

**Minutes of the Cross Party Group on Mental Health held on 5th
September 2017, 18.00, CR4**

1. INTRODUCTION FROM CO-CONVENORS

Clare Haughey MSP and Maree Todd MSP introduced themselves.

2. PRESENT AND APOLOGIES

MSPs: Clare Haughey MSP; Maree Todd MSP; Monica Lennon MSP; Maurice Corry MSP; and Annie Wells MSP.

Non-MSP Members:

Organisation

AdvoCard
Audit Scotland
BACP (UC Division)
Big Lottery Fund Scotland

British Psychological Society
LGBT Health & Wellbeing
Mellow Parenting
Mental Welfare Commission
Wellbeing Scotland

Place2Be
Police Scotland
Psychiatric Rights Scotland

RCPsych in Scotland
Rowan Alba
Royal College of Speech and Language
Therapists

Salvesen Mindroom Centre
SAMH
Scottish Children's Services Coalition
Scottish Council on Deafness
Scottish Recovery Network
UKCP
WithKids

Name

Arlene Astley
Zoe McGuire
Carol Murray
Deborah Hay; Cath Logan
Alison Crawford; Paul Surgenor;
Barry Syme
Stacey Webster
Christine Puckering
Kate Fearnley
Ulia Mather
Catherine Henderson; Annie
McGovern
Lex Baillie
Andrew Muir
Roch Cantwell; John Crichton;
Anne Mcfadyen; Elena Slodecki
(minutes)
Ewan Law

Robert Macbean

Sandra Polding
Mig Coupe; Sarah Moreland
Carolyn Lochhead; Erin McAuley
Kenny Graham
Willie Macfadyen
Frank Reilly
Sheila Halliday
Emile Van Loo

Non-members in attendance: Wendy Bates; Florence Burke; Graham Hart; Tommy Loudon; Jacqueline Mcshane; Rob Murray; Meg Nelson; Luke Padfield; Des Quinn.

APOLOGIES

Apologies for absences were received from: Alex-Cole Hamilton MSP, Miles Briggs MSP and 11 non-MSPs.

3. MINUTES

Minutes of the joint CPG meeting held on 26 April 2017 were accepted as accurate. Ewan Law proposed and Willie Macfadyen seconded the minutes.

4. ANNUAL GENERAL MEETING

a. Re-election of office bearers

Annie Wells MSP nominated Maree Todd MSP and Clare Haughey MSP as co-convenors. Monica Lennon MSP seconded this.

b. Membership of the Group

The secretariat explained the full list of members is on the website of Scottish Parliament. The secretariat will send an email asking members to confirm or withdraw their membership.

c. Themes for future meetings

It was noted that the secretariat collected views on themes for future meetings and the convenors asked the group whether they would like to suggest any themes. Andrew Muir, Psychiatric Rights Scotland, suggested a meeting themed around the question, 'Is the mental health complaint system adequate?'. Kate Fearnley, Mental Welfare Commission, suggested a theme of law reform which could include non-consensual decision making and the Mental Welfare Commission's 10-year monitoring report on the Mental Health Act which is due in October.

The convenors suggested attendees email the secretariat with suggested themes, including suggested speakers or experts who can present on the topic.

5. THEME FROM THE MENTAL HEALTH STRATEGY – EARLY PREVENTION AND INTERVENTION

The group heard short presentations from invited guest speakers which was followed by a question and answer session.

Scottish Association for Mental Health 'Going to Be' Campaign

Carolyn Lochhead, Public Affairs Manager, SAMH

Erin McAuley, Campaign Volunteer, SAMH

Carolyn thanked the group for letting her speak and explained she is the Public Affairs Manager for the Scottish Association for Mental Health (SAMH). Carolyn reported the 'Going to Be' campaign is a two-year campaign stemming from research conducted by SAMH prior to the 2016 Parliamentary elections. The research showed an overall feeling that people wanted easier and quicker access for mental health problems, and a focus on children and young people.

SAMH learned about the impact on young people, particularly young girls, as they begin to enter adolescence. Carolyn reported that up until adolescence, speaking broadly, young people are pretty happy. However, it appears self-esteem takes a dip during early adolescence, particularly for girls. SAMH was

also influenced by the Scottish Youth Parliament's report called 'Our Epidemic.' Carolyn stated that 19 people per day are being turned away from CAMHS services which is over 7000 people in the last year. Carolyn reported SAMH set out to do some more formal research and spoke to around 100 representatives from various groups. Carolyn explained that across all groups concerns were education, awareness and stigma. The young people kept telling SAMH that their parents didn't know how to talk to their children about mental health.

Carolyn explained that SAMH then looked at services as they currently exist, and developed three focus areas: 1) a programme to train all school staff in mental health, not just teachers; 2) provision of counselling services across Scotland's secondary schools; and 3) children and young people being able to stay within CAMHS until they choose, up until the age of 25. There will be more policy areas to come and SAMH are interested in developing the areas they are working in and learning what others are focusing on. Carolyn recommended people look on the YouTube channel and at the materials scattered about the room.

Erin McAuley, introduced herself and noted she is a student training to be a teacher and has been campaigning for mental health for three years. Erin was involved in the Scottish Youth Parliament campaign and has presented to the Education and Skills Committee, asking them to include mental health in the curriculum for excellence. Erin explained her passion for mental health grew from her own experience battling with bulimia. Erin also noted her brother was sectioned at 16, but she didn't understand what sectioned meant and why a young man was in an adult unit. Erin reported she feels strongly about a young adult service, as she believes an adult unit is not a place for a 16-year-old.

Erin noted she was unsure where to go for help in her local area and experienced stigma such as 'you don't look depressed, you don't look like you have an eating disorder.' Erin reported teachers referred her to CAMHS in sixth year. Erin reported the appointments were a source of stress as teachers were concerned with her missing school for an appointment which made her question whether she should attend her appointment or go to school. Erin went on to talk about her experience of transitioning from CAMHS to adult services and this being a very challenging experience. Erin told the group her illness reached a critical point when she took a seizure and woke up in a hospital bed around Christmas during her first year of university. Following this, Erin was left on a waiting list for 5 months when trying to set up counselling.

Erin suggested access to mental health services is a competition of who is the most suicidal or most mentally ill and that this wouldn't be the case if this was physical health. Erin noted there are far too many times she has lost jobs because she has not been confident enough to speak to employer about mental health issues. Erin questioned if employers aren't trained in mental health, how can people with mental health issues contribute to workplace. Erin concluded her presentation by reminding the group that behind statistics are people. Erin pointed out it is positive that all parties in parliament are talking about mental

health and challenged everyone around the table to make their actions reflect their words.

Educational Psychology and Early Intervention

Alison Crawford, Scottish Division of Educational Psychology

Barry Syme, Chair of the Association of Scottish Principal Educational Psychologists

Alison thanked Erin and stated our young people are in good hands if we have people who are as attuned and as reflective as Erin. Alison stated educational psychologists (EPs) are passionate about the work they do as professionals embedded within the universal services of education. Alison reported EPs are focused on promoting wellbeing for all children within schools.

Barry explained EPs are employed in all 32 local authorities across Scotland. There are currently 342 Full Time Equivalent EPs, however, this has been falling year-on-year since 2009. The client range is up to 24 years if the person is in further education. The staffing ratio is dependent on the local authority. Barry explained it takes nine years to become an EP and they are registered with the Health and Care Professions Council. Barry agreed with SAMH that services can be a maze, particularly for boys who often get picked up in the criminal justice system. Barry reported results from a survey which showed a very high proportion of schools said they would use an EP as a frontline mental health worker. Barry then exemplified some of the evidence-based interventions that EPs across Scotland use, ranging from CBT to solution-focused brief therapy.

Alison went on to explain the tiers which EPs would intervene at. Alison reported Tier 0 is a universal offer for all children and young people (CYP) in schools and in early learning centres. Work at this level is informed by GIRFEC (getting it right for every child), wellbeing indicators and the curriculum for excellence. Alison explained psychologists working at that level advocate everyone working with CYP should understand how children learn and develop. Alison explained EPs deliver regular training on topics such as child development, attachment theory, Adverse Childhood Events, nurture and language and communication difficulties as a means of supporting vulnerable young people.

Alison went on to explain the other Tiers of intervention. Tier 1 is specific classroom activities which can benefit students and help develop emotional literacy. At Tier 2, EPs help staff to think about more school based targeted interventions for CYP and those with specific needs. This may include running groups and providing advice for teachers on how to support students. Tier 3 targets individual CYP, as well as their families. This may involve direct work with CYP or in their family context. Tier 4 is the stage which requires very intensive multi-agency partnership working. Those young people who need this level of support are the most vulnerable children. At this stage, professionals come together to collaborate over assessment and planning for children and young people.

Alison referred to Erin's comment about how difficult it was to find the right service and questioned how we help young people get to the right people at the right time. Alison reported most of work spoken about sits on the continuum of mental wellbeing to mental ill-health. EPs work right along continuum and the challenge for EPs is to get early intervention right, so that fewer young people need intensive services as they move through childhood.

SCSC work on Early Prevention and Intervention

Kenny Graham, representing the Scottish Children's Services Coalition

Kenny extended thanks for the invitation to speak. Kenny noted almost everything that has been incorporated in his 10-minute talk has already been touched on to some extent during the meeting. Kenny explained the SCSC is an alliance of independent and third-sector service providers, who deliver services to some of Scotland's most vulnerable children, young people and their families. Kenny's experience as a school head is of increasing numbers of young people coming forward with mental health difficulties. Kenny asked the group to consider possible anecdotes which will come from the statistics he will present. Kenny noted the target of 90% of young people being supported within 18 weeks is not being met. Kenny reported 1890 children haven't been accepted for treatment from April to June 2017. This equates to, in a very short period of time, almost 2000 children not receiving support from CAMHS.

Kenny reported the ask from the SCSC is more funding. Kenny stated only 0.5% of the NHS budget is attributed to the mental health and wellbeing of the nation's children. Kenny echoed Erin's ask for parity in relation to the provision of services for mental health. Kenny referred to the BBC FOI on counselling services within schools which noted 14 schools did not have any counselling services. The SCSC have called for a health champion; someone within local authorities dedicated to understanding existing services and provisions.

Kenny explained he was encouraged when the 10-year strategy launched early this year, particularly by the call for provision of extra staff in custody suites, A&E and jails but questioned, what about schools? Kenny suggested if we get it right in school, perhaps we will require less of these specialist mental health workers and perhaps less of these services. Kenny reported in Wales, where the statutory provision of counselling in schools exists, 88% of children do not require onward referral having received counselling in school. If this is accurate, it suggests provision of counselling would take us to a better place. Kenny concluded with a question, asking what can we do to speed the process up and learn from other areas of the UK.

The impact of stigma and discrimination on mental health

Stacey Webster, Head of Services, LGBT Health and Wellbeing

Stacey noted she would probably echo some of the themes already touched on tonight. Stacey explained she is head of services with LGBT Health and Wellbeing. LGBT Health and Wellbeing are a third-sector organisation set up in

2003 with the aim of promoting health, wellbeing and equality for LGBT (lesbian, gay, bisexual and transgender) people in Scotland. They deliver services from Edinburgh and Glasgow and operate a national, Scottish Government funded, LGBT hotline. Stacey gave a whistle-stop tour of what LGBT Health and Wellbeing provide as an organisation and explained they had good reach into the LGBT community.

Stacey explained LGBT people constitute 7% of Scotland's adult population. Stacey reported LGBT people are three times more likely to experience mental health problems compared to the general population. Suicidal behaviour is three times more prevalent amongst LGB people, and rises a further three times in the transgender community. Stacey noted LGBT people experience dual discrimination, because of their identity and their mental ill health. The Scottish Social Attitudes Survey showed discriminatory attitudes still exist. Stacey reported a 2015 statistic in which 18% of people indicated they believed same sex relationships are always or mostly wrong. Stigma and discrimination can have a detrimental effect on self-esteem and wellbeing.

Stacey further explained the Scottish Equality Network research found one-quarter of LGBT people had experienced discrimination when using services. This may mean they disengage with services, which may exacerbate discrimination. Those coming out later in life may experience stigma and Stacey reported many have lost family relationships when coming out later in life. Stacey read a number of quotes from people which show the difficulties of coming out, as well as stigma and discrimination. Stacey shared an example of a gay homeless man who had recently moved into sheltered accommodation and was very worried about how others in the housing unit would respond to his sexuality.

Stacey went on to talk about how we address stigma and discrimination. The Mental Health Strategy recognises there is a need to tackle stigma and discrimination. Stacey recommended a need for social spaces for LGBT people to come together and be themselves, meet peers and receive support. Stacey explained a large part of LGBT Health and Wellbeing work is connecting the LGBT community with services, which helps to build trust and create places where assumptions aren't made about gender and sexual identity. Stacey noted there are online resources on the LGBT Health & Wellbeing website, including an audit tool developed as part of a national demonstration project. Stacey encouraged attendees to look at this audit tool to understand how inclusive their services are. Stacey finished with quotes from people who used their services. The essence of the quotes was 'I felt heard, validated, included and valued.'

Q&A

Clare Haughey noted the presentations extended longer than expected and therefore the time for questions was shorted than hoped.

Willie Macfadyen, Scottish Council on Deafness, agreed the presentations were very interesting. Willie queried whether any of the presenters have ever dealt with deaf children and young people. Willie noted there are no CAMHS services in

Scotland for deaf young people. Barry answered that he has worked with deaf young children, but he currently works in an authority which has specialist provision, so he is unable comment on other issues. Carolyn commented it's not something SAMH has a lot of experience with. However, reported SAMH has recently talked to the Scottish Deaf Children's Society about supporting their campaigning.

Ewan Law, Rowan Alba, asked Carolyn about training all school staff in mental health by 2018 and asked what would training look like and to what degree will the input be peer led? Carolyn responded this is one of the areas SAMH is campaigning for change in, however, it is not something SAMH has the funding to do. SAMH are calling on the Scottish Government to produce a programme to ensure all members of school staff have an appropriate level of training in mental health.

Samantha Petrie, Association for Family Therapy, directed a question to SAMH, noting she was struck by children's statements that they have the language to talk about mental health but their parents do not. Samantha queried how we push for education of families, parents and siblings.

Erin responded that mental health wasn't discussed in her family, but she believes the current generation is much more open to mental health. In her teaching training, her and colleagues are thinking about mental health. Erin's outspokenness on her family issues has caused some problems with her family. However, Erin stated if you're not talking about mental health in the home, why would you speak about it at school or in the workplace.

Rob Murray, Changing Faces, noted Kenny raised an important question in his presentation around other constituent parts of the UK and their approach to children's mental health. Rob suggested a theme for next CPG meeting could be to hear from each political party on Kenny's question and how areas of government are aiming to improve each area of Mental health.

Maree thanked speakers and the group for their contributions, noting it had been an interesting discussion and had been a bit like speed dating around early intervention and prevention.

6. DATE AND TIME OF NEXT MEETING

Addendum: The date and time of the next CPG on Mental Health meeting will be Tuesday, 5 December at 18.00 in P1.02, Scottish Parliament.