ABSTRACT

A comprehensive Service Mapping and Needs Assessment of Mental Health and Wellbeing in Children and Young People Aged 5 - 18 Years has recently been undertaken in Angus. The review, commissioned by the Joint Management and Commissioning Group for Children's Services, and conducted by a research team from Dundee University’s School of Nursing and Midwifery, took place between January 2007 and March 2008. The review is wide ranging and has implications for both Angus Council and NHS Tayside in considering the future development and/or service redesign in this area.

1 RECOMMENDATIONS

It is recommended that the Social Work and Health Committee and the Education Committee:-

i) note the content of this report and the Service Mapping and Needs Assessment Report (and Executive Summary) which have been placed in the Members’ Lounge;

ii) instruct the Directors of Social Work and Health and Education to liaise with colleagues from NHS Tayside to progress relevant actions arising from the report.

2 INTRODUCTION

In 2005, the provision of professional counselling services to children and young people was piloted within Websters High School, Kirriemuir. The service, involving the appointment of a single professional counsellor, was jointly funded by NHS Tayside and Angus Council. Upon conclusion of the pilot project in 2006, a number of requests, by a range of interested parties, were made to the Angus Joint Management and Commissioning Group for Children’s Services to:

• approve the continuation of such service provision within Kirriemuir and surrounding area;

• commission the development of similar service provision across all other Angus burghs.

In seeking to reach an informed response to such requests the Joint Management and Commissioning Group for Children’s Services, utilising Quality of Life funding, commissioned the School of Nursing and Midwifery within Dundee University to conduct a Service Mapping and Needs Assessment of Mental Health and Well-being in Children and Young People Aged 5 – 18 Years within Angus.

3 SERVICE MAPPING AND NEEDS ASSESSMENT

The service mapping and needs assessment aimed to gather intelligence on the psychosocial health (mental health) and well-being of children and young people and explore the available range of relevant promotion, prevention and intervention services. In addition, the exercise aimed to ascertain the effectiveness of multi-agency working in responding to the needs of children and young people. To this end the views of a broad range of professional stakeholders including health, local authority, police and voluntary agencies were considered.
In seeking to adopt an empathic exploration of mental health and well-being from the standpoint of children and young people, a peer research model placed the voices of a diverse range of children and young people at the centre. The views of parents and carers were also given prominence. In total the views of 217 children and 161 parents/carers across three primary schools and 1,786 young people from four secondary schools were considered.

4 FINDINGS

The service mapping and needs assessment has elicited the following key findings.

**Psychosocial Health and Well-being in Primary School Pupils**
- Primary school pupils have relatively sophisticated emotional literacy levels.
- Most mental health problems are chronic having been present for more than one year.
- Differences in mental health between primary schools, in contrast to secondary school data, may be explained by a lower Scottish Index of Multiple Deprivation (SIMD) rating.
- Primary school pupils have a richer/greater conceptualisation of positive emotions.
- Peer support and peer interview methods are important strategies.
- The viability of pupil-centred school emotional literacy is supported.
- Positive social/interpersonal skills develop from P1 to P7.

**Psychosocial Need in Secondary School Pupils**
- Angus secondary school pupils have similar levels of mental health difficulties and mental health status as UK and age-related US norms.
- Lower levels of physical health are apparent amongst this population compared to US age-related norms.
- Mental health is predicted by physical health and therefore dual interventions which are focused on both physical health and mental health are recommended.
- The most important predictors of mental health status were difficulty category (low need, some need, high need), impact on child’s life, physical health status and chronicity.
- The most important predictors of the impact of mental health problems on the life of pupils were difficulty category, chronicity and mental health status.
- Problems are often chronic in nature but may not be severe enough for a diagnosis which would trigger treatment in the conventional sense.
- A significant difference exists between secondary school stages with the highest difficulty scores prevalent in S4 (combination of school, family and peer pressures) and lowest in S6.
- Pupils who leave school at the S4 stage are lost to school based services.
- Questions are raised as to whether Primary Mental Health Workers, based in Child & Adolescent Mental Health Services (CAMHS), or Community Health Nurses are most appropriate.
- Differences between secondary schools were of little importance and thus universal and not targeted school-based services aimed at promoting health, preventing illness and early identification of difficulty is recommended.
The Effectiveness of Multi-agency Working in Responding to the Needs of Children and Young People

- Angus is characterised by good partnership working with dense networks of relationships between key organisations.
- Service providers identified a significant group of young people in need of support but not deemed 'serious enough' to qualify for service input.
- Staff from a range of professional disciplines suggest that specialist CAMHS services were limited with long waiting times and un-responsive referral pathways.
- Whilst school staff identify the advisory role of CAMHS staff as extremely useful they report contact with and feedback from CAMHS staff as being limited.
- CAMHS staff identify limits on capacity and resources as constraining consultation and communication.
- Concerns exist about the integration of CAMHS services within Angus, with strong suggestions emerging regarding the need for more locally provided services.
- Teachers report lacking confidence and being less skilled to competently deal with the mental health and well-being issues of children and young people.
- Whilst all participating professionals report the benefits of training, teachers have significantly more continuing professional development in this area than other practitioners and managers.
- Significantly more teachers, than other practitioners and managers, think that activities related to the mental health and well-being of children and young people were not part of their role.
- Enhanced opportunities for children and young people to access physical activities will impact positively upon their mental health and wellbeing.
- Existing CAMHS services are directed towards children and young people who have been referred, rather than the general population of this group within the community.

Awareness and Access to Services

- Very low levels of awareness of, and access to, voluntary services/agencies existed amongst children and young people.
- Low levels of awareness applied across the three difficulty categories (low need, some need and high need).
- Greater awareness and access was evident amongst young people in relation to support from education and health staff.
- In the high need category, participants were more likely to have heard of their GP, School Nurse and Pupil Care & Support Teacher, with a small minority of this group having accessed a psychiatrist/psychologist.

5 FINANCIAL IMPLICATIONS

There are no financial implications arising out of this report. Further reports will be submitted to Committee detailing any future resource implications following detailed planning of proposed future service delivery between Angus Council and NHS Tayside.

6 HUMAN RIGHTS IMPLICATIONS

There are no Human Rights implications associated with this report.
7 EQUALITIES IMPLICATIONS

The issues dealt with in this Report have been the subject of consideration from an equalities perspective (as required by legislation). An equalities impact assessment is not required.

8 CONSULTATION

The Chief Executive, the Director of Corporate Services, The Head of Finance and the Head of Law & Administration have been consulted in the preparation of this report.

9 CONCLUSION

While no evidence has been obtained to suggest that Angus children and young people have a higher prevalence of mental health problems or poorer mental health related quality of life, those difficulties that do exist are often characterised by chronicity. Significant numbers of diagnosed children and young people do not, therefore, receive the help they need when they need it most. In addition, a large number of non-diagnosed children and young people, in need of support, remain unknown to services.

Whilst no definitive and shared understanding has emerged with respect to an improved model of service provision in this area for children and young people, clear suggestions have emerged, from CAMHS staff and other professionals, to readjust the balance of services towards the general population within a community/school focused service. In doing so issues of role legitimacy amongst professional staff, including teachers, will continue to require attention.

In adopting such a model, services should ensure a greater focus on non-diagnosed children and young people (not serious enough for CAMHS), with the development of improved mechanisms for early identification and intervention and the increased promotion of health and well-being. The development of further opportunities for the participation of children and young people within physical activities should be considered in this regard.

The report has suggested that the adoption of such a model will provide enhanced opportunities for effective partnership working in this area and result in improved outcomes for children and young people.

This exercise has highlighted the need for the local authority to engage with key partners in NHS Tayside to progress relevant actions within the context of NHS Tayside’s evolving Collaborative Commissioning Plan for Child and Adolescent Mental Health Services.

R Peat  J A Anderson
Director of Social Work and Health  Director of Education

NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to any material extent in preparing the above report.