PURPOSE OF REPORT

This report aims to provide a response to the following questions posed by the Health and Sport Committee from the perspective of a Health Board covering a wide geographical area in a rural part of Scotland:

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

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

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

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

Recognising that the Health and Sport Committee has evidence from a wide range of statutory and voluntary bodies, the focus of this report is on Health Services.

POLICY CONTEXT

The writer is assuming that the Health and Sport Committee is conversant with the Strategic Documents relevant to this debate (Appendix A).

The National Framework identifies the following basic principles derived from the SNAP report.

- Mental health promotion for children and young people should be an underpinning principle for all who come into contact with children and young people, whether they are well or unwell.

- Work on prevention of mental ill health, treatment and care for children's and young people's mental health should be needs led.

- Mental health promotion, illness prevention, treatment and care of children and young people should have the rights of children and young people as a core value.

- Mental health should be mainstreamed within children's services.

- Improving the mental health of children and young people requires a co-ordinated and coherent combination of health promotion, prevention work and intervention and care services.
Children's services should operate as intelligent networks – that is, services engaged with one another in ways that encourage development and adaptation to changing need, circumstance and evidence.

In addition, the Framework included:

- Addressing inequalities
- Accessibility and diversity
- Participation and involvement
- Evidence based services
- Building on existing structures
- Consent
- Confidentiality

The Framework recommends flexibility in the age limits set by some services, to reflect particular circumstances and the individuality/maturity of a young person and to ease partnership work across health, social care and criminal justice systems.

The Framework identifies the following service elements and these were the basis of the review work undertaken locally:

- Developing strong communities
- Range and levels of services and quality of services
- Links between children’s services and adult mental health services
- How services work or relate to each other
- Supporting change and innovation

RESPONSE TO QUESTIONS

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

Mental health affects children and young people’s behaviour, learning, physical health and relationships. Around 10% of children and young people in Scotland have mental health problems that are so significant that they interfere with their lives on a day-to-day basis.

Mental health and wellbeing of children and young people is internationally an area of increasing concern, as recent reports such as the UNICEF (2007) report on the emotional well being of children in the western world highlighted, ranking the UK at the bottom of the league.

Evidence demonstrates that some groups of children and young people are at greater risk of developing mental health problems than their peers. There is also evidence to support the premise that some groups are likely to find more difficulty accessing the support and help that they need. Additional or specific action is required to ensure that these children and young people are able to
access support for their emotional and mental health and wellbeing across promotion, prevention and care.

Among those at greater risk of developing mental health problems are children and young people:

- Who are or have been looked after or accommodated, including those adopted from care
- Who have experienced neglect or abuse
- Who have a learning and/or physical disability
- Whose parents have problems of illness, dependency or addiction.

45% of Looked After and Accommodated children are likely to be affected. This is not an exhaustive list and illustrates the need for a multi agency and societal approach to prevention. It also illustrates those groups at high risk who should get additional support but support that is not experienced as stigmatising.

<table>
<thead>
<tr>
<th>Population</th>
<th>Children &amp; young people aged 0-15</th>
<th>Young people aged 16-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population in Dumfries and Galloway</td>
<td>25,731</td>
<td>6,831</td>
</tr>
<tr>
<td>Percentage of children and young people experiencing mental health problems #</td>
<td>9%</td>
<td>14%</td>
</tr>
<tr>
<td>Estimated number of children and young people in Dumfries and Galloway with mental health problems.</td>
<td>2,316</td>
<td>956</td>
</tr>
</tbody>
</table>

Population figures are the 2006 GROS population estimates
# based on national estimates in SNAP report, page 38

There will always be a percentage of young people who require higher tariff services due to mental ill health, and for whom there must be an appropriate service. Early intervention will not remove this need but will allow the young person quicker access to the appropriate services.

There was, and continues to be, an increasing workload associated with caring for patients with long-term disorder (such as ADHD, Autistic Spectrum Disorders, attachment problems and others).

The number of children and young people who are experiencing some distress – whose well-being could be improved – will be considerably higher than this. The National Programme on Mental Health and Well-Being was introduced in 2003. Local services are looking at the way they promote well-being for everyone – adults as well as children. There is a series of initiatives including “Choose Life”,

SP&C: S Drive: JM/CAMHS/Reports /2009/ CAMHS Report to Health & Sport Committee 20.1.09
which aims to reduce suicide and self-harm.

The ways that a proportion of these problems can be prevented include:

- Multi agency parenting programmes
- Early Years Services having a focus on promoting mental health and well being
- Providing training to practitioners in Tier 1, eg Solihull training
- Working with our colleagues in Education to enhance the caring ethos of schools, including programmes which develop student peer education and peer support
- Ensuring that staff working with Looked After children have access to appropriate training.

The bulk of this type of work is embraced by the primary mental health work task, some of which is delivered directly by education staff, the health promotion team and pupils themselves (all supported by primary mental health workers) and some delivered directly by primary mental health workers. (Refer to response to Q3 regarding early intervention and pilot project providing training to those working in Tier 1).

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

In 2006 the SNAP Framework for Promotion, Prevention and Care was used to review multi agency provision in Dumfries and Galloway.

- Developing strong communities
- Offering a range and levels of services
- Effective links between children’s and adult mental health services
- Attitudes and awareness
- How services work or relate to each other
- Support change and innovation and
- Responding to locality variations

This review of the mental health and well being of children and adolescents in Dumfries and Galloway, as well as setting the future directions for CAMHS (see below) also informed the development and implementation of related council policies and strategies including “Behaviour Matters” Crannog, YPSS (Young People’s Support Service) and the Joint Youth Justice Strategy.

Education policy and practice has a strong focus on promoting and supporting emotional wellbeing and in supporting social services in safeguarding vulnerable children and young people.

Gaps in provision that required to be addressed within Health Services were presented during the 2006/07 prioritising process and a five-year commissioning plan has been produced.
From a Dumfries and Galloway NHS perspective, the obstacles being experienced locally are described below:

**Autistic Spectrum Disorder and ADHD**
NHS QIS have recently completed an audit of ADHD services in Dumfries and Galloway in relation to SIGN Guideline 52, which sets out standards of good practice for the treatment of children and young people with ADHD. The QIS ADHD Team then visited and in their report identified good clinical practice but drew attention to the lack of dedicated multi disciplinary ADHD clinics and a view that ADHD was under diagnosed in our population. Resource issues and rurality act as obstacles to the provision of accessible dedicated multidisciplinary ADHD clinics. All consultant psychiatrists carry a significant ADHD caseload. Very recently, a pilot clinic (one afternoon per fortnight) is being offered by a psychiatrist and a child psychologist for a small number of “difficult cases”.

**Clinical Psychology**
Due to the very limited levels of provision in Psychology, the priority is to provide psychological therapy rather than contributing to all of the broader aspects of the CAMH service. Increasingly, consultation and early intervention are seen as the most efficient and cost effective contribution the 1.8 w.t.e. psychologists can make. In addition to direct individual and joint work, indirect work includes an open ended consultation service to other team members, specialist training and supervision in Cognitive Behavioural Therapy, group work and training cases etc. As psychology is seen as integral to all aspects of child health, not just mental health, limited input is also provided to other stakeholders providing children’s services, both within and out with the NHS.

The Mental Health Delivery Plan commitment 4 states that the Government intends to increase the availability of evidence-based psychological therapies for all age groups in a range of settings and through a range of providers. The Health and Sport Committee will be aware of the concerns around levels of clinical psychology support available across Scotland.

**Independent Sector Provision in Dumfries and Galloway**
There has been considerable expansion within Dumfries and Galloway of Independent Sector provision of residential accommodation for seriously disturbed young people. In the main, these places are filled by young people Looked After and Accommodated by Local Authorities across Scotland, Northern England and Ireland:

- 8 Independent Organisations.
- 92 Beds
- 34 Locations
- 4 Private Fostering placements

A further “Family” unit is planned for Gretna. Children and young people will have been placed in these residential placements because they have very significant emotional and behavioural problems and are likely to have a higher percentage of mental health problems than the 45% estimated for the total population of those
children who are looked after and accommodated.

The Guidance Framework around who is Responsible Commissioner for funding the health element (i.e., Specialist CAMHS input) appears to have been resolved in that we have been advised that funding responsibility rests with the home Board.

This clarification, however, will not stop requests for CAMHS input locally for this highly needy group of youngsters. In fact, it presents further challenge as to how other Health Boards could commission services from an already over-stretched Dumfries and Galloway service. It would also require elaborate mechanisms for charging for the multiplicity and volatility of these placements. One clear obstacle is how to justify the priorities of these children’s needs over those of the local population.

The present provision is for access to Primary Care Services, Accident and Emergency Services and Acute General Services and very strictly controlled access to any CAMHS input. Exceptions to this are made on the basis of clinical judgement/risk assessment. With a much strengthened CAMHS Team, it might be possible to agree a restricted level of input to the Independent Sector. It is very difficult to quantify the scale of input at this stage. The requirement would be for expert consultancy into complex care management. All these organisations are already required by the Care Commission to provide staffing levels that will allow appropriate care for their residents.

The Health and Sport Committee, in its consideration of children and young people “accommodated at a distance” will gather views about how to fund specialist input for this mobile and needy population, and whether a national approach is required. The current Guidance agreed by the Directors of Finance to address issues, such as the Autism Centre in Ayrshire, can only operate if the placing local authority liaises with the placing Health Board to secure their agreement to fund specialist health input into a residential placement outwith their geographical boundary and where the length of stay is fairly predictable.

Learning Disability
In NHS Dumfries and Galloway, as we responded to the requirements of ‘Same as you’, Learning Disability services for children and young people were affected by the creation of a Joint (NHS/Local Authority) Learning Disability Service for Adults. The historic ‘cradle to grave’ model of service provision became a joint adult focussed service and Learning Disability Community Nurses and the Learning Disability Clinical Psychologists no longer routinely had input into younger clients. To rectify this gap in part, a Clinical Psychologist for Paediatric Learning Disabilities and a range of other services for children and young people has been identified. There are currently no community learning disability nurses for children and young people. To enable this new psychology post to be effective, there is a need to develop a Children and Young People Community Learning Disability team initially, focussing on working with families with children/young people with learning disabilities and challenging behaviour.

Dumfries and Galloway Children in the Looked After Service
There are gaps in the service we offer to the 364 children who are Looked After and/or Looked After and Accommodated by Dumfries and Galloway Council in a range of settings: home supervision, foster placements, the Council’s residential unit or the Independent Sector (in Dumfries and Galloway or out of the region). These children move in and out of care and frequently from placement to placement. The present dedicated time from the NHS is two sessions from a consultant paediatrician and thirty hours from a Looked After nurse. Approximately half of this group of children and young people are being directly supported by the CAMH service.

Improving access to specialist health services is a specific piece of guidance in “These are our Bairns” a guide for community planning partnerships on being a good corporate parent.

**Rurality and Impact on Workforce**

The geographical size of Dumfries and Galloway and its sparse population density, present problems in terms of equity of access and inefficiencies in terms of travel time. With a small team of 19.8 wte staff directly within the CAMH service, all need to work across Tier levels 1 – 3. With the Tier 4 inpatient provision being located in Glasgow, they also have to work on a community basis with children and young people at the upper end of Tier 3, who in the central belt are more likely to be treated in an inpatient setting.

Measuring the CAMHS Team against the recommendations in “Getting the right workforce, getting the workforce right” 2007, the Team should be larger and comprise a wider range of professionals.

The Dumfries and Galloway service accepts young people up to the age of eighteen years and receives around nine hundred plus referrals per year.

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

Listed below are initiatives that have been taken forward using Changing Children Services Funding (CCSF) to facilitate early intervention:

An application to CCSF was successful in securing the resources to carry out a pilot primary mental health project – initially in Annandale and Eskdale. By providing training and consultation to those working in Tier 1, and by carrying out brief interventions alongside local workers, the primary mental health worker provides a health promotion and early intervention service, and a gate-keeping service at the Tier 1-2 interface. The primary mental health worker, with knowledge of local and regional resources, is also able to signpost the way to appropriate services and support. Further, by building up local competence, expertise and confidence, this intervention ensures that there is a context for managing those with a more severe disorder in the community. On the basis of evaluation data, the CCSF Scrutiny Panel agreed to a second Primary Mental
Health Worker who has been appointed on secondment to the West of the Region. These members of staff have also strengthened joint working with a range of others, including Sexual Health staff, Health Visitors, School Nurses and General Practitioners.

Dumfries and Galloway NHS Board has agreed to fund an additional two primary mental health workers until March 2010. It will then review the benefits of increasing the availability of this level of input across Dumfries and Galloway in building confidence in Tier 1 practitioners (school staff, health visitors, school nurses, GPs etc) and in assisting the management of referrals to specialist Tier 2 and 3 CAMH Services.

CCSF has funded the Looked After Nurse post working directly with Looked After and Accommodated Children to ensure that their health needs are addressed in collaboration with the ‘Looked After’ Lead Consultant, the Council’s Adoption and Fostering Team and local Carers. The work of this post holder is jointly supervised by CAMHS and the Child Protection Team.

The Integrated Substance Service (ISS) was formed from the amalgamation of services from the Council, the Independent Sector and NHS. CCSF funded the Local Authority element of this service. ISS is a specialist service for children and young people under 18 years at significant risk from their own or their parents/carers problematic substance misuse. One and half mental health workers are core funded, one Band 6 mental health worker and one consultant session is funded from CCSF. The team was recently been extended by one temporary mental health worker and a specialist primary mental health worker funded from National Alcohol funding. Agreement has also been reached to fund two social workers to join the ISS Team.

This is a discrete multi-agency team which is managed separately from CAMHS. One unintended consequence of the creation of this team was that core CAMHS lost the participation of two experienced mental health workers in the urgent response system.

There is 0.5 wte Mental Health Worker in the Youth Justice team working with persistent youth offenders funded by Drugs and Alcohol money. This discrete multi-agency Team is managed separately from CAMHS. The team manager is keen to increase this to a full-time post as part of Dumfries and Galloway’s need to have available “Intensive Support and Monitoring Services” (ISMS), a disposal option now available to the Children’s Hearing system.

From an NHS perspective, the single most important recommendation the writers would like to make, is that these posts which have been created as a result of short term funding that has now been incorporated into the Single Outcome Agreement, are secured on a recurring basis.

**Q4. What problems there are around transition from CAMHS to adult mental health services and how a smoother transition may be achieved.**
In early 2005, a project grant from the Better Neighbourhood Services Fund supported the appointment of a transition mental health worker to carry out a time-limited project (to March 2006), which sought to map the needs and resources available to vulnerable 16-18 year olds. Those young people, ‘in transition’ between child and adult services are recognised to be at risk of ‘slipping through the net’ in terms of support from statutory mental health providers. The project targeted young people with a diagnosed mental illness who presented with risk taking and challenging behaviours; or who were vulnerable young parents.

This post was made permanent in 2007 from Mental Health Act Implementation funding to:

- Raise the profile and understanding of developmental and mental health issues as pertaining to young people, across departments and agencies through liaison, consultation and training.
- Identify training needs of locality/other relevant staff and develop, deliver and evaluate training accordingly.
- Provide specialist advice and consultation to staff to enable engagement and intervention, or use of appropriate alternative referral pathways.
- Participate in joint work with other professionals/agencies.
- Provide assessment and therapeutic intervention for referred adolescents and their families.
- Refine the joint protocol for transition to adult services and develop an audit tool for referral and transition of service users between CAMHS and adult services.

This post has been invaluable in supporting those young people who may require a short admission into Adult Inpatient beds.

**RESOURCES**

Child and Adolescent Mental Health Services have never received earmarked funding. The only additional funding in the last ten years for the National Priority of Mental Health was around £5m (five million) for implementation of the Mental Health (Care and Treatment)(Scotland) Act 2003.

In addition to the increasing mental health needs of children and young people in our population, there is also an ever increasing expectation and demand for CAMHS input into multi agency support structures.

*This evidence has been prepared by the Lead Clinician for Adolescent Mental Health Services and the Child Health Commissioner, NHS Dumfries and Galloway.*
# APPENDIX A

## STRATEGIC DOCUMENTS OF REFERENCE TO CAMH SERVICES

<table>
<thead>
<tr>
<th>Document</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>The Mental Health of Children and Young People in Dumfries and Galloway (1999): The First Steps Towards a Multi-Agency Approach (August 1999)</strong></td>
<td>This document outlines the major changes in the way that Dumfries and Galloway plans to deliver mental health services to children and young people.</td>
</tr>
<tr>
<td><strong>The Mental Health (Care and Treatment)(Scotland) Act (2003)</strong></td>
<td>This legislation is based on a set of ten guiding principles and places responsibility on the NHS Boards and Local Authorities to provide independent advocacy and other services that support people, including those for children – in accordance with these principles.</td>
</tr>
<tr>
<td><strong>The Education (Additional Support for Learning Act (2004)</strong></td>
<td>This Act broadens the range of children for whom Education Authorities, with their partners, have to provide additional support and promotes inclusion within mainstream schools.</td>
</tr>
<tr>
<td><strong>The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care (2005)</strong></td>
<td>A nationally introduced and led strategy that is seen as the central reference for action on children and young people’s mental health in Scotland. Staged implementation is over a period of several years up to 2015.</td>
</tr>
<tr>
<td><strong>Delivering for Mental Health (2006)</strong></td>
<td>Nationally set objectives for both adult and CAMH services, with specific commitments for increased inpatient bed provision, reduction of young people in adult mental health beds, LAAC/vulnerable children and young people access to primary mental health work in every school and overall reduction in the use of antidepressants.</td>
</tr>
<tr>
<td><strong>Getting the Right Workforce, Getting the Workforce Right (2006)</strong></td>
<td>Advisory report identifying some of the workforce implications for CAMH Services in Scotland and making links to “The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care&quot;.</td>
</tr>
<tr>
<td><strong>Children and Young People’s Mental Health and Well Being in Dumfries and Galloway: The Next Steps Towards a Multi Agency Approach (May 2006)</strong></td>
<td>This multi agency document, prepared with wide involvement of stakeholders, reviewed local provision against the Framework and developed an Action Plan for:</td>
</tr>
<tr>
<td>- Involving young people and their families;</td>
<td></td>
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<tr>
<td>- Developing strong communities;</td>
<td></td>
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<tr>
<td>- Developing the range and levels of service and quality of services;</td>
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<tr>
<td>- Developing the links between children’s services and adult mental health services;</td>
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<tr>
<td>- Increasing public awareness; and</td>
<td></td>
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<tr>
<td>- Improving how services work or relate to each other.</td>
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<tr>
<td><strong>The Royal College of Psychiatrists – London “Building and sustaining specialist child and adolescent mental health services” (June 2006)</strong></td>
<td>This report provides guidance regarding the capacity and provision of specialist child and adolescent mental health services (CAMHS) by the NHS and is a living, evolving support for service development, open to local interpretation, based on careful needs assessment and priorities.</td>
</tr>
</tbody>
</table>
Putting the child at the centre of decision-making and service delivery, this strategy supports a more integrated approach, with the child receiving the service required rather than being offered the service available.

Delivering A Healthy Future – An action framework for Children and Young People’s Health in Scotland (Feb 2007)
Developed from Delivering For Health, this is a framework setting out a structured programme of actions drawn primarily from existing policy, initiatives and commitments and specifically for CAMHS from The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care. Key milestones have also been identified with timescales to support the achievement of the programme.

Looking After Children and Young People: We Can And Must do Better (2007)
Action 15 specifically identifies that “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 service providers will work to make their services more accessible to looked after and accommodated children and young people and to those in transition from care to independence.”

Towards a Mental Flourishing Scotland for Children and Young People (October 2007)
This outlines the proposed future direction for mental health improvement and population mental health for 2008/11. It builds on the work of the Scottish Government’s National Programme for Improving Mental Health and Wellbeing. In setting the future direction, the paper focuses on what Local Authorities, NHS Boards and other key stakeholders can do to support the agenda for 2008/11.

Better Health Better Care Action Plan (December 2007)
A Scottish Government document to set out a vision to help people sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care. This requires a health service that works together with partners, placing the patient at the heart of everything it does. Specific targets have been set to address mental health issues.

The Scottish Government Concordat Agreement and the National Performance Framework (2008)
These include several National Outcomes relevant to children and young people and specifically targeted to improving mental health and wellbeing. They include:
- Our children have the best start in life and are ready to achieve;
- We have tackled the significant inequalities in Scottish Society;
- We have improved the life chances for children, young people and families at risk.

Early Years and Early Intervention – a joint Scottish Government and COSLA policy statement (2008)
The early years framework signals local and national government’s joint commitment to break the cycle of inequality in health, education and employment opportunities through prevention and early intervention. The Framework will mark a fundamental shift away from dealing with the symptoms of inequality – and rebalances our focus towards identifying and managing the risks early in life. The biggest gains in improved outcomes and reduced inequality will come from supporting parents – to help them to...
help themselves – and by creating communities, which are positive places to grow up.

**Promoting children’s social and emotional wellbeing in primary education - NICE Guidance (March 2008)**

This guidance is for teachers, school governors and professionals with public health as part of their remit working in education, local authorities, the NHS and the wider public, independent, voluntary and community sectors. Children’s social and emotional wellbeing is important in its own right but also because it affects their physical health (both as a child and as an adult) and can determine how well they do at school. Good social emotional and psychological health helps protect children against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol.

This guidance complements and supports, but does not replace, NICE guidance on depression in children and young people and parent training and education in the management of children and conduct disorders. It refers often to support from CAMHS (tier 1 and 2).

**The Scottish Government “equally well” report of the ministerial taskforce on health inequalities (June 2008)**

This report refers to the inequalities in early years (0-8 years) which have significant outcomes later in life or are markers for later inequalities. It reflects on the clear social gradient for mental health problems as well as for mental well being. It reports that for young people, psychosocial functioning (self determination, closeness to others and school integration) is closely correlated with behaviour problems (arrests, truancy, alcohol, tobacco and marijuana use).

**The Scottish Government “These are our Bairns” A guide for community planning partnerships on being a good corporate parent. Looked After Children, we can and must do better (Sept 2008)**

This guidance draws attention to the fact that Looked After children and young people and care leavers are more likely to need specialist health services than their peers, whether: Child and Adult Mental Health Services, help with addictions or sexual health advice.

**Getting it right for children and young people who present a risk of self harm. Meeting Need, Managing Risk and Achieving Outcomes (May 2008)**

A document aiming to help a small but significant number of children and young people who present a risk of serious harm to themselves and others and who have complex needs.

**Preventing Offending by Young People – A Framework for Action (June 2008)**

A framework belonging to all the Key Partners covering prevention, early intervention and effective support.

Julia Proudfoot  
Admin Officer - Strategic Planning and Commissioning  
20 January 2009