We welcome the opportunity to submit evidence to this Enquiry on behalf of Aberdeenshire Council (Education Learning and Leisure and Housing and Social Work). Given the short timescales, we were unable to scope the experiences of all staff in Education and Social Work and consequently this submission cannot reflect the views of everyone.

1. How children and adolescents potentially at risk of developing mental health problems are identified and how those problems should be prevented.

There are a range of structures and processes in universal services, such as Education and Health that are involved at different stages in a child/young person's development.

On the educational dimension, class teachers, guidance teachers, Support for Learning staff, school senior management and educational psychologists all play a role in identifying youngsters who are potentially at risk and providing relevant support in partnership with health visitors, community paediatricians, GPs, Child and Family Mental Health Services.

Other services, such as social work, youth justice and voluntary agencies, involved with children and young people experiencing particular difficulties, are aware that their clients may be more vulnerable to mental health problems and many have undergone specific training to assist in early identification.

With regards to Looked After Children, at the start of each placement a child should be offered a medical assessment, carried out locally by the Looked After Children's Nurse if a local placement, as well as a medical by the new practice if the child is moving area or changing GP. This assessment should identify if the child or others have any concerns about their emotional or mental health.

There are a number of specific tools available to those working with children and young people that can assist in identifying where someone is at risk. For example, the ASSET assessment tool for children and young people who present with offending behaviour/s pays particular attention to emotional and mental health. It includes issues about mental illness, but recognises that, for young people in particular, mental health and emotional wellbeing is influenced by issues such as personal relationships and social environment, as well as by medical factors.

Attendance of local health professionals at multi-disciplinary meetings assists in early identification and when present, they have proved very helpful, for example in taking forward referrals.

We can learn from existing research with children and young people. For example research on the experience of young carers has shown that peers can help in identifying children and young people who may be struggling with caring responsibilities. This would also apply to children and young people who are presenting with mental health problems.
In Aberdeenshire, we have found that engaging with young people to determine what works for them has huge benefits. An example has been a research project that started in 2004, sponsored by Aberdeenshire’s Choose Life Committee, entitled ‘The Emotional Well Being of Young People’. This explored the emotional well being at the transition from primary to secondary school in one of Aberdeenshire’s 17 academies. Following initial research findings, a Peer Listening scheme was set up in the school and after three years has been adopted by a further four academies. The scheme aims to offer early supports to young people and also has clear links with early identification of young people at risk, with processes for those in need of more specialised help to be referred on through existing services.

Implementation locally, of the integrated assessment framework and the broader getting it right for every child agenda will support the development of more efficient structures and processes promoting more effective identification.

There is plenty of research indicating factors that can make children and young people particularly vulnerable to mental health problems and an obvious way of preventing such problems is addressing those issues. We need to work with community planning partners to improve the environment and facilities for children and young people and challenge negative stereotypes by demonstrating that we really do value them.

We know that issues such as child poverty and homelessness have an impact on the mental health of our children and young people. Aberdeenshire consistently scores highly on quality of life, yet there are stark disparities between the relatively well off and communities characterised by multiple deprivation. A strategic approach, accompanied by targeted resources, to addressing significant inequalities in our communities would help improve the mental health of our children and young people.

Schools have an important part to play in fostering environments where children and young people can flourish. In Aberdeenshire we have effective policies on things like bullying and equalities, which are helping children and young people understand the importance of mutual respect for their peers, whatever their circumstances.

Early intervention, in terms of supporting families in crisis or with particular difficulties such as misuse of drugs and alcohol, will have positive benefits for our children. We need to continue to invest in programs supporting parents to develop skills and understand the impact their behaviour has on their children (positive as well as negative).

We all need to get better at supporting children and young people experiencing bereavement and loss. The requires people working with children and young people to have better understanding of the immediate, medium and longer-term impact of significant loss (and change) on children and young people and people around who know what’s going and are able to give the right support at the right time. We also need to get better at identifying and providing support to young carers, who are particularly vulnerable. We need to ensure that they do not bare the brunt of rationing of community care services or disputes about responsibilities for providing services.
2. What obstacles there are in identifying children and adolescents with mental health problems and how they might be overcome?

Whilst there are many positive initiatives in progress, the experience of many front line workers is that potential benefits are compromised by the capacity of CAMHS to meet the full range of needs. For example, there is perception that young people scoring high in terms of propensity of mental ill health within an ASSET assessment are not necessarily prioritised for very thin on the ground interventions. Long waiting lists exist and the experience of social workers is that even health-to-health referrals do not guarantee that vulnerable children and young people will be seen in appropriate timescales which could contribute to shared assessment and early identification of mental health issues.

In Aberdeenshire, we have specific geographical challenges, exacerbated by expensive and patchy public transport. Most specialist mental health services are based in Aberdeen, which inevitably limits the capacity for screening and early identification. The problems in accessing services are further complicated by the fact that children and young people in Banff are referred to a service in Moray, which means a different set of professionals to go through.

Travel into Aberdeen is in itself a deterrent to accessing services and subsequently diminishes the possibility of early identification. This is not simply because of cost, social constraints and the very nature of the problems typically being experienced by the children and families concerned, can make organising themselves to travel a significant distance a real challenge (for some people in rural and remote areas, including larger settlements where there is multiple derivation, a journey into the city is a traumatic experience). In order to guarantee regular attendance (without which, social workers are concerned the service would be withdrawn), workers often need to find ways to transport young people and their families, which has financial implications, even when workers transport clients to appointments themselves.

Social workers in North Aberdeenshire have a perception that access to specialist CAMHS has reduced. According to social workers, there was previously an adolescent psychiatrist involved in routine discussions on the North Aberdeenshire Assessment Team however there has been no representative since the post-holder retired. There were also two psychiatrists who previously travelled to the area to see their clients in local facilities, offering regular appointments, but again, this no longer seems to happen. From NHS Grampian's point of view, there have been specific difficulties with recruitment (though in fact, just one post has been vacant), reflecting a National shortage of CAMHS Consultant Psychiatrists. This they have tried to address, with additional out-patient clinics and CPN time.

Another potential obstacle to identifying children and adolescents with mental health problems suggested by front-line workers is that where health professionals are unable to make a clear diagnosis of mental illness a service is unlikely to be offered. Again, this view is not shared by CAMHS, suggesting the key issue is one of communication.
There are issues with regards to supports for children and young people exhibiting self-harming behaviour. Social workers have experience where young people have experienced lengthy periods in secure care due to extreme self-harming behaviour, but did not appear eligible for significant support from CAMHS, before, during or after their stays in secure, despite continuing to exhibit extreme risk-taking behaviour and hospital admissions for self-harming episodes.

Resource constraints impact on our ability to produce valid evidence about what works. The Choose Life scheme referred to is supported by a research project the research cost being approximately £30,000 per year. Whilst the Peer Listening Scheme itself is now delivered ‘in house’ by the Education Psychology Service, the research element (which provides a really good model for looking holistically at emotional wellbeing) could not be replicated across other schools without significant extra funding.

There is a general consensus that implementation of the Integrated Assessment Framework should make early identification easier however, this needs to be accompanied by changes in culture, so that the mental health and emotional wellbeing of children and young people really becomes regarded as “everyone’s business”. A recent survey of attitudes in Community Schools Networks indicated that some people working with children and young people regard mental health as an issue for health professionals.

Further training and awareness-raising for all those involved with children and young people will go some way to addressing this. This needs to be targeted at specific agencies. Front line workers (e.g. GPs, Health Visitors, School Nurses, Social workers and Teachers) need a clear understanding of risk factors and signs of emotional distress as well as knowledge of evidence-based practice relating to developing resilience, emotional wellbeing, supportive learning environments and how to access more specialised mental health resource when required in a staged and timely way. It is also crucial that other services, such as the police, are able to identify concerns. The use of appropriate tools to routinely screen for mental health problems in children known to be vulnerable (e.g. looked after children) would also be helpful.

Good communication between agencies is essential. Multi-agency information sharing protocols are being implemented; however, some professionals are still unclear about who to tell what and when. A better understanding of what different agencies do and their responsibilities with respect to children’s welfare would help. In addition, there may be lessons to learn from progress being made on communication and information-sharing in child protection. The introduction of an identified link person in schools would also be a good step forward.

3. What action is being taken to facilitate early intervention and what else can be done?

Early intervention and improving services for children and young people vulnerable to mental health problems are priorities in Aberdeenshire’s Integrated Children’s Services Plan. Specific objectives include promoting early intervention and prevention through
embedding Integrated Assessment Framework across all services and better identification of and assessment for children and young people who have Additional Support Needs. There is a focus on building the capacity of parents, families and communities to ensure that all children in Aberdeenshire get the best start in life and specific initiatives supporting for example, effective parenting, are being implemented.

In schools implementation of the broader GIRFEC agenda and its constituent elements such as A Curriculum for Excellence, implementation of structures and procedures supporting Additional Support for Learning legislation, promotion of positive relationships within schools and specific initiatives relating to training professionals and the development of supportive environments (e.g. “autism friendly”), support early intervention.

We have a multi-agency strategy group which aims to promote good mental health and emotional wellbeing of children and young people in Aberdeenshire. Actions are being taken to achieve the following goals:

- Link mental health workers in place across CSN networks.
- Appropriate support and supervision structures developed to support link mental health workers.
- Increased capacity of front line staff to promote mental health and emotional wellbeing of children.
- Increased % of children and young people seen by appropriate worker in a local setting.

Progress is being made on more effective joint working and this group now has cross-sector representation. However, different perceptions about the contribution of different agencies persist. We need to explore better ways to ensure that all organisations and agencies relevant to that child are represented at all levels of the organisation (operationally and strategically) in order to promote more child centred services and interventions. We also have some work to do in communicating what is happening more widely.

4. How access to services and ongoing support can be improved

- Embedding IAF and ensuring that all services and agencies are fully signed up and able to provide an integrated response when required.
- Developing staged procedures and all agencies understanding their role in supporting positive mental health and wellbeing.
- Information sharing at an earlier stage/age to ensure children and young people receive assessment and services when they need it most.
- Consideration of a child or young person’s mental as well as general health should be discussed within their educational plans etc.
- Training inputs in terms of identification of mental health issues so those involved with children and young people are more confident in screening.
- More consultation with children, young people and their families to ensure that services are designed and delivered in a way that is attractive to children and young people.
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- Access to psychiatrists/psychologists/CPNs etc on a local basis
- Investing in CAMHS to reduce waiting lists, widen access to ongoing service, allow earlier input from CAMHS and provide support or advice to front line workers.

As well as the problems in accessing a service, we need to ask ourselves if existing services are attractive and fully utilised by children and young people. We cannot ignore the stigma that can be attached to someone, especially a child or young person being labelled with a mental health issue. A way to overcome this would be by asking and fully involving children and young people in the design of these services. It may be that focusing primarily on mental health may not be the way forward, but incorporating a wider health agenda, including diet, nutrition, physical, emotional as well as mental health subjects and issues. More of a well-being theme should be adopted, where young people can get information in a safe and friendly environment.

5. What problems there are around transition from CAMHS to adult mental health services and how a smoother transition may be achieved.

Improving transitions across the board is an issue recognised by all services (viz More Choices More Chances and Looked After Children). Any transition a young person is making can be traumatic, not only for the young person, but for their families too. This was recently indicated in some work carried out with young people and adults who were currently experiencing or had experience of moving from the Children’s Hearing System to the Adult Criminal Justice System in Aberdeen. Young people consulted stated they felt ‘abandoned’, ‘had a lack of support’.

The following would support a smoother transition from CAMHS to adult mental health services:

- Supports to give young people more control over transitional periods in their lives
- Access to advocacy and/or Children’s Rights Officers as required
- Clear, timely and accurate information in appropriate formats
- Transitional posts that straddle both children’s and adult services, or co-working and co-funding of posts between services to support a more integrated approach amongst professionals
- Care pathways for all children and young people requiring ongoing support, indicating specific responsibilities of agencies and professionals
- Person-centred assessment and planning processes
- Forward planning (we all know that young people eventually become adults so why are we never prepared?)

Alice Squire
Strategic Development Officer, Housing and Social Work (Children’s Services)
Aberdeenshire Council
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