



Liberal Democrat debate – Mental Health

Briefing from Barnardo's Scotland - 13th 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. Through this work we know that the mental health and wellbeing of children and young people is one of the biggest challenges we face in Scotland today and we welcome steps by the Scottish Government and all parties which seek to improve the support available to children and young people.

Key points

- Children and young people's mental health is not an issue for health alone to deal with.
- Alternative provision is necessary for children and young people experiencing psychological distress who don't meet the criteria or thresholds for CAMHS.
- Universal services such as education have a huge role to play in prevention and early intervention.

Specialist support

In March, in response to the quarterly statistics on CAMHS waiting times being published we cautioned that they only told part of the story. ¹ Statistics showed that 4,015 children and young people had been seen by CAMHS in that quarter compared to 3,410 in the previous quarter. In recognising the pressure that CAMHS are under we called for **cross-sectoral action to improve support for children and young people's mental health and wellbeing.**

We know that not all children and young people with mental health difficulties will need a specialist CAMHS service. If the right supports, and joined-up referral pathways are in place for these children, then the dedicated staff within CAMHS will have more capacity to work with those children who really need, and are able to benefit from, specialist support.

Recently we spoke to our services about their experiences of working with children and young people who had their referral rejected by CAMHS. ² Our staff highlighted several reasons why a referral to CAMHS may be rejected including **lack of**

¹ http://www.barnardos.org.uk/what_we_do/scotland/scotland_news.htm?ref=128525&

² Report in publication



stability, lack of severe symptoms and lack of clarity around referral criteria.

This report has highlighted that access to specialist CAMHS must be improved for those children and young people who really need it. But for this to happen, pressure on the service must be relieved further upstream.

Addressing waiting times should not be at the expense of access or quality of support available, **crucially, appropriate support must be available for children and young people who don't meet the criteria for accessing CAMHS**; this support should not be confined to a medical model of diagnosis or mental illness.

A multi-disciplinary approach to children and young people's mental health is required, one which utilises the knowledge and skills from a range of professionals and agencies including health, education, social work and the third sector and we would encourage all parties to consider this approach.

Early intervention and prevention

Research by Dartington Social Research Unit in five local authority areas in Scotland in 2016 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.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 (ACEs).

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 and with families cannot be understated. Supporting those working with children and young people to understand the impact of 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.**

For any queries or further information, please contact:

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



Appendix

Good practice – Single Point of Access (SPA)

In other parts of the UK Barnardo's works collaboratively and in partnership with CAMHS to jointly deliver services for children and young people who require support for their mental health. Through these models of working we are seeing an increase in engagement and improvement in access to services for children needing support. Children are getting the right help, quicker.

The service is often referred to as a Single Point of Access (SPA) but can look different depending on the commissioning model. Crucially the SPA itself is not the standalone solution, there are jointly commissioned services which sit behind the SPA where children and young people are directed after the initial assessment. Where we are involved, we work in partnership with CAMHS to jointly assess referrals which would usually have gone straight to CAMHS. Referrals are never rejected, unless the referrer hasn't put enough information on the form, and the children and young people referred will have their referral passed on to the most appropriate service for them, based on their need.

The Barnardo's services which sit behind SPA still have high quality mental health provision, such as mentors, therapists and counsellors. The interventions can include play therapy, cognitive behavioural therapy (CBT), drama, art, music or wider work with the whole family. Therapy may not be right for every child or young person, we try and meet their needs at the lowest level of intervention, assessing very clearly what it is they require. This may only be 3 sessions with us, or it could be 4 months of counselling. Or it could be work to address the home environment and the external factors which may be at the root of the problem.

In England our involvement in this work is seen as Tier 2 work and any referrals that are dealt with by Health are seen as Tier 3. This model acknowledges that not every child or young person experiencing mental health difficulties will need a medical intervention, and it puts in place assessment, pathways and crucially services to support that child or young person based on need.