YoungMinds believes that Scotland has a strong policy framework for child and adolescent mental health which appropriately balances the need for both good specialist provision and an integrated children’s services approach. We believe that much has been achieved in recent years, by the previous administration and the current one, and we would wish to applaud that and to argue strongly for continuity with the work already done. The emphasis now should be on implementation rather than new policy with a focus on supporting and challenging services to achieve lasting change.

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

There needs to be a model of progressive universalism, so that all children have someone in their orbit that is able to consider mental health / emotional needs and know where to either refer to, or find further information. Consequently, teachers, health visitors, youth workers, early years staff and others need a basic awareness of risk factors and resilience. Screening for these should be an integral part of the role of children’s services staff rather than an assumption that someone else has already done this.

Mental health promotion should be improved to ensure that all opportunities, whether ‘taught or caught’ are grasped by services working with parents, children and young people. YoungMinds work with Falkirk Council to build resilience in a school cluster with a focus on the P7 to S1 transition is one example of this.

Services must be based on local needs assessments. They should be integrated, have good leadership and be well managed. There is a need for a range of services that are able to provide a range of evidence based interventions. Services should have a child centred approach, be easily accessible and acceptable to children, young people and their families.

Framework for Assessing Risk and Protective Factors

The 4Ps model could be used as a framework for practitioners to help assess needs.

- Predisposing: why me, or what makes me vulnerable
- Precipitating: why now
- Perpetuating: why is it continuing
- Protective or resilience factors: what can I rely on

YoungMinds’ consultations with young people suggest that children and young people are more likely to ask a tier 1 practitioner rather than a ‘specialist’ for help. So these professionals need to have some level of
training and need to know where and how to signpost young people to appropriate services. Our consultations also found that many children and young people would call a helpline if they needed help. These services need to be adequately funded to cope with the number of people wanting their services. Plus, nationally and locally there is a need for the adults who commission or provide services to keep-up to date with the types of communication that a child or young person finds acceptable i.e. text messages, helplines, websites etc.

Children and young people are also likely to talk to their parents and friends before approaching any practitioner. Families and friends need to know how to access information, services etc to enable them to help their child or friend. According to the survey carried out by the Office for National Statistics, ‘Mental Health of Children, and Young People in Great Britain’, parents who had concerns about their child’s mental health were more likely to contact a tier 1 professionals – often a teacher, than a mental health specialist.

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

There are many examples of good practice, but this needs to be shared and learned from more effectively to increase service equity. Examples of good practice need to become universal, rather than confined to specific projects or geographical areas. Good practice cannot be transplanted but it can be translated.

Partnerships with parents could be developed on a more systematic basis, to ensure that services aiming to support parents are accessible to all parents and are offered in ways which appeal to them. Links between early years and additional support needs resources could be improved. More awareness is needed of how mental ill-health in young children impacts on their lives as they grow older and how parents may then need support with their older children.

With a few notable exceptions, participation remains an area for development. Involving children, young people and their families in the development of services, can help engage them in the service, and motivate them to be an agent for change. We have seen excellent examples of participation in Scotland but in our experience some services continue to be frightened of participation, while others either fail to see the rationale for it or struggle to know how to do it. Participation is an essential part of child centred practice.

Workforce Development and Training

In order to improve services for children and young people, there is a need for a professional work force, trained to understand and meet the needs of the user group and their parents. This implies appropriate, in-depth, training which covers all aspects of development and how this relates to mental health and
emotional wellbeing as well as appropriate salaries, working conditions and support to maintain the right level of staffing.

YoungMinds believes that all practitioners working with children and young people should, as a minimum, have some training in child development and children and young people’s mental health as part of their basic training and their ongoing continuous professional development.

All who work with this client group need access to regular, reflective supervision. Over-work among staff, who then become burnt-out and either leave or put up defences, is a common problem.

YoungMinds recently developed and led a collaborative network for people involved in implementing the Framework with the aim of facilitating shared learning about the real practice of leading and achieving change. We believe that this model has demonstrated its effectiveness in supporting sustainable change within individuals and services and we would like to see this approach used more widely. Details of the model and a report evaluating its use are available from YoungMinds.

YoungMinds is currently undertaking work on behalf of NHS Education Scotland to scope workforce planning issues for CAMHS and will report on this later this year.

Leadership
In our experience leadership skills are crucial. Leadership needs to be actively encouraged, and the skills and drive need to be captured so that the knowledge and expertise is not lost when these leaders move on.

The YoungMinds Consultancy and Training Service have found that services that are effective have a good leader. This person generally stands-out, they are not necessarily a high level manager, but will have the appropriate authority to drive/ implement change. They have good people skills; are prepared to take risks, have a positive attitude to change, understand the dynamics of change and can manage the anxiety that change produces. Crucially, they are clear about their purpose and their role and consequently able to maintain the trust of their colleagues take their colleagues with them on the change journey.

Child Centred Approach
YoungMinds has found that a child centred approach, which looks at the needs of the child and designs interventions around those needs, is more effective than a child focused approach, which locates problems within children and expects them to change. For example, a key strength, evident in many island communities, is that practitioners in all services look at children and tend not to see difficult children, disturbed children or disturbing children, but to see their children. It is much easier to come together around the needs
of ‘our children’ than it is around the needs of ‘those children’. This sense of adults taking responsibility for children, and the community of which they are a part, permeates services and makes them closer than most to being truly child centred. It provides a model to which all services could aspire and emphasises the close links between community development and the development of services supportive of children’s mental health.

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

Work carried out by YoungMinds in partnership with The Scottish Development Centre for Mental Health (SDC) identified that services that were effectively working towards implementing the framework were aware that mental health promotion, prevention and care are all essential elements in developing a strategic approach to achieving better outcomes for children and young people. Some areas need to develop both a better understanding of what early intervention involves and a renewed focus on prevention, particularly in relation to working with expectant and new mothers and infants.

Approaches that focus on positive strengths (in children, communities, families and services) seem to be more effective than those that are problem or deficit focused. Capacity building in children, families, communities and services works. In children this is about building resilience, while in families it is about identifying strengths and reinforcing these.

There are many examples of good practice, but as mentioned above, these services need to be available to everyone and not confined to a particular project or area.

There is a need for significant investment in practice and professional development to support the creation of shared definitions, terminology, understanding and approaches to children’s mental health across universal and targeted services.

Stigma is a major issue for many people with mental health problems, and is particularly an issue for people in rural and island communities. These people may not want to be seen to be seeking help for parenting or mental health issues. Therefore universal, mental health promotion is crucial.

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

**Understanding of your local environment**

Our work strongly indicates that services that are doing well have a good understanding of the current level and nature of service options, demography, geography and patterns of need locally. There is no ‘one size fits all’ approach and the differences between remote and rural communities and
those in more urban areas must be acknowledged and addressed in service development plans. This includes both strengths and weaknesses.

**Partnership working to plan and commission full range of mental health services.**
Commissioning must be based on good relationships between providers and commissioners. Commissioners require a range of information and skills to commission effectively. Commissioning must be based on good quality data regarding local needs and trends and good financial data.

Services are most effective when they are commissioned as part of a broader integrated children’s service. CAMHS commissioners should not be expected to deliver on their own, but to work with other agencies through the integrated children’s services process.

Local areas need mature planning partnerships, able to recognise each agency’s contribution and to accept and work with differences of emphasis. In the most effective partnerships, members are able to think about shared outcomes and targets that recognise the different priorities that they each have.

Routine audit and monitoring help ensure that services are effective and are actually improving outcomes for children and young people. Locally driven audit and evaluation is not common, but the most effective service systems recognise its value in sustaining partnerships and shaping service development.

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

The YoungMinds Stressed Out and Struggling project spoke to many young adults aged 16-25 about growing up and the stresses on them. This identified a range of issues facing young adults – relationships, drugs, work - which means that there needs to be a range of services, which are accessible and meet their various needs at an early stage. Intervening early and helping young adults during this stressful time can help promote mental health and hopefully reduce the development of more serious and enduring mental health problems in adulthood.

Young people aged 16+, who might have high levels of mental health need are often left with little or no mental health support because they fall in the service gap between CAMHS and adult mental health services. This means that they are too old for CAMHS, and not ill enough for adult services.

Some young people may be developmentally immature and so developing services which have a chronological cut-off, may result in vulnerable young people being placed in services that do not understand or can meet their needs. There needs to be better communication and joint planning with the
CAMHS and adult mental health service so that the transition is as smooth as possible.

YoungMinds would support more integrated care planning and care pathways between CAMHS and AMHS so that young people and their families have clear expectations of services and are able to have a meaningful say in the services available to them. We would also support more joint training between CAMHS and AMHS practitioners and opportunities for joint planning and review of services at a local level.

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18 January 2009