

Aberlour's response to the Scottish Government's Mental Health in Scotland – A 10 Year Vision strategy consultation

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## Introduction

As Scotland's largest, solely Scottish Children's charity, Aberlour is greatly encouraged by the Scottish Government's commitment to further focusing on and developing mental health support and service provision across Scotland, following on from the previous Mental Health Strategy 2012-15. In particular, we welcome the focus within the strategy on those outlined priority areas around promoting and supporting the mental health and emotional wellbeing of expectant and new mothers, babies and infants, as well as children and young people. We believe that good mental health is of fundamental importance to the development of nurturing environments and communities in which families can meet their children's emotional needs, as well as helping to develop strong and resilient children and young people who are equipped with the confidence and skills to succeed and to achieve.

Working in over 40 locations across Scotland, we provide services which support vulnerable children, young people and families across a range of settings and contexts. The children, young people and families we support experience vulnerability and significant challenges on a daily basis as a result of being in care, having complex additional support needs and disabilities, facing issues around dependency, or having been exposed to poverty and deprivation. Every day we see the effects of poor mental health on the lives of those children, young people and families whom we support, and understand that the impact of poor mental health only further compounds those existing challenges and vulnerabilities.

### Q1. Are these the most important priorities?

We agree that these eight priorities are important and should be the focus of the Scottish Government's 10 year mental health strategy. We welcome that the Scottish Government recognises the importance of good mental health and emotional wellbeing and the significance this plays at the earliest stages of a child's life, as well as the requirement of providing the necessary resources, support and services to promote the development of good mental health across the lifespan. However, as outlined below we recommend that there should be specific areas of additional focus particularly within Priorities 1 and 2 of the strategy.

### Q2. Are there any other actions that need to be taken to improve mental health services in Scotland?

Aberlour welcomes **Priority 1** of the strategy "*prevention and early intervention for pregnant women and new mothers*", however we believe that the intended result or outcome of this focus should not only be that "*health services are alert to, identify, and address mental health issues of pregnant women and*

*new mothers*” but that the development and delivery of perinatal mental health services and support must be a clear and defined priority aim of the new strategy. Identified timescales and commitments must be included in order to deliver perinatal mental health services and support consistently across Scotland, taking into account local geographic and demographic implications. A nationally coordinated approach by health boards in collaboration with other third sector partner organisations is essential in ensuring the development of specialist perinatal mental health services, providing high-quality care and support not only to new and expectant mothers but also the whole family. Aberlour’s experience of providing specialist perinatal support has ensured an insight and understanding of the challenges facing expectant and new mothers experiencing perinatal mental illness. Whilst we certainly agree that health services need to be alert to, identify and address perinatal mental illness as early as possible, it is our experience that greater support should also be available which focuses on the impact of perinatal mental illness on the family as a whole. We also believe that acknowledging the importance of the father, partner or any other existing supportive relationships in the lives of expectant or new mothers experiencing perinatal mental illness is essential in ensuring the provision of services and support which draw on the strengths of such key existing relationships. Understanding that perinatal mental illness is not experienced by expectant or new mothers in isolation, as well as ensuring access to wider family support services designed to support the whole family through the challenges around perinatal mental illness, is crucial to ensuring that appropriate perinatal mental health services and support are in place. In addition, the introduction of a Managed Clinical Network should aim to provide leadership in the development of such specialist perinatal services and support and should be tasked with the development and planning of collaboration with voluntary sector partners to ensure the sustainability of existing specialist perinatal mental health services and support. Comprehensively addressing perinatal mental illness will insist upon greater collaboration and sharing across sectors as well as between adult mental health services, midwifery, primary care, children’s services and CAMHS.

We are encouraged that the mental health needs of infants are recognised within the strategy through the Scottish Government’s commitment to *“tackling problems early”* through *“prevention, early intervention and early years approaches”*, and welcome the acknowledgment of the role that universal health visiting contributes to supporting and promoting good mental health amongst infants. We also believe health visitors should be supported to develop practice skills for understanding, observing and supporting the development of nurturing and responsive parent-infant interactions which can help to promote secure and positive attachments. It should be recognised, however, that in many cases a wide range of professionals and practitioners interact with infants across the voluntary and private sectors also (such as non-local authority nurseries), and therefore there should be a focus on ensuring consistency in how all professionals and practitioners concerned with the health, wellbeing and education of infants across sectors can support and promote their mental health and emotional wellbeing. Therefore, we believe there should also be consideration and focus within the strategy on how infant mental health awareness can be increased amongst the population generally. It is our opinion that such awareness could be supported through comprehensive training packages for all professionals and practitioners concerned with the health, wellbeing and education of infants, as well as further and better resourcing of community and peer support groups focusing on early stage development, boundaries and routines, learning through play, and managing challenging behaviour. Consequently, the strategy should also focus on community capacity building which aims to ensure parents and families are empowered and provided with the appropriate knowledge and skills to prepare them for becoming parents, and support them to understand and recognise what can impact on their child’s mental health and emotional wellbeing. As a result of such an approach we believe the outcome will be a reduction in the need for resources and

support at later stages in a child or young person's life when their mental health concerns may have become more acute and there is a need for more intensive and costly interventions.

As a national children's charity, Aberlour is committed to transforming the lives of the children and families we work with across Scotland, and a significant way in which we do this is through promoting the mental health of all children and young people. We feel that, as outlined in **Priority 2** of the Scottish Government's strategy, that there should certainly be a "**focus on prevention and early intervention for infants, children and young people**". It is entirely appropriate that this focus on early intervention and prevention should ensure support and services are developed using a sound evidence base as to what models of support and intervention are most effective, particularly in relation to key vulnerable populations of children and young people. We welcome that the Scottish Government acknowledges the significance of increased and improved mental health for children and young people and the resultant impact on attainment, as well as reducing the likelihood of involvement in the criminal justice system. We also believe there should be a greater emphasis across early years and education services on the importance of good physical health and how that can affect mental health, ensuring practitioners, parents and children understand how physical and mental health are linked. This strategy provides an opportunity to ensure that early years and education services ensure good provision for what children and young people can do themselves to maintain good mental health and emotional wellbeing. In addition, we call on the Scottish Government to also acknowledge within the strategy how early intervention and prevention strategies which aim to improve the mental health of children and young people, and their communities, can be reinforced and supported by improved access to properly resourced non-primary services, such as housing and leisure.

Around 10% of young children display early onset behavioural problems and it has been shown that these problems exhibited in early years continue into adolescence and beyond in about half of all cases, often leading to severe mental health problems throughout adulthood. Therefore, we welcome the Scottish Government's commitment to "**the national rollout of targeted parenting programmes for parents of 3- and 4-year olds with conduct disorder**", and any attempt at targeted early interventions which aim to prevent the development of lifelong mental health issues. The recognition of the effectiveness and success of targeted parenting programmes is also welcome, and the Scottish Government should look to programmes such as Triple P and Incredible Years for improving outcomes for children displaying early onset behavioural problems. However, we believe that in supporting targeted parenting programmes which aim to address early conduct disorder and prevent those identified associated long term issues, this must be done both in addition to and complementing wider early intervention and prevention strategies which aim to support parents to promote the mental health and emotional wellbeing of their children.

As a provider of specialist residential care, foster care and education services for looked after children and young people, Aberlour would invite the Scottish Government to ensure that a greater focus on the provision of resources for early intervention and prevention which promotes and supports improved mental health for looked after children and young people specifically, should be included within the strategy. Looked after children are up to five times more likely to experience severe mental health problems than their non-looked after peers – even when taking into account poverty and disadvantage – with 45% of looked after children identified as having at least one mental health problem. Rates of suicide are also higher amongst looked after children and young people. As a result of the significant vulnerability and numerous additional challenges experienced by looked after children and young people, there are often multiple barriers to addressing mental health issues and accessing relevant services and

support. Outlined in **Priority 2** the Scottish Government proposes ***“improvements in partnership working between specialist Child and Adolescent Mental Health Services (CAMHS) and other children’s services so children, young people and families get the help they need quickly”***. Given the increased likelihood of looked after children and young people experiencing mental health problems throughout their lifetime, we believe that if the Scottish Government is committed to improving longer term outcomes they should aim that any such improvements ensure CAMHS services are available to all looked after children and young people, and that all children and young people who are accommodated should be offered an initial CAMHS assessment. Current CAMHS provision insists that a child or young person must be in a settled placement before referrals are accepted, therefore a mandatory requirement to offer an initial assessment would also ensure children and young people who are accommodated who experience multiple placement moves, and who are often in greatest need of CAMHS support, no longer face discrimination of access to that support.

Aberlour would also like to express additional concerns around the current provision of CAMHS. It is our experience that frequently there is a reluctance of children and young people in choosing to access CAMHS due to fear of stigmatisation. This fear of stigmatisation often develops from the failure to provide or plan CAMHS support outwith clinic opening times, meaning any child or young person accessing CAMHS is required to miss school in order to attend appointments. This feeling of stigmatisation is often further compounded as a result of having to explain any absence from school to peers, which can lead to a child or young person avoiding such situations by simply refusing CAMHS support. Therefore, we believe a child and young person-centred, flexible and needs led, rather than service led, approach, which meets the needs of the child or young person on their terms, at times that suit them and in a non-clinical environment, must be developed as part of any review of CAMHS provision. Additionally, whilst the strategy aims to improve and strengthen partnership working between CAMHS and other children’s services, we also believe there is a need to map out the resources available against the level of known need across agencies. Only with such increased knowledge and understanding of what local needs are will improvements in partnership working effectively identify and address those needs, as well as make better use of available resources and reduce waiting times, as well as missed waiting time targets, for those children and young people who have been referred. We believe it is unacceptable that consistently the Scottish Government’s own waiting time target of 18 weeks for children and young people who have been referred to CAMHS to receive treatment is being missed, with more than a quarter of children and young people waiting longer than 18 weeks and a substantial increase in the numbers of those waiting more than a year. In such circumstances these delays and failures can often exacerbate those already diagnosed mental health issues of already vulnerable children and young people. It is also our opinion that strengthening partnerships between CAMHS and other children’s services could further be achieved through the inclusion of shared and joint training for all professionals and practitioners involved in the care, support and education of children and young people.

### Q3. What do you want mental health services in Scotland to look like in 10 years’ time?

Aberlour would like to see the provision of robust and reliable early intervention and prevention mental health services universally accessible and available, which aim to support and promote the mental health needs of Scotland’s population from the earliest stages of life, before a child is even born. We would also encourage the Scottish Government to further review and develop existing mental health provision to ensure that good mental health is promoted and supported through both universal and specialist mental health services which are designed to meet the mental health needs of everyone. We believe in order to

do this the Scottish Government must implement and further develop flexible, needs-led mental health support services without discrimination of access.

It is also our opinion that in order to realise any ambitions identified within their 10 year vision for mental health services and support in Scotland, the Scottish Government must consider and set out clear and quantifiable outcomes both for individual service delivery as well as delivery of the overall strategy, against which successes and weaknesses can be equally measured. Furthermore, we believe the Scottish Government must ensure that through this strategy it provides a clear articulation of what its own vision of mental health services and support in Scotland over the next 10 years looks like. It is our belief that such a vision must include:

- Universal perinatal mental health support for all expectant and new mothers and their families
- A national network of specialist perinatal support and services coordinated through a Managed Clinical Network available to all expectant and new mothers who require specialist or intensive support
- Additional family support for parents to learn skills around early stage development, boundaries and routines, learning through play, and managing challenging behaviour which can help them to understand and identify their own children's mental health needs
- Specialist parenting support for those families whose children display early conduct disorder
- Mental health awareness embedded within existing universal children's services provision, particularly early years and education, to ensure that all children and young people learn how to understand, identify and manage their own mental health needs, as well as manage and support their own mental health as they get older
- CAMHS support which is child and young person-centred, non-clinical and needs led
- Access to quick and efficient CAMHS treatment and support for all looked after children and young people
- Access to quick and efficient CAMHS treatment and support for all children and young people who have experienced trauma
- Greater coherence and partnership between CAMHS and adult services as young people move from children's services into adult services
- Mental health awareness strategies aimed at infants, children and young people which highlight the link between physical and mental health
- An approach to mental health awareness which aims to address stigmatisation of those experiencing mental health issues
- Access to quick and efficient assessment and treatment for all those with mental health concerns
- Local needs-led mental health support and service provision across the lifespan
- Clear and quantifiable outcomes against which success and/or weaknesses in service delivery can be measured