

Cross Party Group on Children and Young People
Thursday 1 December 2011
12:30 – 14:00

Attendees:

Marco Biagi MSP (chair)
Malcolm Chisholm MSP
Alison Johnstone MSP
Michael Matheson MSP
John Wilson MSP
Karen Addie, Royal College of Psychiatrists in Scotland
Guy Armstrong
Jeni Bainbridge, Children in Scotland
Joanna Barrett, NSPCC Scotland
Salena Begley, For Scotland's Disabled Children/Family Fund
Gillian Bell, Alcohol Focus Scotland
Connie Bennet
Shane Buckeridge
Sarah Canning, Children and Families Services Canada
Julia Clarke
Sara Collier, Children in Scotland
Sabrina Collins, Scottish Division of Educational Psychologists
Moirá Connolly
Mig Coupe, Mindroom
Margaret Crankshaw
Penny Curtis, The Scottish Government
Trudy Doidge, Enable
Alan Douglas
Morag Driscoll, Scottish Child Law Centre
Nancy Fancott, CCPS
Fiona Forbes, Consultant Psychiatrist
Matt Forde, NSPCC Scotland
Susan Galloway, NSPCC Scotland
Audrey Gray
Frances Griffin, The Place2Be
Catherine Henderson, The Place 2Be
Juliet Harris, Together
Claire Hill, Barnardos
Louise Hill, CELCIS
Geoff Huggins, Scottish Government
Martin Hunt, Tartan Silk
Patricia Hutchison, CLIC Sargent
David Jones

Richard Jones
Eddie Kelly
Faye Keogh
Marion Laird, Scottish Marriage Care
Kathy Leighton
Jude Leitch
Cath Logan, Big Lottery Fund
Nancy Loucks, Families Outside
Brandi Lee Lough Dennell, LGBT Youth Scotland
Robert MacBean, National Autistic Society
Marion Macleod, Children in Scotland
Stephen McLelland
Karen Martin, The Princess Trust for Carers
Richard Meade, Barnardo's
Rebecca Middlemiss
Susan Millar, The Princes Trust
Susan Milligan, Children in Scotland
Muriel Mowat, Scottish Independent Advocacy Alliance
Paul Mullan, National Deaf Children's Society
Chrys Muirhead
Javita Narang, University of Edinburgh
David Nicholson, National Autistic Society
Lucy Reynolds
Susan Rodger, Dyslexia Scotland
Linda Rowley
Kate Sanford, Quarriers
Frank Savage, Association of Principal Educational Psychologists
Barbara Schuler, Youthlink Scotland
Marina Shaw, Circle
Andrew Sim
Clare Simpson, Parenting across Scotland
Joanne Smith, NSPCC Scotland
Rachel Stewart
Kay Tisdall, University of Edinburgh
Karen Tsz Hing Chan, University of Edinburgh
Ramsay Young
Norman Wallace
Colin Williamson

Apologies

Kezia Dugdale MSP
Drew Smith MSP
Margaret Barclay, LTCAS

Mo Colvin, RNIB Scotland
Gerry Croall, A4e Scotland Ltd
Maurice Frank
Kim Hartley, Royal College of Speech and Language Therapy
Lorraine Herschell, Partners in Advocacy
Mark Joseph, Common Thread
Fiona Jones, CI@n Childlaw
Richard Knott, The Salvation Army
Cathy McCulloch, The Children's Parliament
Robert McGeachy, Action for Children
Lesley McNab, CHAS
Chris McNaught, Crossreach
Judith Mabelis, Scotcen
Felicity Mehendale, Royal Hospital for Sick Children
Liz Notarangelo, Home Link Family Support
Arianna Patterson, Afasic Scotland
Eileen Prior, Scottish Parent Teacher Council
Helen Reilly, BMA Scotland
Morag Rennie, Central Scotland Rape Crisis & Sexual Abuse Centre
Fiona Robertson, Childline Scotland
Keith Robson, ATL Scotland
Maggie Simpson, Scottish Childminding Association
Alison Wales, Childline Scotland
Chris Wiles, British Psychological Society Division of Clinical Psychology
in Scotland

Welcome

Marco Biagi welcomed everyone to the meeting of the Cross Party Group on Children and Young People (CYP) and the Cross Party Group on Mental Health and thanked everyone for attending. Marco noted that it was very positive to get two Cross Party Groups together to see how the policy areas of children and young people and mental health interact. Marco particularly welcomed Michael Matheson MSP, the Minister for Public Health, for the first part of the meeting.

Introduction from Michael Matheson MSP – Minister for Public Health

Michael Matheson MSP thanked everyone for attending and introduced himself as the minister responsible for taking forward mental health policy. He expressed a commitment to refreshing the existing mental health policy and taking forward the new Mental Health Strategy. This

is an area of high importance for Scotland – it was one of the first areas of consultation after the SNP election - and has been consistently raised by MSPs and regularly debated in Parliament. Across the political spectrum there is commitment to seeing further improvement through this consultation process and an agreement that a weighty, wordy consultation is not needed. A deliberate and clearly focused consultation will promote discussion and detail where we have come from, what we have achieved and what we need to do in years to come.

Michael Matheson MSP stated that whilst CAHMS is sometimes seen as the 'Cinderella of services', things have been significantly improved in Scotland. Early administrations started this and it has continued. He acknowledged that currently the area of mental health provision specifically for children and young people (CYP) has been under-resourced and under-recognised and that service design needs to be taken forward in an appropriate way.

The aim is to increase and improve this specialised service as it still needs significant progress. The targets within the Strategy for access to therapeutic services for CYP make it clear to local health boards that this is a priority.

It is also crucial that crisis and outreach services receive investment to reduce the chances of CYP being admitted to mental health units, that there is early intervention to reduce inpatient time and that CYP are being given access to community based settings rather than in-hospital.

The process has started and the aim is to continue to build on capacity. Michael Matheson MSP called on those present to discuss, make their views known and to make clear the priorities during the consultation period as this will shape the Strategy.

Mental Health Strategy Consultation:

Matt Forde, NSPCC Scotland

Matt Forde thanked the Minister and the CPGs for the opportunity to talk about infant mental health in particular. NSPCC's focus is on child protection and they are keen that we understand our impact on children's toxic levels of stress. He highlighted that intervening to improve the mental health of infants, children and young people has a

strong economic argument as there have been numerous studies to show links between poor mental and physical health in CYP and increased incidences of poor physical health and violence for neglected and/or abused children. Things tend to get worse, not better as they reach adulthood.

NSPCC believe in early intervention in order to promote good infant mental health as a key to providing a solid foundation to leading happy, healthy lives.

The SNAP report and the Early Years taskforce survey show that there is not enough focus on early intervention and supporting this development in order to promote good infant mental health is very important, as is using preventative spending to achieve this.

Matt cited Jane Barlow, Professor of Public Health at Warwick University as having found that many infants experience sub level parenting and it is important to identify the key people whose skills we need to enrich - such as community nurses, health visitors and midwives – to promote family attachment and nurture. We need to incentivise a shift to reallocate resources in specialist and universal services.

Karen Martin, Princess Royal Trust for Carers (PRTC)

Karen thanked the Minister and the CPGs for the chance to present the work of her organisation in relation to mental health for CYP. Karen is the mental health development coordinator working with young carers in particular. PRTC has found that caring duties can have a significant impact on the mental health of CYP and they welcome the Strategy but stress that there are areas that need to be more closely looked at with regard to young carers.

It has been found that peer support is vital in maintaining good mental health in the way that CYP learn from each other, take risks and share pain and joy and even though this is essential for good mental health, it is not reflected in the Strategy.

Karen stressed the importance of promoting good coping mechanisms along with the importance of good community mental health. PRTC feel that the emphasis needs to shift away from inpatient care and into the community. The Strategy emphasises crisis management but where is the emphasis on the promotion of good and preventative mental health? If we focus on the latter, we will reduce the risk of problems developing later on.

PRTC would like to see more emphasis on joint working and promoting the link between not for profit sector, youth employment and education as this would start to help reduce the burden on the young carers in our society.

Salena Begley, for Scotland's Disabled Children/Family Fund

Salena thanked the Minister and the CPGs for the opportunity to represent the views of fSDC in relation to mental health for CYP and stressed the importance of paying particular attention to the mental health needs of disabled CYP. Salena also thanked Paul Mullan (National Deaf Children's Society) for distributing a briefing on the specific requirements of deaf CYP.

It is known that families of disabled children are more likely to live in poverty and experience breakdowns in relationships and difficulties in accessing their communities and education. Bullying is also a problem, thus disabled children are at a higher risk of poor mental health and require appropriate support in order to develop and identify their own feelings. Staff need to be able to identify the early warning signs and focus on the families of disabled children. It is good to see investment in CAHMS services but accessibility is still an issue and they would welcome steps to address inconsistency. Another area of concern that fSDC would like to highlight in terms of the Strategy is transitions from childhood to adulthood.

Dr Fiona Forbes, Consultant Psychiatrist

Dr Forbes began with reminding those present that 1 in 10 CYP suffer from significant mental health problems which impacts on their behaviour, relationships and education. The likelihood of this increases when one accounts for the risk factors which include, amongst others, disability, history of abuse, living with a parent or carer who has a mental health problem and learning disabilities. This means that there are at least 2 or 3 children in every classroom across Scotland who are currently struggling and many of these CYP will require access to CAHMS.

There will be many who will be able to be treated as an out-patient or within the community, but it is important to recognize that for those for whom specialist, intensive treatment is necessary, in-patient care should not be seen as a failure. At present, there are no specialist in-

patient beds for CYP with learning disabilities and a mental health problem or the young people in the forensic mental health population within Scotland.

When looking at the Strategy, Dr Forbes feels that we would all support the four priority areas but that we do need to question them – for example, why isn't CAMHS not one of the priority areas? She acknowledges that investment in and targets for CAHMS and psychological services for CYP are within the Strategy but would like to challenge why they are not a priority.

Dr Forbes agrees that CYP are now being seen more quickly for an initial appointment but that now there is longer waiting time for accessing further treatment, including for CYP with suicidal thoughts. 6 months is a long time in the life of a young person. Currently, other members of the community are having to hold these CYP until there are more specialist services available to help. We need to ensure that there is a balance and that there are integrated, specialist care pathways for CYP within mental health services. We need to be clear about our standards and monitor these accordingly.

Discussion of the issues raised and the consultation on the mental health strategy

Andy Mount from West Lothian Youth Action Project raised the point that at the moment, youth workers are dealing with CYP under difficult conditions who come from dysfunctional homes at the same time as being hit with a 'double whammy' of dried up funding (both public and private) and a threefold increase in demand for their services requiring them to do much more with much less. He was concerned as to how we would pay for the mental health bill if it gets passed as it stands?

Kate Sanford from Quarriers asked the Minister whether he would like to explore family support in aiding recovery especially in the early years and in doing so, attempt to deal with the problem within the family when the child is still an infant.

Matt Forde agreed with this point and stated that this is one of the range of things we need available is family support to improve the ability of parents to understand the needs of their baby. In terms of

nurture and care, family support is key to promoting better mental health.

The Minister stated that there is good evidence to suggest that early childhood experiences (neglect, abuse) can have a significant impact on the mental health of CYP. We could do more to support parents especially in the early years as we're not taught how to parent, however, sometimes people don't want advice. Some outcomes from the Family Nurse Partnership have provided a strong evidence base that demonstrates parenting support has a significant impact on families. Types of intervention need strong evidence as this can make a big difference.

It is also important that we see the Mental Health Strategy as sitting alongside the Young Carer's Strategy and the Alcohol Framework etc and that they are not viewed in isolation especially as funding for the Strategy will be looked at in the wider context.

Marco stated that as the Education Committee have been looking at the educational outcomes for Looked After Children (LAC). One of things they have heard from front line workers is that in the past, health has been a weak link in the relationship between education, social work and health. Michael Matheson MSP said that he would be making an announcement on the integration of health and social care, looking carefully at planning and delivery of services. He stressed his commitment to ensuring that we work in a creative and cooperative way in order to work across different policy areas.

Robert MacBean from the National Autistic Society highlighted the importance of transitions for CYP moving from CAHMS to adult mental health services, as a lot of good work can be undone during the transition period. Many children who do receive support often lose it in transition and subsequently, many parents who have struggled to get support have to then re-fight their battles in order to gain access to appropriate adult services. This issue is of particular concern.

Michael Matheson agreed that there is a significant problem during transition periods, not just in health but in education and social work also. It has been a problem area for a long time and too often the system is geared for people who work in the system rather than those whom the service is for. He feels that we need to look at how we can support CYP during transition times and professionals need to do more to improve the situation. Improved communications can help but the problem runs deeper – the services we provide need to be as person

and individual-focused as possible and we need to support professionals to realise the role that they are playing in achieving a successful transition.

The Minister had to leave the meeting due to other commitments but stated that he was very grateful for the outcomes from the discussion in shaping the Strategy. He welcomed Penny Curtis and Geoff Huggins who are leading on the Mental Health Strategy from within the Scottish Government.

A group member welcomed Robert's comments and stressed that he too has concerns around CAHMS transitions and age capping. He noted that, as service providers, we don't need young people to have labels in order to work with them and we want to help them move on. There seems to be two different approaches to mental health services and when a young person reaches 18, they often find that suddenly they need to have a diagnosis to transition into adult services. He went on to say that currently, we cannot influence the decisions around service planning by the 3rd sector and it is important to note the importance of more joined up working around funding streams. There is also a real need to dissipate artificial barriers to services like age – if we are offering a more person-focused service, there shouldn't be a break in provision.

Marion MacLeod from Children in Scotland likened the current approach to mental health service provision for CYP to child protection in social work 25 years ago. Whilst we have come so far in terms of inter-agency attention to child protection, she wishes we could say the same for mental health provision. Marion highlighted that this is an issue of huge importance as the majority of children in classrooms within deprived areas are at risk of poor mental health. Children in Scotland would like to see joined up work force development that enables class teachers and early years providers to recognise, respond to and help CYP with mental health issues.

Dr Forbes stated that the inclusion of trauma and developmental disorders needs to be specified within the Mental Health Strategy and requires a lifespan approach to care.

Marco said that debate among MSPs on this issue showed a concern that the Strategy is too narrowly focused on the NHS and provision there.

Julia Clarke stated that we need to tie down and be specific about different types of support that are available as well as establishing what is needed. We need an evidence base and should draw on, and really listen to, individual experiences of CYP, carers and families. We need to understand that it is not only a struggle for the children themselves but also for their families and carers. Furthermore, who supports children who live with adults with mental health issues? In her experience, the funding has stopped so this support is now lost. She highlighted the importance of helping the children caught up in mental health problems and stressed that funding should be shaped by service users and carers.

David Jones from the CPG on Dyslexia stated that at least 10% of the population is identified as dyslexic and support for this also requires a joined up service. We need to recognise the importance of peer support.

Catherine Henderson from The Place 2 Be noted the opportunities in schools to identify and support children with mental health issues and emotional support requirements, which is currently not explored enough in Scotland. Currently the Place 2 Be are in 18 schools across Scotland and seeing a huge need, especially within areas of high deprivation, as teachers are overwhelmed by the type and volume of issues they are encountering. Again, it is an issue of workforce development and training. Are teachers being given enough support and knowledge?

Morag Driscoll from the Scottish Child Law Centre (SCLC) echoed the sentiment of transitions being an important issue, however SCLC would like to focus specifically on LAC needs as they are often under supported, experiencing high levels of intolerable stress and are themselves likely to become parents soon. Morag also made the point that at the moment, we are very good at labeling, identifying and referring children but children should have the right to refer themselves. Currently they need parental consent but when the parent is the problem, how do children tell us what they want? They should be empowered to identify themselves.

Catherine noted that there are open lunchtime and for which negative parental consent – ie opt out is required (very few do). For the longer service, parental consent is required. Morag Driscoll highlighted that this practice is not UNCRC compliant, as we must not override children's capacity.

Frank Savage, Association of Principal Educational Psychologists, highlighted that inspections have shown that the educational psychological service is valued, however the Government is proposing to cut training bursaries for this profession, which in turn is likely to contract the service long term. Currently, the service is provided in all local authorities in Scotland, is accessible and promotes good mental health for CYP. Frank argued that the Government ought to review the usefulness of psychological services, redesign the service model and promote early intervention.

Geoff said that he would raise the issue in relation to clinical psychological services particularly focused on CYP through CAHMS.

Shane Buckeridge contributed that the Strategy as it stands is very checklist focused, rather than looking broadly at the issue and that maybe this demonstrates a missed opportunity in our aim of achieving a mentally flourishing Scotland. Many areas have an impact on mental health including criminal justice, housing and education.

Marina Shaw from Circle highlighted that they favour a whole family approach and helping parents to be parents. They have successfully worked in prisons, and last year, conducted evaluations with 138 families. To provide a support service from within prisons costs £600 per head which is great value for money. It was noted, and everyone present heartily agreed, that working with the voluntary sector can be very cost effective because we've learnt well how to do it!

Patricia Hutchison from Clic Sargent discussed the benefits of preventative measures and resources including family therapy, in schools. She stressed that we are often underestimating how a CYP can articulate how they feel. She would like to see more counseling and psychotherapy services in schools as a preventative measure.

Geoff from Scottish Government (SG) highlighted that they are in discussion about the Change Fund and working with NHS Education Scotland on parenting interventions all of which would be very tangible commitments in the Strategy. He stressed that the aim is to be able to describe what we will do and then deliver on it. SG are hoping that many organisations and individuals will feed in to the consultation and welcome the notion of everyone being direct about what they expect to see. We have a shared vision of an improved Scotland and this needs to translate into the nuts and bolts of people's day-to-day work.

Clare Simpson from Parenting across Scotland called for a reinvigoration of the health visitor profession as we have a universal service in place that is well trained to signpost attachment and developmental disorders but the average age of a health visitor is 55 and training is falling. Family Nurse Partnership is great but only reaching a small number of targeted families.

The CPG heard from Dr Lucy Reynolds, a pediatrician working in Glasgow who has found that the case load for health visitors is very high. She highlighted the Unicef UK report on Child Wellbeing which compared our culture of materialism with those of Sweden and Spain and advised that we need to ban advertising to under 12s and reduce our culture of materialism. Whilst this may be a tricky area to approach as there is a pull between the devolved and non-devolved issues (health vs advertising), it is important to recognise the role it plays in the mental health of our CYP. This point was supported by Marco Biagi MSP who had also read evidence that suggests a strong link between materialism and mental ill health.

Donnie Laingsworth from the Welfare Commission raised the point of CYP with severe mental health needs - those who are detained under mental health orders because of suicide risk etc. He would argue that increased mental health admissions have gone up in the wake of the Good Shepherd Suicide tragedy. This highlights the need for planning also at the harder end of the spectrum rather than solely preventative measures. He concedes that it is ambitious to try to tackle both ends of the spectrum.

A pilot in East Lothian community treatment has dramatically reduced the uptake of acute beds. Often CYP who are admitted are re-admitted and experience an uptake in contact with services. We must try to learn from the South East and other regions.

Action Points

All present agreed that having had a Minister and SG Officials present at the meeting qualified as an informal submission from the CPGs into the consultation.

Next meeting and AOB

The next meeting of the CPG on CYP will be held on Thursday 2 February 2012 at 12.30 in Committee Room 6

The next meeting of the CPG on Mental Health will be on Thursday 19 January 2012 at 5.30 – venue tbc.