Child Adolescent Mental Health Services Inquiry

Choose Life Aberdeenshire / SAMH Aberdeen

I was approached to provide written evidence in my current role as Choose Life Co-ordinator for Aberdeenshire, but I am also basing my responses on experience gained in my previous post as Co-ordinator for Advocacy Additional Support for Learning Grampian. (I also have personal experience of the lack of understanding and provision in the area.)

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

From my experiences, children and adolescents at risk of developing mental health problems are not identified at all – the reality is that young people are only likely to be identified once mental health problems have already developed, and even then only a small percentage are likely to receive appropriate help and support.

Outwith social work, who are likely to be aware of families with particular problems and young people with particular disabilities, and may be able to offer support (although demand for this completely outstrips resources) the main arena in which young people with mental health problems are likely to be recognised is school.

However, I feel that far too many children and adolescents fall through the net, and that the current educational system is failing many vulnerable young people. I feel there are many reasons for this, but a major factor is the culture in schools, where any behavioural problems tend to be treated as purely bad behaviour, rather than looking more deeply into what may be causing the behaviour. School exclusions have risen alarmingly in this area of the country – the excluded young person is offered no extra help or support to try and help them cope better in the school environment, with the result that a young person who previously felt left out and excluded feels even more so, and a vicious circle begins. Many underlying conditions or problems, which often lead to a child or adolescent developing mental health problems, (autistic spectrum disorders being a prime example), are never picked up, often because of a lack of knowledge about such conditions and already overstretched and stressed staff.

The culture in schools exacerbates this problem, with teachers feeling pressure to be able to cope with their classes on their own, no matter how challenging the behaviour. Seeking extra help, support or advice to help them manage particular pupils is often seen as a weakness and a sign of not being able to cope. I know of examples where teachers have refused to have an auxiliary who was supposed to be supporting a particular young person in the classroom with them. Obviously, this stemmed from the teacher's own insecurity, but rather than being addressed in a positive manner this situation was allowed to continue.
Another important issue in schools which needs to be addressed is the ridiculous emphasis on exam results, created by the pressure schools feel under to reach targets and generate “positive” statistics. It has been documented in a number of recent reports that one of the big stressors for adolescents is exams, and that this directly impacts on their mental health. The constant pressure on young people to study purely for the purpose of gaining good grades makes young people who are inclined to be anxious anyway even more anxious, and makes those who feel they are unlikely to achieve much academically feel even more excluded and disillusioned. It also devalues education in its broadest sense, and turns many of our young people off of education for life, which is surely the very opposite of what a civilised society should be trying to achieve.

I think there are some fundamental things which need to change to try and stem the rising tide of mental health problems in our young people. Firstly, the culture within schools needs to become much more open and supportive and far less defensive – towards pupils, staff, parents and the whole community, in order to encourage a whole-school positive and supportive ethos. I know of schools who have experienced attempted and completed suicides by their pupils who have still refused offers from appropriate professionals to come into the school to give a mental health/suicide prevention input to try and protect the rest of the school community. I am also aware of a situation in which a young person was clearly expressing suicidal intentions, where the school’s only response was that he should “stick in” because he had exams coming up. I feel this clearly indicates how unprepared many schools are to deal with this kind of issue.

The attitude of schools towards bullying (another huge factor in mental health problems among young people) is also indicative of this often closed and defensive approach. Many of them claim that because they have an anti-bullying policy there is no bullying problem in their school. It could be argued that having an anti-bullying policy actually makes the problem worse, in that it gives schools something to hide behind rather than having to attempt to address this notoriously challenging issue. It is far healthier to acknowledge that in any community bullying is likely to exist – as with any problem the first step towards addressing it is acknowledging it in the first place.

The constant pressure on young people to obtain good exam results, and the ill-informed dogma that if they don’t achieve at school it will negatively impact on the rest of their lives needs to stop. Prevention is far better than cure and mental health is a particularly precious thing, far easier to damage than it is to repair.

Changing attitudes is always challenging, but there are a number of initiatives which can be tried to help create a more open, positive and supportive school ethos. Getting pupils involved and giving them responsibility for making positive changes is crucial, and this can be done through initiatives like peer mediation, peer listening and peer mentoring/teaching, as well as input into how the school is run through teacher/pupil councils.
For pupils with the most challenging and disruptive behaviour, there needs to be a far higher level of pastoral support. Small “nurture groups” have proven to be very successful in a handful of schools in Glasgow, not only in vastly improving pupils behaviour and self-esteem, but also in exponentially improving their academic achievement. Outreach work with families who are struggling with parenting can also be very successful, as well as potentially hugely cost-saving in the long-term in terms of better mental health for all concerned, thereby creating less drain on health services.

There needs to be a greater emphasis on the importance of mental health in schools, not just for pupils, but also for staff. Unsupported, burnt-out staff are unlikely to be able to support pupils with mental health concerns. Mental Health Awareness Training should be rolled out to all staff, with a percentage of staff from each school also receiving training in dealing with self-harm and suicide prevention in young people.

From a practical point of view, there needs to be a named person for each school, who is knowledgeable about mental health and can be approached for help and advice by any member of staff who has a concern about a young person. This has already been written into legislation, but with no resources attached to this, whether this named person will actually have any capacity to fulfil this role remains to be seen. This person should also have the ability to refer young people on to other services, quickly and efficiently, where this is deemed appropriate.

CAMHS should be receptive to referrals, and approachable and empathic to young people and their families. They should also be flexible, and not decide that young people do not merit treatment if they don’t fit into a particular illness category, as often happens, anecdotally, at the moment. The attitudes of some mental health professionals can also be unhelpful to put it mildly. I know of one incident where a teenager who was expressing suicidal ideation was told she was an attention-seeker, and who tragically then went on to complete suicide. The emphasis needs to be on listening to young people rather than “assessing” them from an arrogant professional viewpoint.

My personal experience of CAMHS was that they were able to help a member of my family to work on his dog phobia, but when I approached them for help with his high anxiety levels and panic attacks, I was told they did not offer this service for young people with Aspergers. This seems strange, given that young people on the autism spectrum are at well documented risk of developing mental health problems, and that extreme levels of anxiety are common with this condition.

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

As mentioned previously, many mental health problems in young people are not identified because they are put down to deliberate bad behaviour, or just difficult “teenage” behaviour. This is where better pastoral care in schools
could play a major part, as most teachers realistically do not have the time to devote to a single pupil to look behind their behaviour to the causal factors. When teachers feel stressed, unsupported and unappreciated they are not in a good place to pick up any mental health issues in their pupils.

Another place where young people with mental health problems may be identified is at their GP, if a worried parent or carer has arranged an appointment. Again many GPs do not have sufficient training to pick up mental health issues, and in some cases can have extremely unhelpful attitudes, one example being around the area of self-harm. These can manifest themselves as making it clear to the young person that they see them as an attention-seeking time-waster, resulting in the young person feeling even worse about themselves, and therefore more likely to self-harm, but far less likely to seek help.

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

A lot of policies, strategies, reports and glossy leaflets have been produced about early intervention, and there seem to be new initiatives coming out all the time – Getting it Right for Every Child is the latest I think. It’s time to put the resources into front-line services which actually make a difference rather than producing lots of policies which sit in a folder and make no practical difference, except from helping an organisation to cover its back. Frontline pastoral care in schools, outreach work with families, training on mental health issues for professionals and parents/members of the community, projects which encourage citizenship in our young people and build their self-esteem – these are the kind of things resources should be spent on.

There should also be compulsory training on mental health issues, particularly self-harm, for GPs, as it is a national problem trying to get GPs to take up training, even when it is free at the point of delivery. An example of this is suicide prevention first aid training, where of the hundreds trained in Aberdeenshire, to my knowledge only one GP has attended the training. As GPs are often the first port of call for desperate people, this is a worrying statistic, and one which I believe is reflected across the country as a whole.

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

As previously mentioned, training for those working and involved with young people on awareness of mental health issues and practical ways of working to achieve positive results is crucial. Without front-line staff having this awareness, many young people with mental health problems are never recognised or supported. As also mentioned before, more emphasis on pastoral support in schools, and a more positive, proactive approach to working with parents and families to try and foster a holistic approach to a young person’s needs could make a huge difference. A stronger support system for staff dealing with these issues is another key factor in trying to ensure a well-functioning system. Clear routes for referral, and approachable
services which are willing and able to accept referrals in cases where this is deemed necessary is also crucial.

If the front-line support and pastoral care is robust, there is evidence to show that this can often be the most important factor in protecting mental health. Research around suicidal people who have experienced the full range of mental health services has shown that it is the human contact and personal relationships that have been the most positive factors in helping them to protect and regain their mental health. For those with mild to moderate mental health problems, positive and informed front-line support can often negate the need for referral on to statutory mental health services. Indeed, for many young people the fear that they will automatically be referred to “the loony bin” prevents them from coming forward to seek help when they are struggling mentally. My view is that resources spent on the front-line would result in huge cost-savings by preventing many people developing more severe mental health problems, again on the premise that prevention is better (and cheaper) than cure.

For those for whom front-line support is not enough and who clearly need input from mental health professionals, there needs to be a clear and accessible referral route, and an openness to sharing of information in the best interests of the young person. It is vital that mental health professionals have a supportive attitude towards those around the young person, such as family members and those already working with them in some capacity, as they can often be under great strain, but are key players in helping the young person to recover. This does not always happen in practice. I am aware of a situation where a 16-year-old was admitted to hospital after attempting suicide, but his family were given no information or support on how best to help him, despite the fact that they actively sought this out, and that he was being discharged into their care. From various incidents I have heard about while out in the community delivering training in suicide prevention, I am confident that this is not an isolated incident.

From my experience I would say that many personnel in the NHS have not fully grasped the concept of partnership working and information sharing in the best interests of the patient, instead often using policies such as confidentiality and data protection as an obstructive barrier to hide behind. (I am not calling into question the value of such policies, but rather the spirit in which they are sometimes invoked i.e. for the convenience of organisations rather than the best interests of patients.)

There also needs to be sufficient resource to meet the demand. Waiting times are far too long at present – for a young person suffering mental health issues 6 months is a very long time.

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