

September 2016

Barnardo's Scotland response to 'Mental Health in Scotland – a 10 year vision'

Barnardo's Scotland welcomes the opportunity to contribute to the consultation on a new Mental Health Strategy for Scotland. Our views are informed by the range of services we provide to children, young people and their families which support their mental health and wellbeing. This includes work with children and young people in schools – particularly around attainment - in disadvantaged communities, with looked after children and young people and those who have suffered sexual abuse and sexual exploitation. Many of our services work to tackle some form of trauma, bereavement or loss and aim to build resilience in the children, young people and families we work with.

General Comments

We recognise that setting out a 10 year strategy that seeks to transform mental health in Scotland is ambitious and challenging. It will require not only significant resources but a shift in culture, attitudes and, in many instances, a sharing of power and decision making between public bodies, third sector organisations and individuals. In short, for the strategy to be successful there will need to be a 'whole system' change. We welcome the ambition set out in the consultation document and as a major third sector provider of children's services we are ready to play our part in meeting the challenge.

We are however concerned that the consultation document is limited and short on detail in how much it sets out what direct actions will be taken to improve the mental health of children and young people over the next 10 years. Whilst we recognise the need for evidenced based programmes it would have been helpful if the consultation contained more detail on what these will be and an indication of what happens after 2020. It is also a concern that it will be 2019 before any assessment of how successful these programmes have been and if they actually work in practice.

We appreciate the intention of setting out 'early actions' in the consultation document but we would hope that the strategy itself gives a comprehensive lead on what activities are going to be required over the next 10 years. For instance the strategy needs to have specific actions for named vulnerable groups at greater risk of mental health problems such as care leavers, LGBT young people and should include those with a learning disability and diagnosis such as Autism, Asperger's or ADHD.

As it stands the consultation document gives a limited picture of what the vision for the next 10 years will be. A strategy will need to clearly articulate where we want to be in relation to children and young people's mental health in 10 years.

The strategy needs to reflect the continuum of mental health and wellbeing, from prevention to early intervention to therapeutic support. Overall there needs to be a shift from the current overemphasis in the consultation paper on medical model approaches to one which is based on a social model. The consultation document is very health focussed and fails to recognise the role of the family, schools and the wider community. Moreover the focus should be on mental health rather than the more narrow focus on mental illness. The key to improving mental health and wellbeing lies in tackling underlying issues and addressing need upstream.

Crucially the strategy should acknowledge and address the underlying contributing factors affecting mental health and wellbeing such as poverty, inequality, employability, abuse, trauma, bereavement and bullying amongst others. Only by acknowledging and addressing underlying factors such as these will we be able to put in place solutions that involve the family, school and the whole community.

Response to specific questions

1. The table in Annex A sets out 8 priorities for a new Mental Health Strategy that we think will transform mental health in Scotland over 10 years. Are these the most important priorities?

We have addressed each of the priorities relevant to the experience of our services and the children, young people and families who use them.

Priority 1

We welcome the fact that this priority has a focus on early intervention and prevention. However, the consultation document is overly focussed on the role of health services. A strategy needs to reflect the role of third sector organisations in working to support mothers at risk of developing mental health problems or those with existing mental health problems.

Barnardo's Scotland is one of many third sector providers who provide a range of services supporting mothers and expectant mothers. Third sector providers are ideally equipped to support the work of health services. For example there needs to be better joint working between Health Visitors and third sector providers. Where a problem has been identified by a Health Visitor, the third sector may be able to provide support through befriending or buddy type services for instance. As such the strategy needs to be explicit that third sector providers need to be involved in the support/managed clinical network.

Early intervention and prevention needs to be considered as part of the strategy in the widest sense. It is those expectant mothers and new mothers who are most vulnerable and who are likely to need the more intensive support that is most often provided by third sector organisations. In our experience this includes supporting perinatal mental health, women who have been victims of domestic abuse and where substance misuse is an issue. Consideration also needs to be given the needs of fathers and how their mental health impacts on other members of the family

Priority 2

Again, the focus on early intervention and prevention is welcome in relation to this priority. In our experience, through our family support work, early intervention means ensuring support is in place for the most vulnerable families. If this support has been put in place pre-birth it is more likely that the continuity of carrying this support forward as the child develops will help both mother and child enjoy good mental health.

A key part of this work should be around attachment. Our work to achieve better outcomes for disadvantaged children and families is based on an approach which promotes healthy brain development and positive parent child attachment. We expand on this under Question 2 below.

Attachment based approach can and should be the basis for work with parents in nurseries and in primary schools with children to identify and manage emotions. Work also needs to be rolled out in secondary schools to support young people.

Priority 3

Primary care workers have an important role to play as they are often the first contact a child or young person will have in relation to their mental health. The Scottish Youth Parliament survey of 1,453 children and young people aged 12-26 found that young people feel most comfortable talking to a GP or other medical professional about their mental health¹. It is important that those working in primary care settings are appropriately trained in the specific difficulties children and young people face and how best to support them at this crucial stage.

It may also be the case that primary care workers will be involved in the transition from CAMHS to adult services. The strategy should specifically address the steps that need to be taken as part of this transition process.

Priority 5

We welcome a priority which is focussed on the access to and efficiency of mental health services. It is vital that CAMHS are readily available to see those children and young people who need specialist help.

Barnardo's Scotland knows from experience that it is often difficult for children and young people to access specialist support when they need it. Some 10 per cent of children and young people in Scotland have mental health problems that are so significant as to have an impact on their daily lives². In addition there has been a 12 per cent increase in the number of children and young people who are waiting more than 6 months for treatment³.

We recognise the increased pressure on Tier 3 and Tier 4 Child and Adolescent Mental Health Services (CAMHS). In a report on 'Commitment One' of the 2012-2015 strategy CAMHS staff in one area reported a 57 per cent increase in referrals since 2009. This is part of an overall national increase in referrals to specialist CAMHS

¹ Scottish Youth Parliament (July 2016) Our Generations Epidemic: young people's awareness and experience of mental health information, support and services

² Scottish Needs Assessment Programme (SNAP) (2003) *Report on Child and Adolescent Mental Health*

³ <http://www.gov.scot/Publications/2015/12/8977/3>

and a 35 per cent increase in the number of those starting treatment over the last 2 years⁴.

A picture of increasing need and rising demand is likely to continue to put pressure on specialist services. It is our experience that as a result of austerity and changes to welfare budgets our own services increasingly have to provide crisis support when their primary aim would have been to work with children and families in a preventative way. It is crucial that the strategy addresses the balance between early intervention and prevention and crisis support.

The third sector has an important role to play in addressing these capacity issues supporting children and young people at an earlier stage and avoiding the need to medicalise their problem. Additionally, work with families is necessary to address the issues underlying and impacting on their mental health. Whilst for vulnerable groups, relationship based work is what works.

Priority 7

We very much welcome ensuring parity between mental health and physical health is a priority. We also recognise that the scale of this challenge is significant and will require a cultural shift over time. Parity should extend to ensuring the Curriculum for Excellence and what is taught around mental health and well-being has the same emphasis as physical well-being.

Priority 8

The planning and delivery of CAMHS should be informed by the people who use them. Article 12 of the UNCRC gives children the right to say what they think should happen when adults are making decisions that affect them. Article 3 requires that the best interests of the child must be the primary concern in decision making.

We fully support the Rights for Life Declaration which recognises that although people affected by mental health problems have the same rights as other members of Scottish society they face significant barriers in realising them. As well as facing unacceptably high levels of stigma and discrimination people with mental health problems are often excluded from decision making processes which affect their lives. This applies equally to children and young people as it does to adults.

⁴ <http://www.thescsc.org.uk/scottish-health-board-figures-on-child-and-adolescent-mental-health-expenditure-highlight-critical-need-for-greater-spending/>

We believe that 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.

2. The table in Annex A sets out a number of early actions that we think will support improvement for mental health. Are there any other actions that you think we need to take to improve mental health in Scotland?

There are a range of important areas which are not addressed in the consultation document and which are central to improving mental health in Scotland.

- **Supporting parents and developing attachment based approaches**

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, and it would be useful to know how successful this has been. We would like the new strategy to expand on this commitment by focussing on conduct disorder and supporting children's behaviour through a family learning approach.

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

The new strategy should focus more on attachment based approaches starting from the pre-natal stage to age 3. This should include the role that fathers have to play given the evidence of the impact of men on children and young people's mental health.

Barnardo's Scotland uses the 'Five to Thrive' approach. 'Five to Thrive' is a simple, accessible approach aimed at promoting and nurturing positive attachment between parents and children. This type of approach is based on the recognition that the factors which lead to many young children failing to reach developmental milestones can be addressed by teaching parents and those working with children how to take relatively simple measures to improve attachment and thus the child's development.

For many children the result of poor attachment in the early years is that they start school with a significant disadvantage to other

children and are at increased risk of developing a mental health problem. In terms of speech and language development for example, 38 per cent of children referred to child psychiatric services met one or more criteria for previously identified language impairment. Even at this stage there will be a gap between the attainment of these children and those from less disadvantaged backgrounds.

The strategy needs to acknowledge the wealth of evidence we already have around early and teenage brain development and the impact of adverse childhood experiences on the developing brain, including the impact on mental health and wellbeing. There is strong evidence and understanding of the benefits of trauma informed practice and services delivered at an early stage. The strategy also needs to take into account the enablers of good mental health and address those issues that we know negatively affect the mental health of children and young people.

- **Build 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.**

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 World Health Organisation recently reported that there was 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. School based counselling has an important role in in this respect.

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 is in distress.

The strategy needs to set out actions which will aim to promote good mental health. This should include putting in place initiatives to improve the mental health literacy of children, young people, parents and professionals. This should be focussed on ensuring that problems can be identified early, and proportionate and accessible support is put in place. 'Ask Once, Get Help Fast' should apply to

children and young people as well as adults. This requires CAMHS to be redesigned.

- **Develop 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. For example, 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.

- **Develop community based trauma and abuse recovery services**

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.

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

- **Continue to focus on developing services for looked after children and young people**

Evidence has shown that care leavers suffer disproportionately with mental health problems. In 2010, NICE evidence showed that around 60% of Looked After Children (LAC) and 72% of children in residential care have an emotional or mental health problem. In addition, care leavers are four times more likely to attempt suicide in adulthood than their peers. This statistic highlights the real danger of mental health problems going unacknowledged.

We very much welcomed the commitment in the 2012-2015 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. 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.

The strategy will need to address the new responsibilities on health boards and their corporate parent role in relation to care leavers. From April 2015 any looked after young person who ceased to be 'looked after' on or after their 16th birthday is a care leaver. Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014 places duties on local authorities, health boards and other statutory agencies to ensure the best possible outcomes for children in care and care leavers into adulthood. All corporate parents are required to prepare and publish plans which detail how they will fulfil their duties. This includes children in care and care leavers being active participants in shaping services and ensuring mental health concerns are identified early and addressed quickly.

- **Enhance the role of the third sector**

Whilst the policy and legislative framework in relation to children and young people's services and their wellbeing has developed, the Scottish Government has also introduced legislation which requires public bodies to work more closely with the third sector. This change has been driven by the report of the Christie Commission with an emphasis on reducing expenditure which mitigates the impact of negative outcomes by adopting a more preventative approach. In line with this there has been a greater focus on better

partnership, collaboration and delivery with the third sector as an important element of this.

The third sector has a central role in delivering services that address the mental health and wellbeing of children and young people whether through attachment based approaches, support in nurseries and schools or the care and treatment of those suffering more severe mental health problems. The key is delivering these services in partnership with health and with local authorities in a way that compliments and supports the work of the statutory sector but also adds value that benefits children and young people.

The strategy is an opportunity to set out clearly the relationship between commissioners of services and the third sector and give guidance on how to make the best use of resources in order that children and young people get the right support at the right time regardless of their circumstances

- ***Link to wider public policy***

The consultation document does not make clear enough links to wider policy and legislation which need to be considered as part of a societal approach to improving mental health and wellbeing.

Good mental health is integral to children and young people's ability to achieve and reach their full potential in education. The strategy needs to address the ways in which improving mental health can impact on educational attainment and how services and initiatives aimed at closing the educational attainment gap work with those focussed on improving mental health.

Since the last strategy was produced the policy, legislative and service planning framework for children and young people has changed and developed significantly. Central to this was the passing of the Children and Young People (Scotland) Act 2014.

As such it will be important that a new strategy addresses how mental health policy and services align with the requirements of the 2014 Act. It is also important that the next strategy – where it relates to children and young people - should be underpinned by Getting it Right for Every Child (GIRFEC).

Getting it Right for Every Child has the wellbeing of children and young people at its heart. The approach uses eight areas of wellbeing in which children and young people need to progress in order to do well now and in the future. The eight indicators of wellbeing; Safe, Healthy, Achieving, Nurtured, Active, Respected,

Responsible, Included (SHANARRI) will all in some way be associated with ensuring that children and young people benefit from good emotional health and wellbeing.

The Children and Young People (Scotland) Act 2014 puts certain elements of GIRFEC on a statutory footing including the concept of wellbeing as set out in the SHANARRI indicators. The Act places duties on public bodies to co-ordinate the planning, design and delivery of services for children and young people. These services should have a focus on improving wellbeing outcomes, and agencies will have to report on how they are doing this.

Part 3 of the Act places a duty on local authorities and Health Boards to develop joint Children's Services Plans in cooperation with other service providers. This includes a duty to consult with large and small third sector organisations as well as users of children's services and their representatives.

3. The table in Annex A sets out some of the results we expect to see. What do you want mental health services in Scotland to look like in 10 years' time?

We believe that improving mental health in Scotland is not simply the job of health services and responsibility for improving the mental health and wellbeing of children and young people should not lie primarily with the NHS. The NHS has an important part to play but it should be a small part for a small number of children and young people.

We want to see a Scotland where there is a whole system approach to improving mental health and wellbeing. This would mean that support for children and young people is readily available and easily accessible. This should be part of their everyday lives. Parents and young people should be feel comfortable talking about mental health, schools should be ready to support children and young people where necessary and there should be an awareness of the importance of mental health in the wider community.

Overall we want to see a Scotland where mental health is *everybody's business*. This will mean a shift from the current medical model to one where there is an increased role for schools, the third sector, parents, and children and young people themselves through increased awareness and good self-management. Much of this can only be achieved if we successfully tackle the stigma that surrounds mental health and mental illness.

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