

Consultation response



Delivering for Mental Health: Mental Health and Substance Misuse September 2007

Introduction

Delivering for Mental Health: Mental Health and Substance Misuse is a welcome addition to substance misuse and mental health policy in Scotland. Children in Scotland acknowledges that the consultation is focussing on adult mental health but we welcome the recognition that children and young people are relevant to this discussion.

However, we believe that the links made between adult issues/services and children's issues/services need to be more explicit to ensure better outcomes for the whole family. This would be in keeping with the Scottish Executive's positions in *Getting It Right for Every Child* and the *Draft Code of Practice on Information Sharing*. **Children in Scotland thinks that the final version of this document should also recognise and address the specific issues relating to infants, young carers, and young parents.**

Early intervention, joint working, effective training and age-appropriate services developed in collaboration with children and young people will be crucial to addressing the whole family's needs. Some of these needs are addressed in *Hidden Harm*¹ and *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care*.² *Delivering for Mental Health* would benefit from linking with, and building upon, the recommendations presented in these other documents. It also would help to ensure that policy is 'joined up' from the top down.

The points made in this consultation response are informed by Children in Scotland's previous work on mental health and substance misuse; involvement in the Participation Partnership Group chaired by HeadsUp Scotland; and, a consultation meeting with some of our member organisations.

Joined-up working

Treating adults with co-occurring mental health and substance misuse problems – if they are parents – should not be done in isolation from their children. The treatment of adults has an impact on children (and vice versa). Joining up those working with children and those working with adults makes for holistic treatment of both sets of patients and treats the family as a co-dependent unit. *Delivering for Mental Health* should actively encourage joined-up working between adult and child services.

¹ *Hidden harm: Responding to the needs of children of problem drug users*, Home Office 2003

² *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care*, Scottish Executive 2005

Issues that need to be addressed include:

The impact of children on adults (parents) with co-occurring mental health and substance misuse problems

Parents who have co-occurring mental health and substance misuse problems have the difficult task of caring for their children as well as managing their own health. There is currently a limited availability of services that support parents with mental health and substance misuse problems to stay with the family. In particular, *Have We Got Our Priorities Right?*³ highlights that there are very limited services for women with children. Often the treatment they receive will fail to take into account the needs of their children. This, in turn, affects the willingness of parents to participate in treatment and can compromise the effectiveness of treatment.

The impact of children with co-occurring mental health and substance misuse problems on parents

Sometimes children's behaviour will be linked to, and learned from, the behaviour of their parents and some children with mental health problems will be living with parents with substance misuse problems (e.g., children with foetal alcohol spectrum disorder). The affects on parents/carers, and also other siblings, of children with co-occurring mental health and substance misuse problems should not be underestimated. Services treating these children will have to recognise the needs of the whole family and take these links in behaviour into account.

The impact of adults (parents) with co-occurring mental health and substance misuse problems on children

Children can be affected in a number of ways by parental co-occurring mental health and substance misuse problems. The environments in which the family is living may also pose a potential risk to the children and the quality of their childhood may be adversely affected (sometimes deeply so). There is also a potential risk during pregnancy that substance misuse (including alcohol) during pregnancy can permanently damage the child's brain, nervous system and emotional/behavioural development. It should be the responsibility of all services to recognise and act upon these issues in the best interests of the child.

Furthermore, many children and young people of parents with co-occurring mental health and substance misuse problems have to take on the responsibility of caring for their younger siblings or their own parents. The pressures that these children face may have detrimental affects on their own mental health and well-being. *A Fuller Life*⁴ highlights that the needs of young carers should be recognised. Children in Scotland thinks that *Delivering for Mental Health* should give greater attention and higher priority to young carers due to their vulnerability and the predictable harm to the quality of their childhood and opportunities for healthy development.

Young parents

The complex needs of young parents with co-morbidity deserve greater consideration in the final version of this document. As young people themselves, they need specific help to manage their own problems, but also support to care for their children. Young parents (for example between the ages of 16 and 25) are often unable to access adult services. They find that their age acts as a barrier and that they have to reach a desperation point before services will take them seriously.

³ *Have We Got Our Priorities Right?* Children living with parental substance use, Aberlour 2006

⁴ *A Fuller Life: Report of the Expert Group on Alcohol Related Brain Damage*, Scottish

This is a problem for all young people, but a particular problem for young parents. Failing to provide early, effective intervention can easily cause long term and irrevocable damage to two generations, not just one. The transition period between adult and child mental health and substance misuse services needs to be given far greater attention and focus if these policies are to have a long term intergenerational benefits (or, at a minimum, avoid intergenerational harm).

Training

We welcome the reference to training for those working with children and young people and we note the work achieved already in relation to mental health training. It is important that the document be clear and more explicit about the continued need for adult mental health and substance misuse service providers to be trained in working with children and young people, and for children and young people's service providers to be trained in the impact and importance of adult (parental) mental health for children.

The type of intergenerational training provided is also important. Both awareness raising training and skills based training are important, but they are different and should offered separately.

We would stress that any training for mental health and substance misuse workers, or any other people working with adults who have dependant children, should emphasise the importance of putting the child's needs at the centre and that children and young people should be involved in the development and/or delivery of that training. Basic mental health training could be built into university courses for all professionals dealing with children and young people – child mental health training should become routine for mental health professionals serving parents. To aid early identification and intervention, teachers, youth workers and others working with children need to be trained to understand the associations between substance misuse and self-harm or eating disorders and to recognise the *signs* of child abuse and risk of suicide.

Given the implications for services resulting from the *Draft Code of Practice on Information Sharing* it would also be important for workers to be given training on this to ensure that information is shared appropriately and effectively in relation to substance misuse and mental health.

Early intervention and the early years

The early years are a crucial time for brain development. Where the document mentions alcohol-related brain damage, it also should recognise and address the potential for alcohol-related brain damage on children during pregnancy (e.g. Foetal Alcohol Spectrum Disorder). At the same time, *Delivering for Mental Health* should recognise the impact of parental co-occurring mental health and substance misuse problems upon the neurological development of the child in the early years (0 – 5). Experiences early in life can have detrimental effects on mental health later in life and early intervention is key to achieving a long-term impact on mental health problems and substance misuse in Scotland. Adult service providers need to be aware of this fact and understand that the child's well being is also their responsibility.

Antenatal services, school nurses and health visitors are also an effective way of identifying problems at an early stage and the important role of such services would benefit both children and adults. This document should more fully include them. The Morkved Family Centre in Norway is a good example of how health and social services can be delivered to all families with young children

in a non-stigmatised way.⁵ The centre is a public health clinic for children but also offers parental guidance, pre-natal courses, support groups for parents, and an open kindergarten. Pre-school services also have an important role to play in identifying the need for intervention and offering support on a non-stigmatised basis. The importance of universal pre-school services offering access to all children irrespective of employment status should be recognised in this document.

Families

The document should recognise the needs of families and kinship carers. When treating an adult with dependent children, the family is an important factor to consider. The document should be clear that services working with parents should ensure that the children's educational, health, emotional and respite needs are being met. However, family stability and togetherness can often be important for children and where feasible, appropriate and desired, families should be offered the support to stay together. This may involve providing childcare options, parenting support, advice or respite.

Extended family and kinship carers

*Getting Our Priorities Right*⁶ recommends that services address the needs of the whole family, including extended family carers. Extended family members, such as grandparents, often play an important role in situations where a parent has mental health and substance misuse problems. They may take on a caring role for the children. The final version of this document should recognise this important role and the support they may need, such as legal advice, information, and respite.

Research

Children in Scotland welcomes the recommendation to study the impact of parental co-morbidity on children to begin exploring ways to better support families leading to more positive outcomes for children and young people. However, the recommendation should be split into two. One recommendation should focus on the need to study the impact on children of parental co-morbidity. The second recommendation should call for research on ways to better support families with co-morbidity issues. We think separating these two distinct research efforts would lead to a better outcome.

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⁵ For more information see *Northern lights: Building better childhoods in Norway*, Children in Scotland 2007

⁶ *Getting Our Priorities Right*, Scottish Executive

Children in Scotland is Scotland's national 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, 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 over 450 members, including 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 the European Union.

The work of Children in Scotland encompasses extensive information, policy, research and practice development programmes. The agency works closely with MSPs, the Scottish Executive, local authorities and practitioners. It is a partner of the Participation Partnership Group for children and young people's mental health. It services a number of groups such as: the Cross Party Parliamentary Group on Children and Young People; the National Children's Voluntary Forum; the National Early Years Forum, and the Rural Advisory Group. Children in Scotland hosts Enquire, the national advice service for additional support for learning.