

**Scottish Parliament Health and Sport Committee:
Inquiry into Child and Adolescent Mental Health Services**

Scottish Children's Reporter Administration written evidence

Introduction:

SCRA welcomes the opportunity to provide written evidence to the Committee on this important issue. The call for evidence sets out a number of questions that the Committee wishes respondents to consider. Our submission is focused on the first three of those questions and is intended to provide specific information about mental health issues within the Children's Hearings System to aid the Committee in its deliberations. The submission includes a number of extracts from SCRA research which demonstrate the prevalence of mental health issues among those children referred to the Reporter relative to the wider child population, as well as higher rates among those children demonstrating more serious and concerning behaviour. It also discusses the ability of the Children's Hearings System to respond to concerns over the mental health issues of children within the system.

SCRA recognises that child mental health is the responsibility of all those who work with children and is committed to continuing to work with partners through the Getting it Right and Early Intervention agenda in order to ensure that children get the help they need, when they need it. However, we consider that there are some issues of concern around resourcing and the capacity of CAMHS to be involved in two areas which are of particular concern to SCRA:

- In the multi-agency work necessary to ensure that children receive the most appropriate and timely interventions on a voluntary basis, before referral to the Hearings System becomes necessary
- At all stages of the Children's Hearings System, from identification and assessment to provision of support and treatment.

SCRA background

Established in 1996, the Scottish Children's Reporter Administration (SCRA) assumed responsibility for the Children's Reporter service across Scotland and operates as a Non-Departmental Public Body (NDPB), funded by the Scottish Government. While the Principal Reporter is independent in terms of his/her decision-making powers in relation to children referred, the organisation and Board of SCRA is responsible and accountable to Scottish Ministers.

In 2007-08, 50,314 children were referred to the Children's Reporter. This figure represents 5.5% of all the children in Scotland. 40,204 of these children were referred because they were considered to require care and protection, while 14,506 had allegedly committed an offence. 4,396 children were referred on both care and protection and offence grounds.

Identification

- Q1** *“how children and adolescents potentially at risk of developing mental health problems are identified and how those problems should be prevented”*
- Q2** *“what obstacles there are in identifying children and adolescents with mental health problems and how they might be overcome”*

Children referred to the Reporter may have concerns about their mental health identified at various points within the Children’s Hearings System process.

Section 52(2)(c)(ii) of the Children (Scotland) Act 1995 states that one of the grounds for referral to the Reporter is that a child:
“...is likely to be impaired seriously in his health or development... due to a lack of parental care”.

It is clear that “health” in this case, applies to mental health and wellbeing as well as physical health and that, therefore, some children may be referred to the Reporter as a result of concerns over their mental health. This may be due to identification of a specifically diagnosed condition, or due to the emergence of symptoms such as self harm.

Children may also be referred on other grounds where there are concerns over their mental health, for instance under s52(2)(a) “...is beyond the control of any relevant person”, or s52(2)(b) “...is falling into bad associations or is exposed to moral danger”. Whatever the ground for referral, any concerns over the child’s mental health should be outlined in the background reports prepared by social work, health or education professionals.

Following an investigation, the Reporter will take a decision as to whether the child requires compulsory measures of supervision. If so, a Children’s Hearing will be convened. This decision will be taken based on a “whole child” approach, including consideration of the child’s mental well-being. The Reporter can request a report from CAMHS, but the likelihood of a report being provided within the timescales required for the Reporter to make a decision depends very much on the availability of resources in the local area, particularly if the child is not already known to CAMHS services.

Regardless of the original ground for referral, if a Children’s Hearing regards a child’s mental health as an area of concern, it may also request a report from CAMHS. However, similar difficulties exist in terms of the availability of staff and resources to produce a report on the child, particularly one with no previous involvement with CAMHS.

A Children's Hearing can require the child to attend specific local services (including CAMHS) as a condition of a Supervision Requirement. It is then the legal responsibility of the relevant local authority to ensure that the Hearing's decision is implemented. SCRA is aware, however, that mental health services for children and young people can be scarce in some areas, and are likely to be particularly difficult to access in rural or isolated communities. Waiting lists for services can be lengthy, even in relatively well-resourced areas.

Additionally, it is important to understand that the Hearing cannot impose an obligation on the child to accept medical treatment. Where consent is an issue, this can only be achieved through the relevant mental health legislation. It is important therefore, that professionals make the appropriate decisions to enable the child to get the help and support they require, whether that takes place on a voluntary basis or requires some form of legal intervention, either through the Children's Hearings System or through mental health legislation.

SCRA Research

SCRA has conducted research into the backgrounds of four groups of children referred to the Reporter. One of the factors identified in all of the groups was a higher level of mental health issues than was present in the wider child population.

The first piece of research looked at children who were referred to the Reporter on either care and protection or offence grounds. It found that 13% of children referred had identified mental health problems. This compares with a figure of 10% for the general child population.

More specific research examined those children identified as Persistent Young Offenders (PYOs) – who were defined as children with five or more offence referrals in a 6 month period. Findings from the research included that 22% of PYOs had identified mental health problems, mostly relating to self harm and depression.¹

Further research looked into those children who were given a Movement Restriction Condition (MRC) by a Children's Hearing under the terms of the Antisocial Behaviour legislation. The measure is popularly known as "electronic tagging" and is applied to those children for whom the alternative would be a secure residential placement. The research found that 25% of those children and young people given an MRC by a Children's Hearing had identified mental health issues, again mostly related to self harm.²

A fourth report looked at "high risk" children, who are defined as "children who had caused serious harm to another person or were considered to be at risk of doing

¹ *Persistent Young Offenders: A study of children identified as persistent young offenders in Scotland (SCRA 2007)*

² *Movement Restriction Conditions in the Children's Hearings System (SCRA 2007)*

so³.” 41% of the children sampled had concerns over their mental health recorded in their case files.

Finally, Scottish Government statistics⁴ show that, of the children discharged from secure accommodation during 2007/08, 16% received mental health care or treatment during their stay, while 44% received care or treatment to assist mental well-being.

It is important to sound a cautionary note here. Although research shows a high prevalence of mental health issues among those children who persistently offend, whose behaviour was considered sufficiently challenging for a Hearing to issue an MRC, or who were identified as being “high risk”, it would be wrong to assume that mental health problems are in any way a reliable indicator of offending behaviour. However, a valid conclusion would be that the groups above (PYOs, children made subject to an MRC, and those identified as high risk) are likely to be in particular need of help and support.

Other risk factors

SCRA research⁵ suggests that 33% of children referred to the Reporter had experienced physical, emotional or sexual abuse, while 43% had experienced domestic abuse. Research shows that these experiences are likely to increase the risk of developing a mental health condition.

Children living in deprivation are also considered to be at greater risk of developing mental health issues⁶, and are also more likely to be referred to the Reporter. An SCRA study⁷ into the links between deprivation and Supervision Requirements in Edinburgh found that areas with the highest levels of multiple deprivation also had the highest numbers of children with Supervision Requirements.

Early intervention

Q3 “what action is being taken to facilitate early intervention and what else can be done”

SCRA agrees with the Committee’s focus on early intervention in respect of those children who are at greatest risk of developing a mental health problem. In terms of SCRA’s work, the issue has implications for both the child protection and youth justice agendas. For example, SCRA’s research (see above) indicates that mental health problems often exist in parallel with other serious issues in a child’s life, and it is therefore undoubtedly of benefit to

³ *Children who Present a Risk of Serious Harm (SCRA 2008)*

⁴ *Scottish Government Secure Accommodation Statistics 2007/08*

⁵ *Social Background Study (SCRA 2004)*

⁶ *“What happened when they were grown up?”- Joseph Rowntree Foundation (1997)*

⁷ *Child Deprivation and Compulsory Measures: Exploring the Links in Edinburgh (SCRA 2006)*

society and to the individual child that these be addressed as soon as possible.

The Scottish Government's Early Years and Early Intervention Framework specifically references mental health outcomes for children and young people, along with the importance of engagement with parents at an early stage in the child's life in order to improve life chances and aid physical and emotional development. SCRA is supportive of this approach.

The Getting it Right for Every Child agenda specifically envisages closer multi-agency working and a single plan for each child with an identified lead professional. SCRA supports this approach and is hopeful that it will lead to closer multi-agency work at an early stage in order to identify the most appropriate channel for the child's needs to be addressed. It is unclear to what extent CAMHS staff are involved in integrated services, which can prevent children moving to the stage where compulsory intervention is required.

Parenting

While recognising that the focus of the Committee's inquiry is on CAMHS, we would like to draw attention to SCRA research which shows that:

- 36% of children referred to the Reporter had parents with identified mental health problems
- Over ¼ of those defined as Persistent Young Offenders have parents with identified mental health problems

Furthermore, evidence⁸ suggests that children living with a parent or carer with a mental health problem are at increased risk of developing their own mental health issues. Again, this is not to say that the children of parents with mental health problems should be stigmatised, or that they will inevitably become involved in offending. However, it is clear that they represent a group in need of attention and support and that parental mental health is inextricably linked to the mental wellbeing of the child.

Conclusion

SCRA would be happy to assist the Committee further in the provision of research data or statistical information on children within the Hearings System.

SCRA
20 January 2009

⁸ *Mind factsheet: Children, Young People and Mental Health*