RESPONSE TO CONSULTATION ON 'MENTAL HEALTH IN SCOTLAND – A 10 YEAR VISION'

September 2016

CELCIS (Centre for excellence for looked after children in Scotland), based at the University of Strathclyde in Glasgow, is committed to making positive and lasting improvements in the wellbeing of Scotland's children living in and on the edges of care. Taking a multi-agency, collaborative approach towards making lasting change, CELCIS works alongside leaders, managers and practitioners to break down barriers and forge new paths in order to change thinking and ways of working with everyone whose work touches the lives of vulnerable children and families. We welcome this opportunity to contribute to the consultation on the 10 year vision for mental health in Scotland, outlining the proposed framework and priorities to transform mental health. The organisation of the proposed strategy around life stages is welcomed, as it allows recognition of the importance of children and young people's mental health and wellbeing, which is pivotal to achieving overall improvement in mental health of the people of Scotland for future generations.

This contribution specifically focuses on the mental health and wellbeing for all children and young people who are looked after, and who are care leavers, across Scotland.

Key messages

- Over half of mental health problems in adult life begin by age 14, and three quarters by age 18[1].
- The poorer mental health outcomes for looked after children mean that they require action of a scale and intensity that is proportionate to the level of disadvantage.

- Looked-after children's emotional and mental health needs cannot be understood and responded to without reference to the developmental impact of attachment and trauma.
- Because of their experiences of trauma and their neurological development, some looked after children and care leavers will require long term, specialist support. This support should be available, accessible, and effective.
- A recognition of the duties and responsibilities held as corporate parents, as enshrined in the Children and Young People (Scotland) Act 2014 would strengthen the strategy, and ensure that the importance of the matter informs future plans.
- We have specific concerns about looked after children who may have serious mental health needs that remain unmet due to a change in their place of residence resulting in discontinuation of a service, or increased waiting times to start receiving a service.
- We would recommend an additional priority area, focussed on establishing robust data on the mental health and wellbeing of looked after children and care leavers in Scotland, in order to inform the development of outcome measures, and the development of services at a local level.

There are approximately 15,500 looked after children in Scotland[2]. Looked after children are not an homogenous group; they are individuals with their own needs, strengths and vulnerabilities. They also live in a variety of circumstances; approximately 10% of looked after children live in residential homes, 35% live with foster carers, 27% live in a kinship care setting, and 25% live at home with one or both of their birth parents. Children and young people who are looked after have experienced difficulties in their lives. We know that a significant number of looked after children will have experienced a range of adversity which is detrimental to their mental health and wellbeing, including suffering neglect, abuse, trauma and loss. We also know that looked after children can be supported to overcome adversity in childhood and lead successful adult lives[3], though there is considerable work to be done to ensure that all looked after children, and care leavers, across Scotland have their mental health needs met.

There is limited research conducted on the mental health and wellbeing of looked after children and care leavers in Scotland. Published in 2004, the key

findings of the national survey of the mental health of children and young people looked after by local authorities in Scotland[4] in found:

- 45% of children and young people (aged 5–17) looked after by a local authority had a diagnosable mental disorder
- Amongst children aged 5-10 years, 52% of children had a mental disorder compared to 8% of children living in private households
- 44% of children placed with birth parents, half of children placed in foster care and two fifths of children in residential care had a mental disorder
- Over a fifth (22%) of looked after children surveyed had tried to hurt, harm or kill themselves; this rate was higher for children living in residential unit (39%) compared to those with birth parents (18%) or foster carers (14%)

The prevalence of emotional and mental ill health issues for looked after children is also consistently noted as being significantly high across UK and international literature[5]. Several things are particular noteworthy:

- The emotional and mental health needs of looked after children are significantly higher than that of children who are not looked after, and of children who come from similarly deprived backgrounds and who are not looked after.
- Prevalence is high irrespective of the methodology of assessment.
- The presence of multiple mental health problems is highly prevalent amongst this population which leads to complexity in assessment and identifying the most appropriate interventions.

These studies highlight the scale of the challenge in meeting the mental health and wellbeing needs of children and young people who are looked after. The increased risk of attempted and completed suicide for this group of children and young people is highlighted in research[6]. Additionally, evidence suggests that 44% of care leavers experience mental health or emotional/behavioural difficulties, which have links to poorer outcomes in other life areas[7]. We should also be aware of additional vulnerabilities and needs where children and young people who are looked after have a parent or carer who experiences mental health problems.

Question 1. Our framework 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? If no, what priorities do you think will deliver this transformation?

Introductory comments

We recognise the strategy as a 10 year approach, and we welcome the acknowledgment that developing, implementing and embedding a complex strategy such as this requires time, and flexibility, in order to enable meaningful change.

The organisation of the framework over the life course adds clear structure, and the explicit recognition in the initial stage of overall framework, 'Start Well', that a focus on prevention, early intervention and early years approaches is central to improving future health and wellbeing is welcomed. The mention within this section of 'support for child and adolescent mental health and mental wellbeing' would benefit from a recognition that these services must be suitable for all children and young people, who will have a wide range of needs, particularly given the wide range of stages of cognitive development of this group.

Priority 2

It is welcomed that there is a focus on the mental health of all infants, children and young people. **Evidence shows that over half of mental health problems in adult life begin by age 14, and three quarters by age 18**[8]. However, given the focus within the strategy on early intervention and prevention, it is not clear that the provision of resources reflects these stark numbers and clear need. We note the work of the strategy is being supported by £150m of investment over five years, and we would hope for transparency of how this funding is proportioned in relation to children, adolescent and adult services.

It is disappointing that a focus on improving the mental health of looked after children and care leavers is not included as a specific priority within the strategy. Given the identified prevalence and complexity of mental health problems within this group of children, we would anticipate an explicit priority in relation to this. Drawing on the Marmot Review of health inequalities and the socio-economic

benefits of early intervention, Newlove-Delgado et al (2012:222) state that **the worse outcomes for looked after children mean that they require action 'of a scale and intensity that is proportionate to the level of disadvantage'**[9].

Due to the level of need and vulnerability of this group of young people, and our responsibilities to safeguard their rights and promote their wellbeing, Part 9: Corporate Parenting of the Children and Young People (Scotland) Act 2014, (and associated statutory guidance), requires Scottish Ministers, NHS Health Boards, local authorities and a range of other public sector bodies are required to uphold particular responsibilities in all areas of their work. Explicitly, they must be alert to matters which may adversely affect the wellbeing of looked after children and care leavers, assess their needs, promote their interests, provide accessible opportunities for looked after children and care leavers to participate in activities designed to promote their wellbeing, and help this group to make use of services and access supports. **A recognition of the duties and responsibilities held as corporate parents would strengthen the strategy, and ensure that the importance of the matter informs future, more detailed, plans**.

Within the 'Live and Age Well' stage, there is a clear focus on individuals managing their own health, whilst receiving support from Link Workers to remain in employment. Whilst we recognise the importance of enabling individuals to retain control of their lives, we have concerns that this approach does not account for the particular needs of key vulnerable groups, such as care leavers. Young adults with experience of care may have experienced multiple adversities in their lives, and may not have the informal supports required to manage life with a mental health problem. They may have experienced trauma and loss, and have developed fewer coping skills than other individuals. It is crucially important that Link Workers, and any professionals, have an understanding of the particular needs of this group of young people, and are committed to practising in a way that is supportive and accessible to them.

Priority 3

Priority 3 is focussed on introducing new models of supporting mental health in primary care. We strongly feel any new models should be based firmly in what the evidence tells us will work best for looked after children and care leavers.

The recent report of the Care Inspectorate, summarising learning from Significant Case Reviews in Scotland, showed a lack of collective understanding of the mental health concerns of the young people involved, particularly those aged 15-17, for some of whom there were fatal consequences[10]. **Looked-after children's emotional and mental health needs cannot be understood and responded to without reference to the developmental impact of attachment and trauma in early childhood.** Attachment, a biologically programmed process activated by stress, explains how a child's early attachment to care-givers provides a crucial framework for future relationship experiences, and for the development of behaviour and personality. Attuned, loving and predictable responses from care-givers help the child develop emotional regulation (managing stress, dealing with impulse and rage, empathy for others etc.) which in turn allows the child to begin to explore its surroundings and engage with others confidently[11]. Findings from the field of neuroscience indicate that exposure to early childhood adversity and trauma is associated with long-term changes in brain structure and function, and involves lasting alterations in stress-responsive neurobiological systems[12]. Such neurodevelopmental perspectives are supported further by various Adverse Childhood Experience (ACEs) studies that demonstrate a long-term, powerful and cumulative association between childhood trauma and adult mental and physical ill-health and behaviour[13].

There is compelling evidence that traditional approaches around the assessment and treatment of the mental health of looked after children, which rely on the Diagnostic and Statistical Manual (DSM) of Mental Disorders criteria, fail to understand the complexity of the difficulties being presented[14]. Factors affecting the mental health of looked after children can include genetic vulnerabilities, pre-natal exposure to alcohol, drugs, attachment issues, exposure to a range of adverse childhood experiences (including abuse and neglect), various environmental factors e.g. poverty and homelessness, intense loss caused by removal from home and disruption of sibling relationships, and in-care experiences including placement instability and visitation stresses. Reliance on DSM measures can lead to children being unable to access a service as they do not reach diagnostic thresholds. The evidence therefore suggests that additional

specialist mental health services are required to meet looked after children's immediate and long term needs.

Priority 7

We welcome the focus in Priority 7 on 'All of Me', recognising the interconnectedness of mental and physical wellbeing. Evidence shows that for looked after children and care leavers, we cannot separate physical, cognitive and emotional development[15]. Services are required which recognise the holistic needs of children and young people, and work in a trauma informed way.

Outputs and outcomes

We are concerned that, although there is a statement that both outputs and outcomes will be measured, there is no clarity or detail around this. We are concerned that this allows for no accountability or commitment to improvement to those children that require support and leadership at the highest levels to ensure their outcomes improve. **We would recommend an additional urgent priority area, focussed on establishing robust data on the mental health and wellbeing of looked after children and care leavers in Scotland, in order to inform the development of outcome measures, and to inform the development of services at a local level**. Page 8 of the strategy notes a commitment to develop indicators to measure clinical and personal mental health outcomes. We would suggest revisiting the Children and Young People's Mental Health Indicators for Scotland, which were developed in 2011.

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

Early Action 1

We welcome recognition of the need to focus perinatal mental health services on the most vulnerable mothers who are at the highest risk. The importance of ensuring all parents are aware of the primacy of the antenatal period in supporting critical neurological development must be a key concern for early intervention and prevention. Expectant mothers and parents who are also looked after children or care leavers may require particular support from health

professionals, as they may not have had positive experiences of being parented themselves. We would expect there to be learning from existing approaches, such as that of the Family Nurse Partnership, which could be translated into mainstream services supporting vulnerable parents, in order to ultimately prevent children developing mental health problems and/or becoming looked after.

Early Action 2

Steps 1 and 2 suggest that a range of evidence based programmes will be developed to support the mental health of vulnerable populations of infants, children and young people, and delivered in 2017-2020; and in 2018-19 assessment into which programmes work best will be undertaken so these can be 'rolled out'. Insights from implementation science would suggest in order to achieve socially significant outcomes, it is necessary to use the best available evidence related to the process of designing, installing and embedding new approaches, informed by the population's needs, the available evidence about what works, the local context (or 'fit'), as well as sufficient financial and human resources to implement the service as intended[16]. Based on a review of the literature related so successful implementation efforts, it should be expected that full and effective implementation of a well-defined approach will take between 2-4 years. We would recommend that, rather than designing a range of programmes, some of which will not be continued, time would be best spent utilising an Active Implementation Framework to embed approaches into practice, according to rigorous assessment of need, evidence and 'fit'.

Although we recognise the value of targeted parenting support, we believe it is unhelpful to label challenging behaviours at the age of 3-4 as conduct disorder. Rather they should be seen in the context of the child's relationship with caregivers, in particular the child's attachment relationships and exposure to trauma. Additionally, the focus of parenting support, and other services, must be for all looked after children, not only those displaying overt challenging behaviours. Some looked after children internalise trauma and this can have an equally significant impact on their mental health as for those children who display challenging behaviour outwardly. Their needs for support and a response to trauma are the same, and they should hold equal priority.

Research by the Scottish Youth Parliament found that 1 in 5 young people do not know where to go for advice and support with a mental health problem, and 27% of young people do not feel supported to talk about mental health in their school, college, university or workplace[17]. Effectively utilising universal services is critical to securing better outcomes for looked after children and care leavers. We would recommend including the language of GIRFEC in the strategy, as this the national approach in Scotland to improving outcomes and supporting the wellbeing of all our children and young people, utilising universal services to their full potential, and involving targeted supports where necessary. Health visitors, schools and other universal services can play a crucial role in promoting the mental health and wellbeing for children and young people. One of the strengths in providing services in universal settings is the increased accessibility to children and young people and the opportunity to empower them to seek support. There can be numerous barriers experienced by families accessing support for mental health problems. Parents may be particularly concerned that accessing mental health service will bring scrutiny on their parenting capacity and may lead to the removal of children from their care.[18] Services need to be sensitive to these concerns and work positively with families to ensure the mental wellbeing of all involved.

In order to make meaningful improvements to the mental health outcomes of our looked after children, it is necessary to ensure that embedded in the approach of both specialist and universal services is an understanding of the need for all practice to be attachment and trauma informed. Under the Looked after children (Scotland) Regulations 2009, and in line with Scottish Government guidance issued in 2014[19], all looked after children will undergo a comprehensive health assessment within 4 weeks of notification, which mental health assessment forms an important part. Children and young people should be supported and encouraged to meaningfully engage in this process, and any mental health needs (and the response to these) should form an integral part of their child's plan.

Early Action 5

The commitment to increase capacity and address waiting times for CAMHS is welcomed. Improving timely and appropriate access to CAMHS and relevant support services is likely to make a significant contribution to the welfare of

many looked after children and young people. The target introduced in 2014 to deliver access to specialist CAMHS within 18 weeks by is a step forward. However, it should be considered that over four months is still a long time for a concerned child, young person, parent, carer or supporting professional to access a specialised service for a mental health concern. Despite targets for the 18 week waiting time to be met in 90% of cases, data shows this is currently only being achieved on 77.6% of occasions[20].

There are specific challenges for looked after children and young people accessing CAMHS. A report on the Mental Health Care Needs Assessment of Looked after children in residential special schools, care homes and secure care[21] was commissioned due to concerns about the health needs. The report concluded that the picture was complex where 'children may not receive timely care because of the lack of clarity about which Health Board is responsible for their health care' (2011:8). The report highlights:

- The need for specialist CAMHS for children who are looked after and accommodated
- Looked after and accommodated children may be four times higher than the general population to need a specialist intervention

Furthermore, the CAMHS provision for looked after children in foster care, kinship care and living with birth families remains unknown.

One of the challenges for a proportion of looked after children is ensuring a continuity of mental health care when there are changes in their places of residence. This has been highlighted as particularly problematic when children move to a different health board area. In some cases, children are awaiting a CAMHS service and during a move begin the referral process again in a new health board area. A further concern raised has been the discontinuation of a service because a child moves out with a specific health board area. **We have very specific concerns about these children and young people who may have some very serious mental health needs that remain unmet.**

Another key challenge that is not identified in the strategy is the delivery of services to successfully facilitate the transition between CAMHS and adult mental health services. This time of transition is known to be particularly challenging for young people, parents and carers[22]. We recommend increased involvement of children, young people and families as service users in the design of services to meet their mental health needs, particularly at times of transition. The recent report summarising learning from a number of Significant case reviews in Scotland highlighted that risks for some children and young people may be increased or become more difficult to manage at times of key transition and change[23].

We note the plans to improve access to psychological therapies by 'rolling out computerised Cognitive Behavioural Therapy nationally'. We have concerns about the suitability of this approach for looked after children and care leavers, who may not be in a position to benefit from this model for a number of reasons. We recognise that CBT is highly effective in many cases, however it does not allow for the attachment and trauma informed response required by many looked after children and care leavers. We also have concerns about accessibility for some individuals, who may not have access to the internet on a private computer.

Early Action 8

The aim to realise the human rights of people with mental health problems is welcomed, however we are unclear that this aim would be realised by the actions proposed, and we would suggest the following considerations.

There are many opportunities to involve children and young people in challenging stigma – whether this is experienced due to mental health, being looked after, having a disability. Future work should build on the meaningful involvement of groups who have experienced discrimination to be part of the work in challenging discrimination. The public campaign work of Who Cares? Scotland has challenged the stigma towards children who are looked after. This work has been designed by young people with experience of the care system.

Under Article 24 of the United Nations Convention on the Rights of the Child, children have the right to have their health needs met and access the best

health care possible. We would be highly concerned about the placement of any children or young people in adult psychiatric wards. We urge the Government to ensure that there are sufficient inpatient treatment places for children and young people to address their needs.

Question 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?

Attachment and trauma informed practice

If we are able to intervene early and effectively with parents and children, we will be able to prevent many individuals suffering poor outcomes as a result of mental health. **Because of their experiences of trauma and their neurological development, some looked after children and care leavers will require long term, specialist support. This support should be available, accessible, and effective.** That we will expect to capture all cases and prevent all mental health problems from developing is aspirational, and there must be comprehensive plans in place to support looked after children and care leavers whose mental health has been compromised and whose level of need is high. To achieve this, we would expect the mental health component of a comprehensive health assessment for all looked after children to be robust, and to be intrinsically connected to the child's plan and any interventions. We would expect the health assessment to be completed by a specialist practitioner, with the active involvement of children and their families, and assessment and intervention to be underpinned by an attachment and trauma informed approach. All professionals should provide support to the child (and to the parents, families or carers of the child) which ensures attuned care is provided for each individual child, in order to repair and compensate for experiences of trauma.

A summary of the literature around what is required indicates that[24]:

- Early intervention is critical otherwise the more 'trait-like' and enduring difficulties become.

- Specialised mental health services for these populations should be designed and funded for preventative, long-term engagement and monitoring.
- It is unlikely that a single evidence-based treatment can be developed for this population. Instead, therapists need to acquire a set of specialised skills and knowledge that covers the range of issues these children present and can be flexibly applied to their treatment.
- Multi-disciplinary approaches that involve health, social work and education services and contribute to care-planning processes work best
- New approaches need to be involve children and be mindful of what they have told us they want from services.

Whole systems approach

The ability to work across organisational and geographical boundaries is currently an area of particular concern in meeting the mental health needs of children who are looked after and accommodated, and we would hope to have seen this significantly improve in 10 years' time. As mentioned in our response to question 2, there is a specific concern where children placed or moved out with local authority and/or health board boundaries, and are no longer able to access appropriate and timely mental health services.

Involvement of service users

Looked after children want a service that is personalised, is about their specific needs, is easily accessed when needed, is flexible, asks for their opinions, understands their views, and provides support at times of major transitions[25]. There is a need to recognise looked after children and young people and their families as service users who should have opportunities to be involved in service design, delivery and evaluation. In line with corporate parenting duties and responsibilities, services should be committed to involving looked after children, and to drawing on research evidence gathered on their experiences of mental health services. Services should be open, responsive and willing to change service design to meet the needs of the population.

Thank you for providing us with this opportunity to respond. We hope the feedback is helpful; we would be happy to discuss any aspect in further detail.

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