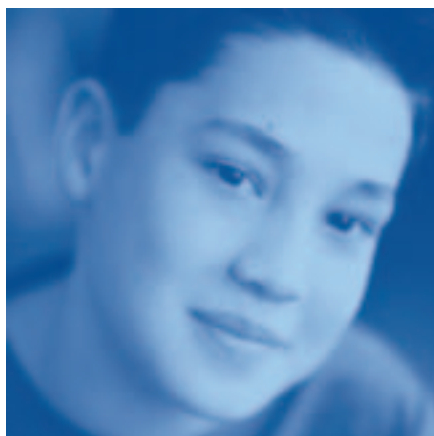


Health Scotland

ONLY CONNECT: ADDRESSING THE EMOTIONAL NEEDS OF SCOTLAND'S CHILDREN AND YOUNG PEOPLE

A summary of the report on the SNAP Child and Adolescent Mental Health phase 2 survey.
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and Public Health Development.

THE RESEARCH WAS DONE AND THE REPORT WRITTEN BY

Rosaline Barbour, Professor of health and social care,
Department of Nursing and Midwifery, University
of Dundee

Graham Bryce, Consultant psychiatrist for children
and young people, NHS Greater Glasgow

Graham Connelly, Senior lecturer, Department of
Educational and Professional Studies,
University of Strathclyde

Judy Furnivall, Lecturer, Scottish Institute for
Residential Child Care, University of Strathclyde

Anne Lewins, Project manager, CAQDAS, Department
of Sociology, University of Surrey

Elaine Lockhart, Consultant psychiatrist for children
and young people, NHS Greater Glasgow

Louise Phin, Research assistant, Department of Child
and Family Psychiatry, NHS Greater Glasgow

Anna Stallard, Consultant clinical psychologist,
(Adolescent) Direct Access, NHS Greater Glasgow

Michael van Beinum, Consultant psychiatrist for
children and young people, NHS Lanarkshire

Phil Wilson, GP and senior research fellow,
University of Glasgow

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EXECUTIVE SUMMARY



INTRODUCTION AND METHODS

This is the report of the survey of professionals carried out as part of the second phase of the *SNAP Needs Assessment of Child and Adolescent Mental Health in Scotland*¹.

Questionnaires were sent to a wide range of professionals who work with children in a variety of settings but whose main training is not in mental health. One thousand and sixty eight completed questionnaires were received. A separate questionnaire was sent to a number of different professionals whose main responsibility is to provide a specific mental health service to children and their families. Two hundred and eighteen completed copies of this questionnaire were received. The responses were analysed using both qualitative and quantitative methods. The quantitative data are presented in detail on the HeadsUpScotland website².

PROBLEMS FACED BY CHILDREN AND YOUNG PEOPLE IN SCOTLAND

Responses to the first questionnaire showed that many people outside the formal child and adolescent mental health services are working regularly with children and young people who are experiencing severe emotional distress and mental health difficulties. The problems described varied from psychotic illness in adolescents to behavioural difficulties in infants. Some of the respondents described transient and relatively simple difficulties that were quickly resolved but many people were working with children and young people who were facing complicated, extensive and disabling problems that were likely to have adverse and in some cases catastrophic outcomes.

The specific problem areas described by respondents were examined quantitatively. Respondents were asked to describe their most recent case, the case causing greatest concern and the case giving greatest satisfaction. The most recent case was described most often, followed by the case causing most concern and the case giving most satisfaction respectively.

The number of problem areas described varied across professional groups especially for descriptions of the most recent case. Community paediatricians and social workers were more likely to describe more than one problem and this might reflect the greater complexity of cases seen by these professionals.

Among the diagnostic categories used most frequently were depression for most recent problem, reflecting high levels of depression amongst children and young people. Among the cases causing greatest concern, drug problems among children or their parents were described frequently, often linked to previous history of abuse, neglect or rejection.

The other problem areas described varied greatly with professional group reflecting differing caseloads and language used to describe issues. For the case causing greatest concern, self harm and abuse were prominent in the responses from all professional groups.

PROFESSIONAL INVOLVEMENT

The survey reveals a wealth of information about how the emotional needs of Scotland's children and young people are being tackled in a wide range of settings. These include the universal health services, schools, social work agencies, foster placements, residential care settings and specialist health services for children and young people in both the voluntary and NHS sectors.

There is clearly a commitment to helping children, young people and their families in difficulty. This may involve providing a 'listening ear' and reassurance but can also require complex input from several agencies. Much effort and flexibility about people's roles is needed to make this work.

Although several professionals may be involved in the care of a child or young person with complex and severe difficulties, most contact is often provided by those with the least formal mental health training. Extensive training and ongoing support is needed to enhance the capacity of the children's services network.

HEALTH PROMOTION

A great deal of health promotion work that supports children's emotional well-being is happening. This occurs largely within two organisational foci: health centres/GP surgeries and schools. In the health settings this work is mainly undertaken by practice nurses and health visitors, supported by GPs. Within education, school nurses are frequently involved in health promotion and it is also now commonly part of the curriculum, or a whole-school issue in health promoting schools. In addition there is considerable health promotion work undertaken by residential care workers and foster carers.

There is far less health promotion work done by other agencies, notably specialised mental health services for children and young people, but this may be appropriate as children are already exposed to substantial health promotion through their access to universal services.

All agencies commented on the shortage of good early intervention and prevention work. More work should be undertaken to develop early intervention and prevention strategies.

FRUSTRATIONS

The most frequently expressed source of frustration among professionals was 'the system' which they experience as responding too slowly and inflexibly. The main systemic sources of frustration relate to delays in accessing assessment or suitable provision, and the effect of waiting lists was the commonest difficulty cited by all professional groups.

Other sources of frustration are funding difficulties, gaps in services, difficulties professionals experience in working within their organisations and the impact of policies.

Recognition that there might be a limited possibility of making a difference is an important cause of frustration. The reasons given by professionals include lack of available time, problems which appear intractable, the client/patient moving on, a referral not being taken up, inappropriate parental expectations and difficulties in engagement.

Living in a rural setting can be a significant barrier to being able to access suitable services. Lack of specialist services locally, combined with poor public transport for patients and their families, are important sources of dissatisfaction.

Professionals can also, however, experience frustration because they are dissatisfied with their own capacities. This can be as a result, for example, of feelings of inadequacy, lack of access to specialist services or lack of clarity about role boundaries, routes of referral and sources of advice and support. Some of these points are expanded in the next section.

WORKING WITH OTHERS

Respondents from all professional groups emphasised the importance of a co-ordinated multi-agency approach particularly for very complex cases.

Although the situation is variable across Scotland most professionals reported major difficulties in achieving positive collaborative work. Much of this is to do with overload or tension points within the system. This included delays in accessing support because of insufficient resources or cumbersome referral procedures, gaps in or between services and failures of joint planning between agencies. A commonly identified tension point was the relationship between CAMHS and local authority social work agencies. Other problems included misunderstanding of each others' roles and some undervaluing of the knowledge and understanding of those most closely involved with young people such as teachers, residential workers and foster carers. Although many respondents made a distinction between the attempts of individual professionals to be helpful and the failures of the wider system, a few people reported occasions on which they experienced open discourtesy and lack of interest despite the very serious nature of the problems they described.

An area of particular concern was poor communication and liaison. Although some of this again reflected poor planning and procedures or lack of time and resources there were other factors that compounded this problem. Respondents from a number of professional groups were frustrated by the differing perspectives on confidentiality

that exist between different disciplines. For those most directly involved with children and young people some medical personnel's refusal to share information with anyone but other doctors left them disabled in their work with children particularly in areas such as child protection.

Despite the high level of difficulties reported many professionals were also able to describe examples of excellent practice facilitated by good team working. Often these positive experiences were the result not only of good planning and communication but of individual practitioners being prepared to 'put themselves out' to help. Such willingness to collaborate in this way is highly valued across all professional groups.

Although respondents described frustration at being unable to gain a direct service for children and young people several would have been happy on many occasions to have been able to access advice or consultancy so that they could provide a better service themselves. This desire was matched within CAMHS with a wish to broaden consultancy services to front line practitioners.

A few respondents described cases with very catastrophic outcomes that they related directly to a failure of joint working but many were also able to recount examples of young people receiving a coordinated and timely service that enabled them to regain their emotional health and happiness.

TRAINING

Twenty percent of the non-specialist CAMHS respondents reported any previous training in relation to mental health of children and young people. The clear majority (78%) of the responses from those 20% who had had any training described experiences which were relevant to child and adolescent mental health, but which were not part of a formal training programme.

The low level of systematic exposure to training in mental health amongst these professionals is striking, as is the high rate (81%) of respondents indicating a wish for further training in this area.

As well as indicating the kinds of training they would want, many respondents indicated a preference for training which was practically focussed and delivered, using interactive learning methods in small multi-agency groups.

More than half of the specialist CAMHS respondents reported a relevant qualification which was additional to their main professional qualification, with the majority in the arena of therapeutic skills. One in four of the respondents with an additional qualification reported two or more of these.

Many of the specialist CAMHS respondents, from most professional groups, reported regular involvement in teaching and training both within their own professional group and with other professional groups.

INNOVATIONS – WHAT ARE PEOPLE DOING WELL AND WHAT WOULD MAKE A BETTER SERVICE?

Many respondents were able to describe current good practice or make suggestions for new or improved services.

The importance of dealing with stigma and making services accessible and child friendly was frequently emphasised. Linked to this was the recognition that engaging the whole family was often essential. One frequently suggested way to confront stigma and make children more likely to engage with services was to bring specialist professionals into the child's own environment – for example schools or residential units – rather than expecting them to attend clinics.

Respondents also wanted quick access to the right service. Many argued for either a 'one stop shop' where all relevant professionals were available under one roof or some form of triage system which would ensure that children were routed to the correct service quickly.

Several non-specialist CAMHS respondents wanted access themselves to trained specialist CAMHS practitioners to obtain advice and support in their work.

Many of the suggestions fit well into the categories identified in the *SNAP Needs Assessment of Child and Adolescent Mental Health in Scotland* – promotion, prevention and care.

Promotion: School was seen as a particularly positive environment in which to focus on mental health promotion. For some this was through developing 'emotional literacy' and for others through incorporating mental health awareness and promotion into the formal curriculum. Other suggestions included ensuring that all children and young people were encouraged to develop positive leisure and sporting interests.

Prevention: Targeted work with at-risk groups was also high in the lists of respondents' concerns. Many professionals wanted support to be offered not merely early in a child's life but even before birth. There was enthusiasm for the idea of preventive work in nurseries and primary schools. Parenting groups are in operation in many areas and are seen as a very good way to prevent emotional difficulties. There were also ideas about engaging young people in regular creative or nurturing groups that could prevent mental health difficulties. Some people advocated massage or relaxation techniques for young people at school.

Care: Some respondents argued for a lesser emphasis on verbal therapies and wanted to see diversification into music, art or play therapy, among others. There were also pleas for improved services for particular groups of children – in particular learning disabled children and looked after children. Many respondents wanted an increase in the number of specialised residential resources for looked after children.

RECOMMENDATIONS

Many improvements in service provision for children and young people with mental health needs were suggested by survey respondents. A high proportion of these suggestions would require the allocation of substantially increased resources. Resource allocation issues are currently being addressed in several ways, and we do not propose to deal with these issues further here.

Scotland may have a small population but we are a very diverse society and the best ways to meet the needs of children and young people in Shetland may be very different from the best ways in inner-city Glasgow. There can be no 'one size fits all' solution for the whole of our country. Nevertheless, some general recommendations for good practice flow from the results of our work.

PREVENTING PROBLEMS AND EARLY INTERVENTION

- There is a need for more widely accessible early intervention strategies from before birth and across the age range. The framework for promotion, prevention and care envisages wide provision of early intervention. For instance wider provision of parenting groups, as recommended in the recent Hall 4 report *Health for all Children*³ should be ensured.
- Early intervention requires early identification of problems. In some cases there are clear indicators, but there is a need for further research into identifying at-risk children and young people before they develop problems.
- There is a need for simple care pathways for children and young people in difficulty. All professionals working with children and young people should be able to gain access to the care pathway easily and without delay.
- Simple methods of assessing children and young people causing concern must be made available soon after problems are suspected. Such assessments should allow the direction of children, young people and their families towards the agency most likely to be helpful.
- There is a need for locally provided, low key services for the vast majority of children and young people with emotional and behavioural problems, and these services should be available where children and young people live their lives – for example schools and residential homes.

MAKING THE SYSTEM WORK

Respondents encountered many frustrations dealing with 'the system'. These require imaginative responses from all levels of professionals responsible for the emotional well-being of children in Scotland.

- There should be a strong political commitment to the importance of the mental health of children and young people supported by policy development and implementation strategies by the Scottish Executive in consultation with other key agencies.
- At regional and local level multi-agency strategies should be in place to identify need and to develop local solutions.
- The importance of individuals and agencies working carefully and constructively together around children and young people with particularly complex needs cannot be overstated. All agencies need to be proactive in the development and maintenance of shared strategies.

PLUGGING THE GAPS

Several gaps were identified within both the health and social care services.

- There are problems in accessing services in remote rural areas. While some of these difficulties could be tackled by technical innovations such as teleconferencing, creative solutions to service provision and more resources are required.
- There is no consistency in managing the transition between child and adult services. For some young people such as looked after children transition between services coincides with a time of increased vulnerability as they have to negotiate the difficulties of independent living. There should be a national policy on transition arrangements.
- Some respondents experienced referral criteria as excluding the young people with whom they work. A strategic multi-agency approach to referral criteria should be taken at area or regional level to ensure that gaps in services do not exist (for example service A only sees 'mild' cases, service B sees 'severe' cases and no-one sees the people falling in between).
- Some groups were less likely than others to have a consistent service throughout Scotland. In particular learning disabled children and looked after children in some parts of Scotland had difficulties accessing specialist mental health services for children and young people. There should be explicit provision for such vulnerable groups across all areas.
- Agencies should review together the arrangements they have made to ensure the availability of appropriate services for those children and young people with the most complex needs.
- There are serious concerns at the lack of specialised therapeutic residential services for particularly troubled young people. A more strategic approach to identifying need and developing resources is required at national and regional level.

WORKING TOGETHER EFFECTIVELY

- Creative solutions need to be found to the problems in communication between members of different professional cultures. The issues of dialogue and development between organisations can, and should, be informed by ongoing research and evaluation. Identification of the factors which enhance and sustain these relationships is required, as is systematic work between professional bodies to address areas of particular tension such as differing understandings of confidentiality.
- Time spent in feedback to referring agencies by mental health specialists is time well spent, if that feedback is appropriate. This approach should become standard practice and should include clear advice on how to support children in their daily lives.
- All carers and professionals working with deeply distressed children and young people deserve sensitive and thoughtful consultancy and advice. This is a skill and service that should be developed further by specialist mental health services for children and young people. This recommendation emphasises the importance of capacity building within the specialist mental health services.
- Innovative means to link people together effectively need to be found. Examples might include e-mail discussion groups for professionals dealing with emotional and behavioural problems, sharing resources, arranging meetings etc. These solutions might involve more inter-professional training and resources for administration and technical support for such groups.

TRAINING

Training was identified across all groups as an area for development.

- The different levels of training in specialist mental health services for children and young people should be developed in a coherent way that allows different professional groups to access them instead of each duplicating their own training.
- Teaching and training should be endorsed as a core part of the role of the specialist mental health services for children and young people. These services should be given the capacity to extend and develop their teaching and training roles.
- Professional staff within the specialist services should have the necessary learning and professional development opportunities to allow them to build their knowledge and competence. This involves recognising the vital role played by senior staff within these settings in supporting the learning of their less experienced colleagues.
- A coherent training strategy based on the competencies framework should be developed for practitioners within the wider network of services for children and young people. This should address basic knowledge and skills but also allow for progression.
- There should be serious attempts to introduce regular inter-disciplinary training both at qualifying level and in further professional development.
- All training should include a focus on the influence of social factors on mental health as well as the importance of individual experience.

ACCOUNTABILITY TO CHILDREN, YOUNG PEOPLE AND FAMILIES

- The participation of young people and their families should be a fundamental aspect of both service planning and individual care plans.
- Further investigation is required to identify appropriate mechanisms by which agencies can express their accountability to children, young people, their parents and carers.

EVALUATION AND DISSEMINATION OF GOOD PRACTICE

- Innovative ways of sharing good practice and operationalising good ideas need to be explored. Possible mechanisms might include: a dedicated website; a directory of services; and regular national conferences to bring service users and professionals together.
- The service developments recommended here have arisen from the experiences and views of a broad range of professionals. While each appears logical and sensible, they may have unforeseen consequences. The process of developing new services requires careful consideration of how evidence and experience gained elsewhere can be applied in the new local context. There should be a commitment to evaluate all new service developments rigorously.

1. SNAP Needs Assessment of Child and Adolescent Mental Health in Scotland. ISBN 1-90419-614-4. Available for download at www.headsupscotland/SNAP

2. www.headsupscotland/SNAP

3. Hall, DMB and Elliman D (2003) Health For All Children. Fourth Edition, Oxford. ISBN 0-19851-588-X

