How Children and Adolescents potentially at risk of developing mental health problems are identified and how those problems are overcome.

Children and young people with mental health problems are largely identified within the School system, however, may also present to Voluntary Sector Agencies; such as youth clubs or Community Learning and Development Teams (including Outreach Workers). Voluntary sector workers may be the first contact in terms of young people engaging in discussion regarding their mental health needs. Young people are often wary of a statutory response. Young people would benefit from a variety of opportunities to access support, which should, ideally link in a coherent and structured way to each other and more specialist services (including drug and alcohol services).

Whilst there are some very skilled workers within the statutory and voluntary sector, workers are often unsure of the response to give to young people in terms of their mental health, feeling mental health is a specialist issue. Often the most appropriate response to a young person's needs is from a front line worker, with no requirement for the young person to progress to specialist CAMHS.

Staff from all sectors require standardized quality training to develop their skills and ongoing support from their respective organizations to meet young people's mental health needs. The support criteria of each organization is sometimes too specific and does not take into consideration mental health and wellbeing. Considerable benefit in other areas of young people's lives can be gained by taking the time to give more than reference to young people's mental health status.

What obstacles are there in identifying Children and Adolescents with mental health problems and how they might be overcome.

The ongoing stigma associated with mental health difficulties- attitudes are changing, however, there is still considerable work to be undertaken. Lack of knowledge amongst staff, parents and young people themselves contribute to the difficulties in identifying children and young people and providing appropriate supports.

Curriculum for Excellence does provide the opportunity to develop curriculum based learning around mental health and the promotion of positive mental health for young people, this opportunity should be seized. More needs to be done to support School staff to encourage an awareness of positive mental health and an understanding of the structures and pathways for young people experiencing mental ill health. Target ten within the Mental Health Delivery Plan (Mental Health Link Worker within every School) should overcome some of the issues above, if sufficiently supported by education/health departments.

Lack of resources to support young people- there are significant limitations to improving the mental health and well being of Children and Young People from within existing budgets/services in addition to workforce gaps. Real National investment in sustainable posts within primary mental health and CAMHS, has to be the most effective way to address the current health inequalities experienced by young people.

New integrated assessment processes have not embedded themselves in practice yet (GIRFEC, Additional Support for Learning). Additional funding to provide staff from all sectors with the appropriate support, training and time to fully interact with these processes would develop the processes and networks on the ground, significantly benefiting young people. SOA processes are not clear at present. Multi agency protocols are not sufficiently well developed to enable staff to
support young people to access all the help which they may be entitled to or need.

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

Young people within Moray have the opportunity to present themselves to a primary mental health service (Access to Health) funded by the National Lottery which is strongly connected to local CAMHS; at a variety of Community and School settings. A2H contributes to training for both young people and professionals. The project sits in the voluntary sector and is time limited. The service is well used by young people, schools and other professionals and voluntary agencies. Local CALM service provides the opportunity for all persons concerned about young people's mental health to liaise with CAMHS. The Healthy Minds Pilot within Lossiemouth High School is an example of good practice, which connects to both of the above services.

We have a clear opportunity, presented within the Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care to develop resources and opportunities for young people to access support across all tiers of provision. The multi-agency aspect of the document is a great strength, however, presents a significant difficulty in implementation, for that very reason. If this document was regarded with the same weight as the child protection requirements every organization has an obligation to meet and linked to central funding; then significant change could occur within a relatively short time frame.

How access to services and ongoing support can be improved.

Primary mental health workers are employed in different areas, for example, Highland and Aberdeenshire, by the NHS. It would be useful if there were parity across different geographical areas, giving special consideration to the impact of travel time and dispersed population in remote and rural areas.

Increase CAMHS provision, more staff, more service bases or outreach service within remote and rural areas. Clarity and consistency regarding integrated care pathways for young people. Increased multi-agency working with agreed and consistent protocols. A directory of services and referral criteria, regularly updated and held by one body (managed within localities).

Funded staff development opportunities, across all sectors in terms of Children and Young People's mental health, to replicate the mental health link worker's skills. A variety of settings should be available to young people so they can access support and discuss their mental health needs.

Non specialist supports including opportunities for young people to access social support/activities to reduce social isolation, alleviate the symptoms of depression or increase social functioning and reduce withdrawal. Similar interventions to support those who self-harm. Opportunities to promote and provide peer support, properly supported by skilled adults.

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

The criteria for support for adult mental health services differs from the support provided by CAMHS, resulting in some young people who previously received support not being considered enough of a priority to receive any service at all. Consideration of the age at which young people no longer receive a service from CAMHS or the referral criteria of adult services needs to be examined to ensure no young people fall through the gap.
Child and Adolescent Mental Health Services
Access to Health Project

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