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.

General Comments

The publication of the Mental Health Strategy for Scotland (2011-2015) reflects the importance the Government places on mental health and is welcome. The strategy acknowledges the backdrop of severe public sector spending cuts which will disproportionately affect families with children.[1] I recently published a mid-term report with the three other UK Commissioners on the extent to which the UK is implementing the United Nations Convention on the Rights of the Child[2]. We raised concerns about the high levels of persistent poverty across the UK with one in three children living in relative poverty. Proposed changes in the Welfare Reform Bill will increase this with severe ramifications for children. It is important that the strategy recognises that the pressures of struggling with material disadvantage are greater in more unequal societies and seeks to develop initiatives and programmes which deal with this.

I am pleased to see a focus on health improvement and treatment, and an emphasis on the early years. I believe this provides the opportunity for a generational change to the mental health and well being of our children and young people – and in the longer term, our adult population. As such, I have commented on this throughout the response where I think this is relevant.

I welcome an evidence based, outcome focused approach and the development of the children's mental health indicators is an important step towards assessing and monitoring the mental health of Scotland's children, which will help to inform policy and planning.

I suggest that the strategy could be strengthened with a clearer priority given to the improvement of children and young people's mental health. This needs to go beyond CAMHS, as a universal and targeted approach is required. Mental health should not be solely about CAMHS – it should be incorporated into early years education, early intervention programmes and throughout a child and young person's lifetime.

It would also have been useful to see clear links made between adult services and children's services and how these could work together to benefit the whole family. The

[1] Families in an Age of Austerity' The Impact of Austerity Measures on Households with Children http://www.familyandparenting.org/NR/rdonlyres/30F86FFB-8911-4E40-BEF3-D7B071C9C6F8/0/FPI_IFS_Austerity_Jan_2012.pdf

[2] http://www.sccyp.org.uk/downloads/UNCRCMIDTERMREPORT_FINAL.pdf

strategy should also be supporting implementation of the Framework for Children and Young People's Mental Health[3] by 2015. This is currently absent from the document.

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

It would be helpful if the strategy made explicit links to the key drivers for the delivery of change in Scotland - Achieving Our Potential, Equally Well and the Early Years Framework. In respect of children and young people, the key drivers for change in policy and practice are Getting It Right for Every Child (GIRFEC) and the Curriculum for Excellence.

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

It would be helpful to have an indication of how teachers will be supported to deliver on the health and wellbeing outcomes which feature within the Curriculum for Excellence. Health and Wellbeing is a curriculum area in its own right and is the responsibility of all practitioners across the school and there is accompanying guidance[4]. This is a key challenge of the implementation of Curriculum for Excellence.

There are specific experiences and outcomes within this area focussing on mental,

[3] Scottish Government , Children and Young People's mental health: A framework for Promotion, Prevention and Care", 2005

[4] HMIe's Count us in: Mind over Matter, Promoting and Supporting Mental and Emotional Wellbeing, March 2011

emotional, social and physical wellbeing. For example one of the outcomes is expressed as:-

'I understand the importance of mental wellbeing and that this can be fostered and strengthened through personal coping skills and positive relationships. I know that it is not always possible to enjoy good mental health and that if this happens there is support available.'[5]

As a result of the focus on health and well being in the Curriculum for Excellence, there is a need for closer links between health expertise and education providers to develop this key aspect of the curriculum. In addition, mental health should be a key part of teacher training and of continuing professional development.

School based counselling services fit well with the objectives of the strategy. An evaluation of the Welsh Government's school based counselling strategy led by the British Association for Counselling and Psychotherapy and the University of Strathclyde was seen as 'an overwhelming success.' It found that counselling was rapidly accessible, allowing teachers to concentrate on teaching; projecting an ethos of a caring, supportive school environment; and it was non-stigmatising. Young people were almost always positive, emphasising the fact that the counselling was confidential and that they had someone who could listen to them.

In Scotland we have patchy coverage of school counselling services and development in this area should be rolled out more extensively and uptake monitored, at primary and secondary level.

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

'Choose Life' has reduced suicide rates but this important preventative work must continue beyond the lifetime of the programme (and funding)when it ends in 2013. Scotland's high rates of suicide have been linked to high rates of substance misuse[6], especially alcohol, and effective action to reduce alcohol-related harm in Scotland would be likely to contribute to suicide prevention – and we have an estimated 10% of all 5-16 year olds have a diagnosable mental health disorder.[7] I have and will continue to support the Government's stance on minimum pricing. Monitoring the suicide figures will also be important especially during this economic downturn as we know that families are under increased pressure during such periods.

Recent research produced by Stirling University set out to determine the prevalence of self-harm in adolescents in Scotland and the factors associated with it. The context was that the suicide rate in Scotland is twice that of England, but the prevalence of self harm is unknown. They found that the prevalence of self-harm in Scotland is similar to that in

[5] Education Scotland, Curriculum for Excellence, Health and Wellbeing, experiences and outcomes accessed at www.curriculumforexcellencescotland.gov.uk 27/01/12

[6] (Appleby *et al*, 2008),

[7] Place2Be 'Facing The Future. (2011)

England with 13.8% reporting a lifetime history of self-harm and girls at least three times more likely to report [8]self-harm than boys. The study investigated the relationship between trait optimism and self-harm and noted that the most common motivation reported by Scottish adolescents was "to get relief from a terrible state of mind." The study recommended evaluating school-based interventions aimed at improving optimism to determine whether they protect against self-harm among girls, as well as actions around the development (and evaluation) of emotional literacy programmes and initiatives that focus on responding to bullying, physical abuse, sexual orientation worries and interpersonal problems and managing anxiety which could help to reduce self harm and suicide rates.

There is a need to improve information, raise awareness and training and to ensure for example that teachers, youth workers and social care workers are properly equipped to deal with this suicide, self-harm, and mental health and wellbeing. A key part of this will be to increase their own knowledge and understanding, and where appropriate, to know where and how to refer children and young people in need of mental health services.

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

Ongoing support for and commitment to national campaigning is critical to reducing stigma and discrimination and this should include the continuation of the work undertaken by 'see me' – in particular, the aspects of the work targeted on young people.

The National Anti-Bullying Strategy should be driven forward energetically, including robust awareness raising of this framework. SAMH and LGBT Youth Scotland are progressing this important work through '*respectme*', helping to challenge bullying in schools and communities and highlight the impact this can have on children and young people. The ongoing support for, promotion of and commitment to the strategy and '*respectme*' across all sectors is critical to reducing stigma and discrimination. Young people also tell us that peer support can also help, as they may feel uncomfortable in talking about their intimate issues with adults in authority.

Bullying of disabled children in particular is widespread with significant impacts on these children and their families illustrating an urgent need to deal with bullying of disabled children more effectively. This is a long standing issue and in my view it is worth considering a specific response to it. For instance, one way of dealing with this is for a high profile education and awareness raising campaign about disability equality in relation to disabled children and young people.

Two specific groups of disabled children are worth highlighting: Deaf children and children with learning disabilities.

- Whilst Deafness of itself is not a risk factor, the consequence of being Deaf in a hearing world is and the National Deaf Children's Society (NDCS) note that young Deaf children are particularly vulnerable to mental health problems (also

[8] http://www.rcpsych.ac.uk/pdf/Suicide%20risk%20in%20Scotland_briefing%20paper.pdf

evidenced in the consultation to inform a NHS draft framework for children and young people's mental health indicators[9]) There is no specialist mental health provision for Deaf children with mental health problems in Scotland - a serious gap in provision. The Scottish Council on Deafness (SCoD), as part of their deaf mental health strategy, established the Deaf Children's Mental Health Services (DCAMHS) Group in 2010 and are working with the NDCS and other groups across Scotland to examine the lack of provision for deaf children requiring mental health service. This important work will help to develop the evidence base on the effects of deafness and mental health for deaf children.

- Children with learning disabilities also have a higher risk of mental distress than those without learning disabilities (1 in 3). There is little provision for these children and they are often seen as lying outside the remit of both community learning. Anecdotal evidence suggests that CAMHS teams often will not see them and those that do not always have the specialist expertise.

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

As well as universal approaches to the reduction of stigma, there are particular groups of children and young people who experience discrimination. Who Cares? Scotland has campaigned on behalf of looked after children and young people which is an ongoing issue for this group. I have noted above the need for a campaign in relation to disability equality for disabled children and young people – see response to Q4.

I attended the Young Carers Festival, 2011, where one of the young people commented that there, 'should be more anti-discrimination campaigns – such as the 'see me' campaign, and there should be more positive promotion as it leads to more understanding and awareness.'

The lessons from the work of 'see me' could usefully contribute in these and other areas where there is a particular target group of children and young people.

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

Comments

The strategy already recognises the important contribution that local organisations can make to promoting and supporting mental wellbeing and this is welcome.

In relation to children and young people, the critical age period is the early years. There is already considerable work undertaken to promote development in the early years through the Early Years Framework and most recently, the Early Years Taskforce. While there is a lead at national level, the implementation is essentially being driven at a local and community level and this should be reflected in the strategy.

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

In my view, the areas in which there is a need to develop consist of an urgent requirement to reinvigorate the development of health visiting services as we now require the full and consistent implementation of *A New Look at Hall 4*[10] to regain lost ground in terms of universal services. This should be done in tandem with the establishment and implementation of the Scottish Government's commitment to a Parenting Strategy and for the development of Children's Centres providing services on the basis of evidence based interventions. These are relevant to the promotion of mental well being for our youngest children in the community, including their parents/carers and should be recognised through the strategy.

In respect of children and young people, it is worth noting the previous work undertaken by HeadsUpScotland, the National Project for children and young people's mental health, established in response to recommendations from the Scottish Needs Assessment Programme (SNAP) report on Child and Adolescent Mental Health (2003). The SNAP report found that many frontline workers from all agencies felt they lacked the practical skills and confidence to help children and young people who have troubling behaviours. These children or young people may not need to see a specialist, but they need someone to help them through a difficult time in their lives. Some may be waiting to see a mental health specialist or they may have already received specialist assessment and need ongoing support from frontline workers. The materials produced through HeadsUpScotland were usefully designed for anyone working with children and young people. For example it included, teachers, social workers, foster carers, health workers, and school nurses. There is a continuing need to adopt the approaches outlined and for these materials to be promoted for use at a local level.

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

While I welcome the acknowledgement of the role of CAMHS in the early years I believe that the transformational change ambitions outlined in the Early Years Framework form the basis for the long term outcomes for children and young people. As a result, I suggest that this section should be more clearly aligned to the Early Years Framework and the questions addressed not merely limited to the contribution CAMHS can make to the early years agenda. For instance, there is the opportunity to link the developments noted in respect of parenting interventions to the ongoing work undertaken in this area through the implementation of the framework - as well as the previously noted need for the development of universal health visiting services – see response at Q6.

Access to CAMHS continues to be problematic and provision remains inconsistent, due to limited workforce and skills. I support the view within the consultation that there is a need to ensure continuing growth in the capacity of specialist CAMHS to ensure better access to specialist services. The Scottish Government (and prior administrations) have invested considerably in CAMHS and this is positive, and workforce investment must continue. This extends to those who work in education, social care, and health through to the specialist services provided by local authorities, the NHS, voluntary and

[10] Scottish Government (2011) *A New Look at Hall 4,* Edinburgh

independent sectors.

In 2001, the Strategic Review of CAMHS, noted that "the training routes for many of the professional groups who work in CAMHS in Scotland are such that, despite the range of core professional skills they bring, they cannot be presumed to bring the full range of skills necessary for their CAMHS role. It called for "new-to-CAMHS" training which can be accessed by every CAMHS team across Scotland." This was raised again during the Scottish Parliament's CAMHS Inquiry (2007)[11] and despite the progress made, this largely remains the case.

Specialist expertise also needs to be developed within the CAMHS workforce for specific groups of children and young people which was also recognised in the Strategic Review of CAMHS. For instance, this could include children and young people with disabilities, such as those who are deaf or those who have additional learning needs, LGBT young people, as well as those who are looked after and accommodated.

In line with the above, it is essential that skills levels are monitored regularly to ensure that need is being met and to identify where the gaps in provision are. Given that CAMHS workforce figures are now available, NHS Boards are now better able to plan future workforce requirements.

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

Comments

Investment in the mental health of children and young people must go beyond CAMHS and incorporate mental health in early years education, early intervention programmes for both parents and children and throughout their childhood.

In respect of looked after children, the work of LACSIG in looking at improving health outcomes will be very valuable in this respect. National support should be forthcoming on actions relating to mental health which come from this work.

I was pleased to see how children and young people were involved in the development of the ICP standards through the 'Your Story consultation tool'. Involving children and young people in decisions affecting them is an essential part of developing a service which is sensitive to their needs and preferences.

In my opinion, the Scottish Government's target of 26 weeks (by March 2013) from referral to treatment for specialist CAMHS services is too long and will leave many children unsupported and in crisis.

I support the Mental Welfare Commission call for national support to help NHS Boards plan to meet the specific needs of those young people who will are placed in adult IPCU settings or placed outside Scotland in secure intensive specialist facilities.

[11] 7th Report, 2009 (Session 3) Inquiry into child and adolescent mental health and well-being (Scottish Parliament)

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

We need to think about how children and young people can access services and do this in a way that suits them. Most often this either through formal settings in schools or informal settings in youth provision. Nowadays, other communication media plays an increasing role for young people, particularly digital media and social networks.

There is also a need to ensure that good information is widely available about local services, including for those services which sit outside the non statutory sector.

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

Comments

Children and young people require the right services, at the right time, in the right place. This places a considerable challenge for mental health services which are limited in availability and therefore often not easily accessible.

I suggest that in terms of mental health services, there is a need to adopt much more assertive outreach approaches – making services more available where children and young people can easily access them. For instance, school counselling services already noted adopt this model – see response at Q3.

I also suggest that specialist CAMHS services could usefully provide consultancy to frontline staff dealing with children and young people as a way of increasing their capacity to engage, without the need to refer on to specialist mental health services.

The issue of confidentiality is important and can act as a barrier to children and young people accessing services they require. Essential to this is understanding the child's right to confidentiality and their right to control what is known about them by others, whilst also ensuring that they are protected. This is a debate which needs to be explored and understood to ensure that the best interests of the child remain paramount. Appropriate training and support must be provided to those working with children and young people in order to build up trust and confidence.

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

Children and young people (as service users) should be involved in the designing of services. The difficulty at the moment is many of these service fall outside mainstream settings which can deter engagement. This is a general challenge for health services and it would be useful to encourage NHS Boards to give a higher priority to participation and engagement with children and young people.

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

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

Comments

The development of Integrated Care Pathways (ICPs) and the publication of standards will help to define where support, liaison and consultation is required to best meet the needs of the child. All these actions should be supported in helping to monitor outcomes.

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

We need to ensure that children and young people are engaged in designing and deliver training to support the building of confidence and skills in service users. The development of the ICP standards is good example of involving children and young people in helping to develop a service which best meets their needs.

The development of peer support services in schools such as peer education, parent to parent support work has also proven to be effective at developing the emotional literacy and wellbeing of pupils and parents alike. The work of Place2B provides a useful example of this and provides a trusted environment for children and their parents as well as the staff that support them. Importantly these programmes have also been externally validated to ensure reliability.

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

Comments

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

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

Comments

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

Comments

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?

Comments

The strategy helpfully notes the position of young carers and this is welcome.

In many instances statutory sector staff of local organisations and agencies already engaging with families and carers will have the requisite skills and knowledge to work in partnership with all stakeholders. Equally, it is important to raise awareness with statutory sector staff of organisations and networks to adopt approaches which build social capital and support community participation. This could usefully focus on the benefits of initiatives which build resilience and promote social capital and an asset based approach, for instance, volunteering opportunities for people with mental health issues.

In terms of support for families, there are examples of easily accessible and non stigmatising parent support programmes which can be accessed through universal and targeted provision. However, this is one of the areas which could be developed through the national Parenting Strategy – see responses at Q5 and Q6.

One of the key challenges is to identify and make meaningful contact with harder to reach parents. The location and approach of services is of significant importance in regard to engaging with families and carers effectively and ensuring their

participation.

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

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

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

I welcome the recognition of the position of children and young people who are looked after and accommodated.

There is a general need to ensure that monitoring is part of established procedures and then to act on the information which is gathered. Such information can be used to target children and young people who are at risk of developing health problems.

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

Comments

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

Comments

Of the three priorities mentioned, the focus on improving children and young people's mental health is absent – see my response under General Comments.

Although there has been much progress, especially in improving CAMHS services and capacity in CAMHS, more still needs to be done. Along with improving CAMHS services, there needs to be more of a focus on (universal) promotion and prevention.

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

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

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

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

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

Comments

As noted previously, implementation must go beyond health and social care settings and extend to other sectors, in particular education, youth provision and social care

settings for children and young people. Many teachers lack the confidence to deal with the mental health needs of their children and often even when the motivation is there, they are not sufficiently equipped to deal with this effectively.

Such skills development must be a core part of training and continual professional development for the child and young people's workforce.

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

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

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

Comments

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

The following suggestions which link into my earlier responses

- A clearer link to the range of work undertaken through the implementation of the Early Years Framework
- The development of universal resources which support the role of schools in improving mental health outcomes of children within the Curriculum for Excellence
- The development of increased awareness and understanding of mental health issues across the children and young people's workforce
- A better understanding of the mental health issues of children with disabilities.
- The appropriate involvement of children and young people in decisions affecting them

- Increased sharing of the responsibility for achieving change and improvement in the area of mental health across all sectors, not just the NHS.

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

Comments

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

I have two suggestions which may help to provide support staff, both relating to the Mental Health Care and Treatment (Scotland) Act 2003 and children over 16.

A key principle of the 2003 Act is that welfare of the child should be paramount in any interventions imposed on the child under the Act. Three other key principles of the act – non discrimination, equality and participation point to a rights based approach to care of children and young people with mental health difficulties. However, improvements could be made where:

- Local authorities have a duty to provide support to named persons when they become subject to compulsory measures under the Act. A helpful guide is provided by the Scottish Government but more robust training (and support) is required to ensure that the role of a named person is consistently applied throughout Scotland.

- It would also be helpful to review the Advance Statements to assess the extent to which they are being used and ascertain how effective they are. The idea behind advance statement chimes with a rights focused approach, but it unclear how useful and effective they currently are.