

# Support for Change

Approaches and models for the development of provision for children and young people's mental health  
2008



scottishdevelopmentcentre  
for mental health



**Support for Change** was commissioned and funded by the Scottish Government, Mental Health Division

## **Project Team:**

The SDC team that worked on this project involved:

Allyson McCollam, Julie Watson, Fiona Myers, Julia White, Paul Sawers and John Jackson.

Report authors:

Allyson McCollam, Fiona Myers and Julie Watson

For further information contact:

[sdc@sdcmh.org.uk](mailto:sdc@sdcmh.org.uk) or visit [www.sdcmh.org.uk](http://www.sdcmh.org.uk)

## **Acknowledgements**

SDC is very grateful to all those who participated in the project and willingly provided information.

# Executive Summary

## 1. Background

### 1.1 Aims and methods

Since the launch of the national Framework on children and young people's mental health in 2005, an extensive range of initiatives has been undertaken by the Scottish Government directly and under the auspices of HeadsUp Scotland to support implementation of key objectives at local and national level.

Gradual but significant positive developments continue in local areas to develop resources to address the mental health needs of children and young people. However, there remains a lack of clarity and consensus on what service systems should look like, to deliver the functions and principles contained in the Framework for Promotion, Prevention and Care and the targets in Delivering for Mental Health and a need to promote opportunities for cross organisational and cross sectoral learning. The Support for Change project was therefore commissioned from the Scottish Development Centre for Mental Health by the Scottish Government's Mental Health Division, to explore models and approaches developed within local service systems in specific areas of provision:

- Infant mental health and early intervention (i.e. for children aged 0 - 3 years)
- Primary mental health work
- The mental health of looked after and accommodated children (LAAC)
- Mental health provision for children and families in crisis, including out of hours services

Information was gathered through a survey of local areas to build up a picture of the local service systems and develop a profile of the state of development and maturity of local systems and structures for children's mental health services (including treatment and care services and services to improve and promote mental health and wellbeing). In addition local areas were asked to provide a broad outline of one example of a local model of provision where it was considered that progress had been made in the following areas of provision:

- Infant mental health and early years (children aged 0 - 3 years)
- Primary mental health work
- The mental health of looked after and accommodated children (LAAC)
- Mental health provision for children and families in emergency / crisis, including out of hours services

From the survey responses, up to three local areas were selected for each type of provision for more detailed case study analysis and telephone interviews conducted with key local contacts. A stakeholder seminar was held with representatives from local areas across Scotland who had experience and expertise in the service areas being studied, to contribute to the process of model building. In elaborating models and approaches to service provision the following were held to be key considerations:

- The importance of systemic approaches that offer effective interventions of differing types and levels of complexity within an integrated service system, in order to deliver better outcomes in shorter timescales and to target resources effectively
- The need to align promotion, prevention, care, support and treatment to offer a comprehensive range of resources for a defined population
- The continuing need to promote participation of children, young people and families

## **1.2 Policy context**

The policy context for children and young people's mental health encompasses a number of strands which impact directly on children and young people (such as health and social care/social work and education and training) and others which, while not specifically targeted at children and young people, may impact differentially upon them, such as environmental and economic policy. The full report provides an overview of relevant policy objectives. The need to address health inequalities and improve the life chances of those at risk are key objectives across policy. Common themes include: the development of integrated services and integrated assessment; child protection and the prevention of harm; and early intervention to promote positive outcomes.<sup>1</sup>

## **1.3 Children in Scotland**

There are estimated to be 921,833 children aged under 16 years in Scotland, comprising 18% of the population. Around one in five of children in Scotland are living in poverty - that is living in households whose income is 60% below the UK median - and close to one in four live in relative poverty. Just over 1% of children and young people under 19 years of age are looked after by the local authorities. Over 10,000 children were subject of child protection referrals during 2005/2006, and 2,791 were placed on the child protection register. Five per cent of school pupils have additional support needs. Somewhere in the region of 1 - 2% of under 16s live with a problem drug user and an estimated 4-6% have a problem drug using parent. In 2005/2006, 65.4 per 1,000 population aged under 15 years were admitted to hospital as an emergency compared to 47.9 per 1000 population elective admissions.

Around a half of life time mental disorders begin before the age of 14. Surveys indicate that 1 in 12 of those aged 5 – 15 years in Scotland may have a mental disorder. Signs and symptoms of mental health problems among children and young people are relatively common and can have a significant impact on functioning and relationships. The distribution of mental health problems is related to a range of factors including gender, family structure and family income / affluence. Children who grow up in poor households are more likely to have poorer social, education and employment outcomes. Such cumulative disadvantages have long term health, social and economic consequences over the life span both for the individual and for society.

---

<sup>1</sup> References to all source materials are provided in the full report.

Children who experience mental health problems have a substantial number of contacts with public sector services, not only mental health services. Children and parents tend to consult teachers and family doctors indicating the importance of ensuring that all professionals working with children have basic skills in mental health.

#### **1.4 Local planning structures and relationships**

The strategic and planning environments within which children and young people's mental health services sit are highly complex. Patterns of structures and relationships vary across Scotland and reflect the cross-cutting nature of children's mental health and wellbeing and the potential involvement of a range of local authority children's services, children's health and mental health services, adult mental health services and mental health improvement programmes.

The overall variability and complexity of structures and relationships have implications for service development. Support for Change therefore set out to highlight key elements which can be adapted to the specific local and organisational infrastructure and culture rather than to propose a single model or approach.

## **2. Approaches and models: developing provision for children and young people's mental health**

### **2.1 Infant mental health and early years**

Universal early year's services across Scotland have a significant role to play in promoting the mental health and wellbeing of families and supporting them.

Optimum physical, social and emotional development requires that a child's physical, emotional and behavioural needs are satisfied. This means enabling children to develop the capacity to build and sustain emotional bonds and relationships and to grow up with opportunities that reinforce their self worth from the earliest point in their lives. Positive life experiences and support in the early years in a child and family's life can have a major positive impact on the child's and the family's future. Professional's understanding of the child's social, emotional and physical development is key in supporting parents and carers to ensure that children grow up happy and healthy and develop resilience.

Key influences in the early years that can affect the mental health and wellbeing of the young child in the early years and also have consequences over the life course include: the quality of and consistency of parenting and formation of attachments with parents or carers; protection from or exposure to abuse, trauma, loss, bereavement or illness; and the impact of environmental and material disadvantage, exclusion and poverty.

To ensure effective supports and resources to promote mental health in the early years of life, local services systems need to work towards the following objectives:

- Promoting awareness and understanding among decision makers and care providers of the importance of infant mental health and wellbeing, likely influences on the mental health of children and their families and steps that can be taken to improve outcomes
- Ensuring the accessibility of mental health expertise when required, learning from different “models” of consultation adapted to particular localities and service systems
- Co-ordination of roles and responsibilities – clarity and agreement of functions, consistency in approach and practical interventions
- Ensuring effective links across disciplines in primary care (e.g. midwives, GP, health visitors), adult mental health services, CAMH specialist services, and social services, particularly due to the volume of different agencies involved with infants and families at any one time
- Involving and consulting children, young people and families / carers

Effective models and approaches for early years work therefore set out to:

- Inform planning and strategic development
- Raise awareness of and understanding of infant mental health and wellbeing, and the mental health needs of children
- Work with parents/carers with a focus on wellbeing, maternal physical and mental health and the impact upon the infant
- Build capacity within community settings to respond to needs and to engender a mental health promoting environment
- Provide a “gateway” for service access, creating linkages across all services which provide to families and children aged 0-3
- Ensure effective and integrated risk assessment systems for all families
- Enable clear communication and information sharing among care providers
- Maintain commitment from all partner agencies

The infant mental health and early years examples identified combined a range of functions designed to develop capacity within local service systems and enhance longer term sustainability. Services had purposively planned their interventions with this in mind:

- The profile of early years mental health had been raised at strategic and operational levels
- Training had been designed to maximise reach by building this into core training across health, social services and pre school education provision
- Formal link roles had been designated to enhance liaison between mainstream services and specialist provision for maternity and child services
- Services worked closely with health service managers and social work managers to maintain effective working relationships and address emerging issues
- Levels of awareness, understanding and confidence of all staff were enhanced, through knowing more about interventions to promote positive parent-infant relationships

### Key learning points

Early years mental health needs to be seen not as an additional set of service requirements but as an underpinning set of values and principles that support child and family policies, including health care, child welfare and protection, and learning and education.

To ensure systems of care are able to respond to the nature and the scale of mental health needs among the early years population and families requires the facility to undertake a mix of direct and indirect work. This helps build capacity and reinforces the primary role of family and other care givers in promoting the mental health of the child.

A clear local lead on mental health in infancy, early years and parenting will enable CHPs and partners to see how early years mental health fits within and contributes to existing plans and priorities for children locally.

Steps need to be taken to build the confidence and capacity of frontline workers, coupled with a focus on enabling and supporting parents and carers, using a strength based model and including those agencies and individuals working with marginalised parents and those with additional specific needs.

The development of pathways that clarify the links and relationships between services and establish agreement on responsibilities for maternity, infants and young children is central.

## **2.2 Primary mental health work**

The development of primary mental health capacity helps improve access to mental health resources for children and young people. Primary health care and teachers are the two main frontline services that parents and children are likely to consult regarding mental health issues and it is therefore important that these and other frontline staff in mainstream services have confidence and skills in the identification and management of mental health issues, and know how to access more specialist resources for those children who require this.

To achieve the objectives envisaged for primary mental health work (PMHW) in supporting universal services requires that the following issues are addressed:

- Awareness and understanding among decision makers and care providers of the importance of early intervention, likely influences on the mental health of children and their families and steps that can be taken to improve outcomes  
PMHW can inform the development of children's services planning in relation to children and young people's mental health and wellbeing
- Accessibility of mental health expertise when required, with dedicated capacity to develop and provide consultation, liaison and training
- Co-ordination of roles and responsibilities, which are critical in view of the complexity of the issues young people face and the multiple sectors and agencies likely to be involved across the service system. This includes ensuring effective links with CAMH specialist services and pathways into and out of services across the system
- The mainstreaming of models of PMHW across localities, addressing the issues of inequity of service and accessibility

Primary mental health work is well positioned to support the involvement of children, young people, their families and carers in their own treatment/ service development. This can be powerful in two ways:

- The gathering of views on services provided
- Supporting the reconfiguration of services so that they are more accessible to and focused on the requirements of children and their families and carers

#### Key learning points

PMHW plays a central role in bridging tiers of services and in building capacity for the future. This is critical in enhancing the range of options available to support children's mental health and in enabling the effective targeting of specialist (costly) CAMH resources on those with greatest needs. PMHW is in a prime position to support mental health in the settings in which children live, and learn and relate to others. However there are challenges in working across many service interfaces and in supporting universal mainstream services to respond effectively to mental health needs in situ, in circumstances where there may be an expectation that specialist referral is the preferred solution.

The deployment of PMHW capacity to train and support universal services therefore requires careful planning and targeting to respond to different types and levels of need. Schools work is one element of the wider development needed in primary mental health capacity.

Accountability, governance and support are critical in enabling PMHW to maintain practice standards and to ensure the continuing development of skills and knowledge.

### **2.3 The mental health of children who are looked after and accommodated children (LAAC)**

The factors that lead to a child becoming LAAC combined with the experience of being looked after have major implications for the current and future mental health and wellbeing of a child or young person. This reinforces the case for maintaining a focus on the whole LAAC population to encompass the promotion of mental health and wellbeing, the prevention of mental problems and the provision of treatment, care and support when required.

Where children require treatment and care, experience indicates that therapeutic work with LAAC population may not be adequately delivered through 'standard' CAMH arrangements. This is in part a question of how services are delivered and resources allocated, for example waiting times from referral to assessment and the fact that services may be provided in clinical settings that may be perceived as stigmatising by children and young people. It is also the case that manifestations of poor mental health in children who are LAAC are complex and variable and do not constitute a readily definable set of symptoms. It may therefore be more appropriate to work with concepts of change, trauma, resilience, loss and attachment. These are significant considerations in relation to the types of service models and interventions that are likely to be useful in addressing LAAC mental health.

To ensure effective supports and resources to meet LAAC mental health needs, local services systems need to work towards the following objectives:

- Raising awareness and understanding among decision makers and care providers of the importance of mental health and wellbeing, likely influences on the mental health of children who are LAAC and steps that can be taken to improve outcomes
- Strengthening capacity to support young people in their care settings by creating therapeutic, mental health promoting environments, in order to encourage permanence and maximise stability and continuity through crises
- Accessibility of mental health expertise when required, along with 'stickability' and continuity of services
- Co-ordination of roles and responsibilities – critical in view of the complexity of the issues young people face and the multiple sectors and agencies likely to be involved across the service system. This includes ensuring effective links with CAMH specialist services
- Involvement of young people and families. Children and young people identify the following features of the care they received as critical in enabling them to achieve good outcomes:
  - Having people who care about you
  - Experiencing stability
  - Being enabled to have high expectations
  - Receiving encouragement and support
  - Being able to participate and achieve

The training and consultation offered by the LAAC mental health services are an important foundation for local development that helps foster a shared understanding of mental health among service managers and care providers that provides a basis for service and practice development across the care system. This capacity building function enables LAAC mental health services to build confidence and competence in addressing needs within care settings from a perspective that recognises the importance of promotion and prevention and does not only respond to presenting problems and crises that arise. It also enables care staff to gain a deeper understanding of the factors that contribute to a child's behaviour and of the impact of the care environment in promoting mental health and wellbeing.

#### Key learning points

LAAC mental health services can be effective in addressing problems inherent in the service system's responses to LAAC mental health needs by: enhancing awareness, understanding and confidence in care staff and foster carers; bringing a stronger focus to the mental health needs of the LAAC population; and enabling more children who are LAAC to access assessment and support for mental health needs.

The effective provision of consultation support to care givers in residential and foster care requires a great deal of ground work and relationship building to operate effectively, but with perseverance can considerably enrich individual care and the care environment and contribute to care planning and review.

There is a need to consider how mental health services can become more accessible and acceptable, possibly through resource-intensive interventions to support young people to use services.

In relation to specific mental health interventions, further research and development is required to build on what looks to be promising e.g. multi-systemic therapies. There is also a need to gain a better shared understand of what should constitute priority for more intensive interventions, e.g. where a foster care placement is at risk of breakdown.

## **2.4 Emergency and out of hours arrangements**

Emergency and out of hours arrangements for children with mental health problems need to include provision for children and young people in 'crisis'. Although there is considerable overlap it can be useful to distinguish between:

- 'Crisis' as denoting the severity and intensity of the child or young person's experience (from whatever cause/whatever effect/and by whoever defined)
- 'Emergency' indicating the rapidity of response required to the issue presented
- Out of hours, indicating that the presentation, however severe, occurs outwith normal working hours e.g. weekends or evenings/at night

As a first step there is a need at local level to develop:

- A shared understanding of what defines a 'crisis' and what 'crises' require an 'emergency' response
- How 'emergency' is defined
- Arrangements for supporting children and young people who present with a need for specialist responses because of a mental health problem (including self-harm or attempted suicide), outwith 'normal' working hours

There is a lack of systematic quantitative data to indicate the level of need and demand for support by children and young people experiencing mental health crises and/or as a matter of urgency. Qualitative data, collected from young people, and from professionals, suggest that obtaining help in a crisis and/or in an emergency can be a 'crunch point' in terms of the capacity and capability of specialist services. Young people report variable experiences at times of crisis: responses offered can be perceived as inappropriate for their age or circumstances; service providers attitudes can be experienced as disrespectful or lacking in understanding; practical problems are often not satisfactorily addressed; and there can be delays in getting help of any sort.

Experience suggests there are three main groups of young people who are likely to present as emergencies:

- Young people with an identified mental health difficulty e.g. psychosis, serious self-harm or eating disorder
- Young people who may take an overdose or self-harm and who are admitted to hospital via A & E
- Children and young people who present with conduct disorders/out of control or challenging behaviours

Points of entry to services and the levels of response received or needed will vary between and within these groups. The pathways young people follow through services can be very complex with a criss-crossing between 'generic' crisis, emergency and out of hours services (including social work out of hours services), children and young people's services, children and young people's specialist mental health services and adult mental health services. To ensure appropriate responses according to age and the nature and severity of the risk involved, there is a need to develop clear pathways and responses within and across agencies and services. Rather than thinking in terms of different 'tiers' of service, it may be more useful therefore to consider functions:

- Early intervention: preventing crises or crisis escalation where practicable
- Responding to 'crisis':
  - Self-help (where appropriate)
  - Non-specialist community responses
  - Specialist community responses
  - Hospital based responses
- Beyond the crisis

The particular configuration of services in a local area will be contingent on the composition of the service system. This may be particularly the case in rural and remote areas where the distinctions between these functions may be particularly blurred. Further, there is a need for permeability between services and levels, to reflect the complexity and changing nature of the needs presented by a child or young person and also their family or carers.

#### Key learning points

For children and young people experiencing mental health 'crises' and/or requiring emergency or out of hours responses the number of different points of entry, and the criss-crossing of professions and agencies underlines the necessity for joint working/partnership working within and between agencies in order to 'get it right' for every child and young person in terms of minimising harm and preventing future crises.

At present there appears to be little systematic mapping, research or evaluation being undertaken to get a sense of the systems currently in operation Scotland-wide, and as a consequence, little opportunity for shared learning. Nonetheless there are a number of key issues to be considered at both national and local level:

- The need to develop shared understandings of what constitutes a mental health 'crisis' or 'emergency' with a view to determining roles and responsibilities
- The need to develop care pathways for children and young people experiencing mental health problems, in ways which recognise the different potential points of entry and different subsequent trajectories
- Ensuring staff at the different points of entry are able to respond (or bring in expertise) in working with children and young people and have (or are able

- to draw in) expertise on children and young people's mental health in a timely and appropriate fashion
- Ensuring clear protocols for access to relevant skills and appropriate and smooth transitions for the child or young person through the system.

CAMH services clearly have a role in terms of training, advice, consultancy and direct work at the interfaces between: 'generic' services dealing with people in crises/emergencies (including, but not exclusively tailored for children and young people); non mental health specific children and young people's services; and adult mental health services.

Of critical importance is the need to ensure clarity of roles, responsibilities and permeability between different points on the pathway to ensure that children and young people are able to receive appropriate support, care and treatment from appropriately trained staff who are able to respond sensitively to their needs as individuals and as children and young people.

### **3. Conclusions**

The national policy context that frames the development of services and resources at local level gives considerably attention to children's health and wellbeing. The core themes within this rich policy environment - early intervention, integrated approaches, the promotion of child wellbeing and protection from harm - provide opportunities to emphasise the central importance of child mental health and to promote the mainstreaming of responsibility for child mental health across service systems. The continuing concern with inequalities in health and health outcomes over the life course requires a strong focus on the experiences and opportunities available to children in Scotland from their earliest years.

It is striking that, at local level, the locus of responsibility for children's mental health rests in different places and at different levels and that there are many different variants across the country. Whatever the pattern and configuration of services, commitment to and leadership for child mental health are critical in order to stimulate local developments, fuelled by a drive to achieve improved mental health outcomes and to address health inequalities.

The Support for Change project indicated the importance of having common standards and outcomes to work towards, with sufficient flexibility to develop models and approaches that fit with local geography and service patterns. It proved difficult to identify specific information on emergency and out of hours arrangements for children and young people, suggesting that this is an area of provision that would warrant further investigation to explore needs in more detail and to identify how existing services and resources can be developed and extended. In moving forward it will be also important to differentiate more clearly the specific needs of children and young people in relation to their age and stage of development and also to their familial, social and cultural context.

Finally, each of the areas of provision explored in Support for Change shared a common goal of building capacity at all levels and across sectors within complex service systems. There was some striking commonality in the approaches identified:

- A key role for universal services and interventions in supporting children and young people's mental health
- The identification of a specialist resource of mental health expertise configured to deliver advice, support, training, consultation and direct intervention to key sectors of universal services
- The development of clear pathways to assure access to specialist support for those children who required it and clear definitions of roles, boundaries and thresholds
- The provision of support, advice consultation and training carefully tailored to the sector and professional groups targeted

To be effective these types of systemic interventions needed to be more than a series of short term projects but part of a process of building capacity in universal services and ensuring the effective targeting of CAMH specialist expertise.

<b>Contents</b>	<b>Page No.</b>
Executive Summary .....	3 - 13
1. Introduction and Background .....	15
2. Aims and Objectives of Support for Change .....	15 - 16
3. Context .....	16 - 33
4. Approach and Methods .....	34 - 37
5. Where Are We Now? .....	37 - 46
6. Models and Approaches for Development: Early Years and Infant Mental Health .....	6(i) – 6(xix)
7. Models and Approaches for Development: Primary Mental Health .....	7(i) – 7(xxi)
8. Models and Approaches for Development: Children who are Looked After and Accommodated .....	8(i) – 8(xxii)
9. Models and Approaches for Development: Emergency and Out of Hours Arrangements .....	9(i) – 9(xxiii)
10. Conclusions .....	10(i) – 10(v)

## **SUPPORT FOR CHANGE**

Approaches and models for the development of provision for children and young people's mental health

### **1. Introduction and Background**

Since the launch of the national Framework on children and young people's mental health in 2005, an extensive range of initiatives has been undertaken by the Scottish Government directly and under the auspices of HeadsUp Scotland to support implementation of key objectives at local and national level.

There are indications that gradual but significant positive developments are underway in board and local authority areas to develop resources to address the mental health needs of children and young people. However, there remains a lack of clarity and consensus on what service systems should look like, to deliver the functions and principles contained in the Framework for Promotion, Prevention and Care and the targets in Delivering for Mental Health, coupled with a need for continuing support and opportunities for cross organizational and geographical learning. These concerns have been identified by agencies with a remit to support implementation and by the Mental Health Division, following the series of local review meetings with planners and commissioners in early 2007.

In response to these concerns the Support for Change project was commissioned from SDC by the Scottish Government's Mental Health Division. The project built on learning from earlier development work to provide further information and analysis that would support further planning and implementation of services in line with the principles of the Framework, the commitments in Delivering for Mental Health and other wider policy objectives.

### **2. Support for Change**

#### **2.1 Aims and objectives**

The aim of the Support for Change project is to develop a set of illustrative models of service systems to inform the development of local, regional and national service systems in relation to specific areas of provision selected by the Mental Health Division as the focus:

- Infant mental health and early intervention (children aged 0 - 3 years)
- Primary mental health work
- The mental health of looked after and accommodated children (LAAC)
- Mental health provision for children and families in crisis, including out of hours services

The specific objectives of the project were:

- To provide information on existing provision
- To identify and describe case studies to inform the development of illustrative models in the selected areas of provision as above

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

### 2.2 Report structure

The report provides begins in Section 3 with an overview of the extensive range of current policy initiatives and priorities that relate to children and young people's mental health. This section also includes information on children and young people in Scotland and what is known about their mental health and wellbeing.

Section 4 describes the projects methods. Section 5 considers, briefly, the current state of development in Scotland in responding to children and young people's mental health. Sections 6 to 9 provide a detailed account of the models and approaches identified in the selected areas of services provision and explores the implications of these for future development. These are presented as a series of 'stand alone' papers to make the material as accessible as possible for stakeholders with interest in and responsibility for particular types of service responses. Section 10 concludes with some observations on the implications for future development.

## 3. Policy Context

### 3.1 Introduction

The policy context for children and young people's mental health encompasses a number of different and overlapping areas. Some of these impact directly on children and young people such as health and social care/social work and education and training. Others, while not specifically targeted at children and young people, may impact differentially upon them, such as environmental and economic policy. This interlinking is noted in the Scottish Government/Cosla policy statement on early years and early intervention (Scottish Government, 2008a), in the Government's economic strategy (Scottish Government, 2007a) and in the report from the Ministerial Task Force on health inequalities (Scottish Government, 2008d), which include the following strategic aims:

- A focus on giving every child a strong start in life
- Taking forward the *Curriculum for Excellence* (Curriculum Review Group, 2004) so that children and young people "develop as successful learners, confident individuals, responsible citizens and effective contributors" (Scottish Government, 2007a, p. 24)
- Increasing the focus on addressing health inequalities, with greater targeting of resources on services and environments that support disadvantaged people and communities
- Improving the life chances of those at risk by investing in early intervention and prevention to give children the best possible start

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

### 3.2 Children in Scotland

Figures quoted in a Scottish Parliamentary briefing paper indicate that there are an estimated 921,833 children aged under 16 years in Scotland, comprising 18% of the population (Kidner, 2007; GROS, 2007).

Around one-fifth of children in Scotland are living in poverty - that is living in households whose income is 60% below the UK median: nearly one in four live in relative poverty and 13% in absolute poverty (Hirsch, 2008; Scottish Government, 2007b).

Data reproduced in a Scottish Parliamentary briefing on children's services (Kidner, 2007), also indicate that:

- 12,966 children were looked after by the local authorities at March 2006. This represents 1.2% of the population under 19 years
- 10,527 children were subject of child protection referrals during 2005/2006, and 2,791 were placed on the child protection register
- 5% (36,148) of school pupils have additional support needs
- Somewhere in the region of 1 - 2% of under 16s live with a problem drug user and an estimated 4-6% have a problem drug using parent
- In 2005/2006, 65.4 per 1,000 population aged under 15 years were admitted to hospital as an emergency compared to 47.9 per 1000 population elective admissions

The Growing Up in Scotland (GUS) longitudinal surveys aim to track the lives of a cohort of Scottish children from their early years (Anderson et al, 2007; Bradshaw et al, 2008). Comprising two cohorts, 5217 children born between June 2004 and May 2005, and 2859 children born between June 2002 and May 2003, the first two reports are beginning to reveal the differential experiences of children, at one point in time and across time. The report of the second 'sweep' (Bradshaw et al, 2008), indicates, for example, that in terms of child health and development:

- At 'sweep 2' in the child cohort, 57% of lone parents said their child's health was very good compared with 69% of parents in couple families (the comparable figures at sweep 1 were 66% and 75%)
- Both sweeps one and two reveals that respondents from low income households were more likely to report their child having a disability or long standing illness than those from higher income households
- Parents of boys, lone parents and those in lower income household were more likely to express concerns about their child's development
- Boys, children in lower income households and those whose mothers had fewer or no qualifications were reported, on average, to have poorer communication skills and more problematic behaviour

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

- Mothers aged over 40, parents with no qualifications and those living in lower income households all appeared to have weaker informal social networks and were also more likely to have a support deficit

National Statistics surveys indicate that somewhere in the region of 8.3% of children and young people aged 5 - 15 years in Scotland may have a mental disorder. This figure includes emotional disorders (2.5%), conduct disorders (5.5%) and hyperkinetic disorders (1.6%) (Green et al, 2005).

Signs and symptoms of mental health problems among children and young people are relatively common. An MRC study of 11 -16 year olds in the west of Scotland found that among 11 year olds 42% reported being nervous, 41% being irritable and 35% being sad within the preceding month. Levels of 'malaise' increased steadily with age and at age 15, 60% reported being nervous, 55% being irritable, 54% being sad. Rates are higher for females and the gap between male and females widened with age (West and Sweeting, 2002).

Across GB as a whole, 6% of children and young people aged 5 - 15 years interviewed (and 2% of parents reporting on their child), indicated that they had tried to harm, hurt or kill themselves (Green et al, 2005). Based on an estimated population of 653,376 (GROS mid year estimates for 2006 (GROS, 2007)) this would suggest a Scotland equivalent of around 40,000 children and young people self-reporting that they had tried to harm, hurt or kill themselves (and around 13,000 based on parental report).

The Office for National Statistics UK study (ONS, 2005) found that 9.5% of children aged 5 – 15 had a mental health problem of sufficient severity and persistence to have an impact on functioning and relationships. The distribution of mental health problems was related to a range of factors:

- Gender: rates in this study were higher among boys than girls, although patterns vary for different types of disorder
- Family structure: rates were higher among children in lone parent households
- Family income: children in low income households experienced almost three times the rate of mental health problems of those in high income families

It has been estimated that around a half of life time mental disorders begin before the age of 14.

UK-wide follow up studies of the one in ten children who experience mental health problems over a three year period found mental health problems led to a substantial number of contacts with public sector services, not only mental health services. Children and parents most commonly consulted teachers and family doctors indicating the importance of ensuring that all professionals working with children have basic skills in mental health.

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

A quarter of children in contact with frontline services and half of those seeing specialist services were using more than one service, illustrating the need for agencies to collaborate to avoid duplication and to stop children falling through gaps in provision (Hickey et al, 2008).

Comparisons with the mental health status of children and young people in other European countries can be problematic because of differences in methodology and incomplete data. Available comparisons indicate that rates of mental health problems range from around 10% to just over 20%, with the UK at the lower end of the spectrum (Jané-Llopis and Braddick (Eds),(2008).

To date most epidemiological studies have focused on assessments of mental disorder or mental health problems and less on mental health or mental wellbeing. Recent work has begun to redress this, using measures that capture mental wellbeing (Ravens-Sieberer et al, forthcoming).

International comparisons suggest an association between socioeconomic inequalities and mental health and wellbeing in children and young people (Ravens-Sieberer, op cit). UK data indicate that children who grow up in poor households are more likely to have low self esteem, play truant, leave home earlier, leave school earlier and with fewer qualifications and be economically inactive as adults (Ermisch et al, 2001). The Chief Medical Officer's report of 2005 made plain the spiral of disadvantage in which a child can become entangled. These cumulative disadvantages have long term health, social and economic consequences over the life span for the individual and for society (Friedli and Parsonage, 2007).

Against this profile, the following focuses primarily on those policy areas with a direct impact on the mental health and wellbeing of children and young people. It is however, important to acknowledge the wider influences, which are beginning to be reflected in studies such as the GUS research which impact on children and young people's mental health and wellbeing.

### **3.3 Children and young people policy landscape<sup>2</sup>**

The main themes across children and young people's policy are:

- Integrated approaches to assessment and service delivery
- Child protection and prevention of harm
- Early intervention and the promotion of positive outcomes

---

<sup>2</sup> This sub-section draws extensively on Kidner, 2007

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

### 3.3.1 Integrated services and integrated assessment

A key document is *For Scotland's Children* (Scottish Executive, 2001), which sought to ensure that agencies worked together effectively to provide services to children to produce better outcomes for children and families. The report outlines six action points:

- Consider children's services as a single service system
- Establish a joint children's service plan
- Ensure inclusive access to universal services
- Co-ordinate needs assessment
- Co-ordinate intervention
- Target services

The *Changing Children's Service Fund* was set up specifically to support integrated working.

Guidance issued in 2004 asked agencies to draw together existing plans across education, children's social work, child health and youth justice into an Integrated Children's Service Plan (Scottish Executive, 2004a).

Linked with and running in parallel with *For Scotland's Children* the (then) Scottish Executive initiated a review of the Children's Hearing system. The subsequent consultation *Getting it Right for Every Child - Proposals for Action*, issued in 2005 (Scottish Executive, 2005a) set out 23 areas for action, including, but extending beyond the Children's Hearing system. The responses to the consultation informed the implementation plan published in 2006 (Scottish Executive, 2006a). This proposed a three-pronged approach:

- Practice change, including a single assessment record and plan, practice guidance, and skills development and support for a number of 'pathfinder projects'
- Legislation, placing new duties on agencies to co-operate with each other and share information. Also a new duty on professionals to be alert to the needs of children and take action to meet them
- Removing barriers: identifying barriers and the changes required to ensure joined up working and more timely and appropriate responses

The Draft Children's Services (Bill) was issued for consultation in December 2006 (Scottish Executive, 2006b), and the report of the consultation issued in October 2007 (Scottish Executive, 2007a). Guidance on preparing a child or young person's plan, was issued in January 2007 (Scottish Executive, 2007b).

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

The aim of the Getting it Right for Every Child (GIRFEC) programme is to promote "the concept of many journeys leading to one shared destination - to ensure all children and young people achieve their full potential". Although it started as a review of the Children's Hearing system, the programme now is concerned with ensuring *all* children are enabled to reach their full potential through a "common, co-ordinated approach across **all** agencies that supports the delivery of appropriate, proportionate and timely help to all children as they need it"

(<http://www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec/Q/editmode/on/forceupdate/on>).

The 10 "core components" of the Getting it Right for Every Child (GIRFEC) approach are summarised in Figure 3.1.

### Figure 3.1 Core Components of Getting it Right For Every Child

- A focus on improving outcomes for children, young people and their families based on a shared understanding of wellbeing
- An integral role for children, young people and families and those with a relevant interest in reaching the decisions that affect children's lives as part of assessment, planning and intervention
- Maximising the skilled workforce within universal services to address concerns at the earliest point themselves, where they can, bringing others around them as needed
- A common approach to gaining consent and to sharing information where appropriate
- A coordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes based on indicators of wellbeing
- Streamlined planning, assessment and decision making processes that lead to the right help at the right time for the child
- Consistent high standards of co-operation, joint working and communication, where more than one agency needs to be involved
- A confident and competent workforce in the statutory universal and targeted services as well as the independent sector
- A lead professional to co-ordinate and monitor multi-agency activity where necessary
- The capacity to share demographic, assessment, planning and outcome information electronically within and across agency boundaries through the national eCare programme where appropriate

At the heart of GIRFEC is the Integrated Assessment, Planning and Recording Framework (IAF) (Scottish Executive, 2005b; 2007b). Plans can be prepared for any child "whenever there is a concern that they may not be as safe, healthy, achieving, nurtured, active, respected, responsible and included as they should be" (Scottish Executive, 2007b, p. 3). As of December 2007, plans, however, are required for all children attending a children's hearing (Scottish Executive, 2007c).

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

### 3.3.2 Child protection

Underpinning initiatives such as GIRFEC are concerns with child protection. The report of the Child Protection Audit and Review Group, *It's Everyone's Job to Make Sure I'm Alright* (2002), made 17 recommendations for improving child protection services. This was followed by the setting up of a three year Child

Protection Reform Programme (2003 - 2006). Actions under the programme included:

- Publication of a Children's *Charter* (Scottish Executive, 2004b) outlining the needs and expectations of children and young people to protect them from harm
- Development of a Framework for Standards (Scottish Executive, 2004c) aimed at all staff involved in child protection
- Development of joint agency inspection for all agencies involved in child protection
- Strengthening the role of the Child Protection Committees
- Increased investment in Childline and Parentline
- Development of a 24-hour free phone line for public access to child protection information or to report concerns
- Child death and significant case reviews

Other initiatives relevant to the mental health and wellbeing of children include those relating to youth justice and to supporting children and young people in substance misusing households.

Following an Advisory Group on Youth Crime report in 2002, the Scottish Executive published a 10-point Action Plan for tackling youth crime and disorder (2002c). A Youth Justice Improvement Group report in 2006 highlighted the need for early intervention, multi-agency working, and greater integration of universal services such as health and education with specialist areas such as youth justice and anti-social behaviour services, and tackling the barriers to change. In its response to the report, the Scottish Executive set out a number of areas for action over the following two years (Scottish Executive, 2006c).

A report from the Advisory Council on the Misuse of Drugs published in 2003 drew attention to the impacts, or *Hidden Harm*, on children and young people of parental drug misuse. An action plan outlining the 'next steps' for children affected by parental substance misuse was published by the Scottish Executive in 2006 (Scottish Executive, 2006d). This includes setting out best practice for tackling the key issues from the child's perspective, identifies actions already being taken and issues still requiring further action.

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

### 3.3.3 Early intervention

Running through many of the initiatives is a call for early intervention. This has two dimensions: ensuring children are supported in their early years (see Section 7 below); and taking action in relation to children and young people who are exposed to situations which may put them at risk, to prevent problems arising in the first place or to address the problems and their source(s) early enough to prevent them escalating. These two dimensions are addressed in the joint Scottish Government/Cosla policy statement (Scottish Government, 2008a), which seeks to embed principles of early intervention across a range of social policies. "Challenges" to be addressed to realise these principles include, for example:

- Delivering more differentiation and personalisation of services, with an emphasis on identification of risk, need and resilience and providing an appropriate intensity of support related to need
- Developing pathways of education and care from universal services to much more targeted support
- Developing new roles/structures within the workforce to deliver a more people-centred service that is based on working alongside people and is not constrained by service boundaries
- Improving engagement with service users, particularly those who need most support

### 3.4 Health policy

Health policy as it relates to children and young people is informed by three overlapping and interlinked streams:

- 'Generic' health policy
- Policies targeted at the improvement, treatment and care of children and young people's physical health and wellbeing
- Policies targeted at the improvement, treatment and care of children and young people's mental health and wellbeing

#### 3.4.1 'Generic' health policy

*Delivering for Health* (Scottish Executive, 2005f), the Scottish Executive's response to the Kerr Report *The National Framework for Service Change in the NHS in Scotland - Building a Health Service Fit for the Future* (Scottish Executive, 2005g) set out the Executive's proposals for improving healthcare provision, including for children and young people. Following the Scottish Parliament elections in May 2007, the new Scottish Government consulted on its proposals for improving health and health care. This informed the *Better Health: Better Care* Action Plan (Scottish Government, 2007c) which sets out the Government's proposals for a 'mutual NHS', one involving users and carers both in the delivery of care and in self-management.

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

The Plan focuses on actions to improve health, tackle health inequality and improve the quality of health care.

In relation to children and young people, the aim is to give them "the best possible start". Actions include, for example:

- Work in partnership with local government and others to develop a long term early years strategy in 2008
- Work within the framework of Getting it Right for Every Child to change cultures, systems and practices in NHSScotland and its partner organisations
- Publish reviews of current evidence on early interventions, particularly those that will mitigate the effects of inequality on wellbeing and develop a programme of work that will implement them across NHS Boards
- Implement the Mental Health of Children and Young People Framework for Promotion, Prevention and Care by 2015

In relation to mental health more generally, the actions build on those set out in Delivering for Mental Health (Scottish Executive, 2006e, see also below) and include:

- Launch Mental Health Collaboratives in 2008
- Roll out the Scottish Recovery Indicator by 2010
- Fund a national mental health improvement programme for three years
- Publish a tool to assist NHS boards and partners in evaluating and improving current Unscheduled Care services for people with mental health problems
- Develop a risk prediction tool to help identify people who have a mental illness and are at risk of being re-admitted to hospital

As part of the aim of tackling health inequality a Ministerial Task Force was established in December 2007 to develop proposals with the aim of:

- Reducing factors in the physical and social environments in Scotland that act to perpetuate health inequalities
- Build the resilience and capacity of individuals, families and communities to improve their health, and
- Enhance the contribution that public services make to reducing health inequalities

The Task Force's report *Equally Well* was issued in June 2008 and contains five sets of wide ranging recommendations for action to reduce inequalities in healthy life expectancy and wellbeing generally that have a bearing both directly and indirectly on the experiences of children and young people and their potential life chances (Scottish Government, 2008d). It is stated that

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

*'Some of the report's most important conclusions are ...about providing the best possible environment for children's earliest years and ending cycles of poverty and poor health passed down from parent to child' (p12)*

Key recommendations relating to the early years and young people are as follows:

- Strengthening capacity of ante-natal services and family services to support those at risk of poor health outcomes, including children at risk in households where drugs or alcohol are misused
- Developing an integrated approach to school health provision
- NHS Boards are to assess the physical, mental and emotional health needs of looked after children and young people and act on these assessments with their partners and to ensure that health services are more accessible to looked after children and those moving on from care to independence<sup>3</sup>
- Carrying forward the aims of Curriculum for Excellence to combine a strong focus on literacy and numeracy with a focus on wellbeing and on the continuation of learning beyond the age of 16
- Ensuring physical environments promote healthy lifestyles for children through opportunities for play, physical activity, healthy eating
- The development of more integrated approaches and programmes, involving cross sectoral working, to support and engage young people who have started on a cycle of offending and more support for parents and children where violent or anti-social behaviour or exposure to violence is an issue
- The provision of high quality consistent information to young people in a range of settings including easily accessible drop in services staffed by health professionals and youth workers

### **3.4.2 Health policies targeted at the improvement, treatment and care of children's and young people's physical health and wellbeing**

Following on from proposals in *Delivering for Health* (Scottish Executive, 2005f) *Delivering a Healthy Future: An Action Framework for Children and Young People's Health in Scotland* was published in 2007 (Scottish Executive, 2007d). This sets out a programme of actions drawn largely from existing initiatives and commitments. The Action Framework also includes measures of progress, again drawing largely on other initiatives, including *Delivering for Health*, *Delivering for Mental Health* (see below), *The Mental Health of Children and Young People:*

*Framework for Promotion, Prevention and Care* (see below), and the *Emergency Care Framework for Children and Young People* (Scottish Executive, 2006f, see also Section 7).

---

<sup>3</sup> This recommendation echoes that contained in *Looked After and Accommodated Children and Young People: We Can and Must Do Better*. (Scottish Executive, 2007e). See below.

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

Responding to the range of reports, the National Steering Group for Specialist Children's Services, considered the implications for rural and remote areas. Supporting the principles of a Managed Clinical Network, the group argues that remote and rural child health services should be embedded in a formal network, with a larger paediatric centre, providing ambulatory and intermediate care, locally, with the majority of care being provided in the community. The report sets out the workforce training and support needs for providing this model of service (National Steering Group for Children's Specialist Services (2008).

The Scottish Government is currently consulting on a National Delivery Plan for Children and Young People's Specialist Services in Scotland. This largely relates to specialist physical health care services (Scottish Government, 2008b).

Other relevant initiatives include the implementation of *Health for All Children* (Hall 4) (Scottish Executive, 2005h), which sets out recommendations for child health promotion, screening and surveillance. Other health improvement initiatives include, for example, those relating to nutrition and physical exercise (for example *Hungry for Success*, Scottish Executive, 2003) and the role of health promoting schools (HPSU, 2004; Schools (Health Promotion and Nutrition) (Scotland) Act 2007).

Guidance issued in 2004 (Scottish Executive 2004d) anticipates that Community Health Partnerships (CHPs) will have the lead role in the delivery of health services at local level, and will be the main NHS vehicle for delivering integrated children's services. Child Health Commissioners in each health board area have a role in the development of local child health strategies and to support inter and intra agency planning and commissioning of children's health services (<http://www.sehd.scot.nhs.uk/cyphsg/chcomms.htm>)

### **3.4.3 Policies targeted at the improvement, treatment and care of children and young people's mental health and wellbeing**

Key elements in policy for the improvement, treatment and care of children and young people's mental health and wellbeing are the *Mental Health of Children and Young People: A Framework for Prevention, Promotion and Care* (Scottish Executive, 2005c) ('the Framework'), *Delivering for Mental Health* (Scottish Executive, 2006e) and the National Programme for Improving Mental Health and Wellbeing.

The Framework sets out "an integrated approach to children's and young people's mental health and wellbeing across a range of settings" and identifies the service elements, actions and lead partners in relation to: universal children's services in the early years, school years and community; specialist additional and specific supports; and specialist Child and Adolescent Mental Health Services (CAMHS).

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

The aim, subsequently endorsed both in *Delivering for Mental Health* and *Better Health, Better Care* (Scottish Government, 2007c) is for the Framework to be implemented by 2015. Initial support for implementation of the Framework was undertaken in 2005 by the Scottish Development Centre for Mental Health and YoungMinds. Relevant findings from this stage of work are discussed in Section 6 below.

The Framework, supported by *Delivering for Mental Health* includes a number of milestones and commitments, including:

- CAMHS workforce planning included in regional workforce plans by 2007
- 65% of CAMHS staff to have advanced training by 2008 and 80% by 2010
- all staff new to CAMHS to complete "new to CAMHS" training within a year of taking up post by 2010
- an increase of 48 inpatient beds by 2008 and 56 by 2010
- local procedures to identify and support young people with specific needs in place by 2010
- an annual increase in primary mental health work which will account for 25% of specialist CAMHS activity by 2015
- an annual increase in specialist CAMHS workforce capacity until 2015

*Delivering a Healthy Future* (Scottish Executive, 2007d) also sets out six actions for children and young people's mental health services. These include:

- All NHS boards and their partners to develop an integrated action plan for implementation of the *Framework for Promotion, Prevention and Care*
- All NHS boards and their partners to monitor progress and review their action plan for implementing the Framework
- All NHS specialist CAMHS to have a strategic training plan
- Robust regional planning and commissioning arrangements to be established for dedicated adolescent in-patient provision
- Appropriate transition arrangements to be agreed between NHS specialist CAMHS and adult mental health services, including for referrals of young people aged 16 - 18
- Clear local leadership to be established to support NHS specialist CAMHS in adopting the different working pattern required for Framework implementation

To support implementation and monitor progress, *Delivering for Mental Health*, the Scottish Government's policy for improving mental health services (Scottish Executive, 2006e) includes three commitments specifically targeted at supporting the mental health and wellbeing of children and young people. These comprise:

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

- Ensuring that a named mental health link person is available to every school by 2008
- Ensuring that basic mental health training is offered to all those working with, or caring for, looked after and accommodated children and young people by 2008
- Reducing the number of admissions of children and young people to adult beds by 50% by 2009

In addition, of the four mental health specific HEAT<sup>4</sup> performance targets for NHS Scotland three have potential implications for children and young people. These comprise commitments to:

- Reduce the annual rate of defined daily dose per capita of antidepressants to zero by 2009/10 and put in place the required support framework to achieve a 10% reduction in future years (2009/10)
- Reduce the suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in mental health and substance misuse services, primary care, and accident and emergency being educated and trained in using suicide assessment tools/suicide prevention training programmes by 2010/2013 (respectively)
- To reduce the number of re-admissions (within one year) for those that have had a hospital admission over seven days by 10% (by end of December 2009)

A progress report on *Delivering for Child and Adolescent Mental Health Services* indicates the areas where progress had been made (Scottish Government, 2008c). These include, for example, developing the named link worker for every school, setting up training initiatives, involving young people, establishing a Young Scotland in Mind Forum setting up a delivery (virtual) group and piloting the Royal College of Psychiatrists Quality Improvement Network for Multi-Agency CAMHS (QINMAC). Areas for further work identified include: expansion of clinical psychotherapy training; developing benchmarking; and promoting early intervention.

---

<sup>4</sup> HEAT targets (Health Improvement, Efficiency, Access and Treatment) are a core set of Ministerial objectives, targets and measures for the NHS. HEAT targets are set for a three year period and progress towards them is measured through the local Delivery Plan process.

The fourth mental health specific HEAT target is for each NHS board to achieve agreed improvements in the early diagnosis and management of patients with dementia by March 2011

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

In addition to funding HeadsUP Scotland (<http://www.headsupscotland.co.uk>) a range of related initiatives to September 2008 to support the implementation of the Framework, the National Programme for Improving Mental Health and Wellbeing (<http://www.wellscotland.info>) has targeted children and young people as a priority group for mental health improvement and promotion.

In October 2007, the National Programme launched its discussion document *Towards a Mentally Flourishing Scotland: The future of mental health improvement in Scotland 2008 - 2011* (Scottish Government, 2007d). Key aims are to address inequalities, encourage mental health promotion across the life course, with particular attention to the early years and the mental health and wellbeing of young people, and give consideration to actions targeted at the different settings in which people live, play and work. The three main themes proposed are:

- Promoting and improving mental health and promoting and improving mental wellbeing
- Raising efforts around prevention of mental health problems, mental illness and suicide
- Support: improving the quality of life, social inclusion, equality, health and recovery of people who experience mental illness

Around these three themes the consultation document proposes six areas for action, all of which have implications for children and young people including:

- Promotion of wellbeing, including prioritising work in the early years and children's and young people's mental health and wellbeing<sup>5</sup>
- Preventing mental illness, including common mental health problems as well as psychoses, as well as addressing issues of co-morbidity
- Prevention of suicide and self-harm
- Support to improve the quality of life, social inclusion, equality and recovery and addressing prejudice, stigma and discrimination
- Developing local capacity to leadership and support for mental health improvement as part of mainstream planning and service delivery
- Support the role of Community Health (and Social Care) partnerships

The consultation period has now ended, and the action plan is expected later in 2008.

---

<sup>5</sup> Work by Health Scotland to develop a set of indicators to measure population mental health and wellbeing among adults, is now being extended to develop a set of indicators to assess population mental health and wellbeing among children and young people (<http://www.healthscotland.com/scotlands-health/population/mental-health-indicators.aspx>)

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

### 3.5 Education, training and employment

The Scottish Government Economic Strategy (Scottish Government, 2007a) includes as one of its strategic objectives 'Learning, Skills and Wellbeing'. In addition to "a focus on giving every child a strong start in life", this priority also includes "a focus on school education enabling all our young people to succeed and gain the skills they will require as individuals and to contribute to the wider economy" (p.viii).

Examples of key education and training initiatives with implications for children and young people's mental health and wellbeing (and for integrated working) include:

- The *Education (Additional Support for Learning) (Scotland) Act 2004* (ASL)
- *Curriculum for Excellence*
- *More Choices More Chances*
- *Looked After Children and Young People: We can and must do better*

#### 3.5.1 Additional Support for Learning

The Education (Additional Support for Learning) (Scotland) Act 2004 (ASL) was passed in May 2004 and became operational in November 2005. The Act "aims to ensure that all children and young people are provided with the necessary support to help them work towards achieving their full potential. It also promotes collaborative working among all those supporting children and young people" (Scottish Executive, 2005i, p. 7). It requires education authorities to make adequate and efficient provision for the additional support required for each child and young person with additional support needs for whose school education they are responsible. This includes pre-school children, children of school age and young people receiving school education. It can also apply to disabled children aged under three years.

Additional support needs may be due to a range of reasons including, for example:

- Having a motor or sensory impairment
- Being bullied
- Being particularly able or talented
- Having experienced a bereavement
- Are looked after (by the local authority)
- Living with parents who are abusing substances
- Living with parents with mental health problems
- Having emotional or social difficulties

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

The Act confers a number of functions and duties on education authorities, including, for example (NB: this list is not exhaustive):

- The identification and assessment of additional support needs
- Making provision to meet these needs
- Providing and reviewing a Co-ordinated support plan for children and young people who require one
- Obtaining, providing and receiving information and advice from agencies likely to make provision for the child or young person when they leave school

Other agencies, including NHS boards, are also required to help education authorities to exercise their function under the Act (unless it is incompatible with their own statutory duties).

### 3.5.2 Curriculum for Excellence

Curriculum for Excellence (Curriculum Review Group, 2004) aimed to reform the school curriculum for 3-18 year olds in Scotland, to "enable children to develop their capacities as successful learners, confident individuals, responsible citizens and effective contributors to society" (p.3). The focus on both breadth and depth of learning and experience includes space in the curriculum for sport, music, dance, drama, art and learning about health. The progress report (Curriculum Review Programme Board, 2006), proposed that in grouping curriculum areas, Health and Wellbeing would include components such as personal and social development, understanding of health, physical education and physical activity, with contributions from home economics. This work is reinforced by Schools (Health Promotion and Nutrition) (Scotland) Act 2007 which commenced in January 2008 and places a duty on local authorities to ensure that all of their schools are health promoting environments.

Supporting this agenda is the work of the Health Promoting Schools Unit (now part of Learning and Teaching Scotland), which encourages a whole school approach to the promotion and protection of the health of all pupils (<http://www.healthpromotingschools.co.uk/index.asp>). The framework for Health Promoting Schools in Scotland, *Being Well - Doing Well*, was published in 2004 to assist in reaching the target of all schools becoming health promoting schools by 2007 (HPSU, 2004).

### 3.5.3 More Choices, More Chances

More Choices, More Chances, the Scottish Executive strategy to reduce the proportion of young people not in education, employment or training in Scotland (Scottish Executive, 2006g), aims to tackle the "unacceptable waste of potential" among this group of young people. Among those most at risk of falling into this group are care leavers, carers, young offenders, young parents, low attainers,

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

persistent truants, and young people with physical/mental disabilities, young people misusing drugs or alcohol.

The strategy proposes a two fold approach: (i) at the pre 16 stage in order to stem the flows into the group, and (ii) at the 16-19 stage, to provide routes for young people to get back into education, employment or training. The 39-point action plan is focused around five key areas:

- Opportunities for young people of school age: transforming learning experiences so that they are tailored to individuals needs
- Post-compulsory education and training to help those who are already not in education, employment or training to take up opportunities
- Financial incentives to make education, employment and training viable options
- Removing the barriers to accessing opportunities, including building the skills and employability focus of a range of providers who work with young people who are, or are at risk of not being in education, employment and training. This includes health, housing and social care providers
- National and local leadership, planning and delivery

One of the groups vulnerable to falling into the 'not in employment, education and training' category are those who are or have been looked after by the local authority. To improve the educational outcomes for this group the Scottish Executive published its action plan *Looked After Children and Young People: We can and must do better* (Scottish Executive, 2007e). The plan, which sets out 19 Action Points, is based around the five key themes:

- Working together
- Becoming effective lifelong learners
- Developing into successful and responsible adults
- Being emotionally, mentally and physically healthy
- Feeling safe and nurtured in a home setting

Specifically in relation to being emotionally, mentally and physically healthy, the report identifies two actions:

- Each NHS board will assess the physical, mental and emotional health needs of all looked after children and young people for whom they have responsibility and put in place appropriate measures which take account of these assessments. They will ensure that all health service providers will work to make their services more accessible to looked after and accommodated children and young people, and to those in the transition from care to independence
- The Care Commission to review the health of looked after children and young people

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

### 3.6 Workforce

It is not practicable here to outline the range of training and workforce initiatives which influence capacities, skills and competencies of staff with whom children and young people come into contact. Initiatives relating to early years, Looked After and Accommodated Children, Emergency/Unscheduled Care and Primary Mental Health Work are discussed in Section 7. The following, however, just draws attention to three of the key cross-cutting initiatives that may have particular relevance for supporting the mental health of children and young people.

To address issues of workforce capacity the Child and Adolescent Mental Health Workforce Group published a strategic review of the CAMHS workforce (Scottish Executive, 2005e). This identified three arenas for workforce development activity: Building the mental health capacity of the network of children's services, addressing the workforce requirements of community based CAMHS and building the workforce associated with in-patients and intensive CAMHS.

Workforce activity, with support through HeadsUp Scotland and NES has included:

- Introduction of a 'New to CAMHS' training package in 2006
- A guide for practitioners on Infant Mental Health
- An introduction to Child and Adolescent Mental Health National Inter-agency training resource ([www.headsupscotland.co.uk/documents/NIATR%20-%20Final%20Documents/CAMH%20-%20NIATR%20TrainingResource%201-7.pdf](http://www.headsupscotland.co.uk/documents/NIATR%20-%20Final%20Documents/CAMH%20-%20NIATR%20TrainingResource%201-7.pdf))

Although not specific to children and young people, the review of mental health nursing, *Rights, Relationships and Recovery* (Scottish Executive, 2006h) and the accompanying action plan (Scottish Executive, 2006i) has implications for the training and development of mental health nurses working with children and young people. This includes the emphasis on values and recovery based training and practice and a progressive competency based framework.

*Changing Lives: The Report of the 21st Century Social Work Review* (Scottish Executive, 2006j) examined the design and delivery of social work services, and made recommendations for the way social work services are provided. The subsequent implementation plan describes a five-year change programme encompassing: performance improvement, service development, workforce development, practice governance and leadership and management (Scottish Executive, 2006k). Given the key roles of social work staff in children and families work, this has implications for capacities and capabilities of social work staff in supporting the mental health and wellbeing of children and young people.

## **4. Approach and Methods**

The project comprised four main strands.

### **4.1 Scoping**

The scoping work set out to collect and collate information that would provide a baseline against which progress could be tracked. Although a range of data was gathered from the relevant national sources on activity, workforce, and expenditure relation to children and young people's mental health provision, the continuing variability and incompleteness of the information available at national level meant it has not been possible to develop a picture of the overall patterns of provision in the selected areas. However work is continuing at national level through a number of channels to improve data coverage and reliability.

The main data collection for this project was therefore from local partnerships. Using a standardised proforma (*Where are We Now*), information was gathered from local areas to build up a picture of the local service systems and develop a profile of the state of development and maturity of these local systems. The proforma comprised two parts:

- Part One: Information on local systems and structures for children's mental health services (including treatment and care services and services to improve and promote mental health and wellbeing)
- Part Two: Broad outlines of one example of a local model of provision where respondent(s) felt progress had been made, from a selection comprising:
  - Infant mental health and early intervention (children aged 0 - 3 years)
  - Primary mental health work (including school link work)
  - Mental health provision for children and families in crisis, including out of hours services
  - Mental health provision for children and young people in rural and island communities
  - The mental health of looked after and accommodated children (LAAC)

Proformas were distributed to Child Health Commissioners in each NHS area and to local authority heads of child and family social work services. Following a process of reminders, a total of 16 responses were received.

Table 4.1 indicates the response by area and type of provision described in Part Two of the pro forma.

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

**Table 4.1: Responses received by area and type of provision**

NHS Area	Responses received	Types of provision selected
Ayrshire & Arran	NHS	Out of hours / crisis
Borders	No response	-
Dumfries & Galloway	NHS	PMHW
Fife	NHS	LAAC
Forth Valley	NHS + 1 LA	PMHW
Grampian	NHS	PMHW
Grtr Glasgow & Clyde	No response	-
Highland	NHS	PMHW
Lanarkshire	NHS (2 responses)	LAAC + Early Years
Lothian	NHS + 1LA	Early Years
Orkney	NHS (2 responses)	Rural
Shetland	No response	-
Tayside	NHS + 1LA	PMHW + Rural
W Isles	NHS	Rural

### 4.2 Case studies

From the proforma responses up to three local areas were selected for each type of provision for more detailed case study analysis. Table 1.2 below indicates the local areas and types of provision.

Areas were selected to ensure geographical coverage and the inclusion of examples of each of the five models of specialist service. In addition the selected examples were felt to:

- Illustrate local service systems moving towards the type of approach which will enable them to implement the Framework successfully  
And
- Have the potential to produce learning for other areas

The case studies were developed by undertaking phone interviews with key health and social work representatives involved in each model of provision, including those with operational and strategic responsibility. Additional information was collected by email.

A semi-structured interview schedule was developed to guide the telephone interviews. This covered:

- The history and background to the case study service/resource
- Strategic factors facilitating the setting up of the service
- 'Location' of the service/resource within the wider network of services
- Aims, objectives and operational features of the service
- Service impacts and outcomes
- Key successes and areas for further improvement

**Table 4.2: Case study areas by type of provision**

<b>Type of provision</b>	<b>Case study areas</b>
<b>Early years</b>	Lanarkshire, Lothian
<b>Primary MH workers</b>	W Lothian, Dumfries & Galloway, Highland, Forth Valley
<b>Crisis / out of hours</b>	Ayrshire & Arran
<b>Rural</b>	W Isles, Orkney
<b>LAAC</b>	Lanarkshire, Fife

### **4.3 Stakeholder engagement**

A stakeholder seminar was held on 21 February to ensure that representatives from local areas across Scotland who had experience and expertise in the service areas being studied could contribute to the process of model building. Participation was by invitation. Twenty-five people attended from a range of services across Scotland. The workshop comprised three discussion groups each focusing on one of three types of service: crisis services, early years and LAAC. Consideration of rural issues was addressed across all three.

The focus on PMHW was undertaken through the case studies but also drew on material already obtained through other processes. The project was not able to explore issues associated with provision in remote and rural areas as originally intended due to lack of available information.

### **4.4 Examining approaches to development and models of implementation in key areas of provision**

This strand focused on systems that support effective interventions and on the development of evidence-based services and resources to achieve improved outcomes and enhance the capacity of the service system to respond to the needs of children, young people, their families and carers at Tier 2 – 3.

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

The work was developed using material from the case studies, the outputs from the stakeholder seminar and recent relevant literature. The Framework was used as a baseline for each of the four main types of service together with the evidence of problems and solutions from other data sources.

The following key considerations informed the exploration of approaches and models for implementation:

- The importance of systemic approaches that offer effective interventions of differing types and levels of complexity within an integrated service system, in order to deliver better outcomes in shorter timescales and to target resources effectively
- The need to align promotion, prevention, care, support and treatment to offer a comprehensive range of resources for a defined population
- The potential for service redesign and development to provide comprehensive community support systems
- The need to continue to promote participation of children, young people and families

## 5. Where Are We Now?

### 5.1 Structures: relationships and responsibilities

#### 5.1.1 Locus of responsibility for children and young people's mental health

The Support for Change project scoping survey of local areas *Where Are We Now?* illustrated the considerable complexity of the strategic and planning environments within which children and young people's mental health services sit. In each area the environment is complex in different ways contingent on: the number of local authorities within a Health Board area; the number of internal forums within each Health Board and Local Authority; and the number of joint forum for strategy, planning and implementation. This is compounded by where children's mental health services are located strategically: that is within mental health service planning and development and/or within children's health services, and the required inter and intra-agency links that flow from this to support integrated planning and implementation.

At a strategic level, children's mental health services (including mental health improvement) can be located within NHS mental health strategies (including local Delivering for Mental Health strategies), within joint children and young people's mental health and wellbeing strategies, within joint Child Health strategies, within local authority integrated children's services plans and within CHP children's service plans.

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

The following are some examples:

- In Dumfries and Galloway the joint local strategy is 'Children and Young People's mental health and wellbeing in Dumfries and Galloway'
- In Lanarkshire, children's mental health is strategically located within 'the children's strategy', the mental health strategy and in inter-agency children's services plans
- In Ayrshire and Arran, the review of NHS mental health services includes sections on children and young people's mental health. It is also included in the IAF's of the three local authorities and in the local authority CHP children's services plans.

In the majority of areas that responded to the survey, the NHS is the lead authority/agency. In a number of areas specific reference was made to the joint arrangements in place, for example in Dumfries and Galloway the lead agency was described as the Dumfries and Galloway Children's Services Chief Officer Group; in Highland, NHS Highland and Highland Joint Committee Children and Young People's Chief Officer Group serves as the Project Board. Elsewhere the Health Board led, but in partnership with local authorities.

Positions identified as having lead responsibility were various, included Child Health Commissioner, CHP General Manager, Director of Nursing and Medical Director. In some areas, groups were described as holding lead responsibility rather than individuals.

The planning structures reported reflected the cross-cutting nature of children's mental health and wellbeing and the potential involvement of local authority children's services (social work, education, youth justice, etc), children's health services and children's mental health services (CAMHS), adult mental health services and mental health improvement.

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

### ***Examples: planning structures***

In Fife the multi-agency child and adolescent mental health and wellbeing group is a sub-group of the Fife child health strategy implementation group; the child health strategy implementation group reports to the children's services group.

In Forth Valley, the three integrated children's planning groups are the mechanism for each CHP and local authority to implement activities in relation to children's mental health services. The Forth Valley CAMH group will support the three Planning Groups and interface with both the Mental Health Delivery Plan Group and the Forth Valley Child Health Forum.

In Orkney the Community Plan provides overarching strategic direction. The Integrated Children's Services Plan is a thematic group within the Planning Partnership and planning for CAMHS and drugs and alcohol services feeds into this. At the same time CAMHS also sits within NHS Orkney Planning and within the scope of the mental health sub group of the joint management team for community care services, which reports to the Joint Future Forum.

In several areas, planning structures were in transition, either because a gap had been identified (e.g. In Ayrshire and Arran), or because work was on-going to rationalise CAMHS and adult mental health planning and governance arrangements (Orkney).

### **5.1.2 Relationships between planning for children's mental health services and adult mental health services**

A number of different arrangements were described to link adult and child mental health services planning, for example by:

- Locating children's mental health services within the mental health partnership, as was the case in Ayrshire or Arran
- Leads from adult and child mental health reporting to the same groups - in Fife both the child mental health and adult mental health leads report to the joint mental health division of the strategy group in relation to the Mental Health Development Plan

## **SUPPORT FOR CHANGE**

Approaches and models for the development of provision for children and young people's mental health

- Representatives from children's mental health services sitting on several groups. In Dumfries and Galloway, for example, the CAMHS lead clinician sat on both the joint local implementation plan and delivery group and mental health service management group. In Highland, the Director of Community Care/director lead for children's services sits on the strategic planning group for mental health services, while the Child Health Commissioner sits on the mental health operational group.

Several areas reported that work was underway to review current arrangements and strengthen links, for example in Grampian, where adolescent mental health is managed within adult mental health services, while children's mental health is managed within a combined child health model.

### **5.1.3 Relationships between children's mental health services and integrated children's services**

Again approaches were diverse. In several areas CAMHS representatives were members of local authority ICSP groups, for example in Ayrshire and Arran. Regular meetings and cross representation on specific groups was identified in Lothian. In Grampian each CHP for each of the three local authorities had an integrated CAMHS planning group supporting both the joint health improvement plan and ICSP. In other areas integration was addressed via the reporting mechanisms between different bodies.

The overall variability and complexity of structures and relationships has implications for the development of approaches to facilitate the implementation of the different types of provision which are the focus for Support for Change. One size will clearly not fit all; it is therefore a question of highlighting key elements that have applicability and generalisability, but which can be adapted to the specific local and organisational infrastructure and culture. This is the focus of Part III below.

## **5.2 Progress with implementation**

In the three years following the publication of the Framework, local partnerships have been seeking to implement improvement in local resources for children and young people's mental health in line with the policy priorities highlighted earlier. Experience to date indicates that this process poses significant challenges but also that there are many assets to utilise and many examples of good practice on which to build.

**SUPPORT FOR CHANGE**

Approaches and models for the development of provision for children and young people's mental health

**Table 5.1: Factors that influence the development of resources for children and young people's mental health**

<b>Enhancing local resources for children and young people's mental health: implementation</b>	
<b>Factors that facilitate development</b>	<b>Challenges for development</b>
<ul style="list-style-type: none"> <li>• Networks that work effectively for each of the Framework contexts</li> <li>• Effective overview and coordination of the range of local resources across promotion, prevention, care and treatment</li> <li>• Clearly identified processes for the planning and development of mental health resources for children and young people</li> <li>• Integration and coherence of planning structures</li> <li>• Leadership exercised through a set of people able to articulate the vision and engage stakeholder</li> <li>• Mature partnerships with a capacity to work across boundaries</li> </ul>	<ul style="list-style-type: none"> <li>• Equity of provision</li> <li>• Sustainability</li> <li>• Communication and information</li> <li>• Child-centred focus</li> <li>• Practice and professional development</li> <li>• Prioritising preventive work and early intervention</li> <li>• Developing and maintaining skills, knowledge and confidence through effective support and supervision</li> <li>• Audit and evaluation</li> <li>• Prioritisation of participation</li> <li>• Focus on assets and achievements</li> <li>• Services with and for parents</li> <li>• The management of life transitions and service transitions</li> </ul>

Adapted from White and Catchpole, 2006

The first sections of the report have set out the current policy and practice context and climate within which development will take place. The sections that follow explore approaches to development and models of implementation in key areas of provision. These approaches and models draw on a range of data sources, including case studies, and discussions at the Support for Change seminar and other research and background information.

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

## References

- Advisory Council on the Misuse of Drugs (2003) *Hidden Harm*. London: Home Office
- Anderson, S., Bradshaw, P., Cunningham-Burley, S. et al (2007) *Growing Up in Scotland 1: Sweep 1 Overview Report*. Edinburgh: Scottish Executive
- Bradshaw, P., Cunningham-Burley, S., Dobbie, F. et al (2008) *Growing Up in Scotland: Year 2*. Edinburgh: Scottish Government
- Child Protection Audit and Review Group (2002) *It's Everyone's Job to Make Sure I'm Alright*. Edinburgh: Scottish Executive
- Curriculum Review Group (2004) *A Curriculum for Excellence*. Edinburgh: Scottish Executive
- Curriculum Review Programme Board (2006) *A Curriculum for Excellence: Progress and Proposals*. Edinburgh: Scottish Executive
- Ermisch J, Francesconi M and Pevalin D (2001) Outcomes for Children of Poverty. DWP Research Report No 158. Leeds: DWP.  
<http://www.dwp.gov.uk/asd/asd5/rrep158.asp>
- Friedli L and Parsonage M (2007) *The Economic Case for Mental Health Improvement*. Belfast: N Ireland Association for Mental Health.
- General Register Office Scotland (2007) *Mid 2006 Population Estimates Scotland* (<http://www.gro-scotland.gov.uk/statistics/publications-and-data/population-estimates/mid-2006-population-estimates-scotland/index.html>)
- Green, H., McGinty, A., Meltzer, H. et al (2005) *Mental Health of Children and Young People in Great Britain, 2004*. Hampshire and New York: Palgrave Macmillan
- Hickey N, Kramer T and Garraldi E (2008) *Primary Mental Health Workers (PMHWs) in Child and Adolescent Mental Health Services: A survey of PMHWs' perceptions about organisation, management and role*. London: Department of Health
- Hirsch, D. (2008) *Estimating the Costs of Child Poverty in Scotland: Approaches and evidence*. Edinburgh: Scottish Government
- HPSU (2004) *Being Well - Doing Well: A framework for health promoting schools in Scotland*. Dundee: Health Promoting Schools Unit
- Jané-Llopis E And Braddick F (Eds) (2008) *Mental Health in Youth and Education*. Consensus paper. Luxembourg: European Communities

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

Kidner, C. (2007) *Children's Services*, SPICe briefing 07/40. Edinburgh: Scottish Parliament

National Steering Group for Children's Specialist Services (2008). Extract from Remote and Rural Report  
[www.specialchildrensservices.scot.nhs.uk/Documents/Remote%20and%20Rural.pdf](http://www.specialchildrensservices.scot.nhs.uk/Documents/Remote%20and%20Rural.pdf)

ONS (2005) Mental Health of Children and Young People in Great Britain.  
[www.statistics.gov.uk/statbase/Product.asp?vlnk=14116](http://www.statistics.gov.uk/statbase/Product.asp?vlnk=14116)

Ravens-Sieberer U et al (forthcoming) Socioeconomic inequalities in mental health among adolescents in Europe

Scottish Executive (2001) *For Scotland's Children: Better integrated children's services*. Edinburgh: Scottish Executive

Scottish Executive (2002) *Scotland's Action Programme to Reduce Youth Crime 2002*. Edinburgh: Scottish Executive

Scottish Executive (2003) *Hungry for Success*. Edinburgh: Scottish Executive

Scottish Executive (2004a) *Integrated Children's Services Planning 2005 - 2008: Guidance*. Edinburgh: Scottish Executive

Scottish Executive (2004b) *Protecting Children and Young People: The Charter*. Edinburgh: Scottish Executive

Scottish Executive (2004c) *Protecting Children and Young People: Framework for Standards*. Edinburgh: Scottish Executive

Scottish Executive (2004d) *Community Health Partnerships: Statutory Guidance*. Edinburgh: Scottish Executive

Scottish Executive (2005a) *Getting it Right for Every Child: Proposals for Action Consultation*. Edinburgh: Scottish Executive

Scottish Executive (2005b) *Getting it Right for Every Child: Supporting Paper 1 - The Process and Content of an Integrated Framework and the Implications for Implementation*, Edinburgh: Scottish Executive

Scottish Executive, (2005c) *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care*, Edinburgh: Scottish Executive

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

Scottish Executive (2005d) *Supporting Children's Learning: Code of Practice*.  
Edinburgh: Scottish Executive

Scottish Executive (2005e) *Getting the Right Workforce. Getting the Workforce Right. A strategic review of the CAMHS workforce*. Edinburgh: Scottish Executive

Scottish Executive (2005f) *Delivering for Health*. Edinburgh: Scottish Executive

Scottish Executive (2005g) *The National Framework for Service Change in the NHS in Scotland - Building a Health Service fit for the Future*. Edinburgh: Scottish Executive

Scottish Executive (2005h) *Health for All Children: Guidance on implementation in Scotland*. Edinburgh: Scottish Executive

Scottish Executive (2005i) *Supporting Children's Learning: Code of Practice*.  
Edinburgh: Scottish Executive

Scottish Executive (2006a) *Getting it Right for Every Child: Implementation Plan*.  
Edinburgh: Scottish Executive

Scottish Executive (2006b) *Draft Children's Services (Scotland) Bill Consultation*.  
Edinburgh: Scottish Executive

Scottish Executive (2006c) *Report of the Youth Justice Improvement Group: Scottish Executive response*. Edinburgh: Scottish Executive

Scottish Executive (2006d) *Hidden Harm - Next Steps*. Edinburgh: Scottish Executive

Scottish Executive (2006e) *Delivering for Mental Health*. Edinburgh: Scottish Executive

Scottish Executive (2006f) *Emergency Care Framework for Children and Young People in Scotland*. Edinburgh: Scottish Executive

Scottish Executive (2006g) *More Choices, More Chances: A strategy to reduce the proportion of young people not in education, employment or training in Scotland*.  
Edinburgh: Scottish Executive

Scottish Executive (2006h) *Rights, Relationships and Recovery: The report of the National Review of Mental Health Nursing in Scotland*. Edinburgh: Scottish Executive

Scottish Executive (2006i) *Rights, Relationships and Recovery: The report of the National Review of Mental Health Nursing in Scotland - Delivery Action Plan*.  
Edinburgh: Scottish Executive

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

Scottish Executive (2006j) *Changing Lives: The Report of the 21st Century Social Work Review*. Edinburgh: Scottish Executive

Scottish Executive (2006k) *Changing Lives: The Report of the 21st Century Social Work Review: Implementation Plan*, Edinburgh: Scottish Executive

Scottish Executive (2007a) *Summary Report on the Consultation Responses: The Draft Children's Services (Scotland) Bill*. Edinburgh: Scottish Executive

Scottish Executive (2007b) *Getting it Right for Every Child: Guidance on the Children's or Young Person's Plan*. Edinburgh: Scottish Executive

Scottish Executive (2007c) *Getting it Right for Every Child: Implementation of the Children's or Young Person's Plan: Guidance for Local Authorities on Ensuring all Children Appearing at a Hearing have a Plan by December 2007*. Edinburgh: Scottish Executive

Scottish Executive (2007d) *Delivering a Healthy Future: An Action Framework for Children and Young People's Health in Scotland*. Edinburgh: Scottish Executive

Scottish Executive (2007e) *Looked After and Accommodated Children and Young People: We can and must do better*. Edinburgh: Scottish Executive

Scottish Government (2007f) *The Government Economic Strategy*. Edinburgh: Scottish Government

Scottish Government (2007g) *Health in Scotland 2006: The Report of the Chief Medical Officer*. Edinburgh: Scottish Government

Scottish Government (2007h) *Better Health, Better Care: An Action Plan*. Edinburgh: Scottish Government

Scottish Government (2007i) *Towards a Mentally Flourishing Scotland: the Future of Mental Health Improvement in Scotland*. Edinburgh: Scottish Executive  
<http://www.wellscotland.info/towards-a-mentally-flourishing-scotland-resources>

Scottish Government/Cosla (2008a) *Early Years and Early Intervention: A joint Scottish Government and Cosla Policy Statement*. Edinburgh: Scottish Government

Scottish Government (2008b) *National Delivery Plan for Children and Young People's Specialist Services in Scotland - Draft for Consultation*. Edinburgh: Scottish Executive

## SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

Scottish Government (2008c) *Delivering for Child and Adolescent Mental Health Services - Moving Forward*. Edinburgh: Scottish Government  
<http://www.scotland.gov.uk/Topics/Health/health/mental-health/servicespolicy/camhreport>).

Scottish Government (2008d) *Equally Well*. Report of the Ministerial Task Force on Health Inequalities. Edinburgh: Scottish Government.  
<http://www.scotland.gov.uk/Publications/2008/06/25104032/0>

West P and Sweeting H. *A review of young people's health and health behaviours in Scotland*. Glasgow: MRC Social and Public Health Sciences Unit, Occasional Paper 10.

White J and Catchpole R (2006) *The mental health of children and young people: a framework for promotion, prevention and care*. Report on the Framework Implementation Support Initiative for HeadsUp Scotland. Edinburgh: Scottish Development Centre for Mental Health.

Youth Justice Improvement Group (2006) *Report of the Youth Justice Improvement Group*. Edinburgh: Scottish Executive