

<i>item:</i>	7
<i>report:</i>	CYP04/08

# **MENTAL HEALTH FRAMEWORK**

## **By Sally Amor**

### **Summary**

The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care, was published by the Scottish Executive in November 2005, with a ten year timescale for implementation. This paper details how the development of a Highland CAMHS Framework Implementation Plan is being progressed in Highland and how this process will inform the work of the Joint Committee for Children and Young People.

### **1. Background**

1.1 The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care, was published by the Scottish Executive in November 2005, with a ten year timescale for implementation. The Framework details how NHS systems and integrated children's service partners in Highland and Argyll & Bute are required to address a range of needs across the whole continuum of mental health, from mental health promotion, through preventing mental illness, to supporting, treating and caring for those children and young people experiencing mental health difficulties of all ranges of complexity and severity.

1.2 Within the Framework, these are detailed under the following headings:

- early years-universal
- school years-universal
- community based activity
- additional and specific supports and specialist child
- specialist child and adolescent mental health services.

1.3 The Framework acknowledges that the primary purpose of specialist NHS CAMHS services is to provide services for those children and young people with the greatest mental health need. Following swiftly, is the need for specialist CAMHS to provide consultation and training to partners providing services to children and young people with mental health needs and difficulties.

### **2. The Mental Health and Well Being of Children and Young People in Highland**

2.1 Across the population we know that 1 in three of us will be affected directly or indirectly by a mental disorder. Mental disorder implies a clinically recognisable set of symptoms or behaviours associated in most cases with considerable distress and substantial interference with personal functions. In addition, our day to day functioning can be affected by mental health problems where the level of impairment is less although symptoms are still evident.

2.2 United Kingdom prevalence data suggests that for every one hundred children and young people aged 5-15 years, 10 will have a mental disorder, of these, 5 will have a clinically significant conduct disorder, 4 will have a

clinically significant emotional disorder (principally anxiety and depression) and 1 child will be hyperactive. In addition, up to 20% of 11-15 year olds will experience mental health problems.

- 2.3 Some groups of children and young people are particularly at risk of mental health difficulties either through disadvantaged life circumstances and negative experiences, particularly in the very early months and years of life, poor nurturing and challenging family environments. For some, their genetic endowments will leave them vulnerable. Children and young people with a learning disability and young carers can also be vulnerable.
- 2.4 It is these groups of children and young people who are often in need of additional and sometimes very high level service intervention and service provision. At times, out of Highland placements are required. Whilst it is recognised that identifying, quantifying and addressing mental health needs and difficulties are not always straightforward there is sense that for some children and young people, intervention at an earlier point in the problem cycle could have offset the need for out of Highland placements.
- 2.5 It is intended that actions identified through the development of the CAMHS Implementation Plan will make a tangible difference to these challenges.

### **3. Development of a CAMHS Framework Implementation Plan**

- 3.1 The last twelve months has seen a fundamental review of specialist NHS CAMHS, with valued input from the Senior Manager for Additional Support Needs.
- 3.2 This process has identified a series of key improvement objectives as identified below:
- The development of a Highland CAMHS Network working across the NHS and with integrated children's service partners
  - The adoption of a clinical service model, Choice and Partnership Approach to improve access to and intervention from specialist CAMHS
  - Use of Royal College of Psychiatry standards: Quality Improvement Network for Multi Agency CAMHS (QINMAC)
  - The development of service pathways and guidelines
  - Consideration of service models across the four CHPs
  - The need to detail clear and explicit arrangements for referral, consultation and training for universal and specialist children's services
  - Workforce and financial planning.
  - Engagement with users and carers to define and capture the issues that are important to them in the design and delivery of specialist CAMHS.
- 3.3 In addition, a series of seminars with integrated children's partners are being held to identify issues and priorities for services and professionals who are involved with children, young people and families where there may be significant mental health needs. These seminars will be completed for the end of January 2008 when it is intended that the findings will be discussed with Chief Officers and service managers to confirm key priorities and actions for the CAMHS Implementation Plan. In addition, there a process of review in relation to role of social workers in supporting specialist CAMHS will clarify how services can work together to address mental health needs across services.

### **4. Conclusion**

The development of the Highland CAMHS Implementation Plan is progressing, and to date has seen a particular focus on specialist NHS CAMHS Services. Following a series of seminars in late 2007/2008, further actions will be

identified and these will be incorporated into the CAMHS Framework Implementation Plan.

### **Recommendation**

The Joint Committee is asked to comment on the consultation process and actions towards implementation of the CAMHS Framework.

**Sally Amor**

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