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

The prevalence of clinically significant mental health problems is approximately 10% in children and young people. Research has identified risk factors for Child and Adolescent Mental Health difficulties. These include:- poverty, poor parenting, witnessing or being a victim of abuse, social isolation, drug and alcohol abuse via a child or parent, parental mental illness, maternal smoking or alcohol abuse during pregnancy, parental separation, divorce and parental conflict, physical illness in a child, learning disability and being looked after and accommodated. All children and young people, however, are different and research has shown factors promoting resilience in children which include: good genetic endowment, supportive parenting, intellectual ability, a positive social outlook and good social supports including a supportive peer group.

At an individual level early identification and treatment of children developing a mental health problem is most important. Early intervention will both diminish the severity of the current episode and significantly reduce the likelihood of subsequent recurrence. Screening of high risk populations such as those noted above for early symptoms suggestive of a mental disorder would be helpful.

It is important that services are planned and commissioned appropriately as noted in the Framework for Child and Adolescent Mental Health. Multi-agency planning and commissioning should be informed by this strategy and include the view of users, carers and providers. Service use and outcome monitoring with reference to National Policy and Standards is also needed. Generic teams and mental health practitioners specialising in work with children and young people across the care pathway need to be invested in and Specialist CAMHS redesigned to enable staff to provide liaison, consultation and training for staff in universal services. CAMHS Practitioners can work to support colleagues in Primary Care or directly with children and young people and their families. Multi-disciplinary teams working with children and young people with more complex disorders need to be developed and pathways for supervision, learning and audit for CAMHS practitioners need to be developed. There are a number of other key components to Child and Adolescent Mental Health Services which need to be supported. These include: emergency and out of hours mental health arrangements, intensive outreach services, inpatient psychiatric services, primary mental health work, early intervention, liaison with secondary health care settings, services for children and young people with complex physical disorders, services for children and young people with learning disability and mental health problems, forensic services, substance misuse, liaison with services for look after and accommodated children and young people, therapeutic services, staff training and development, clinical effectiveness and research and development.
2. What obstacles are there in identifying children and adolescent with mental health problems and how might they be overcome?

Mental Health difficulties in children and adolescents are common with a prevalence rate of approximately 10%. Prevalence rates are higher in looked after and accommodated children at approximately 45%. QIS has recently reviewed prevalence of the specific disorder Attention Deficit Hyperactivity Disorder and noted high prevalence. Other disorders with high prevalence include disruptive behaviour disorders, depression and autistic spectrum disorder. The evidence is such that disorders which begin in childhood tend to persist particularly behaviour disorders and untreated are associated with significant cost to all public services throughout childhood and adult life.

Capacity of Child and Adolescent Mental Health Services is a significant issue in identifying children and adolescents with mental health problems. This is detailed in Getting the Right Workforce, Getting the Workforce Right: A Strategic Review of the Child and Adolescent Mental Health Workforce.

A further obstacle in identifying children and adolescents with mental health problems is training and development of CAMH workers. It will be important to recruit and train new CAMHS staff to ensure skills and knowledge and arrange for continuing professional development with associated training budgets for all CAMHS staff. It will also be important for CAMHS staff to provide advice and training for Commissioners and Managers about the service needs of children and young people and input into training in the mental health part of ongoing continued professional development arrangements for Tier 1 professionals e.g. Paediatricians, GP's Childcare staff, Educational staff.

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

Early intervention can refer to:-

a) Intervention in the first few years of life
b) Intervention early in the course of a child or young persons’ mental health problem

Better Health, Better Care 2008 makes reference to the best possible start. The Scottish Government has announced its intentions to set a new direction for Early Years policy. This is set out in Getting It Right for Every Child which is about universal services being proactive in accessing and addressing children’s needs. It is important, however, to ensure particular focus on the most vulnerable children which includes disabled children, children who offend, children in homeless families, children who are looked after and accommodated or live in substance misusing households, those who are at risk in situations of
domestic abuse and violence or live with parents who have mental health problems or learning disabilities. These risk factors are strongly associated with poverty and deprivation. Health for all children (HALL4) is a surveillance assessment and need identification programme which provides health boards with foundations for working with young children and guidance about access to the more intensive support for those with greater needs. NHS Education for Scotland has been commissioned to develop a competency framework to support training and development of specialist nurses for looked after and accommodated children nurses.

Further initiatives for antenatal and maternity care and work about supporting parenting are also being promoted via Better Health, Better Care.

Scottish Government policy for child and young peoples mental health has focused on the implementation of the Mental Health of Children and Young Peoples Framework for Promotion, Prevention and Care by 2015 and has also had specific targets to reduce the number of admissions of children and young people to adult psychiatric beds by 50% by 2009 with increased dedicated adolescent psychiatric inpatient beds nationally from the current 44-56 beds by 2010; provide mental health training for all those working with or caring for looked after and accommodated children and young people by 2008; ensure that a named mental health link person is available to every school by 2008 to better inform all concerned and to help identify needs at the earliest point and provide training for Child Psychotherapy through the NHS Education for Scotland.

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

The CAMHS Workforce document Getting the Right Workforce, Getting the Workforce Right details plans to develop a workforce which could make a difference to the mental health of children and young people. This workforce extends from informal and voluntary workers through those who work in universal services of education and health to the specialist services provided by local authority, voluntary and independent sectors and the NHS. The necessary skills can already be found amongst the current workforce but there is significant lack of capacity. The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care describes mental health services with greatly expanded capacity for primary mental health work and early intervention but also for work with children and young people with complex and severe mental health problems. Specialist Child and Adolescent Mental Health Services aim is to develop and deliver services for those children and young people who are experiencing the more serious mental health problems. These services are provided directly by Specialist CAMHS Teams, in particular to those children and young people whose difficulties are complex and severe.

In particular the workforce for community based CAMHS and for inpatient and intensive CAMHS across Scotland is established at levels well below that
necessary to deliver the improvements envisaged in current policy documents. Focus will need to be on increasing numbers of staff through investment in posts and improving retention of current workforce and increased efficiency through training and supervision. Better infrastructure and improvements in health and the workplace.

Additional areas for improvement include:

Staff training and development, investment in clinical effectiveness with establishment of routine audit and evaluation mechanisms in line with clinical governance requirements and evaluation of service developments, particular the development and adoption of reliable systems for evaluating outcomes in CAMHS practice. Ongoing consultation with service users about their experience as an intrical part of all service evaluation and appropriate provision of IT and administration support. Research and development should be continued to be supported to ensure the best evidence based CAMHS practice.

5. What problems are there around transition from CAMHS to Adult Mental Health Services and how a smoother transition may be achieved?

Transition from CAMHS to Adult Mental Health Services is challenging across Scotland. One of the areas of difficulty is the differing age ranges provided by Community CAMHS across the country. Approximately 55% of Specialist CAMHS provide a service for young people up until 18th birthday. Other services provided to 16th birthday exclusively or to the 18th birthday if the young person remains in full time education at school. These differences in CAMHS provision age range are historical and based on local Board funding arrangements. There is a significant increase in mental health morbidity between the ages of 16 to 18 with substantial uplift in resources required to sustain raising the age range from 16 to 18.

The Royal College of Psychiatrists has produced an Occasional Paper Working at the CAMHS/ Adult Interface: Good Practice Guidance for the Provision of Psychiatric Services to Adolescents/Young Adults 2008. This provides detailed guidance about transition from CAMHS to Adult Mental Health Services. Services often have good links, however, capacity of workforce is limiting factor in dealing with transitions.

The Scottish Strategy Document for Development of CAMHS advocates that CAMHS should aim to provide a comprehensive service to all children up to 18 by 2014 but in the absence of appropriate funding this remains aspirational.

National work on Integrated Care Pathways in Mental Health has focused on adult mental health. It would be helpful if this work could expand to include children and young people and that guidance on pathways to access mental health services particularly at transitions be included within ICPs.
Staff training and development is another area which could input into improving services at transitions. CAMHS staff have a valuable role to play in training and advising adult mental health staff in number of clinical areas which are more common within CAMHS e.g. neuro-developmental disorders including Attention Deficit Hyperactivity Disorder and Autistic Spectrum Disorder.

Services for children with learning disability are somewhat sparse across Scotland with many learning disability departments not providing mental health services for children and young people and some CAMH Services not providing this service to children and young people with a learning disability. Again workforce capacity is an issue and funding needs to be provided to develop these services equitably across the age ranges across the country.

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21 January 2009