Quarriers welcomes the opportunity to submit evidence to the Health and Sport Committee in relation to the inquiry into child and adolescent mental health services (CAMHS). Quarriers is a Scottish-based charity providing practical care and support for children and adults with disabilities, children and families, homeless young people, people with epilepsy, and carers. Through more than 120 projects in Scotland and south west England, we challenge inequality of opportunity and choice, to bring about positive change in people’s lives.

For the purposes of this consultation, views were sought from young people experiencing homelessness and practitioners working with children, young people and families in a range of different services, and this response reflects their experiences.

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

There seems to be little general understanding or common agreement of what the term ‘mental health’ actually means. For some, it encompasses emotional health and wellbeing, whilst for others it is confined to actual diagnosed conditions.

Children can be inappropriately labelled as ‘bad kids’ which means that any mental health issues may not be getting picked up at an early enough stage to effect any positive change.

ADHD seems to be being used as a catch all for diagnoses with Ritalin being used to manage behaviour when it may be more effective to offer holistic family support. There does not seem to be the support to undertake a proper holistic family assessment for children and young people who present with possible mental health problems to identify the stress factors that may underlie this. Restorative practice to heal situations in fractured families might lead to less destructive situations later on.

Well behaved children are often ignored – this does not mean that they do not have the same issues but that they do not present the same day to day challenges. Class numbers need to reduce significantly to lessen the pressure on teaching staff so that more time and attention can be paid to individual children. Teacher training should also include emotional health and wellbeing of children and young people.

Children looked after away from home can have a range of different mental health issues, arising from the trauma associated with living in difficult family circumstances, having to leave the family home and often a multiplicity of disruptive placement breakdowns. However, very few have had any kind of mental health assessment, including any developmental or formative assessment, prior to being placed in residential accommodation.
• What obstacles there are in identifying children and adolescents with mental health problems and how they might be overcome

CAMHS practitioners seem to be reluctant to treat young people “in crisis”, and tend to advise that the person must be in a stable state before any work can commence. This can be hugely damaging to the young person, whose wellbeing is already compromised and who may need intensive mental health support to deal with the crisis situation.

Mental Health Officers can be very adult-focused and many have limited experience in dealing with children and young people, which can cause difficulties in identifying and treating problems.

CAMHS should be a holistic service as, whilst there is a lot of attention paid to adolescent mental health issues as that is when they are generally recognised as such, there tends to be a myth that younger children do not have mental health problems. There is a need for primary teachers to be able to identify this type of concern earlier – many children are labelled ‘disruptive’ which sticks and is not helpful in looking for underlying issues.

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

Lengthy waiting times mean that early intervention is limited. A child who may be experiencing emotional and behavioural problems associated with a specific difficulty then continues with the “learned behaviour”, which could have been prevented by earlier intervention.

Lack of resources also means that many young people find it impossible to access mental health services without lengthy delays and far too often, young people reach a crisis situation before they can access help. Prevention of suicide could be improved by early intervention, greater and more flexible access to services and better anticipatory care. It is often the case that the first engagement with mental health services that young people have is with the acute trauma team after a suicide attempt, a situation which is clearly unsatisfactory in terms of effective treatment, wasteful of public resources and highly dangerous.

More community-based services would lessen the stigma and may enable a wider range of support, including support for siblings/families. Widening the range of referral mechanisms from solely GP referral would also help. Many young people either have no GP (particularly those experiencing homelessness) or are reluctant to divulge information to a stranger in a 5 minute appointment, and it would be helpful if key workers were able to make referrals.

Nurture groups in primary schools seem to be having a significant impact on the emotional health of young children. This is a model that could be rolled out nationally.
In addition, there are many services which have successfully engaged with young people to help shape the service, eg Teenage Cancer Trust, and much could be learned from these.

- How access to services and ongoing support can be improved

When a child who is looked after away from home has a mental health assessment and is referred for services in one local authority area but is then placed in a different area some distance away, mental health services are often disrupted and continuity is lost. To access services in their new “host” area, children have to contend with a lengthy wait for re-assessment and provision of services, and there are frequent disputes between Health Boards about financial responsibility.

In addition, routes into services vary considerably between local authorities, with some CAMHS services better integrated into education and social work services than others. Increasing the referral routes to include referrals from practitioners in voluntary organisations who are delivering frontline services to children would increase the availability of services, but would necessitate additional resources.

It is our experience that children with an ADHD diagnosis who are looked after away from home are often prescribed medication from a GP located in the area where the child has been placed, without either assessment or therapeutic support, and are left with a continuing cycle of repeat prescriptions, which are continued throughout multiple placements.

The majority of CAMHS are clinic-based, with clinicians only seeing the child for an average of one hour a month, in a somewhat alien environment for the child, with no input from family, support staff etc. Consideration should be given to building capacity within existing children’s services, including Who Cares?, family centres and residential schools, where key workers and other trusted individuals could develop appropriate and relevant mental health support mechanisms, eg play therapy, to support and enhance the child’s mental wellbeing.

Community Psychiatric Nurses are recognised as a key resource for young people, but there are too few and, in general, they have an unrealistically large caseload, which means that they need to treat emergencies and less urgent cases have to wait, often until the less urgent case becomes an emergency.

In addition, there are difficulties for young people with co-morbid mental health and substance misuse issues. It is often difficult to access mental health support because services do not treat addiction issues and vice versa. Drug dependency is often perceived as the most important factor in a person’s ill-health and subsequently blamed, and labelled, as the cause of deterioration in mental health. Experience shows that, in many cases, other challenges in a person's life are more important and that substance use is a coping
mechanism and a symptom of many other underlying causes. Treating the dependency in isolation will have little impact.

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

Services should be continuous, with the same person facilitating the transition from CAMHS to adult services. It takes a substantial amount of time to build a relationship of trust that can work successfully, and transitions should take place at a time and pace with which the young person can cope.

I hope that the above is helpful but would be happy to provide further information if that were useful and to discuss further the work of Quarriers and the people we support.

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