

## **Scottish Government Debate on Mental Health – MSP Briefing**

We welcome the Scottish Government's debate on mental health and wellbeing. We also welcome the recent publication of the Mental Health Strategy 2011-2015 consultation document, which we will be responding to in due course.

### **Barnardo's Scotland would like to see the Government:**

1. 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.
2. End the postcode lottery of child and adolescent mental health (CAMH) services in Scotland – ensure an adequate level of mental health services and support is available in every NHS Board area.
3. Reduce waiting times as a matter of urgency. The Scottish Government's aim to reduce waiting times to no more than 18 weeks by 2014 is laudable, however, this is still far too long for children and young people to have to wait and impacts considerably on long term health outcomes.
4. CAMH services must be more flexible in offering appointments, as well as offering more community and home-based appointments to make it easier for children and young people to attend.
5. There needs to be more mental health training for frontline staff in universal services dealing with children and young people on a day-to-day basis, such as teachers.
6. The language of GIRFEC incorporated into CAMH services.

### **About Barnardo's**

Barnardo's Scotland is a national voluntary organization providing over 70 services throughout Scotland. We work with 10,000 children and families across Scotland via a range of services and projects, 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.

## Mental health and children and young people

### The facts

- In Scotland, about 125,000 young people experience mental health problems that interfere with their daily lives.<sup>1</sup>
- It is estimated that around 50% of looked after children have a mental health problem.
- 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>2</sup>.
- One in ten young people have mental health problems that are severe enough to require professional help.<sup>3</sup>
- 20% of children have a mental health problem in any given year.
- 70- 80% of people who experience mental health problems will recover.
- One in four young people think that someone with a mental health problem is less likely to have friends.
- Having a disorder as a child or young person, especially when left untreated, increases the chance of a more chronic disorder in adulthood.

### Looked after children

Barnardo's 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>4</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.

### Young offenders and mental health

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

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<sup>1</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>2</sup> The Mental Health Needs of Young Offenders, Mental Health Foundation (2000)

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

<sup>4</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

of high 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>5</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.

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.

### **Adequate resources and services**

Barnardo's is concerned that CAMH services across Scotland are patchy and very inconsistent from general to specialist care. From the experience of our services and staff working across the country it is clear that there is a shortage of trained counsellors for children and young people, which needs to be addressed.

We want to see an end to the postcode lottery of CAMH services in Scotland and see NHS Board areas deliver a consistent level of mental health services and support. We urge Health Improvement Scotland to carry out a review of NHS Boards against its healthcare standards for CAMH services, which were published in June 2011.

### **Waiting too long**

There are significant waiting lists for children and young people accessing CAMH services. Barnardo's is concerned that the Scottish Government will not meet its 18 week referral to treatment time by December 2014 or the proposed 26 week referral to treatment time by March 2013 for specialist CAMH services. Even the Government meets that target then it is still far too long for a child to have to wait before receiving treatment.

Early action is more likely to result in full recovery and, in the case of children and young people, will also minimise the impact on other aspects of their development such as their education, so improving their wider social development outcomes.

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<sup>5</sup> The Mental Health Needs of Young Offenders, Mental Health Foundation (2000)

Barnardo's believes that urgent action needs to be taken in order address waiting lists and ensure that children and young people with mental health problems access services as early as necessary.

### **Identifying children and young people with mental health issues**

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 indentifying 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.

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

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.

### **For more details please contact:**

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