

## Response ID ANON-M4RT-Z22E-A

Submitted to **Mental Health in Scotland – a 10 year vision**  
Submitted on **2016-09-15 12:57:20**

### About You

#### 1 What is your name?

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#### 3 Are you responding as an individual or an organisation?

Organisation

#### 4 What is your organisation?

**Organisation:**  
Action for Sick Children Scotland

#### 5 The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

#### 6 We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this exercise?

Yes

### Questions

#### 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?

Not Answered

#### If no, what priorities do you think will deliver this transformation?:

Action for Sick Children Scotland feels that the priorities are important. We welcome the focus on early intervention and prevention for women and new mothers, for infants, children and young people as this is key to promoting good emotional and mental wellbeing and will help some mental health problems become very severe. We suggest however that priority 1 could be reworded by replacing 'new mothers' with 'new parents'. An additional action point could be added (see section 2 below)

We support the introduction of supporting mental health in primary care with an extended team around the GP practice with appropriate training for link professionals who are providing support in the community and improving access to treatment.

We also welcome priority 4 - Supporting people to manage their own mental health but feel that it should be clear in the eventual strategy that children and young people can benefit from support to manage their mental health. We feel the strategy must stress the link between physical and mental health since many cyp with long term conditions can develop depression or anxiety due to the impact of their illness. Self management programmes such as the ones that ASCS delivers for cyp with long term conditions focuses on building emotional resilience, confidence and developing coping strategies. ASCS feels that the focus in the consultation is on adult self management rather than for the young age groups.

We strongly support the inclusion of priority 5 and 7. One of ASCS's campaigning priorities is for the mental health of cyp to be given the same priority as their physical health. We are also a member of the Scottish Children's Services Coalition which has campaigned strongly for improved access to CAMHS services.

One of ASCS's underpinning principles is our belief in the rights of children and young people as enshrined in the UNCRC and in the EACH Charter and we are committed to their promotion within the healthcare system. We welcome therefore the human rights based approach taken and with the inclusion of priority 7, we welcome the link between mental and physical health and the need to look at the whole person.

#### 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?:**

Under the Start Well Section we suggest the following action be included before the Perinatal mental health action itemised in Priority Number 1.

Priority 1. Focus on prevention and early prevention for pregnant women and new parents

- promote awareness of the early parent/child relationship to all parents during the antenatal period. (this could be achieved to some extent through the existing primary care support provided to pregnant women via antenatal clinics, health visitors)

Priority 2. The first 2 actions here should include reference to the looked after population eg 'support key vulnerable populations of infants, and children and young people, including the looked after population.'

ASCS feels it is important to highlight the mental health needs of this vulnerable group.

We would prefer the reference to 3 and 4 year olds with conduct disorder to be worded as follows:

By 2019-2- have completed the national roll-out of targeting parenting programmes for families with 3-4 years olds with behavioural disorders.

We feel that the strategy is written from an NHS focus and would suggest that the role of other services such as education is strengthened by inclusion of an additional action point eg -

Strengthen the role of of early years centres, schools, colleges in promoting good cyp mental health and wellbeing and in providing mental health support to children and young people, through additional resourcing eg for increased counselling support, more educational psychologists.

ASCS feels that an additional action point should be around the need

to ensure that professionals who will be involved in providing child mental health support services are appropriately trained. This should include: reviewing the curriculum for medical and nursing training given that primary care health professionals will be expected to assess and manage patients with mental health problems or illness. Modules on mental health - eg how to recognise the need and how to provide low level support for cyp's emotional and mental well being should be a compulsory part of undergraduate teacher training in ongoing CPD and also in social worker training. This needs to be embedded in the various training programmes/curricula.

Priority 4: As noted in Question 1, we feel this is focused on adults. An additional action point should focus on children and young people eg

improve access to self management programmes aimed at building emotional resilience, confidence and coping strategies for cyp both through the NHS and Third sector

Our view is that the strategy needs to highlight the impact of physical health conditions on a person's mental wellbeing. The initial problem could be a long term physical health condition but the impact of dealing with that may well impact adversely on a person's mental wellbeing. This section needs to make stronger links between physical and mental health.

Priority 5: An additional action point is needed to ensure that

- additional specialist bed numbers are provided for cyp who require inpatient care throughout Scotland. (Currently there are 48 such beds in Scotland for adolescents and none north of Dundee. There are only 6 beds for 5 - 12 year olds in Glasgow). It is not acceptable for cyp to be treated in adult wards or in non specialist paediatric wards or for them to be denied the right to have their family visit them due to their location in a ward far from their home base.

The result of this action would be that there is a reduction in cyp being treated in inappropriate paediatric or adult wards and reduction in cyp being cared for far from home.

There is also no inpatient provision for cyp with severe intellectual disability and autism diagnosis. Children with autism require treatment in an environment which understands and can cater for their disability. This should be included.

Under priority 5 while we welcome improved access to psychological therapies by rolling out CBT nationally we note that the intention is to improve access by older people. We are unsure whether older people will want to access computerised therapy and whether this would be a potential barrier. Online support should not replace face to face support as this could isolate people with mental health problems.

Workforce issues - recruitment and retention - are a real issue for CAMHS in all tiers and we believe this should be highlighted - possibly as an action under Priority 5.

Priority 7 Focus on 'All of Me' features in Live Well and Age Well section but the actions clearly focus on adults. This Focus on 'All of Me' equally applies to cyp and we would suggest that this is also included in the Start Well section with appropriate actions eg

-Priority: Ensure parity between children and young people's mental health and their physical health.

Actions: The development of good physical and mental health and wellbeing will be a priority in schools and other educational settings and there will be a link to the Respect Me programme to eliminate bullying, stigma and discrimination and the embracing of diversity and our differences.

We will ensure that schools and other educational settings are equipped to support children and young people with mental health problems or conditions.

The Results for this action would be that cyp are supported at an earlier stage and less need to refer to CAMHS/less referrals to CAMHS

We note that the paragraph describing Live and Age Well (page 3) refers to drug misuse but there is no reference to this in the third action under priority 7. We wonder whether substance misuse could be used as a term rather than drug misuse. We are aware that some substance misuse will be where people are self medicating to make themselves feel better and substance misuse does of course impact on many families, children included those who are looked after.

Priority 8: ASCS feels that an additional action must be

- to promote awareness of the human rights and child health rights agenda amongst professionals and the public.

People of all ages need to be aware of their rights so that they can exercise these. In addition professionals including health practitioners also need to adopt a rights based approach in their work. Doctor doesn't always know best.

We hope that the strategy will ensure an integrated approach and joined up thinking. We are concerned to hear about people with mental health conditions (and for that matter physical health conditions) who are assessed as 'fit for work' when this is clearly not the case and who are then denied benefits in clear breach of their rights. We hope the Strategy will also allude to the determinants of health an the impact of poverty, poor housing etc on physical and mental wellbeing.

### **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?:**

Action for Sick Children Scotland vision is for the best quality healthcare for children and young people in Scotland. We hope that child wellbeing and resilience continues to be supported through early intervention and prevention and programmes such as GIRFEC. We hope that cyp will be provided with support in education settings and in the community at an early stage to avoid, where possible, problems becoming more serious. We hope that a cyp will be able to access CAMHS services if needed immediately without having to endure months of waiting for initial assessment and further months before treatment can begin. We hope that children who are not are not accepted as referrals by CAMHS are offered prompt alternative treatment. (IN period January 15 to June 16 9,000 cyp referrals were rejected by specialist CAMHS). For those who require inpatient beds, we hope that these are age appropriate and in a location close to home so that families can visit. We hope there is no longer a postcode lottery in relation to the CAMHS services provided. We hope that the Scottish Government's aspiration for all to Ask Once, Get Help Fast is realised.

## **Evaluation**

### **7 Please help us improve our engagement by answering the questions below. (Responses to the evaluation will not be published.)**

#### **Matrix 1 - How satisfied were you with this engagement?:**

Slightly satisfied

**Please enter comments here.:**

#### **Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this engagement exercise?:**

Neither satisfied nor dissatisfied

**Please enter comments here.:**