

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.

The National Deaf Children's Society (NDCS) Scotland is the national charity dedicated to creating a world without barriers for every deaf child. We promote and campaign for the rights of deaf children and their families from birth until they reach independence.

NDCS Scotland welcomes the overall Scottish Government strategy for mental health and agrees the 14 outcomes are the right outcomes to improve mental health services in Scotland.

NDCS Scotland is concerned though that the key challenges identified do not recognise the specific needs deaf children and young people have for mental health services and would like to see this prioritised as an area of challenge.

Deafness itself is not a risk factor for increased challenges with positive mental health and emotional wellbeing; it is the consequence of being deaf in a hearing orientated world where most see hearing as a necessity to function in every day life.

NDCS Scotland recognise that deaf children experience a higher risk of psychological behavioural and emotional issues than hearing children for a number of reasons:

- Government research suggests that over 40% of deaf children experience mental health problems compared to over 25% of hearing children.¹
- 90% of deaf children are born to hearing parents who have little or no previous experience of deafness. This lack of shared experience between parent and child can often lead to a sense of isolation in childhood which continues into adolescence and adult life.
- Deaf children are particularly vulnerable to abusive experiences for a

¹ NHS (2005) Mental Health and Deafness: Towards Equity and Deafness: Department of Health

number of reasons. They may lack the communication skills or vocabulary to explain what is happening to them; carers and professionals may not have the communication skills to understand what is being disclosed.

- Deaf children have different communication and language needs than hearing children. A lack of appropriate support and experiences in the hearing environment can lead to a delay in the development of communication and language skills in some deaf children. Combined with reduced opportunities for incidental learning, this can impact on a deaf child's socio-emotional development.
- The promotion of positive mental health and emotional wellbeing is important for all deaf children, in common with their hearing peers. The higher risk of developing mental health needs should therefore be recognised and addressed as early as possible by mainstream treatments. At present, the NHS in Scotland is not equipped to meet these needs.
- The emotional wellbeing of a child is strongly influenced by a number of factors including the degree of deafness, the presence of additional disorders and the quality of their communication and relationships at home and at school.

These are just a number of factors that affect the mental wellbeing of deaf children and young people. NDCS Scotland believe that in addition to the existing work in the strategy the Scottish Government should build on the precedent set by the development of the Scottish Mental Health Service for deaf people hosted by NHS Lothian for deaf adults, and commit to the creation of a similar national specialist service for deaf children.

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.

N/A

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.

NDCS Scotland believe that there is a gap in the existing provision that allows deaf children and young people to go undiagnosed and untreated for a mental health issue as NHS boards do not have the appropriate service or properly trained staff to support and understand the needs of deaf children and young people experiencing mental health issues. NDCS Scotland believes the Scottish Government should commit to the creation of a national specialist mental health service for deaf children and young people, this service would employ staff specifically trained to work with deaf children and young people.

A Specialist Social worker for the deaf stated to NDCS:

"I know a few years ago I was trying to refer a young girl who was displaying behaviour problems at home and at school and parents were finding her behaviour difficult to cope with. They felt they needed a full assessment of her mental health, as far as I remember, the CAMHS team felt it would be difficult to help her as her problems were deaf-related so she never got the help she needed."

A specialised service to support deaf children and young people would also improve access to the lower tiers of support that deaf young people are often refused access. A specialised service would provide deaf children and young people with access to information, advice and informal support that they would have previously been unable to access because of communication issues or mainstream services being unable or unwilling to work with deaf young people.

NDCS Scotland believe further research is required to examine the current levels of unmet need in relation to deaf children and young people looking to access the specialist mental health services in Scotland. Research must also be carried out to identify the size and scope of the service needed.

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?

Without the right support deaf children and young people are vulnerable to isolation, bullying and low levels of achievement in later life. Services for tackling self-harm and suicide should be accessible to all. Deaf children and young people may lack the communication skills or vocabulary to explain what is troubling them and more often than not carers and professionals will not have the communication skills to understand what is being disclosed.

NDCS Scotland would like to see improvement to the support structure currently available to deaf children and young people to ensure that if they are experiencing issues concerning self-harm or thoughts of suicide they are able to access the help needed.

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

NDCS Scotland would like to see more work done to remove the stigma of mental illness and ill health and promote support offered. NDCS Scotland is concerned that mental illness is not recognised enough by mainstream professionals and that issues of depression and isolation is often put down to a child's deafness rather than mental health issues.

As a recent review of educational support for deaf children in Scotland conducted by HMIE in partnership with NDCS Scotland concluded:
*"schools and centres do not yet have in place effective approaches for assessing the mental and emotional needs of children in a systematic and progressive way. Overall, staff are not sufficiently aware of how other barriers to learning can impact on children's mental health, for example, autism spectrum disorders, attention deficit hyperactivity disorder, long term medical conditions and being looked after."*²

² Review of the Additional Support for Learning Act: Adding Benefits for Learners. A report by HMIE to Scottish Ministers, November 2010

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?

N/A

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

NDCS Scotland believes more action must be taken to support the promotion of mental wellbeing for deaf children and young people in the community.

- All services for children, including health and social care, should be accessible to deaf children and their families. There should be a clear pathway of support for each child covering referral, identification, assessment and support.
- Deaf children and young people are often refused access to lower tiers of support and often jump straight to crisis intervention because they have been unable to access information and advice.
- Information support is often unavailable to deaf children either because of communication issues or mainstream services being unable or unwilling to work with deaf children and young people.
- Lack of accessible support, many counselling services are offered over the phone. Written information may not always be accessible to deaf people who are BSL users. In such cases it is necessary to ensure that information is delivered for the service user in the appropriate format.
- There is a lack of deaf awareness for staff providing mental health support. All staff should increase their awareness to improve understanding of how to meet the varying communication needs of the deaf population; staff should also be made aware of the increased vulnerability of deaf children and young people.

Deaf children and young people are often not given access to preventive measures to tackle issues such as bullying, depression and isolation experienced at school as these issues are often put down to deafness. All tiers of support offered by the CAMHS in Scotland must be made available to deaf children and young people.

NDCS Scotland currently provide Healthy Minds workshops providing:

- Tips on how you can stay emotionally healthy
- Tips on where you can get health advice and information
- Opportunities to find out what's happening locally
- Opportunities to make new friends experiencing similar issues.

This service provides support for a small percentage of deaf young people aged 16-25 but a mainstream support service must be available in all communities for deaf children and young people.

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?

Deaf adults experiencing mental health difficulties can access the Scottish Mental Health Service for deaf people hosted by NHS Lothian but this service is for adults only. This is Scotland's first and only national mental health service for deaf people. The service is for deaf people who have mental health issues that make everyday life difficult. Unfortunately the service is only available for deaf people aged 18 and over.³ Scotland currently has no service aimed at deaf children and young people with mental health issues.

By contrast, England has a well developed provision of specialist CAMHS for deaf children and may be considered as an example for Scotland to follow. The first specialist mental health service for deaf children in the UK was established in London in 1991. In 2004 two specialist CAMHS teams were then established in Dudley and York. These were funded by the National Specialised Commission Advisory Group (NSCAG) as pilot projects. Both teams make use of telemedicine or videophones.⁴ The Dudley and York CAMHS teams are multidisciplinary- employing psychiatrists, psychologists, social workers and nurses. They offer similar interventions to their mainstream equivalents. However, the teams have the background knowledge about the impact of childhood deafness on emotional wellbeing and skills to be able to work with deaf children and their families. This would be difficult for many mainstream CAMHS teams who might struggle to form a therapeutic relationship because of the communication difficulties.

NDCS Scotland were made aware of an example of a disturbing situation for one deaf teenager as a result of this gap in provision in Scotland:
"I have recently received a referral regarding a profoundly deaf teenager who had been receiving support and input from specialist deaf CAMHS in England in dealing with emotional and developmental difficulties. However, the family relocated to Scotland and subsequently the input that the teenager had been receiving stopped and there is no equivalent service to refer to in Scotland. The teenager is now experiencing emotional difficulties which have to be managed by social work and education to the best of their abilities, which is no real substitute for the CAMHS support that was previously received in England. Local mainstream CAMHS would not be appropriate due to the imperative need for cultural and linguistic understanding and sensitivity, plus a total understanding of how the teenagers deafness impacts on his identity and development, and/or

³ NHS Lothian Deaf Community Mental Health Service <http://www.nhsllothian.scot.nhs.uk/ourservices/lcmmhs/>

⁴ Information from South West London and St George's Mental Health NHS Trust <http://www.swlstg-tr.nds/index.asp>

otherwise." (Social Worker, 2012)

NDCS Scotland would recommend that the Scottish Government build on the precedent set by the development of the Scottish Mental Health Service for Deaf People hosted by NHS Lothian for deaf adults, and commit to the creation of a similar national specialist service for deaf children. NDCS would also recommend carrying out further research into the current provision and unmet need in relation to deaf children accessing specialist mental health services in Scotland to inform the size and scope of this service, but would point to the existing service within NHS England as a model of good practice. NDCS Scotland would advise that the Scottish Government consult with experienced practitioners who have the knowledge, skills and experience of working with deaf children and young people.

NDCS Scotland would like to see a specialist CAMHS for deaf children that:

- Supports local provision of mental health care for deaf children and adolescents by promoting a support, advice, training and consultancy service to local CAMHS across the country.
- Advises on appropriate care pathways for the number of children requiring inpatient assessment and treatment.
- Help identify the most effective interventions for deaf children and disseminate this knowledge nationally.
- Work with adult services to ensure there is a smooth transition of care arrangements into adulthood.
- Develop partnerships nationally with other agencies that work with deaf children, especially education to ensure that all services working with deaf children are able to provide support.
- Provide advice and support for deaf children and their families.
- Ensure patients are comfortable with communication support provided and understand all the information being provided.
- Ensure that all support is age appropriate for each child requiring support.

NDCS Scotland would recommend that an approach to commissioning this specialist CAMHS is based on:

- An assessment of national need
- An assessment of capacity to meet that need
- Consultation with children who are deaf and their parents and carers
- Clear pathways for supporting deaf children at all tiers of support and/or intervention.

NDCS Scotland also believes preventative measures must become an additional action to any strategy to improve access to CAMHS. NDCS Scotland believes that basic mental health training should be provided to anyone working with deaf children in health, education and social care to ensure that any issues are identified as early as possible.

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

N/A

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?

NDCS Scotland would like to ensure that information on mental health and supporting services is accessible to deaf children and young people. Written information is not always accessible to deaf people who are BSL users. NDCS Scotland would also like to ensure that the information is available in BSL format. NDCS Scotland would also like to ensure that information provided is not only accessible but also understood as some medical terminology may not be easily translated into BSL.

NDCS Scotland is also concerned that many counselling services are offered over the phone, which is not accessible to all deaf children.

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

NDCS Scotland would support the current GIRFEC approach to look at tackling any mental health needs, the current issue is that educational and social care professionals often have no place to refer deaf children and young people with mental health issues.

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?

NDCS Scotland would like to see more training given to frontline professionals in health, education and social care who work with deaf children and young people on a daily basis to ensure they have a greater understanding of the mental illness. Staff must be adequately trained to be able to distinguish between issues associated with deafness and mental distress. NDCS Scotland believes that this training is key to ensure that mental health issues are identified as early as possible.

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?

N/A

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

N/A

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?

NDCS Scotland is concerned that the needs of deaf children and young people have not been considered in the development of the service and would ask for a fuller engagement with the deaf community to ensure that needs of deaf children and young people are considered in the service design and delivery.
NDCS Scotland would also like to see improvements in the communication methods currently used to ensure that all deaf people are able to contribute to the service design and delivery.

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

NDCS Scotland does not believe that the support services offered at

present cater for deaf children and their families and would like to see a support service designed with better understanding of the needs of deaf children and young people.

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?

N/A

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

N/A

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

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?

NDCS Scotland would like to see more information provided to parents of deaf children on the higher risks of mental health issues for deaf children and the issues to be aware of and the possible ways to guard against

issues. Parents should also be made aware of the availability of treatments such as family therapy.

The Deaf CAMHS in England suggests that the home environment is often a direct cause of mental distress for deaf young people, in particular where there isn't appropriate communication between parents and young people. NDCS Scotland would like to see parents educated on the risks that lack of communication in the home can have on a deaf child's mental wellbeing.

NDCS Scotland believes that family is key in the support of a deaf child and would like to see a greater involvement of families in the care and treatment of deaf children with mental health issues.

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?

Improved communication support for deaf parents of deaf children and a better understanding of deafness.

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?

N/A

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?

NDCS Scotland would like to see a record of any Additional Support Need for a patient recorded and also any communication support required.

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

N/A

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

NDCS Scotland believes there are significant gaps in provision for deaf children, young people and their families. More detail can be found in previous answers.

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?

Please see answers above for detail on how Scottish Government could support NHS boards and their key partners to work together to deliver person centred care for deaf children and young people with mental health issues, including a focus on preventative early interventions to promote positive emotional wellbeing.

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?

N/A

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?

N/A

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?

N/A

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

N/A

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

N/A

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?

N/A

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

N/A

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?

N/A

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

N/A

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?

N/A