



scottishdevelopmentcentre
for mental health

**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**

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October 2006



Scottish Development Centre

The Scottish Development Centre (SDC) aims to influence and enhance the mental health and well being of individuals, families and communities in Scotland and contribute to the continuing renewal of mental health services

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Young Minds

YoungMinds aims to improve life chances for children and young people experiencing or at risk of mental health problems or well being difficulties at any point in their lives

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Acknowledgements

The Project Team would like to acknowledge the enthusiasm and expertise of the participants in this initiative. Their contributions at all stages of the process have enabled the Scottish Development Centre and YoungMinds to hear about work going on across Scotland and to compile this report as an overview of local achievements and aspirations, December 2004 to March 2006.

Commissioned by the Health Department, Scottish Executive.

Introduction

In 2004, the Child Health Support Group's Child and Adolescent Mental Health Development Group issued a draft Framework (Children & Young People's Mental Health: A Framework for Promotion, Prevention and Care) to assist local health, education and social services in planning and delivering integrated approaches to children and young people's mental health, across the continuum of promotion, prevention and care. The Framework was intended to provide guidance that would enable local services, agencies and partnerships to review, change and enhance the ways in which they deliver services.

Early support for local areas in identifying their priorities for development in the light of the Framework was commissioned by HeadsUp, the national project for children and young people's mental health, from the Scottish Development Centre for Mental Health (the Scottish Development Centre) and YoungMinds. From December 2004 to March 2006 this partnership of independent organisations worked to assist health, local authorities and community and voluntary sector partners to review their current situations, develop their vision for the future and determine how that could be achieved.

1. Purpose

The purpose of this work was:

- To gather information and views from local partner agencies to feed into the continuing development of the Framework
- To develop a baseline of information about how local service systems work and to be able to look at progress over time against local objectives and national priorities
- To assist local agencies in developing priorities and building partnerships for the effective implementation of the Framework and in mapping out the way forward, in order to improve mental health outcomes for their population of children and young people.

The Scottish Development Centre/YoungMinds project team worked with and through local structures for service planning and development. The team brought considerable experience and knowledge about mental health policy and practice and an understanding of the challenges faced by local partners in moving the agenda forward. Working with the project team provided local areas with an opportunity to make progress in addressing a key national priority for children and young people as well as to feed into the development of the draft Framework.

2. Approach

From December 2004, the Scottish Development Centre/YoungMinds project team made contact with the Child Health Commissioner in each of the 15 Health Board areas in Scotland and with the local authority planning partners to identify how best support could be made available to achieve the aims set out above. There was scope to tailor the approach taken to fit local needs and requirements. However the process broadly followed the pattern set out below:

3.1 Initial briefing meeting with key commissioners and planners, including the local Child Health Commissioner, the chairs of local authority Children's Services Planning Groups and relevant policy staff, to explore early reactions to the draft Framework and to begin to build a picture of local service systems.

Feedback from local partners on the draft Framework

In order to give local context to the Framework Support Initiative, the following questions on the draft Framework were explored during the initial briefing meetings. This gave the project team a sense of what local partners saw as the strengths and weaknesses of the draft Framework:

- In what ways might the Framework be helpful to local partners in ensuring prioritisation of children's and young people's mental health?
- In what ways might the Framework be helpful in strengthening partnership working locally, to achieve improved mental health for children and young people?
- What are the key issues for local areas in implementing the Framework (resources and other)
- In what ways should the Framework be revised or refined, so that it can support local development? Are there any gaps?

Review of local position

Local partners were then asked about the services and resources in their area and how they saw these developing in the future. They were then asked the following questions:

- How do local systems for promotion, prevention, care and treatment compare with the Framework proposals?
 - What aspects of the Framework are developing well locally? (including examples of promising practice to build on and to share with other areas)
 - Where are the main obstacles to development?
 - What are the gaps and shortfalls?
 - What aspects would the local area intend to develop in the coming 2-3 years, in relation to: promotion; prevention; care and treatment?
- How are young people and families involved in mental health planning and development locally? How could this be enhanced?
- How will the desired developments in mental health be taken forward by:

- Local authorities and their partners through Children’s Services Planning and through Community Planning?
- The NHS through Community Health Partnerships and other routes?

Feedback from the briefing meetings was used to inform the local information gathering and stakeholder processes (see 3.2 and 3.3 below).

3.2 Information gathering on local service systems to develop a baseline

The Scottish Development Centre/YoungMinds project team created a proforma based on the five Framework contexts: early years, school years, youth and community, additional support needs and CAMH specialist services. Following each of the local meetings, local contacts gathered information across the whole Health Board area about existing services and resources to begin to answer the questions above.

This information was then used to fill out the proforma. For each service element identified in the Framework, local areas were asked to say whether it was in place, commissioned, planned, or not planned. They were also asked to identify three recent significant developments and three initiatives planned to take place in the near future. The information gathered was then analysed and, from this, a brief local profile was developed which was fed back to local areas. 12 Health Board areas responded by filling in the proforma. One of the remaining areas had already initiated an evaluation of the local implementation of the Framework, and a further area set up a more detailed information collection process.

3.3 Participative work with local stakeholders to review priorities, build partnerships and identify the way forward in the light of the guidance provided in the draft Framework.

The stakeholder process was designed to:

- support local planning and practice
- explore local strengths and achievements so far, including local ability to identify the right people to participate
- identify specific tasks for local areas to focus on, as well as gain a national picture of the direction needed.

The project team worked with local partners to organise and facilitate 14 stakeholder events for approximately 30-40 participants (numbers ranged from 24-70) in 13 Health Board areas. Most of these drew in participants from the whole Board area. One event was focused at a local authority level and two events were held in one of the Island Boards, as part of a more extensive development process.

Existing local structures were used to secure the engagement and involvement of a wide range of stakeholders including young people, family members, staff from each of the tiers of care; health, education, social care, community sectors; the public, private and voluntary sectors; commissioners / planners, managers and practitioners. A key part of the process was to create opportunities for networking and interaction between sectors and services and between service users and staff.

The events aimed to:

- Highlight effective practice in:
 - relationships and structures
 - service elements
 - capacity.
- Identify possible means of redressing any gaps
- Identify local priorities for change and development to improve the mental health of children and young people
- Map out the way forward, using the draft guidance as a reference point and drawing on any baseline information gathered so far
- Identify how best the activity to improve children and young people's mental health would be integrated with local Integrated Children's Services Plans.

The workshops were facilitated by the Project Team, with much of the day spent in facilitated group discussion and plenary sessions to feedback and recap. The Project Team also organised and administered the workshops in each area, to create a neutral space for participants to work together.

For a version of the Programme, see Appendix 1.

3.4 Reporting back to local areas and to the National Project

The project team attended a final meeting in each board area to focus on agreeing the priorities for action that could arise from the stakeholder discussions. A written report has been provided for each area summarising key issues, priorities and actions identified in the course of the process.

The content of this paper is based on details from the baseline information collection and on the reports of the stakeholder events. The following sections offer some reflections on what emerges from the stakeholder process. Features which are common to local areas that are making good progress may be applied on a national basis across Scotland, always taking into account the progress made so far. Other than the need to find a local pathway towards implementation of the framework, the real differences relate to rural and island communities.

3. Overview of contexts

In taking an overview of the information feedback on the service elements of the different Framework contexts, it is possible to see in some of the board areas which are the stronger and weaker contexts. And, in some areas, it became apparent that the analysis threw light on the adequacy or otherwise of local information gathering and sharing, rather than on the level of resources and service provision within a particular context.

Overview of contexts

Early years

This is a strong context overall. There are however, significant concerns about the extent to which information on early years resources is shared with services and agencies in the other contexts.

School years

This is a strong context in most areas. In about one third of board areas, the early years and school years contexts are both well developed.

Additional support needs

This is a less well-developed context overall, but strong in one third of board areas.

CAMH specialist services

This is also a less well-developed context overall. Again, it is a strong context in approximately one third of board areas.

Youth and community

This is the weakest context overall. The weakness of the information return may be a consequence of the weak links and networks between CAMH services and youth work.

4. What works well and why

In facilitating the stakeholder events, it became clear that that some key features could be identified which would suggest that the local development of mental health resources for children, young people, their families and carers was well underway and that there was a sense of what would be needed next.

Any area which has many of the following features is likely to have a resource which is coordinated, which knows its strengths, can regulate itself and can share direction with other stakeholders. These features are:

- The presence of one or more strong context(s) in an area. This is important in enabling the development of the other contexts
- A range of networks built around the strong context(s)
- Effective overview and coordination of the range of local resources and issues across the contexts
- Having a named process focusing on planning for mental health resources for children and young people and (probably) a group tasked with taking the process forward
- Key individual(s) with a belief in their ability to make a difference
- Leadership, in the sense of someone or a set of people who will constantly articulate the vision and engage stakeholders, is critical.

What is common to those areas making good progress towards implementation?

The following features are found in areas making good progress towards implementation:

- Awareness of local environment
- Mature partnerships
- Working across boundaries
- Participation
- Focus on positive strengths
- Audit and evaluation
- Promotion, prevention and care
- Integration of planning structures.

Local environment

Awareness of the strengths and difficulties represented in the local environment is important. This includes the current level and nature of services, the demography, geography and patterns of need locally. This can form the basis for the development of a local model of how best to achieve the aims and outcomes described in the Framework.

Partnerships

Local areas need mature planning partnerships, able to recognise each agency's contribution and to accept and work with differences of emphasis. In the most effective partnerships, members are able to think about shared outcomes and targets that recognise the different priorities that each have. Shared ownership of the issues and shared responsibility for outcomes are seen as, at the very least, important goals to strive for. Locating these within a shared vision is essential. The capacity to reframe issues so that individual agency priorities can be better understood is a key skill.

Boundaries

Co-terminous service boundaries are helpful but, as Forth Valley demonstrates, this is not essential to effective partnerships. The capacity to work across boundaries is key, but boundaries exist as much in the mind as in any external reality. Consequently, helping people to think differently and to conceptualise roles and responsibilities systemically is a key skill set and a key function of leadership.

Participation of children and young people, their parents and carers

Participation is not yet a common strength but where there are high levels of participation the benefits are evident. In Shetland, where young people participated in the stakeholder event, they were able not only to make creative suggestions but also the tone of the whole discussion of needs and developments was child centred. In the Western Isles, the participation of parents in stakeholder discussions similarly helped to focus on what parents can contribute as active partners with other agencies.

Positive strengths

Approaches to implementation that focus on positive strengths (in children, communities, families and services) seem to be more effective than those that are problem or deficit focused. Capacity building in children, families, communities and services works. In children this is about building resilience, while in families it is about identifying strengths and reinforcing these. In communities and services it is about understanding the specific local context and engaging with what people and systems are best at – i.e. creating a local vision and a model of services that release potential and empower communities and practitioners. However, this is not to deny the need for intensive or crisis interventions in some instances (in children, families, communities and services).

Audit and evaluation

Locally driven audit and evaluation is not common, but the most effective service systems recognise its value in sustaining partnerships and shaping service development.

Promotion, prevention and care

It is important to understand that promotion, prevention and care are not separate activities but elements in a strategic approach to achieving better outcomes for children and young people.

Integration

A focus is required on the integration of planning structures for children and young people's mental health resources with:

- Children's Services Planning
- Planning of children's health services,

where these are not already integrated. Children's Services planning also needs to be well integrated with wider community planning processes, including Community Health Partnerships.

Where areas are struggling to make progress the absence of one or more of the above features is strongly implicated.

5. Examples of practice

Services, resources and initiatives which exemplified good practice were identified by participants during stakeholder events. Some are included below, by area:

Ayrshire and Arran

- Early Years, East Ayrshire Council: Promotion of Fit Ayrshire Babies in local authority nurseries and family centres, voluntary and private nurseries, with registered child minders and in ante-natal and post-natal classes, parent and toddler groups.
- South Ayrshire Culture and Lifelong Learning Department: Girvan Primary School, Pacific Institute, developing emotional literacy/self-confidence with primary school children and Marr College, Ross Training Programme, staff development for teaching staff dealing with challenging young people
- Through Choose Life, Community Schools Teams have produced packs on Healthy Relationships and drama has been used to discuss issues relating to suicide. In North Ayrshire, a worker has been appointed to raise awareness of deliberate self-harm among young people and those who work with them
- South Ayrshire Family Support Team: social work, education and private agencies working with 14 – 20 year olds to give them experience outside the family. Private agencies might work on issues such as travel, home safety or employment. Education might work on issues such as transition in relation to colleges and training opportunities.

Borders

- An Early Years Mental Health initiative has carried out excellent work, based on the Solihull approach, but continuation of funding was unclear. The role of school nurses and health visitors in providing generic services and supports was recognised as providing a solid core service across the region
- Borders Fast Track Youth Justice Project – this project works with young people aged 15-19 whose mental ill health is a contributing factor in their offending behaviour. Support is provided by a range of staff including clinical psychology, community psychiatric nursing and social work. The project is the only one of its kind in Scotland to have health input.

Fife

- Pre-school community teams which bring health, education and social work together to create a team around the child and ensure early intervention
- A strand of the work of New Community Schools, which is promoting a co-ordinated approach to parenting support programmes (universal and targeted). Following the success of the Positive Parenting Programme in some parts of Fife, this is now being rolled out
- A range of innovative initiatives in schools to work with pupils on mental health and wellbeing and to support the wellbeing of staff. These include the active engagement of the skills and experience of the voluntary sector
- An Autistic Spectrum Information Support Team (ASIST) supports staff in education to work more effectively with children with autistic spectrum disorder.

Forth Valley

- In Falkirk there were good service links between CAMH services and psychology services, with good clear systems, providing an effective platform for multi-agency planning in relation to the mental health and wellbeing of children and young people in the area
- In Stirling the early years initiative focused on children where there was substance abuse in the family. Support was offered to sustain the child within the family and therapeutic help was offered to the parents
- Consultation and liaison service (from psychology) providing an integrated mental health service to health visitors
- Relationships between CAMH services and educational psychology were considered to be generally very good, with regular meetings and CPD sessions where staff could share concerns and have lunch together. There was a developing understanding of respective roles.

Lothian

- Early Years Assessment Team in East Lothian provides care co-ordination for each family
- A range of approaches to provide mental health expertise to schools, making links between school, community and family, e.g. West Lothian Link Workers
- Innovative work in parts of Lothian to support services for looked after and accommodated children, e.g. capacity building through Edinburgh Connect

- Specialist CAMH services working in partnership with a youth advisory service provide counselling for young people and are involved with a service offering intensive support for vulnerable young people.

Shetland

- The Shetland Childcare Partnership, based in a Family Centre, which runs parents groups, two in Lerwick, one in south Mainland and the next is planned for Westside. The Centre has an overview of childcare in Shetland and is also involved in outreach activities. The Partnership is a grouping of statutory, voluntary and private agencies. This has led to the development of effective inter-agency communication as the partnership means fewer boundaries to be negotiated between agencies
- Seasons for Growth: an initiative responding to the needs of bereaved children and those dealing with loss
- Playday event. 640 adults and young children attended this event in Lerwick which involved health promotion, community development and education. The focus of the day was fun. Smaller outreach events were also organised.

Orkney

- Accident and Emergency services were felt to be good at making referrals to CAMH services or to voluntary organizations (e.g. for counselling) where this was appropriate. CAMH services provide training for SHOs each 6 months as new staff come into post and this was helpful both in raising awareness and creating lines of communication with A&E
- A number of examples of good practice around transitions from primary to secondary were noted. These included secondary teachers meeting with P7 pupils before they move up, netball/volleyball for P6/P7 pupils and other activities to encourage integration with older pupils
- Orkney pre-school child development team. This inter-agency group runs a number of meetings including business meetings and meetings about individual children, looking at their pre-school development profile, such as their speech and language development. Staff focus on any developmental delays or difficulties, for example delay in communication skills, which could result from intrinsic delay or be related to patterns of communication within the family.

Highland

- Perinatal mental health care pathways are in development, with training for health visitors, midwives, CPNs and social workers

- Conflict mediation: A peer mediation scheme in one primary school trains P7 pupils in conflict mediation. This is a useful model of peer support at a point of significant transition
- Autism services: Awareness raising and training about autism for staff in schools and community organisations has been carried out. This has led to autism being owned and acknowledged as 'everyone's responsibility'. CAYAC (the Centre for early years and autism in Caithness) is a specialist resource that intervenes early to aid the movement of a child into mainstream resources
- Nine primary mental health workers help bridge gaps between primary care and specialist CAMH services. They offer training and consultation, undertake direct work and assist with early identification and intervention.

Grampian

- Infant mental health: a focus on infant mental health for children aged between four weeks to two years will offer support for mothers with mild and moderate post-natal depression
- Parents with enduring mental health problems: Nursing support will be available to parents with enduring mental health problems. The service focuses on work with individual families and on raising awareness of the impact of family life on individuals
- The Moray SMS health promotion project has a focus on sexual health. This project is open on a Saturday, provides some mobile outreach support and uses a variety of ways to provide information including texting. This service was developed following consultation with young people.

Western Isles

- In Uist and Barra, the responsiveness of the local community was seen as a major strength
- Pre-Scat (Pre-School Assessment Team) in Uist and Barra for children with mental health problems and children of parents with mental health problems accepts parent referral
- The Nicolson Institute in Stornoway has been commended by HMI Inspectorate on its pastoral care and guidance and inclusion work. This has worked well through evolving a system to ensure that efforts are directed to working together within the school as a team, meeting regularly to discuss issues of delivery and individual pupils and having regular reviews of the PSE programme. Professionals now visit schools to speak to pupils as part of PSE sessions

- A focus on young people with long-term health problems has led to a lay group of teenagers with diabetes and their parents being set up to advise on service development. The project aims to use young people's cultural references to shape services, for example using text messaging to remind young people of appointments.

Lanarkshire

- Investing in infants - an interest in infant mental health and a review of health visitors' work in Coatbridge led to the setting up of an interagency interest group which includes adult and child psychiatry, CAMH services staff, health visitors, speech and language therapists and Reach Out staff. The four-person project team develops programmes and delivers training and services. The project aims to promote infant assessment in the first twelve weeks of life
- Local Healthy Living initiatives have involved consultations with young people for whom stress has been highlighted as a major issue. In one area, this work with school pupils led on to planning of events and a range of follow-on initiatives. Some schools have continued to involve pupils in the running of these types of projects. The Shotts Healthy Living Centre has developed health resources specifically for young people
- There are four Reach Out teams based in primary care working with children where there is parental mental illness. They support people to work at tier 1 and are a good example of 'framework thinking'.

East Dunbartonshire

- An integrated approach to parenting support, using Triple P as the authority-wide approach. The aim is to have enough staff trained and supported so that all nursery parents and all P7 parents will be offered Triple P and it will also be offered on a targeted basis and to specialist services, with a focus on children at risk
- The Direct Action Team is a Greater Glasgow wide service which has partial involvement in East Dunbartonshire. It offers early intervention for young people who have mild to moderate mental health problems. Half of their work is direct work with young people. The remainder entails project development, for example working with groups promoting self help. The team has a capacity building role working with school nurses and educational psychologists.

Tayside

- Psychological Therapies Review. This outlined the scope and need for the development of psychological therapies for young people, which resulted in the funding to date for two new 'A' grade psychology posts

- Dinosaur School. Programme for social skills/behaviour development for children aged under 8 years and their parents. First programme being run through the Day Service based at Dudhope House
- Joint Assessment Clinic. Joint psychiatry/paediatric assessment clinic for primary aged children with a suspected diagnosis of autistic spectrum disorder.

6. Problems common to all areas

The following issues presented challenges in all areas, to a greater or lesser extent:

- Equity of provision
- Sustainability
- Communication and information
- Child-centred services
- Practice and professional development
- Early intervention
- Support and supervision
- Audit and evaluation
- Participation
- Focus on assets and achievements
- Focus on early years
- Services with and for parents
- Transition to adult services.

Equity of provision

Finding ways (and resources) to enable examples of good practice to become universal, rather than confined to specific projects or geographical areas, has been problematic. Equity of provision is a major issue.

Sustainability

Moving from short-term project funded services to mainstream services with secure funding streams remains a key challenge.

Communication and information

Areas need to improve communication and information sharing at every level, from individual cases through to service availability, access criteria, signposting for children and parents/carers and sharing of good practice. A key task is to promote better understanding of the levels of information needed across and within sectors to carry out particular tasks and ensuring that this understanding is shared among agencies.

Child centred services

It is important to find the appropriate balance between joint procedures that empower and support staff to act in a child centred way and those that encourage defensiveness and delay.

Practice and professional development

There is a need for significant investment in practice and professional development to support the creation of shared definitions, terminology, understanding and approaches to children's mental health across universal and targeted services.

Early intervention

Capacity to identify problems for children and families earlier should be improved. Areas could develop both a better understanding of what early intervention involves and a renewed focus on prevention, particularly in relation to working with expectant and new mothers and infants.

Support and supervision

Anyone working with children or young people and their parents or carers around issues of mental health needs, and is entitled to expect, supervision and support that enables them to reflect on and to process what they are experiencing. Good mental health for staff is a pre-requisite of good mental health for children. Levels of support for staff are currently variable between disciplines and agencies and across localities and regions. The development of staff forums to share practice and build understanding of each others' roles will be a vital component in improving the support available to staff, as individuals and in teams.

Audit and evaluation

Few areas have been able to put in place mechanisms for audit and evaluation of services and service systems. Many would welcome help in this area. In part this is about developing suitable frameworks and methodologies but, inevitably, it is also about having the necessary resources to ensure that audit and evaluation does not 'falloff the edge' when budgets are under pressure. Given the need to build the evidence base for service models and interventions in CAMHS this should be a priority.

Participation of children and young people, their parents and carers

With a few notable exceptions, participation remains an area for development.

Assets and achievements

A renewed focus on assets and achievements rather than on problems and deficits, both for staff and for children, young people, their parents and carers is needed. Wellbeing is closely tied to achievement. There is a need to find strategies to promote achievement as this contributes to improved mental health and well being.

Early years

More supports could be made available to front-line practitioners, to facilitate improved information sharing and partnership working across sector boundaries. This is particularly relevant to the early years context and the development of links with adult mental health services. There is more to be done on raising the profile of infant mental health and supports for parents and children through the early years. Awareness of the main developmental processes in infancy (attachment, brain maturation and resilience in particular) is central to work with children across the age range and to their subsequent development. Consequently, early years is a key context that provides opportunities for promotion and prevention and for work that engages with parents.

Services with and for parents

Partnerships with parents could be developed on a more systematic basis, to ensure that services aiming to support parents are accessible to all parents and are offered in ways which appeal to them. Links between early years and additional support needs resources could be improved. More awareness is needed of how mental ill-health in young children impacts on their lives as they grow older and how parents may then need support with their older children.

Transition to adult services

More resources are required specifically for groups of young people who are known to be at particular risk. There are major gaps in resources for young people aged 16-18.

These issues are inter-related and they also overlap with the previous list of characteristics of effective service systems. For example, strong partnerships with clear vision and good leadership enable the development of an appropriate balance in procedures and facilitate information sharing. An awareness of local needs and strengths, together with well-trained staff, facilitates improved capacity to target early intervention and seize opportunities for mental health promotion.

7. What is specific to rural and island communities?

The following features underlie and affect the development and coordination of resources across rural and island communities in Scotland. They are mostly not unique to these communities, but should be acknowledged as having particular resonance for the planning of resources in rural and island areas:

- Community responsiveness
- Specialist services
- Prevalence
- Funding
- Isolation
- Confidentiality
- Group interventions
- Stigma
- Cultural issues
- Young people leaving the islands
- Child centred services.

Community responsiveness

The responsiveness of the local community was seen as a major strength in many island and rural settings. Communities endeavour to fill any gaps as best they can in response to a lack of more formal service provision. Workers live in the communities where they work and personal relationships mean that it is, on the whole, easy to make contacts across agencies. Community groups are often good at setting things up for themselves and can make appropriate contacts in order to develop resources further. Support networks for children, young people and families are more readily developed where existing community based premises can act as a focal point.

Specialist services

The non viability of highly specialised services in small communities, together with resource shortfalls, serves to illustrate the value of thinking about how existing resources can be better used to achieve shared outcomes. This is not an either/or question. Implementation of the framework, in all areas, is likely to require both new investment and better use of existing resources through improvements in joint working, the reframing of issues locally and, over time, the planned development of service systems.

Prevalence

Patterns of prevalence of mental disorders in the islands, and other remote and rural communities, appear to be atypical. Levels of conduct disorder appeared to be lower than expected and anecdotally there were higher than expected rates of autistic spectrum disorder. There was also evidence in some communities of high levels of special needs among a smaller than average child population, as a

result of families with children with special needs choosing to move to the islands.

Funding

Per capita based funding formulae do not take sufficient account of the particular issues involved in providing services to support the mental health of children and young people in remote and rural areas. While these communities have real strengths that are protective of children's mental health, they also have real problems of geographical and social isolation that are expensive to overcome.

Isolation

Issues of isolation, both for parents and for children, but especially for young people, were significant.

Confidentiality

Confidentiality was a particular issue given the nature of small communities where it is often the case that everyone knows everyone else. Conversely, the same features of community life supported good teacher/pupil and teacher/parent relationships and facilitated joint working at the frontline.

Group interventions

Getting people together for group interventions/support was difficult given the distances/difficulties involved in travel between islands. Consequently parenting groups or support groups for mothers with post-natal depression were more difficult to organise. Outreach work often involved travel that meant that a one-hour meeting could take a full day of a practitioner's time.

Stigma

Issues of stigma were experienced particularly strongly, with many people not wanting to be seen to need help with parenting or with mental health issues more generally, suggesting that work on mental health promotion may be particularly important.

Cultural issues

Local culture was sometimes especially powerful and could influence how services were provided. Religious culture impacts differently, for example, on the ability to offer school counselling in different island settings.

Young people leaving the islands

There were many issues about children leaving the islands – to go to secondary school on bigger islands in the case of very remote communities and to go to college/work on the mainland. There was a feeling that some children were ill equipped to cope with life 'off island' and would struggle in more metropolitan communities.

Child centred services

One key strength, evident in many island communities, is that practitioners in all services look at children and tend *not* to see difficult children, disturbed children or disturbing children, but to see *their* children. It is much easier to come together around the needs of 'our children' than it is around the needs of 'those children'. This sense of adults taking responsibility for children, and the community of which they are a part, permeates services and makes them closer than most to being truly child centred. It provides a model to which all services could aspire and emphasises the close links between community development and the development of services supportive of children's mental health.

Appendix 1

Stakeholder event draft programme

10.00	Welcome
10.10	Introduction from the Scottish Development Centre/Young Minds Framework Implementation Support Initiative
10.20	Overview of the draft National Framework for Children and Young People's Mental Health in Scotland
10.30	Report back on information about local services
10.40	Questions and discussion
11.00	Coffee
11.15	Identifying the vision for change Group work in five Framework contexts: Early years, schools youth and community services, additional support needs, specialist CAMH services <ul style="list-style-type: none">• what's working well? Why?• what are the gaps?• what are the priorities for development at Local Authority and at Health Board level?
12.30	Lunch
1.30	Discussion in groups on local priorities for action and processes for implementation. <ul style="list-style-type: none">• What needs to change in how we plan and commission services, in order to implement identified priorities at LA and at HB level?• Who needs to be involved and how? What kinds of partnership are needed to support development?• What training and development is needed to enhance capacity?
2.30	Tea
2.45	Feedback and discussion
3.15	Identification of next steps.
3.30	Conclude and close