• How children and young people potentially at risk of developing mental health problems are identified and how those problems should be prevented.

The Angus Educational Policy Support For Learners Policy provides comprehensive guidance for educational staff to identify those children and young people at most risk of developing mental health problems. In both primary and secondary schools in Angus, pupils have similar levels of mental health difficulties and mental health status as the UK age related norms. Differences in mental health between primary school in contrast to secondary schools data can be explained by the lower Scottish Index of Multiple Deprivation (SIMD) rating. Lower levels of physical health are apparent among this population in comparison to other age related norms. Most mental health problems are chronic and have been present for more than a year.

The building of capacity at tier one service level is central to the success of improved early intervention strategies. Positive social/interpersonal skills need support to be developed from P1 to P7. Developing parent and support initiatives in a cohesive and multi agency way to address the needs of children and young people with mental health problems is needed. Improved access and referral times to CAMH services would prevent mental ill health become a chronic state for vulnerable young people.

A draft Education Department policy for supporting children and young people admitted to hospital is currently under discussion.

Problems could be prevented by considering the capacity of those working with families in early years to initiate early preventive interventions such as appropriate parenting support.

It is planned to establish a comprehensive multi-agency staff training programme in mental health and well being. This will equip staff with the knowledge and skills to take appropriate action at an early stage.

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

A combination of school, family and peer pressure in this age group often present the highest difficulties. A significant group of young people in need of support but not deemed serious enough to qualify for service input have been identified in Angus. Pupils who leave school at the S4 stage are lost to school based services thus making it difficult to identify young people with mental health problems. Capacity restraints on CAMHS constrain the identification of children and young people with mental health problems.
Teachers have reported lack of confidence and being less skilled to competently deal with mental health and wellbeing issues of children and young people. Significantly more teachers think that activities related to the mental health and wellbeing of children and young people are not part of their role. More continuing professional development in the training of teachers may help improve confidence and skills. However the key issue here is one of role legitimacy and not necessarily more training i.e. many teachers reported not perceiving dealing with wellbeing and mental health issues as part of their job.

The development of an interagency strategic framework for children’s well being and mental health is planned to identify care pathways. Provision of a named mental health worker for each Angus school is planned, with clear links to public health nurse teams.

- What action has been taken to facilitate early intervention and what else can be done?

The NHS Tayside Collaborative Commissioning Plan for Children and Young People Mental Health Services in Tayside commits to key promises taken from the Early Years Framework (2008) including the need to increase early identification and early intervention for children and young people with mental health problems. The first part sets out the case for action in the early years and is in concordance with Angus Single Outcome Agreement Vision for giving children the best start in life.

Very low awareness of and access to voluntary services/agencies exists among parents, children and young people. Greater awareness and access of all services and agencies would enhance opportunities for children and young people and parents.

The need for more locally provided services would reduce long waiting times and make referral pathways more responsive. Improved wellbeing and mental health would enhance the resilience of children and young people to become more successful. Children learn best and achieve more when they possess the highest standards of physical and mental health free from anxiety, depression and other psycho social conditions. The development of an inter agency strategic framework for children’s wellbeing and mental health will lead to improved interagency procedures for identifying, assessing and responding to the mental health needs of children and young people.

Angus Choose Life currently funds a post for a Self Harm Worker located within Barnardo’s and we feel the continuation of this post is integral to improving outcomes for children and young people.
• **How access to services and ongoing support can be improved**

Currently in Angus the five stage model of intervention for access to services and ongoing support is applied. Improved interagency referral pathways need contextualized within an existing staged intervention process. This could lead to an increase in the number of young people whose mental health needs are addressed within stages 1, 2, 3. A reduction in the number of young people referred to specialist services earlier could lead to a decrease in the number of referrals to specialist services tier four and five.

Increased emotional resilience and improved parental resilience through the introduction and support of parenting programmes could potentially improve coping mechanisms. Improving capacity within CAMHS to reduce waiting lists, improved referral rates and increased feedback to referrers, would improve ongoing support. A comprehensive assessment of training needs could identify areas of need and issues of role legitimacy amongst professional staff leading to a roll out of revised training programme. Community based mental health services within Angus schools could include promotion and development of school/community based opportunities for participation within physical/leisure activities.

Strongly agree with the comments regarding the importance of parenting programmes.

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

Currently there is very limited adult service provision for ADHD, and Autistic Spectrum especially if diagnosed post sixteen years of age. Young people who have been diagnosed with psychosis may be lost to the service if they leave school at the age of sixteen. Whilst CAMHS does have a transition policy it may be helpful if this was more transparent to multi agency partners. It would also be helpful if the mental health act would re consider service provision for 16-18 year olds.

Thank you for the opportunity to submit our views to the inquiry. Please do not hesitate to contact me if you require further information.