



Public Petitions Committee

Inquiry into mental health support for young people in Scotland

Submission from CEL CIS

CEL CIS is Scotland's centre for excellence for children's care and protection, based at the University of Strathclyde. We welcome the opportunity to provide evidence focussed on the mental health of children and young people with care experience, to assist the Public Petitions Committee in its inquiry into mental health support for young people in Scotland.

Background

There are approximately 15,000 looked after children, and 5,500 young people who are eligible for aftercare, in Scotland.¹ These are children and young people living with foster carers (35%), with friends or family in formal kinship care arrangements (28%), in residential accommodation (10%), secure care (less than 0.5%), or at home with their birth parent(s), with compulsory social work supervision (25%). These individuals all have care experience.

Children and young people with care experience are not a homogenous group, each individual has their own strengths, needs and vulnerabilities. However, all have experienced difficulties in their lives; and a significant number will have experienced a range of adversity detrimental to their mental health and wellbeing, including neglect, abuse, trauma and loss. International evidence consistently indicates these children and young people are particularly vulnerable to experiencing emotional and mental health difficulties.² The most recent research into the mental health of looked after children and young people in Scotland found that 45% of 5-17 year olds had a diagnosable mental disorder, a figure which increased to 52% for those aged 5-10. This compares to 8% of children living in private households who have a mental disorder.³

¹ Scottish Government (2018). [Children's Social Work Statistics Scotland 2016/17](#). Edinburgh: Scottish Government.

² Tarren-Sweeney, M., & Hazell, P. (2006), Mental health of children in foster and kinship care in New South Wales, Australia, *Journal of Paediatrics and Child Health*, 42(3), 89-97; Sempik, J., Ward, H., & Darker, I. (2008). Emotional and behavioural difficulties of children and young people at entry into care, *Clinical child psychology and psychiatry*, 13(2), 221-233; Milburn, N. L., Lynch, M., & Jackson, J. (2008). Early identification of mental health needs for children in care: a therapeutic assessment programme for statutory clients of child protection, *Clinical Child Psychology and Psychiatry*, 13(1), 31-47; Lachlan, M., Millard, A., Putnam, N., Wallace, A. M., Mackie, P., & Conacher, A. (2011). *Mental health care needs assessment of looked after children in residential special schools, care homes and secure care*. Glasgow: ScotPHN.

³ 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.

[Part 9: Corporate Parenting](#) of the Children and Young People (Scotland) Act 2014, identifies Scottish Ministers, health boards, local authorities, and a range of other public bodies as corporate parents to care experienced children and young people, and places statutory duties on them to uphold particular responsibilities in order to safeguard their rights and promote their wellbeing. Particular attention is required by corporate parents to ensure that all children and young people with care experience have their mental health needs met. Children's rights to access the best possible quality of healthcare are set out in Article 24 of the United Nations Convention on the Rights of the Child (UNCRC, 1989). In their 2016 Concluding Observations to the UK, the UN Committee on the Rights of the Child noted concerns in relation to mental health services. The Committee explicitly recommended measures be put in place to ensure available, accessible, quality and stable services for children at greater risk, including children in care.⁴

Current context

Research by the Scottish Youth Parliament suggests 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.⁵ As of June 2018, 1 in 5 referrals to Child and Adolescent Mental Health Services (CAMHS) were rejected, highlighting a gap in services for those who do not meet the criteria for specialist help.⁶ Children and young people's access to mental health support is of critical concern, and a range of activity is underway to address this, including:

- Enhancing school-based emotional and mental health support, predominantly through school nursing, counselling and training for teachers.⁷
- Provision of funding to implement the NHS Education for Scotland [Transforming Psychological Trauma](#) training programme to develop a trauma informed workforce.⁸
- Prevention and early intervention actions outlined in the Scottish Government's [Mental Health Strategy 2017-2027 \(the 2017-2027 Strategy\), including](#) improving training in education; developing co-ordinated multi-agency supports; and delivering targeted parenting programmes.
- Establishing a Youth Commission on Mental Health Services, using coproduction with young people to develop services.⁹
- Establishing a joint Task Force to provide recommendations for improvements in provision for children and young people's mental health, and develop a programme of sustainable reform of services.

⁴ UN Committee on the Rights of the Child (2016) [Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland](#), CRAE, Section 60.

⁵ Scottish Youth Parliament (2016) *Our generation's epidemic: Young people's awareness and experience of mental health information, support, and services*, Edinburgh: SYP

⁶ SAMH & ISD Scotland (2018) *Rejected Referrals: Child and Adolescent Mental Health Services (CAMHS) A qualitative and quantitative audit*. Edinburgh: Scottish Government

⁷ Scottish Government (2018) [Delivering for today, investing for tomorrow: the Government's programme for Scotland 2018-2019](#). Edinburgh: Scottish Government

⁸ <https://news.gov.scot/news/gbp-1-35-million-for-trauma-training>

⁹ Young Scot & SAMH (2018) [Youth Commission on Mental Health Services](#). PE1627/JJ

In the context of this range of (individually very positive) initiatives focussing on children and young people's mental health, we are concerned that a lack of connection between them could limit the potential to achieve the improvements hoped for. Additionally, a predominant focus on enhancing school based support may risk failing to take the home and community lives and circumstances of children and young people into account.

Responding to the needs of children and young people with care experience

The needs of care experienced children and young people are touched upon in some of the work underway. For example, the [2017-2027 Strategy](#) includes specific action to ensure mental and emotional health needs are considered throughout the systems which support children and young people in, or on the edges of, secure care. This is critically important, as established by the 2016 report [Secure Care in Scotland: Looking Ahead](#), and highlighted recently by the tragic death of William Lindsay, a 16 year old who required secure care provision, but committed suicide in Polmont Young Offenders Institution in October 2018.

Care experienced children and young people's emotional and mental health needs cannot be understood and responded to without reference to the developmental impact of attachment and trauma. Attuned, loving and predictable responses from care-givers help children develop emotional regulation, which in turn allows them to begin to explore their surroundings and engage with others confidently.¹⁰ It is vital that the care-givers of children and young people with care experience (such as foster carers, kinship carers, and residential workers) are supported to have the knowledge, skills and confidence required to respond in an attuned way. Whilst many care experienced children and young people may not have a diagnosable mental health illness (and therefore do not meet the criteria for some services), their experiences impact profoundly on their development and emotional wellbeing. An array of complexity exists in their lives, and various factors can compound difficulties in their access to the supports they need. These include instability in home life, multiple changes of address, and inconsistent school attendance. Not only have care experienced children and young people often experienced early childhood adversity, they also may be more likely to lack the secure, nurturing relationships with care-givers that support them to recover.¹¹

An approach which ensures support is available (and is integrated into children's day-to-day lives) without needing to rely on rigid diagnostic criteria is required for care experienced children and young people. Traditional approaches to the assessment and treatment of mental health which rely on the Diagnostic and Statistical Manual (DSM) of Mental Disorders criteria can fail to understand the complexity of their difficulties, and can lead to children being unable to access a service as they do not reach

¹⁰ Furnival, J (2011) Attachment-informed practice with looked after children and young people, *IRISS Insights*, 10, IRISS: Glasgow

¹¹ Couper, S. & Mackie, P. (2016) *Polishing the Diamonds: Addressing Adverse Childhood Experiences in Scotland*, Glasgow: Scottish Public Health Network.

diagnostic thresholds.¹² A model of support which is based on experiences and developmental needs, rather than only rigid diagnoses and symptoms, is required.

In a report of preliminary findings, the newly established joint Mental Health Task Force suggests the need for a paradigm shift in how support for children and young people's mental health is approached.¹³ The report recognises a particular group of children and young people in society who are 'at risk', who may not have a diagnosable mental illness, but who have experienced serious or multiple adversities in early life. The Task Force recommends connected and coherent activity across education, communities, primary care and specialist services to recognise and meet their needs. This aligns very clearly with the circumstances of many care experienced children and young people. Given this, the further work of the Task Force holds much potential, and is of particular interest.

Data to inform service development

In addition to their early life experiences and the loss experienced by removal from their home, care experienced children and young people's in-care experiences can sometimes further exacerbate their vulnerabilities, for example through disrupting sibling relationships or placement instability. With the most recent research into Scotland's care experienced children and young people's mental health dating from 2004, there is a lack of current, robust data on the mental health and wellbeing of care experienced young people in Scotland. This must be addressed in order to inform the development of services at a local level, and to plan and measure improvement. The [Bright Spots Programme](#), developed by Coram Voice and the University of Bristol aims to improve the wellbeing of care experienced children and young people in England, and has worked with children and young people themselves to develop evidence based tools to measure their subjective wellbeing. The resulting '[Our Lives Our Care](#)' survey has been carried out annually since 2015-16, with two full reports (2015-16 and 2016-17) and a snapshot report (2017-18) published to date, providing valuable insight into children and young people's lives, wellbeing and experiences.¹⁴ A similar project in Scotland would be extremely beneficial in understanding children and young people's experiences, and guiding service improvement.

Managing transitions

Care experienced children and young people require services which are compassionate, flexible, and have 'stickability', continuing to do their best to help no matter what else is going on in the child's life. A challenge for a proportion of care experienced children and young people is continuity of mental health care when there are changes in their place of residence. This is

¹² Perry, B. D., & Dobson, C. L. (2013), Application of the Neurosequential Model of Therapeutics (NMT) in maltreated children, *Treating complex traumatic stress disorders in children and adolescents*, 249-260; DeJong, M. (2010), Some reflections on the use of psychiatric diagnosis in the looked after or "in care" child population, *Clinical Child Psychology and Psychiatry*, 15(4), 589-599; Golding, K. S. (2010). Multi-agency and specialist working to meet the mental health needs of children in care and adopted. *Clinical Child Psychology and Psychiatry*, 15(4), 573-587.

¹³ Coia, D (2018) [Children and Young People's Mental Health Task Force: Preliminary View and recommendations from the Chair](#). Edinburgh: Scottish Government

¹⁴ Selwyn, J., Magnus, L. & Stuijzand, B. (2018) *Our Lives Our Care: Looked after children's views on their well-being in 2017*. University of Bristol & Coram Voice

particularly problematic when children move to a different health board area. In some cases, children awaiting a CAMHS service in one location must begin the referral process again if they move to a new health board area. We have specific concerns about these children and young people, who may have some very serious mental health needs that remain unmet.

A further challenge is the delivery of services to successfully facilitate transitions between CAMHS and adult mental health services. Learning from a number of Significant Case Reviews in Scotland highlights that risks for young people may increase or become more difficult to manage at times of key transition and change.¹⁵ This time of transition is particularly challenging for young people who may also be making the transition from care to independent living, and therefore support is even more crucial.¹⁶

Conclusion

Greater focus is required on meeting the mental health needs of care experienced children and young people, through the development of services which respond to children's developmental needs, and involve their care-givers, rather than support being based only on rigid diagnostic criteria. Further work is required to ensure the experiences and needs of care experienced children and young people are regularly captured, in order to inform service design and delivery. A particular focus on removing barriers in transitions between services in different geographical areas and services for different age ranges is also required.

Thank you for the opportunity to contribute, we would be happy to provide further detail on any aspect of this response.

¹⁵ Care Inspectorate (2016) *Learning From Significant Case Reviews in Scotland: A retrospective review of relevant reports completed in the period between 1 April 2012 and 31 March 2015*, Care Inspectorate.

¹⁶ Scottish Government (2013) *Staying Put Scotland Providing care leavers with connectedness and belonging*
<http://www.gov.scot/Publications/2013/10/7452>