Question 1

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

There was discussion of the phrase “potentially at risk of developing mental health problems” and of where “prevention” starts. The current social and economic conditions contribute significantly to the pressures on families (whatever the grouping). In some areas fear, depression and anxiety are endemic, there are factors impacting on families, children and young people that are beyond the roles and remits of current public bodies to address.

Within education, health and the police, there is a tendency to deal with factors that might best be described as symptoms – there is not always consideration given to any underlying difficulties that might be giving rise to the problem behaviours.

Prevention is best seen as part of a tiered, known in education as “staged”, intervention process. At the first level, incorporating positive experiences, good parenting, and being valued by society, having supportive nurturing schools and other universal services.

At the next level of prevention, it is essential that universal services be sensitive to indicators of potential mental health problems, responding with additional support and referring on to more specialised targeted services appropriately. Work also needs to be undertaken to increase parenting capacity and develop supportive peer groups. There needs to be an understanding of differing male and female teenage behaviours which may indicate underlying mental health problems.

The role of developing the sensitivity and awareness of universal and targeted services requires to be facilitated. A number of agencies and services can contribute to this. It was thought that the capacity of specialist CAMHS teams to train and support non-specialist staff is a potential issue which would be best overcome by a multi agency approach.

The group were concerned lest the committee’s view of developing services for and responding to mental health might be too “medical” in its perspective. The key to effective early intervention requires integration of services working in partnership with parents/carers and children and young people to ensure rapid flexible responses. For example:

North Ayrshire Education department already provides training for schools on developing resilience
A large number of schools supported by educational psychologists are implementing curricular programmes to enhance emotional sensitivity and development. There are positive parenting programme provided by NAC and independent organisations.

Choose Life (suicide prevention) work is co-ordinated by posts within NAC Social Services but works across all agencies and links into the mental health and wellbeing agenda.

Universal health services such as School Nursing and Health Visiting provide a range of approaches which address individual children and young people’s issues including the promotion of self esteem and resilience.

Every school in North Ayrshire (indeed in Scotland) already has a designated Educational Psychologist who visits regularly and offers consultation, intervention and training on child and adolescent development including emotional development.

Access to advice for a range of professionals should be easily accessible. Increased inter professional communication must improve. Joint working needs to continually take account of the need to update partners on changing roles. In particular the complimentary roles of educational psychologists, within local authority, and Clinical psychologists, working within NHS CAHMS services, could be more developed to ensure support is matched to need.
Question 2 “what obstacles there are in identifying children and adolescents with mental health problems and how they might be overcome”

A strategy needs to take account of the Single Outcome Agreements (SOA) between local authorities and the Scottish Government that require a range of agencies to work together to develop community capacity. Such capacity also includes promotion of mental and emotional well-being and the prevention of emotional and mental difficulties.

It is agreed that there are certain demographic groups of children and adolescents where there is already a high level of agreement on their predisposition to be at risk of developing mental health problems: such as looked after children. Services (including screening) need to be readily available to these groups.

It was thought that high levels of screening by CAMHS services, might be resource intensive, diluting services to those acutely in need. With support and training, professionals working with families might identify those at risk and this would have a number of advantages over screening. Having identified children or young people potentially at risk of mental health problems there must be ready access to specialist services, including but not exclusively CAMHS. Currently, “potential at risk candidates” would be unlikely to receive access to a specialist service. Rapid response services are also required at preventative stages.

There is a need for greater communication between services, for example, the possible need to be aware that where a parent/carer is being treated for mental health problems/disorders or has a drug or alcohol problem. Consideration needs to be given to the likely impact on children living with that adult and those adults working with those children need to be alert to potential difficulties.

Question 3 “what action is being taken to facilitate early intervention and what else can be done”

The implementation of the GIRFEC agenda within the locality has much improved collaboration and information sharing across agencies creating a much clearer and fuller picture of the child’s/family’s needs.

It is understood that local CAMHS is developing a consultation service available to universal services. However it is important that there is close co-ordination of routes to seeking advice, for example, teachers might involve the school’s Educational Psychologist rather than CAMHS.

The group also felt that there still remain unhelpful perceptions when consideration is being given to the presence of mental health problems. For
example, some families present as largely chaotic, it can be easy to rule out mental health problems and to put difficulties down to life-style.

**Question 4** “how access to services and ongoing support can be improved”

A wider repertoire of services should be developed across agencies. Joint planning should reduce duplication of services and enhance capacity. There are currently a variety of agencies in addition to CAMHS who provide therapeutic intervention services to children and young people.

Work must be undertaken to ensure that referral routes are equitable and driven by the needs of the child. CAMHS assessments should sit within, and contribute to, the interagency planning context and should lead to inter-agency discussion on appropriate solutions. In these outcomes responsibility for making recommendations must lie with the statutorily responsible agency.

One particular groups’ unmet mental health needs were seen as outstanding. In "we can and must do better" the poor mental health of looked after children in relation to their peers is highlighted. Action 15 of this document states, " Each NHS board will assess the physical, mental and emotional health needs of all looked after children and young people for whom they have responsibility and put in place appropriate measures which take account of these assessments. They will ensure that all health services providers will work to make their services more accessible to looked after and accommodated children and young people, and to those in the transition from care to independence" This recommendation needs resourced and actioned.

**Question 5:** “what problems there are around transition from CAMHS to adult mental health services and how a smoother transition may be achieved?”

Problems can occur due to conflicting models of service alignment and delivery. The model of inter-agency working being developed within children’s services need to be similarly developed to support clients moving to adult services. Within education and social services, young people with additional support needs can stay in school (and therefore within children’s services) until the appropriate school-leaving date prior to their 19th birthday. Consideration should be given to relaxing the age at which transition is considered for CAMHS and adult psychiatric services.

The group also noted that there can also be difficulties in transition from one CAMHS to another CAMHS.

**All systems** need to be designed to deliver flexible and client-centred solutions.
Children’s services Plan
North Ayrshire Integrated Children’s Services Planning Steering Group

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