1. How children and adolescents potentially at risk of developing mental health problems are identified

At any one time 10% of a health board’s population of children & young people (C&YP) will be experiencing a clinically significant mental health problem. This rises to a likely 45% for more vulnerable groups such as ‘Looked After’ C&YP.

A range of professionals will be responsible for identifying such problems and would typically be listed as follows:-

0.5 yrs Health Visitors, Nursery Teachers, Nursery Nurses, Social Workers, & General Practitioners.

5-11/12 yrs Health Visitors, School Nurses, Primary School Head Teachers, Educational Psychologists, Social Workers, General Practitioners.

11/12-18 yrs School Nurses, Guidance Teachers, Youth Workers, Social Workers, Educational Psychologists, General Practitioners

Specialist CAMHs services will support staff in the community to identify and deliver services at a tier 1 and 2 level. ‘The Mental Health of Children & Young People: a framework for promotion prevention and care’ remains a key document in describing how multi agency CAMHs services can be delivered across the full spectrum of universal, to targeted, needs. The reports ‘Equally Well’ and the recent ‘Early Years Framework’ are helpful documents.

Getting it Right for Every Child is helping multi agency partnerships develop integrated planning at an individual level for those with the most complex needs.

2. What obstacles there are in identifying the C&YP with mental health problems and how they might be overcome

The number of agencies involved, although clearly beneficial to the individual concerned, can be an obstacle. There is a clear requirement to ensure that pathways through services’ and communication lines are as clear and practical as possible. The integrated assessment framework supports and ensures clear arrangements are achieved. There is a requirement to ensure there are appropriate “link mental health person” available to children and young people and their parents/carers in every Primary and Secondary School. These key “service signposters” must have a clear understanding of the range of services available and the appropriate systems of entry.

There is scope for increased understanding of mental health issues for C&YP within the primary care and school setting. Parenting strategies which support infant mental health through to difficulties encountered in adolescence are helpful. Building the capacity within a multi agency framework would assist hard
pressed specialist services to deliver the full range of services needed as described within 'The Framework'.

Whilst resources are a significant issue for NHS Grampian, along with other Boards, it must also be acknowledged that C&YP problems may not be identified as highlighted in the QIS report of 2008 where ADHD services were examined. The report suggests a considerable group has not been identified and as a result do not gain access to appropriate services which may be preventing individuals from attaining their full potential.

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

In Grampian multi agency planning exists at a local and pan Grampian level for all services to C&YP including specific forums for CAMHs services. We are working with partners to build community capacity through their early years strategy and via schools health promotion strategies.

The development of primary mental health work targeted at schools in deprived areas has been useful but small scale. We would aspire to increasing this element of service. We are participating in the National CAMHs leadership project developing link mental health person for all schools. This is part of a long term aim to build community capacity.

NHS Grampian has a development plan with proposals to meet national strategies and targets based on ‘The Framework’ and the tiered service model. We hope to match fund the available national money to begin to implement what is a ten-year strategy to improve services to C&YP with our partners.

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

We must continue to highlight in the widest sense the issues faced by parents of young children as well as C&YP themselves. Acknowledgement of their needs at an early stage will support them to achieve their full potential with resulting impact on the country as a whole.

Various publications suggest workforce targets including documents from the DoH in England and the RCPCH. Whichever benchmark is used it is clear that the CAMHs workforce is insufficient to meet the needs of the population. To address this, Boards will require to have sustained development. In conjunction with this there will need to be a concerted effort within training bodies e.g. NES to ensure that sufficient staff with the right skills are available to meet any increase as it develops.

5. **What problems there are around transition from CAMHs to adult mental health services and how a smoother transition may be achieved**

The majority of our service in Grampian supports an age range up to 18 years. We hope to establish 18 years as the norm for the total population in due course.
There are many points of transition for C&YP with mental health problems. These are documented in ‘The Framework’.

Transitions go well when there is planning across agencies/services/professionals that has started in good time, when the needs of the child or young person have been clearly identified and accepted by all parties, and there are appropriate services in place to meet those needs.

NHS Grampian
19 January 2009
Child and Adolescent Mental Health Services Inquiry
NHS Grampian

References

1. Early Years Framework (SG2008)
2. Looked After Children & Young People We can and must do better (SG2008)
3. Attention Deficit & Hyperkinetic Disorders: Services Over Scotland (QES2008)
4. Getting the Right Workforce Getting the Workforce Right (SE2006)
5. The Mental Health of Children and Young People: A framework for Promotion, Prevention and Care (SE2005)
6. For Scotland’s Children (SE2001)
7. NHS Grampian CAMHs Plan (NHSG 2008)