Key Questions

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

Children and Young People are often identified by parents who refer their children to their GP and subsequently to mental health services.

In relation to referrals, eating disorders was noted as prominent, however other issues are occasionally noted. These tend to relate to behavioural issues, especially where the parents have a mental illness. However these behaviours are often ascribed to adolescent behaviours or other causal factors. This is in part due to the type of presentation and in part due to a wish on the part of social and health services, not to label children at a young age. This approach is adopted due to the negative impact early diagnosis can have upon a child and their future opportunities, as well as the complexities involved in separating out adolescent behaviours from those driven by symptoms of illness. This may impact on effective early identification, treatment and support.

Children and young people are also identified through assessment by various agencies, dependent upon the locus of the presenting need.

Overall more staff training, particularly multi-agency/multi disciplinary training would be helpful, especially in developing staff skills in identifying issues and triggers that could relate to early onset of mental illness. The option of training in brief psychological interventions may have a positive impact. This may allow staff in other and perhaps less specialist settings, to provide the support required without the need for further referral. In turn this would reduce waiting times and provide a more seamless service to young people.

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

The obstacles are detailed in the above response. Training staff and enhancing multi agency/multi disciplinary working would have a positive impact.

Within health and social work scarce resources can make it difficult to be involved in early intervention or preventative work. The focus of social work resources is often on young people who are subject to statutory child care intervention; within a health context on those who have a serious and/or diagnosed illness, due to the presenting needs of these young people being greater than that of other groups. Consequently, these services can be crisis oriented or reactive – i.e. dealing with problems after crises have occurred.
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On occasion young people are still admitted to adult wards or referred to adult community services. This can have a negative impact upon young people and appears to be largely due to a lack of local resources able to meet the need of young people experiencing an acute mental illness. Agencies working with families can often find that the focus of the work moves toward parental issues and needs. This can lessen the emphasis on the child’s needs in such cases.

The link between psychology and psychiatry can also seem unclear and the barriers created by differing professional codes of practice and ethics can make it difficult to work together and share information.

The children themselves and their families may be concerned about the impact of seeking support. This may be due to the issues of labelling and stigma and they may be especially concerned about their child being detained.

Where formal statutory intervention is required, this will bring several authority figures into a child’s life. This can create confusion for children and families on who is responsible for taking issues forward. Better understanding of how children and young people perceive their contact with professionals may assist the development of information and services sensitive to these concerns.

Overall, access to specialist services can be difficult to achieve due to criteria and availability of resources.

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

Mainstream services within Lanarkshire have been developed to specifically address the needs of looked after and accommodated children and young people in residential care. This involves direct work with children and young people, consultation sessions with staff on specific children and young people and consultation with staff teams in terms of awareness and strategies etc. The CAYP (a local NHS service that supports children and young people who are looked after and accommodated) also provides regular core training.

The Reach Out service, managed by Lanarkshire NHS, offers support to children and young people affected by parental mental ill health. In south Lanarkshire it provides a service in certain parts of the Clydesdale area and is a well regarded service. The roll out of this service would provide a much needed resource able to provide psycho education and clinical input with families across the area.

The work in schools which is being progressed should enhance the early identification and support to children who may develop a mental illness. CAMHS (Children and Adolescent Mental Health Services) are undertaking some work in this area.
South Lanarkshire Council are also implementing the use of the ‘Positive Mental Attitudes Pack’ within the curriculum and this will hopefully have a positive impact. This is currently being rolled out in 7 of the secondary schools. In addition to this the schools counselling service is also being piloted in three secondary schools.

Voluntary sector organisations provide school talks around issues of mental health and self harm. The overarching theme is one of building resilience in young people. In addition to this CRUSE are providing a one to one counselling service for children and young people experiencing bereavement, though this is a small service at this time.

**How access to services and ongoing support can be improved**

This issue may be addressed with the allocation of more resources which allow effective services to deliver in all geographic areas. This would enable children, families and carers to access help when and where they need it.

Development of services should include clear response times to avoid the development of lengthy waiting periods and thus avoiding crisis situations in more cases.

The removal of criteria relating to residence in particular areas or accommodation would enhance the accessibility of services. This would be greatly assisted by the provision of local in-patient resources for children and young people for assessment and treatment, especially in cases of crisis.

With regard to other services, more effective and quicker screening would signpost people to the right services. Currently service users may wait for substantial periods of time for an initial assessment which only leads to referral to another agency, department or section, which may involve further waiting time.

Communication and service enhancement could be achieved with the inclusion of staff in CMHTs (Community Mental Health Teams) who are able to work with parents and children around the issues of either the parent or child developing a mental illness.

Access to services may be restricted by criteria around age, diagnosis and other issues faced by relatively small services. Widening the remit of services may address this, though this would have the obvious impact on current service structures.

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

The transition between CAMHS and adult services and the age criteria for these services appears to be a factor. The current criteria can relate to whether the person is in full time education and this can be confusing and can exclude young people with similar needs. Reviewing the age criteria for services may have a positive impact, along with building in a stated period of
handover between the services. This would enable them to work together and enhance their professional relationships.

One option regarding enhancing the transition between services may be to emulate the work undertaken in the Learning Disability field. NHS Lanarkshire has a Transitional Practitioner with a remit to work with those service users identified as having complex needs. This practitioner essentially bridges the gap between services for young people and services for adults. Children are identified 12 months prior to leaving school and transitional clinics are organised in conjunction with the integrated care pathway. This pathway outlines the process for transferring and settling young adults within the adult services. In addition to this, Social Work Resources also have a post of Transitional Co-ordinator which specifically focuses on children who may require community care services within an adult services context. These remits may be worth considering from a multi-disciplinary/agency perspective with regard to CAMHS services.

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