

Position Statement

Mental Health and Wellbeing

The health and wellbeing of children and young people lies at the heart of the work of Children's Health Scotland. Founded in 1961, we've grown to become the leading children's health charity in Scotland.

We deliver services directly to children and young people that are focused on supporting their mental health and wellbeing, and we are committed to ensuring that the best possible healthcare is provided for all children and young people to improve their life experiences. Our work is more specifically focused on children and young people who are experiencing physical or mental health challenges, or who are affected by long-term health conditions.

Our work is underpinned by the European Association for Children in Hospital (EACH Charter), which states the rights of children and young people in healthcare services, and their corresponding rights in the United Nations Convention on the Rights of the Child (UNCRC).

BACKGROUND CONTEXT

- The negative impacts of the COVID-19 pandemic on the physical and mental health of children and young people in Scotland have been severe, with 39% of 11 – 24-year-olds, reporting feelings of concern, and 32% of 16 – 24-year-olds feeling overwhelmed by panic and anxiety every single day. In a UK survey, 83% of people with existing mental health problems reported that the pandemic had made this worse. Additionally, reports show that compared to 49% of the general population, 63% of people living with a long-term condition reported feelings of stress and anxiety due to the pandemic. In Scotland, whilst measures, such as lockdowns and physical distancing, were brought in to prevent people from dying, they posed a severe risk by isolating people, reducing people's access to support and thus, deteriorating health and simultaneously creating a cycle of isolation, that severely impacted upon people's mental health and wellbeing.
- The Cost-of-Living Crisis is having an enormous impact on people's mental health with 74% of families with a child where someone has a disability, and 80% of families with a baby, reporting the crisis having a negative impact on their mental health. The most regularly accessed service for people living in poverty has been for mental health support, strained heavily by the COVID-19 pandemic. Half of adults in Scotland reported a negative impact on their mental health, due to the cost-of-living crisis, with insecure households reporting an 82% impact. For families with 3+ children, 11% have accessed a foodbank and 22% have resorted to selling household belongings to

make ends meet. Families having to cut back on things for their child, like activities or replacing clothes, has brought feelings of shame and guilt, further impacting their mental health.

- Poverty is a key driver of mental health problems with more than 1 million people and a quarter of Scottish children living in poverty. Adults living in Scotland's most deprived areas are twice as likely to experience anxiety or depression and three times more likely to die from suicide. Public Health Scotland research reports that children in the lowest income households are four times more likely to experience mental health problems. Glasgow City and North Ayrshire have the highest poverty rates in Scotland with 28% of children in Glasgow living in poverty.
- 10% of children and young people (aged 5-16 years) have a clinically diagnosable mental health problem, approximately 3 in every classroom, however this is much higher for care-experienced children and young people, which is almost 5 times higher at 45%. This reflects that much more specific work needs to be done to respond to the needs of the care-experienced population. Additionally, research shows that 20% of adolescents may experience a mental health problem in any given year.
- Children with chronic health conditions at ages 10 and 13, are twice as likely to suffer from a mental health problem, than their peers. Children with a learning disability also suffer disproportionately from mental health problems, such as anxiety. Children of parents with a learning difficulty may end up taking increasing responsibility by taking on roles that involve caring for themselves, their siblings, their parents, or other family members; as such, research shows that 38% of Young Carers report mental health problems.
- People with a physical disability are more likely to experience a mental health problem; statistics show that 30% of the UK population (around 15 million people) live with one, or more, long-term condition. Of these, around 4 million will also have a mental health problem.

LEGISLATION AND CONVERSATION

- We strongly believe that when incorporating the **United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill 2021** into Scots law, the mental health needs of children are addressed, with consideration towards adolescence continuing until young people are in their mid-20s and may be facing changing mental health needs, especially if the young person becomes a parent. This is further echoed in the **Scottish Government Mental Health Strategy 2017-27** regarding 'Rights, information use, and planning' to '32. *Use a rights-based approach in the statutory guidance on the use of mental health legislation.*
- Mental health conversations should be interweaved into every service, organisation, strategy, and authority; the COVID-19 pandemic encouraged mental wellbeing check-ins and should be continued and embedded into child and young people's everyday life; especially at times of transition.

PREVENTION AND EARLY INTERVENTION IN EARLY CHILDHOOD

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 **Mental Health Strategy** to 'Ask once, get help fast', proposed by **SAMH (Scottish Association for Mental Health)** in 2016. Children's Health Scotland calls for the mental health and wellbeing of children and young people to be given the same priority as their physical health.

Understanding the tiered structure of **CAMHS (Child and Adolescent Mental Health Services)** is important to gauge when specialist input is required and the nature of this requirement. CAMHS works with children and young people from age 5 to their 18th birthday, and their parents or carers.

- **Tier 1:** *Universal Services consisting of all primary care agencies including general medical practice, school nursing, health visiting and school. CAMHS has no direct involvement at Tier 1 but remains committed to building capacity and confidence within universal services via training.*
- **Tier 2:** *A combination of some specialist CAMHS services, through face-to-face or telephone consultations, and some community-based services including primary mental health workers and counsellors.*
- **Tier 3:** *Specialist multidisciplinary outpatient CAMHS teams where required.*
- **Tier 4:** *Highly specialised inpatient CAMH units and intensive community treatment services. The child or young person may require a Co-ordinated Support Plan (CSP).*

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 in the **Scottish Government's Mental Health Strategy 2017 – 2027** regarding Prevention and Early Intervention to: '8. Work with partners to develop systems and multi-agency pathways that work in a co-ordinated way to support children's mental health and wellbeing.'

Inpatient care, when needed, should be provided in age-appropriate environments in a location close to home. We also support the **Mental Health Strategy** Action Points regarding Access to treatment and joined-up, accessible services that: '19. Commission Lead Clinicians in CAMHS to help develop a protocol for admissions to non-specialist wards for young people with mental health problems' and '20. Scope the required level of highly specialist mental health inpatient services for young people, and act on its findings.'

The link between **Adverse Childhood Experiences(ACE)**, and a variety of mental and physical health difficulties in adulthood is well established. 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 professionals of issues relating to attachment and trauma.

Children's Health Scotland is concerned about the shortage of child psychotherapists; some NHS Health Boards have none, which means that children are unable to access specialist child psychotherapy treatment. **The Association of Child Psychotherapists (ACP)** is the professional body and accredited register for Child and Adolescent Psychotherapists in the UK. For a child or young person living in the Western Isles and needing access to child psychotherapy treatment, they would need to travel 168 miles to Perth.

FROM BIRTH – 18 YEARS OF AGE: TIMES OF TRANSITION

Perinatal Period: Research reflects that 20% of women develop a mental illness during pregnancy or in the first year after their child's birth, with suicide being the leading cause of maternal deaths in the UK within a year after childbirth. After childbirth, over 20,000 women in England suffer from Post-Traumatic Stress Disorder (PTSD) and almost 90,000 women suffer from mild-moderate depressive illness and anxiety states every single year. Despite this, pregnant women and new mothers have no access to specialist community perinatal mental health services in almost half of the UK, with up to 70% of women with perinatal mental health problems in the UK not being identified or treated. Perinatal mental health problems can have an adverse impact on the interaction between a mother and her baby, affecting the child's emotional, social and cognitive development, as well as causing intense, debilitating, isolating and frightening suffering for women. Given this, we support the Action Point in the **Mental Health Strategy** regarding 'Access to treatment and joined-up, accessible services' to '16. *Fund the introduction of a Managed Clinical Network to improve the recognition and treatment of perinatal mental health problems*' so that health practitioners working with pregnant and new mothers, receive more support and training so that they can identify mothers with mental health problems early to enable them to receive the help that they need.

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 further support the Action Point in the **Mental Health Strategy** regarding ‘Prevention and early intervention’ to ‘4. Complete the rollout of national implementation support for targeted parenting programmes for parents of 3- and 4-year olds with conduct disorder by 2019-20.’ We understand this was paused during the COVID-19 pandemic, and now has been incorporated into **The Scottish Government’s Transition and Recovery Plan** which includes identifying actions to support the specific mental health needs of children and young people who have been in shielding, or who are living in families who have been shielding. 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 in the **Mental Health Strategy** regarding ‘Access to treatment and joined-up accessible services’ to ‘17. 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** regarding ‘Prevention and early intervention’ to ‘1. Review Personal and Social Education (PSE), the role of pastoral guidance in local authority schools, and services for counselling for children and young people’ and ‘2. 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, gender identity, body image, 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. In a recent report, results showed that using social media led to 14 – 24-year-olds in the UK facing increased feelings of depression, anxiety, poor body image, and loneliness. After calls in 2017 for more on-site counselling services in Scottish schools, Children’s Health Scotland welcomes The Scottish Government’s commitment to invest in access to school counselling services across education, ensuring access for every secondary school and simultaneously improving the ability of primary and special schools to access counselling in every local authority. The transition experience of children from CAMHS to adult mental health services needs to be planned in accordance with the **Principles of Good Transition**, which recognises that young adult transitions can be particularly problematic for many young people with additional support needs, highlighting the important of person-centred approaches, co-ordination across services, and ongoing support and access to

information. We therefore support the Action Point in the **Mental Health Strategy** regarding 'Access to treatment and joined-up accessible services' to '21. *Improve quality of anticipatory care planning approaches for children and young people leaving the mental health system entirely, and for children and young people transitioning from CAMHS to Adult Mental Health Services.*'

Children's Health Scotland is committed in its current work to make significant contributions as the leading Scottish children's health charity, and in collaboration with other relevant agencies, to reduce these barriers. We want to ensure that children and young people with health conditions, and/ or during times of illness, along with their families, including carers, are empowered in knowing their needs and rights to access appropriate services. We want all children and young people across Scotland, but specifically children with ACEs, health conditions, and additional support needs and their families, to be able to access appropriate mental health support and intervention as early as possible, and at critical times of transition.

Children's Health Scotland
Scottish Charity No. SC006016. Registered Company No. 100114
Registered Address: 22 Laurie Street, Edinburgh EH6 7AB
Revised January 2023

REFERENCES

- Scottish Transitions Forum (2021). *Principles of Good Transitions*. Accessed: 20 December 2022, from <https://scottishtransitions.org.uk/7-principles-of-good-transitions/>
- The Scottish Government (2022). *Access to counsellors in secondary schools and children and Young People's Community Mental Health Services – Summary Reports*. Accessed: 16 December 2022, from <https://www.gov.scot/publications/access-to-counsellors-in-secondary-schools-and-children-and-young-peoples-community-mental-health-services-summary-reports/>
- The Scottish Parliament, Marini, C., (2022) *Children and Young People's Mental Health in Scotland, The Scottish Parliament*. Accessed: 16 December 2022, from <https://digitalpublications.parliament.scot/ResearchBriefings/Report/2022/5/24/aa290f5c-f12a-4077-81ea-4cc5c6151e34>
- Public Health Scotland (2019). *Disability: Limiting long-term health conditions and illness, Disability: limiting long-term health conditions and illness*. Accessed: 16 December 2022, from <https://www.scotpho.org.uk/population-groups/disability/data/limiting-long-term-health-conditions-and-illness/#:~:text=The%20Scottish%20Health%20Survey%20estimates,are%20based%20on%20the%20SSCQ>
- Queen Mary University of London (2020). *Chronic illness in childhood linked to higher rates of mental illness*. Accessed: 16 December 2022, from <https://www.qmul.ac.uk/media/news/2020/smd/chronic-illness-in-childhood-linked-to-higher-rates-of-mental-illness.html>
- Royal Borough of Windsor and Maidenhead's Safeguarding Partnership Procedures (2019). *Children of Parents with Learning Disabilities*. Accessed: 16 December 2022, from https://proceduresonline.com/berks/windsor_maidenhead/p_ch_par_learning_diff.html
- Sempik, J., & Becker, S. (2013). *Young Adult Carers at School Experiences and Perceptions of Caring and Education*. Carers Trust. Accessed: 16 December 2022, from <http://www.youngadultcarers.eu/docs/young-adult-carers-at-school-full-report.pdf>
- Association of Child Psychotherapists (2022). *Association of Child Psychotherapists*. Accessed: 16 December 2022, from <https://childpsychotherapy.org.uk/>
- The Mental Health Foundation (2016). *Physical Health Conditions: Statistics*. Accessed: 16 December 2022, from <https://www.mentalhealth.org.uk/explore-mental-health/mental-health-statistics/physical-health-conditions-statistics>
- NHS: Health Research Authority (2016). *Adverse Childhood Experiences as Predictors of Self-harm and Suicide*. Accessed: 16 December 2022, from <https://www.hra.nhs.uk/planning-and-improving-research/application-summaries/research-summaries/adverse-childhood-experiences-as-predictors-of-self-harm-and-suicide/>
- The Royal College of Obstetricians and Gynaecologists (RCOG) (2017). *Maternal mental health - women's voices*. Accessed: 16 December 2022, from <https://www.rcog.org.uk/for-the-public/rcog-engagement-listening-to-patients/>