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.

YouthLink Scotland welcomes the opportunity to comment on the Scottish Government's Mental Health Strategy consultation. We have not responded to all questions in the consultation, but have instead focused on areas of relevance to our members and the needs of children and young people.

Overall, we welcome the high priority that the Scottish Government has given to mental health, and we welcome the Minister for Public Health's acknowledgement that mental health provision for children and young people has been under-resourced and under-recognised.[1]

We question why child and adolescent mental health is not one of the priority areas identified on p.5. In line with the Government's view that prevention is the key to reducing negative outcomes and reducing costs, we would have expected to see children and young people's mental health prioritised. Promoting young people's mental well-being and intervening early is, we would argue, the ultimate form of prevention.

We are glad that there are targets in the Strategy for access to therapeutic services for children and young people. The current situation is unacceptable, with some children and young people currently facing a 3.5 year wait before receiving treatment[2]. Local variation means that child psychology referral times range from just 16 weeks in Dumfries and Galloway, to 182 weeks in Tayside.

However, the proposed 26-week target is just for initial assessment and there are then likely to be considerable further delays before young people can access treatment. For a young person, having to wait at least six months for treatment represents an uriacceptably long period of time, during which families and community-based support (where available) will be placed under considerable pressure. This pressure will only increase when

[1] Minutes of the Cross-Party Group on Children and Young People, The Scottish Parliament, 1 December 2011

[2] TFN Issue 657 14 October 2011

Scotland's Youth Mental Heath First Aid course becomes active and is rolled out across the country. The purpose of this NHS Health Scotland initiative is to raise awareness of young people's mental health with those who live, work with and support them. More people identifying mental health issues and concerns will create an additional pressure on already stretched services.

The number of under-18 year olds being admitted to adult mental health wards and the lack of availability of some specialist therapies in Scotland, is unacceptable and requires urgent attention. We urge the Scottish Government to ensure that young people have access to appropriate community-based treatment or a place in a child and adolescent ward, as appropriate to the needs of the individual. We recognise the Government's commitment to investing in crisis and outreach services, which aim to prevent young people from being admitted to hospital, however in-patient treatment should not be seen as a failure or negative outcome per se, as it may be the most appropriate means of accessing the proper treatment for an individual.

Overall, we support the Government's goal of a mentally flourishing Scotland. Prevention, early intervention and diagnosis should all be top priority areas as there is much eviderice to suggest a strong correlation between mental health problems in childhood and negative outcomes in adulthood.

We understand the need to invest in NHS mental health services but also urge the Government to consider how preventative work, both targeted and universal, can help prevent or miriimise negative outcomes. Work that helps promote children and young people's mental well-being is likely to reduce what the Christie Commission referred to as 'failure demand' on services, and we feel there is a real role, unacknowledged in this strategy, for youth work. It has a key role in helpirig young people at the Tier 1 and 2 stages of mental health intervention, but also in promoting well-being in the population more generally. Youth work's ethos has long been one of 'health in mind, body and spirit' and we believe that young people should be entitled to youth work opportunities which meet their needs, no matter where in Scotland they live, in order to help achieve positive outcomes.

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?

Truth Hurts, the report of the UK National Inquiry into Self-harm among Young People, identified that a comprehensive approach to self-harm requires both a broad, generic focus on mental health improvement and behaviour specific information, training and intervention.

The evidence would suggest that younger people are more likely to engage in acts of self-harm than adults and that experience of a severe life

event (especially interpersonal loss), trauma or symptoms of depression or anxiety are likely triggers for the behaviour in many cases.[3]

Suicide is a leading cause of mortality in those under the age of 35 years. Evidence suggests that suicide rates are higher in areas of deprivation[4], and strategies to reduce suicide rates need to be focused both on the population generally and specifically targeted at those at high-risk.

We would support Primary Objective 1 in the report on Responding to Self-Harm in Scotland, which is to reduce the number of people who are experiencing psychological distress through general, universal approaches which reduce self-harm and increase capability in people and communities. There is substantial evidence to suggest that youth work approaches are highly successful in helping young people increase their capacities and achieve positive outcomes. We believe that if we are to prevent, we must take a population wide approach and we believe that generalist youth work provision may help reduce the need for higher-cost, targeted interventions later on in an individual's lifespan.

Case Study: Young Persons Health Group, Clovenstone Community Centre (South-West Edinburgh)

"The group is made up of young people aged between 13-15yrs. They attend 3 local high schools which are Firhill, Forrester and Wester Hailes Education Centre.

We identified the need for this group in many ways. These included Clovenstone being top of recent lists in Edinburgh on depression and suicide rates and high levels of drug / alcohol abuse amongst our community. There was also a desire to involve young people in more physical activity.

The target group for this piece of work has changed over time. Initially the group learned about their own health issues by taking part in fitness sessions organised by various partners including Edinburgh Leisure, Wester Hailes Education Centre sports staff and ourselves from CLD. The group then moved on to working with Fast-Forward and Caledonia Youth. This enabled the group to look more widely at health issues affecting young people in general as well as taking part in practical activities.

With the new knowledge that the young people were picking up, we decided to develop a peer education approach so that the group could share their learning with others. The group are all former pupils of Clovenstone Primary School and the school asked if we could contribute to their health week which runs in March / April each year. We put together a general health quiz for 60 pupils in primary 6/7. The quiz takes a holistic approach covering all aspects of health including diet, alcohol, smoking and fitness plus much more. Taking part in this project has given the young people in the group a chance to give something back to not only their old primary School but also

[3] Responding to Self-Harm in Scotland Final Report. Scottish Government 2011.

[4] Scottish Public Health Observatory http://www.scotpho.org.uk/home/Healthwell-beinganddisease/suicide/suicides_keypoints.asp

their local community.

In addition to working with the young people from Clovenstone P.S. the young people have also developed and designed two health leaflets for high school pupils. The first one "Ur Health Matters" was produced in 2010 and funded by the NHS Community Health Development Grant and a second was produced this year - "Ur Sexual Health Matters" funded by the Robertson Trust in partnership with Caledonia Youth, who spent 10 weeks working with group. During the previous session, half of the group completed either Dynamic Youth Awards or Youth Achievement Awards. The others will complete their awards in the autumn term. They are also helping Clovenstone Community Centre become a Health Promoting Centre. We have received our bronze award eariier in the year arid are now working towards achieving our silver award.

The impact on the young people has been an increase in confidence, an increase in knowledge about their own health and issues that affect young people's health in general. These young people are recognised within the community as being important and positive role models for their peers."

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

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?

We welcome that work that see me has undertaken to address stigma. However we welcome the shift in emphasis towards tackling the structural issue of discrimination, as opposed to stigma, in relation to children and young people affected by mental health problems. The priority should be on tackling discriminatory attitudes and behaviours in society, rather than the onus being placed on the individual – young people suffering from mental ill-health should not have to ask not to be bullied or stigmatised.

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

In our view, this is the key question. The Government wishes to promote a 'mentally flourishing Scotland', however this consultation is very much focused on NHS service delivery and the more severe end of the mental health spectrum. While we agree that improvements must be made in relation to services for acute mental illness, this is quite different from promoting mental wellbeing.

If the goal is to promote wellbeing, which is in line with the preventative and assets-based approaches recommended by the Scottish Parliament's Finance Committee arid the Christie Commission, then it is necessary to look beyond what the NHS can be expected to deliver.

Our view is that community learning and development, which includes youth work, is vitally important in creating healthy, flourishing communities and individuals. In *Towards a Mentally Flourishing Scotland*, it is stated that:

The Third Sector makes a significant contribution to the mental health improvement agenda both nationally and locally. Its key roles are to:
- *deliver services which directly or indirectly promote mental health improvement;*
- *innovate in the development of new service approaches and interventions;*
- *act as a catalyst in promoting active citizenship and social capital to develop community capacity;*
- *advocate change and improvement for service users and the general population.*

We fully support this description but would emphasise that it is not just the Third Sector that has this role, but also statutory services. Youth work is based both in local authority settings and in voluntary organisations. Regardless of the specific setting, youth work delivers on all these key outcomes. However the setting does have relevance in that statutory and voluntary youth work providers face different challenges in relation to funding and sustainability. Without long-term core funding for voluntary organisations, and a firm basis in legislation regarding a duty to deliver youth work opportunities to all young people, we believe that these challenges are unlikely to be met.

In terms of specific examples, the Princess Royal Trust for Carers has provided evidence that peer support is vital in maintaining good mental health among young carers[5]. Supporting transitions is recognised as important, but this is not emphasised in the proposed strategy.

We would welcome a greater emphasis on partnership working, with links to education and employability all emphasised.

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?

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

The strategy is very focused on the role of the NHS and in our view does not pay sufficient attention to the role of other services in helping promote well-being and improving short and long-term outcomes.

Work to promote mental wellbeing in the eariy years and childhood pays dividends in terrris of the reduced incidence of mental health problems in

[5] Minutes of the Cross-Party Group on Children and Young People, The Scottish Parliament, 1 December 2011

later years, and consequently results in reduced spend on services.

However, many mental health problems only surface when young people are aged 8-12 or older, and for this reason that we believe that children and young people must have support and adequate access to services at all ages and stages of development. Young people must not be abaridoned in the drive to invest in the early years.

We welcome the work undertaken to develop children and young people's mental health indicators, which apply to those aged 17 and under and cover both mental health states and contextual factors. However some work still needs to be done in relation to ensuring that the indicators are measurable and meaningful. Although the rationale behind the inclusion of indicators such as 'spirituality' or 'culture and values' (defined as 'assessment(s) relating to the materialism and individualism of modern Western consumer culture') is valid, it is still not clear how these can be practically measured for their positive or negative impacts on young people's mental health.

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.

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

For this approach to succeed, individuals need to have self-awareness and be willing to accept that they are unwell. This may not necessarily be the case, particularly in relation to (although not limited to) acute conditions. Some individuals may be resistant to accepting that they are unwell, due to stigma or other issues, or accepting that they need treatment as their condition may be cyclical and they may haye lengthy periods in which they feel periectly well and are not exhibiting any symptoms.

It is important that everyone who contacts e.g. a GP with mental health concerns (as GPs are usually the gatekeepers to refer to psychiatric services) is not 'left hanging' without support while they wait for assessment. This is where commuriity-based provision and specifically youth work support for young people is particularly effective, in tdrms of supporting not only young people, but their families as well.

Many young people are affected by a family member's mental illness. Their concerns and views should be sought and taken into account, although the power balance between parents and young people needs to be taken into consideration here. A young person may, for example, be under considerable stress due to a parent's mental ill-health but may not wish to raise this in front of professionals if the parent is there, as they may feel they are being disloyal to the parent. Seeking young people's views needs to be done in a sensitive and appropriate manner.

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 illriess and disorder as early as possible and ensure quick access to treatment?

Young people and their communities should be involved in the design and delivery of services, and not regarded as passive recipients but as active partners. This is the assets-based approach to co-production recommended by the Christie Commission, which we would endorse. Community learning and development (CLD) is ideally placed to engage with communities and encourage involvement, but chronic underinvestment and ongoing cuts to CLD services mean that local provision varies greatly and may simply be unavailable to some young people.