Mental Health

South Lanarkshire Children’s Services Partnership

South Lanarkshire’s Children’s Services partnership welcomes the opportunity to provide some feedback to this consultation. We recently have established a “Mental Health Task and Finish Group” to consider the current services available to children and young people and their experience in accessing them. The group is made up of staff from services working with children and young people including NHS Lanarkshire, Educational Psychology, CAMHS, Schools, Youth learning, Social Work and Housing and have considered a broad spectrum of issues and have also spoken to young people, parents and staff from across South Lanarkshire.

Our response to the consultation questions is informed by some of the initial findings from this area of work, which has identified a range of themes that young people articulate as having a direct impact of their mental health. E.g. this consultation indicates that the following are the main contributors to mental health difficulties:

- Social Media use/misuse
- Self Harm
- Family breakdown
- Substance misuse

A full report on the work of the group is planned for Autumn 2016.

Responses

1. What are the key factors that result in long waits for CAMHS services?
   - The number of inappropriate referrals can often be a factor in increasing waiting times for children and young people. This may be partly due to a lack of understanding of CAMHS referral criteria of a gap in awareness of other more local support accessible to children and young people which might be more relevant.

2. What would you identify as the main reason(s) for the CAMHS waiting time target not being met?
   - CAMHS waiting times in Lanarkshire have been within the national 90% target more often than not since inception. Vacancies and recruitment from a small pool of staff have caused a drop in performance on a small number of occasions. Average waits have been around 6-8 weeks. The recent loss of embedded SW posts and reduced ADP funded posts within CAMHS may impact further on waiting times.

3. Are there any other issues in CAMHS that you would identify as being a priority for improvement?
   - Consultation with service users in Lanarkshire indicates a high level of satisfaction with the support provided by CAMHS (with the exception of
waiting times for some). There appears to be potential areas for improvement in the facilities available and practical issues such as waiting rooms, accessibility (especially from rural areas) and parking were highlighted as the main frustrations.

4. Are there any particular factors/initiatives you can identify which have helped improve services either locally or in other parts of Scotland?

- There are good examples in South Lanarkshire of a “phone a friend approach” where staff contact colleagues in more specialised disciplines to help them either respond to an initial need or to help them navigate a referral or signposting request. The multiagency nature of the children’s services partnership at both strategic and locality level help facilitate this cross cutting relationship. Additionally multi agency partners around the secondary schools come together in Joint Assessment Teams (JAT’s) to consider what collective support can be provided for individual children and young people. These meetings happen on a regular basis and are facilitated by senior staff in schools. There are increasingly good practice examples of where multi agency meetings for individual children bring together partners to form network’s of support around children to support best possible outcomes.

- Additionally specific interventions by specialist agencies such as Educational Psychology with children and families, and the delivery of evidence based programmes e.g. our own Give Us A Break! programme (which was developed for children and young people affected by change, loss or bereavement) is known to have positive benefits. Educational Psychology staff provide a “training for trainers” resource for Give Us A Break and also provide training across the council on self-harm and suicide; attachment and trauma and developmental disorders such as autism and ADHD.

5. What support is provided to children and young people while they are waiting for a stage 3 referral?

- A referral to tier 3 CAMHS in most cases should only be made after considerable input from universal and specialist services as part of a staged intervention approach. Our approach in South Lanarkshire strives to establish these early, preventative efforts to support individuals to successfully overcome the challenges they face and thus reduce input from CAMHS tier 3 provision

- A range of support is available for young people while they are waiting for stage 3 CAMHS appointments to begin. “Counselling in schools” provision in South Lanarkshire (also provided by CAMHS) is seen very much as tier 2
and promotes support where there is an early recognition of mental health difficulties. This service provides therapeutic interventions where most young people can access this locally i.e. in school. Additionally feedback provided by young people indicate that school staff particularly teachers designated Pupil Support were particularly effective in supporting pupils. Youth learning Workers both in school and within the community were also rated very highly by young people in their responses.

6. Which parts of the previous mental health strategy have been most successful?
- Reduction in waiting times for referral to treatment for CAMHS Tier 3 provision

7. Which parts of the previous mental health strategy have been least successful?
- While there has been some good practice under the banner of “See Me” aimed at addressing the stigma of mental health and challenging discrimination of people with mental health issues. There is still some way to go to reduce the difficulties children and young people experience from others due to their mental health problems.

8. What would you identify as key priorities for the next mental health strategy?
- Some though should be given to strategies aimed at reducing the numbers of referrals at stage 3 by improving supports further down the system, rather than reducing the waiting times. There needs to be a better balance between addressing mental health (problems) and promoting wellbeing at an early stage.

With that in mind an emphasis on early intervention and prevention approaches should be central to any revised national strategy. This could include the following:

- An emphasis on staff training particularly for those professionals not directly involved in day to day mental health services e.g. teaching staff, youth workers, social workers etc. which improve the capacity of staff to support the wellbeing of children and young people with whom they work and respond to emerging mental health issues.
- Emphasis on greater connectivity between staff from different professions around the mental health
- Planning to ensure timely interventions at the earliest possible point once it is known a young person has mental health difficulties.
• Early identification of children and young people who are most at risk of developing mental health difficulties so they can be offered preventative support, e.g. looked after children, young offenders etc
• Support for parents of children and young people with mental health issues
• Roles for Educational Psychologists to support schools and families facing mental health issues; and implement interventions to promote the wellbeing of children and young people.
• Emphasis on Health and Wellbeing as a key priority for schools alongside literacy and numeracy and the introduction of standardised measures to monitor outcomes.
• Emphasis on the role of physical health and the role of exercise in positive mental health.
• Adequate resourcing of the above priorities

Additionally some though should be given to supporting young people’s transition from Psychiatric facilities back into the community and into education.