

## **Barnardo's Scotland's Response to the Scottish Government Mental Health Consultation**

We welcome the Scottish Government's Mental Health Strategy 2011-2015 consultation document. The early publication of this consultation so soon after the May 2011 elections is welcome and demonstrates the Scottish Government's commitment to mental health.

Our response relates to several areas raised in the consultation document. Where possible we have highlighted points under the specific questions asked in the consultation document, however, we have also highlighted a number of issues under those questions that will also be relevant to other areas of the strategy. Our response raises a number of issues about mental health generally and the environment in which this strategy is being developed.

We hope the Government will consider all of our response when reviewing the strategy in full.

### **The cost of mental health**

The social and economic costs of mental health problems in Scotland are £10.7 billion per year<sup>1</sup>.

During the lifetime of the strategy, budgets will be under greater pressure than at any time in the last fifty years. That means we need to get maximum value from every penny, so the strategy must incentivise joint work between the NHS, local authorities, justice services and the voluntary sector, and clearly relate to other frameworks such as GIRFEC and the Additional Support for Learning (ASL) system. The strategy must be outcome focused and .

The lifetime costs of a single case of untreated childhood conduct disorder are approximately £150,000<sup>2</sup>. Investment in the mental health of children and young people must go beyond Child and Adolescent Mental Health Services (CAMHS), incorporating mental health in early years education, early intervention programmes for parents, and early years health visitors trained in mental health.

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<sup>1</sup> [SAMH, What's it Worth Now? 2011](#)

<sup>2</sup> Friedli, L. and Parsonage, M.: *Mental health promotion: building an economic case*. Northern Ireland Association for Mental Health, 2007

The cost of treating Scotland's mental health problems are stark and in an environment where there is less money to spend on all services, the case for focusing on preventative services has never been more compelling. The mental health strategy should have a clear framework for identifying mental health concerns early, and providing appropriate interventions and treatment.

### **A focus on recovery**

Barnardo's Scotland is keen to see a continuing focus on recovery in this strategy. 70-80% of people who experience mental health problems will recover<sup>3</sup>. This is especially important when considering children and young people. The strategy should have an ambition of returning children to full mental wellbeing as early as possible.

### **The prevalence of mental health problems among children and young people**

In Scotland, about 125,000 young people experience mental health problems that interfere with their daily lives<sup>4</sup>, and one in ten 5 to 15 year olds experience a mental health problem.<sup>5</sup>

Children in Scotland aged 5 to 10 who were looked after at home or accommodated are six times more likely to have a mental disorder than those children living with families in the community (52% compared with 8%)<sup>6</sup>. Mental health issues are recognised as both a cause and potential consequence of being looked after.

One in ten young people have mental health problems that are severe enough to require professional help<sup>7</sup>.

20% of children have a mental health problem in any given year<sup>8</sup>.

Research estimates that those in contact with the criminal justice system are three times more likely than those in the general population to have a mental health problem<sup>9</sup>.

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<sup>3</sup> [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk) Mental Health Foundation Publications

<sup>4</sup> The health of looked after and accommodated children and young people in Scotland messages from research, Jane Scott and Malcolm Hill, Social Work Inspection Agency (2006)

<sup>5</sup> *The Mental Health of Children and Young People in Great Britain, Office for National Statistics, 2004*

<sup>6</sup> 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. Edinburgh: The Stationery Office

<sup>7</sup> [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk) Mental Health Foundation Publications

<sup>8</sup> *ibid*

The Scottish Prisons Commission has found that about one in nine young men from the most deprived communities in Scotland will spend time in prison before they are 23, highlighting substance misuse and mental health problems as contributory factors<sup>10</sup>. As the NHS is now responsible for healthcare within prisons, a strategy for Scotland's mental health should take the opportunity to improve mental healthcare in prisons and young offenders' institutions.

Having a disorder as a child or young person, especially when left untreated, increases the chance of a more chronic disorder in adulthood.

### **The wider policy environment**

It is crucial that mental health policy is not developed and implemented in isolation, but fits in with other policy areas such as alcohol, drug, homelessness, children and families, employment and education. The mental health strategy should recognise the ongoing work on children's rights and children's services legislation. The language of GIRFEC should be incorporated into CAMH services, as part of this process.

The strategy should support implementation of the Framework for Children and Young People's Mental Health<sup>11</sup> by 2015.

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

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

The Scottish Government has set a target that by March 2013 no one will wait longer than 26 weeks from referral to treatment for specialist CAMH services and aims to reduce waiting times to no more than 18 weeks by 2014. This is laudable, however, this is still far too long for children and young people to have to wait and impacts considerably on long terms health outcomes. The Scottish Government must reduce waiting times as a matter of urgency, and set much more challenging targets.

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<sup>9</sup> The Mental Health Needs of Young Offenders, Mental Health Foundation (2000)

<sup>10</sup> Scottish Prisons Commission: Scotland's Choice, 2008

<sup>11</sup> Scottish Government , Children and Young People's mental health: A framework for Promotion, Prevention and Care", 2005

The provision of CAMHS across Scotland is patchy and inconsistent. The mental health strategy must do more to ensure that there is an adequate level of mental health services and support available in every NHS Board area. Ending the postcode lottery of child and adolescent mental health (CAMH) services in Scotland must be an objective of the strategy.

**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?**

Children and young people who are experiencing mental health problems may be in contact with a number of services and practitioners, often spanning more than one service. Practitioners within universal services, such as schools and GP practices, are generally in more regular contact with a child or young person. This is particularly the case for education staff, as most children and young people spend a significant proportion of their time in school.

We believe that frontline staff working in universal services who deal with children on a day-to-day basis need to be trained in identifying and supporting children with mental health needs. There needs to be a stronger connectivity between agencies, so that those who identify a child or young person with mental health problems can quickly refer them and ensure that adequate treatment is given.

Around a third of GP appointments are about mental health problems<sup>12</sup> - yet research suggests that GPs do not feel confident in providing information on mental health<sup>13</sup>. The strategy should offer GPs regular continuing professional development opportunities in positive mental health and common mental health problems especially when relating to children.

Teachers need support to deliver the new health and wellbeing outcomes in the Curriculum for Excellence, which include mental health. The mental health strategy should therefore act to include mental health, alongside wider consideration of support children with social, emotional and behavioural needs, in initial teacher training and continuing professional development

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<sup>12</sup> Scottish Executive Health in Scotland: Report of the Chief Medical Officer, 2003

<sup>13</sup> Mental After Care Association First National GP Survey of Mental Health in Primary Care. London: MACA, 1999 and Rethink survey of GPs, 2010

Ensure that those children and young people that are at greater risk of mental health problems, such as looked after children and young offenders, are identified and supported into services and provided with treatment. This kind of preventative spending could deliver major long term cost savings.

### **Looked after children**

Barnardo's Scotland believes that there is a particular issue of provision of mental health services for looked after and accommodated children and young people. They are one of the most vulnerable groups of young people, and research indicates that around 50% of these young people have a mental health problem<sup>14</sup>.

This is markedly higher than the prevalence among other children and young people. Reasons for this include the child's experience of poor parenting, trauma, bereavement or serious illness, including mental health difficulties in one or both parents, and the impact of environmental factors such as poor neighbourhoods, deprivation, social exclusion and poverty. The experience of our services suggests that only a small proportion of these young people access CAMH services.

Barnardo's believes that more needs to be done to ensure that mental health needs in those children and young people are identified and they are supported into services and treatment. The Government should establish clear targets and put in place systems to measure the outcomes of the most disadvantaged children and young people accessing CAMH services.

A mental health assessment, assessing mental and emotional health needs, should be given to all looked after and accommodated children as recommended by the Scottish Government in CEL 16. This should be incorporated into the GIRFEC single Plan or linked to a co-ordinated support plan. These assessments must be followed up with fast tracked CAMH services as appropriate.

### **Young Offenders**

Young people who offend are much more likely to have mental health problems. Mental health problems in young people, which can lead to offending behaviour, can be caused by a number of the factors. Many of those factors are similar to the reasons of high

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<sup>14</sup> ONS (2004) Meltzer, H. Lader, D. Corbin, T. Goodman, R. Ford, T., The Mental Health of young people looked after by local authorities in Scotland

levels of mental health problems in looked after children and young people. The fact that a high proportion of young offenders (45%) were also looked after children highlights the need for specific early intervention and preventative work to tackle mental health problems in order to achieve positive outcome for this vulnerable group of young people. The act of offending itself may cause mental health problems, such as stress, and interactions with the criminal justice system can lead to increased stress, anxiety, and depression, particularly for those in custody<sup>15</sup>.

There is a lack of screening or detection for mental health problems for young people coming into contact with the criminal justice system, which needs to be addressed. More needs to be done to identify and diagnose mental health problems in young offenders, particularly in custody, as well as providing specialist support and treatment. Those young offenders with poor or worsening mental health problems are much more likely to re-offend.

The cost of a keeping a young person in secure unit is £239,000 per year. The average prisoner costs the state £35,000 per year<sup>16</sup>. Given the high cost of accommodating young offenders in secure units or young offenders institutions early intervention to tackle mental health issues among young people coming into contact with the criminal justice system is likely to be a very effective form of preventative spending.

There is currently no direct reference to tackling the mental health problems of young offenders in the Scottish Government's mental health strategy consultation. A specific approach needs to be developed as part of the proposed 2011-15 mental health strategy.

### **Support and treatment in the right environment**

Many young people with mental health problems and their parents often feel marginalised. There is an ongoing need to move mental health, as an issue, into the mainstream. The mental health strategy should have this ambition at its core and running throughout its actions.

There is not enough understanding of the issues facing people with mental health problems, especially among young people. The strategy should continue to fund work to raise awareness and fight stigma through the 'see me' campaign.

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<sup>15</sup> The Mental Health Needs of Young Offenders, Mental Health Foundation (2000)

<sup>16</sup> Getting it right for children in residential care, Audit Scotland (2010)

We are also concerned that many children and young people feel extremely nervous about attending appointments. In our experience mental health services can be seen by young people as inflexible in their approach, located in difficult to get to areas, offering a limited number of appointments in a clinical setting. There is also the issue of stigma, which still concerns a lot of young people.

If they fail to attend then they may have to wait for a significant length of time before they get another appointment, if they miss a second appointment then they can be removed from the service. This is the wrong way to approach this as it exposes lots of children and young people to long term mental health problems.

Many young people most in need of CAMH services are often living chaotic lives and medial appointments and treatments can be off-putting. They need to receive support in setting where they feel comfortable at time that's suit their lifestyle.

CAMH services need to be more flexible to the needs of young people and thought needs to be given to the nature of engagement with them. For instance, an outreach CAMH service that will work with children in schools and children's homes would be a positive development.

### **Self Harm and Suicide**

In Scotland, 781 people died by suicide in 2010. The Scottish Government has successfully reduced suicide rates since introducing its Choose Life strategy, but Choose Life ends in 2013. The strategy should continue suicide prevention work beyond 2013, and in particular to providing suicide intervention training outwith the NHS, as most people who complete suicide are not known to the mental health system<sup>17</sup>.

Between March 2010 to 2011 over 400 children were admitted to hospital with a diagnosis of intentional self-harm<sup>18</sup>. This figure is very high and could be the tip of the iceberg, as this figure does not include those admitted through accident and emergency. This is also largely a hidden problem and there may be many more children and young people self-harming and not seeking medical attention or support, and, therefore, not captured.

There are not enough services throughout Scotland offering support to those who self harm. The Scottish Government, NHS Boards and

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<sup>17</sup> National Confidential Inquiry into Suicide and Homicide by People with a Mental Health Problem, [Lessons for mental health care in Scotland](#), 2008

<sup>18</sup> Scottish Parliament, Written Answers 2011, S4W-03532

Local Authorities need to do more to ensure that there is adequate service provision throughout Scotland to support children and young people who self harm.

Barnardo's Scotland currently runs a Self Harm Initiative in Angus, which directly supports young people who self injure and who have suicidal thoughts/actions. The service also provides consultancy on self harm, training and information for professionals, carers, parents and young people, as well as direct intervention with young people and their family. There is a strong evidence base to show that such services are highly valued and effective in lowering the rates of self harm in young people, therefore reducing risk and promoting good mental health.

## **Bullying**

The impact of bullying on children and young people, both during childhood and in later life, can be substantial.<sup>19</sup> Scotland is leading the way in anti-bullying work through the work of *respectme*, managed by SAMH and LGBT Youth Scotland, and this is laying strong foundations for the good mental health of children and young people. A strategy for Scotland's mental health should include a focus on anti-bullying work.

## **About Barnardo's Scotland**

Barnardo's Scotland is a national voluntary organisation and works directly with more than 10,000, children, young people and their families in over 98 specialised services in local communities across Scotland which cover fostering, parenting, substance misuse, offending, homelessness, and abuse. As a result, many of our services frequently work with young people who may require CAMH services.

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<sup>19</sup> [BMJ 2001, Bond et al, Does bullying cause emotional problems? A prospective study of young teenagers, 2001](#)