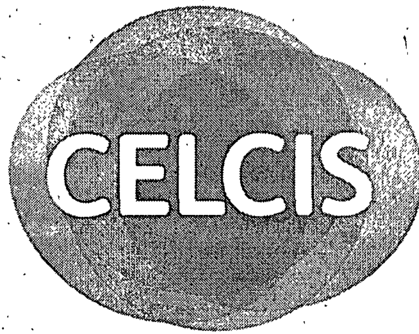

Centre for excellence
for looked after children in Scotland

RESPONSE TO THE CONSULTATION ON THE MENTAL HEALTH STRATEGY FOR SCOTLAND: 2011-2015

Prepared by:
Dr Louise Hill
Policy Implementation Officer
Centre for Excellence for Looked After Children in Scotland (CELCIS)

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Overview

About CELCIS

CELCIS is the Centre for excellence for looked after children in Scotland. Together with partners, we are working to improve the lives of all looked after children in Scotland. Established in 2011, CELCIS has been committed to further improving the outcomes and opportunities for looked after children through a collaborative and facilitative approach that is focused on having the maximum positive impact on their lives. To do so, we will:

- work with partners to improve the care experience and outcomes for all looked after children
- place the interests of children at the heart of our work
- provide a focal point for the sharing of knowledge and the development of best practice
- provide a wide range of services to improve the skills of those working with looked after children.

Mental Health Strategy for Scotland

CELCIS welcomes the opportunity to respond to the Scottish Government consultation on the new Mental Health Strategy 2011-2015. This contribution specifically highlights the importance of mental health and wellbeing for *all* children and young people who are looked after across Scotland, whether they live at home, in kinship care, in foster care, residential care or secure accommodation. The Strategy outlines three (out of four) priority areas: preventing suicide, improving access to psychological therapies and examining the balance of community and inpatient provision and crisis services - that are significant to the mental health and wellbeing of looked after children and young people. Although we appreciate the breadth of the strategy, we would have welcomed a greater recognition of the importance of children and young people's mental health and wellbeing - from birth through to adulthood - this is pivotal to achieving the overall improvement in mental health of the people of Scotland for future generations.

The mental health of looked after children and young people in Scotland

Children and young people who are looked after have experienced difficulties in their lives. We know that a significant number of looked after children will have suffered abuse and neglect which is detrimental to their mental health and wellbeing. We also know that looked after children can overcome adversity in childhood and lead successful adult lives.[1] Whilst there has been recognition of the poor mental health of looked after children in comparison to their peers, and examples of promising work in this area[2], there is still considerable work to be done to ensure that all looked after children across Scotland have their mental health needs met.

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[1] SWIA (2006) *Extraordinary Lives: Creating a positive future for looked after children in Scotland* Edinburgh: Social Work Inspection Agency.
[2] Public Health Institute of Scotland (2003) *Scottish Needs Assessment Programme (SNAP) Report on Child and Adolescent Mental Health Needs Assessment*, Glasgow: Public Health Institute of Scotland.

The key findings of the first national survey of the mental health of young people looked after by local authorities in Scotland[3] found:

- 45% of children and young people (aged 5 - 17) looked after by a local authority has a diagnosable mental disorder
- Amongst children aged 5- 10 years, 52% of children had a mental disorder compared to 8% of children living in private households
- 44% of children placed with birth parents, half of children placed in foster care and two fifths of children in residential care had a mental disorder
- Children with mental disorders were more likely to be boys and aged between 5 and 10 years old
- A quarter of children had been in touch with a specialist in child mental health
- A third of all children had sought help because they were worried or unhappy
- Over a fifth (22%) of looked after children surveyed had tried to hurt, harm or kill themselves; this rate was higher for children living in residential unit (39%) compared to those with birth parents (18%) or foster carers (14%)

This study highlights the scale of the challenge in meeting the mental health and well being needs of children and young people who are looked after. We should also be aware that children and young people who are looked after may have a parent or carer who experiences mental health problems.

Conclusion

Overall, we feel that support for looked after children and young people requires more effort in relation to prevention, greater access to specialist services, improved mental health assessment and interventions which are outcomes focussed, monitored and evaluated.

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[3] Meltzer, H, Lader, D, Corbin, T, Goodman, R and Ford, T (2004) *The mental health of young people looked after by local authorities in Scotland*, London: TSO.

CONSULTATION QUESTIONS

Overall Approach

This consultation reflects a continuation and development of the Scottish Government's current approach for mental health. There is a general consensus that the broad direction is right but **we want to consult on:**

- The overall structure of the Strategy, which has been organised under 14 broad outcomes and whether these are the right outcomes;
- Whether there are any gaps in the key challenges identified;
- In addition to existing work, what further actions should be prioritised to help us to meet these challenges.

Comments

The Mental Health Strategy would be strengthened by a specific emphasis on the mental health and wellbeing of children and young people. This should be a priority area. It is unclear as to why this is not the case given the previous priority status of infant, children and young people's mental health outlined in *Towards a Mentally Flourishing Scotland* (Scottish Government, 2009).

The strategy should also recognise the foundation of work developed in *Mental Health of Children and Young People: a Framework for Prevention, Promotion and Care* (Scottish Government, 2005) and the *Scottish Needs Assessment Programme (SNAP) Report on Child and Adolescent Mental Health Needs Assessment* (Public Health Institute of Scotland, 2003). We should ensure that in developing a national strategy for the whole population that we do not overlook the work already developed for children and young people that should be fully incorporated and implemented.

A key challenge that is not identified in the strategy is the delivery of services to successfully facilitate the transition between CAMHS and adult mental health services. Across research studies, these transitions have been identified as a particularly challenging time for young people, parents and carers.[4]

We recommend the following further actions:

- Full implementation of the *Mental Health of Children and Young People: a Framework for Prevention, Promotion and Care* (Scottish Government, 2005) by 2015
- Mental Health assessment completed for all looked after children (as indicated in the CEL 16 Letter)
- Roll out of the Child and Young People's Mental Health Indicators for Scotland needs to be supported by funding to meet the

[4] Brodie, I, Goldman, R and Clapton, J (2011) SCIE Research briefing 37: Mental health service transitions for young people, http://www.scie.org.uk/publications/briefings/briefing37/

identified needs of children and young people

- Increased involvement of children, young people and families as service users in the design of services to meet their mental health needs
- Continuation of the good work started in the *See me* and *Choose Life* campaigns. This should be developed to consider particular groups who may be hidden from services e.g. ethnic minority groups, younger children and children with disabilities.

Improvement Challenge Type 1

We know where we are trying to get to and what needs to happen to get us there, but there are significant challenges attached to implementing the changes. An example of this is the implementation of the Dementia Strategy. There is a consensus that services for people with dementia are often not good enough and we already know about a range of actions that will improve outcomes. However some of these changes involve redesigning the way services are provided across organisational boundaries and there are significant challenges attached to doing this.

Question 1: In these situations, we are keen to understand whether there is any additional action that could be taken at a national level to support local areas to implement the required changes.

Comments

In providing services for children and young people there is a policy impetus to work across organisational boundaries to meet the needs of children. The policy initiative, Getting it right for every child (GIRFEC) requires shifts in culture, systems and practice to improve outcomes for children (Scottish Government, 2010). We need to ensure that in this process, mental health and wellbeing of children is addressed through organisational change. Furthermore, the Curriculum for Excellence places a responsiblity on all practitoners to enable children and young people to meet the mental, emotional and social well being experiences and outcomes. The SNAP report (Public Health Institute of Scotland, 2003) recommended that an integrated approach to promotion, prevention and care was needed to improve children's mental health and wellbeing. The focus on mental health and wellbeing should be considered for all looked after children, not simply when a child is referred to or currently engaged with the local CAMHS.

Leadership has been identified as essential for GIRFEC to be achieved; Professor Jane Aldgate identified the following qualities for effective leadership: dedication, values, integrity, charisma, bravery, motivation and credibility.[5] There may be an opportunity to consider the importance of leadership at a national and local level to address mental health and wellbeing.

There is a lack of robust national data on the mental health and wellbeing

[5] Aldgate, J (2011) 'Learning to implement Getting it right for every child: lessons from research and practice', University of Stirling (1st June 2011).

of looked after children and young people in Scotland. Priority of this issue at a national level can help to inform the development of services at a local level.

Improvement Challenge Type 2

We know we need to improve service provision or that there is a gap in existing provision, but we do not yet know what changes would deliver better outcomes. Supporting services to improve care for people with developmental disorders or trauma are two areas where further work is needed to identify exactly what needs to happen to deliver improved outcomes.

Question 2: In these situations, we are keen to get your views on what needs to happen next to develop a better understanding of what changes would deliver better outcomes.

Comments

The Scottish Government's commitment to mental health is welcomed. As the SNAP report (2003) highlights, there is a highly committed workforce addressing mental health and wellbeing of children in Scotland. This should be celebrated. However, we also know that much more is needed to embed an understanding of mental health across universal services.

Schools and other universal services can play a very important role in promoting the mental health and wellbeing for children and young people. This is recognised in the Curriculum for Excellence. The school or college can provide a valuable setting for accessing confidential, non stigmatising counselling services. One of the strengths in providing services in universal settings is the increased accessiblity to children and young people and the opportunity to empower them to seek support.[6] We know from children and young people who are looked after by local authorities that they do not want to be 'treated differently' than their peers. When more specialised support is not required, this form of support is highly beneficial.

In 2007, the Scottish Government published *Looked after children and young people: We can and must do better*, which stated a vision: 'all of our looked after children and young people should grow to be emotionally, mentally and physically healthy'. The report highlighted the poor physical and mental health experiences of this group and the negative impact on their educational experiences. The working group identified the following common themes :

- Physical, mental and emotional wellbeing are critical in facilitating positive educational outcomes for Looked after children and young people
- Positive, consistent relationships are equally critical in fostering identity, self-esteem, self-worth, resilience and a sense of stability

[6] Hill, L and Wales, A (2010) *Finding the balance: Children's right to confidentiality in an age of information sharing*, Glasgow: ChildLine Scotland.

and trust

- School based supports are central to providing continuity and security, which in turn are essential pre-requisites for effective learning to take place
- Support available must be varied in order to meet the spectrum of individual need
- Accessing services and general awareness of what is available could be improved

Two specific actions were outlined by the working group -

Action 15 - Every NHS board will assess the physical, mental and emotional health needs of all looked after children and young people for whom they have responsibility and put in place appropriate measures which take account of these assessments.

Action 16 - The Care Commission will review the health of all looked after children and young people.

We would welcome a robust analysis and evaulations of these actions to review their effectiveness and identify lessons learned. It is hoped that this attention on the health of looked after children will lead to an improvement in outcomes. This specifically connects to Outcome 2 of the strategy where there is a focus on responding quickly and improve outcomes for children.

Furthermore, we suggest that the recommendations set out in the NICE guidance for looked after children and young people to meet their mental health needs could also be useful in Scotland. More specifically, the recommendations for commissioning services and ensuring full access for specific groups (black and minority ethnic children, unaccompanied asylum seeking children and children in secure accommodation).[7]

Outcome 1: People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell.

Question 3: Are there other actions we should be taking nationally to reduce self harm and suicide rates?

Comments

This is an area of significant concern. The Erskine bridge suicides of 14 year old Georgia Rowe and 15 year old Neve Lafferty in 2009 (accomodated in a residential unit in Bishopton, Renfrewshire) are a tragic and poignant reminder of the increased action needed to address suicide

[7] National Institute for Health and Clinical Excellence (NICE) (2010) Looked-after children and young people: Promoting the quality of life of looked-after children and young people http://publications.nice.org.uk/looked-after-children-and-young-people-ph28/recommendations#dedicated-services-to-promote-the-mental-health-and-emotional-wellbeing-of-children-and-young-people

rates amongst looked after children and young people.

In a research report on the health of looked after and accommodated children and young people in Scotland, Scott and Hill (2006:5) state:

The key factors, events or triggers for suicidal thoughts and attempted suicide are often disproportionately present in the lives of children and young people looked after and accommodated. The recent Child Protection review undertaken by the Scottish Executive found that from 50 deaths of looked after children between 1997 and 2001, 11 were completed suicides.

As highlighted in our introduction, Meltzer et al.'s (2004) study of young people looked after by Scottish local authorities found:

Over a fifth (22%) of looked after children surveyed had tried to hurt, harm or kill themselves; this rate was higher for children living in residential unit (39%) compared to those with birth parents (18%) or foster carers (14%).[8]

In a briefing on looked after children, the confidential counselling service ChildLine highlighted that 1 in 26 looked after children phoned ChildLine and many of them felt 'completely alone'. Compared to their peers, looked after children were five times more likely to talk about running away and twice as likely to be self-harming.[9]

All front line practitioners working with looked after children and young people should be aware of the higher risks of self harm and suicide for this group. As well as referrals to specialist services (such as CAMHS), knowledge of local third sector services should be utilised. We know from children and young people that voluntary services can be more accessible, responsive to individual needs and personable than statutory services.

A Scottish Government literature review on risk and protective factors for suicide and suicidal behaviour[10] concluded:

'A number of coping skills requiring an element of self control including self-efficacy, instrumentality, social adjustment skills, positive future thinking and sublimation appear to be protective against suicidal behaviour particularly among adolescents and/or at times of stressful life events. Being in control of emotions, thoughts and behaviour can mediate against suicide risk associated with sexual abuse among adolescents' (McLean et al., 2008:40).

In understanding these messages, we need to ensure that services are working with children and their families to develop these coping skills.

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[8] Meltzer, H, Lader, D, Corbin, T, Goodman, R and Ford, T (2004) *The mental health of young people looked after by local authorities in Scotland*, London: TSO.
[9] NSPCC (2011) ChildLine Casenotes: Looked after children talking to ChildLine http://www.nspcc.org.uk/Inform/publications/casenotes/clcasenoteslookedafterchildren_wdf80622.pdf
[10] McLean, J, Maxwell, M, Platt, S Harris, F and Jepson, R (2008) Risk and protective factors for suicide and suicidal behaviours: a literature review, Edinburgh: Scottish Government.

The full implementation of health assessments for all looked after children should help to identify unmet mental health needs. Children, young people and families should be actively involved in assessments.

The Scottish Government has commissioned CELCIS to produce guidance on suicide prevention reflecting many of the concerns raised above.

Question 4: What further action can we take to continue to reduce the stigma of mental illness and ill health and to reduce discrimination?

Comments

We welcome the Scottish Government's comments on tackling discrimination as well as stigma. Greater understanding and sensitivity towards mental health issues within families can be helped through the provision of accessible family focused services and campaigns, such as the *See me* and *Choose Life* campaigns. Children and young people may be 'looked after' due to parental mental health issues. For these children, support is needed to address their own worries and concerns about their parent's mental health, as well as addressing their own mental health needs.

A study involving young people with mental health difficulties or affected by a parent with a mental health difficulty explored their experiences of stigma.[11] Based on the experiences shared in focus groups with young people, the study concluded:

- Improvement in information on mental health issues needs to be provided; especially needed for younger aged children
- Mental health education should begin earlier and be broadened
- Professionals should listen carefully to young people and provide support for them to deal with stigma associated with mental health
- Young people affected by parental mental health should have access to support groups
- Planners of campaigns to promote better understanding of mental health difficulties amongst young people need to take into account the sensitivities and needs of those who already have mental health difficulties

The universal provision of safe, confidential services for children and young people (for example, The Place 2 Be in primary schools) would be strongly welcomed. This should be a service for children and young people who may not be accessing mainstream education (for example, children in residential schools and secure accommodation). One of the particular values of this service model is the child-led initiative promoting an empowering model towards mental health.

[11] Woolfson, R. Menary, S, Paul, M and Mooney, L (2008) Understanding stigma: Young people's experiences of mental health stigma, Renfrewshire Educational Psychology Service.

Question 5: How do we build on the progress that *see me* has made in addressing stigma to address the challenges in engaging services to address discrimination?

Comments

The work of *See me* has been welcomed. A new campaign 'What's on your mind?' for young people will be launched in February 2012. The aim of this campaign is to encourage young people (aged 13-15) to think about how their behaviour towards someone their own age with mental ill-health affects that person. The campaign aims to work in all secondary schools. We welcome this work. We would like to encourage a consideration of including children and young people who do not attend a mainstream secondary school (e.g. special educational needs schools, residential schools, secure accommodation). Also, given the higher prevalence rates, there could be additional work with younger age groups and young people living in residential homes and in other settings, such as youth work.

The public campaign work of Who Cares? Scotland has challenged the stigma towards children who are looked after (for example, the Give me a chance campaign (www.givemeachance.org)). This work has been designed by young people with experience of the care system.

There are many opportunities to involve children and young people in challenging stigma - whether this is experienced due to mental health, being looked after, having a disability. Future work should build on the meaningful involvement of groups who have experienced discrimination to be part of the work in challenging discrimination.

Question 6: What other actions should we be taking to support promotion of mental wellbeing for individuals and within communities?

Comments

The promotion of mental wellbeing has been set out in *Towards a Mentally Flourishing Scotland* (Scottish Government, 2009). For children and young people this has been specifically outlined in *Mental Health of children and young people: a Framework for prevention, promotion and care* (Scottish Government, 2005). The task of the Government, NHS boards and local authorities is to ensure that this work is fully implemented.

Outcome 2: Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.

Question 7: What additional actions must we take to meet these challenges and improve access to CAMHS?

Comments

The first challenge identified under this outcome is 'Understanding what makes a difference for children's mental health'. Although a specific question is not asked - it may be helpful to share some reflections. The recently published Children and Young People's Mental Health Indicators for Scotland do provide an excellent national opportunity to track progress and change over time. Long-term investment in this resource is welcomed. Careful consideration of the data gathering methods to ensure children and young people who are not regularly attending school or are educated in an alternative provision need to be considered. A CRFR study exploring children and young people's views of mental health to inform the development of the national indicators identified particular difficulties in the transitions into adulthood and the need for the indicators to reflect this.[12]

We welcome the Government's stated investment in CAMHS services and workforce development. There are specfic challenges for looked after children and young people accessing CAMHS. A recent report on the *Mental Health Care Needs Assessment of Looked after children in residential special schools, care homes and secure care*[13] was commissioned due to concerns about the health needs, and more specifically mental health care needs, of children in these placements. The Scottish Directors of Public Health had raised a specific concern about this group of children's access to CAMHS. The report concluded that the picture was complex where 'children may not receive timely care because of the lack of clarity about which Health Board is responsible for their health care'. The report highlights:

- The need for specialist CAMHS for children who are looked after and accommodated
- Looked after and accommodated children may be four times higher than the general population to need a specialist intervention, such as psychotherapy (Lachlan et al., 2011:40)

Although the report demonstrates the commitment and passion of the workforce in supporting children and young people, it clearly highlights that there is still considerable work needed to ensure the mental health care needs of looked after and accommodated children are adequately met. Furthermore, the CAMHS provision for looked after children in foster care, kinship care and living with birth families remains unknown.

One of the challenges for a proportion of looked after children is ensuring a continuity of mental health care when there are changes in residential placements. This has been highlighted as particularly problematic when children move to a different health board area. In some cases, children are awaiting a CAMHS service and during a move begin the referral process

[12] Elsley, S and McMellon, C (2010) Doing okay? Children and young people's views on what affects their mental health, CRFR Briefing 52.
[13] Lachlan, A, Millard, A, Putnam, N, Wallace, A, Mackie, P and Conacher, A (2011) *Mental health care needs assessment of Looked after children in residential special schools, care homes and secure care*, Glasgow: ScotPHN.

again in a new health board area. A further concern raised has been the discontinuation of a service because a child moves outwith a specific health board area. We have very specific concerns about these children and young people who may have some very serious mental health needs that remain unmet.

Question 8: What additional national support do NHS Boards need to support implementation of the HEAT target on access to specialist CAMHS?

Comments

Improving timely and appropriate access to CAMHS and relevant support services is likely to make a significant contribution to the welfare of many looked after children and young people.

The HEAT target to deliver access to specialist CAMHS within 26 weeks by March 2013 is a step forward. However, it should be considered that half a year is still a long time for a concerned child, young person, parent, carer or supporting professional to access a specialised service for a mental health concern.

In response to MSP Mary Fee's question to the Scottish Parliament[14] about meeting the proposed HEAT targets for CAMHS, Michael Matheson stated - 'we are considering whether to align the CAMHS target with the 18 week access to Psychological Therapies target based on progress so far'. We would support this revised target.

We would be highly concerned about the placement of any children or young people in adult psychiatric wards. We urge the Government to ensure that there are sufficient inpatient treatment places for children and young people to address their needs.

Outcome 3: People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

Comments

The Strategy highlights people should be able to take ownership of their own mental health. To achieve this aim, the support for mental health needs to be accessible and timely. This may not always be a dedicated statutory or third sector 'mental health service' but a variety of informal and formal opportunties in people's everyday lives. For example, participating in a weekly youth club where peers and youth workers are a potential support. Looked after children and young people should have the

[14] Scottish Parliament Question S4W-03033: Mary Fee, West Scotland, Scottish Labour, Date Lodged: 30/09/2011

same opportunities as their peers to participate in these groups.

We know that many children and young people are fully capable of seeking support through their use of the confidential counselling service, ChildLine. In 2008/09, almost 700 000 children contacted ChildLine in need of support. We need to increase opportunities for children and young people to seek support directly for their mental health and wellbeing. The identification and assessment of children and young people by adults is important but we must not forget that many children are capable of letting us know they need help - we need to listen. As highlighted previously, there is a specific role of confidential counselling services in schools, youth work settings and other universal provisions.

We need to consider how we support the mental health of children and young people who may face additional challenges in accessing services (for example, English is a second language, they have specific communication needs, they are young carers).

There can be many barriers experienced by families accessing support for mental health problems. Parents may be particularly concerned that accessing mental health service will bring scrutiny on their parenting capacity and may lead to the removal of children from their care.[15] Services need to be sensitive to these concerns and work positively with families to ensure the mental wellbeing of all involved.

Question 10: What approaches do we need to encourage people to seek help when they need to?

Comments

Under the Looked after children (Scotland) Regulations 2009, all looked after children will undergo a health assessment. As part of this assessment, mental health issues should be considered. The meaningful engagement of children and young people in this process of assessment should be further encouraged. In a supportive environment, children and young people can express their worries and concerns and be part of the process in accessing all levels of support that may be needed.

We are aware of many circumstances in which looked after children and young people are aware of mental health issues and wish to seek support. There are concerns about the ability to access timely support that meets their needs. We know that family and friends are the main source of support for children and young people. We need to ensure that children who are looked after away from home, still have access to this informal source of support and that their preferences in who they want to talk to about their worries are practically supported and respected. We need to ensure that if a child moves placement, support is continued and fully considered as part of the Child's Plan.

[15] Aldridge, J. and Becker, S. (2003) *Children caring for parents with mental illness: perspectives of young carers, parents and professionals*, Bristol: The Policy Press.

The voluntary sector plays a vital role in engaging with vulnerable children, young people and their families. The ongoing provision of non-stigmatising, accessible, responsive and supportive services is essential. The uncertainty of funding arrangements can present many challenges to these organisations. This highlights the need for continued resourcing and funding in this sector.

Outcome 4: First contact services work well for people seeking help, whether in crisis or otherwise, and people move on to assessment and treatment services quickly.

Question 11: What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

Comments

We recognise the importance of identifying mental illness and disorder early in life. In a short-life expert working group, HeadsUp Scotland keenly recognised the importance of infant mental health and synthesised evidence to recommend future work with infants, parents/carers and training of professionals.[16] The SNAP report (2003) specfically outlines the need to target problems as early as possible and should involve familiar people or people who can empower parents and work in partnership with professionals. There are various campaigns that highlight the importance of infant and parental mental health for example, NSPCC Scotland's Minding the baby.

As discussed in response to Question 7, we have some concerns about looked after children and young people's timely access to CAMHS.

Outcome 5: Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.

Question 12: What support do NHS Boards and key partners need to apply service improvement approaches to reduce the amount of time spent on non-value adding activities?

Comments

The Scottish Government needs to encourage community planning partners to consider the mental health needs of looked after children and plan provision based on accurate information and intelligence.

Question 13: What support do NHS Boards and key partners need to put Integrated Care Pathways into practice?

[16] HeadsUp Scotland (2007) *Infant Mental Health: A Guide for Practitioners – Report of the expert working group on infant mental health*, Edinburgh: Headsup Scotland.

Comments

- Use of evidence based practice and critical understanding of the research about 'what works?'
- Accurate information and intelligence about the looked after population and their mental health needs.

Outcome 6: Care and treatment is focused on the whole person and their capability for growth, self-management and recovery.

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

Comments

Firstly, we need to recognise looked after children and young people and their families as service users who should have opportunities to be involved in service design and delivery. The SNAP (2003) report highlighted that service users are not widely being involved in CAMHS service evaluation. Secondly, we should draw on the research evidence gathered on children and young people's experiences of mental health services. Thirdly, we need to be open, responsive and willing to change service design to meet the needs of the population. In giving a practical example, many families experience crisis over a weekend yet this is a time when most services are closed. One service that regularly consults with services users and responds to their needs is Eighteen and Under in Dundee. This service has a very flexible approach to the hours of the day and days of the week that it will open. In partnership, staff, volunteers and young people consider what services to provide and at what times.

Question 15: What tools are needed to support service users, families, carers and staff to achieve mutually beneficial partnerships?

Comments

Legislation and policy directives clearly state that Looked after children and young people should be involved in decisions about their care. We know that when children and young people feel their contributions are respected and valued they participate. We need to ensure that at all stages children and their families are supported to participate in decisions. The provision of independent advocates is an important support service that should be available. Experiencing mental health difficulties (for children and/or parents) presents additional challenges and pressures; all working with children and families need to be sensitive to these difficulties and think carefully about the ways in which they can meaningfully involve individuals and respect their views.

To make informed decisions, everybody involved has a right to clear information. As a first step, information about mental health and mental health services should be provided. This information should be available in different formats to meet the communication needs of the child and family. There are many opportunities for this information to be developed

with service users to ensure that this information is appropriate. We know that information for young people with mental health difficulties and affected by a family member's mental health could be improved.[17]

The work of IRISS on mental health provides examples for approaches that could be used across Scotland; for example, using an assets approach where users of services and practitioners develop an understanding of the personal and community assets that are available within a local community to support positive mental health and well-being.[18]

Question 16: How do we further embed and demonstrate the outcomes of person-centred and values-based approaches to providing care in mental health settings?

Comments

There have already been many developments to ensure mental health services are person-centred and values based. In the expectation of the role of universal services, it is important to highlight the role of multi-agency training and multi-agency approaches to pre-qualifying training to ensure that a shared vision and way of working is achieved.

Question 17: How do we encourage implementation of the new Scottish Recovery Indicator (SRI)?

Comments

N/A

Question 18: How can the Scottish Recovery Network develop its effectiveness to support embedding recovery approaches across different professional groups?

Comments

N/A

Outcome 7: The role of family and carers as part of a system of care is understood and supported by professional staff.

Question 19: How do we support families and carers to participate meaningfully in care and treatment?

[17] Woolfson, R. Menary, S, Paul, M and Mooney, L (2008) Understanding stigma: Young people's experiences of mental health stigma, Renfrewshire Educational Psychology Service.
[18] http://www.iriss.org.uk/project/using-assets-promote-well-being-and-positive-mental-health

Comments

The role of families and carers is often central to the care provided. In working with looked after children and families, it is likely that more complex relationships exist and a higher number of professionals may be involved. As discussed in response to Question 15, the involvement of children, young people, parents, carers and wider family (as appropriate) in decision making should be fully supported. Training may be appropriate in meeting the needs of particular groups.

As clearly stated in the Children (Scotland) Act 1995 - Regulations and Guidance places an onus on local authorities to work in partnership with parents and carers.

Question 20: What support do staff need to help them provide information for families and carers to enable families and carers to be involved in their relative's care?

Comments

Many staff have strong interpersonal skills in communicating difficult information to families and carers. As outlined in response to Question 15, information must be clear, accessible and appropriate. This is particularly relevant where there are low levels of literacy, other languages used in families or specific communication needs. Services should consider the involvement of service users in the development of this information. It should also be considered that information can be provided in many different formats especially considering the developments in technology.

Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

Question 21: How can we capitalise on the knowledge and experience developed in those areas that have redesigned services to build up a national picture of what works to deliver better outcomes?

Comments

As given in response to Question 8 - We would be highly concerned about the placement of any children or young people in adult psychiatric wards. We urge the Government to ensure that there are sufficient inpatient treatment places for children and young people to address their needs.

Outcome 9: The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services.

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

Comments

We welcome the acknowledgement of looked after children and young people as a target group to improve access for mental health services.

The *Looked after children and young people: We can and must do better* (Scottish Government, 2007) report includes:

Action 15:

Each NHS Board will assess the physical, mental and emotional health needs of all Looked After children and young people for whom they have responsibility and put in place appropriate measures which take account of these assessments. They will ensure that all health service providers will work to make their services more accessible to Looked After and accommodated children and young people, and to those in the transition from care to independence.

A letter was sent to all NHS Board Chief Executives informing Directors of their responsibility of implementing this action. As stated in the CEL 16 (2009) letter, all looked after children (including those who are looked after at home, as well as those accommodated as stated in the consultation document) should have a mental health assessment. This recommendation should be phased in line with the implementation of "Mental Health of Children and Young People Framework for Promotion Prevention and Care (FPPC) by 2015.

The use of this assessment is one step in monitoring the use of services by this group. The CEL 16 letter also outlines the annual reporting procedures to the Scottish Government. Monitoring of this national data should ensure that all local authorities will comply with the mental health assessment of looked after children and young people.

Question 23: How do we disseminate learning about what is important to make services accessible?

Comments

We agree that there needs to be an improvement in the recording and monitoring of who is accessing services. An increased awareness of the numbers and characteristics of looked after children and young people would be helpful to inform the development of services. Given the high percentage of children and young people who may require a service, providers should be considering whether they are meeting the needs of looked after children. This may be particularly relevant for groups who may be more hidden (for example, looked after children at home).

There are various forums through which to disseminate learning about accessible services.

Question 24: In addition to services for older people, developmental disorders and trauma, are there other significant gaps in service provision?

Comments

We reiterate the need to develop services to meet the needs of children and young people's mental health. In *Delivering for Mental Health* (Scottish Government, 2006) a set of commitments include:

Commitment 10: "We will improve mental health services being offered to children and young people by ensuring that by 2008: A named mental health link person is available to every school, fulfilling the functions outlined in the Framework; and basic mental health training should be offered to all those working with, or caring for, looked after and accommodated children and young people."

As part of the corporate parenting agenda responsible for all looked after children, we strongly urge the Scottish Government to prioritise this area.

Outcome 10: Mental health services work well with other services such as learning disability and substance misuse and are integrated in other settings such as prisons, care homes and general medical settings.

Question 25: In addition to the work already in place to support the National Dementia Demonstrator sites and Learning Disability CAMHS, what else do you think we should be doing nationally to support NHS Boards and their key partners to work together to deliver person centred care?

Comments

Health boards and those providing a mental health service need to be involved in the care planning for looked after children to a greater extent. The ability to work across organisational and geographical boundaries is an area of particular concern in meeting the mental health needs of children who are looked after and accommodated. There is a specific concern where children placed out with local authorities are no longer able to access mental health services. Given the known importance of developing trusting relationships, this disruption of professional support is likely to have a negative impact. We should be aware that this affects children and young people's ability to trust other helping professionals.

We welcome the development work of the Learning Disabilities CAMHS network on implementing the Mental Health of Children and Young People framework to improve the mental health of children with learning disabilities.

Furthermore, the recognition of joined up local delivery of substance misuse and mental health issues for adult services needs to be recognised as a development for services aimed at children and young people.

Question 26: In addition to the proposed work in acute hospitals around people with dementia and the work identified above with female prisoners, are there any other actions that you think should be national priorities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?

Comments

National priorities over the next four years should build and embed the existing foundations laid in identifying the mental health and wellbeing of children and young people.

Outcome 11: The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.

Question 27: How do we support implementation of *Promoting Excellence* across all health and social care settings?

Comments

With regard to workforce issues, the strategy should encourage SSSC, SQA and Scotland's colleges to ensure that care qualifications make reference to mental health, encouraging the workforce to develop the skills and knowledge to support good mental health, undertake assessments and access appropriate specialist support when required - in collaboration with health services.

Those who have access to looked after children, such as school nurses, need training and education to develop the skills and knowledge to identify and address the mental health needs of children and young people. This should be included in the Modernising Community Nursing project as an opportunity for the core skills and competencies to be raised.

Question 28: In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

Comments

In Scottish Government statistics 2009-2010, only 27 children and young people out of 15 892 looked after children and young people are recorded as having a mental health problem.[19] This very low number suggests there may be some questions raised about the recording of mental health problems for looked after children across local authorities.

[19] Scottish Government (2011) Children Looked After Statistics – Additional tables http://www.scotland.gov.uk/Topics/Statistics/Browse/Children/CLAS0910AdditionalTables

Question 29: What are the other priorities for workforce development and planning over the next 4 years? What is needed to support this?

Comments

In *Delivering for Mental Health* (Scottish Government, 2006), the Government makes a commitment to provide basic mental health training should be offered to all those working with, or caring for, looked after and accommodated children and young people. The Meltzer et al. (2004) study found 44% of looked after children placed with birth parents, half of children placed in foster care and two fifths of children in residential care had a mental disorder. This strongly suggests that basic mental health training should be extended for all those working with looked after children and young people.

We need a greater commitment to Multidisciplinary approaches to pre and post qualifying awards and Continuous Professional Development (CPD). This requires a commitment across the sector from health, education, social work/care and the voluntary sector.

Question 30: How do we ensure that we have sustainable training capacity to deliver better access to psychological therapies?

Comments
As above.

Outcome 12: We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.

Question 31: In addition to the current work to further develop national benchmarking resources, is there anything else we should be doing to enable us to meet this challenge.

Comments

As addressed in response to Outcome 2:
The recently published Children and Young People's Mental Health Indicators for Scotland do provide an excellent national opportunity to track progress and change over time. Long-term investment in this resource is welcomed. Careful consideration of the data gathering methods to ensure children and young people who are not regularly attending school or are educated in an alternative provision need to be considered. A CRFR study exploring children and young people's views of mental health to inform the development of the national indicators identified particular difficulties in the transitions into adulthood and the need for the indicators to reflect this.[20]

[20] Elsley, S and McMellon, C (2010) Doing okay? Children and young people's views on what affects their mental health, CRFR Briefing 52.

We would welcome the development of the CAMHS Balanced Scorecard. However, the development of this Scorecard should not undermine the need for services to work together and the role of universal services in the promotion of children and young people's mental health. We should be particulary aware of the local provision of mental health initiatives that may affect cross-comparisons of the Scorecard across Scotland.

Question 32: What would support services locally in their work to embed clinical outcomes reporting as a routine aspect of care delivery?

Comments

The measurement of outcomes at a service level is an area to develop. As previously discussed, the involvement of children and families in evaluating mental health services should be further explored.

Outcome 13: The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and requires leadership, expertise and investment.

Question 33: Is there any other action that should be prioritised for attention in the next 4 years that would support services to meet this challenge?

Comments

There is a gap between assessment and actual provision. As assessments are a measurable output, NHS Boards will focus on ensuring that young people get assessed within required time-frames. While this is critically important, it is also vital that any intervention identified is delivered in a timely way. Moreover - and this is a GIRFEC point - the consultation makes no reference to the role 'lead professionals' will make to ensuring vulnerable young people get to appointments and activities, or monitor the application of medication.

CAMHS won't work with a child or young person until they are in a stable placement, but stability of placement is not always possible without the work of CAMHS. Good care planning requires all the necessary agencies to be involved from the start to ensure that the child or young person has the package of support they need to make their placement (home and school wise) a success.

Question 34: What specifically needs to happen nationally and locally to ensure we effectively integrate the range of improvement work in mental health?

Comments

We strongly recommend the full implementation of work developed in *Mental Health of Children and Young People: a Framework for Prevention, Promotion and Care* (Scottish Government, 2005).

As highlighted, a key challenge that is not identified in the strategy is the delivery of services to successfully facilitate the transition between CAMHS and adult mental health services.

Outcome 14: The legal framework promotes and supports a rights based model in respect of the treatment, care and protection of individuals with mental illness, learning disability and personality disorders.

Question 35: How do we ensure that staff are supported so that care and treatment is delivered in line with legislative requirements?

Comments

Adopting a rights based model is highly consistent with the findings of the national SNAP report (2003) that recommends that respect for rights is a core value of any agency working with children and young people.