This enquiry is to focus on needs of the younger generation. It is particularly interested in how children and adolescents at risk of developing mental health problems are identifies by the medical and other professions.

- While DAS works mainly with adults over 18 years, it has led a major campaign in Lothian since 2007 to raise awareness of depression and delivered specific services to assist young adults, of age 18-35 years who have low mood and depression. Since the launch of the website www.lookokfeelcrap.org in June 2008, DAS has received a huge increase in webmail contacts from under 18 year old young persons. The submission from DAS is based on this experience.

Q: How children and adolescents potentially at risk of developing MH problems are identified and how those problems should be prevented.

- DAS contacts in this age group are mainly by email/webmail rather than by phone or letter suggesting that this may be a preferred a main source of reference and support for children and young adolescents is through the internet.

- (Children and young people are very vulnerable and in some cases may find 'unsuitable/unhelpful' sites in trawling the net. Examples of these are sites actively promoting suicide and methods to use. There needs to be legal ways of preventing such sites being set up and accessed.)

- Some enquirers describe feelings which they just don't understand; other enquirers report feelings of low mood up to hopelessness and even suicidal feelings and other symptoms which may be related to mental ill-health. Usually the enquirer will say that they do not know where to go to access help or what to say about how they are feeling. Enquirers may also express concerns in being able to discuss low mood or depression with family or friends as they feel no one will understand, or may already have experienced feedback, when raising the subject that they should be pulling themselves out of such feelings.

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

- There appears to be a lack of knowledge of mental health and well-being in young people as well as people of other ages. While it seems that physical health, for example problems around healthy diet and avoidance of obesity, are raised in primary school and even in nursery, DAS is unaware of curricular inclusion of emotional health. DAS recognise progress in Scotland in pilot schemes in emotional support being offered in some schools, such as the Place2be work. This facility should be available in every school.
• It seems that talking about ‘feelings’, especially negative feelings can be hard to discuss with even close family. Whether this is due to still perceived stigma about having mental health problems, or a long term ‘tradition’ of just not discussing feelings in families is not clear.

• DAS encourages children and young people that it is ‘ok’ to talk about such feelings and supports them in talking as a first step – to parent, aunt/uncle, other close family member; guidance, from a favourite teacher; or organisations such as Childline and Get Connected which are specific to different age groups. DAS also encourages children/young people to talk to their GP or school nurse to access help.

• Where children and young people mention any abuse, DAS additionally encourages access to NSPCC site and helpline.

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

• DAS believes that Guidance and other teachers in secondary schools are receiving training in mental health problems but are unclear if teachers are trained in this in primary schools? It sounds from DAS experience that some children and young people are unaware who to approach at school if feeling low or depressed. While sex education used to be the taboo subject maybe this is now replaced by mental health and mental health problems.

• The Scottish Government have had a programme of raising awareness on mental health and well-being and reducing stigma. This needs to be continued to all ages and extended to encourage people that it is ‘ok’ to talk about feelings.

• The Mental Health First aid programme, first developed in Australia, has developed a programme specific to Scotland. It would be useful to monitor: the number of people taking up this training; the age groups; ethnic groups; geographical location and other measures to aim at social inclusion in take up. Mental illness can still be a frightening topic for some people and this course offers understanding and practical ways to identify possible symptoms and access help. Perhaps a course designed for adolescents would be valuable.

• In Australia children from the age of primary school are given a programme to help develop problem solving techniques. Poor problem solving can be a part of depression and it would be good to develop a similar programme for Scotland such as [http://www.mindlabscotland.org/index.php](http://www.mindlabscotland.org/index.php)

• DAS “Look ok…feel crap?” website [www.lookokfeelcrap.org](http://www.lookokfeelcrap.org) has enabled more young people to seek help for low mood and depression from DAS information and support services
Parenting classes are being offered in more areas. Inclusion of child development emotionally as well as physically, may help many parents be aware first of positive mental health and well-being and how to encourage children to discuss feelings from an early age and help parents notice possible early signs of mental health problems.

Q How access to services and ongoing support can be improved

- As well as the above educational programmes, children and young people need the knowledge on how to access their GP; what help and support they may be offered. Direction to informative websites such as www.lookokfeelcrap.org and www.dascot.org, can give information on some possible interventions such as talking therapies, exercise and balanced diet.

- Ensuring the reduced waiting-time targets for mental health care for children and young people are from first referral to start of actual treatment is happening in every part of Scotland. We understand that this is now being prioritised.

- Extra regular provision of monitoring all children and young people with diagnosed mental health problems. Where children and young people are waiting 12 weeks, even those who are not identified as having ‘severe and enduring mental illness’ may feel very miserable, their symptoms may increase during this period. Possible alternatives could be monitoring weekly by the school nurse, or primary care worker in the health practice.

- More information for parents of a child with mental health problems on how they can best offer continuing support.

- Knowledge for all such parents on how to access support for themselves through organisations such as Young Minds or Parentline.

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

- DAS continues to hear of adolescents having to be in-patients in adult wards and that this can feel traumatising for some adolescents. How many adolescents are in-patients in adult wards? Are there enough in-patient and out-patient resources and staff to provide specialised mental health care for adolescents?

- Adolescents moving into adult mental health services would benefit from this move at a time the individual is carefully assessed and ready for this move rather than just across an age boundary.

- A preparation programme for adolescents with mental health problems moving to adult mental health services, and their parents/guardians, may be of help in the transition. This could include time spent
discussing what they might expect and meeting a future key worker before the move may make the move smoother.

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20 January 2009