Young Scotland in Mind – Background
Young Scotland in Mind (YSIM) is committed to improving the mental health and wellbeing of all children and young people in Scotland. YSIM is a network of over 200 voluntary sector organisations working nationally and locally across Scotland. YSIM fosters a culture of working and learning together, in order to promote and protect the rights of children and young people to positive mental health and wellbeing in line with the UN Convention on the Rights of the Child.

The voluntary sector already makes a considerable contribution to the mental health and wellbeing of thousands of children and young people across Scotland through the provision of a wide range of services and supports. Through the work of skilled paid staff and volunteers we are able to reach and work with children, young people and families in a range of settings and in a variety of ways, often working where statutory services are unable to. Working in ways that ensure a focus on the whole range of needs of the child, young person or family and working in partnership, complementing and adding value to the work of the statutory sector across health, social care, education, community development, equality and rights.

The views offered here are intended to help ensure that more attention, awareness, knowledge, insight and positive action is brought to children and young people’s mental health in Scotland. YSIM is happy to provide any additional information for the inquiry and / or to arrange any visits to local services that can act as good examples of practice and also to meet with members of the Committee individually or collectively to further discuss and present the views, experience and ideas of YSIM’s extensive network.

Young Scotland in Mind’s Overview of Policy and Delivery
YSIM’s overview of the current national policies for and delivery of mental health services for children and young people can be summarised as follows:

POLICY
Policy for children’s mental health in Scotland is still not an area of integrated policy activity. There are examples of good policies in place in a range of individual Government Directorates, for example Health - the Children and Young People’s Mental Health Framework, the commitments in the Delivering for Mental Health Action Plan and in Education - the Curriculum for Excellence, the Guidance following the Health Promotion and Nutrition Act. However, the impact of policy is diluted by not having a way of integrating the work across the 5 main Government Directorates or even between the main areas of health, social care, education and criminal justice. The effect is that children’s mental health – covering promotion, prevention, care, treatment and support is not seen as an area of mainstream activity. This weakens the ability of Government to act in a
coordinated way and impact on the main determinants of good mental health and address the key risk factors for mental illness. Without this integrated approach to policy the sum of the individual policy parts will not be as great as a more integrated approach to children and young people’s mental health as one part of a national policy agenda for children’s health and wellbeing.

Within Children’s mental health policy there is still an imbalance between work on illness and treatment and work on prevention and promotion. Whilst it is obviously important to address both, too much attention is currently given to dealing with children and young people once a problem or illness has arisen than preventing it happening in the first place and for working even more upstream in ways that address the social, economic, environmental and structural issues at a population level that could actually enhance and improve children and young people’s mental health and wellbeing. Put crudely there is too much emphasis on addressing the ‘stock’ of problems and illness and not enough effort and attention given to addressing the ‘flow’ into and out of illness and problems. This imbalance leads also to poor investment and resource allocation decisions where there is not enough of a balanced spread of investment in national and local promotion and prevention activities alongside care and treatment costs.

In our view this inquiry needs to address the shortfalls in policy and the lack of balance across promotion, prevention, care, treatment and support.

DELIVERY
Current delivery is dominated by the provision of mental illness treatment services for children. This is an area that does require additional effort and investment, but not without also taking a balanced approach to mental health promotion and prevention as complimentary to the need for a focus on illness and its treatment. Achieving early recognition, early intervention and focusing on recovery will not be achieved by developing secondary care child and adolescent services alone.

The traditional models of child and adolescent services need to be updated in each local area. Too much reliance is put on the development of child and adolescent beds and inpatient provision at the cost of developing a proper integrated infrastructure of support for children and families. There is now a need to move away from the traditional tiered approach to child and adolescent mental health care and treatment services to a more integrated local system of care and support.

This integrated approach needs to be planned and adopted by a range of local agencies – health, social care, education and criminal justice to a set of developed and desirable outcomes that focus on social and life skill benefits rather than solely clinical outcomes. There are some good examples of practice in Scotland where a more integrated approach is being championed. This
enables a greater focus to be given to seeing mental health as one aspect of children’s lives that requires attention and support in a range of settings and at different stages of a child or young person’s life with also a focus on the needs and role of parents.

Integrated models can also demonstrate greater cost effectiveness and cost benefit. YSIM is aware of at least one local service provided by a voluntary sector agency which is dealing with the same level of severity and needs of children as local CAMHS services but is delivered at 60% less than the cost of the CAMHS service.

Voluntary sector agencies all over Scotland are playing their part in helping to develop and implement a more integrated and effective approach, and to pushing the boundaries in mental health to add value to the work of local statutory services.

Examples include – peer support and peer education services; integrated approaches to emotional and psychological support in schools, integrated approaches to the health, social and educational needs of looked after children; and also to vulnerable and abused children with an emphasis on social and emotional supports; examples of programmes which build confidence, self esteem and most importantly resilience and life skills which aid recovery and progression to having more control, autonomy and choice for children and young people.

In short, delivery can be improved by implementing more of what we know works from evidence and practice. This delivery needs to be progressed with clear and deliverable outcomes and a performance support process that helps drive the changes required at local level. It remains to be seen if the move to Single Outcome Agreements will provide the required framework to drive local service and system reform and action to help improve children and young people’s mental health services.

YSIM Members Views On Inquiry Areas

This response has been collated from a range of feedback submitted by member organisations of Young Scotland in Mind.

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

- All too often it is as the result of children displaying challenging behaviour and the behaviour becomes the issue. There is a lack places for YP to go to safely
Child and Adolescent Mental Health Services
Young Scotland In Mind

talk or read about what they might be feeling. In our experience\(^1\) YP would always prefer to talk to a peer if they could, this presents the issue of ensuring peers have confidence and competence to help but also reflects the feelings they have about what type of response they would get from adults. YP are torn between the fear from peers and from adults. Work is required to remove the stigma about needing help, alongside continued national awareness raising/promotion of the importance of mental wellbeing, the links with physical wellbeing, and the routes to recovery.

- Access to crisis services that are well resourced and available on a regular basis as well as out of hours where young people can be seen quickly. More services required which offer input to young people during important transition times e.g. primary to secondary, moving into work or college.

What obstacles there are in identifying children and adolescents with mental health problems and how they might be overcome?
- One of the obstacles is generally young people’s reluctance to talk and be open about their feelings. We support a vulnerable client group\(^2\) (homeless yp/care leavers) who tend to live a chaotic lifestyle and mental health and wellbeing is often seen as low on the list of priorities and doesn’t present as problematic until the young person is ‘in crisis’. The current medical appointment system is not user friendly to this client group. They often come into contact with lots of professions and can have issues building trust. In the event that a young person’s mental wellbeing is of concern, there is often a level of reluctance to engage in counselling (also a lack of counselling resources) and they have often had negative experiences discussing their concerns with their GPs. Young people are a particularly stigmatised group within society and having a mental health problem adds to the stigma.

- An over-reliance on a medical model and not complementing this with a more social and family based response. Lack of knowledge in the adults who see and interact with them regularly. A fear of ‘diagnosing’ behaviour. Services who work with parents have no role or remit to offer the family a service to address the impact MH problems may have on them. High levels of ignorance about presenting behaviour and a desire to label YP as problematic. These can be overcome by a mixture of awareness raising, training and local service provision for families & communities. Finding solutions in alternative approaches as opposed to medical ones. Promote resilience from an early age and how this is actually achieved by families and groups.

- Resources also need to be more joined up and the statutory, health and voluntary sector need to communicate more clearly with each other. Joint training events would be helpful.

---

\(^1\) Brian Donnelly, Director, Respectme [www.respectme.org.uk](http://www.respectme.org.uk)

\(^2\) Derek Hart, Action for Children (Dundee Youth Housing) [www.actionforchildren.org.uk](http://www.actionforchildren.org.uk)
What action is being taken to facilitate early intervention and what else can be done

- There are many nurseries and family centres that impact on this by supporting parents. This can lead to the belief that it is only the children of parents who are on a low income or have a social worker who are identified and may get some sort of service. This group may be more likely to develop difficulties but the impact is not wide enough, and could be much more effective if services and support organisations were promoted more consistently, on a national basis, in all settings where early intervention opportunities arise, e.g. not only public sector providers of childcare/education.

- A good example of work being done is North Glasgow Youth Stress Centre and Lifelink in tackling mental health problems in young people and undertaking preventative work. They offer peer support programmes and training to young people and also work with parents/families to help them develop an understanding of what contributes to positive mental health as well as knowledge of the signs of mental ill health and where services can be accessed. [www.youthstress.co.uk](http://www.youthstress.co.uk)

How access to services and ongoing support can be improved

- Longer term and sustainable funding enabling the voluntary sector to be part of a longer term sustainable and integrated service.
- Local services that are integrated into communities and planning.
- Increase the use of the web as a method of communicating with young people. Increased capacity of others that takes away a reliance on the 'experts' all of the time. There is a role for schools to play, including mental health and well being information in a more realistic and less frightening way, using the new 'Health & Wellbeing' curriculum strand to add gravitas to the subject matter and dispel myths. Not to use the curriculum to label children but to empower the adults to recognise and respond effectively.
- A less medicalised approach and more preventative methods such as highlighting the effectiveness of regular exercise and health/diet can have on a person’s self esteem. A youth friendly approach could be effective.

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

- YP aged 16 -18 fall through this net on a regular basis. There needs to be a change in threshold of accessing services to reflect this.
- The two services need to more closely connected. Perhaps the need for CAMHS to provide a service up to 21 years of age and work with young people to help them progress onto adult mental health services.
- A major barrier to the access of mental health services is age grouping. There is not a seamless transition into adult services.
Other Comments
One particular area of adolescent mental health that is of particular concern relates to post-natal depression among young teenage mothers. One member of YSIM works with young and vulnerable mums in the Tayside region, and this work brings them into contact with other voluntary agencies and health professionals such as midwives and health visitors, yet no-one seems to be aware of any specific research into this area of work. However, there is considerable concern about the number of reported cases which seems to be increasing.

It is worth noting that young teenage mums have no option but to access all of their health care via adult services, clearly because it would be impracticable to create specific teenage maternity services in the majority of areas. But the fact that these girls access adult services, whilst still being children, and who may subsequently suffer post-natal depression is clearly a matter of great concern and yet, is over-looked as an issue by health services.

Additionally many young people are not accessing CAMHS as they do not meet the ‘criteria’ of some CAMHS services. Young people that display challenging behaviour or emotional difficulties, e.g. due to drug/alcohol abuse or having learning difficulties, do have mental health problems, but unless they have a ‘diagnosable’ mental illness e.g. depression, they often don’t meet the criteria for CAMHS services.

In Summary
- Improve the overall integration of policy
- Improve the ability of policy in mental health to achieve a better balance that includes more emphasis, commitment to and investment in promotion and prevention activities and support.
- Balance the provision of local CAMHS services with investment in primary, secondary and tertiary promotion and prevention.
- Provide clearer guidance on models of effective practice that include models of cost effectiveness and cost benefit.
- Give greater emphasis to children and young people’s social, emotional, and family support needs. Need to see a much more holistic response by CAMHS
- Increase awareness of mental health, mental wellbeing and mental illness and differentiate more between these and address the growing trend of over diagnosing / labelling / medicalising behaviour and responses to life events and circumstances.
- Remove the tiered CAMHS system (0-4) and move to an integrated system of care support, prevention and promotion across a range of settings.

---

3 Fiona Bartley-Jones, Action for Sick Children (Tayside)