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

This is a major and highly complex task as almost any young person could be 'potentially at risk'. A focus on resilience and protective factors and consideration of how we can promote good mental health through universal services particularly schools would be valuable. Curriculum for Excellence gives us the structure and the learning outcomes for this but it needs to be clearly articulated in these terms. Schools have significant opportunities working through Health Promoting Schools accreditation to address how they might promote young people's mental well-being. Schools and staff from other agencies who work on a regular basis with the young people would benefit from more training and information in the arena of mental health.

There are a range of procedures and support mechanisms within education services which contribute to the early identification of mental health problems and may involve more formal processes as required through the ASL legislation. The introduction of the Integrated Assessment Framework will also assist in providing a more holistic approach. Authorities will have a variety of mechanisms for multi agency early identification and intervention which should transfer information at key points of transition and for specific early interventions such as nurture groups etc.

There should be good universal service training for teachers, social workers, youth workers and individuals from the third sector which would promote preventative work and forge better understandings and relationships with CAMHS Service. There also should be opportunities for staff in schools and other services to have access to consultancy where there are particular concerns or where consideration may need to be given to how to make the curriculum or support more flexible for young persons in school.

Given the hours that pupils spend in schools every day schools should be supported and equipped to promote good mental health and help to identify when it is necessary to pass concerns on for further advice and have reference points to be able to approach for advice on pupils whose behaviour raises concerns.

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

Getting immediate advice and information on mental health matters for children and young people is not always easy and one of the obstacles to identification and support will be staff awareness and confidence. Children and young people can manifest a range of behaviours as a result of mental health difficulties but these behaviours may also be presented by young people who do not have any mental health difficulties e.g. challenging behaviour

Engagement with services may be more of a barrier than identification of difficulties. There is still a stigma attached to mental health and an underlying tendency to wish to attribute blame to individual young people who present challenging or worrying behaviour.
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Systems run by CAMHS where referrals are only accepted from a limited number of other agencies and self-referrals have to come via GPs mean that many potential cases are not addressed before meeting either clinical psychologists or psychiatrists. Our view is the high level cases, ie psychoses, those with suicidal intent or para-suicides do get to CAHMS services but there is little evidence to show that there is preventative or low level intervention work.

There is an issue about the lack of understanding of mental health as opposed to mental illness amongst teachers which can lead to unhelpful over referral when no specific additional clinical help is required. At the other ends of the spectrum there are also concerns that it risks missing the cases that need very specialist input.

There are some useful websites like www.handsonscotland.co.uk but there is a real question as to whether the information reaches the most disadvantaged groups, ie those young people who are looked after or looked after and accommodated and those living in poverty and deprivation where levels of poor mental health and mental illness are statistically highest.

Many of these difficulties are overcome where education and other agencies work together within a clear multi agency framework and use a staged intervention approach. Universal services can be effective if the capacity is built up, appropriate resources are available and staff are confident their own ability to support young people and in their work with other agencies.

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

Single agency and multi agency training within the GIRFEC framework is key to early identification and support. The Psychological services within Education are in a position to provide useful training and on going support to education staff. Good collaboration between EPS and CAMHS is of benefit. More work in relation to the 0 – 5 phase in terms of the mental health of very young children is required.

There appears to be limited action taken by CAMHS to facilitate early intervention other than piecemeal provision nationally of primary mental health care workers with no strong evidence at this point that that is an effective intervention. There needs to be a better understanding as to the role of educational psychologists in increasing the capacity of universal educational services to facilitate early intervention in relation to mental health. It would make a significant difference if CAHMS Services agreed that early intervention is a high priority and to deliver training to frontline workers with children and young people, ie teachers, social workers, community education workers, residential care workers, speech and language therapists.

We need more community/school based links to mental health workers. Every school in Scotland should be able to tell us who their CAHMS link person is. There are examples in authorities where projects evidence that CAHMS practitioners can work with school staff to raise awareness of the above and by regularly being in schools allow relatively easy early identification and easier access to CAHMS. The development of multi-agency strategies related to mental health and well-being through Children’s Services partnerships and Community Planning partnerships.
would be a helpful way, particularly when the mental health agenda is closely related to the concerns for young people involved in substance abuse.

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

At the moment children and young people cannot easily self-refer. Links to mental health workers in some form are necessary. There need to be better links between CAHMS, schools, Social Work Departments and professionals in the context of education and care need to be able to have access to consultancy when they have significant concerns about a young person's mental health needs. There are also real issues related to clinic based services non-engagement or disengagement. If we really want to reach into the communities needing specialist support the services will have to be delivered in different surroundings. This would not necessarily be schools or clinics but schools could offer bases. Some consideration needs to be given to home delivered services or within GPs surgeries/medical centres. There are issues of access, equity and inclusion for more vulnerable groups such as LAAC and young carers.

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 and are geared to an older population rather than those young people at 16+. Many young people will still be in some form of education or training and the way in which adult services are delivered need to be sensitive to the needs of adolescents as opposed to older adults.

There is not a consistent age cut-off for services in relation to those young people who have mental health difficulties as different agencies will cease to support at different points in time. This can make it very difficult for young people to receive a coherent and holistic range of support from a number of agencies. When they are experiencing mental health difficulties or mental illness this problem just compounds their difficulties. There is also a concern about those young people who may disengage, particularly from education at an earlier age as part of experiencing mental health difficulties. These young people will be very difficult to link back into services if they have dropped out of children's services before making the transition to adult life. Our view would be that this particular issue needs some more detailed consideration to understand the particular problems related to transition for young people with mental health difficulties as they move into adult life.

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