identify the service criteria most relevant to their needs and support and empower them to access the services they need. In some cases, we directly support a young person’s referral to an appropriate agency.

There is evidence that some mental health organisations, such as chose life, actively promote helpline services such as CL, Samaritans etc. as a first point of contact in respect of mental health services. This could be much more widely implemented by other service providers. In particular, GP practises, health clinics, social service departments etc. could be better informed about the benefits of helpline services as a first point of contact and a source of support to young people.

As well as promoting the work of helplines in early intervention work, CLS refer back to suggestions made in response to question 1.

- How access to services and ongoing support can be improved

CLS has already referred to some of the barriers that exist to prevent young people seeking help from services. Whilst steps can be taken – crucially in consultation with young people - to overcome some of these issues, there clearly remains the outstanding barrier of lack of resources.

CLS work with children and young people with a wide range of mental health needs and is acutely aware of the lack of children’s services in this area. We know that in some areas children are waiting for six months or more to access mental health services. In the young lives of children, this is an unacceptably long waiting period. The children’s hearing system should not be the gatekeeper of access to services for YP&C: instead, there should be a standard set of child friendly, children’s services locally available which are the responsibility of community health partnerships to deliver.

CLS greatly welcomed the opportunity to contribute to this inquiry and represent the issues we hear about from children and young people on the helpline. We would be most happy to provide further input if required.

Fiona Robertson/ Alison Wales
Policy and Information Officers
ChildLine in Scotland
20 January 2009
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