Introduction
Barnardo’s Scotland is a national voluntary organisation providing over 60 services throughout Scotland, working in partnership with almost all local authorities. We provide a range of services to 9,330 children and families across Scotland. Many of our services engage with adolescents dealing with adversity. We manage a very wide range of services for young people, including those affected by: disability; abuse; domestic abuse; substance misusing parents; or bereavement. We also provide services for young people who are: fostered; leaving care; offending or homelessness. As a consequence, Barnardo’s services frequently work with young people who may require CAMH services.

We have previously engaged through Committee members visiting one of our fostering services (Family Placement Services) and one supporting young people affected by bereavement (Rollercoaster). This written evidence complements the information already provided to the Committee members who visited.

Background
The National Programme for Improving Mental Health and Wellbeing (Scottish Executive, 2001)\(^1\), has provided a progressive backdrop for developments in mental health across all ages in Scotland. The publication of the Scottish Needs Assessment Programme (Scottish Executive, 2003)\(^2\) was quickly followed up by the publication of the Children and Young People’s Mental Health: a framework for promotion, prevention and care (Scottish Executive, 2004)\(^3\). Alongside these publications there was a raft of activity promoted through HeadsupScotland\(^4\), which was initially funded from 2004-2008. The publication of Towards a Mentally Flourishing Scotland (Scottish Government, 2007)\(^5\) is further government endorsement of the importance of mental health issues in Scotland.

It is clear that there have been significant developments and resources allocated at national level for improving the mental well-being of children and young people. How this translates into local implementation is more difficult to assess. For this reason, Barnardo’s welcomes the Committee inquiry and offers evidence on the basis of the local experiences of our services. Barnardo’s Scotland has previously been commissioned by Ayrshire and Arran NHS to carry out research on young

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4. [http://www.headsupscotland.co.uk/index.html] accessed 16/01/09
people’s perception of CAMH services, (NHS/Barnardo's 2007)\(^6\). This involved over 450 young people exploring their understanding, awareness and experience of mental health services in their area. The comments from young people used to illustrate points have been taken from the research and marked in *italics*.

Some facts and figures:\(^7\)

- One in ten young people have mental health problems that are severe enough to require professional help
- 20% of children have a mental health problem in any given year
- Rates of mental health problems among children increase as they reach adolescence
- Being there for a young person in trouble can make all the difference, whether you are a teacher, a friend, or a parent.
- 40% of children would not want anyone to know if they had a mental health problem
- One in five young people say they would find it hard to talk to another young person with mental health problems
- 1 in 4 young people think that someone with a mental health problem is less likely to have friends

**General Points**

- There is still a major issue for young people of stigma associated with mental health services. The ‘see me’ campaign has been useful in challenging attitudes to mental health in Scotland. However, Barnardo’s Scotland experience is that for young people there is still a significant negative association with the term mental health. As a result, they are reluctant to use services that have a mental health label.

> “The first thing that freaked me out was the voice mail saying that this is such and such from the community mental health team and I was like, oh mental health, what is wrong with me and I am thinking mental health, mental health, what is that, what you just think are the bad things when you think of that.”
> 
> (Female 23)

- There is a general lack of specialist services through CAMH teams and there are varying experiences of accessing CAMH services. Where there

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\(^6\) NHS/Barnardo’s (2007) Ayrshire and Arran Child and Adolescent Mental Health Services Consultation: Children and Young People’s Perceptions of Mental Health Services: Barnardo’s

\(^7\) [http://www.seemescotland.org.uk/keyfacts](http://www.seemescotland.org.uk/keyfacts) accessed 16/01/09
are difficulties in accessing services, this is characterised in two ways. The first is the waiting time experienced for a referral to be taken up by a CAMH service. This varies significantly across Scotland, and we have come across up to 18 months between referral and engagement. The second issue with access is where there is a substance misuse issue, in some instances there is effectively a bar from mental health service input on the grounds that substance misuse is the primary problem.

- There is a need to address funding issues for supports to other services than CAMH services for young people. Family support services are a necessary complement to the work of CAMH services, however are most often funded through social care sources on a time limited basis. The result is a patchy response to family issues which have a significant impact on the mental well being of young people. For instance, Barnardo’s Scotland has identified a number of young people we work with as being young carers for parents who suffer from substance and alcohol misuse. However we are aware that in some areas, these parents often receive little or no support which adds to the pressure on the young people.

- There is a particular issue of provision of mental health services for young people who are looked after. They are one of the most vulnerable groups of young people and we know that around 50% of looked after young people have a mental health problem,\(^8\) yet in our experience, only a small proportion of these young people access support from CAMH services. It would be worth considering targeted mental health community based services for accommodated young people. These could provide consultancy to staff working with the young people or in some instances direct provision to help young people manage issues of loss, trauma and attachment. Too many of our young people carry a sense of personal responsibility for their accommodated status which impacts on every area of their lives.

Specific Committee Inquiry Questions

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

Young people can be identified through a range of education, health and social work services. School based nurses and guidance staff are in a useful position for identification. However, in Barnardo’s Scotland view the main issue is not

identifying the young people, the problem is delivering mental health services that meet their needs.

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

There is a general acceptance that early intervention can avoid problems at a later date. However, there is also a reluctance to label children with mental health issues at a young age. As a result, there may be missed opportunities when children are experiencing difficulties in their primary school years. These are children who do not necessarily cause problems at school or are not at risk of being accommodated, but are just coping. They could benefit from 1-1 counselling, particularly those who are affected by adverse family circumstances such as domestic abuse or parents with mental health problems. In some instances, Barnardo’s Scotland experience is that by the time children are referred to our services, their problems have become quite complex and earlier assessment and intervention by CAMH service would have been helpful.

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

Barnardo’s Scotland is aware that there are general moves towards better integrated working within schools, for example school health advisors, school nurse, community police. However this model needs to be established in more schools to have a consistent impact across Scotland. Barnardo’s Scotland suggests that schools have a key role and education staff require support and awareness raising on mental health issues. It is also necessary to consider how positive messages relating to mental health issues are communicated to young people.

“I would probably just have information about eh how to keep yourself calm, during school, if you want to know stuff like that, if you need help, well just that.”
(Male 13)

“Meetings with guidance staff where everyone would get that information so that on a personal basis, so that no one feels that they are, that they have to take this on in front of other people.”
(Male 15)

Barnardo’s Scotland suggests that there is an opportunity to establish advocacy services on a national basis through the Mental Health (Care and Treatment) Act, 2003. This could offer young people to have a say about the issues they are
experiencing, prior to them becoming a serious problem. These services are not well developed, should be offered to all young people, and there has to be an openness of other services to make young people aware of the role of advocacy and the benefits it can have for them.

A Barnardo’s Scotland study involving 450 young people in Ayrshire and Arran NHS\(^9\), found that 1 in 3 young people reported having accessed some form of emotional support in the past. It is worth noting that half of these young people said that the first person to whom they would go to seek support would be their friends followed by one quarter who said their mother. This confirms earlier findings of a survey of S1 pupils relating to the role of peer supports (Scottish Government, (2007)\(^10\). It found that young people valued the importance of informal networks such as friends and families in supporting them and there were differences in gender preferences.

“I saw them as quite a strong person as well and I thought maybe they would be able to take what I need to say to maybe somebody better than maybe family or whatever and it wouldn’t scare them a much if I was to speak to my family about it.”
(Female 23)

“I would try and calm myself down, but if I can’t or I need something dealt with or sometimes I talk to my mum.”
(Male 13)

Barnardo’s Scotland suggests that it would be useful to:

- create opportunities where children and young people’s skills and experiences could be shared with others.
- develop a peer support programmes for children and young people
- use real life events of children and young people as examples as they are the voices of experience
- involve children and young people in the information given to young people in schools

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

\(^9\) Ayrshire and Arran/Bamardo’s (2007) Ayrshire and Arran Child and Adolescent Mental Health Services Consultation: Children and Young People’s Perceptions of Mental Health Services: Barnardo’s


Young people most in need of CAMH services are often living chaotic lives and clinical interventions can be off-putting. They need to receive support in settings where they feel comfortable at times that suit their lifestyle. It would be helpful if CAMH services were flexible to the needs of young people and thought could be given to the nature of engagement with them. For instance, an outreach CAHM service that will work with children in schools and children’s homes would be positive development. Adopting proactive engagement methods with referred children and young people may reduce waiting lists and provide input before young people reach crisis stage. Mental health services can be seen by young people as inflexible in their approach, located in difficult to get to areas, offering a limited number of appointments in a clinical setting. This can lead to non-attendance for appointment, resulting in the withdrawal of a service. It would be useful if there was a more flexible approach to the availability of CAMH services, with the possibility of offering support for the most vulnerable at weekends and evenings.

“I don’t know sometimes it is maybe that you are alone, but that you want company of other people but you don’t want to make them the effort to go and have to, you want the people to come to you, you don’t want to go to them and you would behave like you just wouldn’t be yourself”
(Female 23)

“Where the waiting area is, there is a very big window that looks straight out to the road and that can be quite uncomfortable because you know if anyone is driving past they can look in and you are like, em.”
(Male 15)

A clearer referral process would assist in the process. It is essential that voluntary organisations working with young people are able to refer on to CAMH tier one services for assessment. In some areas CAMH only accept referrals from other statutory organisations.

There is an issue with regard to suitable qualified staff working with children and young people. For instance, Barnardo’s Scotland is aware of a local authority which does not have a Mental Health Officer for children and young people and young people reported feeling uncomfortable with mental health support from adult orientated services. In another example, a local authority area had no access to specialised services relating to sexual orientation or personality disorder for young people.

“…particularly for lesbian, gay, bisexual or transgender people. I think that would be very good because it is, you know it does have to be a specialised kind of care for that because you can’t just use genialities in that position.”
(Male 15)
What problems there are around transition from CAMH to adult mental health services and how a smoother transition may be achieved?

Barnardo’s Scotland is aware of long-standing issues relating to the transition of young people from CAMH services and adult mental health services. In essence this is about young people moving from a child focused service to an adult focused service. This can be a time when there are other significant changes in the young person’s life, for instance moving from school to training or moving from care to independence. Barnardo’s experience is that young people and their families have been left anxious due to the fact that they were unclear of the processes in the transition and uncertain future service provision.

“Well there is an age gap they say that they can’t deal with me like fae 16. They don’t dae 16 to 18. I think it is eh so mean, I am 17 now so there is no like there is anything between that. I will probably be sent to an adult psychiatrist but as my mum says they don’t deal with ADHD they don’t think that adults can get it. So I probably won’t be medicated at 18. I don’t want it to go back to the way it was when I was younger.”
(Female 17)

Conclusion
Barnardo’s welcomes the inquiry as it focuses on an area where there have been long standing concerns. We would be happy to provide oral evidence to the Committee if this was thought useful.

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