



# **Mental health in Scotland – a 10 year vision**

## **Consultation response from Includem**

### **About Includem**

Includem is a specialist charity supporting some of the most vulnerable, troubled and difficult to engage young people in Scotland. We believe that no young person is beyond help and that with a responsive, consistent service at the time of most need we can rebuild relationships and deliver positive, sustainable outcomes.

Our work is focused on prevention – prevention of offending or reoffending, prevention of unnecessary accommodation away from home and prevention of exclusion from school. In all cases our framework of support consists of professional one to one relationships with a focused work to deal with the underlying needs and challenges in order to develop hope, aspiration, resilience and improved family relationships.

Increasingly mental health is a presenting risk factor for the young people we support and their wider family and our work is in alleviating some of the underlying causes while working to engage them in the specialist services they require.

Includem is supporting the work of the Scottish Health Council through the secondment of our Practice Champion to bring the views of vulnerable young people to the heart of discussions on the services they require.

### **Introduction**

We welcome the Scottish Government's commitment to addressing the issue of mental health and in particular we welcome the appointment of a dedicated Minister for Mental Health. The publication of a 10 year vision is also to be welcomed and we are grateful for the opportunity to participate in this consultation as well as a number of engagement events.

Our experience is in supporting young people with the most complex and entrenched challenges to build capacity and self-esteem so they can live fulfilling lives. We recognise that many of the underlying causes of poor mental health are related to other difficulties – poverty and deprivation, drug and alcohol misuse, homelessness, unemployment, violence or past trauma, loss, abuse or bereavement.

With regard to child and adolescent mental health we also know the importance of understanding and supporting the needs of the whole family, in particular parents. Addressing issues of chaotic lifestyles within families and rebuilding relationships is key to preventing mental health problems at an early stage and builds resilience for later years.

It is with this background and experience that we are disappointed in the lack of vision in the current consultation document. It is not clear what the overarching ambition is – an answer to the question, ‘what will mental health in Scotland be like in 2026’ seems to be missing.

With this in mind, it is difficult to identify whether the priorities, early actions and results match up with an overall vision, underpinned by a clear strategy. The measurement of these actions may well produce an evidence base of progress, but again, without an ‘end point’, it is not clear what that is progress towards.

We would recommend the Scottish Government considers what the overarching vision and ambition is and then consider the priorities, actions and outcomes that lead us to that goal.

Our final general comment is around the ‘health’ focus throughout the vision. While undoubtedly there are considerable challenges in access to CAMHS services which need to be addressed, there are also issues beyond acute health services that can support the development of a mentally healthy Scotland. We would encourage much more understanding of the early intervention, preventative approaches, particularly around recognising the impact of poverty and deprivation and other risk factors in the development of mental health problems.

## **Consultation questions**

### **Question 1**

No.

We would welcome some of the eight priorities for the new mental health strategy, but we would also encourage a more holistic approach to the issue of mental health. In particular, we would like to see more of a focus around early intervention and prevention with older children and young adults, particularly given the growing evidence base around adolescence and the mental health challenges being faced in this period of development. Priority 2 could be expanded to recognise the importance and benefit of early intervention at any age and stage.

Priority 4 is an important priority, but does not fully appreciate the complex capacity issues that prevent people from managing their own mental health now. This could be expanded to recognise the importance of signposting early action services or support. We were not surprised by the findings of the Scottish Youth Parliament study which showed that 70% of young people who considered themselves to have a mental health problem did not know what self-help was available in their area.

We share this experience, which links with Priority 5 in terms of addressing the issue of access to services. This is more than simply making the services more efficient, there is a real need to address the gap between people identifying themselves as having an issue and actually seeking help. We support young people by in many cases physically taking them to appointments so that first step isn’t such a big decision to take. We play a crucial role in securing and maintaining engagement with primary care and beyond so that any specialist treatment services offered are effective – and outcomes reinforced by follow up and use of our cognitive toolkit, ‘A Better Life’.

## Question 2

While we welcome the focus on targeted interventions to promote good mental health and in particular to support key vulnerable populations, we would encourage the development of interventions that move beyond 'programmes' and recognise the fundamental importance of relationship building with individuals at risk. Programmes certainly have a role to play, but for those most vulnerable or difficult to engage young people they are not accessible and this group will not be reached by them. There needs to be a great effort placed on individualised, targeted interventions to support the specific circumstances of individual young people.

It would be helpful if the early actions were more clearly aligned with the overall strategy and not necessarily be things that are easily measured in a quantitative way. It may be that some of the best interventions can only be measured through more in-depth studies rather than the collation of headline data and we would support a wider exploration of this in the vision.

We support the consultation response from the Centre for Excellence for Looked After Children (CELCIS) which states:

*"rather than designing a range of programmes, some of which will not be continued, time would be best spent utilising an Active Implementation Framework to embed approaches into practice, according to rigorous assessment of need, evidence and 'fit'"*

We would also like to see a specific set of early actions related to the Looked After Children population – a group of particularly vulnerable young people who are more likely to suffer from mental health problems. Recent studies have shown that 45% of young people (aged 5 to 17) looked after by local authorities in Scotland had a diagnosable mental disorder and over a fifth had tried to hurt, harm or kill themselves<sup>1</sup>.

We would support the consultation response from Children in Scotland which suggests a clarification of what constitutes a young person would be helpful. We would encourage this definition to go up to 26 years in line with the age for aftercare outlined in the Children and Young People (Scotland) Act 2014. This would also make the transition to adult services more flexible and allow people to move onto services that are most appropriate for their needs without the current 'cliff edge' scenario when young people reach a certain age.

## Question 3

The key 'result' which we would like to see a much greater emphasis on is the individualised support which young people can access in order to get support at as early a stage as possible. This should include support to the wider family where necessary which has a direct impact on the wellbeing of the children too.

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<sup>1</sup> <https://www.celcis.org/knowledge-bank/search-bank/consultation-response-mental-health-scotland-10-year-vision1/>

Additional support for parents should of course be welcomed but we would encourage this to be available at all stages – not just in the early years. The teenage years are a particularly challenging time for some parents and support should be available then to help parents support young people on mental health issues.

**We can provide further information on any of these points and are willing to engage in further consultation as this strategy is developed. Please contact our Policy and Communications Manager, Michael Shanks on [michael.shanks@includem.co.uk](mailto:michael.shanks@includem.co.uk) or 0141 427 0523.**