Enclosed are responses from Child and Adolescent Mental Health Services based in Greater Glasgow and Clyde. There is now a single Clinical Director for Child and Adolescent Mental Health across Greater Glasgow and Clyde but there are differences in configuration of services across the Board area. Hence information has been provided for Greater Glasgow and Clyde under different subheadings in order that any existing differences in service philosophy and design are not obscured.

Q1 How children and adolescents potentially at risk of developing mental health problems are identified and how those problems should be prevented?

1.1 How are children and adolescents potentially at risk of developing mental health problems identified?

Greater Glasgow
Research has shown that there are many groups of children and young people who have a higher risk of developing mental health problems. The list is lengthy but includes children of substance abusing parents, children of parents with a learning disability, children of parents with mental health problems, those children who are bullied, children who have a learning and/or communication difficulties, children who have physical impairments and looked after children.

The following people would normally flag up any significant concerns related to a change of pattern of a child or young person’s normal behaviour:

- Parents
- Teachers/School
- Social Work Services
- Educational Psychology & School Staff
- Through primary care services e.g. GP, School Nurse etc
- Screening e.g. prenatally/postnatally GPs,HVs and Paediatricians
- Self-report e.g. Children and young people themselves, or their friends
- Other Hospital Departments
- By symptom/sign identification
- Voluntary agencies

In addition risk factors can be used to predict mental health problems and so awareness of these can assist in identifying children with mental health problems:

- addiction / mental health/physical health problems in parents/carers
- social problems and adverse home circumstances
- attachment disorder/ poor parenting/chaotic lifestyles
- adverse life events e.g. bereavement/trauma
- developmental or physical problems in child
- learning disability
- history of abuse domestic, emotional, physical and sexual

Some specific examples include;
The Paediatric Liaison Psychiatry team at the Royal Hospital for Sick Children (RHSC). This team work with paediatric staff who raise awareness of mental health problems. The team contribute to a system wide understanding of risks to mental health. Specific examples include all junior paediatricians being offered Child in Mind training. There is regular input from specialist mental health staff to clinical meetings e.g. Dept. of Neurosciences, Diabetic team, the Homecare Ventilation Service, There is a range of staff at RHSC who are skilled at contributing to psychosocial aspects of care e.g. Youth Services, the Family Information Centre, Social Work and Education who have access to specialist mental health clinicians.

Clyde
In the absence of early intervention mental health services locally, children and adolescents with risk factors are identified by multiagency partners in the community including health visitors, GPs, school staff, etc. There is an extensive literature available that identifies such risk factors.

1.2 How should the problems be prevented?

Greater Glasgow
- Focus on Early Intervention e.g. Parenting
- Increased education/awareness re mental health problems to those involved in working directly with children and young people, as well as indirectly e.g. those working with adults who are parents/carers of children
- More age specific mental health awareness/training for those who work with children and young people
- Increased availability of support for families, and robust resources for implementing existing legislative frameworks
- Early identification of problems.
- Child, young person and family friendly environment.
- Parental and family support and involvement.
- Close multiagency working
- Targeted parenting education
- Specific health promotion and early intervention available to all children and young people including the LD population
- Training for education and care staff on risk reduction and early intervention
- Social and leisure activities which are more aware of building resilience in these young people
- Improved education of all healthcare workers in risk factors for developing mental health problems
- Easy access to self help materials
- Open access to specialist advice, consultation and support
- Integration across child and adult services to support parents who have their own problems that are having a secondary effect on their children’s emotional and psychological wellbeing.
- Development of family centres and play development services to help parents engage with their children and help focus on their child’s needs
- Assertive treatment of adult mental health/addiction problems.
- Ensuring good education of an appropriate type
- Good child support in schools/ guidance/counselling.
- Good CAMHS input as early as possible when required
- Mental Health Training for Primary Care – Health Visitors, Nursery Teachers
- Health Promotion
While early intervention approaches and in particular area-wide parenting strategies are being considered as a priority, the needs of the families of children and young people with learning disabilities should be highlighted. General parenting groups are not always appropriate for families where a child’s developmental progress is much slower than others, especially if that child also has an Autism Spectrum Disorder.

Clyde

Front-line staff working with children and families should ideally be aware of risk factors for mental health difficulties as well as early signs of mental health problems and disorders. In West Dunbartonshire there has been a focus on training in this area, including joint multiagency training, e.g. parent management training (Mellow Parenting, Incredible Years, SNAP, NCH – Handling Children’s Behaviour), ASSIST suicide prevention training, Child in Mind training for paediatric staff, attachment training organised for high school staff involved in JATs, etc. There have also been a number of early intervention initiatives, e.g. SNIPS (special needs in pregnancy service – social work input to vulnerable pregnant women), Seasons for Growth groups run in many local schools, nurture groups in primary schools, etc. – Educational Psychology organise many of these initiatives within Education, some of which extend to involvement of social work and health staff. Health visitors and others in health as well as social work and education staff run parenting groups that are accessible. The Young People in Mind Project, a specialist CAMHS service for looked after and accommodated children and adolescents in West Dunbartonshire, is involved in some preventative work through training and consultation with care staff and foster families.

Q2 What obstacles are there in identifying children and adolescents with mental health problems and how they might be overcome?

2.1 Examples of obstacles would be;

Greater Glasgow

- Effects of poverty on identification of mental health problems in children and young people and on access to appropriate mental health supports
- Exclusion from school
- Addiction within the family
- Problems not being viewed systemically e.g. just in the child, or just how the family always functions
- Behaviours being misinterpreted or minimised and not flagged up, or children who withdraw are often not noticed
- Stigma/labelling of mental health services
- Fear of consequences of the disclosure of abuse and trauma either direct abuse to children or indirect, such as witnessing domestic violence
- Level of knowledge re mental health issues for children and young people
- Issues re consent – when concerns are raised and the young person is unable to engage – or consent issues when the person with parental rights is not the main carer and either refuses consent or fails to respond to requests
- Complex family situations
- Lack of encouragement with ‘grass roots’ services
- Families who move home
- Parental addiction and alcohol issues
- Lack of knowledge re: child/adolescent mental health
- Lack of knowledge and understanding of mental health problems by paediatric staff.
- Pressure of time within services.
- Concerns and cares of staff working with distressed children and families.
• Competing priorities with acute medical concerns.
• With children and adolescents with LD, mental health problems can often be attributed to their cognitive difficulties
• Children with LD more often identified as having mental health difficulties if they are aggressive, over-active, etc. Internalising disorders are often missed because they do not present difficulties to their carers.
• Children with LD less able to communicate their distress.
• Communication difficulties and cognitive impairments make diagnoses more difficult as individual self reports not so available.
• Many CAMHS services and mental health promotion activities aimed at children and adolescents have excluded those with significant learning disabilities.
• Neglect by parents/carers
• Misidentification of symptoms as bad behaviour
• Denial of problems/failure to ask the right questions
• Lack of training at primary care level.
• Parents feeling blamed/ashamed.
• Over stretched CAMHS leading to long waiting times for patients
• Parents and frontline staff are often not well educated to identify potentially serious issues at an early stage and they are often unaware how their behaviour/actions are either having a positive or negative impact on children’s mental health. Access to specialist help to support emotional & psychological well being is limited as most resources are directed towards more severe classifiable mental health problems and disorders.
• Social Deprivation
• Lack of Mental Health Training
• Lack of support & supervision for professionals working with children and young people

Clyde
Lack of knowledge and awareness in some front-line staff, together with stigma for families, preventing them requesting help. Longstanding lack of investment in specialist CAMHS services locally, resulting in existing poorly resources team having inadequate time to be involved in training others and having to focus on assessment and treatment of existing severe and complex problems

2.2 How might the obstacles be overcome?

Greater Glasgow
• Education for those working directly with children or with the parents of children
• Resources available to increase outreach care models and early intervention services
• Regular consultations and joint working
• Increase in accessible community based services e.g. counselling services, family based support work, parenting work, drop in services, self referral services
• Identifying inequalities and the barriers they produce
• Recognition that identification of mental health problems can be key determinants of outcome in paediatrics.
• Training, support and supervision of staff to increased awareness of mental health issues.
• Increased resources to facilitate this work.
• Giving children with LD access to same mental health promotion and intervention services as their non-disabled peers and ensuring that these services have the expertise to meet their specific learning disability needs.
Helping those involved with these children (carers/education/social work/child health services etc) to have a better understanding of the emotional life and social and emotional needs of children and young people with LD Development of services both statutory and voluntary to intervene earlier.

- Parent training courses.
- Drop-in centres for parent/family advice
- Internet educational material and media education
- School based Counselling services
- Additional training
- Additional supervision

With good prevention and early intervention in place what is then required is a clear framework for access to increasing levels of specialist expertise for consultation to help identify these children and young people earlier. All children and young people are engaged with adults in some way or form and all children under 16 should be engaged with education as a universal service. Therefore parents and education professionals should be targeted to help identify children and adolescents with developing mental health problems also others working with children and young people in sport, youth work, etc could be trained.

Clyde
Investment in specialist CAMHS, perhaps to include primary health workers or capacity to include this function within the core team, is essential and this is well-recognised by all agency partners. Reducing stigma is obviously a national concern, but locally produced user-friendly information leaflets exist that should help with this.

Q3 What action is being taken to facilitate early intervention and what else can be done?

3.1 What action is being taken to facilitate early intervention?

Greater Glasgow
Locally we have Tier 2 services within CAMHS focused on early intervention work -(this is not the same elsewhere in the country. There are many initiatives to support early intervention however thresholds for access and long waiting times often reduce the effectiveness of early intervention programmes. Also the priorities of partner organisations such as education for ongoing training and development of staff and allocating time to early intervention work to improve emotional and psychological wellbeing mean that again the capacity for early intervention is limited.

Existing actions include the following:

- Working with schools – consultation and liaison with schools (liaison teachers based in CAMHS teams – vacancies exist with these posts and they are currently under review,)
- Accepting direct referrals from school
- Links with local counselling services and mental health promotion services e.g. H4U and Positive Mental Attitudes
- The CHCP structure has brought closer links with Child Health/Child Dev Clinics, Early Intervention services and generic CAMHS teams
- Continued links with local social work services – introduction of Integrated Assessment Framework
- Government legislation
- Development of localised policies
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NHS Greater Glasgow & Clyde Young People’s Specialist Services

- Local health initiatives
- Availability of on-site embedded mental health staff in the paediatric environment.
- Development of a strong psychosocial ethos and children, young people and family rights based culture.
- Support for parents and children within the paediatric and neonatal and maternity settings.
- LD-CAMHS offer support and consultation to early interventions services working with individuals to develop their skills, break down barriers in understanding and to offer expertise.
- LD-CAMHS offers support in the form of training / supervision / consultation to school staff, social work support staff, befrienders etc, who support individuals at a stage 1 and 2
- Direct Access/Early Intervention Services.
- Training / supervision offered to School Nurses and School Counsellors

**Clyde**
West Dunbartonshire Parenting Strategy Group is developing a strategy and there has been investment in this area. Parenting groups can target parents of children with early behaviour problems. The CAMHS team offers consultation to social workers, health visitors etc. on individual cases, and would do more of this work if resources were increased. A school counsellor has recently been appointed to each of the high schools in the area.

**3.2 What else can be done?**

**Greater Glasgow**
- Recognition of the particular needs of adolescents especially those attending adult hospitals. Further development of links between hospital based and community services for vulnerable children with disability and physical health problems.
- Improvement in communication pathways between hospital based and community services.
- There is a need to further develop shared priorities across agencies regarding prevention and early intervention and this must be supported by initially a training and development programme that then must have sustainable capacity to support and achieve prevention and early intervention.
- Self help programmes should be available on line as many young people are familiar with accessing information in this way. Support / consultation for parents, teachers, etc should be available and this must be backed by direct rapid response short intervention, longer term therapy and also importantly short term intensive community support at times of crisis.
- Establish more group-based interventions for parents and children/young people.
- Focus on the need for increased understanding re the emotional developmental needs of children and adolescents throughout their development, from prenatal care to the challenges of the transition to adulthood with a wide focus on primary prevention and education.
- Encourage health promotion and early intervention services to include (in an appropriate way) young people with LD
- Additional support and training for teachers/social workers on how to support mentally unwell children and young people.
- More nurture type groups in schools and community
- Better signposting for children and parents as to how/why/when to access help.
- Good leaflets/websites.
- Promotion of healthier lifestyles and employment as a means to better mental health
Child and Adolescent Mental Health Services Inquiry
NHS Greater Glasgow & Clyde Young People’s Specialist Services

• Long Term Funding for Voluntary Services (CALM Project).
• Training & Support Services for Children & Young People Truanting/Conduct.
• Establish Specialist Educational Placements for these Young People

Clyde
• Invest in CAMHS and invest in training and supervision of staff in partner agencies.

Q4 How can access to services and ongoing support be improved?

Greater Glasgow
• continue to accept direct referrals from schools
• continue involvement in Joint Agency Team meetings at schools and Resource Screening Groups through Social Work to continually improve joint links
• Community developments of parent support groups
• Liaison Psychiatry services in General District Hospitals to identify the children and young people who present to them (this is only available in the children’s hospital so does not cover all adolescents)
• Increase in mental health services available in schools
• Extended opening hours of services for families and young people
• Increased investment in outreach services
• Education e.g. advertising
• Increased resources to ensure service delivery and increase capacity as necessary.
• Full implementation of the CAMHS Framework for Promotion, Prevention and Care.
• Equal emphasis should be given to prevention and early intervention priorities and targets as are given to more developed mental health problems for children and young people. Shared priorities across agencies are critical with a view to longer term life outcomes.
• For children and young people with learning disabilities, any local / national plans for services/ interventions should always ask ‘ and what of the specific needs of those with learning disabilities?’ then use expert LD advise and liaison to facilitate inclusion. (‘Promoting Health, Supporting Inclusion’ (SE doc 2002)
• Better long term funding rather than projects
• Clear pathways
• Unified referral
• Good information on remit, roles and responsibilities of services.
• Ensure good staff support and supervision and lean care management systems to ensure through put of patients.
• Appropriate passing on of patients once treatment package is complete.

Clyde
• User-friendly premises for CAMHS could be provided, with facilities and support for some clinics or groups to be run outwith 9-5 hours.
• Increased information for and ongoing education of referrers to CAMHS about the service.
• Joint working with partner services should be supported by management in all partner agencies as this is an effective way of providing appropriate interventions and increasing the skills of the workforce.

Q5 What problems there are around transition from CAMHS to adult mental health services and how a smoother transition may be achieved?
5.1 What problems are there around transition from CAMHS to adult mental health services?

Greater Glasgow

- Adult services don’t traditionally work with the whole family – work individually focused – can be a very different model/input of care after transfer
- Don’t hold the same perspective on child development
- No clear pathway for transition – areas differ greatly
- No workers whose main role is to work between services
- Threshold for presenting problems is different to CAMHS – often difficult to find right service to transfer to
- Some services underdeveloped e.g. adult ADHD services
- Variable ages for transition in acute care.
- Different thresholds and criteria for referrals e.g. young people with neurodevelopmental disorder who do not consider themselves learning disabled are often offered no service other than an LD service.
- Adult liaison psychiatry services are under resourced in adult hospitals.
- Transition management is improving all the time. However there are differences in how children, young people and adult services clinically manage and provide access to services for individuals with psychological problems. This is particularly related to risk taking and lifestyle, i.e. there are higher thresholds for intervention in adults’ lives. Hence the focus of adult services tends to be around classifiable mental health disorders with fewer resources directed towards emotional and psychological well being, a state that is critical for parents to break the negative generational cycles that can develop.
- Transition from LD-CAMHS would normally be to adult LD services. Difficulties around time for adult worker to be allocated. Sometimes difficulties with different criteria for LD-CAMHS and adult LD services.
- Issues with mild LD population not meeting criteria for adult LD services and adult Mental Health services not equipped to take account of the impact of LD on the needs of the individual.
- Adult mental health services and CAMHS have different priorities for treatment. Young people often drop out of treatment. Anxiety about being passed on and less supportive services lead to patients being lost.
- Some young people may not be developmentally mature enough to make their own decisions due to interruptions to their lives caused by serious mental health problems. The ability to cope with adult responsibilities is expected of them by adult services. Parents/carers are not involved to the same extent.

Clyde

On the whole, from a CAMHS perspective this is working well. There is a protocol in place that is currently being revised that covers this area. Young people with severe and enduring mental health difficulties, e.g. psychosis and depression, receive a good service in adult mental health. However, there is a problem in identifying suitable resources for young adults with autistic spectrum disorders or ADHD, as there is a lack of training in this area.

5.2 How might a smoother transition be achieved?

Greater Glasgow

- Wider use of Care Programme Approach and extended overlap period for complex cases
- Increased focus on working with families in adult services or increased joint working/training
- Link workers between services
Increase of use of transitional team model e.g. ESTEEM and Youth Addiction (CAMHS) services see from 16 – 25 years which can prove very supportive for young people with complex needs. These services only available in certain areas – should other services be offering services to younger people (16 year olds) or to older age (up to 25)?

We are aware that a lot of work has been done to raise awareness of the wellbeing/protection of children within local adult services – importance of this continuing/increasing

Development of a planned transition process e.g. transition clinics between paediatrics and adult services over 1 year.

Closer working links with adult services.

Support for psychosocial services within adult hospitals.

Smoother transitions could be achieved through joint appointments of staff across CAMHS/ Adult Services or through the development of youth mental health teams that manage care from a developmental point in adolescence (no less than 14 years) up to 25 years old.

Transition period allowing joint work and handover of case.

Give 16-20 year olds the choice of who to involve in their care/treatment. Also choice of service provider.

Improve CAMHS adult interface by more joint working.

Raise awareness of issues with Adult managers.

Joint Meetings/Joint Working

Clyde

Protocol, local guidelines address this.

Ongoing dialogue, joint work and training will help improve this.

6.0 Other comments:

Greater Glasgow

As a service we welcome the Parliament’s interest in this area, especially when thinking about the significant resource questions that are raised when thinking about the answers above and its attention to key areas of prevention, early identification of mental health problems and transition issues. The teams recognise the importance of hospital based Social Work and Education services but are concerned about the impact on CAMHS of the resources available to Social Work and Education.

As a service we have already seen a 100% increase in our referral rate in the last 6 years – which we view in terms of the drive to help meet the needs of children who may have not been receiving a service in the past, and the significant impact this has had on the demand for CAMHS services.

Sadly the concepts around prevention and early intervention of mental health problems in children and young people are increasingly well understood while our actions on putting in place initiatives to achieve prevention and early intervention are lagging behind. Interagency co-operation and sufficient staffing resources would be necessary to deliver early interventions across the child and adolescent age range.

We would also wish to raise awareness of the particular mental health needs of children and young people with physical symptoms and disability which are often missed.
The examples that have been provided are not an exhaustive list of the difficulties children and young people face. Neither are the lists of suggestions for the development and improvement of services for children. As a service we would be keen to be involved in further consultation about all of these issues, and about any developments for services to improve, not only the future outcomes for our current children and young people’s mental health, but also looking towards improvements in the mental health of future generations.

Thank you for the opportunity to contribute to this important piece of work.

Julie Metcalfe  
Clinical Director for CAMHS, NHSGGC  
On behalf of all CAMHS Services across Greater Glasgow and Clyde  
20 January 2009