As Scotland’s Commissioner for Children and Young People, my role is to promote and safeguard the rights of children and young people. In doing so, I may promote best practice by service providers and keep law, policy and practice under review with a view to assessing their adequacy and effectiveness. I also raise awareness and understanding of children and young people’s rights. In carrying out these statutory functions, I must have regard to the United Nations Convention on the Rights of the Child (UNCRC).

I welcome the opportunity to submit evidence to the Health and Sport Committee’s inquiry into child and adolescent mental health services. In 2008, the UK Government was examined by the UN Committee on the Rights of the Child to assess the extent to which it had adopted measures to give effect to the UNCRC. As part of this process, the four Children’s Commissioners in the UK submitted a joint report to the Committee on the Rights of the Child outlining the current state of children’s rights. In this report, the mental health of children and adolescents throughout the UK was raised as an area of ongoing concern. The key issues raised were:

- the under-resourcing of Child and Adolescent Mental Health Services (CAMHS);
- the insufficient availability of adolescent mental health beds leading to the admission of young people for treatment to adult psychiatric wards or to general paediatric wards; and
- the limited availability of independent advocacy for children and young people.

Following its examination of the UK Government’s implementation of the UNCRC, the Committee on the Rights of the Child issued Concluding Observations which summarise the Committee’s comments and recommendations. The Committee noted that, “while 1 in 10 children in the State party have a diagnosable mental health problem, only around 25 per cent of them have access to the required treatment and care and that children may still be treated in adult psychiatric wards”. The Committee therefore recommended that, “additional resources and improved capacities be employed to meet the needs of children with mental health problems throughout the country, with particular attention to those at greater risk, including children deprived of parental care, children affected by conflict, those living in poverty and those in conflict with the law”. It is expected that the concerns expressed by the Committee in its Concluding Observations will have been addressed by the UK Government in time for its next report, in 2014. The UK Government and the devolved administrations are now tasked with disseminating the Concluding Observations to policy makers, service providers and others so that they may be implemented. This inquiry is therefore very timely and we should capitalise on its endeavours to identify and

---

highlight the issues faced by children and young people who develop mental health problems.

**Relevant rights**
The UNCRC sets out the rights to which all children, without discrimination, are entitled. The UNCRC was ratified by the UK in 1991. The UK is thus committed to bringing its law, policy and practice into line with the Convention. Several rights enshrined in the UNCRC are particularly relevant to the current consultation, including:

- Article 3(1) requires that in all actions concerning children, the best interests of the child shall be a primary consideration;
- Article 12 states that the views of the child must be given due weight in all matters affecting the child in accordance with their age and maturity;
- Article 17 states that children should have access to information from a range of sources, especially those aimed at the promotion of their physical and mental health as well as their social, spiritual and moral well-being;
- Article 23 makes particular provision for children with disabilities, stating that mentally or physically disabled children should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community; and
- Article 24 states that children shall enjoy the highest attainable standard of health and shall have the right to facilities for the treatment of illness and rehabilitation of health.

**Key Questions**
As requested by the Committee, I have attempted to focus my evidence on the key questions that arose from members’ discussions with young service users. These comments are partly informed by enquiries my office has received and by the work of the Young People’s Health Advisory Group (YPHAG) which was established in 2006 as a partnership between my office (SCCYP) and NHS Education for Scotland (NES). This group of young people has worked across the health sector to provide advice and a young person’s perspective to health related matters. The YPHAG identified mental health and wellbeing amongst young people as its top priority stating, “We want to focus our work on tackling stigma and promoting positive mental health”.

**Prevention**
The school setting plays an important role in the lives of most children and young people and is therefore a key location in which pupils at risk of developing mental health problems can be identified. To aid this identification, information, support and advice should be available to pupils on a whole range of issues that are specific to being a young person, including mental health and wellbeing. Article 17 of the UNCRC stresses the importance of children and young people having the right to information to help promote their physical and mental health.
"With mental health issues rising, more accessible information has to be provided for young people to help them understand about positive mental health which will help to remove the stigma attached." (YPHAG Member).

**Obstacles to identification**

Based on their experiences, the YPHAG noted that at secondary school open and informative discussion of mental health issues is not encouraged. The fact that it is rarely talked about may serve to accentuate the stigma associated with mental health problems. This may in turn discourage young people from talking openly about emotional issues and reduce the likelihood of individual pupils confiding in a friend or teacher about what is worrying them. Teachers can play an important role in identifying young people with mental health problems although they are quite often not equipped with the necessary skills to do so. Poorly equipped teachers may lead to poor responses and reduce the likelihood of pupils confiding in them. Teachers should be provided with information on child and adolescent mental health services and be aware of how to refer a young person to these services. Any failure to identify and address problems whilst a young person is still at school may have long term repercussions.

A number of steps can be taken to enable teaching staff and pupils to begin to talk more openly about mental health problems. The YPHAG have suggested that peer education on mental health and wellbeing within secondary schools would be a good way to get young people to start to discuss issues more openly.

“Every young person has the right to receive support in dealing with life’s problems. The best way we think we can do this is to create a mental health peer education workshop. This means that trained young people in your school, youth group or sports club would talk to you about staying mentally healthy.” (YPHAG Member)

The YPHAG have stated that it can sometimes be difficult discussing mental health concerns with a teacher with whom they have very little in common. They have suggested that senior pupils are more approachable when discussing emotional issues. The YPHAG have also suggested that the curriculum, via PSE (Personal and Social Education) classes should be teaching children and young people about mental health problems. They are particularly keen that pupils are educated on how to help friends if you think they are suffering from a mental health problem.

**Early intervention**

The YPHAG have emphasised that the move from primary to secondary school can be a very stressful time. In their early teenage years, young people are beginning to experience the effects of puberty and all the confusion that this brings whilst many are the victims of bullying and other forms of discrimination. The YPHAG suggested that when tackling these issues with young people, mental health and wellbeing should be discussed simultaneously. This would enable young people to be aware of how the different feelings they are having are connected. The YPHAG also emphasised that
support cannot be isolated to specific secondary years, such as S1 but should be there at
the very least for S1-S3.

As discussed above in relation to obstacles to identification, peer education would be an
effective way to help ensure that young people are aware of where they can go to get
help.

“By promoting a mental health peer education package we can begin to tackle the
stigma that is associated with mental health and break down the barriers so that
people talk about it more openly and in a positive light.” (YPHAG Member).

Improving access to services and ongoing support

Article 24 of the UNCRC stresses that the State Party must recognise the right of the child
to the enjoyment of the highest attainable standard of health and that it must strive to
ensure that no child is deprived of access to health care services. The Committee on the
Rights of the Child has expressed its concern that States Parties have not given sufficient
attention to the specific concerns of adolescents as rights holders and to protecting their
health and development. To try to address this, the Committee adopted a General
Comment on “Adolescent health and development in the context of the Convention on the
Rights of the Child”. This General Comment reiterates that, “Under article 24 States
parties are urged to provide adequate treatment and rehabilitation for adolescents with
mental disorders”.

Informed by the work of the Mental Welfare Commission for Scotland, I expressed my
concern in the joint Commissioners’ report to the Committee on the Rights of the Child
that children and young people in Scotland are still being accommodated in non-specialist
facilities, particularly adult psychiatric wards. Last year, the Mental Welfare Commission
drew to my attention the case of a 16-year-old female who spent several months in a
mixed sex adult psychiatric ward. During this time, the girl received little or no input from
CAMHS. Of great concern to the Commission was the girl’s poor access to education and
her lack of contact with other young people. In addition to these concerns, I am worried
about the safety of young people and the possible risk to their wellbeing from being
housed alongside adults receiving psychiatric treatment. Access to education and being
accommodated with adults are identified in the General Comment on adolescent health
by the Committee on the Rights of the Child which states that, “In the event of
hospitalization or institutionalization, the patient should be given the maximum possible
opportunity to enjoy all his or her rights as recognized under the Convention, including the
rights to education. Where appropriate, adolescents should be separated from adults”.

The Mental Welfare Commission emphasised that this is not an isolated case but
provides a good example of the alienated world that young people with mental health
problems are living in. I have been made aware of another case where a 15-year-old
female living in a residential unit had attempted suicide on a number of occasions. The

3 Adolescent health and development in the context of the Convention on the Rights of the Child. Committee on the
mental health team who assessed the girl were desperate to get her into an adolescent psychiatric unit but were told a place would not be available for a further four weeks. Health Boards must take all steps necessary to ensure that, where required, young people receive timely in patient psychiatric treatment that is age appropriate.

This leads on to a more general issue about the interface between the children’s secure estate and residential psychiatric facilities for young people. I am aware that some young people who probably require psychiatric help are accommodated in secure units within the more general children’s estate for lack of other options. Indeed, it can be difficult to access diagnostic facilities to confirm whether a mental health issue exists. It is essential that we have appropriate facilities for diagnosis and treatment of young people with mental health needs.

Thank you again for the opportunity to submit evidence to this inquiry. Should you require any further information, please do not hesitate to contact me.

Kathleen Marshall
Scotland’s Commissioner for Children and Young People
22 January 2009