Health Inequalities – Early Years

The Royal College of Psychiatrists in Scotland, Faculty of Psychiatry of Intellectual Disabilities

This response was prepared by LD CAMHS Scotland Network, a multidisciplinary network of clinicians working in the area of mental health for children and young people with Learning Disability.

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

Mental health of children with Learning Disability

Children with Developmental Delay/Learning Disability have higher rates of both physical and mental health difficulties. It is important that they have access in the early years to the full range of physical and mental health care as well as opportunities for social activities and exercise. Access can be compromised due to reduced staff experience and confidence in working with these children due to the complexities and severity of their difficulties (including behavioural) and their higher rates of adverse socio-economic circumstances. Lack of access to services can lead to increased inequalities in both physical and mental health. Support may be required to access mainstream services and activities and some children need specialist services for their needs to be met.

I would like to draw the committee’s attention to the issue of mental health inequalities for children with Learning Disability. It is well established that children with Learning Disability have higher rates of mental health disorders than the general population of children. 1 in 2 of children with moderate/severe/profound Learning Disability have significant diagnosable disorders (see attached LD CAMHS Framework document for more detail and references). This higher prevalence is already apparent at age 2-3 years and in the UK is partially accounted for by a greater risk of exposure to adverse socio-economic circumstances (Emerson & Einfeld ‘Emotional and behavioural difficulties in young children with and without developmental delay: a bi-national perspective’. Journal of Child Psychology and Psychiatry 51:5 (2010), pp 583–593).

Mental health services in Scotland for children with Learning Disability

Despite this high prevalence, mental health services for this group are often underdeveloped and variable across Scotland. The LD CAMHS Scotland Network has been working with the Scottish Government Mental Health Division over recent years to begin to address this issue. In addition to the Framework document, please see the attached conference report and action plan, which is monitored by the CAMHS Implementation and Support Group.
Commitment 10 of the Scottish Mental Health Strategy reads: ‘We will work with clinicians in Scotland to identify good models of Learning Disability (LD) CAMHS delivery in use in different areas of Scotland or other parts of the UK which could become or lead to prototypes for future testing and evaluation’.

As a result of this commitment, the Scottish Government has funded the ‘LD CAMHS Models and Outcomes’ study, in collaboration with the University of Glasgow and the LD CAMHS Scotland Network. This has 3 phases. **Phase 1** is currently gathering structured data on existing mental health services for children and young people with Learning Disability in Scotland. In **Phase 2**, services using innovative systems of care in Scotland and the rest of the UK will be examined by focus groups with service providers and users to identify facilitators of effective mental health care. In **Phase 3**, outcome data identified in Phase 1 and Phase 2 will be analysed to indicate how service models relate to outcomes.

**Parenting programmes**

As a network we welcome the work being done to develop and roll out parenting programmes in Scotland. We are keen that families of children with Learning are also able to access quality evidence-based parenting advice. Generic programmes do not always meet the needs of this group of children (particularly those with more severe Developmental Delay/Learning Disability), whose families may struggle to find relevant advice in the early years. This may be due to the complexity of their physical and mental health needs or the severity of their behavioural difficulties. Some of the post-diagnostic Autism interventions can provide some relevant input when there is an early Autism diagnosis but there is a lack of broader parenting support.

**Good practice examples**

I would like to highlight some areas of good practice/innovation that Scottish Learning Disability services are involved in. To my knowledge, at least 2 Health Boards (NHS Lothian and NHS Fife) have been using ‘Confident Parenting’, a group approach developed in North East England for families of children with Learning Disability. This is used for early years and school age children and shows promising signs of success. The Lothian service is currently part of a multicentre outcome study for this intervention. We would like to highlight this study and the need for national development in this area.

Where there are Learning Disability mental health services, some of these take referrals for pre-school children, and/or provide consultation to early years services such as Child Development Centres (e.g. in NHS Fife). However, these services are patchy and not equally provided across Scotland. NHS Lothian has (to our knowledge), the only dedicated early years Learning Disability service within CAMHS in Scotland. This consists of a Clinical Associate in Applied Psychology. In addition to the Confident Parenting programme, she provides blocks of 3 sessions of consultation to
parents and sees referred cases who will need longer interventions. She also
does training for early years professionals relating to Autism Spectrum
Disorder, development and behaviour. Most referrals are for behaviour issues,
sleep problems and eating problems.

In NHS Fife, Children’s Learning Disability Nurses have noted that, while there
are a lot of opportunities for children in general to take part in sport out of
school, children they work with struggle to take part in these. Parents
frequently report that they find it difficult to find appropriate groups for their
children to attend. The Learning Disability Nurses have developed a pack
giving details of how much exercise children should be getting and includes
information on how children can access disability sports throughout Fife.

**Further work and links**

The ‘LD CAMHS Models and Outcomes’ study is gathering information on
service structure and staffing across the Tiers, links with multi-agency
services and availability of specialist mental health services. Early years and
early intervention is very much included as crucial for this group of children.
More detailed information will be available as the study proceeds about early
years provision for this group in Scotland, including examples of good
practice. This will provide an opportunity to further inform the work being done
on health inequalities by the Health and Sports Committee.

**The Royal College of Psychiatrists in Scotland, Faculty of Psychiatry of
Intellectual Disabilities**

*March 2014*