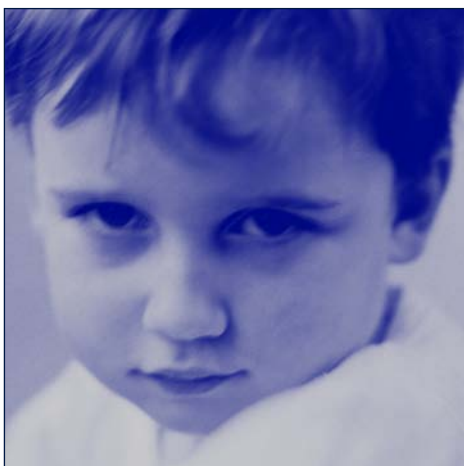
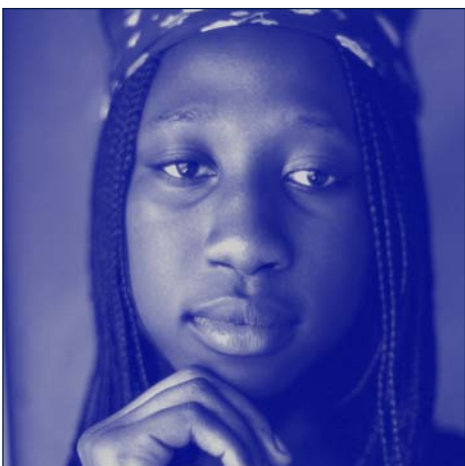
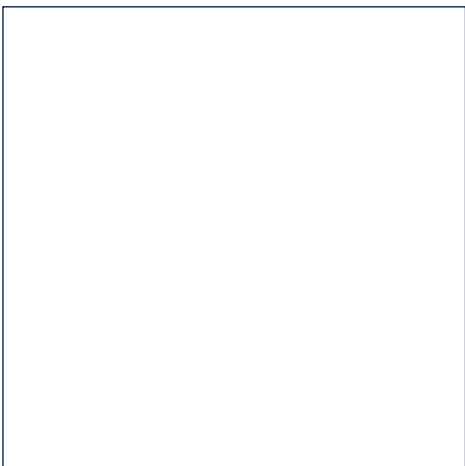


The Mental Health of Children and Young People:
A Framework for Promotion, Prevention and Care



The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care

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MINISTERIAL FOREWORD



Good mental health is an essential part of our vision for children and young people. Mental wellbeing affects their behaviour, their ability to learn and achieve, and their physical health. And just as importantly, it impacts on their ability to enjoy their childhood and teenage years to the full.

And yet the Scottish Needs Assessment Programme (SNAP) Report on Child and Adolescent Mental Health tells us that at any one time, about 10% of our children and young people, “have mental health problems which are so substantial that they have difficulties with their thoughts, their feelings, their behaviour, their learning, their relationships, on a day to day basis”. We also know that when children and young people experience problems, they are not always able to access the help they need when they need it. This must be improved.

The SNAP report has already provided our strategic vision for the mental health of children and young people in Scotland, across promotion, prevention and care. We hope that now, this Framework will help local agencies in working together to deliver that vision. Certainly, it has been developed in the spirit in which we expect it to be implemented – in partnership across agencies and disciplines, and with children and young people themselves.

We are enormously grateful to the members of the Child and Adolescent Mental Health Development Group, and in particular to Anne Clarke, Director of HeadsUpScotland, who have assisted in producing this document. For the first time, we have a clear and comprehensive direction for children’s and young people’s mental health in Scotland. We now look to our partners in the NHS and local government to ensure that it is delivered.

A handwritten signature in cursive script that reads "Lewis Macdonald".

Lewis Macdonald
Deputy Minister for
Health and Community Care

A handwritten signature in cursive script that reads "Robert Brown".

Robert Brown
Deputy Minister for
Education and Young People



Acknowledgements

With thanks to members of the Child and Adolescent Mental Health Development Group¹ and the following individuals for their assistance in developing this Framework:

Paul Ballantyne, Communities Scotland

Jo Kopela, Scottish Health Promoting Schools Unit

Benny Lawrie, Scottish Health Promoting Schools Unit

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Noreen Philips, Educational Psychologist

Anna Stansfield, Communities Scotland

Jim Wallace, Barnardo's

¹ See Annex 3.

1. INTRODUCTION



1.1 In the autumn of 2000, the Scottish Executive commissioned a needs assessment of the mental health of Scotland's children and young people. The resulting Scottish Needs Assessment Programme (SNAP) *Report on Child and Adolescent Mental Health*² was published in 2003 and was well received. This was in large part due to the meticulous review process, which involved those working in the field of children's and young people's mental health and wider children's services in the development of the recommendations. In addition, and importantly, the views of children and young people themselves shaped the final document.

1.2 The report made 10 broad recommendations. Some have implications at a national level; some for local strategic planning; and others for local practice. This Framework is intended to support local planning and practice and should be used in an inter-agency way and within the integrated children's services planning context.

1.3 The SNAP report emphasised that all agencies and organisations have a role in supporting the mental health of children and young people. It highlighted the need to address the whole continuum of mental health - from mental health promotion, through preventing mental illness, to supporting, treating and caring for those children and young people experiencing mental health difficulties of all ranges of complexity and severity. It also suggested that mental health promotion should underpin all work with children and young people, even when they are mentally unwell and accessing specialist mental health services. This approach is represented in figure 1 overleaf.

2 *Needs Assessment Report on Child and Adolescent Mental Health*, Public Health Institute of Scotland (2003) – www.phis.org.uk/pdf.pl?file=publications/CAMH1.pdf

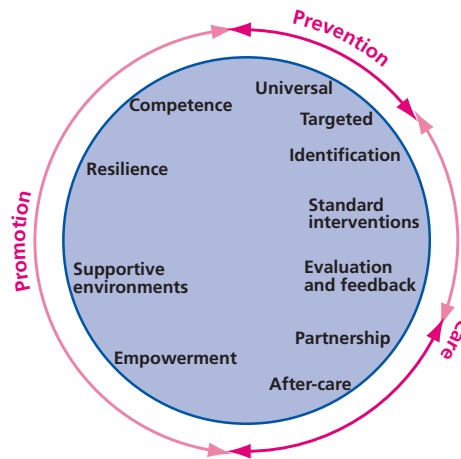


Figure 1: Adapted from Mrazek and Haggerty (1993), via Barry (2001)³.

1.4 This is a complex matrix which needs to take account of:

- The life stages of children and young people
- The settings/places where young people live their lives
- The range of people and organisations who come into contact with children and young people
- The continuum of mental health to mental ill-health
- Underlying principles such as inequalities, accessibility and participation

Framework development

1.5 Since publication of the SNAP report, the Scottish Executive has been working with its expert advisory Children and Young People's Health Support Group⁴ and with HeadsUpScotland⁵ to promote children's and young people's mental health in Scotland, and ensure better delivery of mental health services for those who need them. Following discussion with the Child Health Commissioners⁶ in August 2003, the Children and Young People's Health Support Group agreed to develop a framework to assist local health, education and social work services in planning and delivering integrated approaches to children's and young people's mental health across the continuum of promotion, prevention and care. A Child and Adolescent Mental Health (CAMH) Development Group⁷ was established in 2002, to draw on the expertise of colleagues from NHS services, education, social work and the voluntary sector in taking this work forward.

³ *Needs Assessment Report on Child and Adolescent Mental Health* (p 43), Public Health Institute of Scotland (2003) – www.phis.org.uk/pdf.p1?file=publications/CAMH1.pdf

⁴ Formerly known as the Child Health Support Group – www.show.scot.nhs.uk/sehd/cyphsg

⁵ See page 13.

⁶ Representatives within each NHS Board with responsibility for ensuring that appropriate health services are in place to meet the needs of the local population of children and young people.

⁷ See Annex 3 for membership.

1.6 As part of the development process, over 200 delegates from a range of disciplines attended a *SNAP Into Action* conference in March 2004. Working in small groups, participants considered roles and interventions in a range of scenarios, all of which had a mental health element. Around 30 young people were involved in the event following a SNAP follow-up event which had been arranged specifically for young people earlier in the month.

1.7 During the development of the Framework, a separate working group gave detailed consideration to the size, configuration and commissioning arrangements for psychiatric inpatient services for children and young people in Scotland. The Inpatient Working Group's recommendations⁸ were published in December 2004, and complement and inform this Framework.

Consultation

1.8 A draft Framework was published in December 2004 for a three-month consultation. In addition to the written consultation, Penumbra⁹ was commissioned by HeadsUpScotland to undertake some focussed consultation with children, young people and parents. In parallel, YoungMinds¹⁰ and the Scottish Development Centre for Mental Health¹¹ were commissioned to consult with local agencies whilst also offering support in using the Framework to guide service planning. Summary reports of these local discussions were submitted for consideration with other consultation responses.

1.9 In total, 102 consultation responses were received from a broad range of agencies and disciplines. The vast majority welcomed the Framework and considered it to be helpful in clarifying expectations and as a planning tool. Many respondents provided helpful comments and suggestions for strengthening the Framework, and these have been taken on board wherever possible.

1.10 A report of the consultation analysis is published concurrently with this finalised version of the Framework and is available on the Scottish Executive website¹².

Who is the Framework for?

1.11 Everyone working with and caring for children and young people can contribute to their mental health and wellbeing, and many already do so. Local Authorities, for example, have the power to promote community wellbeing and can provide many opportunities through the Community Planning processes to create conditions which support good mental health for our children and young people. Some professionals have a specific "mental health" role, whilst others, such as teachers, make a valuable contribution implicitly, as part of another role. The Framework is therefore for everyone who has a responsibility for children and young people. It is also for professionals who work in adult services, who have a responsibility to consider the needs of any children that their clients have.

8 *Psychiatric Inpatient Services in Scotland: A Way Forward, Child Health Support Group Inpatient Working Group (2004)* – www.scotland.gov.uk/Publications/2005/01/20523/49969

9 www.penumbra.org.uk

10 www.youngminds.org.uk

11 www.sdcmh.org.uk

12 www.scotland.gov.uk/publications

1.12 Although the draft Framework had acknowledged the range of activities, agencies and partners involved in supporting children's and young people's mental health and wellbeing, it was presented from an NHS perspective. Respondents to the consultation gave a strong message that they wanted a multi-agency Framework with multi-agency ownership and responsibility for delivery. This finalised version of the Framework is intended to be a multi-agency document. It is about a shared vision for children's and young people's mental health and wellbeing, and it is about joint leadership, planning and delivery. The Framework should therefore be owned and implemented through integrated children's services planning processes, and within the context of Community Planning.

How to use the Framework

1.13 The Framework expands on the *Framework for Mental Health Services in Scotland*¹³. It also contributes to delivery of the National Programme for Improving Mental Health and Wellbeing¹⁴ Action Plan¹⁵. It is intended to be used by local agencies as a planning and audit tool, to identify goals and milestones for continuous improvement in the delivery of services and approaches to support and improve the mental health of children and young people in Scotland. In essence, it is intended to promote and shape coherent, interagency planning.

1.14 The Framework does not set out a prescriptive formula for addressing the mental health needs of children and young people. One size does not fit all. What the Framework does, is outline the elements of an integrated approach to children's and young people's mental health and wellbeing across a range of settings. Much that is described within this Framework is already happening somewhere in Scotland, and in due course, HeadsUpScotland will be establishing an accessible library of practice examples on its website.

1.15 The Framework begins by identifying the service elements, actions and lead partners in universal children's services – in the early years, in the school years, and in the community. Subsequent sections highlight actions required by targeted services, such as social work and NHS specialist child and adolescent mental health services, for those children and young people with additional and specific needs.

1.16 None of the service elements, activities or partners included in the tables of this Framework is listed in any particular order of importance or priority. Lead partners are indicative only – there is a much wider network of partners who should be consulted as appropriate, and these are listed in Annex 1. The involvement of children, young people, parents and carers is assumed.

13 *A Framework for Mental Health Services in Scotland*, Scottish Executive – www.show.scot.nhs.uk/publications/mental_health_services/mhs/

14 www.wellontheweb.org

15 *National Programme for Improving Mental Health and Wellbeing Action Plan 2003-2006*, Scottish Executive (2003) – www.scotland.gov.uk/library5/health/npmh.pdf

Achieving change

1.17 The Framework is expected to be taken forward through integrated children's services planning structures. Accordingly, specific actions with associated timescales should be identified, agreed and included within the integrated children's services plans for each area. Agencies should consider and agree a resource framework for realising the Framework, including the extent to which existing funding sources – both mainstream and specific – can be used.

1.18 In order to help the implementation process, YoungMinds and the Scottish Development Centre for Mental Health (SDC) have already been working with local areas in using the Framework to identify what already exists, where there are gaps and what action is required.

1.19 All of the elements outlined in the Framework are expected to exist within local services by 2015. This will be a challenging timescale, in some areas more than others. However, with effective planning and appropriate prioritisation, much can be achieved over the next 10 years.

Workforce issues

1.20 Workforce shortages present a key barrier in achieving change, and this is acknowledged. In the context of the SNAP report, and recognising the significant workforce issues relating to child and adolescent mental health, the Scottish Executive established a Child and Adolescent Mental Health (CAMH) Workforce Group to identify ways in which to build capacity for promotion, prevention, care and treatment within the children's services workforce across a range of agencies. That Group has been considering workforce planning for:

- Inpatient and intensive mental health services for children and young people
- Community based specialist mental health services for children and young people
- Building "mental health capacity" across the network of children's services

1.21 The CAMH Workforce Group will be reporting concurrently with publication of this Framework with recommendations for future workforce requirements and how these can be met.

1.22 In the meantime, some workforce development activity has already been taken forward with £1m funding from the Scottish Executive over 2004-06. HeadsUpScotland has managed use of the funding to support training and development, offering a positive use of short-term investment to improve capacity and ensure longer term benefit. The funding has been used to support and commission:

- Children's and young people's inpatient nurse training and development
- Training for those working with vulnerable children and young people
- An increase in specialist skill capacity
- Service redesign

1.23 The content of the training commissioned from this funding, has been informed by the *CAMH competency framework*¹⁶ which was published by NHS Education for Scotland in 2004 for all those involved in supporting children, young people and families.

Accountability and monitoring

1.24 The Framework is intended as a self-assessment tool to support service planning and continuous improvement. It is not intended to be used as a monitoring tool, though it is designed so that it might be used in this way at a local level.

1.25 At a national level, the delivery of effective services and approaches to meet the mental health needs of children and young people across promotion, prevention and care will be monitored through integrated children's services plans, Joint Health Improvement Plans, and through the Joint Local Implementation Planning mechanisms relating to the Mental Health (Care & Treatment) (Scotland) Act 2003. In reviewing these plans, the Scottish Executive will expect to see clear evidence of planning for, and progress on, implementation of this Framework. In this context, responsibility for ensuring delivery of this Framework rests with both NHS and local authority Chief Executives.

1.26 The involvement of children, young people and their families should feed into the relevant planning processes. The Child Health Commissioners are expected to take the lead in ensuring this happens.

1.27 The Scottish Executive guidance on integrated children's services planning¹⁷ lists the current performance indicators that the Scottish Executive and NHSScotland use to monitor progress in improving the health of children and young people. The Scottish Executive is working to rationalise existing quality improvement and accountability arrangements across services for children and young people. Revised and more focussed national indicators will be published for consultation in 2005, as part of a quality improvement framework for services for children, young people and their families. The Scottish Executive will also consult on arrangements for integrated inspection of children's services in 2005.

¹⁶ *Promoting the Well-being and Meeting the Mental Health Needs of Children and Young People: A Development Framework for Communities, Agencies and Specialists Involved in Supporting Children, Young People and Families*, NHS Education for Scotland (2004) – www.space4.me.uk/qacpd

¹⁷ www.scotland.gov.uk/about/ED/CnF/00017842/Planning.aspx

2. POLICY CONTEXT



2.1 The Scottish Executive is committed to ensuring that every child has the best possible start in life and is able to reach their full potential. Scottish Ministers expect children and young people in Scotland to be valued by ensuring that they are:

Safe: Children and young people should be protected from abuse, neglect and harm by others at home, at school and in the community.

Nurtured: Children and young people should live within a supportive family setting, with additional assistance if required, or, where this is not possible, within another caring setting, ensuring a positive and rewarding childhood experience.

Healthy: Children and young people should enjoy the highest attainable standards of physical and mental health, with access to suitable healthcare and support for safe and healthy lifestyle choices.

Achieving: Children and young people should have access to positive learning environments and opportunities to develop their skills, confidence and self esteem to the fullest potential.

Active: Children and young people should be active with opportunities and encouragement to participate in play and recreation, including sport.

Respected and responsible: Children, young people and their carers should be involved in decisions that affect them, should have their voices heard and should be encouraged to play an active and responsible role in their communities.

Included: Children, young people and their carers should have access to high quality services, when required, and should be assisted to overcome the social, educational, physical, environmental and economic barriers that create inequality.

2.2 These principles apply across agency, service and professional boundaries and are consistent with the principles enshrined in the United Nations Convention on the Rights of the Child¹⁸. They all impact on, and are influenced by, children's and young people's mental health and wellbeing.

2.3 The Framework should be considered within the context of a range of strategic policies and initiatives which aim to ensure that children and young people have the best possible opportunity to achieve their potential. It sits alongside several other important initiatives to support children's development and welfare, all of which seek to:

- Promote a step-change in Scotland's public health through implementation of *Improving Health in Scotland – The Challenge*¹⁹, the work of the National Programme for Improving Mental Health and Wellbeing²⁰, and implementation of *Being Well – Doing Well*²¹, supported by implementation of the school nursing framework²².
- Achieve seamless and more effective support for children, young people and their families through implementation of *For Scotland's Children*²³ and new proposals for improving children's services (see below).
- Redesign assessment and support for children through implementation of the Education (Additional Support for Learning) (Scotland) Act 2004²⁴ and the Integrated Assessment, Planning and Recording Framework (see below).
- Improve protection for children and young people at risk of abuse or neglect through a programme of child protection reform²⁵, informed by *It's everyone's job to make sure I'm alright*²⁶, the *Framework for Standards*²⁷ and the *Children's Charter*²⁸ for all agencies involved in protecting children and young people.

18 *United Nations Convention on the Rights of the Child* (1989) – www.unicef.org/crc/crc.htm

19 *Improving Health in Scotland – The Challenge*, Scottish Executive (2003) – www.scotland.gov.uk/library5/health/ihis-00.asp

20 www.wellontheweb.org

21 *Being Well – Doing Well: A Framework for Health Promoting Schools in Scotland*, Scottish Health Promoting Schools Unit (2004) – www.healthpromotingschools.co.uk

22 *A Scottish Framework for Nursing in Schools*, Scottish Executive (2003) – www.scotland.gov.uk/library5/education/sfns-00.asp

23 *For Scotland's Children – Better Integrated Children's Services*, Scottish Executive (2001) – www.scotland.gov.uk/library3/education/fcsr-00.asp

24 *Education (Additional Support for Learning) (Scotland) Act 2004* – www.scotland.gov.uk/about/ED/ASND/00019094/page1040569097.aspx

25 www.scotland.gov.uk/about/ED/CnF/00017834/childprotection.aspx

26 *It's everyone's job to make sure I'm alright: Report of the Child Protection Audit and Review*, Scottish Executive (2002) – www.scotland.gov.uk/library5/education/iaar-00.asp

27 *Protecting Children & Young People: Framework for Standards*, Scottish Executive (2004) – www.scotland.gov.uk/Topics/People/Young-People/children-families/17834/17262

28 *Protecting Children & Young People: The Charter*, Scottish Executive (2004) – www.scotland.gov.uk/library5/education/ccel.pdf

Integrated children's services planning

2.4 The Scottish Executive has published new guidance for the preparation of integrated children's services plans²⁹. This is intended to support rationalisation of local planning activity and encourage agencies to agree consistent improvement objectives and delivery strategies across universal and targeted services for children and young people. As indicated earlier, planning for implementation of the Framework should be part of the new integrated children's services planning arrangements.

2.5 The Scottish Executive is developing a quality improvement and inspection framework to support integrated children's services planning and delivery, and will be consulting on proposals in 2005.

Health for All Children 4 (Hall 4)

2.6 The Framework links strongly with implementation of the fourth edition of *Health for All Children*³⁰ (known as *Hall 4*) in Scotland. *Hall 4* recommends a holistic approach to child health screening and surveillance with an emphasis on health promotion, primary prevention, and targeted active intervention with vulnerable families. It emphasises the need for enhanced health promotion work to inform and educate parents about their child's development and needs so that they can seek the right help when they need it. *Hall 4* also highlights the need to draw more effectively on the range of regular contacts that children and families have with other professionals, in childcare and education, supported by clear routes for liaison, consultation and referral to health professionals when there are concerns. The Scottish Executive published guidance³¹ in April 2005 to support implementation of *Hall 4*.

Improving support systems for children in need

2.7 The first phase of the Scottish Executive Review of the Children's Hearings System³² raised concerns that at present, children are not receiving support when they need it, and that many are referred to the Children's Reporter when more effective local action would have been more appropriate.

2.8 Like the SNAP report on children's and young people's mental health, the first phase of the Children's Hearings Review found that professionals want to spend more of their time on actually helping improve things for a child or young person. This means spending less time on processing children and families through systems, and more time tackling concerns.

29 www.scotland.gsi.gov.uk/about/ED/CnF/00017842/Planning.aspx

30 *Health for All Children*, edited by David M B Hall and David Elliman, Oxford University Press (2003)

31 *Health for All Children 4: Guidance on Implementation in Scotland*, Scottish Executive (2005) – www.scotland.gov.uk/Publications/2005/04/15161325/13269

32 *Getting It Right For Every Child: Summary Report on the Responses to the Phase One Consultation on the Review of the Children's Hearings System*, Scottish Executive (2004) – www.scotland.gov.uk/library5/education/girsum.pdf

2.9 The Scottish Executive has developed and consulted on proposals to improve support systems for children³³, including options to strengthen individual agency and collective responsibility for identifying and addressing children’s needs, building on approaches developed in respect of child protection. The proposals are based on the principle that mainstream services (for example, nurseries, schools, family centres) should ensure that children, young people and parents get the learning and support they need to do well. The proposals also suggest that agencies should take responsibility and do all they can, with the help of others, to support the child before referring to another service. This fits with the SNAP report recommendation that children’s mental health and wellbeing should be “mainstreamed” (see Section 3).

Integrated Assessment, Planning and Recording Framework

2.10 With the proposals for improving support systems for children in need, the Scottish Executive has consulted on a draft Integrated Assessment, Planning and Recording Framework³⁴ (IAPRF). As children grow and develop they routinely have contact with numerous professionals in health and education. Some children and young people have particular health, learning, or social needs which require assessment and support from a range of different services and agencies.

2.11 The IAPRF is intended to ensure the consistency and quality of assessments by introducing a common structure for assessing the needs of children and young people. It will provide a means by which all services for children – universal and specialist – will be able to gather and share appropriate information, assess needs, plan and coordinate services for individual children. The IAPRF will support the integration of a range of information and assessments from different professionals and agencies into a coherent view of a child’s strengths and needs.

2.12 Children are already assessed in a variety of ways within universal and specialist services. The difference will be that all professionals will be working to the same frame of reference – the IAPRF – and will be required in their assessments to take account of the child’s life in the context of the families and communities within which they live. This will mean that a child will not have to be subjected to repeated assessments if he/she moves from one geographical area to another, as the assessment information will transfer with the child and be able to be built on and updated in the new area. When children and young people move at key transition stages in their lives, for example from primary school to secondary, or at school leaving age, important information can go with them.

33 *Getting it Right for Every Child: Proposals for Action*, Scottish Executive (2005) – www.scotland.gov.uk/Publications/2005/06/20135608/56098

34 See Section 3 of *Getting it Right for Every Child: Proposals for Action*, as above.

2.13 The IAPRF will ensure that the child’s experience is maintained at its centre and that account is taken of strengths, achievements, and the personal resources of the child and family as well as needs and risk of harm. It will:

- Set out common standards and processes for recording and decision-making
- Set out what assessment involves
- Define the information to be taken into account when assessing the “whole” child or young person
- Provide guidance on when multi-agency assessments should be undertaken
- Provide guidance on using information to establish an assessment and action plan
- Set out requirements for the electronic sharing of information
- Set out clear guidance for information sharing and in what circumstances information should not be shared
- Ensure that parents, children and young people have clear information about safeguards for information, about giving consent to share and identifying circumstances in which some information which they might prefer to keep private might need to be shared

Community Health Partnerships

2.14 The Framework is published at a time when Community Health Partnerships (CHPs) are beginning to take shape across Scotland. CHPs are intended to provide a focus for service integration for local communities and a vehicle for addressing local inequalities³⁵. Guidance on the establishment of CHPs, for example in relation to mental health services³⁶, is pragmatic. On the one hand, a number of universal qualities are stated, including the importance of working in partnership with those who use services (a recurrent theme within this Framework). On the other hand, the need for flexibility of form within partnerships is recognised and endorsed, since these are practical arrangements whose success will be reflected in delivery of their aims.

2.15 In relation to the mental health services for children and young people, CHPs will want to develop arrangements which best promote:

- “Horizontal” integration with children’s service partners, for example in education, social services, youth and community, justice and voluntary sector children’s services
- “Horizontal” integration with health service partners, for example in primary care, community health and secondary care
- “Vertical” integration with specialist mental health services, through local, regional and, where necessary, national networks of service

35 www.show.scot.nhs.uk/sehd/chp/replies/ami01303dftguidance.pdf

36 www.show.scot.nhs.uk/sehd/mels/HDL2004_37.pdf

2.16 Whilst the specific arrangements in each area may vary significantly, each of these strands should be evident in every case. CHPs should consider identifying an individual within the team with a specific role to have an overview of the range of services and options available which support children's and young people's mental health.

Learning disability and autistic spectrum disorders

2.17 *The same as you?*³⁷, the report of the national review of services for people with learning disabilities, was published in May 2000. A key objective of its implementation is for mainstream services to meet the needs of children, young people and adults with learning disabilities and/or autistic spectrum disorders wherever possible, supported by specialist services for those who need them. Policy and practice developments for all children and young people should, therefore, consider and address the needs of these children too.

2.18 The Public Health Institute of Scotland (now NHS Health Scotland) needs assessment reports on autistic spectrum disorders³⁸ and learning disability³⁹ explore the ways in which the health care needs of these client groups can differ from those of the rest of the population, and identify the need for appropriate interventions for co-morbid conditions, such as mental health problems. They also highlight the need for multi-agency approaches in providing appropriate health care.

Mental Health (Care and Treatment) (Scotland) Act 2003

2.19 The Mental Health (Care and Treatment) (Scotland) Act 2003⁴⁰ makes a range of provisions to secure benefits for, and protect the rights of, people with mental disorder. "Mental disorder" is defined in the Act as including any mental illness, personality disorder or learning disability, however manifested. The Act's primary objective is to make sure that people with mental disorder receive effective care and treatment. This relates to all people with mental disorder, including children and young people.

2.20 The Act also makes some provisions to protect the specific interests of children and young people. Under section 2 of the Act, accommodation, care and treatment should be provided which best secures the welfare of the child. In addition, section 23 of the Act places a duty on NHS Boards to ensure that, on those occasions when a child or young person under the age of 18 years requires psychiatric inpatient treatment, this is provided in a way that is appropriate to the particular needs of the child or young person. Section 278 of the Act introduces a duty to consider and minimise any potential harm to child-parent relationships where either child or parent is subject to any provisions under the Act or the Criminal Procedure (Scotland) Act 1995.

37 *The same as you? A review of services for people with learning disabilities*, Scottish Executive (2000) – www.scotland.gov.uk/ldsr/docs/tsay-00.asp

38 *Autistic Spectrum Disorders: Needs Assessment Report*, Public Health Institute of Scotland (2001) – www.phis.org.uk/pdf.pl?file=publications/Autistic%20Spectrum%20Disorders.pdf

39 *People with Learning Disabilities in Scotland: Needs Assessment Report*, NHS Health Scotland (2004) – www.phis.org.uk/pdf.pl?file=publications/LDSummary.pdf

40 www.scotland-legislation.hmso.gov.uk/legislation/scotland/acts2003/30013--e.htm#23

2.21 Section 26 of the Act places new duties on local authorities to provide or secure the provision of “services which are designed to promote the wellbeing and social development” of people who have or have had a mental disorder. These services should include:

- Social, cultural and recreational activities
- Training, for people over school age
- Assistance in gaining employment, for people over school age

2.22 The Framework endorses the principles of section 26, and in particular, the importance of social, cultural and recreational activities in promoting mental health and wellbeing for all children and young people.

2.23 NHS Boards and local authorities have been asked to work with other partners to prepare Joint Local Implementation Plans to ensure that measures are in place to meet the requirements of the new Act from October 2005. Joint management, joint resourcing and joint delivery are intended to be at the heart of this.

HeadsUpScotland

2.24 HeadsUpScotland⁴¹ is the national project for children’s and young people’s mental health in Scotland, and is part of the National Programme for Improving Mental Health and Wellbeing. It was established in April 2004 to contribute to the range of activity already underway in Scotland to improve the mental health and wellbeing of children and young people. The project’s key aim is to support the SNAP report implementation process. Its main activities are to:

- Ensure involvement of children, young people, parents and carers
- Develop and deliver guidance to support local work to improve the mental health of children and young people
- Develop and strengthen partnerships to improve the infrastructure for children’s and young people’s mental health
- Develop and improve the capacity of the workforce to support more appropriate interventions

2.25 The project aims to facilitate the integration of children’s and young people’s mental health and wellbeing as a mainstream issue, by supporting local areas in their work. Existing structures, organisations and individuals will, in the main, be the methods through which the project will deliver its aims. This Framework is the first important step in taking this forward.

41 www.headsupscotland.co.uk

2.26 One of the functions of the project is to highlight recurring systemic issues and seek to facilitate resolution at a strategic level. The project will therefore:

- Be a central point which provides vision and energy for the future of children's and young people's mental health in Scotland
- Provide a leadership and co-ordination role to support the establishment/consolidation of structures for "mainstreaming" mental health by encouraging and supporting local leaders
- Make a major contribution to the available capacity to support the mental health agenda for children and young people

UK-wide policy developments

2.27 The Department of Health and the Department for Education and Skills in England have published a *National Service Framework for Children, Young People and Maternity Services*⁴². This includes standards on:

- Promoting health and wellbeing, identifying needs and intervening early (Standard 1)
- Supporting parenting (Standard 2)
- Child, young person and family centred services (Standard 3)
- Growing up into adulthood (Standard 4)
- Safeguarding and promoting the welfare of children and young people (Standard 5)
- Children and young people who are ill (Standard 6)
- Children in hospital (Standard 7)
- Disabled children and young people, and those with complex health needs (Standard 8)
- The mental health and psychological wellbeing of children and young people (Standard 9)
- Medicines for children and young people (Standard 10)
- Maternity services (Standard 11)

2.28 The Welsh Assembly has also published a draft *Service Framework for Children and Young People and Maternity Services in Wales*⁴³ for consultation.

2.29 Both the English and Welsh framework documents offer helpful guidance, which in many respects would also be applicable in Scotland. Both documents have been considered in the development of this Framework.

42 www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en

43 www.wales.nhs.uk/sites/documents/441/33519%20Main%20Doc%20Complete%20LoRes.pdf

3. BASIC PRINCIPLES



SNAP report principles

3.1 The Framework adopts the following as basic principles, derived from the *SNAP Report on Child and Adolescent Mental Health*:

- Mental health promotion for children and young people should be an underpinning principle for all who come into contact with children and young people, whether they are well or unwell.
- Work on prevention of mental ill health, treatment and care for children and young people's mental health should be needs led.
- Mental health promotion, illness prevention, treatment and care for children and young people should have the rights of children and young people as a core value.
- Mental health should be mainstreamed within children's services.
- Improving the mental health of children and young people requires a co-ordinated and coherent combination of health promotion, prevention work and intervention and care services.
- Children's services should operate as intelligent networks – that is, services engaged with one another in ways that encourage development and adaptation to changing need, circumstance and evidence.

An integrated and holistic approach

3.2 The Framework fits within and endorses the vision for an integrated approach to children's services planning and delivery set out in *For Scotland's Children*, which assumes a holistic approach with the child at the centre. *For Scotland's Children* has already identified the key elements that need to be in place for effective integrated work. Though we do not propose to repeat the elements in full, they include the need for:

- A shared vision and common purpose amongst partners, focussing on child-centred outcomes
- Planning processes which address both universal and targeted services and pathways between them
- Clarity amongst partners about roles and responsibilities, in service planning and delivery
- A commitment to improve operational practices and develop new and different approaches
- Open and transparent financial management systems
- Agreed policies and practice on information sharing and client confidentiality
- A commitment to multi-agency staff training
- An ongoing, integrated approach to monitoring and evaluation, linked to service planning
- The involvement of service users in planning and evaluation

3.3 Good health involves the whole child, their physical, social and emotional wellbeing as well as the context and settings that they find themselves in. The different aspects of a child or young person's life should not, therefore, be considered in isolation. In this context, there needs to be broad consideration of the influences on mental health and wellbeing, and associated health promotion activities.

3.4 Physical activity can influence social and emotional wellbeing as well as physical health. Body image issues which can affect eating habits can often be helped by being physically active, and taking an integrated approach to healthy eating and physical activity will support young people to have a greater understanding of their bodies and the need for a balanced lifestyle. Evidence also shows that low confidence or self-esteem, stress and anxiety and body image are closely linked to willingness to participate in physical activity. It is important to work with children and young people to find out what they perceive as barriers to being physically active and support them in overcoming these. Being physically active can improve emotional wellbeing, help with anxiety, depression and low self-esteem and may even contribute to preventing such problems developing. This requires integration with local leisure and recreation policies and services.

3.5 The development of Health Promoting Schools in Scotland provides an important focus for partnership working and integration. The Health Promoting School incorporates and integrates daily physical activity (through Active Schools) with a whole school approach to nutrition and health (through Hungry For Success) within an ethos of positive mental wellbeing. The Scottish Health Promoting Schools Unit provides support and guidance to local authorities to help the development of all schools in Scotland as Health Promoting Schools.

Partnership working

3.6 Implementation of the Framework requires a multi-agency approach and strong local partnerships. Effective partnerships help overcome traditional boundaries between service sectors and contribute to positive interpersonal relationships at an individual level. They also create networks of individuals who can provide valuable advice, information and contacts. Good partnership working can also stimulate further developments in and amongst partner agencies.

3.7 During the consultation process, some respondents requested some guidance on establishing strong local partnerships. Though we have already referred to the elements of integrated working (above), it is worth highlighting the foundations of effective partnerships, which require:

- Clear, shared objectives
- A realistic plan and timetable for reaching these objectives
- Commitment from the partners to take the partnership's work into account within their mainstream activities
- A clear framework of responsibilities and accountability
- A high level of trust between partners
- Realistic ways of measuring the partnership's achievements

3.8 Successful partnerships depend on establishing clarity about aims, types of intervention and intended outcomes, and resources, as well as a shared understanding of processes and outcome measures. Agencies from different sectors often work with different models or types of intervention. A transparent process of establishing what assumptions are being made will help avoid misunderstandings and ensure appropriate referral to appropriate services.

3.9 Barriers to change can be lowered by:

- Careful planning of the actions needed to secure the necessary agreement to change
- Persuading stakeholders outside or on the edge of the partnership's active membership of the case for change (by involving them in devising solutions, or in joint training, for example)
- Testing new service delivery models in pilot projects
- Devising mechanisms to equalise the organisational gains and losses that can sometimes result from breaking out of a vicious circle

3.10 There are several toolkits available that can be used by local areas to support the process of developing their partnerships. The *ourpartnership* website⁴⁴ provides access to documents and information which give guidance on best practice for partnership working between the voluntary and public sectors in a variety of contexts.

44 www.ourpartnership.org.uk

Terminology

3.11 Although the way that we view mental health issues is changing in Scotland, there remains a great deal of confusion about terminology. Different sectors and agencies use terminology differently and sometimes, we can be referring to the same issues in different ways. The SNAP report discusses the issue of terminology in some detail and gives some important messages about the concept of language from the perspective of children and young people. This Framework endorses the approach taken in the SNAP report.

3.12 The term “mental health” is therefore used to describe more than an absence of illness, and includes a notion of wellbeing. This Framework adopts the World Health Organization description of mental health as, *“a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”*⁴⁵.

3.13 The language around mental health problems is perhaps more complex with different agencies variously referring to mental disorder, mental illness, emotional and behavioural difficulties, challenging behaviour, and psychological problems. Like the SNAP report, this Framework uses the term “mental health problems” to describe difficulties in living, learning and relating which are expressed in terms of troublesome emotions or behaviours, as well as more explicit psychological or psychiatric problems. The complexity and severity of these difficulties determine the level of specialised intervention and support that they require.

3.14 In terms of terminology, the key message from the SNAP report is that local agencies and practitioners need to, *“engage in discussion about their differences, with a view to developing shared accounts of the young person’s needs”*.

When is a young person not a young person?

3.15 For pragmatic reasons, agencies and services commonly adopt age as a way of indicating the range and limits of the services they offer. This has the advantage of being simple, clear and readily communicated. It can work well where a range of good services is available, where these are comparable at both sides of the age limit, and where services work constructively together.

3.16 It can also have a number of disadvantages. Needs may or may not change with age and so young people with very similar needs who are of marginally different ages can be offered very different services. It also runs the risk of creating discontinuities in service provision at times of important transition (see below). There is a particular risk of young people between the ages of 16 and 18 “falling between stools” if services for young people and services for adults do not agree their respective referral criteria.

⁴⁵ *The World Health Report 2001 – Mental Health: New Understanding, New Hope*, World Health Organization (2001) – www.who.int/whr/2001/en/

3.17 The Framework notes some important developments in health policy in relation to age:

- The Mental Health (Care and Treatment) (Scotland) Act 2003, which makes it clear that all those under the age of 18, when admitted to hospital by reason of mental health difficulties, are to be treated in settings which are appropriate to their developmental stage.
- The recent service review in NHS Scotland⁴⁶, chaired by Professor David Kerr, which made recommendations for improving the quality of children's services, including the adoption of 16 years as a pragmatic upper boundary for children's health services.

3.18 In practice, those commissioning mental health services for children and young people should consider the mental health needs of all young people in a community under the age of 18, in keeping with the provisions of the Children (Scotland) Act 1995. They should also consider the needs of those with significant mental health needs who, on reaching 18, will continue to have significant mental health needs. For example:

- Some forms of severe mental illness can begin in teenage years and persist into adult life. Service developments in relation to such young people, for example with early onset psychosis or eating disorders, should incorporate care pathways which avoid arbitrary disruption of treatment arrangements based on age.
- Similarly there are those young people with severe developmental disorders, including those with autistic spectrum disorder and some of those with attention deficit hyperactivity disorder, who gain benefit from mental health services and will require mental health care which continues when they reach the age of 18.

3.19 In terms of services developed and provided, pragmatic but flexible use of 18th birthday may be regarded as a reasonable referral guideline for new referrals to mainstream child and adolescent mental health services. However, meeting the mental health needs of vulnerable children and young people will often require particular care and flexibility. In these circumstances, well designed care pathways, supported by locally agreed protocols, may supersede the usual arrangement.

3.20 Young people with complex problems may remain involved with the child care system beyond their 18th birthday. Young people looked after by a local authority may remain in the child care system until they are 19 years old, and in some circumstances, until they are 21 years old. Similarly, offenders are considered "young" until the age of 21. Where liaison arrangements with child and adolescent mental health services are established for younger clients, it would seem arbitrary and unhelpful to exclude these older young people while they remain in these settings.

⁴⁶ *Building A Health Service Fit For The Future: A National Framework for Service Change in the NHS in Scotland:* Scottish Executive (2005) – www.show.scot.nhs.uk/sehd/nationalframework

Transitions

3.21 Children and young people are more vulnerable to mental health problems at times of important change in their lives, for example when they are transferring from primary to secondary school, from school to other settings, from care settings to independent living, and between services for young people and those for adults. Careful and early planning is required across agencies and boundaries, to minimise distress for children and young people and, where appropriate, ensure continuity of care. Careful planning is particularly important where transitions involve a child or young person with additional support needs, including mental health problems.

3.22 Young people with mental health problems may face additional transitions when:

- Moving between hospital-based services, such as inpatient or day patient care, and community-based care
- Moving between child and adolescent mental health services when these are organised separately for children and for young people
- Moving between child and adolescent mental health services if they change home address
- Moving from child and adolescent mental health services to adult mental health services

3.23 These require careful management, across agencies and services and between practitioners, to ensure continuity of treatment and care and to prevent any adverse impact on the child or young person's condition.

Underlying principles

3.24 There are a number of underlying principles and themes which need to be taken into account in all thinking about the mental health of children and young people. These are, however, difficult to thread through the document without making it over-complex to use. Local implementation processes should, however, ensure that the following are considered.

Inequalities

3.25 Like adult mental health, the mental health of children and young people is affected by the circumstances in which they live. Inequalities span social, economic, and geographic factors as well as discriminatory practices towards certain groups and the way in which services are provided. Inequalities significantly amplify both the risk and the impact of mental health problems. This needs to be reflected in local work on inequalities.

3.26 Local authorities and community planning partnerships provide the optimum context for addressing these wider issues. This needs to sit alongside work in local areas to improve the lives of children in general, as well as targeted work with those who may be more vulnerable to mental health problems due to their birth/life circumstances, e.g. those who are looked after or accommodated, those who have a learning and/or physical disability, those who have been or are at risk of abuse, and those who have experienced living with domestic abuse or homelessness. (This is not an exhaustive list and more is said about children and young people requiring additional and specific supports in Section 7 of the Framework.)

Accessibility and diversity

3.27 Services for children and young people need to be provided in accessible and imaginative formats. *Walk the Talk*⁴⁷ has already published a resource pack⁴⁸ to provide advice on developing appropriate and accessible health services for young people. It is based on the premise that relevant people + relevant places + relevant times = relevant services. In developing services for children and young people, the following need to be considered:

- Where are children and young people in the locality?
- What times are they there?
- Are there buildings lying unused in the evenings that could be used?
- Are there local out-of-hours services already available that could be built upon?
- Are there other delivery methods that are familiar to children and young people? (E.g. text messaging, web-based information, outreach work with community learning development workers.)
- How will children and young people who have particular difficulties/vulnerabilities access services?
- How will children and young people from ethnic minorities access the services – are there existing local networks?
- What networks and contact mechanisms exist for disabled children and young people?
- Are there local advocacy services which could contribute to this process?

3.28 The voluntary sector has considerable experience and skill in providing accessible services for children and young people, and can offer valuable assistance in considering and addressing some of these issues, including the place and value of outreach/street work.

3.29 The arts sector provides a wide range of creative opportunities, and these are increasingly being regarded as having the potential to be utilised not only to deliver key messages on mental health to young people, but also as inclusive participatory processes based on the principles of participation and involvement as outlined above. These participatory practices – located within schools, community centres, arts organisations, etc. – offer ways in which the principles of health promotion can be delivered “in action” through activities which have traditionally been successful in engaging young people from a range of backgrounds, including those who are “hard to reach”.

47 *Walk The Talk* – www.walk-the-talk.org.uk

48 *Walk The Talk. Developing appropriate and accessible health services for young people: A guide for practitioners and managers*, The Scottish Executive, Fast Forward Positive Lifestyles Ltd and Community Learning Scotland (2000) – www.walk-the-talk.org.uk

3.30 Clear, joined-up transport policies are vital in ensuring that children, young people and their families are able to access services, particularly specialist services, which may not be available locally. With this in mind, NHS Boards and local authorities (and regional transport partnerships) should develop or review transport policies to facilitate access to health care. The Scottish Executive is keen to see the development and enhancement of joined-up working at local and regional level to develop transport approaches which ensure:

- The availability of transport for those with differing needs
- Clear, consistent and well-understood service eligibility and costs
- Seamless and efficient interaction between services

3.31 Agencies should work together to ensure that clear and comprehensible information is provided for children, young people and their carers about the transport services that are available and any available assistance with travel and/or accommodation costs when they need to use mental health services.

Participation and involvement

3.32 The participation of children and young people was highlighted as the first of three core themes in the main SNAP report – “... *recognising the right of children and young people to be heard and their capacity to play a full part in thinking about mental health and in influencing the arrangements that we make to improve mental health*”.

3.33 The United Nations Convention on the Rights of the Child (UNCRC)⁴⁹ underpins the legislative and cultural progress in involving children and young people in making decisions. In particular, Article 12 of the UNCRC gives children the right to express their views freely in all matters affecting them and states that these views will be given due regard. The UNCRC was ratified by Great Britain in 1991 and in Scotland, the Children (Scotland) Act 1995 incorporated its principles by giving children a right to express their views on a range of decisions which affect them.

3.34 The ability of children and young people to participate in the life of their community is linked to their perception of how safe they feel to become involved. The Children and Young People’s Charter⁵⁰ is written from the perspective of children and young people and was developed through talking to children and young people who have experienced the need to be protected and supported – but it outlines how any child or young person facing difficulties could expect to be treated to enable them to feel safe. It states that, “*As children and young people, we have a right to be protected and be safe from harm from others. When we have difficulties or problems we expect you to:*

49 *United Nations Convention on the Rights of the Child* (1989) – www.unicef.org/crc/crc.htm

50 *Protecting Children and Young People: The Charter*, Scottish Executive (2004) – www.scotland.gov.uk/library5/education/ccel.pdf

- *Get to know us*
- *Speak with us*
- *Listen to us*
- *Take us seriously*
- *Involve us*
- *Respect our privacy*
- *Help us be safe*
- *Be responsible to us*
- *Think about our lives as a whole*
- *Think carefully about how you use information about us*
- *Put us in touch with the right people*
- *Use your power to help*
- *Make things happen when they should.”*

3.35 Children and young people will benefit from the resources of their communities when they feel that their views are respected and their perspectives valued. Some of the key competencies in the children’s and young people’s mental health competency framework⁵¹ emphasise the importance of understanding where children and young people are coming from and how life events may have impacted on them. These include:

- Values, approach, and attitudes
- Resilience and capacity building
- Understanding of family functioning and systemic approaches
- Impact of poverty, domestic abuse, parental drug/alcohol/health problems
- Impact of loss/trauma/abuse
- Experiences of bullying and harassment
- Difficulties in communication

3.36 The participation and involvement of children, young people and their parents in the processes to take forward local implementation of the SNAP report⁵², using this Framework, is a fundamental underlying principle. Local areas will be expected to demonstrate how they are ensuring this.

Evidence-based services

3.37 This document has already highlighted good communication and meaningful participation as important factors in the delivery of better services. But it is also important that agencies, services and teams have arrangements in place which allow them to ensure that the services, programmes and interventions which they provide are as effective as they can be. This is not without its challenges, as the SNAP report indicated:

51 *Promoting The Well-Being & Meeting The Mental Health Needs Of Children And Young People: A Development Framework For Communities, Agencies And Specialists Involved In Supporting Children, Young People And Their Families*, NHS Education for Scotland – www.space4.me.uk/qacpd

52 *Needs Assessment Report on Child and Adolescent Mental Health: Consulting children, young people and parents*, Public Health Institute for Scotland (2003) – www.phis.org.uk/pdf.pl?file=publications/CAMH2.pdf

“Much of the evidence is derived from the treatment of children with single conditions, while most children presenting to child and adolescent mental health services have several co-existing mental health problems. Not all treatment methods have been evaluated, nor are there effective treatments for the whole range of mental health difficulties which children and young people experience. Further research is needed both to identify effective intervention methods and to test the feasibility of translating them into everyday practice settings.” (page 53)

3.38 However, as the SNAP report also highlights, several themes emerge in literature and studies, indicating that effective programmes:

- Occur early in the problem cycle and preferably early in age
- Involve familiar people or people who will be able to empower parents and work in partnership with professionals (e.g. health visitors or trained volunteers)
- Are intensive and sustainable over a period of time
- Are multifaceted, incorporating several interventions (e.g. to both parents and child; focussing on health, education and parent training)
- Incorporate interventions of proven effectiveness

3.39 In practice, this means that services should offer interventions which are:

- Developed in light of the best available evidence
- Delivered by staff who are appropriately trained, supervised and supported
- Offered in an appropriate place by the most appropriate person
- Monitored through appropriate, explicit governance arrangements
- The subject of consultation with service users in relation to acceptability and effectiveness

3.40 New interventions or services which are developed to address needs which had previously gone unmet or unrecognised, will need to be evaluated by arrangements established in advance and incorporated in the developmental process.

Building on existing structures

3.41 Links with other local services and systems are assumed, e.g. working with schools, any existing Healthy Living Centres, Childcare Partnerships, the Children’s Hearings System, community health projects, domestic abuse fora, community safety partnerships, youth and community initiatives, Choose Life initiatives, etc. The Framework is not about creating new structures, but building on what already exists.

Consent

3.42 Consent is central to the relationship within which a health service is offered. Any person receiving a health service in Scotland, or giving consent on behalf of another, does so of their own free will, with a clear understanding of the reasons as to their involvement and the likely outcome. Interventions within the health service are not generally carried out without consent.

The exceptions to this rule are to be found in few, generally well recognised circumstances, which will usually have been tested and established in a legal setting.

3.43 Valid legal consent comprises three elements⁵³:

- The person being invited to give consent must be capable of consenting (legally competent)
- The consent must be freely given
- The person consenting must be suitably informed

3.44 In Scotland⁵⁴, a person of, or over, the age of 16 years is presumed to be competent to give valid legal consent to medical treatment. A person under the age of 16 years has the legal capacity to consent on her or his own behalf where, in the opinion of the attending practitioner, she or he is capable of understanding the nature and possible consequences of the procedure or treatment.

3.45 Whilst it is good practice to investigate the possibility of shared decision making and consensus, and important as the views of persons with parental responsibility are, the decision of a competent child or young person to accept (or refuse) treatment cannot be set aside.

Confidentiality

3.46 A child or young person under the age of 16 who is deemed capable of giving consent has the same right to confidentiality as an adult. This can mean that someone working with a young person will maintain their privacy even when a parent, carer or other professional requests information. Only in certain circumstances should confidentiality be broken. These include:

- When the safety of the child or young person, or the safety of another child or young person is at risk
- When the child or young person gives consent for professionals to share information
- When colleagues talk with one another within supervision or consultation

3.47 Confidentiality should not be a barrier to effective communication with families and carers. Often, carers can be given information in general terms without breaching confidentiality. Similarly, the concerns of carers can be heard whilst maintaining the privacy of the child. Where confidentiality is an issue, every effort should be made to negotiate with the young person about what information can and cannot be shared.

3.48 The Scottish Executive has published guidance⁵⁵ for health workers about sharing information about children who may be at risk of abuse or neglect. Practice should be informed by these guidelines, and supported by access to advice and supervision.

53 *Legal Issues for Nurses: Capacity and Consent*, Dyer et al, Royal College of Nursing (1992)

54 *Age of Legal Capacity (Scotland) Act 1991* – www.legislation.hmso.gov.uk/acts/acts1991/Ukpga_19910050_en_1.htm

55 *Sharing Information About Children At Risk: A Brief Guide To Good Practice*, Scottish Executive (2004) – www.scotland.gov.uk/library5/social/sicar.pdf

4. EARLY YEARS – UNIVERSAL



Context

4.1 Early years and childcare services can encompass pre-school education, day care, out of school care, childminding, fostering and adoption and other services such as family centres. By their nature, they cross traditional sector boundaries – education, social care, and health. Early years and childcare services may also be public, voluntary or private sector services. National Care Standards⁵⁶ help to ensure consistency in what is provided.

4.2 Good parenting is fundamental for the development of a child's mental health and wellbeing. As children's primary carers, all parents need to be supported and helped, but especially when they are parenting in difficult circumstances or facing uncertainty about the way they are bringing up their children. Interventions focussed during pregnancy and at the time around the birth are likely to be the most effective in preventing mental health problems of a child. These include interventions which improve and enhance the wellbeing of the mother and of the baby and promote the mother-infant bond, and which take into consideration the psychosocial aspects of pregnancy, promote good early parent-child interactions, attachment, support problem-solving skills of the parents, and underline the roles of fathers.

4.3 Early years and childcare services are a vital first "frontline" in establishing good mental health and wellbeing among the youngest children. Risk factors and vulnerabilities in infancy and early childhood are associated with mental health problems in children and young people. These in turn are associated with greatly heightened risk of mental illness in adult life. The ability to improve mental health and wellbeing in the early years is therefore a vital area for action. Positive and inclusive physical activity and the development of key motor skills have an important role in this, contributing to enhanced confidence and social skills.

Overarching philosophy and culture

4.4 The *National Care Standards: Early Education and Childcare*⁵⁷ make clear reference to providing an environment in which children's emotional and social development is considered. They describe an environment in which children and young people:

- Will be welcomed, and will be valued as an individual
- Will be nurtured by staff who will promote his or her general wellbeing, health, nutrition and safety
- Will be supported by staff who interact effectively and enthusiastically with him or her
- Receive support from staff who respond to his or her individual needs (personal, emotional, educational and physical)
- Experience an environment of mutual respect, trust and open communication
- Can be confident that the service keeps up links and works effectively with partner organisations

⁵⁶ See www.scotland.gov.uk/Topics/Health/care/17652/9325

⁵⁷ *National care standards: early education and childcare up to the age of 16*, Scottish Executive (2002) - www.scotland.gov.uk/publications/search.aspx?key=national%20care%20standard

Service elements and activities

* In the "Lead Partners" column, 2-3 partners are identified, with the suggested lead partner highlighted in bold. This is indicative only, and there is a much wider network of partners who should be consulted as appropriate. These are listed in Annex 1. The involvement of children, young people, parents and carers is assumed.

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Involvement of expectant parents, prospective adoptive parents, parents and children in developing information, resources and services to support their mental health and wellbeing</p>	<ul style="list-style-type: none"> • Development and implementation of a local strategy for the involvement and participation of expectant parents, parents and children. • Development and implementation of the local strategy in partnership with expectant parents, parents and childcare support establishments. • Occasional public local debates, e.g. via local press. • Key workers seek the views of individual expectant parents, parents and children. 	<ul style="list-style-type: none"> • Expectant parents and parents feel that their views are valued. • Service development and redesign is informed by the views of parents and expectant parents. 	<ul style="list-style-type: none"> • NHS midwifery services • NHS CAMHS staff (inc. Primary Mental Health Workers) • Social work services

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Provision of training and consultation for midwives, public health nurses, allied health professionals and social workers, and awareness-raising input for staff working in adult mental health services and non-medical staff such as those working in the social services workforce and care staff, including those still in training</p>	<ul style="list-style-type: none"> • NHS CAMHS staff plan and provide multi-agency, multi-disciplinary training opportunities for midwives, public health nurses, allied health professionals, social services staff and care staff on mental health issues. • Midwives, public health nurses, allied health professionals, social services staff and care staff are supported to participate in mental health training. • NHS CAMHS staff provide ongoing consultation and advice to midwives, public health nurses, allied health professionals, social services staff and care staff on mental health issues. • Obstetric mental health liaison services link with CAMHS. • NHS CAMHS staff offer dedicated time in support of infant mental health through consultation to and/or direct work in perinatal services. • Adult mental health and social work services link with CAMHS to consider and address the potential impact of a patient's mental health problems on any dependent children⁵⁸. 	<ul style="list-style-type: none"> • Midwives and public health nurses are able to support parents in developing a basic understanding of attachment issues, infant mental health and their role in supporting their child's mental and emotional development. • Midwives, public health nurses, social services staff and care staff understand and are able to identify risk factors. • Midwives, public health nurses, social services staff and care staff are able to ensure that parents' own mental health needs are recognised and addressed (particularly mothers with antenatal and postnatal depression). • Adult mental health and social services staff are aware of the potential impact of their patient's/ client's condition on any dependants or young siblings. • Midwives, public health nurses, social services staff and care staff are able to access specialist advice and support. • Referral protocols for NHS CAMHS are agreed and transparent. • Midwives, public health nurses, mental health officers and other agreed professionals are able to refer direct to specialist NHS CAMHS. 	<ul style="list-style-type: none"> • NHS CAMHS staff (inc. Primary Mental Health Workers) • NHS midwifery services • Social work services • CPD Co-ordinators

58 Section 278 of the Mental Health (Care and Treatment) (Scotland) Act 2003 requires those exercising functions under that Act to consider and take steps to minimise the potential impact of any compulsory measures to address a person's mental health problems on their family relationships. This includes the potential impact on parents when a child or young person is subject to any compulsory measures, and the impact on a child or young person when their parent is subject to any compulsory measures under the Act. "Parent" includes all those with parental responsibilities as defined in the Children (Scotland) Act 1995.

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Provision of training and consultation for staff in pre-school and childcare settings</p>	<ul style="list-style-type: none"> • CAMHS staff link with pre-school and childcare settings, SureStart centres and local authority family centres. • NHS CAMHS staff work with local authorities and with private and voluntary sector childcare providers to plan and provide training opportunities in mental health (including mental health promotion) for pre-school and childcare staff. • NHS CAMHS staff provide ongoing consultation and advice to pre-school and childcare staff. • Development and agreement of a referral protocol with pre-school and childcare staff. 	<ul style="list-style-type: none"> • Childcare staff have a basic understanding of mental and emotional health and development. • Childcare staff recognise the importance of their contribution to children's mental and emotional wellbeing. • Childcare staff have a basic understanding of protective factors and how these can be nurtured. • Childcare staff have an understanding of the contribution that physical activity and development can make to emotional health. • Childcare staff understand, and are able to identify, risk factors. • Childcare staff know what specialist advice and support is available to them and how to access it. • Referral protocols and pathways for CAMHS are agreed and transparent. 	<ul style="list-style-type: none"> • NHS CAMHS staff (inc. Primary Mental Health Workers) • Pre-school & childcare providers • Childcare partnerships • CPD Co-ordinators
<p>Links with education authorities and with private and voluntary sector childcare providers to support the mental health and wellbeing of early years staff</p>	<ul style="list-style-type: none"> • Work with local authorities and with private and voluntary sector childcare providers to plan and provide a range of supports for staff to access before they become unwell, e.g. counselling/stress management, relaxation opportunities. • Build on see <i>me</i>⁵⁹ initiatives on mental health in the workplace. 	<ul style="list-style-type: none"> • Staff feel valued and supported, and are therefore more able to support others. 	<ul style="list-style-type: none"> • Health promotion staff • Education authority • Scotland's Health At Work⁶⁰

59 National Programme for Improving Mental Health & Wellbeing – see me anti-stigma campaign – www.seemescotland.org/

60 Scotland's Health At Work (SHAW) – www.shaw.uk.com/

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Contribute to development and delivery of universal parenting programmes</p>	<ul style="list-style-type: none"> NHS CAMHS staff (and clinical psychologists) contribute to training for public health nurses and allied health professionals in the development and delivery of evidence-based parenting programmes and approaches. Provision of information locally for parents about parenting support and education groups that are available at a range of times and settings. Primary care staff encourage and support parents to participate in parenting programmes. Provision of accessible drop-in services and advice points for parents to discuss problems and access support. Access for primary care practitioners to clinical psychology consultation and advice on families in their care. Arrangements by CAMHS staff to ensure that young parents who are receiving care and treatment are enabled to engage in parenting programmes. 	<ul style="list-style-type: none"> Parents have a basic understanding of mental and emotional health and development. Parents recognise their contribution to children's mental and emotional wellbeing. Parents have a basic understanding of protective factors and how these can be nurtured. Parents are supported by universal services and public messages to feel confident in dealing with their child's behaviour. Parents know how to access advice and support if they suspect there is a problem. Parents' coping skills are developed and affirmed. Parents receiving mental health care are enabled to engage in parenting programmes. 	<ul style="list-style-type: none"> SureStart workers NHS Primary Care team Voluntary sector NHS CAMHS staff (inc. Primary Mental Health Workers)
<p>Involvement in provision of support for individual children and families, including targeted parent support</p>	<ul style="list-style-type: none"> Primary care staff encourage and support parents to participate in tailored parenting programmes. NHS CAMHS staff input to training for key workers on mental health and parenting issues. 	<ul style="list-style-type: none"> Key workers have a full understanding of attachment and are able to support this. Parents have a basic understanding of protective factors and how these can be nurtured. Parents feel confident in dealing with their child's behaviour. Parents' coping skills are developed and affirmed. Parents understand the importance of infant interaction and have the skills to put into practice. Parents know where they can access advice and support. Parents are supported to care for their child. 	<ul style="list-style-type: none"> NHS Primary Care team Education authority Social work services Family centres NHS CAMHS staff (inc. Primary Mental Health Workers)

5. SCHOOL YEARS – UNIVERSAL



Context

5.1 Schools have an important role in promoting mental health amongst children and young people, and much of this is about creating the right environment for them to learn and thrive. When young people were asked what made them feel good⁶¹, a common response was “doing well in school”. Education policy and practice already has a strong focus on promoting and supporting emotional wellbeing and the Health Promoting Schools concept broadens this focus beyond the curriculum to a “whole school approach”.

5.2 Individuals within the school environment may be experiencing particular emotional difficulties, but a whole school response generates benefits for everyone, by providing a supportive context for targeted actions. *Mental Health Improvement: What Works?*⁶² highlights the importance of integrated, whole school approaches that combine changes to school culture, staff morale, and pupil, family and community involvement. Methods such as peer education, input on problem solving skills, the development of social skills and the school environment are identified as being more effective than taking single topic-based approaches to improving emotional wellbeing.

5.3 All of the services elements which are outlined in this section are more effective if they are implemented within an inclusive, whole school approach which focusses on ethos, the school environment and participation. There are many influences on the way in which children and young people behave and the lifestyle choices that they make. The way that children and young people feel about themselves will impact on their levels of physical activity, what type of food they eat, their sexual activity, and their use of alcohol and substances. And conversely, the opportunities they have to engage in physical activity and make healthy food choices can have psychological as well as physical benefits. It is important, therefore, that these issues are considered and addressed in a cohesive way that allows young people to develop knowledge and understanding to make informed lifestyle choices.

5.4 During the SNAP review, teachers indicated that they frequently recognise mental health need amongst children and young people and would welcome training to develop their capacity to make a difference.

5.5 The Additional Support for Learning Act⁶³ comes into effect from autumn 2005. This legislation is intended to modernise and improve the current system for identifying and addressing the needs of all children and young people who may face a barrier to learning and need additional support. The Act also introduces a new concept of “additional support needs” which is much broader than “special educational needs” and encompasses emotional and mental health needs.

61 *How We Feel: an insight into the emotional world of teenagers*, Gordon, J & Grant, G, London, Jessica Kingsley (1997)

62 *Mental Health Improvement – What Works? A Briefing for the Scottish Executive*, Mentality (2003) – available via www.wellontheweb.org

63 *Education (Additional Support for Learning) (Scotland) Act 2004* – www.scotland.gov.uk/about/ED/ASND/00019094/page1040569097.aspx

Overarching philosophy and culture

5.6 *Being Well – Doing Well*⁶⁴ highlights, “the importance of creating an ethos of care, respect, participation, responsibility, and fairness to all” in schools. A positive school ethos is vital for young people to learn and develop and is described by the Scottish Schools Ethos Network⁶⁵ as being “linked with a sense of pride and loyalty, with a welcoming feel, appropriately high expectations, positive relationships, purposeful leadership, recognition of the motivation power of praise and a concern for the wider community”. It is also essential to recognise the needs of teachers and other school staff for practical, emotional and social support.

Independent schools

5.7 Action should be taken to ensure that children and young people who attend independent schools receive the same level of support for their mental health and wellbeing as those in state schools, consistent with this Framework.

Children outwith school

5.8 In planning and delivering approaches to children’s and young people’s mental health and wellbeing, NHS Boards and local authorities should work together to make particular arrangements to identify those children who are not in school, and to ensure that they receive care and support consistent with this Framework. These children and young people may include those who:

- Are educated at home
- Are in secure or special residential care with associated education provision
- Are in hospital or residential respite care
- Have been excluded from school
- Are truanting

5.9 The Framework for Nursing in Schools⁶⁶ recommends that community, practice and school profiling should identify vulnerable groups of children and young people who may require extra or different support and help, and that school nurses should be supported to work in a range of settings in order to meet these needs. That Framework also recognises that the needs and problems of school-age children and young people are not restricted to term-time and can often be more exaggerated during the school holiday periods. It advises that this should be reflected in appropriate service provision.

5.10 Addressing these issues links strongly with implementation of *Hall 4*⁶⁷. This also links with Section 7 of this Framework, which considers the circumstances in which children and young people may require additional and specific supports to meet their mental health needs.

⁶⁴ *Being Well – Doing Well: A Framework for Health Promoting Schools in Scotland*, Scottish Health Promoting Schools Unit (2004) – www.healthpromotingschools.co.uk

⁶⁵ www.ethosnet.co.uk/index.html

⁶⁶ *A Scottish Framework for Nursing in Schools*, Scottish Executive (2003) – www.scotland.gov.uk/library5/education/sfns-00.asp

⁶⁷ *Health for All Children 4: Guidance on Implementation in Scotland*, Scottish Executive (2005) – www.scotland.gov.uk/Publications/2005/04/15161325/13269

Service elements and activities

* In the "Lead Partners" column, 2-3 partners are identified, with the suggested lead partner highlighted in bold. This is indicative only, and there is a much wider network of partners who should be consulted as appropriate. These are listed in Annex 1. The involvement of children, young people, parents and carers is assumed.

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Involvement of children, young people, parents and carers in developing information, resources and services to support the improvement of mental health and wellbeing and the prevention of mental disorders</p>	<ul style="list-style-type: none"> • Work with schools to ask children and young people for their views on what would be helpful for their emotional and mental wellbeing. • Mechanisms to seek the views of children, young people, their carers and school staff on specific interventions. • Work with schools to ask parents and carers for their views on the skills/needs of children and young people in terms of mental health and wellbeing. • Development of stigma reduction programmes, linked with the see me⁶⁸ campaign. • Identification of specific groups and systematic efforts to seek their views through, e.g. focus groups/interviews/surveys. • Seek feedback from children and young people receiving care and treatment on their experiences and how they have been re-integrated during recovery. • Work with schools to seek views on experiences of and ways to tackle stigma associated with mental health problems. 	<ul style="list-style-type: none"> • Children and young people feel that their views are valued. • The development of resources, services and approaches to promote and support mental health are informed by the views of children, young people and their carers. • All pupils are aware of mental health issues and ways to eliminate stigma. 	<ul style="list-style-type: none"> • School management team • Health promotion staff

68 National Programme for Improving Mental Health & Wellbeing – see me anti-stigma campaign – www.seemescotland.org/

SCHOOL YEARS – UNIVERSAL

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Contribution to school policies on tackling bullying</p>	<ul style="list-style-type: none"> • Ensure that all work on bullying is based on a Health Promoting School model, focussing on a whole school approach • Involvement in the development and implementation of proactive anti-bullying policies in schools. • Provision of advice and support for the establishment of buddy/peer support systems in schools. • Links established with the Scottish Anti-Bullying Network by those developing/overseeing school policies. • Proactive work with schools for reintegration of children and young people following an episode of absence, particularly if they have been absent due to mental ill-health. 	<ul style="list-style-type: none"> • Young people being bullied feel able to come forward for help. • Those being bullied are supported. • Help is provided for those bullying to address their behaviour and the reasons for it. 	<ul style="list-style-type: none"> • School management team • Health promotion staff
<p>Provision of training and consultation for non-teaching, non-teaching and out of school care staff</p>	<ul style="list-style-type: none"> • Identification of a named link person within each NHS CAMHS team for each school or cluster of schools. • Provision of support for schools in becoming Health Promoting Schools. • NHS CAMHS staff work with local authorities to plan and provide training opportunities in mental health for school staff, including the impact on mental health of child protection issues. • NHS CAMHS staff provide ongoing consultation and advice to school staff. • Development and agreement of a referral protocol with school staff. • Regular planning and review meetings between NHS CAMHS and school staff on training, service delivery and assessment of children and young people. 	<ul style="list-style-type: none"> • School and out of school care staff have a basic understanding of emotional and mental health and development. • School and out of school care staff recognise the importance of their contribution to children's mental and emotional wellbeing. • School and out of school care staff have a basic understanding of protective factors and how these can be nurtured. • School and out of school care staff understand and are able to identify risk factors. • School and out of school care staff know what specialist advice and support is available to them and how to access it. • Referral protocols and pathways for NHS CAMHS are agreed and transparent. 	<ul style="list-style-type: none"> • School management team • NHS CAMHS staff (inc. Primary Mental Health Workers) • Psychologists • CPD Co-ordinators

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Provision of training for teaching and non-teaching staff on specific issues relating to mental health e.g. aggressive behaviour, self-harm, ADHD, the mental health impacts of child protection issues</p>	<ul style="list-style-type: none"> NHS CAMHS staff work with local authorities to plan and provide topic-specific training for school staff. Schools release staff to allow them to participate in training on this issue. 	<ul style="list-style-type: none"> Staff understand pupils' behaviour and feel more confident in responding. Staff are supported and feel confident in implementing specific approaches to address these issues. 	<ul style="list-style-type: none"> NHS CAMHS staff (inc. Primary Mental Health Workers) Psychologists School management team CPD Co-ordinators
<p>Provision of support for schools in developing and delivering activities to promote emotional literacy</p>	<ul style="list-style-type: none"> Build on <i>Choose Life</i>⁶⁹ initiatives already established. Provision of more intensive support to those children and young people who are identified as being likely to develop problems in the future. CAMHS staff ensure that children and young people receiving mental health care and treatment are enabled to access mainstream activities which promote emotional literacy. 	<ul style="list-style-type: none"> Children and young people feel comfortable talking about their feelings and emotions. Staff feel confident to introduce emotional literacy activities. 	<ul style="list-style-type: none"> School management team Psychologists
<p>Provision of support for schools in developing and delivering activities to promote peer support, especially at times of transition</p>	<ul style="list-style-type: none"> Build on <i>Choose Life</i> initiatives already established. Work with schools to build on PSE sessions in exploring issues around mental health and wellbeing, including information on mental illnesses. Work with children and young people to identify, explore and address anxieties around transitions. Work with children and young people to develop understanding about the way in which different aspects of their lives influence their emotional wellbeing. 	<ul style="list-style-type: none"> Pupils feel confident in supporting their friends. Pupils at risk are supported by their peers. Pupils experiencing problems are supported by their peers. Children and young people feel less anxious about and are prepared for transitions. 	<ul style="list-style-type: none"> School management team Voluntary sector

69 *Choose Life: A National Strategy and Action Plan to Prevent Suicide in Scotland*, Scottish Executive (2002) - www.wellontheweb.org/well/files/CHOOSE%20LIFE.pdf

SCHOOL YEARS – UNIVERSAL

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Links with education authorities to support the mental health and wellbeing of school staff</p>	<ul style="list-style-type: none"> • Work with education authority to plan and provide a range of supports for staff to access before they become unwell, e.g. counselling/stress management/relaxation opportunities. • Build on see me⁷⁰ initiatives on mental health in the workplace. 	<ul style="list-style-type: none"> • Staff feel valued and supported, and are therefore more able to support others. 	<ul style="list-style-type: none"> • Health promotion staff • School management team • Scotland's Health At Work⁷¹ • CPD Co-ordinators
<p>Provision of confidential, accessible and non-stigmatising counselling support for staff and pupils both within and outwith schools</p>	<ul style="list-style-type: none"> • Work with the local authority to plan and provide non-stigmatising and accessible counselling support for staff and pupils, including those receiving care and treatment for mental illness. • Counsellors feed recurring themes into school development processes, recommending any action to address issues within the control of the school. 	<ul style="list-style-type: none"> • Both staff and pupils have opportunities to talk in confidence when they are feeling troubled. • Common issues are identified and efforts made to prevent recurrence. 	<ul style="list-style-type: none"> • NHS CAMHS staff (inc. Primary Mental Health Workers) • Psychologists • School management team • CPD Co-ordinators
<p>Provision of group support sessions on particular issues or at particular times of stress</p>	<ul style="list-style-type: none"> • Work with schools to provide group sessions as part of the regular activity of the school (including peer-led). • Work with schools to develop role of PSE sessions in exploring issues around mental health and wellbeing including information on mental illnesses and specific skills such as problem solving, assertiveness, rational thinking, etc. 	<ul style="list-style-type: none"> • Pupils understand their emotions. • Pupils have opportunities to discuss their emotions. • Pupils develop coping techniques. • Pupils feel able to support one another. 	<ul style="list-style-type: none"> • Health promotion staff • School management team • Psychologists
<p>Provision of support for parents in dealing with issues relating to adolescence</p>	<ul style="list-style-type: none"> • Work with schools, community and voluntary organisations to plan and provide generic sessions for parents and carers on a variety of topics such as maintaining relationships. • Work with schools, community and voluntary organisations to plan and provide sessions for parents and others who care for children and young people who may be at risk of developing mental health difficulties. 	<ul style="list-style-type: none"> • Parents/carers have a better understanding of issues for adolescents. • Parents/carers understand their child's behaviour and feel able to respond. 	<ul style="list-style-type: none"> • School management team • NHS CAMHS staff (inc. Primary Mental Health Workers) • Voluntary sector

70 National Programme for Improving Mental Health & Wellbeing – see me anti-stigma campaign – www.seemscotland.org/

71 www.shaw.uk.com/

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Provision of information about local support services and access, including internet resources</p>	<ul style="list-style-type: none"> • Review of the range of accessible information resources on a wide range of general mental health issues, for use within schools. • Review accessibility of targeted information resources on a wide range of specific issues. • Ensure the availability of information resources in a range of formats and in a range of settings. • Appropriate inclusion of local mental health projects in ways that are consistent with the overall Health Promoting School approach. • Support children and young people to access services. • Consider and support opportunities to participate in volunteering. 	<ul style="list-style-type: none"> • Staff and pupils know what information and support is available to them and are able to access it. 	<ul style="list-style-type: none"> • School management team • NHS CAMHS staff (inc. Primary Mental Health Workers) • Health promotion staff

6. COMMUNITY-BASED ACTIVITY



Context

6.1 Local authority community learning and development workers (including youth workers), and those in the voluntary sector who work with young people, including volunteers, have an important role in promoting and supporting the mental health and emotional wellbeing of children and young people. General community capacity building work and adult learning provide valuable opportunities for those working and living with children and young people to develop a better understanding of what good mental health is, and how it might be improved in their own communities. Voluntary organisations, in particular, have a key role in linking with and providing services to children, young people, their parents and carers within the community and increasingly provide community-based resources such as before- and after-school groups, arts and crafts and sporting activities and specialist day and residential care.

6.2 All those involved in the youth work sector, whether from a community learning and development, or voluntary sector background, are an important resource for children and young people. They have the potential to provide safe places for young people to talk over difficulties and to enable them to become involved in community activities. Activities related to *Walk the Talk*⁷² also provide a platform on which to build work for children's and young people's mental health.

6.3 This should be recognised within community planning and children's services planning contexts.

Overarching philosophy and culture

6.4 The *Step It Up*⁷³ materials, commissioned by the Scottish Executive in 2001, describe the purpose of youth work as:

- Building self-esteem and self confidence
- Developing the ability to manage personal and social relationships
- Creating learning and developing new skills
- Encouraging positive group atmospheres
- Building the capacity of young people to consider risk, make reasoned decisions and take control
- Developing a "world view" which widens horizons and invites social commitment

⁷² *Walk The Talk* – www.walk-the-talk.org.uk/

⁷³ *Step It Up... Charting Young People's Progress*, University of Strathclyde, Princes Trust & The Scottish Executive (2003) - www.youthlink.co.uk/practicedevelopment/stepitup

6.5 Effective youth work, as described in the *Step It Up* materials:

- Respects the rights of young people
- Affirms the worth of individual young people and the communities they belong to
- Affirms diversity and confronts discrimination
- Is young people centred
- Takes an inclusive approach which recognises that those young people with most needs should have greater priority
- Recognises that “process” is of crucial and central value – but also that product and programme have an important part to play
- Values implicit learning as much as that which is explicit
- Is based on the relationship between a young person or a group of young people and a trusted adult
- Is non-judgemental
- Is participative and empowering and allows young people wherever possible to play a full part in shaping the activity
- Is concerned with enabling young people to change, in a positive way, the world in which they live

COMMUNITY-BASED ACTIVITY

Service elements and activities

* In the "Lead Partners" column, 2-3 partners are identified, with the suggested lead partner highlighted in bold. This is indicative only, and there is a much wider network of partners who should be consulted as appropriate. These are listed in Annex 1. The involvement of children, young people, parents and carers is assumed.

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Involvement of children, young people, parents and carers in developing information, resources and services to support mental health and wellbeing</p>	<ul style="list-style-type: none"> • Work with youth and community initiatives to ask children and young people for their views on what would be helpful for their emotional and mental health and wellbeing. • Involvement of children, young people and their parents/carers in developing (and possibly delivering) support systems and resources within youth and community initiatives. • NHS CAMHS to take into account views from existing involvement and participation networks (e.g. local participation strategies, youth councils, fora and consultations). • Work with youth and community initiatives to ask parents and carers for their views on the skills/needs of children and young people in terms of mental health and wellbeing. • Development of stigma reduction programmes, linked with the see <i>me</i>⁷⁴ campaign. • Work with youth and community initiatives to seek views on experiences of and ways to tackle stigma associated with mental health problems. • Identification of specific groups and systematic efforts to seek their views through, e.g. focus groups/interviews/surveys. • Mechanisms through youth and community initiatives to seek views on specific interventions. • Seek feedback from children and young people receiving care and treatment on their experiences. • Consider and support opportunities to participate in volunteering. 	<ul style="list-style-type: none"> • Children, young people, parents and carers feel that their views are valued. • The development of resources, services and approaches to promote and support mental health are informed by the views of children, young people and their parents/carers. 	<ul style="list-style-type: none"> • Health promotion staff • Community learning & development partnerships • Voluntary youth work sector

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Involvement of children, young people, parents and carers in research</p>	<ul style="list-style-type: none"> Developing children's and young people's skills in planning and carrying out research projects, managed/commissioned by agencies and undertaken by young people, with professional support. 	<ul style="list-style-type: none"> Research reflects the needs/interests of children and young people, their parents and carers. 	<ul style="list-style-type: none"> Health promotion staff Community learning & development partnerships Voluntary youth work sector
<p>Provision of training and consultation for community learning and development workers, those engaged in voluntary sector youth work, social workers and housing staff</p>	<ul style="list-style-type: none"> NHS CAMHS staff plan and provide training opportunities in mental health for community learning and development workers and those engaged in voluntary sector youth work, including the impact on mental health of child protection issues. NHS CAMHS staff provide ongoing consultation and advice to community learning and development workers and those engaged in voluntary sector youth work. 	<ul style="list-style-type: none"> Community learning and development workers and those engaged in voluntary sector youth work have a basic understanding of emotional and mental health and development. Community learning and development workers and those engaged in voluntary sector youth work recognise the importance of their contribution to children's mental and emotional wellbeing. Community learning and development workers and those engaged in voluntary sector youth work have a basic understanding of protective factors and how these can be nurtured. Community learning and development workers and those engaged in voluntary sector youth work recognise the role that physical activity has in supporting and developing mental health. Community learning and development workers and those engaged in voluntary sector youth work understand and are able to identify risk factors. Community learning and development workers and those engaged in voluntary sector youth work know what specialist advice and support is available to them and how to access it. Referral protocols and pathways for NHS CAMHS are agreed and transparent. 	<ul style="list-style-type: none"> Community learning & development partnerships Voluntary youth work sector NHS CAMHS staff (inc. Primary Mental Health Workers) CPD Co-ordinators

COMMUNITY-BASED ACTIVITY

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
Provision of training on specific issues (e.g. aggressive behaviour, self-harm, ADHD, learning disability, mental health aspects of child protection issues) for community learning and development workers and those engaged in voluntary sector youth work	<ul style="list-style-type: none"> NHS CAMHS staff plan and provide topic-specific training opportunities for community learning and development workers and those engaged in voluntary sector youth work. 	<ul style="list-style-type: none"> Community learning and development workers and those engaged in voluntary sector youth work understand the behaviour of children and young people and feel confident in responding and dealing with it. 	<ul style="list-style-type: none"> Community learning & development partnerships Voluntary youth work sector Psychologists NHS CAMHS staff (inc. Primary Mental Health Workers) CPD Co-ordinators
Provision of support for youth and community initiatives in developing opportunities for young people to explore emotional and mental health issues	<ul style="list-style-type: none"> Build on <i>Choose Life</i>⁷⁵ initiatives already established. Provision of more intensive support to those children and young people who are identified as being likely to develop problems in the future. CAMHS staff ensure that children and young people receiving mental health care and treatment are enabled to access mainstream activities which promote emotional literacy. 	<ul style="list-style-type: none"> Children and young people feel comfortable talking about their feelings and emotions. Those engaged in youth and community work feel confident to introduce emotional literacy activities. 	<ul style="list-style-type: none"> Mental health promotion staff Community learning & development partnerships Voluntary youth work sector NHS CAMHS staff (inc. Primary Mental Health Workers)
Provision of support for youth and community initiatives in delivering activities to promote peer support	<ul style="list-style-type: none"> Build on <i>Choose Life</i> initiatives already established. 	<ul style="list-style-type: none"> Children and young people feel confident in supporting their friends. Children and young people at risk are supported by their peers. Children and young people experiencing problems are supported by their peers. 	<ul style="list-style-type: none"> Health promotion staff Community learning & development partnerships Voluntary youth work sector Community health projects

75 *Choose Life: A National Strategy and Action Plan to Prevent Suicide in Scotland*, Scottish Executive (2002) – www.wellontheweb.org/well/files/CHOOSE%20LIFE.pdf

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Provision of support for youth and community initiatives in tackling bullying</p>	<ul style="list-style-type: none"> • Involvement in the development and implementation of proactive anti-bullying policies. • Provision of advice and support in the establishment of buddy/peer support systems. • Links established with the Scottish Anti-Bullying Network by those working on the responses to bullying. 	<ul style="list-style-type: none"> • Bullied young people feel able to come forward for help. • Those being bullied are supported. • Help is provided for those bullying to address their behaviour and the reasons for it. 	<ul style="list-style-type: none"> • Health promotion staff • Community learning & development partnerships • Voluntary youth work sector • Community safety partnerships
<p>Provision of information about local support services and access, including internet resources</p>	<ul style="list-style-type: none"> • Development of accessible information resources on a wide range of general mental health issues, for use within youth and community settings. • Development of targeted information resources on a wide range of specific issues. • Ensure the availability of information resources in a range of formats and in a range of settings. 	<ul style="list-style-type: none"> • Children and young people know what information and support is available to them and are able to access it. 	<ul style="list-style-type: none"> • Health promotion staff • Community learning & development partnerships • Voluntary youth work sector • Community health projects
<p>Provision of confidential, accessible and non-stigmatising counselling support for community learning and development workers, those engaged in voluntary sector youth work, and for young people</p>	<ul style="list-style-type: none"> • Work with youth and community initiatives to plan and provide non-stigmatising and accessible counselling support for community learning and development workers, those engaged in voluntary sector youth work, and for young people, including those receiving care and treatment for mental illness. • Counsellors discuss recurring themes with youth and community initiatives, recommending any action to address issues within the control of the initiative. 	<ul style="list-style-type: none"> • Workers and young people have opportunities to talk in confidence when they are feeling troubled. • Children and young people receiving treatment and care for mental illness are able to access the counselling service. • Common issues are identified and efforts made to prevent recurrence. 	<ul style="list-style-type: none"> • NHS Primary Care team • Community learning & development partnerships • Voluntary youth work sector

COMMUNITY-BASED ACTIVITY

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Provision of group support sessions on particular issues or at particular times of stress</p>	<ul style="list-style-type: none"> • CAMHS input to group sessions as part of the regular activity of youth and community initiatives (preferably peer-led). 	<ul style="list-style-type: none"> • Young people understand their emotions. • Young people have opportunities to discuss their emotions. • Young people develop coping techniques. • Young people feel able to support one another. 	<ul style="list-style-type: none"> • Community learning & development partnerships • Voluntary youth work sector • NHS CAMHS staff (inc. Primary Mental Health Workers)
<p>Provision of support for parents in dealing with issues relating to adolescence</p>	<ul style="list-style-type: none"> • Work with youth and community initiatives to plan and provide sessions for parents on a range of topics such as maintaining relationships. • Work with youth and community initiatives to plan and provide sessions for parents and others who care for children and young people who may be at risk of developing mental health difficulties. 	<ul style="list-style-type: none"> • Parents/carers understand the emotional changes that their child is experiencing. • Parents/carers understand their child's behaviour and feel able to respond. 	<ul style="list-style-type: none"> • Community learning & development partnerships • Voluntary youth work sector • NHS CAMHS staff (inc. Primary Mental Health Workers)

7. ADDITIONAL AND SPECIFIC SUPPORTS



Context

7.1 Evidence suggests that some groups of children and young people are at greater risk of developing mental health problems than their peers. There is also evidence to suggest that some groups are likely to find more difficulty accessing support and help that they need. Additional or specific action is required to ensure that these children and young people are able to access support for their emotional and mental health and wellbeing across promotion, prevention and care.

7.2 Among those at greater risk of developing mental health problems are children and young people:

- Who are or have been looked after or accommodated, including those adopted from care
- Who have experienced or are at risk of neglect or abuse (including domestic abuse)
- Who have a learning and/or physical disability (or multiple variations thereof)
- Who have a chronic or enduring illness (including mental illness)
- Who are from homeless families or who are homeless
- Whose parents have problems of illness, dependency or addiction
- Who are refugees or from asylum-seeking families
- Who are gay, lesbian, bisexual or transsexual
- Who are at risk of or involved in offending, or are in custody
- Who are from ethnic minority or cultural minority backgrounds (including travellers)
- Who have communication difficulties
- Whose parents are in prison
- Who have experienced trauma/loss
- Who are involved in custody or access disputes

This is not an exhaustive list.

7.3 All agencies and professionals in contact with children and young people have a shared responsibility for protecting and safeguarding their welfare. However, it is the core function of children and families social work to safeguard and promote the welfare of children in need. On behalf of local authorities, social work services carry out statutory duties under the Children (Scotland) Act 1995⁷⁶ including the identification, assessment and support of children in need; provision of support to families; provision of assessments and information to the Children's Reporter and Children's Hearings; provision of services to children with and affected by disability; the protection of children who may be at risk of abuse and neglect; services to looked after and accommodated children including fostering, residential and after care services, and adoption services. Social work services intervene in the lives of some of the most vulnerable children and their families and have a key role to play in promoting their mental health and wellbeing through identifying and assessing needs and risks and delivering help and support to build resilience and protective factors.

7.4 Within the NHS, hospital and community child health services have an important role in early identification and early intervention for children and families where emotional and behavioural problems are emerging alongside physical health problems. Community child health services have a particularly important role in providing and co-ordinating appropriate services for children and young people with complex needs, in close partnership with local authority and other partners.

7.5 The Additional Support for Learning (Scotland) Act 2004 provides a further legislative framework for assessing and meeting the needs of children and young people, whatever those needs might be.

Overarching philosophy and culture

7.6 Although there are many factors which are well established as increasing children's vulnerability to mental health problems, there are also many protective factors which need to be considered and supported. These include an individual child's attributes, their relationship with a range of others including their families and their peers, and the availability of support networks, such as befriending schemes. Any assessment of a child's needs, whether formal or informal, should therefore focus on their strengths and skills as well as their difficulties.

⁷⁶ www.legislation.hmso.gov.uk/acts/acts1995/Ukpga_19950036_en_1.htm

Service elements and activities

* In the "Lead Partners" column, 2-3 partners are identified, with the suggested lead partner highlighted in bold. This is indicative only, and there is a much wider network of partners who should be consulted as appropriate. These are listed in Annex 1. The involvement of children, young people, parents and carers is assumed.

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Proactive multi-agency liaison to establish specific local policies and procedures to identify and support those in need of additional or specific emotional support in a range of contexts</p>	<ul style="list-style-type: none"> Multi-agency liaison to undertake a local needs assessment to identify groups of children and young people requiring additional or specific emotional and mental health support. Service redesign and joint commissioning of support services to meet need. Establishment of formal inter-agency information sharing protocols in relation to families at risk and in need of multi-disciplinary support. Integrated assessment, care planning, service delivery and review for children and families in need of additional support. 	<ul style="list-style-type: none"> All policies, procedures and practices relating to children and young people in need of additional support have an explicit mental health promotion element. Integrated delivery of accessible support services for children, young people and their parents/carers. Referral protocols and pathways for NHS CAMHS are agreed and transparent. 	<ul style="list-style-type: none"> Social work services Education authority NHS CAMHS staff (inc. Primary Mental Health Workers) LAC health staff NHS child health services
<p>CAMHS contribution to the health assessment of individual children and young people</p>	<ul style="list-style-type: none"> Assessment of the mental health needs of children and young people as part of any health assessment, including environmental and social factors which might impact on the mental health of the young person. Interventions offered by appropriately qualified staff on the basis of mental health needs assessment. Establishment of formal, shared assessment protocols. Input to parent/carer held health records. 	<ul style="list-style-type: none"> All of the child's or young person's needs are assessed to inform holistic care planning. 	<ul style="list-style-type: none"> NHS CAMHS staff (inc. Primary Mental Health Workers) Social work services Education staff (and in particular, LAC Designated Teachers) LAC health staff

ADDITIONAL AND SPECIFIC SUPPORTS

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Provision of general training, consultation and support on the emotional and mental health needs of particular groups for:</p> <ul style="list-style-type: none"> • Residential care workers • Foster carers • LAC Designated Teachers • Respite carers • Adoptive parents • Social workers • Housing staff • Youth justice teams • Police • Children's Reporters • Members of the Children's Panel • Safeguards • Adoption Panel members • Foster Panel members • Child Protection Committee members 	<ul style="list-style-type: none"> • NHS CAMHS staff work with local authorities, constabularies and the Scottish Children's Reporter Administration to plan, provide and review training opportunities in mental health for staff who work with or make decisions about children and young people with additional support needs. • Provision of ongoing consultation and support to these staff by NHS CAMHS. • Development and agreement of referral protocols with key partner agencies. • Regular planning and review meetings between NHS CAMHS and key partner agencies on service delivery and assessment for vulnerable children and young people. • Establishment of explicit arrangements within each NHS CAMHS team for looked after and accommodated children and young people, including those placed in substitute family care, children's homes, residential schools and secure care (whether in the statutory or independent sector). • Establishment of explicit arrangements for staff supervision and opportunities for mentoring when dealing with children and young people with additional requirements. 	<ul style="list-style-type: none"> • Parents/carers and staff have a basic understanding of emotional and mental health and development. • Parents/carers and staff recognise the importance of their contribution to children's emotional and mental wellbeing. • Parents/carers and staff have a basic understanding of protective factors and how these can be nurtured. • Parents/carers (including prospective parents/carers) and staff know what specialist advice and support is available to them and how to access it. • Referral protocols and pathways for NHS CAMHS are agreed and transparent. 	<ul style="list-style-type: none"> • Social work services • NHS CAMHS staff (inc. Primary Mental Health Workers) • LAC health staff • CPD Co-ordinators

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
Provision of training and consultation on specific mental health issues (e.g. aggressive behaviour, self-harm, ADHD) for: <ul style="list-style-type: none"> • Residential care workers • Foster carers • LAC Designated Teachers • Respite carers • Adoptive parents • Social workers • Housing staff • Youth justice teams • Police • Children's Reporters • Members of the Children's Panel • Safeguards • Adoption Panel members • Foster Panel members • Child Protection Committee members 	<ul style="list-style-type: none"> • NHS CAMHS staff work with local authorities, constabularies and the Scottish Children's Reporters Administration to plan, provide and review topic-specific training opportunities for staff who work with or make decisions about children and young people with additional support needs. • CAMHS input to child protection training and systems. 	<ul style="list-style-type: none"> • Parents/carers and care staff understand the child or young person's behaviour and feel confident in responding. • Parents/carers and care staff are supported and feel confident in implementing specific approaches to address these issues. 	<ul style="list-style-type: none"> • Social work services • NHS CAMHS staff (inc Primary Mental Health Workers) • LAC health staff • CPD Co-ordinators

ADDITIONAL AND SPECIFIC SUPPORTS

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Input to adoption and fostering panels, child care reviews and Children's Hearings</p>	<ul style="list-style-type: none"> • CAMHS staff contribute to the work of adoption and fostering panels, child care reviews, Children's Hearings, and other decision making fora for children and young people in need of specialist care. 	<ul style="list-style-type: none"> • Panel members and decision makers understand issues relating to mental health and wellbeing and the impact of particular life events on care and support needs. • Adoption, fostering and Children's Hearing panel members and decision makers are able to identify children at risk of poor mental health. • Children and young people in high risk groups, or whose mental health is a matter of concern, receive assessment of their needs and therapeutic help and support from appropriately qualified professionals. 	<ul style="list-style-type: none"> • LAC health staff • NHS CAMHS staff (inc. Primary Mental Health Workers) • NHS community child health services • Specialist adoption staff
<p>Accessible and confidential support for looked after and accommodated children and young people, those adopted from care, and those who have been abused</p>	<ul style="list-style-type: none"> • Work with the local authority to plan and provide non-stigmatising and readily accessible counselling support for looked after and accommodated children and young people. • Involvement in the development and implementation of anti-bullying and safe caring policies in placements for accommodated children. 	<ul style="list-style-type: none"> • Accommodated children and young people feel safe. • Children and young people have opportunities to talk in confidence when they are feeling troubled. 	<ul style="list-style-type: none"> • Social work services • NHS CAMHS staff (inc. Primary Mental Health Workers) • LAC health staff • NHS community child health services
<p>Input to care for children and young people with physical health problems, both in hospital and in the community</p>	<ul style="list-style-type: none"> • Liaison between NHS CAMHS staff, medical and nursing staff in other departments, education and social services staff to discuss and make arrangements for all of a child's or young person's needs to be addressed. • Establishment of discharge protocols and procedures which take account of the child's or young person's mental health needs. 	<ul style="list-style-type: none"> • The emotional as well as physical, educational and social needs of children and young people are addressed. • Children, young people and their families are supported to cope with their condition. • Holistic plans are in place for children being discharged from hospital. 	<ul style="list-style-type: none"> • NHS CAMHS staff (inc. Primary Mental Health Workers) • NHS child health services • Education staff providing outreach teaching

SERVICE ELEMENTS	ACTIVITY	OUTCOMES	LEAD PARTNERS *see above
<p>Provision of support and advice to parents whose child has physical health problems</p>	<ul style="list-style-type: none"> • Advice for families on the potential emotional and mental health aspects of their child's condition – promotion, prevention and care. • Liaison to ensure that parents' and siblings' emotional and mental health needs are recognised and supported. 	<ul style="list-style-type: none"> • Parents understand the emotional and mental health aspects of their child's experience and condition, and feel confident in supporting them. • The emotional needs of the child's family (including siblings) are recognised and addressed. 	<ul style="list-style-type: none"> • NHS child health services • NHS CAMHS staff (inc. Primary Mental Health Workers) • Social work services • Education staff providing outreach teaching
<p>Interagency communication about assessment, action planning and reviews for children and young people with complex needs</p>	<ul style="list-style-type: none"> • Agencies work together to establish robust information sharing protocols and systems. • Professionals discuss with parents, carers, children and young people the circumstances in which information will be shared, and seek their consent. • Children, young people and their parents/carers are given appropriate information about the assessment, action planning and reviews, and appropriate support organisations. 	<ul style="list-style-type: none"> • All professionals in contact with an individual child understand their needs. • Children, young people and parents/carers know what will happen and are actively involved in the assessment, action planning and review processes. • Children's needs are met holistically. • Children, young people and their parents/carers experience seamless services. 	<ul style="list-style-type: none"> • NHS child health services • NHS CAMHS staff (inc. Primary Mental Health Workers) • School management team • Social services staff
<p>Awareness raising and joint work with housing services and organisations about children's and young people's support needs, e.g. when an adult is discharged from care</p>	<ul style="list-style-type: none"> • Policies and protocols are established to ensure appropriate links between social work services, health services, and housing services. 	<ul style="list-style-type: none"> • The housing support needs of individual children and young people are recognised and addressed. • Housing is appropriate for the needs of individual children and young people. • Housing support services are appropriate for young people. 	<ul style="list-style-type: none"> • Housing associations/ agencies • Social work services • NHS Primary Care team • NHS community child health services

8. SPECIALIST CHILD AND ADOLESCENT MENTAL HEALTH SERVICES



Context

8.1 The primary function of specialist child and adolescent mental health services (CAMHS) is to develop and deliver services for those children and young people (and their families and carers) who are experiencing the most serious mental health problems. These services are provided directly by specialist CAMHS teams in many cases, particularly to those children and young people whose difficulties are complex and severe.

8.2 As is clear throughout this Framework, specialist CAMHS staff also have a very important role in supporting what the SNAP report called the “mental health capacity” of the wider network of children’s services. For example, paediatricians commonly support the mental health and wellbeing of children and young people who have mental health difficulties and a physical or learning disability, while residential social workers are often involved with children and young people with complex difficulties, including mental health problems. It is important to recognise the role and contribution of these practitioners.

8.3 Local arrangements are required to develop and sustain that contribution and the role of specialist CAMHS practitioners in supporting it, through liaison, consultation and training. However, wider initiatives to increase that capacity are also needed. These will include steps to establish awareness of mental health and wellbeing as a core item in the training of all professionals who work with children and young people. Also important are initiatives to develop skills in understanding and working with children and young people with mental health problems. Good examples of this are the training programme developed by YoungMinds for those working with looked after and accommodated children and young people, and the “Child in Mind” joint initiative between the Royal College of Psychiatrists and the Royal College of Paediatrics and Child Health.

8.4 Practitioners who contribute to specialist CAMHS include: psychiatric nurses, child and adolescent psychiatrists, clinical psychologists, forensic psychiatrists and psychologists, social workers, psychotherapists (including child, analytical, systemic/family, cognitive behavioural), creative therapists (including art, music and drama), play therapists, liaison teachers, speech and language therapists, occupational therapists and dieticians.

Overarching philosophy and culture

8.5 The English National Service Framework⁷⁷ has described the key elements of a child and adolescent mental health service that “works”. It suggests that services need:

- *“Strong inter-agency commitment over the medium to long-term, including a steering group or strategy group willing to tackle tricky issues, and a commitment to consulting with and acting on children’s and families’ views;*
- *Links with existing services within CAMHS, including the integration of the service within the CAMHS tiered framework and CAMHS development strategy;*

⁷⁷ National Service Framework for Children, Young People and Maternity Services: The Mental Health and Psychological Wellbeing of Children and Young People, Department of Health and Department for Education and Skills (2004) – www.dh.gov.uk/assetRoot/04/09/05/60/04090560.pdf

- *Links with other services and initiatives outside CAMHS, e.g. education, the voluntary sector and area-based initiatives;*
- *An ability to attract new sources of funding;*
- *Retention of a stable, multi-disciplinary staff group with opportunities for training and development;*
- *Positive commitment to continued evaluation and audit; and*
- *Balance between providing a direct service to users and influencing the broader network.” (Page 36)*

8.6 This applies equally in Scotland. Services should also ensure compliance with professional and other guidelines such as those produced by the Royal College of Psychiatrists and the Mental Welfare Commission for Scotland.

A comprehensive range of services

8.7 It is important that children and young people in all parts of Scotland have access to the full range of mental health services, delivered locally through an appropriately planned and commissioned network of mental health services for children and young people.

8.8 Some more specialised services are more appropriately developed and delivered on a regional basis, as with the dedicated inpatient provision for young people, and some on a national basis, as with the dedicated inpatient provision for children. The Scottish Executive’s Children and Young People’s Health Support Group has published detailed recommendations⁷⁸ on the size, care models and commissioning arrangements for psychiatric inpatient services for children and young people in Scotland. The Framework cross-refers to the Inpatient Working Group’s detailed recommendations, and should be read in conjunction with the detailed report.

8.9 Decisions about which services can be delivered locally and which should be delivered regionally and nationally should proceed from a presumption of local delivery, unless better care can only be made available on a regional or national basis. While such decisions will be informed by considerations of capacity within services, they should be governed primarily by considerations of quality of care.

A network of services

8.10 The SNAP report highlighted the importance of the connections between teams and agencies, advocating that they seek to operate as “intelligent networks” which are based on constructive and adaptable relationships between members. A particularly important quality of functioning as an intelligent network is that participants envisage the care pathways which children and young people may need to take, and then act with their partners in the network to make that pathway – and inter-agency transitions in particular – as smooth as possible.

78 *Psychiatric Inpatient Services for Children and Young People in Scotland: A Way Forward*, Child Health Support Group Inpatient Working Group (2004) – www.scotland.gov.uk/Publications/2005/01/20523/49969

8.11 Following publication of *Building a Health Service Fit for the Future*⁷⁹ and the associated report on children's services, work is underway to identify those services for children and young people's health which can best be delivered using a formal Managed Clinical Network. Planning for services to address mental health problems should proceed in the same way. Proposals are already in development for a new Managed Clinical Network for children with severe and complex mental health problems. This is intended to improve opportunities for specialist staff across the country to support each other with the use of IT and other means, and is likely to be particularly beneficial for those in remote and rural areas.

8.12 There is already a Forensic Mental Health Services Managed Care Network⁸⁰, with a number of working groups. The Network is developing advice on the provision of forensic mental health services for children and young people in Scotland. Planning for the development of forensic services for children and young people should take this advice into consideration.

Capacity and skill mix

8.13 The SNAP report discussed the contribution that specialist CAMHS can make across the continuum of mental health promotion, prevention, treatment and care, and this Framework has described this in some detail. The SNAP report also made clear that an enhanced role – with significant developments in liaison, training and consultation activities, as well as the range of direct work with children, young people, parents and carers – would not be achievable within services resourced as they were in 2002, when the SNAP review was undertaken.

8.14 The numbers and mix of specialist professions within a specialist CAMHS team will largely depend on local needs assessment and the priorities agreed within a local area. Where the configuration of services is informed by local need and developed in light of the particular patterns of strengths and weaknesses in partner services, local commissioners may be well placed to develop a view about the overall shape of the specialist CAMHS needed. However, there is a risk that in the absence of indicative figures, NHS Boards and their partners will not be well placed to make reasoned judgements about the scale of service.

8.15 The English *National Service Framework*⁸¹ states that:

"An analysis of a number of attempts to estimate staffing need has suggested the following: a generic multi-disciplinary CAMHS at Tier 3 with teaching responsibilities and providing evidence-based interventions for 0-17 year olds would need a minimum of 20 whole time equivalents (WTEs) per 100,000 population, and a non-teaching service, a minimum of 15 WTEs." (Page 28)

8.16 There are current shortages in available workforce which are impacting on service capacity. A CAMH Workforce Group has been working on a CAMH workforce profile to support planning for future workforce requirements. This is due to be published concurrently with this Framework.

⁷⁹ *Building a Health Service Fit for the Future: A National Framework for Service Change in the NHS in Scotland*, Scottish Executive (2005) – www.show.scot.nhs.uk/sehd/nationalframework/

⁸⁰ www.forensicnetwork.scot.nhs.uk/default.asp

⁸¹ *National Service Framework for Children, Young People and Maternity Services: Child and Adolescent Mental Health (CAMHS)*, Department of Health and Department for Education and Skills (2004) – www.dh.gov.uk/assetRoot/04/09/05/60/04090560.pdf

Service elements and activities

SERVICE ELEMENTS	ACTIVITY	OUTCOMES
<p>Planning and commissioning</p>	<ul style="list-style-type: none"> • Development of a multi-agency strategy for child and adolescent mental health services (CAMHS) on the basis of local needs assessment (including the needs of particular groups of children and young people who are at higher risk of mental health difficulty). • Use of the multi-agency CAMHS strategy to inform identification of priorities for investment across the care pathway. • Multi-agency planning and commissioning which is informed by: <ul style="list-style-type: none"> – the child and adolescent mental health strategy – the views of users, carers and providers – service use and outcome monitoring – risk analysis – strategies for workforce development, development of the estate (new and refurbished) and Information Management and Technology – national policies and standards. • Commissioning which ensures sufficient workforce capacity and skill mix within teams for a range of direct and indirect work to be undertaken across mental health promotion, prevention and care. • Commissioning which ensures safe and appropriate environments for the provision of CAMHS. • Commissioning of psychiatric inpatient services for young people on a regional basis with inter-regional liaison and co-operation, which implements the recommendations made in the Inpatient Working Group report. • Collaboration with the independent sector to provide a range of services across the care pathway. 	<ul style="list-style-type: none"> • Strategic investment in sustainable services to meet need. • Services are planned and resourced to provide a balance of direct and indirect work. • The potential impact of local decisions on services in other areas is recognised and addressed. • Multi-disciplinary CAMHS teams which have sufficient capacity and skill mix to function safely and effectively. • Children and young people are cared for in comfortable and appropriate environments.
<p>Generic teams of mental health practitioners specialising in work with children and young people across the care pathway</p>	<ul style="list-style-type: none"> • Investment in and redesign of specialist CAMHS to enable staff to provide liaison, consultation and training for staff in universal services who are in contact with children and young people (sometimes called Tier 1 work). • CAMHS practitioners working to support colleagues in primary care or directly with children and young people and their family (sometimes called Tier 2 work). • Multi-disciplinary teams working with children and young people with more complex needs (sometimes called Tier 3 work). • Provision of supervision, learning and audit for CAMHS practitioners. 	<ul style="list-style-type: none"> • Support and intervention is delivered as far as possible in the child's usual environments, and within universal children's services.

SERVICE ELEMENTS	ACTIVITY	OUTCOMES
<p>Emergency and out of hours mental health arrangements</p>	<ul style="list-style-type: none"> Multi-agency development of clear, well understood and well publicised arrangements for assessment and management of children and young people presenting with mental health emergencies on a 24-hour basis. Integration of emergency mental health arrangements with standard NHS arrangements for assessing and managing emergency presentations, and implemented in the same way: via primary care, NHS 24 and accident and emergency services, and including out of hours social work services, according to the circumstances. Development of locally agreed evidence-based multi-agency protocols for managing common mental health emergencies, for example, the assessment of deliberate self harm. Establishment of clear and agreed arrangements to ensure that developmentally appropriate care environments are in place for children and young people requiring psychiatric inpatient care (in line with section 23 of the Mental Health (Care & Treatment) (Scotland) Act 2003). Designation of 1 place within each psychiatric inpatient facility for children or young people for emergency admissions. 	<ul style="list-style-type: none"> Children and young people are able to access appropriate assessment, support and treatment quickly when they need it. Streamlined continuing care arrangements for children and young people presenting with common mental health emergencies. Children and young people requiring psychiatric inpatient care are admitted to developmentally appropriate care environments.
<p>Intensive outreach services</p>	<ul style="list-style-type: none"> Development of specialist community “intensive outreach” CAMHS teams which provide intensive, flexible and rapidly accessible care for children and young people who present with severe mental health difficulties. Development of intensive outreach services in the context of other specialist CAMHS and ensuring particular links with psychiatric inpatient services for children and young people. Links to local secure accommodation and Young Offenders Institutes, to ensure integrated care and pre-discharge planning. 	<ul style="list-style-type: none"> Intensive outreach services are available as part of the overall network of services for children and young people with mental health difficulties. Children and young people with severe mental health difficulties are managed in the community wherever possible.
<p>Inpatient psychiatric services</p>	<ul style="list-style-type: none"> Inter-regional implementation of the recommendations made by the Child Health Support Group Inpatient Working Group. Compliance with the Mental Welfare Commission’s good practice guidance on the admission of young people to adult mental health wards⁸². 	<ul style="list-style-type: none"> Children and young people in Scotland requiring psychiatric inpatient care are able to access developmentally appropriate services, provided consistently across Scotland. Psychiatric inpatient care is provided for children and young people on the best available evidence of effectiveness.

82 *Guidance on the Admission of Young People to Adult Mental Health Wards*, Mental Welfare Commission (2005) – www.mwccot.org.uk/guidance.htm

SERVICE ELEMENTS	ACTIVITY	OUTCOMES
<p>Primary mental health work</p>	<ul style="list-style-type: none"> • Provision and promotion of direct contact between specialist CAMHS practitioners and staff working directly with children and young people in universal services, e.g. schools, children's homes or primary care. This could be achieved through appointment of designated primary mental health workers, school-based link workers or generic community CAMH practitioners adopting a particular role⁸³. • Provision of supervision, training and support for those engaged in primary mental health work, with ongoing review of needs. 	<ul style="list-style-type: none"> • Children and young people receive support and care in their usual environments. • Staff in universal and targeted services receive training, consultation and support in promoting mental health, preventing mental illness and supporting children and young people with mental health difficulties. • Streamlined care pathways are in place for children and young people requiring access to specialist CAMHS. • Those engaged in primary mental health work are supervised and supported by the CAMHS team.
<p>Early intervention</p>	<ul style="list-style-type: none"> • Investment in, and organisation of, CAMHS to promote opportunities for early identification and intervention. ("Early" in this respect refers both to early in the lifecycle and early in the problem cycle.) • CAMHS teams review their criteria for accessing skilled support. • CAMHS teams work closely with primary care, adult health and social work services to consider and address the impact of an adult's illness on their children. • CAMHS teams work closely with primary care and childcare services to identify children and young people at risk of, or starting to experience, mental health difficulties. • CAMHS teams develop explicit arrangements for early intervention for severe mental health problems and, in particular, for early onset psychosis. 	<ul style="list-style-type: none"> • Children and young people at risk of developing mental health difficulties are identified and supported. • Children and young people are able to access skilled support, wherever possible, before their difficulties become severe. • Children and young people who present with severe mental health problems have rapid access to appropriately skilled and supported teams of mental health practitioners.

⁸³ The CAMH Workforce Group will consider this role and function of primary mental health work in its report, to be published 2005.

SERVICE ELEMENTS	ACTIVITY	OUTCOMES
<p>Liaison with secondary health care settings</p>	<ul style="list-style-type: none"> • Clear, negotiated and well publicised arrangements to ensure that CAMHS are accessible to all secondary health care settings providing services for children and young people, including: <ul style="list-style-type: none"> – Accident and emergency departments – Surgical and medical paediatric wards – District General Hospitals – Hospital services for children and young people with complex physical (especially neurodevelopmental) disorders. • Planning in the longer term for the establishment of a dedicated CAMHS liaison service. This may be delivered by a generic, multi-disciplinary or single discipline CAMHS team and may require a regional approach. • Implementation of the <i>Child in Mind</i>⁸⁴ project in all secondary health care settings to promote awareness of mental health amongst paediatric practitioners. 	<ul style="list-style-type: none"> • Mental health awareness is promoted amongst paediatric, other secondary health care and social work practitioners. • CAMHS staff contribute to work within paediatric, other secondary health care services and hospital-based social work teams to identify and address a child's or young person's global needs. • Improved adjustment to, and coping with, physical health problems and treatment adherence.
<p>Children and young people with complex physical disorders</p>	<ul style="list-style-type: none"> • Development of clear links between CAMHS and paediatric and other medical services, and other children's services catering for children and young people with complex physical (particularly neurodevelopmental) disorders. • Planning to ensure that arrangements include preventive activities, early intervention arrangements and the capacity to collaborate in the assessment and treatment of complex neuropsychological and neuropsychiatric disorders. 	<ul style="list-style-type: none"> • The mental health needs of children and young people with complex physical disorders are identified and addressed within a holistic approach.
<p>Children and young people with learning disability and mental health problems</p>	<ul style="list-style-type: none"> • Arrangements to ensure that children and young people with a learning disability and mental health difficulties are able to access and benefit from mainstream health services wherever possible. • Planning for the development of specialist CAMHS which include members who have training both in relation to children's and young people's mental health and learning disability, such as has been described by the Royal College of Psychiatrists⁸⁵. 	<ul style="list-style-type: none"> • Children and young people with mental health difficulties and a learning disability are able to access appropriate care and treatment. • Staff in generic CAMHS teams and wider children's services are able to access training and consultation.

84 The Royal College of Paediatrics and Child Health has developed the *Child in Mind* project with the Royal College of Psychiatrists to promote mental health awareness amongst paediatric practitioners.

85 www.rcpsych.ac.uk/publications

SERVICE ELEMENTS	ACTIVITY	OUTCOMES
Forensic services	<ul style="list-style-type: none"> • Planning for the development of forensic capacity within local specialist CAMHS, taking into account the work of the national Forensic Mental Health Services Managed Care Network (MCN)⁸⁶. • Work with local youth justice and social work teams to address the mental health needs of children and young people involved in the youth justice system. 	<ul style="list-style-type: none"> • The needs of children and young people requiring forensic mental health services are met.
Substance misuse	<ul style="list-style-type: none"> • Provision of CAMHS input to services for children and young people misusing drugs and alcohol. • Planning for the development of specialist CAMHS which include members who have training both in relation to children's and young people's mental health and substance misuse issues. 	<ul style="list-style-type: none"> • The mental health needs of substance misusing children and young people are addressed.
Liaison with services for looked after and accommodated children and young people	<ul style="list-style-type: none"> • Multi-agency planning and commissioning to ensure the development and delivery of appropriate and accessible CAMHS for children and young people in the care of their local authority, including those in residential and secure settings. 	<ul style="list-style-type: none"> • The mental health needs of children and young people in local authority care are identified and addressed.
Therapeutic services	<ul style="list-style-type: none"> • Planning to ensure capacity within CAMHS to deliver a full range of high quality therapeutic interventions covering a spectrum from psychosocial interventions and psychotherapeutic therapies to the skilled use of the range of medications of proven effectiveness. • Ongoing training for CAMHS staff in therapeutic interventions. 	<ul style="list-style-type: none"> • CAMHS are able to offer a range of therapeutic interventions. • CAMHS staff are able to offer training and supervision to other professionals within children's services in developing therapeutic skills and delivering therapeutic interventions.

86 www.forensicnetwork.scot.nhs.uk/

SERVICE ELEMENTS	ACTIVITY	OUTCOMES
<p>Staff training and development</p>	<ul style="list-style-type: none"> • Recruitment of, and training for, new CAMHS staff to ensure skills and knowledge in both working with children and young people and in mental health. • Continuing professional development arrangements, with associated training budgets, for all CAMHS staff in areas such as: <ul style="list-style-type: none"> – Learning disability – Working with children and young people with additional and specific support needs – Supporting universal services in “mainstreaming” mental health – Use of psychoactive medication, cognitive behavioural therapy, child psychotherapy, family therapy – Research skills. • CAMHS staff provide advice and training for commissioners and managers about the service needs of children and young people across the continuum of mental health promotion, prevention and care. • Input to training in mental health as part of ongoing continuing professional development arrangements for professionals such as: <ul style="list-style-type: none"> – Paediatricians with a special interest in child mental health – GPs with a special interest in child mental health – Childcare staff – Education staff. • Provision of adequate staff supervision arrangements and mentoring opportunities for staff when dealing with children and young people with additional requirements. 	<ul style="list-style-type: none"> • Staff are appropriately skilled and qualified in mental health issues and working with children and young people. • Staff in universal services are supported to promote mental health and wellbeing, and to provide direct support for children and young people experiencing mental health problems. • Service commissioners and managers are aware of the specific service needs of children and young people.

SERVICE ELEMENTS	ACTIVITY	OUTCOMES
Clinical effectiveness	<ul style="list-style-type: none"> • Establishment of routine audit and evaluation mechanisms in line with clinical governance requirements. • Evaluation of any new developments, whether translating research findings into practice or seeking new forms of service delivery to address previously unmet need. • Development and adoption of reliable systems for evaluating outcomes in CAMHS practice⁸⁷. • Consultation with service users on their experiences as an integral part of all service evaluation processes. • Provision of appropriate administrative and IT support to facilitate evaluation. 	<ul style="list-style-type: none"> • Audit and evaluation is a routine element of CAMHS practice. • Outcomes are monitored and evaluated to support service planning and delivery. • Service planning, commissioning and delivery is informed by accurate data and robust evaluation.
Research and development	<ul style="list-style-type: none"> • Use of this Framework to stimulate research activity, as well as to provide opportunities for implementation of research findings. • Provision of appropriate training and supervision for practitioners within NHS specialist CAMHS to engage in research activity. 	<ul style="list-style-type: none"> • Academics and practitioners in specialist CAMHS are supported to engage in research activity. • Research in specialist CAMHS extends across the full range of issues relevant to a strategy of promotion, prevention and care, including epidemiology, developing effective interventions, and developing innovative methods of capacity building. • Service development is informed by research.

⁸⁷ These are being developed at present, for example, through the CAMHS Outcome Research Consortium – www.camhoutcomeresearch.org.uk

The tables in this Framework suggest lead partners for each of the service elements. These are indicative only and should ensure appropriate involvement of the wider network of partners who have a significant contribution to make. It proved impractical to list all potential partners in the service element tables, and they are, therefore, listed below. This is not intended to diminish their potential contribution in any way. It is recognised that not all local areas have all services/agencies suggested. It is also recognised that this list may not be comprehensive.

The involvement of children and young people and their parents/carers in initiatives is presumed in all cases.

The role of the voluntary sector

The contribution of the voluntary sector in terms of work supporting the emotional wellbeing and mental health of children and young people is diverse and hard to quantify. Often, the voluntary sector is seen as providing primary level support; however, some voluntary agencies provide more specialised assessment and intervention services. Voluntary sector staff comprise around one third of the social care workforce and make a substantial contribution with potential to develop further.

Early Years

- Adult mental health services
- Childcare partnerships
- Community arts sector
- Community health projects
- Community learning staff
- CPD Co-ordinators
- Early years staff
- Education authorities
- Educational psychologists
- Family centre staff
- Health promotion staff
- Learning Disability Local Area Co-ordinators
- Local authority health improvement officers
- NHS CAMHS staff (including Primary Mental Health Workers)
- NHS clinical psychologists
- NHS child health professionals
- NHS involving people teams
- NHS midwifery services
- NHS Primary Care teams
- Obstetric Liaison Psychiatry
- Parent and toddler groups
- Parents/carers
- Pre-school education & childcare providers
- Public Health Nurses (Health Visitors)
- Scotland's Health At Work
- Scottish Institute for Human Relations (SIHR)
- *See Me* staff
- Social service staff
- Social work services
- Staff working with vulnerable expectant parents
- Staff organisations
- SureStart staff
- Voluntary sector, including churches/faith communities

School Years

- Active Schools Co-ordinators
- Allied health professionals
- Child Protection Committees
- *Choose Life* Co-ordinators
- Community arts sector
- CPD Co-ordinators
- Education authorities
- Educational psychologists
- Health promotion staff
- School health development workers
- Learning Disability Local Area Co-ordinators
- Local authority health improvement officers
- NHS CAMHS staff (including Primary Mental Health Workers)
- NHS clinical psychologists
- NHS child health professionals
- NHS involving people teams
- NHS Primary Care teams
- Parent Teacher Associations
- Parents/carers
- Public Health Nurses (School Nurses)
- School Boards
- School management teams
- School staff (all staff working in a school)
- Scotland's Health At Work
- Scottish Anti-Bullying Network
- Scottish Health Promoting Schools Unit
- *See Me* staff
- Social service staff
- Social work services
- Staff organisations
- Voluntary sector, including churches/faith communities

Community-Based Activity

- Child Protection Committees
- *Choose Life* Co-ordinators
- Community arts sector
- Community health projects
- Community learning development workers
- Community police
- Community safety partnerships
- CPD Co-ordinators
- Health promotion staff
- Healthy living centres
- Learning Disability Local Area Co-ordinators
- Local authority health improvement officers
- NHS CAMHS staff (including Primary Mental Health Workers)
- NHS child health professionals
- NHS Primary Care teams
- Parents/carers
- Psychologists
- Scottish Anti-Bullying Network
- Voluntary sector, including churches/faith communities
- Youth workers (including volunteers)

Additional and Specific Supports

- Adult mental health services
- Adoption & fostering agencies/teams
- Adoptive parents (& prospective adoptive parents)
- Allied health professionals
- Care providers, including voluntary and private sector providers
- Child Protection Committees
- Children’s Reporters & Children’s Hearings panel members
- Children’s Rights Officers
- Community arts sector
- Community police
- CPD Co-ordinators
- Education authorities
- Education staff providing outreach teaching
- Educational psychologists
- Forensic psychology services
- Foster carers
- Health promotion staff
- Housing associations/agencies
- Housing staff
- LAC health teams
- Learning Disability Local Area Co-ordinators
- Learning Disability Nurses
- Local authority health improvement officers
- Medical advisers to fostering & adoption panels
- NHS CAMHS staff (including Primary Mental Health Workers)
- NHS clinical psychologists
- NHS child health professionals
- NHS Primary Care teams
- Parents/carers
- Residential carers
- Respite carers
- Safeguarders
- School management teams
- School staff (all staff working in a school)
- Scottish Women’s Aid
- Social service staff
- Social work services
- Teaching staff, and in particular, designated teachers for looked after children and young people
- Throughcare & aftercare teams
- Voluntary & private sector care providers (inc. residential schools, secure units)
- Voluntary sector (esp. self-help & condition-specific support groups)
- Youth justice social workers

Art Therapy: Art therapy offers an opportunity to explore intense or painful thoughts and feelings in a supportive environment. It involves use of a wide variety of art materials, for example paints, clay and batik, to create a visual representation of thought and feelings. Art therapy can be an individual activity but is often used very successfully in group situations.

Child and Adolescent Mental Health Services (CAMHS): Child and adolescent mental health services (CAMHS) is sometimes used to embrace the range of services across agencies that contribute to the mental health and care of children and young people. These are sometimes referred to as universal or Tier 1 services and include those services whose primary function is not mental health care, such as general practice, schools and social services. The term is also used to describe specialist CAMHS, which mainly comprise professionals who have specific training in children’s and young people’s mental health, and which provide specialist mental health assessment and treatment. Specialist CAMHS are sometimes referred to as Tier 2, 3 or 4 services. They include generic multi-discipline teams, single professional teams, targeted teams (e.g. for looked after children and young people), “outposters” (i.e. people who are CAMH-trained and employed, but who work in non-CAMHS settings), and specialist care teams (e.g. day patient, inpatient, intensive outreach).

The following table is adapted from the English National Service Framework⁸⁸ and describes the different tiers of CAMHS which are sometimes referred to. These were first published in *Together We Stand*⁸⁹ and have been misinterpreted by some to represent a hierarchical model of service relationships. However, the English National Service Framework notes that “*in reality, there will be some children and young people that may require services from a number, or even all of the tiers, at the same time*”.

Professionals providing the service include:

Tier 1: A primary level of service provided within universal services and including mental health promotion, general advice and identification of mental health problems early in their development.

- GPs
- Public Health Nurses (Health Visitors and School Nurses)
- Teachers
- Social workers
- Voluntary agencies

⁸⁸ *National Service Framework for Children, Young People and Maternity Services: The Mental Health and Psychological Wellbeing of Children and Young People*, Department of Health and Department for Education and Skills (2004) - www.dh.gov.uk/assetRoot/04/09/05/60/04090560.pdf

⁸⁹ *Together We Stand: The Commissioning Role and Management of Child and Adolescent Mental Health Services*, NHS Health Advisory Service (1995) HMSO, London

Tier 2: A level of service provided by uni-professional groups which relate to each other through a network rather than a team. Functions include assessment, care and treatment for children and young people, and consultation and advice to professionals in Tier 1.

- Practitioners with special interest
- Clinical child psychologists
- Paediatricians (especially community)
- Educational psychologists
- Child and adolescent psychiatrists
- Community nurses/nurse specialists
- Social workers
- Voluntary agencies

Tier 3: A specialised service for more severe, complex or persistent mental health problems. Assessment and treatment is the core function.

- Child and adolescent psychiatrists
- Clinical child psychologists
- Nurses (community and inpatient)

Tier 4: Essential tertiary level services such as day units, highly specialised outpatient teams and inpatient units. Assessment and treatment is the core function.

- Child psychotherapists
- Occupational therapists
- Speech and language therapists
- Art, music and drama therapists
- Social workers
- Voluntary agencies

Child Health Commissioner: The representative within each NHS Board with responsibility for ensuring that appropriate health services are in place to meet the needs of the local population of children and young people. See www.show.scot.nhs.uk/sehd/cyphsg/chcomms.htm.

Choose Life: The national suicide prevention programme for Scotland, and part of the National Programme for Improving Mental Health & Wellbeing – www.chooselife.net.

Clinical Psychologist: These staff most often work in the NHS, providing psychological support. They diagnose and evaluate mental and emotional disorders, and use tools such as psychotherapy and hypnosis to treat affected patients. They conduct interviews and psychological tests, and may conduct complex treatment programmes, sometimes in conjunction with physicians or other specialists.

Community Learning and Development: Community learning and development (CLD) is learning and social development work with individuals and groups in their communities using a range of formal and informal methods. A common defining feature is that programmes and activities are developed in dialogue with communities and participants. The main aim is to help individuals and communities tackle real issues and grasp opportunities in their lives through community action and community-based learning⁹⁰.

90 *Working and Learning Together to Build Stronger Communities*, Scottish Executive (2004) - www.lc.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/lccs_008211.pdf

Counselling: A process whereby one person helps another using a style of listening which is non-judgmental, non-directive, of a reflective nature, and which encourages clients to work through their issues.

Drama Therapy: An active approach that aims to help a person use drama as part of the recovery process. It can give a person an opportunity for reflection and to tell his or her story to help solve a problem and achieve a catharsis.

Educational Psychologist: Educational psychologists are employed by education authorities, who have a duty⁹¹ to provide a psychological service. Educational psychologists work at three main levels: the individual child or family, the school or establishment, and the local authority. At each of these levels, educational psychologists have five core functions: consultation, assessment, intervention, training and research. They work with children and young people in both mainstream and special sectors across the spectrum of education, behaviour and development issues. They often co-ordinate the work of a multi-disciplinary team around the needs of an individual child.

Emotional Literacy: Being able to recognise what you are feeling so that it doesn't interfere with thinking. It becomes another dimension to draw upon when making decisions or encountering situations.

Family Centres: These can vary in terms of service provision, but generally, they will encompass the core aims of improving child health, particularly in relation to special needs and disability, promoting good parenting and better parent-child relationships through programmes of family support and Community Learning for all ages.

Family Therapy: A form of psychotherapy in which the interrelationships of family members are examined in group sessions in order to identify and alleviate problems of one or more family members.

Health Promotion: The Ottawa Charter⁹² defines health promotion as *“the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical mental and social wellbeing, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing”*.

There are 5 elements to promoting health:

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services

91 Set out in section 4 of the Education (Scotland) Act 1980, as amended.

92 *Ottawa Charter for Health Promotion*, (1985) – www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

Health Promotion Staff: Staff employed specifically to support the process of promoting health, usually employed by the NHS.

Healthy Living Centres: Lottery-funded centres that are usually based in more economically deprived communities. They provide access to classes and activities that encourage and help local people to lead healthy lifestyles.

Integrated Care Pathways (ICPs): A multi-disciplinary outline of anticipated care, placed in an appropriate timeframe, to help a patient with a specific condition or set of symptoms move progressively through a clinical experience to positive outcomes. ICPs are important because they help to reduce unnecessary variations in patient care and outcomes. They support the development of care partnerships and empower patients and their carers.

LAC Nurses: Nurses who work specifically with children and young people who are looked after and accommodated. Usually employed by the NHS, these staff attend to the health needs of the whole child. Not all areas have LAC Nurses.

Managed Care Networks: Groups of staff who adopt a partnership approach, reflecting the need for greater integration of services and better joint working between the statutory and voluntary organisations and with service users and carers. Networks allow a joint approach to the redesign of services, linking together all the points at which services, care and support are delivered.

Mental Disorder: When mental health problems are persistent, severe or complex, and interfere with a person's day-to-day functioning, they are often defined as mental disorders. In some severe cases, the term psychiatric or mental illness is used. The SNAP report notes that the practice of making use of diagnostic labels has risks attached, particularly in terms of stigma.

Mental Health: The SNAP report acknowledges that there is no single accepted definition for mental health. It explores a number of concepts and adopts the following description, from the 1997 International Workshop on Mental Health Promotion, to emphasise that mental health is both personal and social: *"Mental health is the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of culture, equity, social justice, interconnections and personal dignity"*⁹³.

Mental Health Problems: *Together We Stand*⁹⁴ describes mental health problems as *"difficulties and/or disabilities in the realm of personal relationships, psychological development, the capacity for play and learning and in distress and maladaptive behaviour. They are relatively common, and may or may not be persistent"*.

93 Proceedings from the International Workshop on Mental Health Promotion, Center for Health Promotion, University of Toronto (1997)

94 *Together We Stand: The Commissioning Role and Management of Child and Adolescent Mental Health Services*, NHS Health Advisory Service (1995), HMSO, London

Mental Health Promotion: This involves any action to enhance the mental wellbeing of individuals, families, organisations and communities. Mental health promotion is essentially concerned with:

- How individuals, families, organisations and communities think and feel
- The factors which influence how we think and feel, individually and collectively
- The impact that this has on overall health and wellbeing

Everyone has mental health needs, whether or not they have a diagnosis of mental illness. Mental health promotion programmes that target the whole community will also include and benefit people with mental health problems.

Mental Welfare Commission (MWC): An independent organisation set up by the Scottish Parliament with the responsibility for protecting the welfare of people with mental disorder (including learning disabilities and dementia) in Scotland. The work of the MWC includes visiting people in hospital and in the community, investigating cases of deficiency in care or treatment and providing information and advice. See www.mwscot.org.uk.

Music Therapy: There are different approaches to the use of music in therapy. Depending on the needs of the client and the orientation of the therapist, different aspects of the work may be emphasised. Fundamental to all approaches, however, is the development of a relationship between the client and therapist. Music-making forms the basis for communication in this relationship. As a general rule, both client and therapist take an active part in the sessions by playing, singing and listening. The therapist does not teach the client to sing or play an instrument. Rather, clients are encouraged to use accessible percussion and other instruments and their own voices to explore the world of sound and to create a musical language of their own. By responding musically, the therapist is able to support and encourage this process. Much of the music is improvised, thus enhancing the individual nature of each relationship. Through whatever form the therapy takes, the therapist aims to facilitate positive changes in behaviour and emotional wellbeing. He or she also aims to help the client develop an increased sense of self-awareness, and thereby to enhance his or her quality of life. The process may take place in individual or group sessions.

National Care Standards: In order to raise the level of care in Scotland and ensure that service users receive the same quality of care no matter where they live, Scottish Ministers have developed national care standards for a wide range of care services. The standards have been created from the service user's point of view and are designed to explain what can be expected from care services.

They also help service users to raise concerns or make a complaint. The standards are based on the following six principles:

- Dignity
- Privacy
- Choice
- Safety
- Realising potential
- Equality and diversity

The Care Commission regulates and inspects all care services in Scotland using the National Care Standards to ensure that service users receive the same standard of care wherever they live in Scotland. See www.scotland.gov.uk/Topics/Health/care/17652/9325.

Play Therapy: Uses a variety of play and creative arts techniques to alleviate chronic, mild and moderate psychological and emotional conditions in children that are causing behavioural problems and/or are preventing children from realising their potential. The play therapist works in an integrated way using a wide range of play and creative arts techniques, mostly responding to the child's wishes. This distinguishes the play therapist from more specialised therapists (art, music, drama, etc.) and from those using therapeutic play skills. The play therapist forms a short to medium term therapeutic relationship and often works systemically taking into account and perhaps dealing with the social environment of the clients (peers, siblings, family, school, etc.). Clinical supervision is essential. Play therapy may be non-directive (where the child decides what to do in a session, within safe boundaries), directive (where the therapist leads the way) or a mixture of the two.

Primary Care Team: The initial contact for many people when they develop a health problem is with a member of the primary care team, usually their GP. Many other health professionals work as part of this frontline team – nurses, health visitors, dentists, opticians, pharmacists and a range of specialist therapists. NHS 24 and NHS walk-in-centres are also primary care services.

Primary Mental Health Workers: Sometimes also called “Mental Health Link Workers”. Throughout this document, reference is made to “Primary Mental Health Workers (PMHWs)”. This role was described in *Together We Stand*⁹⁵ and was recommended as a way of improving the relationship, communication and collaboration between specialist mental health services (CAMHS) and the wider network of services working with children, e.g. schools, youth and community services, primary care, etc.. Primary Mental Health Workers tend to operate in Tiers 1 and 2. In some parts of the UK, including Scotland, this has led to the establishment of PMHW posts. In other areas, the role has been developed, but delivered in a variety of ways. In some cases, workers are employed specifically to deliver primary mental health work, whilst in others, this work is achieved through an extension of pre-existing professional roles. The CAMH Workforce Group will offer further advice about this.

⁹⁵ *Together We Stand: The Commissioning Role and Management of Child and Adolescent Mental Health Services*, NHS Health Advisory Service (1995), HMSO, London

Personal & Social Education (PSE): In Personal and Social Education (PSE), the learning and teaching focus is on the qualities, skills, knowledge and understanding needed for pupils to:

- Function effectively as individuals and learners
- Form considerate and supportive relationships
- Interact effectively with the natural and social environment
- Make the transition to adult and working life
- Operate effectively within the community

The quality of a school's PSE programme is a major factor in the promotion of fairness, citizenship and health. It follows that health promotion will be an integral part of a school's PSE programme. Opportunities will arise within this programme for pupils to:

- Develop self-awareness and self-esteem
- Recognise their individuality
- Explore their own and others' attitudes and values
- Develop personal and interpersonal skills
- Increase their knowledge and understanding of a variety of lifestyles and health issues

Pupils should be permitted to explore feelings and emotions, reflect on past experiences, and discuss topical issues relevant to their situation and stage of development.

Psychotherapeutic Support: The treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being relief of symptoms, changes in behaviour leading to improved social and vocational functioning, and personality growth.

Public Health Nurses: In 2001, *Nursing for Health*⁹⁶ recommended that a new discipline of public health nursing should be developed, bringing together health visiting and school nursing into a single discipline with a shared educational programme and a common focus on addressing the health needs of identified communities. The term "public health nurse" encompasses both health visiting and school nursing and, in time, is expected to replace the titles "Health Visitor" and "School Nurse".

Resilience: A resilient child can resist adversity, cope with uncertainty and recover more successfully from traumatic events or episodes⁹⁷.

Scottish Institute for Human Relations (SIHR): The Scottish Institute of Human Relations exists to promote a deeper understanding of human relations and to develop this understanding in key areas of national life. SIHR provides both services and training. See www.sihr.org.uk.

96 *Nursing for Health – A review of the Contribution of Nurses, Midwives and Health Visitors to Improving the Public's Health*, Scottish Executive (2001) – www.scotland.gov.uk/library3/health/ehpnr-00.asp

97 *Promoting Resilience: A Review of Effective Strategies for Child Care Services*, Tony Newman, Barnardo's Research & Development for the Centre for Evidence-Based Social Services, University of Exeter (2002) - www.barnardos.org.uk/resources/researchpublications/documents/RESILSUM.PDF

See Me: Part of the National Programme for Improving Mental Health & Wellbeing, *see me* was launched in October 2002 to challenge stigma and discrimination around mental ill-health in Scotland. The campaign combines an award-winning national publicity programme with local and national anti-stigma action developed in partnership with like-minded groups and individuals across all sectors of Scottish life. Individuals who have experienced stigma are involved in many aspects of the campaign, including those prepared to talk to the media about the impact stigma has had on their lives. See www.seemescotland.org.

Social Competence: Social competence is possessing and using the ability to integrate thinking, feeling and behaviour to achieve social tasks and outcomes valued in the host context and culture. In a school setting, these tasks and outcomes would include accessing the school curriculum successfully, meeting associated personal, social and emotional needs, and developing transferable skills and attitudes of value beyond school.

Social Service Staff: All staff employed in the social service workforce.

Social Workers: Professionally qualified staff who are registered to practice with the Scottish Social Services Council.

Social Work Services: Services provided or commissioned by local authorities to meet identified social needs of the communities they serve.

Sure Start Workers: Sure Start Scotland⁹⁸ provides targeted support for families with very young children (aged 0-3 years). It aims to:

- Improve children’s social and emotional development
- Improve children’s health
- Improve children’s ability to learn
- Strengthen families and communities

Services are developed around existing provision and on the basis of the identified needs of each family. Funding for Sure Start is channelled through local authorities, but they are expected to work in partnership with other local service providers, including health services and the voluntary sector, to devise local solutions to meet identified local need.

Throughcare and Aftercare: “Throughcare” is the preparation of young people for leaving care, and “aftercare” is support for their first few years of independence.

Youth Work: Youth work takes place in a variety of community settings and uses a variety of approaches to engage young people. It supports young people to realise their potential and to address life’s challenges critically and creatively; it takes account of all strands of diversity. Some of those engaged in youth work are employed by statutory or voluntary agencies, whilst others are volunteers. YouthLink Scotland has developed a statement describing the nature and purpose of youth work⁹⁹.

98 www.scotland.gov.uk/Topics/People/Young-People/children-families/15939/3896

99 Statement on the Nature and Purpose of Youth Work, YouthLink (2005) - www.youthlink.co.uk/docs/Youth%20Work%20Statement%20leaflet.pdf

ANNEX 3 – CHILD AND ADOLESCENT MENTAL HEALTH DEVELOPMENT GROUP

Membership

Graham Bryce (Chair)	Consultant Child & Adolescent Psychiatrist, NHS Greater Glasgow
Alison Aitken	Child Health Commissioner, NHS Borders (until February 2004)
Sheila Anderson	Co-ordinator, Scottish Network of Primary Mental Health Workers
Anna Bonni	Principal Psychologist, City of Edinburgh Council
Linda de Caestecker	Scottish Executive Health Department Child & Maternal Health Unit
Bobby Clafferty	Consultant Psychiatrist (Adult), NHS Forth Valley
Anne Clarke	Director, HeadsUpScotland
Lorraine Currie	Child Health Commissioner, NHS Grampian
Eddie Follan	Policy Manager, Children in Scotland
Sandra Davies	Chair, Child & Adolescent Section, Royal College of Psychiatrists Scottish Division
Bruce Dickie	Service Development Manager, NHS Tayside (until March 2005)
Andrew Dunlop	General Practitioner, NHS Lothian
Greg Gallacher	Social Work Services, Glasgow City Council
Wendy Halliday	Scottish Health Promoting Schools Unit
Mary Hattie	Adolescent Services Manager, NHS Greater Glasgow
Gregor Henderson	Director, National Programme for Improving Mental Health & Wellbeing
Tony House	Community Psychiatric Nurse, NHS Borders
Paula Huddart	Manager, Mental Health Research Project, West Lothian
Patricia Jackson	Consultant (Community Child Health), NHS Lothian
Pat Little	Development Manager for Young People's Services, Penumbra
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