



Mental Health in Scotland - a 10 year vision

Scottish Youth Parliament response

August 2016

1. The table in Annex A sets out 8 priorities for a new Mental Health Strategy that we think will transform mental health in Scotland over the next 10 years. Are these the most important priorities?

Yes X

No

Don't know

The Scottish Youth Parliament, along with other organisations working with children and young people, welcomes the focus on prevention and early intervention for infants, children, and young people. Focusing on mental health at all stages of a young person's life is essential to prevention and early intervention efforts. We further believe that, in general, the 8 priorities provide a holistic approach to mental health, from prevention and early intervention to high-quality care in acute settings. However, we believe further thought needs to be given as to how these priorities will be implemented and their success measured if the Strategy is to be successful in having a genuinely transformative effect on mental health in Scotland over the next 10 years. We also believe that the proposed Strategy is not ambitious enough for young people, particularly for 16 to 26 year olds, and that further action needs to be taken to strengthen support for young people in schools and other places of learning. Considering that the Strategy is organised around life stages, it is also essential that mental health support does not fall through the gap as people transition between these life stages. We provide more detailed comment on these issues below.

As a rights-based organisation with our mission, vision, and values grounded in the United Nations Convention on the Rights of the Child (UNCRC), we are heartened to see a commitment to embedding a human rights-based approach across the Strategy's priorities and actions.

SYP believes that this commitment to human rights would be strengthened by an explicit reference to the UNCRC in relation to Priority 2. In particular, reference should be made to Article 12 of the UNCRC (the right for young people to express their views on matters affecting them), considering the Strategy's use of the PANEL approach, which promotes Participation. We firmly believe that young people should be involved in the development of prevention and early intervention efforts. An explicit commitment to promoting Article 12 would strengthen these efforts.

2. The table in Annex A sets out a number of early actions that we think will support improvements for mental health. Are there any other actions that you think we need to take to improve mental health in Scotland?

While we welcome the general principles of the Strategy's priorities, we believe there are areas where these could be further strengthened. Detailed comments are provided below,



divided according to actions for different priorities. While we understand that the Strategy's early actions to improve mental health are interlinked, we have focused on those actions that we feel most pertain to young people.

Our response is based on extensive consultation with young people. In March 2016, SYP held a Mental Health Discussion event with a group of 51 young people, which was supported by the Scottish Government. The purpose of the event was to gather young people's views and experiences of mental health services and information and feed them back to the Scottish Government's Mental Health Unit in order for young people's views to be considered in the development of the next Mental Health Strategy. In addition, between February and April 2016 SYP conducted research with 1,483 young people aged between 12 and 26 on their awareness and experience of mental health information, support, and services. From the research findings, we have developed 11 recommendations for improving mental health information, support, and services for young people, which have been used to inform this response.¹

Actions for priority 2- focusing on prevention and early intervention for infants, children, and young people

As stated previously, SYP warmly welcomes the draft Strategy's focus on prevention and early intervention for infants, children, and young people. However, clarity is needed on the definition of 'young people' in the Strategy.

In light of this, SYP believes that the Strategy **must** clarify how it defines 'young people', and make explicit how the older age group of 16 to 26 year olds will be supported in their mental health.

Our research with young people, and the findings from our Mental Health Discussion Day, have highlighted that young people feel that much more needs to be done to ensure that 16 to 26 year olds are supported in their mental health, such as developing a mental health support service tailored specifically to this age group. Young people told SYP:

"We need a bridging service for 18 year olds suffering from mental health problems. Becoming an adult is a terrifying enough prospect - youth are finding a job or starting college or uni, learning what council tax is, and still finding out who they are and forging their identity. How much harder must that be for a young person fighting their own mind?"

"We need to extend youth services beyond 18."

"There should be more of a focus on teens/young adults from about 16 to 25 because in this age [...] you're in an in-between stage."

"You have to view young people aged 16 to 25 as an entire group like children and elderly."

¹ The full report from this research, *Our generation's epidemic*, can be found on SYP's website: www.syp.org.uk



This view is backed up by previous research which has highlighted that young people aged 16 to 26 have their own distinct mental health needs².

We support the Strategy's aim to improve the recognition and treatment of first episode psychosis, recognising that this can start to manifest itself at a later stage in a young person's life, and support early intervention services targeted at the older age group of young people, such as Esteem in Glasgow, which works with those aged 16 to 35 who appear to be experiencing a first episode of psychosis.

However, we remain concerned that there is not a clear enough focus on services for 16 to 26 year olds in the Strategy.

We urge the Government to provide a commitment in the Strategy to strengthen support for 16 to 26 year olds. A transitional support service for 16 to 26 year olds that focuses on lower-intensity support, which has been identified as an urgent priority in the substantial research we have carried out, should be considered

We understand that the Government is planning a review on the learning journey for 16 to 24 year olds to ensure that education provision for this age group is as effective and efficient as possible, and provides more stepping stones for those needing most support.

We believe that there is a real opportunity to use this review of the learning journey to coordinate improvements in young people's mental health with the aim of closing the attainment gap, by examining the possibility of developing a transitional 16-26 mental health support service in conjunction with the review of the 16-24 learner journey, as poor mental wellbeing can severely affect attainment at this stage of young people's lives.

We further believe that early actions for priority 2 must include an explicit mention of the role of schools and the third sector in prevention and early intervention, in addition to the role of children's services.

The Mental Health Discussion Day in March highlighted that young people identify community-based support, including support that does not focus explicitly on mental health (such as youth groups and conversation cafes) as particularly positive examples of supporting their mental wellbeing. As many such community-based services are provided by the third sector, it is essential that consideration is given to how the sector links into the prevention and early intervention approach. Similarly, as a place where children and young people spend so much of their time, the school environment is also an essential component of a preventative approach. SYP's consultation indicates that young people believe schools play an essential role in prevention. When discussing how mental health problems in young people could be prevented at the Mental Health Discussion Day, there was almost exclusive emphasis on actions schools could take in prevention and early intervention, including high-quality mental health and wellbeing education, embedding mental health throughout school culture, and providing activities to cope with stress and build positive self-esteem.

This was echoed in SYP's research with 1,483 young people; when asked what mental health support provisions were in place in their school, college, university, or workplace,

² Right Here, 'How to...provide youth-friendly mental health and wellbeing services': <https://www.mentalhealth.org.uk/sites/default/files/right-here-guide-4.pdf>, pg. 4



the majority of respondents' comments focused on school. Comments indicated that many young people feel there is insufficient focus on mental health in schools:

“Teaching pupils about mental health is way down the list of priorities.”

“We’ve had no information through PSE about mental health.”

Only 11% of research respondents stated that they would feel comfortable talking to a teacher about their mental health, with 55% saying they would not be comfortable, and 25% saying they were unsure.

At the Mental Health Discussion Day, many young people frequently stated that while pupils are taught about physical health from a young age as a compulsory component of education, the same cannot be said for mental health.

We therefore believe that the Strategy should include a specific action which focuses on programmes being delivered in schools, as well as children’s services, to improve mental health. This action could include the development of a Mental Health Standard for schools to increase the focus on mental health in the Curriculum for Excellence, and ensuring that all schools implement a Mental Health Action Plan to promote good mental health. These Action Plans should be developed by individual schools, in consultation with their pupils about what the Action Plan should include.

Finally, we would welcome further clarity on the development of a Children and Young People’s Health and Wellbeing Strategy, and how this Strategy will link with the 10-year Mental Health Strategy. It is essential that these two Strategies complement each other in terms of promoting positive mental health in children and young people, and that the voices of young people inform the development of both.

Actions for priority 3- introducing new models of supporting mental health in primary care

We welcome the priority to introduce new models of supporting mental health in primary care. As stated above, SYP consultation and research has shown that young people tend to favour primary care settings, identifying lower-intensity, non-clinical, community-based support (such as peer-to-peer support, talking to youth workers, information centres, and counselling) as positive examples of mental health services. However, young people have also identified barriers to accessing support in primary care, and consideration should be given as to actions that can be taken to address these barriers.

Firstly, our research has shown that there is a lack of awareness among young people about available mental health support and services. Our research with 1,483 young people found that 74% of respondents do not know what mental health information, support, and services are available in their local area. This was echoed at the Mental Health Discussion Day, where there was a strong consensus from the group that there is a lack of awareness among young people about available mental health services. Several felt that young people’s mental health services are not advertised widely enough, particularly in schools. One young person said that their school provided minimal information about services. The services that the school highlighted were services for those who are at crisis point, such as



suicide helplines. They asserted the need for more information in schools about lower-intensity services.

In light of this, as part of supporting mental health in primary care, action should be taken to raise awareness in young people of local lower-intensity mental health support. Our research found that, in addition to speaking to someone close to them, young people feel most comfortable talking to a GP or other medical professional about their mental health.

SYP believes that all GP surgeries and hospitals should provide age-appropriate information about local mental health support and services, with particular emphasis on young person-specific support and services, and that the Strategy should identify this as a priority/action.

We welcome the provision of link workers to direct people to non-clinical services, and believe they can play a crucial role in ensuring young people are aware of local mental health support.

Another barrier identified through consultation with young people was the lack of access to primary care in schools. As stated above, many young people feel that there is not enough focus on mental health in school, including a lack of support provision. Young people told SYP:

“You have to be put on a list and wait months to see the school psychologist - not good.”

“My school counsellor has a waiting list of 170 people.”

“There should be a nationally set ratio of counsellors to students in schools.”

“Ensure every child has regular and reliable access to 1st tier mental health services in their school.”

It is clear from our evidence gathering that far too many schools do not have sufficient counsellor numbers to support the large number of young people who would benefit from them. The Strategy must therefore include a commitment to carry out a review of the provision of counsellors in schools, and that a minimum level of service provision should be established. The third sector, children and young people, and schools should be consulted as to what this minimum level of service provision should look like.

Actions for priority 4 - supporting people to manage their own mental health

SYP supports the development of more accessible psychological self-help resources. We believe this action would be strengthened by ensuring that any resources targeted at young people are tailored appropriately to different age groups. SYP’s research has found that 29% of respondents aged between 18 and 26 do not find public mental health information to be young person-friendly, compared to 15% of 12 to 17 year-old respondents. While this pertains to general mental health information rather than self-help resources specifically, this suggests that more needs to be done to ensure that mental health resources are age-appropriate. As one young person told SYP:

“There are a huge amount of young people who suffer from a very specific kind of mental health problem relating to anxiety and often depression, particularly around employment



and lacking direction, unemployed graduate etc. There could be a service targeted to this.”

Self-help resources should take into account the specific issues affecting young people’s mental health at various stages of their life, in order to be as accessible as possible. Young people should also be involved in the design of any resources targeted towards them, in line with the PANEL principles and Article 12 of the UNCRC.

As stated previously, SYP supports actions to increase the number of link workers and peer support workers in primary care, as this form of community-based support has been commented on positively by young people. We believe that as part of this effort, there should be a focus on ensuring link workers are trained in young person-specific issues. Our research has found that respondents identify young person-specific support as being particularly effective. Young people told SYP:

“[Services] that are solely focused on young people’s mental health are good.”

“There should be trained staff on young people’s issues.”

Comments from research respondents also suggests that there is an appetite amongst young people to build their own capacity to provide informal peer support:

“Have people their [own] age talk to young people about mental health.”

“Have more peer support groups, allowing young people to meet people who are going through/ have went through something similar.”

“Resources to support friends aren’t widely available but would be helpful.”

“Young people have never been educated on how to react or help people [experiencing mental health problems]. I think they’d feel more confident to help someone if they’d had that.”

“There should be a national service, created by young people with experience of mental health problems, for young people.”

In light of this, we welcome efforts to increase the numbers of peer support workers aged between 14 and 26.

Actions for priority 5- improving access to mental health services and making them more efficient, effective, and safe

SYP welcomes actions to address waiting times issues in CAMHS. From our consultation with young people, long waiting times were identified as a significant issue. Young people told SYP:

“CAMHS have really long waiting lists.”

“I’m on a waiting list for CAMHS, and have been told I’m waiting for them to hire a new psychiatrist! They’ve told me I’ll be waiting around 8 - 10 months. I’m nearly 18, so I bet I just get passed on again.”

However, we believe that this action does not go far enough to ensure that CAMHS are efficient, effective, and safe. Young people have identified various issues with CAMHS



other than waiting times, including a lack of age-appropriate care, and the difficulty of transitioning to adult services:

“CAMHS is very good for younger kids, but as soon as you hit adolescence it’s bad. They’re not good at the initial assessment.”

“Transition between services is really hard.”

“We need better transition towards adult services.”

“To cut off young people who are at a vulnerable point in their lives from the support they are used to, and to suddenly treat them fully as adults, is barbarically cruel. We need to make sure that young people who need extra support have it; to gradually phase them in to their new service, and not throw them into the deep end and abandon them.”

In order to ensure truly efficient, effective, and safe mental health services, further action needs to be taken to improve wider issues in CAMHS. SYP supports the Scottish Association for Mental Health’s (SAMH) call for a wholesale review of CAMHS, and their call to extend the right to access CAMHS treatment to people aged up to 25. We urge the Government to provide a commitment to these two points in the Strategy.

We further believe that in order to ensure young people are meaningfully involved in the development of efficient, effective, and safe services, young person-led mental health and wellbeing forums should be established in every local authority. These forums should be involved in actions to improve CAMHS.

Actions for priority 7 - Ensuring parity between mental health and physical health

SYP supports actions to ensure mentally and physically healthy workplaces. However, places of learning (including schools, colleges and universities) help to prepare people for the world of work. Ensuring a joined up approach to mental and physical health in both places of learning and workplaces will help achieve the aim of supporting people to stay in work.

We therefore believe that this action would be strengthened by including an explicit mention of developing mentally and physically healthy *places of learning* as well as mentally and physically healthy workplaces.

Actions for priority 8 - realising the human rights of people with mental health problems

As previously stated, SYP welcomes the priority to embed a rights-based approach to mental health. However, we feel that, unlike other priorities, priority 8 demonstrates the least clear correlation between its actions and the anticipated results. While we applaud the ethos of the anticipated results, we believe that the identified actions alone will not enable these anticipated results to be reached, and that this section needs to be strengthened.

We believe that, in addition to the actions identified in Annex A, there must be action taken to ensure that people with mental health problems are aware of, and know how to

claim, their rights. A study by the Mental Health Foundation found that a minority of mental health service users are aware of their rights.³ This was echoed in SYP's consultation with young people. Young people told SYP:

“People think rights are less important if you have a mental health problem.”

“Lots of services get away without respecting rights because young people don't know their rights and what they're entitled to.”

There was a sense from some research respondents that due to their age, their right to choice and control was more limited than it would be for adults:

“It shouldn't be a bad thing if you challenge your own treatment, but doctors see it that way if it's a young person challenging it.”

“Give young people more autonomy and more of a say in what happens in their care, and make sure they stay informed of any decisions.”

At the Mental Health Discussion Day, when asked what could be done to ensure the rights of young people with mental health problems are protected, the majority of young people identified education and awareness-raising as playing a key role. Coming across strongly throughout the discussion was the importance of empowering young people to be empowered to assert their rights for themselves.

To improve the chances of success for this action, the following recommendations should be included in the Strategy:

Age-appropriate resources should be developed for young people on what their rights are when accessing mental health services. Young people should be involved in the development of these resources.

On first accessing mental health support, all young people should be presented with this resource in an accessible, age-appropriate form.

All GP surgeries and mental health services should clearly display age-appropriate information about rights when accessing mental health support, particularly regarding confidentiality rights, and the right to an independent advocate.

3. The table in Annex A sets out some of the results we expect to see. What do you want mental health services in Scotland to look like in 10 years' time?

Based on our consultation with young people, the expected results of the Strategy align fairly well with what young people have told SYP they want mental health services in Scotland to look like in the future, particularly the following:

- parity between mental health and physical health;
- easy access to mental health support in primary care;
- quickly identifying the needs of people with mental health problems, and those needs being met quickly and efficiently;

³ Mental Health Foundation (2016), 'A Review of Mental Health Services in Scotland: Perspectives and Experiences of Service Users, carers and Professionals: report for commitment 1 of the Mental Health Strategy for Scotland: 2012-2015': <https://www.mentalhealth.org.uk/sites/default/files/Commitment%20One%20Report%2C%20January%202016.pdf>, pg. 74



- people with mental health problems leading lives where their human rights are protected and enjoyed.

Below we provide more detailed comments on some additional results we believe should be explicitly included in the Strategy, based on what young people have told us.

As previously stated, we believe there should be more emphasis on the role of schools in prevention and early intervention efforts. Young people have consistently told us that mental health and wellbeing education needs to be improved, and that there needs to be more consistent, available mental health support in schools. At the Discussion Day in March, when asked what their wish would be for young people's mental health in three years' time, young people said:

“Improved awareness of mental health issues starting from education in schools from a young age so people can discuss mental health openly and not feel isolated.”

“Improved mental health services in schools.”

“Mental health to be in the curriculum in education across Scotland and the rest of the UK.”

In 10 years' time, SYP would like to see a mental health culture embedded throughout all schools and other places of learning; we want places of learning to be fully equipped to promote good mental health through education, have the capacity to support young people facing mental health challenges, and the knowledge to signpost them to local support and services if needed.

We would also like to see young people better supported in the transition to adult mental health services; given that the proposed Strategy is organised around life stages, it is essential to include a focus on how people are supported in their mental health as they progress from one life stage to the next.

As we have said, we support SAMH's call for access to CAMHS to be extended to those up to 25 if needed, and we believe an additional 16 to 26 year-old support service would also be beneficial.

We also note that there is an expected result to improve access by older people to support for mental health problems.

Given the emphasis on early intervention for children and young people, the Strategy must include a similar expected result for improving access by young people to support for mental health problems, and we strongly urge the Government to include this in the final Strategy.

We agree that an expected result should include more efficient, effective, and safe services to treat mental health problems. We feel this would be strengthened by a reference to services being person-centred. As we have previously touched upon, young people have told us that young person-centred services which are knowledgeable about



young people's issues work particularly well. Some young people have recounted negative experiences of feeling like a 'caseload' rather than an 'individual', and that there can be a 'one size fits all' approach in CAMHS. Others have said that services don't feel young person-friendly. We appreciate that there are positive examples of person-centred treatment, such as the 'What Matters to Me' initiative in NHS Greater Glasgow and Clyde.

We would like to see this person-centred treatment become more widespread throughout Scotland, where young people feel listened to and involved in their treatment.

We also support the expected results for priority 8, though we reiterate our concern that the listed actions are insufficient to bring about these results.

We feel an additional result should focus on people with mental health problems being aware of, and empowered to claim, their rights.

Finally, we believe more detail is needed on outcomes and impact and how the success of the Strategy will be defined. For example, our evidence suggests that young people in Scotland are currently dissatisfied with the level of mental health education and support in schools, and the lack of access to mental health support and services. A quantitative means of establishing to what degree improvements have been made would be to pose a set of questions about their experiences to groups of young people at key stages of the Strategy's lifespan. SYP would be very happy to support the Government in taking forward this kind of consultation activity.