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Public Petitions Committee
Comataidh nan Athchuingean Poblach

**Inquiry into mental health support for
young people in Scotland**



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Membership changes

1. There have been five occasions where the membership of the Committee has changed during Session 5 (12 May 2016 - to date):
 - Michelle Ballantyne MSP (Con) - 29 June 2017 to 17 June 2018
 - Rachael Hamilton MSP (Con) - 17 May 2018 – 10 September 2019
 - Angus MacDonald MSP (SNP) - 8 June 2016 – 26 August 2019
 - Rona Mackay MSP (SNP) - 16 June 2016 to 6 September 2018
 - Brian Whittle MSP (Con) - 8 June 2016 – 25 February 2020

Introduction

2. In December 2016, a public petition was lodged by Annette McKenzie, calling for consultation with, and consent from, a parent or guardian before prescribing medication to treat mental ill health if the patient is under 18 years of age. Ms McKenzie lodged her petition following the tragic death of her daughter, Britney, from an overdose of prescription medication. We are grateful to Ms McKenzie for her courage in highlighting these concerns to the Committee in circumstances no parent should ever have to face.
3. At present, under the Age of Legal Capacity (Scotland) Act 1991, a person under the age of 16 years has the legal capacity to consent to any medical procedure or treatment where, in the opinion of a qualified medical practitioner, they can understand the nature and possible consequences of the procedure or treatment.
4. Doctors have a common law duty to respect the confidence of their patient, including those under the age of 18 who are deemed to have the capacity to consent. Guidance issued by the General Medical Council highlighted confidentiality as central to the trust between doctors and patients; and that information may only be shared—
 - if required by law or by a court order;
 - if the patient has given consent for the information to be shared, or
 - if it is justified in the public interest – for example, if the benefits to a child or young person that will arise from sharing the information outweigh both the public and the individual’s interest in keeping the information confidential.ⁱ
5. During its consideration of the petition throughout 2017 and 2018, the Committee took oral evidence from the petitioner; charities including Penumbra, Scottish Association for Mental Health (SAMH) and Children in Scotland, and from the then Minister for Mental Health.
6. In addition, the Committee considered a wide range of written submissions from stakeholders including the Scottish Government, representatives from the medical profession and organisations which have a role in promoting and protecting children and young people. The Committee also heard from individuals sharing their own personal experiences of the support they received for their mental health.
7. From the evidence gathered, the Committee noted strong support amongst key stakeholders including the Scottish Government, the Scottish Youth Parliament, the Children and Young People’s Commissioner Scotland and the Royal College of General Practitioners that young people under the age of 18 should be able to give consent to treatment for themselves and that the principle of patient confidentiality should be protected.
8. The evidence highlighted however serious concerns about the experiences of young people seeking help for their mental health. Some young people explained that they felt cast aside by their GP, despite their obvious signs of distress. In some

ⁱ [SPICe Briefing for Public Petitions Committee regarding PE1627](#)

cases, the distress escalated to such a degree that in the absence of any support, they worryingly turned to self-harming and attempting suicide as a way of coping with their mental health.

9. The Committee therefore agreed to establish an inquiry into mental health support for young people in Scotland to understand and suggest improvements on how young people feeling low and/or anxious, particularly for the first time, can get the advice and support they need. This level of support is often referred to as “tier one” of the Child and Adolescent Mental Health Services (CAHMS) model of care and is delivered by practitioners working in universal services including health visitors, GPs, school nurses, teachers, social workers, youth justice workers and workers in third sector organisationsⁱⁱ.
10. The Committee recognises the comprehensive work that has been undertaken to review this critical area of public health including Audit Scotland’s report on [Children and young people’s mental health](#), published in 2018 and the [Children and Young People’s Mental Health Taskforce](#), published in July 2019. There is broad consensus in many of these important pieces of work. Unsurprisingly, there are also significant parallels between these pieces of work and the Committee’s conclusions and recommendations. The Committee is concerned, despite such broad consensus, that many young people who are feeling low or anxious are still unaware or able to access the support that they require.
11. The mental health and wellbeing of children and young people is a vast policy area. The Committee therefore agreed to focus the scope of its work on the areas that received the most evidence through its initial call for views. These were advice and awareness raising, professional constraints and peer support.
12. Mental health and wellbeing is also an ever-evolving area of public health and policy developments are regularly being announced. The Committee notes the Scottish Government’s commitment to mental health and wellbeing as set out in its [Mental Health Strategy 2017-27](#) and the most recent [progress report](#), published in November 2019. The Scottish Government, together with COSLA, have also identified “[good mental wellbeing](#)” as one of [Scotland’s six public health priorities](#).
13. It was during the final stages of the Committee’s inquiry that the sheer scale of the COVID-19 public health emergency became clear. While the Committee recognises the significant physical impact of COVID-19, it is also acutely aware of the likely longer-term impact it will have on young people and, in turn, on their mental wellbeing.ⁱⁱⁱ
14. For example, it has been reported that nine percent of 18 to 24-year-olds across the UK have lost their jobs altogether, which is the highest figure out of all age groups.^{iv} Another report suggested that younger workers will be disproportionately affected by COVID-19 in terms of their career opportunities “for decades”.^v In a recent [Policy Brief on The Impact of COVID-19 on children](#), the United Nations stated—

ii [SPiCe Briefing, Child and Adolescent Mental Health – Trends and Key Issues, 28 September 2016](#)

iii [United Nations Policy Brief: The Impact of COVID-19 on children, published 15 April 2020](#)

iv [Resolution Foundation: Young workers in the Coronavirus Crisis, published 18 May 2020](#)

” *“The pandemic is having profound effects on children’s mental well-being, their social development, their safety, their privacy, their economic security”.*^{vi}

15. School closures, cancelled exams and uncertainty regarding the transition from school to further and higher education are all likely to lead to increased anxiety in young people, on top of what are often already stressful times in a young person’s life. In addition to this, concerns have now been raised about the impact of social distancing upon adolescent development.^{vii} Given the scale of the COVID-19 public health emergency, it is also likely that many young people will suffer a bereavement, which will present further emotional distress.
16. Mental health support for young people was a challenging area of public policy, even before the considerable impact of COVID-19. It has therefore never been more important for young people to be aware of their mental health, the steps they can take to protect it, and the services that are available for those who need it.

v International Labour Organization (ILO) Monitor, Covid-19 and the World of Work, 4th Edition

vi *United Nations Policy Brief: The Impact of COVID-19 on children, published 15 April 2020*

vii The effects of social deprivation on adolescent development and mental health by Amy Orben, Livia Tomova and Sarah-Jayne Blakemore, published 12 June 2020, The Lancet Child & Adolescent Health

Executive Summary

17. Just as everyone has physical health, we all have mental health. At all ages, people will experience the ups and downs of life and young people are no different. Added to that, there is now another unprecedented challenge, in the form of the COVID-19 public health emergency. It is therefore vital that young people are equipped with the skills to look after their own mental health, while also recognising when it is time to seek additional support.
 18. The Committee notes that mental health support can come from a number of sources including speaking to a friend, a parent or carer, a trusted adult or a professional such as a GP or a teacher. Regardless of the support that is sought, it is imperative that a common and consistent language exists, and is used, to talk about mental health, so young people are better able to articulate how they are feeling and in turn, be understood. It is also vital that clear pathways to support are known to everyone involved in helping a young person with their mental health.
 19. It is important that young people seek support from someone they trust. The Committee is firmly of the view that additional support needs to be developed and available to anyone who may have a role in helping young people with their mental health.
 20. An [audit of rejected referrals](#) to Child and Adolescent Mental Health Services (CAMHS), commissioned by the Scottish Government in 2018^{viii} highlighted that 62 per cent of children and young people were unable to access CAMHS because they did not meet NHS Board criteria.^{ix} Of those who are referred to CAMHS, there is often a significant waiting list for treatment. The Committee considers that much more needs to be done to help young people at an early stage to avoid their needs becoming critical.
 21. There will be occasions where, in seeking support, prescribed medication will be the most appropriate action. In these cases, it is essential that GPs ensure that patients are fully informed about the side effects of their medication and that their prescriptions are regularly reviewed. GPs should also continue to encourage patients to speak to family and friends, if possible, to ensure that they have a support network around them.
 22. The Committee also recognises the positive role that physical activity and social connections can have on mental health and endorses the Health and Sport Committee's assertion made in its recent "[Social prescribing of physical activity and sport](#)" report that—
-

viii The Scottish Government asked the Scottish Association for Mental Health (SAMH) and Information Services Division (ISD) Scotland, of NHS National Services Scotland, to carry out qualitative and quantitative work to examine referrals to Specialist Child and Adolescent Mental Health Services (CAMHS) which were rejected.

ix Reasons for not meeting the criteria could include: being at the early stage of mental illness or disorder; having a mild mental illness or disorder, there being no mental health issue or being outwith the NHS Board catchment.

” *“there is tremendous potential for a pro-active approach in the wider scope of social prescribing that can improve someone's health and wellbeing before they begin to feel unwell.”*^x

23. The Committee recognises that communities across Scotland will face different challenges and, as such, what mental health supports work well in one area will not necessarily work in another. While the Committee is aware of local initiatives that are working well, it is not clear that there are sufficient opportunities for this learning to be shared and implemented as widely as it could be.
24. The Committee welcomes the Scottish Government’s commitment to ensure every secondary school has access to counselling services. The Committee notes, however, that this alone will not address the wide-ranging needs of young people and can therefore only ever be one part of a package of measures. The Committee is strongly of the view that the Scottish Government undertakes work to ensure the introduction of counselling services complements existing forms of support.
25. The potential mental health implications of the COVID-19 public health emergency have been well-publicised, with considerable information and advice being published to employers and organisations. The Scottish Government has also made additional funding available to key mental health services in May 2020.^{xi} The Committee is encouraged by these positive steps, however is of the view that more resources will be required in the longer term to deal with a likely increase in demand for mental health services for young people.

^x *Health and Sport Committee. 14th Report, 2019 (Session 4). Social Prescribing: physical activity is an investment, not a cost (SP Paper 369)*


^{xi} *Support mental health, Scottish Government press release, 3 May 2020*

Strategic service delivery

The Committee recognises that many organisations work in partnership to provide support to young people seeking help for their mental health. The evidence suggests, however, that support is inconsistent across Scotland and it is often unclear to both young people and people supporting them where the most appropriate form of help exists.

A co-ordinated approach

26. In its September 2018 report on [Children and young people’s mental health](#), Audit Scotland stated that the support available to children and young people seeking help for their mental health is complex and fragmented. Throughout its external engagement work, the Committee heard this message first hand, suggesting that this confusing landscape continues to exist.
27. It is clear that a range of services are available to support young people seeking help for their mental health in the public, private and third sector. The written evidence received, however, suggests that while these services exist, young people, their families and friends as well as many professionals supporting them are often unaware of these possible avenues for support.
28. In its written submission, XenZone, an organisation specialising in online counselling, asserted that it is—

 *“critical that services are joined up and integrated in a way that makes it easy for the young person to get help.”^{xii}*
29. The Public Bodies (Joint Working) (Scotland) Act 2014 placed a statutory duty on the NHS and councils to integrate health and social care services including adult social care services, adult primary care and community health services and some hospital services. The Act replaced Community Health Partnerships with a series of integration authorities to provide these services. Integration authorities follow one of two main models; an Integration Joint Board (IJB) model or a lead agency model.
30. Throughout its inquiry, staff delivering integrated services along with teachers, pupils, local authority officials as well as practitioners firmly stated that “partnership working is key”.^{xiii}
31. These partnerships have seen for example, third sector organisations go into schools, either through agreements with individual schools or at an integration authority level, to provide support services to pupils. It was explained to the Committee that such an approach has helped promote mental health awareness and increase the support available to young people which has helped reduce the stigma of mental health.

^{xii} [XenZone written submission](#)

^{xiii} [Note of Policy Hub: 2019 Mental Health and Wellbeing in Scotland’s Schools conference, Edinburgh, 14 November 2019](#)

32. In written submissions both Colleges Scotland and the Children and Young People's Commissioner Scotland, highlighted that where there is effective co-ordination, young people find it easier to access help.
33. Most tier one and two services, such as school counselling and primary mental health workers, are funded or provided by councils, integration authorities and the third sector organisations. The Committee notes the positive examples^{xiv} of partnership working between integration authorities and third sector partners it has gathered throughout its inquiry. For example, Barnardo's, Quarriers and Place2Be amongst others, are all working together to support school pupils in North Ayrshire^{xv}, Falkirk, the Scottish Borders^{xvi xvii xviii} and Aberdeenshire.^{xix}
34. In evidence gathered from S5 and S6 pupils at Tynecastle High School, young people explained to the Committee that a partnership exists between their secondary school and the third sector organisation, Place2Be for a mental health professional to be permanently based in their school for two and a half days each week. The pupils said that this consistency allows positive relationships to be built between the mental health professional and pupils. They recommended that this support model be expanded to schools throughout Scotland.
35. In its written submission, Place2Be stated that it provides a 'whole school' approach to supporting children's mental health with its services accessible to all children and young people in the school. The organisation noted that—
- ” *“as the service embeds, the stigma which can prevent children from talking about their feelings fades. Children and young people know they can talk to our School Project Manager during break times, staff can seek advice and support about working with children's mental health issues, while parents know that there is independent support available should they need to access it for themselves or their child.”^{xx}*
36. The Committee is aware that several local authorities are working with third sector organisations to deliver programmes which train senior school pupils in mental health first aid. These pupils then become mental health ambassadors, who promote mental health awareness and aim to reduce stigma throughout the school.

Case study 1: Partnership working in the Scottish Borders

xiv [Note of Policy Hub: 2019 Mental Health and Wellbeing in Scotland's Schools conference, Edinburgh, 14 November 2019](#)

xv [North Ayrshire Council written submission](#)

xvi [Scottish Borders Health and Social Care Partnership written submission](#) and [Note of visit to Galashiels Academy, 31 January 2020](#)

xvii [Note of Policy Hub: 2019 Mental Health and Wellbeing in Scotland's Schools conference, Edinburgh, 14 November 2019](#)

xviii [Place2Be written submission](#)

xix [Aberdeenshire Council written submission](#)

xx [Place2Be written submission](#)

As part of its external engagement, the Committee visited Galashiels Academy to meet pupils and teachers from secondary schools in the Scottish Borders to learn about efforts to improve the emotional and mental wellbeing of pupils.

Scottish Borders Council (SBC) works in partnership with third sector organisations such as See Me, which delivers Scottish Mental Health First Aid training to S6 pupils, and Quarriers, which provides ten Resilience Practitioners across all secondary schools with a focus on prevention and intervention methods.

The pupils clearly felt empowered and confident discussing mental health, stressing the importance of:

- language when discussing mental health, to encourage all people to look after their mental health
- resilience practitioners in every secondary school. They explained that practitioners help pupils to identify and develop coping strategies, and are, crucially, easily accessible, including by self-referral
- educating young people aged 12-13 on mental health to inform and prepare them, as they embark on a period with many changes and uncertainties
- a strong role for peer support, even if a young person has a good relationship with their family.



Source: Scottish Parliament

37. In its meeting with mental health ambassadors, it was clear to the Committee that the young people were passionate about being role models and mentors within their schools as well as encouraging discussion and awareness about mental health. The Committee welcomes programmes such as training senior school pupils in mental health first aid. It is imperative however, that these programmes are regularly reviewed, to ensure they are delivering the intended outcomes and avoid becoming a tick box exercise.
38. From other evidence provided to the Committee, it is evident that not all pupils benefit from programmes such as the mental health first aid training for senior pupils. One contributor to the Committee’s digital consultation stated—
- ” *“getting suitable support from my school proved nearly impossible”*^{xxi}
39. Another contributor explained—
- ” *“I received very little to no help for the past 3 years and only now in my final year of school am I offered a mental health nurse to see me. The suggestion of the nurse did not come from the school, rather from my doctor”*.^{xxii}
40. The Committee recognises the vital role that the third sector fulfils in providing mental health support to young people in Scotland. In its report, the Children and Young People’s Mental Health Taskforce recommended that third sector organisations should be fully involved and represented in strategic partnerships at a local and national level, recognising their vital role in supporting and improving the mental health of children and young people. The Committee fully endorses this recommendation and highlighted, given their importance, the need for these vital organisations to be appropriately funded.

No one-size fits all

41. The Committee recognises that both local authorities and integration authorities must put services in place to respond to the needs and challenges of their own areas. From the evidence the Committee has received however, there is a clear call for a more consistent approach to mental health services across Scotland, so that young people can access the same level of support, regardless of their school or health board.
42. The Committee considers that it is of equal importance for good practice across the country to be collated and shared across all integration authorities and local authorities to help improve the support and consistency of mental health support available to children and young people.
43. The evidence gathered by the Committee indicates strong support amongst people working in schools, the medical profession and third sector organisations for a consistent framework for tier one services to be developed to provide a minimal level of service provision that all young people are entitled to receive for their

^{xxi} [Dialogue digital consultation with young people, November to December 2018](#)

^{xxii} [Dialogue digital consultation with young people, November to December 2018](#)

mental health. Such a framework would still allow these bodies to respond to the particular needs of local areas.^{xxiii}

44. In its [2018/19 Programme for Government](#), the Scottish Government announced a commitment to ensure that every secondary school has access to counselling services by September 2020. Throughout the Committee's external engagement programme, the increased provision of school counsellors was welcomed.^{xxiv xxv xxvi}

45. During a number of engagement events with young people, several participants highlighted how helpful it was to have access to a counsellor or mental health professional in their school. Similarly, the benefits of school counsellors were highlighted to the Committee by several teachers participating in the Committee's digital consultation, and when meeting with a group of guidance, pastoral care and wellbeing teachers.^{xxvii} One contributor stated—

” *“school-based counselling services are essential to ensure this help is available at the earliest opportunity.”*^{xxviii}

46. Another contributor highlighted—

” *“Every young person deserves the right to access free mental health support at their easiest convenience and a qualified school-based counsellor can do this.”*^{xxix}

47. Concerns were also raised during the inquiry about the increased provision of school counsellors. For example, although the group of teachers the Committee met with were broadly supportive of the Scottish Government's commitment, they also highlighted that the involvement of counsellors can present difficulties for them in their day-to-day work. While recognising the need for confidentiality, it was explained that supporting pupils without any feedback from counsellors was challenging, as they did not want act contrary to their advice. It was therefore argued that counsellors could only be seen as part of a wider suite of measures.

48. This message was echoed by North Ayrshire Council in its written submission, stating that counselling needs to be—

xxiii [Note of Policy Hub: 2019 Mental Health and Wellbeing in Scotland's Schools conference, Edinburgh, 14 November 2019](#)

xxiv [Note of Policy Hub: 2019 Mental Health and Wellbeing in Scotland's Schools conference, Edinburgh, 14 November 2019](#)

xxv [Note of focus group with young people, Scottish Parliament, 19 November 2019](#)

xxvi [Note of focus group with parents and carers, Glasgow, 28 February 2020](#)

xxvii While the job description for these roles differ, and the exact composition of staff within a school is a matter for individual headteachers, all these teaching roles have a significant role in supporting the health and wellbeing of pupils

xxviii [Dialogue digital consultation with professionals, November to December 2018](#)

xxix [Dialogue digital consultation with professionals, November to December 2018](#)

” *“seen as part of a whole school approach rather than the panacea”*.^{xxx}

49. The Committee is encouraged that the Scottish Government recently confirmed to the Education and Skills Committee that—

” *“counselling in schools needs to be delivered as part of the whole school approach, and appropriately linked to other services which will support children and young people’s mental health and wellbeing.”*^{xxxii}

50. During the inquiry, the Committee met with local authority and third sector organisations to learn about the health and wellbeing programme in place in secondary schools across the Scottish Borders. The programme aims to improve the emotional and mental wellbeing of pupils, using the ‘Growing Confidence’^{xxxii} approach. At that meeting, it was evident to the Committee that the introduction of school counsellors will need to be carefully balanced alongside other established forms of support, such as the health and wellbeing programme, in order to ensure the most suitable forms of support are available to school pupils.^{xxxiii}

51. Concerns have been raised about the practicality of the Scottish Government’s commitment to have counsellors in all secondary schools by September 2020. During the [Education and Skills Committee evidence session on school counsellors](#) on 5 February 2020, Stuart Valentine, Chief Executive of Relationships Scotland stated that—

” *“there are not enough qualified children and young people’s counsellors to fulfil the commitment.”*^{xxxiv}

52. During this same evidence session, Joanna Holmes, of the British Association for Counselling and Psychotherapy, suggested that capacity could be bolstered by counsellors currently working with adults who are keen to convert to specialise in working with children and young people.

53. The Scottish Guidance Association and The Spark, a charity which provides in-school counselling, both highlighted the challenges of counsellors converting from supporting adults to children and young people, explaining that this “is very different to working in a local centre”.^{xxxv}

54. Other concerns raised during the Education and Skills Committee evidence session included—

- the need for consistency of provision across the country;

xxx [North Ayrshire Council written submission](#)

xxxii [Letter from Deputy First Minister to Convener of the Education and Skills Committee, dated 1 June 2020](#)

xxxiii ‘Growing Confidence’ is a package of materials developed by City of Edinburgh wellbeing service lead including training materials for staff, parents and pupils

xxxiv [Note of visit to Galashiels Academy, 31 January 2020](#)

xxxv [Column 10, Official Report, Education and Skills Committee, 5 February 2020](#)

xxxvi [Column 12, Official Report, Education and Skills Committee, 5 February 2020](#)

- the importance and challenge of having counsellors within the school environment;
 - that other measures are in place alongside counsellors, ensuring a whole school approach to improve the mental wellbeing of all pupils; and
 - the ability of the new school counsellors to meet demand, even in such increased numbers.
55. These concerns were also raised to the Committee throughout its inquiry. The Committee considers that it is likely the current COVID-19 public health emergency will place even further demands on existing mental health services.
56. While the Committee welcomes the Scottish Government’s commitment to ensure all secondary pupils have access to a school counsellor, it is strongly of the view that a national school counsellor programme must not detract from the support that already exists at a local level. As such, school counsellors can only be part of a suite of measures to support children and young people with their mental health.
57. The Committee considers that the Scottish Government must be able to demonstrate that the school counsellor programme is achieving best value, using the resources that are available to achieve its intended policy objectives to maximum effect. The Committee is of the view that the Government should be ready to reprofile this spending if it appears there are more effective interventions available to achieve its objectives.

Clear pathways

58. It is clear from the Committee’s evidence that young people, and those helping them, are calling for clearer pathways to support, so they can more easily be directed to the right service.
59. In its submission, the National Union of Students (NUS) Scotland highlighted a survey conducted by NUS UK in November 2015, which found that 78 per cent of respondents had experienced mental health problems in the preceding year. Although the survey showed that students sought support from a variety of sources including GPs, their institutions, and their families, it also revealed that one third of respondents did not know where to go for mental health support.^{xxxvi}
60. This lack of awareness was also highlighted by the Scottish Youth Parliament in its *Our Generation’s Epidemic*, published in 2016 which revealed that 74 per cent of young people did not know what mental health information, support and services were available in their local area.^{xxxvii}
61. As part of the Committee’s digital consultation on the inquiry, one group discussion highlighted that the best mental health support for young people would be “trained and trusted” and offer “quality help available at the point of need”.
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xxxvi [NUS Scotland written submission](#)

xxxvii Scottish Youth Parliament, *Our Generation’s Epidemic*, 2016

62. The group also suggested the creation of a '24/7 one stop shop' support for people to be able to search for support by postcode, and would then signpost a young person, parent or carer, or professional to the support available in their area. It was further suggested that this could be categorised to help the user determine the most appropriate support for them.
63. The Committee notes that the Scottish Government has recently announced funding to expand the provision of mental health support to address an increase in calls resulting from the COVID-19 public emergency. £2.6 million has been allocated to increase the capacity of the NHS 24 Mental Health Hub and Breathing Space telephone helpline and web support service. £1.2million has also been made available to provide extra capacity for Computerised Cognitive Behavioural Therapy.^{xxxviii} While the Committee welcomes this additional funding, it notes that calls for the expansion of these services existed before the COVID-19 public health emergency. The Committee therefore urges the Scottish Government to review whether these services adequately meet the demand for them.
64. During its meeting with mental health ambassadors, it was clear to members of the Committee that signposting peers to the most appropriate form of support is an important part of their role. As a result, there is a need for ambassadors, and other programmes promoting positive mental health to be given clear, accurate and authoritative information about local services.
65. During the inquiry, the Committee hosted a session as part of the 2019 Mental Health and Wellbeing in Scotland's Schools conference, organised by Policy Hub Scotland. During the session, groups of teachers, pupil support assistants and educational psychologists from local authorities across Scotland all called for more support and information so that they knew where to signpost young people to the most appropriate support.
66. Similarly, when the Committee met with a group of GPs, it was explained that they are not always aware of alternative forms of support. The GPs highlighted that often when people go to their GP with a mental health issue, they are in emotional distress, in response to a situation, rather than suffering from mental illness. In these circumstances, there is likely to be a limit to the support they can offer. It is therefore critical that GPs are able to direct people to alternative forms of support.
67. During its digital consultation with parents and carers, one parent highlighted a lack of knowledge regarding the support available for their child, stating that, despite concerns being raised and the situation deteriorating—
- ” *“No signposting to external agencies was provided and no further contact was made to check on progress or offer support”.*^{xxxix}
68. The Committee welcomes the self-help guides developed by [NHS Inform](#) during 2019 and 2020 to help people identify, treat and manage different physical and mental health conditions, with specific information available on anxiety disorders in children.^{xl} The Committee notes however, that from the evidence it has gathered,

xxxviii [Scottish Government press release 'Funding for digital mental health services', 27 March 2020](#)

xxxix [Dialogue digital consultation with parents and carers, November to December 2018](#)

young people and those supporting them, are often unaware of this resource, suggesting that more needs to be done to promote this form of support.

69. The Committee received evidence from GPs who work with Community Link Workers (CLWs). CLWs help to reduce pressure on GPs, in areas of socio-economic deprivation, providing authoritative sources of information about local support services to which people can be directed to.^{xli} The GPs highlighted the positive contribution that CLWs can make in their day to day roles.
70. The Scottish Government has funded 53 CLWs until the end of the parliamentary term. The Scottish Government has also committed to delivering 250 CLWs by the end of this parliamentary session which will be available to patients in GP practices or clusters of GP practices by health boards under the new GP contract.^{xlii} The Committee recognises that CLWs are a targeted resource, focused on the areas of greatest need and, as a consequence, are not available to all GPs in Scotland.
71. The Committee notes that from the evidence it has received, young people, and people who have a role in supporting young people with their mental health, are not always aware of services that exist or how to access them. The Committee therefore emphasises the need for a comprehensive mapping of the range of services being offered in communities, by integration authority area, to ensure a more effective network of services and the opportunity for gaps in support to be identified and addressed. The Committee believes it is vital that this information is then shared, and promoted, to young people and those who are seeking to support them with their mental health.
72. The Committee is firmly of the view that services should be accessible and welcoming to young people. The Committee considers it essential that young people have an active voice in the development of services and information, to ensure that both are accessible to children and young people.

^{xli} [NHS 24: Transforming Mental Health Through Partnership Working](#)


^{xlii} [Note of meeting with Deep End GPs, Glasgow, 7 October 2019](#)

^{xliii} [Improving General Practice Sustainability Group: 2019 Report](#), published 22 January 2019

Advice and awareness raising

It is essential that all young people recognise the importance of looking after their mental health and are equipped with the skills to do so. This includes being able to articulate how they are feeling, increasing their emotional resilience and knowing where and when to access support if they need it. This in turn should help tackle mental health stigma.

Developing emotional literacy

73. The Committee heard repeatedly that it is crucial for young people to have the skills to be able to cope with the challenges of life which can often cause stress and anxiety. With this awareness, young people can go on to identify these feelings within themselves, and to recognise when they may need to access other forms of support.^{xliii}
74. The importance of a common shared language for discussing mental health, both for young people seeking support, and for people or organisations trying to help them, was also stressed. It was explained that by creating this common shared language, young people can learn how to understand and articulate how they are feeling in order to get the help that they need from the right place at the right time.^{xliv}
75. The COVID-19 public health emergency is likely to affect all young people, albeit in different ways and to differing degrees. An important element of recovery will be the ability to talk about the impact the crisis has had. It has therefore never been more important for young people to have a shared vocabulary to express how they are feeling.
76. During the Committee's visit to the Scottish Borders, it was stated that—
-  *"literacy promotes recovery."*^{xlv}
77. The importance of having a common shared language for people to be able to articulate how they are feeling was also highlighted to members of the Committee during a visit to Motherwell-based charity, Friends Affected by Murder and Suicide.
78. The Committee is firmly of the view that by introducing this emotional vocabulary at nursery age and building on this language throughout primary and secondary school, young people can develop their awareness early, to understand the importance of positive mental health; and to look after their emotional health in the same way as physical health.^{xlvi}

xliii [Note of focus group with young people, Scottish Parliament, 19 November 2019](#)

xliv [Note of focus group with parents and carers, Glasgow, 28 February 2020](#)

xlv [Note of visit to Galashiels Academy, 31 January 2020](#)

xlvi [State of a generation: Preventing mental health problems in children and young people, Mental Health Foundation, November 2019](#)

Personal and Social Education (PSE)

79. During the 2019 Mental Health and Wellbeing in Scotland’s Schools conference, many teachers, pupil support assistants and other educational professionals attending the event highlighted the need for standardised resources for Personal and Social Education (PSE), to ensure a more consistent language is developed to talk about mental health, for pupils and teaching staff working with pupils alike.

80. In its written submission to the inquiry, Aberlour stated that—

” *[although] “it is true to say that mental health is more widely discussed publicly than it has been before, wider public discussion does not necessarily translate into a reduction in stigma for those young people who may experience mental health concerns.”*^{xlvii}

81. A consistent message the Committee heard throughout its inquiry is the need for mental health and wellbeing to be part of a regular conversation that is provided through PSE but also embedded into other parts of the curriculum.

82. Young people attending a focus group with the Committee stated that PSE—

” *“doesn’t feel like it is relevant to the realities and challenges of their lives.”*^{xlviii}

83. Teachers and school staff also explained that there are not PSE teaching resources, unlike other subject areas. They explained that national resources were needed to support those delivering PSE lessons, to ensure that there is a consistency of message across the country which is currently absent.^{xlix}

84. During the Committee’s focus group with parents and carers, the importance of regular conversations about mental health was highlighted. It was stated that such an approach will help to widen young people’s understanding that everyone has mental health as they all have physical health, and to recognise that people need to take care of both.¹

85. The Committee understands that in schools with mental health ambassadors, part of their role is to deliver mental health awareness sessions to peers as part of PSE lessons. The Committee heard first-hand how this approach improves engagement with young people, encouraging more active learning and participation and helps to challenge the stigma of mental health.

86. The Committee strongly believes that regular wellbeing classes, underpinned by national resources such as a syllabus and teaching materials, is vital for young people to develop their knowledge and understanding of mental health and wellbeing. This forum also provides the opportunity for young people to learn about positive actions they can take to protect their mental wellbeing as well as gaining practical information about engaging with mental health support services. For

^{xlvii} [Aberlour written submission](#)

^{xlviii} [Note of focus group with young people, Scottish Parliament, 19 November 2019](#)

^{xlix} [Note of Policy Hub: 2019 Mental Health and Wellbeing in Scotland’s Schools conference, Edinburgh, 14 November 2019](#)

¹ [Note of focus group with parents and carers, Glasgow, 28 February 2020](#)

example, many of the young people the Committee engaged with during the inquiry were unaware that they could request a double appointment with a GP.

87. The Committee welcomes the Scottish Government’s review of PSE, published in January 2019. The review made sixteen recommendations, which were accepted in full,^{li} including the production a new toolkit to enhance health and wellbeing/PSE delivery at all stages of education. The review also recommends the development of learning resources to support health and wellbeing/PSE, accessible to all teachers and school staff in Scotland. The Committee notes, however, that from the teachers it met with, there was no awareness that this support is in development.

Building resilience

88. The Committee recognises that everyone will face challenges and pressures during their life; the current COVID-19 public health emergency is a clear demonstration of this. The Committee has heard evidence that young people need to be equipped to cope with challenges such as exam stresses and social pressures, and adapt to changes in circumstance, while maintaining positive wellbeing.^{liii} This is often referred to as emotional resilience.

89. In its written submission, Barnardo’s Scotland highlighted the importance of building resilience to prevent future mental health problems, arguing—

” *“Teaching children from an early age about emotional awareness, how to self-regulate, and the skills to support resilience are essential parts of preventing future problems with their mental health and wellbeing.”^{liiii}*

90. This includes initiatives to tackle social isolation and resiliency programmes.^{liv}

91. The importance of developing young people’s resilience has been regularly emphasised throughout the Committee’s evidence gathering with contributions frequently highlighting the importance of resilience programmes.^{lv}

92. For example, in their written submission, Dr Fenton and Dr Michail from the Institute of Mental Health at the University of Birmingham stated—

” *“students value more programmes focusing on increasing their self-confidence, empathy and social skills rather than interventions which focus solely on depression.”^{lvi}*

li [Letter from Deputy First Minister to Convener of the Education and Skills Committee, 23 January 2019](#)

lii [Scottish Children’s Services Coalition written submission](#)

liii [Barnardo’s Scotland written submission](#)

liv [Aberdeenshire Council written submission](#)

lv [Girlguiding Scotland written submission](#)

lvi [University of Birmingham, Institute of Mental Health written submission](#)

93. In its inquiry on “[Social prescribing of physical activity and sport](#)” the Health and Sport Committee recognised the importance of activities to develop coping strategies and build up resilience stating—
- ” *“promoting physical activity and sport would not only prevent ill-health, but it could prevent social isolation and loneliness and address some major causes of other mental health conditions, such as depression.”*^{lvii}
94. When meeting mental health ambassadors from across the Scottish Borders, participants highlighted the importance of supported self-referrals to the resilience practitioner in their school. It was explained that this encourages pupils to take responsibility for their mental health, demonstrates that they want things to be different and that there can be a sense of validation in speaking to someone who can often legitimise the mental health concerns being raised by the young person.^{lviii}
95. During a focus group with young people, a member of the Committee suggested that one way of maintaining positive wellbeing could be to develop a personal mental health plan. This plan could capture exercises or strategies to be used to manage an episode of poor mental health, recognising if these steps are not working, that they need to seek intervention from a counsellor or GP. It was suggested that this would allow young people to have some control and take action to combat their low mood, but also give them confidence to seek outside help, knowing that it is something more serious. The young people attending agreed that such an idea could work.^{lix}

Support for parents and carers

96. Other evidence asserted that support must be available to families to help them support their young people.^{lx} In its written submission, Edinburgh Health and Social Care Partnership highlighted that young people have stated that parents should be signposted to counselling/parent education courses, that parents and carers should be educated and supported; and have training to help them cope when their children were taking exams.^{lxi}
97. In its written submission, the Children and Young People’s Commissioner for Scotland highlighted recommendations made at a meeting of the European Network of Young Advisors (ENYA) on mental health in 2018. In their recommendations concerning parents, ENYA recommends that—

^{lvii} [Paragraph 71, Social Prescribing is an Investment, Not a Cost by Health and Sport Committee, pub 4 December 2019](#)

^{lviii} [Note of Policy Hub: 2019 Mental Health and Wellbeing in Scotland’s Schools conference, Edinburgh, 14 November 2019](#)

^{lix} [Note of focus group with young people, Scottish Parliament, 19 November 2019](#)

^{lx} [Note of Policy Hub: 2019 Mental Health and Wellbeing in Scotland’s Schools conference, Edinburgh, 14 November 2019](#)

^{lxi} [Edinburgh Health and Social Care Partnership written submission](#)

- there should be workshops for children and parents on promoting healthy relationships; and
 - there should be mandatory courses to teach parents how to recognise signs of distress in their children.^{lxii}
98. Throughout the inquiry, several parents have called for this type of education. During its digital consultation with parents and carers, one parent highlighted—
- ” *“if there was common knowledge and education available for parents then I feel we as parents could help more and make a start on the healing process.”*^{lxiii}
99. This point was underlined during the Committee’s engagement with a group of guidance, pastoral care and wellbeing teachers, some of whom had run workshops for families to raise their awareness of mental health issues. Attendees at this meeting explained that these workshops provided parents and carers with an insight into the work being done with their children who were taking part in an early intervention programme.^{lxiv}
100. During focus groups with young people as well as parents and carers, it was agreed that parents need to be supported. It was explained that this should not only be with information but also include opportunities to connect with their own peers, who can provide advice and support.^{lxv lxvi}

lxii [Children and Young People’s Commissioner Scotland written submission](#)

lxiii [Dialogue digital consultation with parents and carers, November to December 2018](#)

lxiv [Note from meeting with guidance, pastoral care and wellbeing teachers, Glasgow, 20 January 2020](#)

lxv [Note of focus group with young people, Scottish Parliament, 19 November 2019](#)

lxvi [Note of focus group with parents and carers, Glasgow, 28 February 2020](#)

Professional constraints

It is clear to the Committee that people supporting young people with their mental health in a professional capacity are doing so to the best of their abilities. The Committee notes however, that additional training, support and supervision, information and, crucially, resources are all required to improve the effectiveness of this support.

Recognising what works

101. The Committee recognises the importance of medication in certain cases. When providing evidence to the Committee on Ms McKenzie’s original petition, SAMH stated—

” *“medication has a role to play...Many people find medication helpful in their support”.*^{lxvii}

102. The Committee has taken considerable evidence about the importance of other forms of support and treatments when treating young people who initially present with emotional distress.

103. Guidance issued by National Institute for Health and Care Excellence (NICE) for the treatment of children and young people with mild depression suggests the use of psychological therapies, stated—

” *“Antidepressant medication should not be used for the initial treatment of children and young people with mild depression.”*^{lxviii}

104. In its written submission, the Deep End GP Group comprising General Practitioners serving the 100 most deprived populations in Scotland, advocated moving to—

” *“A broadened holistic approach to psychological vulnerability and distress. Consider reframing the diagnostic approach away from a biomedical model and re-framing the approach based on psychological distress that recognises that triggers to mental health presentation are multi-factorial and can incorporate social, psychological and biological factors.”*^{lxix}

105. The Deep End GP Group also highlighted to the Committee that—

” *“the most important resource to support any GP... is having adequate time to spend with a distressed patient and construct a care plan.”*^{lxx}

^{lxvii} [Column 5, Official Report, Public Petitions Committee, 7 December 2017](#)

^{lxviii} [NICE Guidance 134: Depression in children and young people: identification and management, published 25 June 2019](#)

^{lxix} [Deep End GP Group written submission](#)

^{lxx} [Deep End GP Group written submission](#)

106. One young person, who contributed to the Committee’s digital consultation on the inquiry, detailed their own experience with a GP who they described as “clock watching” and abrupt owing to the strict 10-minute appointment slots...they felt “[10 minutes] was not enough time to adequately provide support”.^{lxxi}
107. During a focus group with parents and carers, it was argued that more time for GPs, and other professions, would be helpful. One parent highlighted it was important that GPs had more “time to talk, but also time to listen”.^{lxxii}
108. Teachers, similarly, highlighted the time constraints that they are working under. Many guidance and pastoral care teachers also have subject teaching responsibilities alongside a caseload of pupils that they are supporting. At a meeting with the Committee, a group of teachers highlighted that more pupils are coming forward for support, stating—
- ” *“Time will always be the challenge, even if you train every member of staff in mental health first aid training.”*^{lxxiii}
109. During the Committee’s session as part of the Mental Health and Wellbeing in Scotland’s Schools Policy Hub Scotland Conference, several attendees highlighted the importance of having time to engage with pupils, with some suggesting that if they had “one ask” it would be to have time, to be available and listen.^{lxxiv}
110. At its meeting with the Deep End GP group, the Committee heard about the positive impact of having access to community link workers (CLWs) within surgeries, following a successful pilot programme. The participants explained that while they, as GPs, are good at differentiating a patient’s problems, link workers have the information and knowledge of organisations offering alternative forms of support.^{lxxv} This allows for more effective signposting to relevant local services. While the Committee recognises the value of CLWs, it notes that they are targeted in areas of socio-economic deprivation and therefore not available to all GP practices.
111. In its written submission, Aberdeenshire Council cited initiatives to tackle social isolation, resiliency programmes for children and young people and whole school wellbeing approaches as examples of how to place—
- ” *“a greater emphasis on the promotion of evidence-based practices that develop resilience and mental wellbeing in children and young people, in order to help reduce the risk of them experiencing mental health problems in the first place.”*^{lxxvi}
112. During its external engagement, the Committee met with a group of teachers and education officials who highlighted the positive impact of such programmes in their
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^{lxxi} [Dialogue digital consultation with young people, November to December 2018](#)

^{lxxii} [Note of focus group with parents and carers, Glasgow, 28 February 2020](#)

^{lxxiii} [Note from meeting with guidance, pastoral care and wellbeing teachers, Glasgow, 20 January 2020](#)

^{lxxiv} [Note of Policy Hub: 2019 Mental Health and Wellbeing in Scotland’s Schools conference, Edinburgh, 14 November 2019](#)

^{lxxv} [Note of meeting with Deep End GPs, Glasgow, 7 October 2019](#)

^{lxxvi} [Aberdeenshire Council written submission](#)

schools,^{lxxvii} including the resilience programme operating in all Scottish Borders secondary schools.^{lxxviii}

113. Teachers and school staff, along with parents and carers the Committee met with as part of the inquiry, also highlighted the importance of physical education to the Committee, with contributors raising concern that the amount of PE and outside exercise for young people has been reduced.^{lxxix lxxx}
114. Similarly, in its [short inquiry](#) in 2019, the Health and Sport Committee concluded that physical activity and sport and social prescribing had a significant role to play as part of preventative care for health and wellbeing.

Supporting the professionals

115. It is evident to the Committee from the many teachers who provided evidence to the inquiry that they are passionate about supporting pupils with their mental health. The Committee heard clear and consistent evidence, however, that training and support available to staff within a school is dependent on whether the head teacher or local authority has prioritised such an approach.
116. During the Committee's session as part of the 2019 Mental Health and Wellbeing in Scotland's Schools Policy Hub Scotland Conference, many teachers stated that responsibility for pupils' wellbeing needs to be shared across the school, so that teachers alongside other staff such as pupil support assistants (PSAs) and janitorial staff are equipped to support young people with their mental health. Teachers also strongly advocated that school staff need to be supported by their supervisors, educational psychologists or NHS staff.^{lxxx}
117. Teachers and PSAs further highlighted that they need space and time to be able to provide support to pupils. It was stated that teachers and staff are already asked to do so much, which can feel overwhelming. As a result, teachers do not always have the capacity to provide wellbeing support as well, particularly on a regular basis. This message was repeated when the Committee met with guidance, pastoral care and wellbeing teachers. They explained that many guidance and pastoral care teachers will also have considerable subject teaching responsibilities, and consequently will be unable to check in regularly with all the pupils for whom they have guidance responsibility.^{lxxxii}

^{lxxvii} [Note of Policy Hub: 2019 Mental Health and Wellbeing in Scotland's Schools conference, Edinburgh, 14 November 2019](#)

^{lxxviii} [Note of visit to Galashiels Academy, 31 January 2020](#)

^{lxxix} [Note of Policy Hub: 2019 Mental Health and Wellbeing in Scotland's Schools conference, Edinburgh, 14 November 2019](#)

^{lxxx} [Note of focus group with parents and carers, Glasgow, 28 February 2020](#)

^{lxxx} [Note of Policy Hub: 2019 Mental Health and Wellbeing in Scotland's Schools conference, Edinburgh, 14 November 2019](#)

^{lxxxii} [Note from meeting with guidance, pastoral care and wellbeing teachers, Glasgow, 20 January 2020](#)

118. One parent, providing evidence to the Committee through its digital consultation, stated that although guidance teachers had a role to play, they have too many responsibilities to be the only staff in a school supporting young people with their mental health. They asked—

” *“Perhaps there could be a youth worker or counsellor associated with the school?”*^{lxxxiii}

Accessible services

119. The significant challenges associated with young people accessing child and adolescent mental health services (CAMHS) have been widely reported. Throughout the inquiry, young people as well as parents and carers discussed these challenges with the Committee in further detail, highlighting their inability to seek help through the CAMHS system, often because their needs were not considered to be critical.^{lxxxiv}
120. During its meeting with the Deep End GP group, the Committee heard, first hand, about the skill required to craft a referral letter to CAMHS to maximise the chance that it will be accepted. The Committee also heard how difficult it can be for GPs to secure a named contact within CAMHS should they require advice for a patient.^{lxxxv} The point was made that if accessing these services is difficult for professionals, how are young people and their families expected to navigate and access these services.
121. The GPs advocated basing some mental health services in the community, perhaps located in community hubs, alongside GP practices. It was suggested that this would allow for easier access for patients and better co-ordination with local GPs. As previously mentioned in the report, the Deep End GPs highlighted the role link workers can play in providing more effective sign-posting to the most relevant support services. The GPs proposed that there be a link worker based within practices, or a community hub. The Committee notes the potential contribution of community link workers in areas of socio-economic deprivation, however, it also recognises that these roles are targeted and therefore will not be based in every community.
122. The Health and Sport Committee is currently conducting an inquiry into the future of primary care in Scotland. In an evidence session held during the second phase of the inquiry, Clare Cable, Chief Executive and Nurse Director of the Queen’s Nursing Institute Scotland highlighted another benefit of community-based support—

^{lxxxiii} [Dialogue digital consultation with parents and carers, November to December 2018](#)

^{lxxxiv} [Note of focus group with young people, Scottish Parliament, 19 November 2019; Dialogue digital consultation with parents and carers, November to December 2018](#)

^{lxxxv} [Note of meeting with Deep End GPs, Glasgow, 7 October 2019](#)

” “Some young people might not feel confident about attending a GP practice, and would like to access healthcare advice elsewhere. Primary care professionals such as school nurses and looked-after children’s nurses need to be able to refer people directly to others, and to signpost young people, without having to do so via a GP.”^{lxxxvi}

123. The Committee therefore welcomes the Scottish Government’s commitment to develop services for community mental wellbeing for 5-24 year olds and their parents.^{lxxxvii} The Committee notes that the Children and Young People’s Mental Health and Wellbeing Programme Board has now agreed a framework which “sets out a broad approach for the support that children and young people should be able to access within their local communities.”^{lxxxviii}
124. The Committee also recognises that online resources can be a useful tool to help young people seeking help for their mental health. In its report, *Our Generation’s Epidemic*, published in 2016, the Scottish Youth Parliament revealed 43 per cent of respondents would go to a self-help website or app for information about mental health. Given this, the Committee considers it essential that there is authoritative information available online, written in accessible language.
125. The young people the Committee engaged with during the inquiry highlighted online or phone services that had or could be useful, including instant text or instant messaging services. Several contributors suggested that they would find it easier to seek help and talk honestly if they were able to type about their feelings, rather than talk about them.^{lxxxix xc}
126. It was stressed, however, that online resources cannot be a “standalone” support option in place of face-to-face support. It was stated that both types of service need to be sufficiently resourced to ensure that young people can access the advice that they need, when they need it.^{xc xcii}
127. When discussing online resources with school nurses *ayemind*, by NHS Greater Glasgow and Clyde was cited as a positive example of digital resources that young people could access. It was explained that some children use these resources before speaking to a school nurse, however “others need help to unpick issues with them.”^{xciii}

^{lxxxvi} [Column 48, Official Report, Health and Sport Committee, 24 September 2019](#)

^{lxxxvii} Scottish Government (2018) [Better Mental Health in Scotland](#)

^{lxxxviii} [Letter from Minister for Mental Health to Convener of the Health and Sport Committee, 10 March 2020](#)

^{lxxxix} [Dialogue digital consultation with young people, November to December 2018](#)

^{xc} [Note of focus group with young people, Scottish Parliament, 19 November 2019](#)

^{xc} [Note of focus group with young people, Scottish Parliament, 19 November 2019](#)

^{xcii} [Dialogue digital consultation with young people, November to December 2018](#)

^{xciii} [Note from meeting with school nurses, Glasgow, 20 January 2020](#)

Early Intervention

128. In its report, [Children and young people's mental health](#), Audit Scotland stated—
- ” *“The Scottish Government’s mental health strategy focuses on early intervention and prevention. However, in practice this is limited, and mental health services for children and young people are largely focused on specialist care and responding to crisis.”*^{xciv}
129. Many of the written submissions received to the inquiry as well as that of the [Children and Young People’s Mental Health Taskforce](#), led by the late Dame Denise Coia, and the [Youth Commission on Mental Health Services Report](#), stress the importance of early intervention and prevention. The Committee strongly agrees and welcomes the Scottish Government’s focus on developing and extending programmes which work more proactively to avoid an escalation of mental distress in young people.
130. In its written submission, NHS Greater Glasgow and Clyde CAMHS highlighted an early intervention project that it was piloting, working alongside school colleagues. Included within this project was a programme titled ‘Let’s Introduce Anxiety Management’ (LIAM)^{xcv} which was designed to support young people when they are feeling low/anxious.
131. During its external engagement programme, the Committee met with guidance, pastoral care and wellbeing teachers^{xcvi} and school nurses^{xcvii} who have been trained to be LIAM practitioners. They have worked with young people, following the programme, and spoke positively about its constructive impact.

Case Study 2: Early intervention in practice - Let’s Introduce Anxiety Management (LIAM)

LIAM is a programme using modules of cognitive behavioural therapy (CBT) informed approaches to anxiety management including self-monitoring, emotional awareness and management; and coping thoughts.^{xcviii} CBT is a talking therapy that can help you manage your problems by changing the way you think and behave.

LIAM practitioners, including teachers and school nurses, undertake training consisting of an e-learning module and a one day, face-to-face, training to increase awareness of anxiety in children and young people.

^{xciv} [Audit Scotland written submission](#)

^{xcv} [NHS Greater Glasgow and Clyde written submission](#)

^{xcvi} [Note from meeting with guidance, pastoral care and wellbeing teachers, Glasgow, 20 January 2020](#)

^{xcvii} [Note from meeting with school nurses, Glasgow, 20 January 2020](#)

^{xcviii} [Let’s Introduce Anxiety Management by Dr Jane Owens; Clinical psychologist, NHS Lothian, CAMHS](#)

Let's Introduce Anxiety Management (LIAM)



Source: Scottish Parliament

As part of the programme there are resources and materials for the practitioners to work through with pupils. There are also materials for parents and families of pupils, to ensure that they are informed about the programme and its processes.

The school nurses and teachers explained that they are supported by the NHS Greater Glasgow and Clyde CAMHS team including clinical psychologists. The LIAM staff are available to them by phone, email and come into school regularly.

The consensus from the school nurses, as well as the teachers was that LIAM was an effective and useful tool. The teachers highlighted that, as a result of their training, they felt that their skills to help pupils were enhanced, and school nurses stated that it gave a good structure to their practices.



Source: Scottish Parliament

132. Resources however were highlighted as an issue. It was explained that the time that teachers can work with children on such programmes is limited, owing to other commitments including teaching of other subjects. As a result, some schools have a waiting list to access these programmes.
133. Similarly, the Committee heard that school nurses, whose roles have been refocused to concentrate on early intervention and child protection are being overwhelmed by the caseload volumes within the large areas they cover and, in some areas, also have waiting lists in place to access their services.
134. The Committee notes that the Scottish Government, in its [2018-19 Programme for Government](#), made a commitment to recruit an additional 250 school nurses by 2022.^{xcix} During its meeting with school nurses, it was explained that, at present, there are five school nurses covering Glasgow City, which has 26 learning communities comprising 149 primary schools, 37 secondary schools, and several additional support for learning bases. While the Committee welcomes an increase in school nurses, it is concerned that from the evidence it has received, demand is likely to outstrip supply.
135. Several contributors stated that, to work effectively, programmes such as LIAM have to be deployed at the earliest possible opportunity. If young people are waiting to access this support, there is potential for their distress to escalate to a level whereby they are no longer suitable to access this support leading to another

^{xcix} In December 2018, 352.1 whole time equivalent school nurses were employed by NHSScotland. Source: ISD published national data from Scottish Workforce Information Standard System (SWISS)

waiting list for Children’s and Adolescents Mental Health Services. When the Committee met with teachers regarding the LIAM programme, they said—

” *“If LIAM is inappropriate, they can refer to CAMHS, but they have nothing else to offer. There are no pathways to other supports.”^c*

136. The Committee welcomes the Scottish Government’s increased focus on early intervention and prevention, however, without appropriate resources, opportunities to help young people will be missed.

Widespread training

137. In its written submission, North Ayrshire Council detailed the efforts it is taking to support the wellbeing of young people, highlighting that a key part of its approach is the mantra—

” *“health and wellbeing as the responsibility of all”^{ci}*

138. The Committee heard directly from young people who stated that that they will speak to a “trusted adult” with whom they feel comfortable, rather than a designated person.

139. The Committee has also taken evidence stating that everyone working with young people has a duty of care towards them. It has therefore been suggested that training be available to any person who interacts with children and young people on a regular basis, whether in an education, health care or third sector setting. As a consequence, whoever a young person chooses to approach will be able to recognise the signs and be able to talk with them using a common and consistent language of mental health.

140. Support for young people must go beyond school and into work. During the inquiry, one young person suggested that employers undergo mental health training which “could also bring in factors such as employment, financial stress and the impact of workload on employees”.^{cii}

141. Another young person reflected on their own experiences in the workplace stating—

” *“I find occupational health need to be more understanding and better training needs to be provided on issues that can affect our mental health like chronic illness or bereavement for example.”^{ciii}*

142. The Committee considers it is essential that employers, too, recognise the duty of care that they have towards their employees, to ensure there is suitable mental health training for those with line management and/or human resources responsibilities.

^c [Note from meeting with guidance, pastoral care and wellbeing teachers, Glasgow, 20 January 2020](#)

^{ci} [North Ayrshire Council written submission](#)

^{cii} [Note of focus group with young people, Scottish Parliament, 19 November 2019](#)

^{ciii} [Dialogue digital consultation with young people, November to December 2018](#)

143. The Committee is firmly of the view that the Scottish Government should encourage and support employers and organisations who frequently interact with children and young people, to equip staff members with mental health first aid training. The Committee urges the Scottish Government to consider the role that Skills Development Scotland and mechanisms such as the [Scottish Business Pledge](#)^{civ} could play to achieve this.

^{civ} With the Scottish Business Pledge businesses can enter a voluntary agreement to meet core requirements which include paying staff the real Living Wage, not using inappropriate Zero Hour Contracts, and taking action to close the gender pay gap, along with at least another five elements, thereby enhancing their reputation

Peer support

The Committee recognises that young people are more likely to talk to their friends about their mental health before speaking to anyone else. It is therefore imperative that young people are equipped to have these conversations and to know how and when to signpost their peers to alternative forms of support.

144. The Committee recognises that for many young people, confiding in a friend when they are feeling low and/or anxious is a key coping strategy. The importance of emotional literacy and a common shared language to be able to talk about mental health, as discussed in the advice and awareness raising section of this report, is therefore critical. If young people are provided with the language and understanding, they are more likely to know how to support their peers^{cv} and to recognise when they may need more support.

Training

145. The Scottish Youth Parliament conducted an online survey during September and October 2019, asking young people aged 12 – 25 years old if peer support can play a role in supporting young people who are feeling low. There were 817 responses received from participants across Scotland. Talking to a friend when young people are feeling low, particularly for the first time, was the most common source of support identified with three quarters of young people citing this as a source of support. Ninety-seven percent of respondents also agreed that peer support could play a role in supporting young people who are feeling low.^{cvi}

146. The Committee heard from young people in written submissions,^{cvi} and when meeting with them that they often turned to their friends and peers when feeling low or anxious.

147. The Committee has heard repeatedly about the importance of mental health first aid training. This is a course which seeks to provide guidance, information and skills to participants, which will in turn, enable them to help young people who may be struggling with their mental health.

148. See Me have delivered such training to S6 pupils in many secondary schools across Scotland; these pupils are then mental health ambassadors within their schools. See Me stated that the purpose of the training programme is not to “fix” issues but to remove barriers and have open conversations about mental health and mental illness. There have been 1,300 mental health ambassadors trained in the last two years across Scotland.^{cvi}

^{cv} [Note of visit to Galashiels Academy, 31 January 2020](#)

^{cvi} [Can peer support help young people who are feeling low?](#) by Emily Nix MSYP and Aimee Purdie, Convener and Deputy Convener of Health and Wellbeing Committee, Scottish Youth Parliament

^{cvi} Various written submissions including [Anonymous 1](#); [University of Birmingham, Institute of Mental Health](#); and [Colleges Scotland](#)

^{cvi} [Note of visit to Galashiels Academy, 31 January 2020](#)

149. At its meeting with mental health ambassadors, it was highlighted that young people are keen to engage in the programme and, as a consequence, the ambassadors feel more equipped to handle difficult situations. Wider benefits of the programme included young people feeling more able to raise mental health issues with their families and provide support to them.
150. During its focus group with young people, one pupil spoke of their positive experience of peer support. They explained that when they were struggling, their pupil mentor was able to act as an intermediary, explaining to their teacher that they needed support. Working together, the teacher, mentor and pupil developed a strategy to provide the pupil with breathing space, should it be required. It was a practical and effective solution to the issue.

Empowered but not overwhelmed

151. Mental health ambassadors are responsible for helping to deliver presentations in PSE classes, and at school assemblies, to raise awareness of the need for positive mental health.^{cix cx} They also act as role models and mentors, generally becoming a focus for pupils across the school who may be in need of support.
152. During the Committee's session as part of the 2019 Mental Health and Wellbeing in Scotland's Schools Policy Hub Scotland Conference, a group of teachers stated that young people may be more likely to approach a senior school pupil than an adult and it would therefore be beneficial for senior pupils to be trained. The teachers highlighted, however, that it is important to consider what care is provided for pupil mentors, to support them, following difficult disclosures.^{cxii}
153. The Committee is firmly of the view that young people undertaking these roles must be adequately supported, recognising the additional pressures that may be placed on them. It is vital that staff regularly check in with young people in these roles, to ensure that this responsibility does not become a burden.
154. Following the Scottish Youth Parliament's online survey on peer support, some of the results featured in a blog written by the Convener and Deputy Convener of the Health and Wellbeing Committee at the Scottish Youth Parliament. The blog highlighted that while the vast majority of respondents agreed that peer support can play a role in supporting young people when they are feeling low, a number of concerns were raised including young people unintentionally giving bad advice and young people feeling pressured to help a friend with their mental health when they did not want to.^{cxii}

cix [Note of visit to Galashiels Academy, 31 January 2020](#)

cx [Note of Policy Hub: 2019 Mental Health and Wellbeing in Scotland's Schools conference, Edinburgh, 14 November 2019](#)

cxii [Note of Policy Hub: 2019 Mental Health and Wellbeing in Scotland's Schools conference, Edinburgh, 14 November 2019](#)

cxii [Can peer support help young people who are feeling low?](#) by Emily Nix MSYP and Aimee Purdie, Convener and Deputy Convener of Health and Wellbeing Committee, Scottish Youth Parliament

155. The blog went on to highlight that—

” *“Peer support could be improved with more information and resources being made available to the public on how to help friends who are struggling, and mental health in general.”^{cxiii}*

^{cxiii} [Can peer support help young people who are feeling low?](#) by Emily Nix MSYP and Aimee Purdie, Convener and Deputy Convener of Health and Wellbeing Committee, Scottish Youth Parliament

Conclusions and recommendations

156. It is clear to the Committee that it can be a confusing and often cluttered landscape for young people seeking help for their mental health and for people trying to help them.
157. The Committee welcomes the publication of the [Child and Adolescent Mental Health Services \(CAMHS\): national service specification](#) by the Scottish Government in February 2020, setting out provisions young people and their families can expect from the NHS. The Committee notes however that this specification only covers young people who have been referred to specialist CAMHS for support and/or treatment.
158. The Committee also welcomes the Scottish Government's focus on early intervention and prevention. The Committee is concerned however that despite the recommendations published in Audit Scotland's [Children and young people's mental health](#), and the Scottish Government's commitment to act on these recommendations, subsequent policy and funding announcements do not appear to address the substantial gap in the provision of mental health services for young people experiencing low mood and anxiety.
159. The Committee considers that more investment will be required to help young people with their mental health at a very early stage to avoid their symptoms escalating to the point where their needs become critical.
160. The Committee strongly believes that service provision must continue to be set at a local level to address the specific needs of communities. It is also firmly of the view that there needs to be clear, authoritative information regarding that local service provision.
161. The Committee recognises that examples of good practice exist at a local level regarding interventions to assist children for whom neither current early intervention programmes nor a CAMHS referral are appropriate, but there are limited opportunities for this information to be shared.

The Committee recommends that the Scottish Government—

- **Produce guidance, which among other things, should set out the minimum level of service provision in a local area. This will support integration authorities map and plan mental health services for their areas.**
- **Work with integration authorities to provide and publish clear pathways to support for young people seeking help for their mental health by the end of 2020.**
- **Commission work to identify how best to support parents and carers to access information about their children's mental health and signpost them to access the right services.**

The Committee recommends that integration authorities—

- **If not already available, take an inventory of all the services supporting young people’s mental health, to build an accurate picture of the provision available locally, and ensure that this information is accessible to residents by the end of 2020, if not sooner.**

The Committee recommends that integration authorities and COSLA—

- **Work together to identify areas of good practice and opportunities to work more closely together to develop specialist services.**

162. The Committee recognises the vital role that third sector organisations play in providing mental health support to young people in Scotland. In its report, published in July 2019, the Children and Young People’s Mental Health Taskforce^{cxiv} recommended that third sector organisations be fully involved and represented in strategic partnerships at a local and national level, recognising their vital role in supporting and improving the mental health of children and young people. The Committee fully endorses this recommendation and the need for these organisations to be appropriately funded.
163. The Committee recognises that the COVID-19 public health emergency will place additional challenges on young people, both in terms of their mental health as well as their future employment prospects. While it is encouraging to note that the Scottish Government has allocated additional resources for mental health services, more work will be required in the longer term to address these significant challenges.
164. Consideration should also be given to how opportunities for further, higher and vocational education can be expanded to young people affected by the public health emergency, to ensure that they are not disadvantaged, to the detriment of their mental health. There is also a clear role for all employers in Scotland to recognise the duty of care that they have towards their employees and to ensure there is suitable mental health training for those with line management and/or human resources responsibilities.

The Committee recommends that the Scottish Government—

- **Conduct a public health campaign aimed at all young people to raise awareness of the possible impact of the COVID-19 public health emergency on their mental health and signpost them to sources of support.**

^{cxiv} The Children and Young People’s Mental Health Taskforce was jointly commissioned by the Scottish Government and COSLA in June 2018 and led by the late Dame Denise Coia. The aim of the Taskforce was that children, young people, their families and carers should know that they are supported in good mental health and will be able to access services which are local, responsive and delivered by people with the right skills.

- **Raise awareness of how employers in Scotland can support young people in the workforce with their mental health.**

165. The Committee welcomes the Scottish Government's commitment to ensure that every secondary school has access to counselling services. It is anticipated that there will be an increase in demand for services, including school nurses, from young people as a result of additional pressures and anxiety associated with the COVID-19 public health emergency. The Committee would therefore welcome an update from the Scottish Government on its efforts to deliver on this commitment.
166. The Committee notes, however, that this alone will not address the needs of young people and can therefore only ever be one part of a package of measures. The Committee recognises the successes that some local authorities have achieved, and consideration must be given to how counselling services can complement these approaches.
167. The Committee is of the view that the Scottish Government should be ready to re-allocate the spending if it appears that there are more effective interventions available that support a holistic approach to supporting mental health.

The Committee recommends that the Scottish Government—

- **Works with COSLA to review the extent to which the provision of school counsellors is delivering its intended policy objectives while achieving best value with the resources available. This review should be reported to Parliament by early 2022.**

168. The Committee recognises that for many young people, teachers will be a key trusted adult. It is therefore essential that teachers are equipped to support young people seeking their help. The Committee notes however that a young person may not always want to confide in a teacher or other designated person, but rather someone that they trust. The Committee firmly believes that a young person should be able to choose their trusted adult and, on that basis, training to support young people should be widespread.

The Committee recommends that the Scottish Government—

- **Work with relevant partners to develop an online mental health first aid training course for all people who work with children and young people including those who work in educational settings, health settings and third sector organisations. Although the Committee does not consider that this training should be mandatory, it suggests that the Scottish Government take steps to ensure this course is easily accessible to all those who want it.**

The Committee recommends that Education Scotland—

- **Ensures mental health first aid training is included in Initial Teacher Education, by the start of academic year 2021/22, to help equip all teachers with the confidence to identify and support young people with their mental health.**

The Committee recommends that Regional Improvement Collaboratives—

- **Identify the availability of continuing professional development for teachers in relation to supporting young people’s mental health. Local authorities should then work together to identify any gaps in provision.**

169. Developing emotional literacy, and a common and consistent language which can help express how you feel, is empowering for any young person. Our evidence highlighted the need for Personal and Social Education to be more relevant, more consistent and a protected part of the timetable. The Committee welcomes the recommendations from the Scottish Government’s review of PSE, which are due to be implemented by the end of the current parliamentary session, in March 2021.

Annexe A - Evidence gathering

170. The Committee is grateful to all those who have taken the time to engage with this inquiry. The Committee received 50 responses to its call for evidence, from individuals who shared their lived experience of accessing mental health support for themselves, for family or friends, and from organisations including local authorities, Health and Social Care Partnerships, and charities.
171. Directly hearing from young people and learning from their lived experience has been crucial to the Committee's understanding of these issues.
172. The Committee made use of a digital engagement tool "Dialogue", which was purposely designed to reach people with lived experience and to encourage them to engage with the inquiry. Three separate online discussions for young people, parents and carers, and professionals were set up leading to a total of 72 contributions, with 45 of these contributions (63%) of those coming from young people.
173. Following consideration of the written evidence, the Committee conducted a wide-ranging programme of external engagement involving:
- Representatives from the Deep End GP group;
 - Members of the Scottish Youth Parliament who delivered a session at its sitting in October 2019 on this inquiry and the issues raised by it;
 - Teachers, Pupil Support Assistants, Educational Psychologists and education officials during an engagement session at the Policy Hub Conference: The 2019 Mental Health and Wellbeing in Scotland's Schools;
 - Young people, in a focus group facilitated by Barnardo's Scotland;
 - Guidance teachers, pastoral care teachers and wellbeing teachers;
 - School nurses;
 - Teachers, local authority officials and third sector practitioners working with Scottish Borders Council;
 - Senior school pupils from three secondary schools in the Scottish Borders who have been trained to be Mental Health Ambassadors; and
 - Parents and Carers, in a focus group facilitated by Parent Network Scotland.
174. The Committee also met with representatives of Lanarkshire-based charity Families and Friends Affected by Murder and Suicide as well as people who had engaged with this service. The organisation has submitted petition [PE1725](#), which is seeking to make suicide awareness education, information and training mandatory for all high school pupils, teachers, carers and parents. Although the focus of that petition is on those who are most distressed rather than those who are engaging support for the first time, the Committee agreed to explore some of the issues raised in this petition through the inquiry.

Annexe B - Extracts from Minutes and links to oral evidence

1st Meeting, 2017 (Session 5) Thursday 19 January 2017

The Committee agreed to write to the Scottish Government, Scottish Association for Mental Health, Scottish Youth Parliament, Children and Young People's Commissioner Scotland, Mental Health Foundation, the General Medical Council, the Royal College of General Practitioners, and the Medicines and Healthcare Products Regulatory Agency.

[Official report of meeting](#)

[Meeting papers](#)

7th Meeting, 2017 (Session 5) Thursday 20 April 2017

The Committee agreed to write to the Scottish Government and the Royal College of Psychiatrists Faculty of Child and Adolescent Psychiatry.

[Official report of meeting](#)

[Meeting papers](#)

19th Meeting, 2017 (Session 5) Thursday 26 October 2017

The Committee agreed to invite young people's mental health charities and the Minister for Mental Health to provide evidence at future meetings.

[Official report of meeting](#)

[Meeting papers](#)

22nd Meeting, 2017 (Session 5) Thursday 7 December 2017

The Committee also noted that the Minister for Mental Health will give evidence at a future meeting.

[Official report of meeting](#)

[Meeting papers](#)

1st Meeting, 2018 (Session 5) Thursday 18 January 2018

The Committee considered PE1627 by Annette McKenzie on Consent for mental health treatment for people under 18 years of age, and took evidence.

[Official report of meeting](#)

[Meeting papers](#)

5th Meeting, 2018 (Session 5) Thursday 29 March 2018

The Committee also agreed to reflect on the evidence received in private at a future meeting.

Official report of meeting

Meeting papers

7th Meeting, 2018 (Session 5) Thursday 10 May 2018

The Committee considered evidence received to date on PE1627 by Annette McKenzie on Consent for mental health treatment for people under 18 years of age.

Official report of meeting

Meeting papers

10th Meeting, 2018 (Session 5) Thursday 7 June 2018

The Committee agreed to hold an inquiry on how young people can access mental health services and treatments and to consider a scoping paper in private at a future meeting.

Official report of meeting

Meeting papers

14th Meeting, 2018 (Session 5) Thursday 27 September 2018

The Committee agreed its initial approach to the inquiry; to further develop its proposals by correspondence and to take any consideration of its proposals at future meetings in private.

Official report of meeting

Meeting papers

15th Meeting, 2018 (Session 5) Thursday 25 October 2018

The Committee agreed its approach to the inquiry on how young people access mental health services and treatments in Scotland.

Official report of meeting

Meeting papers

6th Meeting, 2019 (Session 5) Thursday 21 March 2019

The Committee agreed to reflect on the evidence heard at a future meeting.

Official report of meeting

Meeting papers

8th Meeting, 2019 (Session 5) Thursday 25 April 2019

The Committee discussed the themes for the ongoing focal points of the inquiry; discussed formats for further evidence-gathering; and instructed the clerks to bring forward further papers for consideration in relation to evidence sessions and witnesses.

Official report of meeting

Meeting papers

13th Meeting, 2019 (Session 5) Thursday 27 June 2019

The Committee considered a note by the clerk and agreed to undertake a number of fact-finding visits in connection with its inquiry into mental health support for young people in Scotland.

Official Report of Meeting

Meeting papers

5th Meeting, 2020 (Session 5) Thursday 19 March 2020

The Committee considered a note by the clerk in connection with its Inquiry into mental health support for young people in Scotland and agreed the next steps in the inquiry

Official Report of Meeting

Meeting papers

6th Meeting, 2020 (Session 5) Thursday 28 May 2020

The Committee agreed to consider a draft report on its inquiry into mental health support for young people in Scotland by correspondence and also in private at future meetings.

Meeting papers

7th Meeting, 2020 (Session 5) Thursday 11 June 2020

The Committee considered a draft report and agreed to consider this further at a future meeting.

Meeting papers

8th Meeting, 2020 (Session 5) Thursday 18 June 2020

The Committee agreed to review a further draft report at a future meeting.

Meeting papers

9th Meeting, 2020 (Session 5) Thursday 25 June 2020

The Committee considered and agreed the report.

Meeting papers

Annexe C - Written evidence submitted to the Committee

Below is a list of all the [written evidence](#) submitted to the Committee in relation to this petition:

- Anonymous 1 (109KB pdf)
- Anonymous 2 (109KB pdf)
- Anonymous 3 (86KB pdf)
- Aberdeenshire Council (92KB pdf)
- Aberdeenshire Health and Social Care Partnership (73KB pdf)
- Aberlour (160KB pdf)
- Audit Scotland (4,401KB pdf)
- Barnardo's Scotland (140KB pdf)
- CELCIS (218KB pdf)
- Children 1st on behalf of 2 young people (89KB pdf)
- Children and Young People's Commissioner Scotland (420KB pdf)
- Children's Health Scotland (94KB pdf)
- Colleges Scotland (147KB pdf)
- Connect (106KB pdf)
- Corra Foundation (132KB pdf)
- COSCA (Counselling & Psychotherapy in Scotland)
- COSLA (111KB pdf)
- Deep End GP Group (122KB pdf)
- Down's Syndrome Scotland (205KB pdf)
- Dumfries and Galloway Council (76KB pdf)
- East Ayrshire Health and Social Care Partnership (140KB pdf)
- Edinburgh Health and Social Care Partnership (358KB pdf)
- Fearless Femme CIC (123KB pdf)
- Girlguiding Scotland (132KB pdf)

- Glasgow Health and Social Care Partnership (235KB pdf)
- Glasgow Council for the Voluntary Sector (110KB pdf)
- Helensburgh and Lomond Youth Forum (81KB pdf)
- Hyde, Vicky (67KB pdf)
- Includem (80KB pdf)
- LGBT Youth Scotland (182KB pdf)
- Lothian Association of Youth Clubs (181KB pdf)
- Muirhead, Christine (80KB pdf)
- National Deaf Children's Society (470KB pdf)
- National Parent Forum of Scotland (119KB pdf)
- NHS Greater Glasgow and Clyde (611KB pdf)
- North Ayrshire Council (112KB pdf)
- NUS Scotland (111KB pdf)
- Place2Be (216KB pdf)
- Royal College of Psychiatrists in Scotland (11KB pdf)
- SAMH (155KB pdf)
- Scottish Borders Health and Social Care Partnership (119KB pdf)
- Scottish Children's Services Coalition (545KB pdf)
- See Me Scotland (239KB pdf)
- South Lanarkshire Children's Services Partnership (126KB pdf)
- The Junction-Young People, Health & Wellbeing (106KB pdf)
- The Spark (284KB pdf)
- University of Birmingham, Institute of Mental Health (1,168KB pdf)
- Who Cares? Scotland (225K pdf)
- XenZone (109KB pdf)
- Youth Sport Trust (90KB pdf)

