North Lanarkshire welcomes the opportunity to provide information and views to the Health and Sport Committee inquiry into child adolescent mental health services.

The response will focus on the specific questions as requested by the committee but it was felt important to set out some initial overarching issues and principals which place the responses to the questions into context.

Firstly there is the consideration of definitions and “labels” in relation to children and young people with a need to recognise that children and young people will have a range of issues and difficulties. From worries and anxieties that may relate directly to their current circumstances through to significant diagnosed disorders and suicide risk. Mental health should be considered in its widest sense in terms mental and psychological well-being in which all children and young people are able to access a life experience that allows them to achieve the development milestones into adulthood. For most this will be provided by their parents and families, but others may require support from a range of services from universal to specialist and a variety of means to assist them. As discussed in more detail later labels in relation to mental health are likely to be a significant barrier, particularly to young people with difficulties but who would not identify themselves as having a mental health issues, accessing and making use of appropriate support services.

Given the range of issues any discussion in relation to how to respond to these needs has to be considered within the developing Getting It Right For Every Child agenda and model of service development to ensure better interagency working. Building an integrated framework, developing children and young peoples well-being and their right to be safe, healthy, achieving, active, nurtured, included, respected and responsible. In North Lanarkshire our approach is to acknowledge the impact of one element of well-being on another, for example, that by improving a child’s safety we can positively impact on emotional health and therefore each agency has a responsibility for every element of wellbeing. Providing the right support and services at the right time with a range of strategies from the universal services all the way through specialist services from CAMHS and other agencies. North Lanarkshire is a GIRFEC learning partner currently working to develop this agenda. The responses to the questions raised will therefore look at both the wider multi-agency issues as well as those directly in relation to CAMHS services.

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

The health services play a significant role in identifying children and young people at potential risk with a referral route principally through G.P’s to access CAMHS services. This can be for a whole range of issues where parents identify that there are difficulties and seek medical support and it through this route once CAHMS services are accessed that those children and young people with significant difficulties may be identified. Being a specialist service CAHMS will have contact with a relatively small number of children and young people.

Specialist services such as social work by their nature will be in contact with children and young people who are experiencing significant difficulties and at greater risk of experiencing mental health difficulties. Social work services are able to offer a range of intervention to
address negative factors that impact on the mental health and well being of children and young people and linking in with other agencies such as CAMHS and the universal services.

Universal services, principally education have contact with virtually all children with a level of involvement that gives them a pivotal role in early identification, intervention and prevention of difficulties. Within an education setting these are more often linked to behaviour as opposed to being identified as mental health issues.

Within North Lanarkshire there are a range of approaches with some examples listed below designed to support children, young people and their carers to both have an awareness of and be supported to achieve mental well-being and to prevent the development of more significant difficulties. These approaches have a focus of early intervention to provide the right support at the right time to prevent the development of more significant difficulties.

- Infant mental health project to support the development of good early attachment
- Mentally Flourishing Lanarkshire, health promotion, training awareness raising for educational staff, parents and the support system surrounding the child's life
- Resilience building initiatives, e.g, Cool in school, Circle Time to allow children to seek help and feel supported
- NHS Lanarkshire Youth counselling service which is currently being extended from a pilot area to offer a service through all schools
- Locality social work services including intensive support teams for young people and younger children

The development of primary mental health services within a multi-agency planning model with the aim of increasing capacity in other services would be the most effective method for both the prevention and identification of mental health difficulties. Provide targeted interventions at a lower level where there is reduced stigma and barriers to entry, where children and young people may be most receptive to receiving help and support.

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

A significant issue in the identification of mental health problems remains the stigma in society in relation to mental health difficulties and the reluctance of young people in particular to identify a need with mental health services. During some recent work with young people in North Lanarkshire they were clear that they would not make use of materials such as leaflets which raised issues of mental health for fear of being labelled by their peer group. For these young people services which are described in different ways, that talk about worries or concerns and information that is easily and imaginatively available for example over the internet is likely to be more accessible and acceptable to them.

Knowledge of and awareness of mental health issues and the routes to seek support remains an issue for parents and the wider community. Parents with their own mental health difficulties or other issues that affect their parenting ability may have both a lack of awareness and understanding of their children's mental health needs and a reluctance to engage with services that exist to address these needs.
In recent years there has been a considerable amount of staff development and training to raise awareness in relation to issues of mental health and well-being which need to continue. However when issues of mental health and particularly when there is a more significant level of difficulty staff groups can feel de-skilled and lacking in expertise. There is a need for development on an inter-agency basis to develop skills and confidence and improve interagency working to support children and young people with mental health difficulties.

Whilst work is currently being undertaken it is recognised that there remain a need to improve multi-agency working and strategic planning. Currently there are a ranges of planning groups which overlap on significant issues and a need to both streamline these and ensure that the CAMHS service both plays a role and has a good fit with the strategic planning of all services as opposed to steering groups which exist outwith these structures.

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

As identified above there are a number of strategies in place form both the universal and specialist services to support the mental health and well being of children and young people, building individual and family capacity and resilience. Other examples include;

- Infant mental health project pilots in 2 nurseries
- All nurseries have a linked Education Psychologist
- Early years teams
- Ongoing training to raise awareness of mental health issues

As a Learning Partner for Getting It Right For Every Child there is a range of work currently taking place in North Lanarkshire across all area's including children and young peoples mental health. This work is examining the care pathways for children and agency systems to improve multi-agency working to achieve better outcomes in which children and young people are able to access the right level of support at the right time from universal services through to specialist services. With better assessment and information sharing and improved seamless care pathways where additional services need to be accessed. This work faces significant challenges with all agencies needing to consider how they can contribute to improved outcomes for children and young people through better inter-agency working and the GIREC agenda can provide an important framework to carry this work forward. However there is a need for clearer direction from government in relation to the fit between GIREC and other national agendas, particularly Additional Support for Learning to ensure fully integrated planning and service delivery.

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

Access to services, particularly for those children and young people already identified as vulnerable due to difficult family circumstances, family breakdown, and becoming looked after and accommodated remains an issue. A recent review has highlighted the need for additional investment in CAMHS and capacity is an issue. However there are other concerns in relation to access to CAMHS and how the existing model of service is able to engage with those families and young people that are more problematic and reluctant to engage with services.
The medical model of therapeutic intervention is one that many families and young people find difficult to engage with. Where we are working with families who already display a marked reluctance to engage with support services, and there are clearly identified significant difficulties, a clinic based model with an expectation that what can be chaotic families will attend is unlikely to be successful and is a barrier to successful engagement. There needs to be an examination nationally at the number of failed appointments within the CAMHS service and strategies to address this through consideration of other positive methods of engaging with children, families and young people and developing a more user friendly services. Clinic based treatment models could be complimented by outreach services in other settings where families are more likely to engage. Current reported practice whereby families who do not attend appointments are then simply taken off the list means that children and young people with significant difficulties do not receive a service. Within this their remains room for better communication and multi-agency working with these families to raise their understanding and motivation to access services that can improve the lives of their children.

An area of particular difficulty is for those children and young people where there is uncertainty about their current living circumstances, whether it be with their parents, relatives, or they are currently looked after and accommodated. Not infrequently these children find themselves in a double bind situation where CAMHS services state that a child who is not in a secure placement cannot receive therapy. But without intervention to address child’s emotional and mental health difficulties it may not be possible to progress work to either stabilise a child current living circumstances or help them to move successfully onto a new placement if this is necessary. Whilst recognising that a stable placement with secure attachments is vitally important to children CAMHS needs to be able to offer services to meet children's needs where this is not their current situation.

Service for young people requiring in patient care and treatment remains a concern with young people regularly admitted to adult mental health wards which do not have the facilities or expertise to provide them with the most appropriate care. We are concerned that this can place young people at risk from adult patients in a ward setting and have worked with young people who report both feeling frightened in adult ward settings and also isolated when they are confined to side rooms to ensure their safety but with little or no access to education, leisure activities or appropriate treatment. We also have experience of young people being placed in adolescent facilities in England which has created significant difficulties for the young person and their families. In both these circumstances there has been a lack of clarity about the role of the CAHMS service in the ongoing care and treatment. Work is currently taking place locally regarding protocols for the admission of young people which we believe should identify clearer interagency procedures to ensure all relevant services such as social work and education are both notified and can play a part in the plan for a young person to ensure an optimum package of care.

A further issue that has had an impact on the quality of support offered to children and young people is that of confidentiality and informed consent. Whilst respecting the need for agreed boundaries of confidentiality and the nature of a therapeutic relationship as trust builds in this relationship CAHMS staff should revisit the issue of consent to share information and help children and young people see that other adults are also there to help. This would help ensure that other agencies have both the information they need to provide the best support and that a collective responsibility for supporting children and young people with mental health problems is shared.

Both access to services and better ongoing support could be improved through better strategic planning between CAHMS and other services and the development of more
effective interagency links particularly at the practitioner level where differences in organisational cultures and approaches remain a barrier.

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

This is an area which in our experience there have and continue to be significant difficulties for some of the young people and families that we are working with and have knowledge of.

Where young people are currently working with a CAHMS service there have been issues in relation to both knowledge of and information provided about adult services. Transitions are likely to be times of additional anxiety for young people who as they move into adult services may experience increased fears about their long term mental health prognosis. These can be compounded when there is a lack of clarity and information about what adult services can offer. In considering how to improve transitions the development of services that have a focus on the needs of, and providing appropriate interventions to young adults as a particular group within adult service provision would be beneficial.

There are more significant difficulties for young people from 16-18 where they do not have an ongoing service from CAHMS which has proceeded their 16th birthday. For these young people even where CAHMS has previously worked with them and have knowledge of the young person new referrals are not accepted and at 16 young people can be directed into adult services. This means that young people do not get access to psychiatric support from adolescent trained clinicians able to provide specialist services to younger people. There are also issues in relation to the appropriateness of some of the services that they can be offered, e.g. group work programmes with adults which young people find very difficult to engage with. Young people should be able to access the most appropriate care which recognises their age and stage of development and eligibility criteria that does not recognise these needs remain problematic. The recent Mental Welfare Commission report, Wrong place, wrong time (October 2008) into the deficiencies in the care and treatment of Ms Y examined in detail the issues highlighted above. The development capacity within the CAMHS service to meet the needs of 16 – 18 year olds or alternate specialist services for young adults is an area that that we would identify there is a clear need.

We trust the above response is useful to the work of the committee and would welcome the opportunity to further discuss or clarify any off the issues raised above is this was required.

Mary Castles  
Executive Director  
North Lanarkshire Council  
19 January 2009