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

Such a process is not possible within existing hospital based services and necessitates a community based approach. CAMHS services need to radically rethink how they deliver services. I understand Greater Glasgow Health Board has started to rearrange services to reflect this need.

One idea would be to promote good mental health through universal services such as schools (e.g. resilience work). CAMHS staff may be able to offer training to schools staff to deliver such an agenda.

Local authority services (e.g. Children & Families Depts.) should be geared towards early intervention and this should also be the model that CAMHS should follow and indeed link to. CAMHS services tend to communicate poorly with non-health organisations and this needs to change.

Schools should be supported to refer children to CAMHS and feedback should be given by CAMHS. Lothian Health Board provides monthly consultation clinics for professionals and this system good be extended.

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

Children tend to ‘act out’ when they have a range of difficulties (some of which may be linked to mental health). A responsive system needs to have a wide entrance and accept that some referrals will not have mental health difficulties but that this does not mean that they shouldn’t be referred nor that they should be discharged to a more appropriate service. CAMHS have a reputation for only dealing with certain types of mental illness, this has to change. Those with conduct disorder or who are involved in substance use should not be refused a service. All services including CAMHS should be open and receptive to clients rather than operating a policy of discharging children because of non-attendance. CAMHS should make strenuous efforts to find out the reasons for non-attendance (sometimes as simple as CAMHS having the wrong address). Schools can help all services to contact clients.

CAMHS have huge issues with client confidentiality which in my opinion sometimes impact on them actually delivering a service. (e.g. we can't inform schools, that would breach client confidentiality - ways should be found to get round this issue). CAMHS need to learn to work with other service providers and to be flexible in approach. Models need to be developed which suit clients rather than professionals.

Obviously, there is still a stigma attached to mental health issues. This needs to be rectified at a societal level.
3. **What action is being taken to facilitate early intervention and what else can be done?**

CAMHS are not geared up to deliver early intervention. Rather, certain services can only be delivered once a clear mental illness is diagnosed.

Educational psychologists can work well with clinical psychologists, particularly where the clinical psychologist is willing to see the child in school and visit the family at home. I am aware of this type of work and feel more CAMHS staff should work in this way.

If a model such as Getting It Right For Every Child is funded appropriately it could help local authority and NHS services.

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

As mentioned CAMHS should work through universal services such as schools to improve access for hard to reach client groups. Just now, CAMHS very much sees this as the client’s responsibility. This is hard enough for some parents so it must be very difficult for the young people involved.

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

The way in which CAHMS services to children are delivered and prioritised and the way in which adult services are arranged are often very different. Certain developmental conditions such as ADHD are not recognised by many adult services.

If a service is working with a family – that family should be the client thus CAMHS should work with children and adults within the family and stick with the young people until they are receiving adult services.

Martin Gemmell,
Scottish Division of Educational Psychologists
The British Psychological Society
23 January 2009