Believe in children
Barnardo's Scotland

Barnardo's Scotland response to Health and Sport Committee call for evidence on Mental Health in Scotland.

August 2016

Barnardo's is the largest children's charity in Scotland, we work with more than 26,500 children and young people in over 122 specialised services every year. Our services work with families and children living in poverty and facing multiple disadvantages. Many of our services work daily with children and young people who have mental health issues due to a wide range of factors mainly related to poverty, disadvantage and trauma. This response is informed by our work with these children, young people, their families and other professionals. Our approach to mental health is based on a non-stigmatising, non-medical model.

1. What are the key factors that result in long waits for CAMHS?

The long wait for Child and Adolescent Mental Health Services (CAMHS) is linked to an increasing demand for help and the lack of capacity of services. In our experience there are a number of issues underpinning this:

- **An increase in the factors which cause stress and distress in children and young people.**

Children and young people are subject to increasing pressures which can lead to anxiety, depression and other mental health problems. The World Health Organisation recently reported that teenage boys and girls in Scotland were among the most stressed at school, with Scottish 15-year-olds feeling most pressured by schoolwork in the UK and coming second only to Malta[1].The WHO report identified that this was the case for children from varied economic and social backgrounds. There are also concerns that increasing use of the internet and social media are putting pressure on children and young people. Childline recently reported that

[1] WHO report http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/health-behaviour-in-school-aged-children-hbsc/growing-up-unequal-gender-and-socioeconomic-differences-in-young-peoples-health-and-well-being.-health-behaviour-in-school-aged-children-hbsc-study-international-report-from-the-20132014-survey

modern pressures such as cyber bullying and social media are affecting children's confidence and self-esteem[2].

For many of the children and young people that we work with, poverty is an additional factor which can impact on their mental health. Parents of children living in poverty are more likely to suffer mental health problems, relationship problems, financial problems and have experience of substance misuse, all of which can affect their parenting behaviours and impact on their ability to provide support for their children's mental health and well-being.

- **Poor emotional literacy and a lack of coping strategies amongst children and young people.**

Our services report many children and young people find it difficult to label and regulate their feelings.

- **A gap in provision at an earlier stage resulting in CAMHS being the 'only option'.**

Increasing levels of distress in children and young people has inevitably led to an increase in demand for services offering support for anxiety, stress and depression. The WHO report found increased awareness amongst school staff about the level of stress among young people. Our work in schools supports this. However teaching staff feel there are very few options on where to send a child or young person experiencing difficulties other than referring to CAMHS. Increased awareness amongst young people themselves of the importance of good mental health may lead more of them to seek help. A referral to CAMHS has become the 'default' option when it comes to who should offer support. This is exacerbated by a lack of services at Tier 2 offering support, a lack of knowledge and skills to address mental health needs amongst those working in universal services and a lack of confidence and skills to enable parents to respond in the right way when their child and young person is in distress.

- **Concern that early intervention and prevention work will be less of a priority as a result of reductions in public sector funding.**

There is increasing anecdotal evidence, particularly among third sector organisations, of early intervention and prevention services being reduced or having funding cut completely. This applies to family support services, mental health services in schools and

[2] https://www.theguardian.com/society/2016/jan/07/online-pressures-unhappy-children-cyberbullying

provision for care leavers among others. These types of services are central to preventing children and young people developing mental health problems which require intervention from CAMHS.

Research by Dartington Social Research Unit in five local authority areas in Scotland focussed on need. It found that at least 1 in 5 children at any time are 'in need' meaning that they have needs that may impair their **future** health development. The research also found a large amount of unmet need with 76 per cent of children with high levels of need not being in receipt of targeted services. Researchers reported that of the £5 billion invested in children in Scotland per year only around 3 per cent is allocated to early intervention[3].

In Barnardo's Scotland's experience, support given to parents and children at an early stage is likely to reduce difficulties arising at a later stage even where there has been a significant level of adverse childhood experiences.

- **A lack of specific abuse and trauma recovery services for children and young people.**

The impact of trauma on children and young people is recognised but does not always translate into additional support being available. We believe that this is a key factor putting pressure on CAMHS. Children can experience trauma through the impact of parental substance misuse, from living in homes where there is domestic abuse, being sexually, physically and emotionally abused or from bereavement and loss. Looked after children are particularly vulnerable, the main reason for becoming looked after in the first place is often related to abuse or neglect.

The impact of trauma and abuse is often significant enough for a referral to be made to CAMHS for specialist support. It is however questionable whether CAMHS is the right place for this support. We believe that more emphasis needs to be placed on community based trauma and abuse recovery services. These types of services look to build a network of support around the child with a focus on building the capacity of parents and those working in universal services to recognise the signs of trauma and mental health problems. The third sector has experience of working with children, young people and families affected by trauma and of the crucial work of building capacity around therapeutic interventions and emotional literacy.

[3] Dartington Social Research Unit (2016) Transforming Children's Services: Using the best evidence to get it right for every child, Dartington, DSRU

Overall, the result of unnecessary referrals to CAMHS is that these services are difficult to access for those who really need them.

2. What would you identify as the main reason(s) for the CAMHS waiting time target not being met?

The reasons for waiting time targets not being met are broadly similar to those outlined above.

Additionally there are significant issues around the numbers of referrals and the inability to triage with no destination for support for those children and young people who are on the waiting list. In this situation there is little prospect of needs being addressed and every likelihood that the original reason for referral may well worsen, with problems potentially becoming more complex and requiring longer interventions to resolve. As a result, those who remain on the list will face a longer wait for support. There is also a lack of resources to provide more social therapeutic support to children and young people which stops them from being referred in the first place.

3. Are there any other issues in CAMHS that you would identify as being a priority for improvement?

The current model is inflexible. For instance, appointments limited to 9-5pm are not necessarily appropriate for children and young people nor is the fact that they will have to attend NHS premises. In a survey of 1,453 young people the Scottish Youth Parliament found that this was the view of young people themselves with comments identifying a general lack of accessibility of mental health services, a lack of locally available services and insufficient 24-hour support[4].

For young people experiencing mental health problems a 'two strikes and you're out' approach is neither desirable nor workable. Young people experiencing mental health problems can require support to engage and engagement is based on establishing good relationships. The current model of CAMHS does not allow for good relationships to be established before requiring attendance at appointments. There is a need to shift the balance from hospital based services to community based services. These types of services offer warm, child friendly, relaxed locations that are non-stigmatising and well attended. They also offer flexibility of appointments to fit around the needs of the child and the family.

[4] Scottish Youth Parliament (2016) Our Generation's Epidemic: young people's awareness of mental health information, support and services.

There needs to be a more child-centred, rights based approach to help 'de-medicalise' the current medical model. This should include involving children and young people in the design of services. Children and young people need support to stay engaged with services which can often be frightening and confusing.

The experience of our services is that there is a lack of support for children and young people in crisis. CAMHS services will often not work with young people until their situation is stable. But many of the children and young people we work with are living in ongoing unstable situations. Likewise, many children and young people with a learning disability don't meet criteria to be supported by CAMHS. Where emergency psychiatric support is available it is focussed on adults and often based in accident and emergency departments. Much more consideration needs to be given to how children and young people in crisis can access immediate support and help.

CAMHS should have the ability to triage with the third sector. Working alongside third sector services who have experience of trauma would allow referrals to be directed appropriately allowing CAMHS to see those children and young people needing urgent assessment whilst others could be supported in their community.

4. Are there any particular factors/initiatives you can identify which have helped improve services either locally or in other parts of Scotland?

One of the key issues for children and young people is that current CAMHS are based on a medical model which is focussed on diagnosis, pathology and illness. It is too often the case that therapeutic, attachment and relationship based work sits opposite the CAMHS 'system' rather than in partnership with it. An effective model would be based on close collaboration between the services provided by CAMHS and those services provided by organisations in the third sector, in effect a whole system approach. Many of our family support services offer support at Tier 2 and 3 and many of our specialist services offer support at Tier 3 and 4.

The following are examples of our work that have helped improve services for children, young people and other professionals working in mental health across Scotland:

Early intervention and prevention:

- Capacity building work in schools such as Barnardo's Edinburgh Community Support Service (BECSS) works to

build the capacity of parents and teachers around emotional literacy. Our PATHS service's in Renfrewshire also work to improve emotional literacy in schools.
- Early intervention family support services which focus on supporting parenting pre-birth to 3 years for parents with a range of mental health needs. Our Family Nurture Hub in Fife supports parents to address their own needs and improves infant mental health.

Specialist support:

- Our Specialist Child Sexual Exploitation/Child Sexual Abuse/trauma services support children and young people with mental health problems and work alongside CAMHS and other agencies, including support to residential units, support for children in foster care and consultancy for staff.
- Our youth housing support service provides support to children and young people referred to CAMHS.

UK initiatives:

Barnardo's provide a range of services across the UK often in partnership with CAMHS including:

- CAMHS Tier 2/3 service with Joint Single Point of Access triage
- Time4Me – evidence based, school based counselling service[5]
- Upside online (website offering information to young people, parents and professionals, including online chat and 1-1 online counselling)[6]

5. What support is provided to children and young people while they are waiting for a stage 3 referral?

There are a range of supports available to children and young people with mental health problems accessing our services. This ranges from support to build resilience to therapeutic support including play therapy, art therapy, Eye Movement Desensitisation and Reprocessing therapy (EMDR), counselling and psychotherapy.

Other third sector organisations will also offer support to children and young people who are waiting for a stage 3 referral.

[5] http://www.barnardos.org.uk/in_focus_time_for_me.pdf
[6] https://www.upsideonline.co.uk/

6. Which parts of the previous mental health strategy have been the most successful?

The 2012-2015 strategy contained a commitment to roll out parenting programmes to the parents of all 3-4 year olds with severely disrupted behaviour. This was a welcome commitment, but we are unsure how successful this has been.

We very much welcomed the commitment in the previous strategy in relation to looked after children and the focus on gathering data on specialist mental health consultation and referral activity. The strategy also recognised that children in care have poorer mental health than their peers. We would welcome clarification on how successful this has been given that looked after children continue to have poorer outcomes.

7. Which parts of the previous mental health strategy have been the least successful?

From a children and young people's perspective it is disappointing that both the experience of CAMHS and access to services is still a significant issue. We recognise that this is for the reasons outlined in this response.

8. What would you identify as the key priorities for the next mental health strategy?

The next strategy needs to be bolder in its ambition and look to transformational change of a system that is not working as it should. A whole systems approach should be taken.

Key priorities should include:

- **A focus on building the skills of people working in universal services, schools and parents with a concerted effort to increase the emotional literacy of children and young people.**

- **A focus on early intervention and prevention.**

We would like to see the next strategy focus more on early intervention approaches which support children and young people's mental health at an earlier stage, such as therapeutic and counselling support within schools and community settings, delivered in a non-medical model.

Improving the mental health of children and young people often means supporting their parents, particularly for families living on low incomes where they have limited access to leisure, poorer housing and poorer life chances generally. Barnardo's Scotland supports large number of families in this situation.

We would like to see an emphasis on positive attachment based approaches in the early years. We would also like to see the next strategy focus more on attachment based support starting from the pre-natal stage to age 3. Barnardo's Scotland uses the 'Five to Thrive' approach - an accessible approach aimed at promoting and nurturing positive attachment between parents and children. The factors which lead to many young children failing to reach developmental milestones, including good mental health, can be addressed by teaching parents and those working with children how to take simple measures to improve attachment and thus the child's development. It also works on the premise that improving children and young people's mental health starts pre-birth.

- **The development of a pathway of support for children and young people, ensuring services work in partnership with CAMHS.**

There should be an enhanced role for third sector organisations with experience of providing community services that fit with the needs of children, young people and their families. Such an approach should support and work in partnership with CAMHS.

- **The development of digital solutions for children and young people to access support.**

- **Ensuring that specialist care and treatment is available when it is required.**

We would like to see the next strategy set out how services will be designed to address the needs of those children and young people who are in crisis but waiting to be seen by specialist services.

- **A rights based approach to the design and delivery of CAMHS and other emotional health and wellbeing services.**

The next strategy should have rights as a central element, to ensure that children and young people are able to effectively participate in the design of the services they need. This links to the co-production approach that is central to GIRFEC Child's Plans.

- **A continued focus on developing services for looked after and accommodated children and young people.**

Given that looked after children continue to have poorer outcomes the next strategy should go beyond gathering data and address how existing services can address the needs of this group of children and young people. It should also set out ways in which additional services can be aimed at this group and consider what additional services need to be developed.

- **Parity of esteem between physical and mental health**

The strategy should address how this can be achieved. In particular there should be consideration of how mental health and mental health improvement can be given the same priority as physical health in the curriculum.

For more information or clarification of any of the points in this evidence contact Eddie Follan, Policy Officer, Barnardo's Scotland eddie.follan@barnardos.org.uk T: 0131 446 7077