

## **Position Statement: Mental Health and Emotional Wellbeing**

*Children's Health Scotland has the physical and mental wellbeing of children and young people as its central focus and we want every child and young person in Scotland to realise their right to the best quality healthcare. Our work is underpinned by the EACH Charter<sup>i</sup>, the rights of children and young people in health care services – and their corresponding rights in the United Nations Convention on the Rights of the Child (UNCRC)<sup>ii</sup>.*

### **Context**

- Poverty is the single biggest driver of poor mental health. Children and young people living in areas of deprivation have poorer mental health outcomes than those living in non deprived areas.<sup>iii</sup>
- 10% of children and young people (5-16 years) have a clinically diagnosable mental health problem – approximately 3 in every classroom.<sup>iv</sup>
- 20% adolescents experience mental health problems in any one year.<sup>v</sup>
- 52% of children aged 5 -10 years, looked after at home or accommodated have a diagnosable mental health disorder compared to 8% of those living with families in the community.<sup>vi</sup>
- Children with a long term health condition are twice as likely to suffer from mental health problems as their healthy peers.<sup>vii</sup>
- Children with a learning disability and with developmental disorders such as attention deficit hyperactivity disorder (ADHD) or autistic spectrum disorder (ASD) suffer disproportionately from mental health problems as do children of parents with learning disability or parents with significant mental health problems.<sup>viii</sup>

### **Supporting Children to Adulthood**

Children's mental health and wellbeing can be compromised at any time as they grow up but there are times when they can be especially vulnerable. Support must therefore be available as early as possible at the right level to avoid problems escalating. We support the aspiration in the Scottish Government Mental Health Strategy 2017-27<sup>ix</sup> to 'Ask once, get help fast.'

Understanding the tiered structure of CAMHS services is important in order to gauge when specialist input is required and the nature of this requirement.

Tier 1: Universal Services consisting of all primary care agencies including general medical practice, school nursing, health visiting and school.

Tier 2: A combination of some specialist CAMHS services and some community based services including primary mental health workers.

Tier 3: Specialist multidisciplinary outpatient CAMHS teams.

Tier 4: Highly specialised inpatient CAMH units and intensive community treatment services.

For children and young people who need access to CAMHS, early diagnosis and treatment should be available.

Services must respond equally to the needs of the most unwell children and young people (tiers 3 -4) and those who have behavioural and emotional issues but who may not meet the diagnostic criteria for mental illness (tiers 1-3). There is a need for close collaboration between tiers 1 and 2 to ensure a whole system approach. An example of this collaboration is CAMHS specialists offering consultation and support to professionals in tier 1, such as health visitors or to schools. In line with this, we support the Mental Health Strategy Action Point to: Work with partners to develop systems and multi-agency pathways that work in a co-ordinated way to support children's mental health and well being.

Inpatient care, when needed, should be provided in age appropriate environments in a location close to home. We support the Mental Health Strategy Action Points that: Lead Clinicians in CAMHS help develop a protocol for admissions to non-specialist wards for young people with mental health problems and that: An assessment of highly specialist mental health inpatient services for young people is carried out and findings implemented.

The link between Adverse Childhood Experiences (ACE), and a variety of mental and physical health difficulties in adulthood is well established<sup>x</sup>. There is a strong association between childhood experiences of early neglect and trauma (sexual, physical and emotional abuse or witnessing domestic violence) and mental health difficulties in childhood, during adolescence and early adulthood. These include behavioural difficulties, anxiety, depression, risk taking behaviours, eating disorders, self-harm and suicidal behaviour, OCD and PTSD. Trauma is frequently not recognised as the root cause. Children's Health Scotland supports programmes that raise awareness amongst tier 1 and tier 2 staff of issues relating to attachment and trauma.

Children's Health Scotland is concerned about the shortage of child psychotherapists. Some Health Boards have none, which means that children are unable to access specialist child psychotherapy treatment.

**Perinatal period:** Around 50% of women with perinatal mental health problems in the UK are not identified or treated.<sup>xi</sup> Given the impact on babies of poor maternal mental health, health practitioners working with pregnant and new mothers need more support and training so that they can identify mothers with mental health problems and refer them for help. We support the Action Point in the Scottish Government Mental Health Strategy to fund the introduction of a managed clinical network to improve the treatment of perinatal mental health problems.

**Infancy:** There is poor service provision in relation to the mental health of babies and infants. The link between emotional wellbeing and strong attachment to a primary carer in the early years and future mental, physical and social health outcomes is important. We need an increased awareness of the emotional aspects of early parenting and the impact on the baby.

Child Psychotherapists have specialist knowledge in infant mental health and are trained to assess and treat infants and parents together. A shortage of these posts means that such services are not generally available in Scotland.

**Pre-school 3 – 4 years:** We support the Action Point in the ten year strategy: to complete the rollout of national implementation support for targeting parenting programmes for parents of 3 and 4 year olds with conduct disorder.

Referrals of children under the age of 5 are rarely accepted in to CAHMS. These tend to be redirected to Health Visitors which is often appropriate, but an opportunity for early identification of a problem and intervention can be missed.

We support the Action Point to fund improved provision of services to treat child and adolescent mental health problems

**The primary school years:** Mental health problems during this period often present as behavioural difficulties which may be diagnosed as conduct disorder, especially in boys. This can mask underlying difficulties such as the impact of adverse early experiences, including trauma and disorganised attachment, learning difficulties such as dyslexia, low self esteem or developmental difficulties including ADHD, ASD or sensory processing difficulties. Children with 'conduct disorder' alone usually do not meet the criteria for referral to CAMHS. Parents, carers and education and social work professionals need support to identify the causes of such behavioural difficulties so the children can be adequately supported. We support the following Actions Points in the Mental Health Strategy:

- Review Personal and Social Education (PSE), the role of pastoral guidance in local authority schools, and services for counselling for children and young people

- Roll out improved mental health training for those who support young people in educational settings.

**12 – 18 years:** The transition to secondary school can be difficult, particularly if the young person has a physical and/or mental health problem. Eating disorders, severe depression, self harm, suicidal behaviour and offending behaviour occur more frequently than in the early years. Exam pressure, peer pressure, impact of social media, worries about transition to college, employment and to adult health services can all add to the stress experienced. Girls in this age group are particularly vulnerable.

Children's Health Scotland is concerned at the impact of austerity measures on school support services. As of September 2017, 14 Scottish Local Authorities have no school based counselling services and only 40% of secondary Schools have on site services. More counsellors need to be available in schools.

The transition experience of children from CAMHS to adult mental health services needs to be planned in accordance with the Principles of Good Transition<sup>xii</sup>. We therefore support the Action Point relating to improving quality of anticipatory care planning approaches for those transitioning from CAMHS to adult mental health services.

Children's Health Scotland  
Scottish Charity No. SC006016. Registered Company No. 100114  
Registered Address: 22 Laurie Street, Edinburgh EH6 7AB  
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<sup>i</sup> [www.each-for-sick-children.org/each-charter](http://www.each-for-sick-children.org/each-charter)

<sup>ii</sup> [www.unicef.org.uk/what-we-do/un-convention-child-rights/?sisearchengine=284&siproduct=Campaign\\_G\\_02\\_Our\\_Work&gclid=EAlaIqobChMIvpvqpbuU1gIVFbcbCh27YQCWEAAYASAAEgKzrvD\\_BwE](http://www.unicef.org.uk/what-we-do/un-convention-child-rights/?sisearchengine=284&siproduct=Campaign_G_02_Our_Work&gclid=EAlaIqobChMIvpvqpbuU1gIVFbcbCh27YQCWEAAYASAAEgKzrvD_BwE)

<sup>iii</sup> Scotland's Mental Health: Children and Young People, December 2013, ScotPho, Public Health Information Scotland. [www.scotpho.org.uk/downloads/scotphoreports/scotpho131219-mhcyp2013-fullreportv2.pdf](http://www.scotpho.org.uk/downloads/scotphoreports/scotpho131219-mhcyp2013-fullreportv2.pdf)

<sup>iv</sup> Green,H., Mcginnity, A., Meltzer, Ford, T., Goodman,R. 2005 Mental Health of Children and Young People in Great Britain: 2004. Office for National Statistics.

<sup>v</sup> WHO (2003). Caring for children and adolescents with mental disorders: Setting WHO directions. [online] Geneva: World Health Organization. Available at: [www.who.int/mental\\_health/media/en/785.pdf](http://www.who.int/mental_health/media/en/785.pdf)

<sup>vi</sup> Meltzer, H, Lader, D, Corbin, T, Goodman, R and Ford, T (2004), The Mental Health of young people looked after by local authorities in Scotland, London, TSO

<sup>vii</sup> Royal College of Psychiatrists: Mental Health and Growing Up Factsheet: Chronic Illness: The effects on mental health [www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/chronicphysicalillnesses.aspx](http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/chronicphysicalillnesses.aspx)

<sup>viii</sup> Royal College of Psychiatrists: Mental Health and Growing Up Factsheet: The Child with general learning disability [www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/generallearningdisability.aspx](http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/generallearningdisability.aspx)

<sup>ix</sup> [www.gov.scot/Publications/2017/03/1750](http://www.gov.scot/Publications/2017/03/1750)

<sup>x</sup> Adverse Childhood Experiences as Predictors of Self Harm and Suicide (Felitti et al.,1998; Bellis et al., 2014; Kelly-Irving et al., 2013) [www.hra.nhs.uk/news/research-summaries/adverse-childhood-experiences-as-predictors-of-self-harm-and-suicide/](http://www.hra.nhs.uk/news/research-summaries/adverse-childhood-experiences-as-predictors-of-self-harm-and-suicide/)

<sup>xi</sup> Fundamental Facts About Mental Health 2015: Mental Health Foundation: [www.mentalhealth.org.uk/sites/default/files/fundamental-facts-15.pdf](http://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-15.pdf)

<sup>xii</sup> Principles of Good Transition: Scottish Transitions Forum 2017 [www.scottishtransitions.org.uk/7-principles-of-good-transitions/](http://www.scottishtransitions.org.uk/7-principles-of-good-transitions/)