



Health and Sport Committee – Evidence session on Year of Young People

Evidence from Barnardo's Scotland – Mental health and wellbeing - June 2018

Introduction

Barnardo's is the UK's largest children's charity. We support thousands of children, young people and their families every year in over 130 children's services across Scotland. We welcome the opportunity to provide evidence to the Health and Sport Committee in the Year of Young People.

For over 150 years' we've been doing everything we can to enable young people to thrive and we have identified children and young people's mental health and wellbeing as a core priority for the organisation over the next ten years.

We believe children and young people should grow up feeling happy, resilient and confident to take on life's challenges. No child or young person should have to experience a mental health crisis because they didn't get the help and support they needed earlier. We have therefore chosen to focus our evidence to the Committee on mental health.

How well are the views and interests of young people taken into account in health and sport policy?

Thanks to excellent work by many dedicated organisations, the views of children and young people are increasingly being heard in relation to policies that affect them. The Scottish Youth Parliament were particularly influential in shaping actions within the Mental Health Strategy, the Children's Parliament, YouthLink, and the Children and Young People's Commissioner have all contributed to some very real progress in bringing the voices of children and young people into Policy making and in front of decision makers.

Initiatives such as the Youth Commission on Mental Health Services; young people being at the centre of the Care Review; Cabinet sessions with the Children's Parliament and the Scottish Youth Parliament; SAMH work with young people and families around rejected referrals to CAMHS, and work on transitions between CAMHS and adult services which will ensure anticipatory



care plans are designed by young people for young people, are all huge steps forwards.

However there are some areas where we would like to see more progress. One of these is around **Personal and Social Education (PSE) within schools and more broadly how Health and Wellbeing is delivered within Curriculum for Excellence**. Through a commitment in the Mental Health Strategy a review of Personal and Social Education, and the provision of guidance and counselling is currently being undertaken by Education Scotland, this is very welcome. Through our extensive work in schools we know the provision of PSE is inconsistent, this has been reflected in several Committee inquiries over the past few years, most recently by the Education and Skills Committee during this session.

Our services see young people on a daily basis who have not received adequate education around key issues such as consent, healthy relationships and mental health and wellbeing. We recently undertook a project with Firrhill High School as part of their business placement programme. We worked with 6 S3 students and supported them to develop their own survey around mental health which they then took back to their peers.

The students took part in a workshop at the beginning of the project and when we asked about what schools could do around mental health, the issues they raised were: ***Having a teacher you could trust and who has discretion; the importance of having approachable teachers who know what's going on; teachers listening to young people and not dismissing issues; talking more about mental health in PSE using open debate; increasing visibility of counsellors; and training for teachers around mental health.***

As part of their research project they surveyed 31 pupils from Firrhill and **82% of respondents said that mental health should be talked about more in lessons.**

There is a very real opportunity here to include young people in the next stage of this Review. Our experience is that open debate in a safe environment is often the most effective way of addressing some of the more difficult topics covered in PSE. We would encourage the Committee to monitor the progress of this Review in the context of health and wellbeing.

What are the priorities in health and sport for young people?



Children and young people's mental health and wellbeing is one of the biggest challenges we face in Scotland today. Our services are certainly telling us that mental health is one of the most prevalent issues for the young people we work with.

In 2016 we surveyed 122 young people who were working with our services. We asked them what message they would give to the Minister for Mental Health in Scotland about how to make things better for children and young people's mental health and wellbeing. Here are some of the things they said:

"To have more support in schools as this is where my behaviour can be at its worst when my medication wears off and I need to wait till it's time to get the next tablet. Also to help other children in school understand why people that are different can act the way we do"

"Get mental health issues spoken about in school. Make it easier for young people to speak about it"

"To listen to young people it's not always for attention and not everyone wants anti-depressants"

"Try to stop the stigma attached to it that people with mental health issues are 'lazy' and like, actually advise people to help one another and be understanding"

"Make it easy to get an appointment with people who can help, no big waiting list"

"Make more relevant support available, better communication between different services so if something doesn't work it's easy to find something else"

Getting children and young people the right support earlier is crucial and the importance of prevention and early and effective intervention, particularly in universal settings such as schools cannot be understated. Supporting those working with young people to understand the impact of adverse childhood experiences (ACEs) and trauma is essential to preventing future mental health problems. This is why we are calling for a **clear strategy from the Scottish Government for rolling out the National Trauma and Skills Framework, with a focus on the children and young people's workforce.**



More recently we spoke to our services about their experiences of working with children and young people who had their referral rejected by CAMHS.¹ Our staff highlighted 5 key reasons why a referral to CAMHS may be rejected:

- 1- Lack of stability** - Children and young people who do not present as stable or who are not in a stable placement are likely to be rejected by CAMHS for treatment
- 2- Lack of engagement** - Children and young people who do not engage with CAMHS or fail to attend appointments can be rejected for treatment
- 3- Symptoms not severe enough** - Referrals are often rejected because young people are not presenting with severe enough clinical problems; behavioural and emotional problems tend to be outwith the remit of CAMHS
- 4- Lack of clarity around referral criteria** - A lack of clarity around the criteria and thresholds for those referring into CAMHS results in inappropriate referrals and rejections for young people
- 5- Service already being provided by another organisation** - Young people can be rejected for treatment with CAMHS because they are already receiving a service or support of some kind from another organisation

It is clear that too often our most vulnerable young people are the ones not able to access the support they need. Better referral pathways for young people experiencing distress and difficulties with their mental health are essential; these pathways should be accompanied by appropriate funding streams and support services.

We hope the Committee considers these issues are part of their evidence gathering and we would also draw the Committee's attention to our previous responses to their Inquiries into the Preventative Agenda² and Mental Health³

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¹ Report in publication

² http://www.barnardos.org.uk/preventative_agenda_-_health_committee.pdf

³ <http://www.barnardos.org.uk/hscfinal160816.pdf>