

## **Mental Health Strategy for Scotland: 2011-15**

Children in Scotland is pleased to respond to the Scottish Government's consultation on proposals for a new mental health strategy. The Cross Party Group in the Scottish Parliament on Children and Young People (for which Children in Scotland is the joint secretariat with YouthLink Scotland) held a joint meeting in December 2011 with the Cross Party Group on Mental Health to discuss the proposed strategy.

This meeting was attended by the Minister for Public Health, as well as Scottish Government staff. The Minister's clear commitment to improving mental health was welcome and appreciated. It is hoped that this session served as an informal input into the consultation process. This written response, and that of group members who respond separately, will underline some of the key points. Minutes of the meeting are available from Children in Scotland (and will also be posted on the Parliament website in due course).

First, it is disappointing that improving children and young people's mental health – primarily through Child and Adolescent Mental Health Services (CAMHS) -- is not one of the listed priority areas. The Scottish Government's stated commitment to the well-being of children and young people in so many other policy areas -- from Getting it right for every Child (GIRFEC) to the Early Years Framework, as well as from Scotland's Curriculum for Excellence to the landmark Additional Support for Learning Act -- is not well reflected in the proposed mental health strategy.

Second, even if CAMHS had been given much priority and proposed waiting times reduced far more (in keeping with how time is actually experienced by children and young people), the proposed strategy would still be incomplete and not fit for purpose in relation to our youngest citizens. The major missing ingredient is prevention. Investment in mental health of children and young people needs to go beyond CAMHS – and such investments must be made long before a referral to CAMHS is even a consideration. This would be entirely in keeping with the Scottish Government and Scottish Parliament's priority on 'preventative spending'. It is, in fact, a prime example of what this phrase means.

Good mental health should be promoted from pre-birth, during infancy/early years and throughout childhood, with children and families receiving appropriate support, when and where required. Around one in ten children and young people in Scotland experience a mental health problem. There are

groups of young people who are statistically more likely to experience poor mental health, such as disabled children and looked after children, and there are also those who develop problems irrespective of known risk factors. Both promoting positive mental health and dealing effectively with mental health problems have been the subject of robust literature reviews and analysis. The Scottish Government's recent launch of the Mental Health Indicators for Children and Young People is supported by a wealth of evidence relevant to this strategy/consultation. We welcome initiatives such as the recommendations made by the Maternity Service Action Group on maternal and infant mental wellbeing but urge the Government to recognize and include these proposals more prominently within this Mental Health Strategy.

Third, promoting mental health and preventing mental health problems is not solely the remit of those who work in 'health' -- and the proposed strategy perhaps focuses too heavily on NHS provision. At the aforementioned CPG meeting, it was noted that this strategy should not be viewed in isolation, but rather as sitting alongside other strategies and policies, such as those for young carers, looked after children, homeless children and those affected by domestic violence, as well as public programmes to address alcohol and drug misuse by both parents and young people. This should be explicitly stated and 'joined up' wherever possible, especially at a time of constrained budgets.

There is no 'one size fits all' solution in promoting good mental health from infancy to adulthood. Alongside managing and balancing community, inpatient and crisis services, attention should be paid to establishing what is needed and what works for individuals and families in distinctly different situations.

While waiting times for initial appointments may have become shorter, many children and young people are still waiting many months to access further treatment -- increasing the burden on community and other support services. Even if the 26-week waiting period target is achieved, this still leaves many children and young people waiting too long.

On many occasions, the best person to provide such support during this waiting period may be a teacher or early years worker, and there should be joined up workforce development to assist them in providing such support. The social pedagogue model is particularly relevant to the prevention and early intervention side of mental health.

Teachers require support from their initial training onwards to support good mental health in their classrooms and to deliver the health and well-being aspects (e.g. emotional literacy) of Scotland's Curriculum for Excellence. They and other school staff need to be able to identify and support young people with mental health issues and be able to refer them in a timeous manner, as and when needed. As a universal service with a clear social dimension, schools have a key role to play in promoting mental health, and can be useful in de-stigmatising and de-medicalising assistance for mental health problems.

Fourth, there are occasions where inpatient treatment is the best option for a

child or young person. While the position of the number of available beds may have improved, there are still areas that require attention – for example, inpatient beds for children with learning disabilities.

There are also those who are best supported in the community. For example many young carers would benefit greatly from peer support, in order to learn coping mechanisms. They also could and should be assisted in a joined-up way by services such as education, youth work (e.g. a young carers support network) and social work. These young people may not require crisis services, but the Scottish Government's mental health strategy should take full account of groups who do not appear to be immediately in need of crisis intervention – as their daily caring duties can take a toll on their mental health. This may include those children who do not have a problem themselves (yet), but who live with an adult with mental health problems.

Fifth and last, transitions are of crucial importance in accessing mental health services -- particularly the move from CAMHS to adult care. There is the potential for good work to be undone if this transition is poorly managed and handled. One issue raised during the CPG meeting was that a 'label' or diagnosis was required in order to accessing adult services (which professionals may have avoided imposing previously in order to avoid creating a stigma). A person centered approach or service can be thwarted by barriers such as removing support the moment a young person turns 18 (or 16 depending on the Health Board area). Periods of transition can also be the time where mental health problems occur when previously there were none, for example as young people deal with becoming an adult and must deal with the various pressures this life transition brings.

Promoting mental health and preventing mental health problems among Scotland's children and young people should be treated as a cornerstone of the Government's mental health strategy. Dealing effectively and timeously with those children and young people who have developed such problems must also be given far greater attention than is the case today.

For more information please contact [policy@childreninscotland.org.uk](mailto:policy@childreninscotland.org.uk) 0131 222 2412.

Children in Scotland is the national umbrella agency for organisations and professionals working with and for children, young people and their families. It exists to identify and promote the interests of children and their families and to ensure that policies and services and other provisions are of the highest possible quality and are able to meet the needs of a diverse society. Children in Scotland represents more than 400 members, including most of Scottish local authorities, all major voluntary, statutory and private children's agencies, professional organisations, as well as many other smaller community groups and children's services. It is linked with similar agencies in other parts of the UK and Europe.

The work of Children in Scotland encompasses extensive information, policy, research and practice development programmes. The agency works closely with MSPs, the Scottish Government, local authorities and practitioners. It also services groups such as the Cross Party Parliamentary Group on Children and Young People (with YouthLink Scotland). In addition, Children in Scotland hosts Enquire - the national advice service for additional support for learning, and Resolve: ASL, Scotland's largest independent education mediation service.