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

NHS Shetland (and in particular its CAMHS team) recognises that the issues surrounding children and adolescents at risk of developing mental health problems are complex ones. In many respects those young people who come easily and readily to the attention of statutory and voluntary agencies are sometimes those whose needs are most easily identified and met. It is essential therefore that the pathways and routes into specialist services are adequately funded, are cross agency and have agreed outcomes and measurement tools. In short, it is vital to ensure that everyone who provides mental health input to children and young people does so to the highest possible standard and with a shared and common value base. The child or young person being either assessed or receiving a service has to be central to that process and the service has to be delivered to ‘needs led’ not ‘resource driven’ principles. This principle we recognise can at times be the most challenging for those working in remote and rural areas.

A number of key institutions enjoy the privilege of greatest access to children and young people, these places include pre-schools, schools, colleges, youth clubs, voluntary sector agency groups i.e. Church/Multi-faith Youth organisations and other Youth groups across a wider range. This being the case might it not be most beneficial for these services and institutions to be encouraged to have a greater emphasis on positive mental health for young people as one of their core principles and key stated aims.

NHS Shetland recognises that on many occasions’ discussion and perception of ‘mental health issues’ regarding younger people centres on negative aspects. Currently for many it is the negative symptoms and negative behaviours of prospective ‘service user’s/patients’ that has become the focus and ultimate ‘gateway’ to specialist services. Preventative work aimed at promoting ‘good parenting’ and a stable living environment is essential at all levels to ensure that children and young people develop into capable and mentally well balanced adults. Interventions need to be timely, appropriate and ‘non-stigmatising’. These observations are at times easily recognised and much more difficult to put into practice. Some how the mental well being and positive mental health of Scottish children and young people needs to become and to remain everyone’s business.

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

NHS Shetland recognises that one of the greatest obstacles in identifying children and adolescents with mental health problems is the range of the presenting issues. Ensuring that help and assistance is offered to a child and young person in a timely and appropriate manner can be a major challenge. It requires the following

- Identification of an issue
• Appropriate assessment
• Positive engagement (sometimes multi-agency)
• Monitoring and review (sometimes across agency boundaries)
• Timely withdrawal of service

Across a range of services the necessity for accurate initial assessments and then defined and clear pathways of intervention and treatment should not be under-estimated. Work force shortages and skills deficits can also be a major challenge, particularly for those persons residing in remote and rural localities. Ensuring that the assessor and person(s) providing the intervention has the necessary knowledge and key skills is one of the key demands in providing high quality CAMHS interventions in such settings. Creativity and the sharing of resources is one of the ways in which this ever-present dilemma is often overcome, however at times it is also appropriate to acknowledge that the provision of such interventions can come at a much higher cost and that higher cost should not be under-estimated.

Therefore adequate and sustainable funding can be an obstacle if not initially provided and subsequently well managed. Ensuring that services are funded on a recurring basis and to an adequate standard are definitely two key and essential components of a sustainable service.

3: What action has been taken to facilitate early intervention and what else can be done?

NHS Shetland is committed to playing its part in supporting the Integrated Assessment Framework currently being piloted. The vigilant overseeing of the introduction of this initiative and the constant monitoring of its effectiveness in relation to tackling the underlying causes of mental health issues for children and young people ought to be a crucial element of evaluating its effectiveness in relation to perceived benefit. Additionally a common language and the working toward similar understanding and concepts of well being ought become a common and shared goal.

The involvement of primary care practitioners and their increased role might be regarded as essential in achieving earlier intervention, particularly in remote and rural areas, as in Shetland, where there maybe lesser specialised psychiatric/psychological presence. The identification of young people with mental health problems crucially depends upon the community presence of informed practitioners. Those practitioners require some specialised knowledge and as importantly need to know how to communicate with the young people with whom they are working.

Finally ‘proportionality’ ought to be a watchword for any early intervention undertaken. It is too easy for young people requiring specific and time limited interventions to be ‘assessed’ into a career of interventions that travel with them into adulthood.

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

NHS Shetland recognises the need to continue to develop Integrated Care Pathways (ICP’s) for Child and Adolescent Mental Health services. The existing tiered system approach to service intervention is useful, however within that framework clearer treatment and intervention pathways might assist service user’s, parents and carers and associated
professionals understand better the pathway to care. Access to those services dealing with child and young person mental health issues needs to be appropriate and non-stigmatising. Systematic review and multi-agency discussion remain key elements in the delivery of such services. Ensuring that all those who are striving to achieve positive change in the life of a young person (including most importantly the young person themselves) is extremely important.

Information regarding access to services needs to be in the public domain and easily and readily accessible. Providing such information in the right format and in the right medium remains a challenge.

The other issue for remote and rural services is the access to tier four and specialist services. Rather than the national policy to increase inpatient beds we would want a focus on improving the pathways and outreach/consultancy support to remote areas, using the Edinburgh model of service delivery where specialists support local CAMHS teams and children with severe needs can be supported in their local communities.

5. What problems there are around transition from CAMHS to adult mental health services and how a smooth transition can be achieved?

One of the problems facing practitioners dealing with transitional issues from CAMHS to adult mental health is at times the danger that chronological age dominates the workplace arena. On many occasions practitioners bridge this artificial gap between Children’s and Adults services in spite of the existing policies and procedures. For many young people the transition between a children/young person’s mental health service and an adult service can be much greater than just a change of legal status. There can (particularly if not managed properly) be a distinct cultural difference in the way treatment and care is offered, translated and provided.

There might be merit in recognising this ‘transitional practice’ and in developing core-training modules designed to develop transitional practitioners. Co-terminus management arrangements and pooled resources (particularly budgets) might also increase the longer-term likelihood of successful transitions. If the transition remains ‘needs focussed’ then greater account can be taken regarding ‘capacity issues’ and appropriate interventions and support mechanisms offered.

Although adults with unresolved ADHD problems represent a relatively new responsibility for adult mental health services, the transition in some areas of Scotland may not be as difficult as in others, for example Shetland NHS Board is proud of the interface its CAMHS workers have with their adult mental health service counter-parts. In Shetland practitioners share a physical building, have significant ongoing personal and professional understanding of each other’s roles, which the Board believes provides a solid base from which good transitional arrangements can be facilitated.

NHS Shetland hopes that these responses will be helpful to the Committee

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