Introduction

YouthLink Scotland is the national agency for youth work. We are a membership organisation, representing over 100 regional and national youth organisations from both the voluntary and statutory sectors. We champion the role and value of youth work and represent the interests and aspirations of both the voluntary and statutory sector. Our vision is of a nation which values its young people and their contribution to society, where young people are supported to achieve their potential.

Scotland's youth work sector is as rich and diverse as the nation itself. Our sector has a workforce in excess of 75,000 – including over 70,000 adult volunteers. We reach in excess of 380,000 young people in youth work opportunities each week. Youth work has three essential and definitive features:

- Young people choose to participate
- Youth work must build from where young people are
- Youth work recognises the young person and the youth worker as partners in a learning process

Research has proven that the adolescent brain is more prone to developing mental health problems with 75% of mental health conditions onset before the age of 24.[1] This physiological susceptibility to negative emotions and peer pressure means that it is crucial that young people have spaces that support risk taking. Youth work offers an avenue for this as it is asset-orientated and starts from where young people are. Through engaging in youth work, young people are resilient, optimistic for the future, consider risk, make reasoned decisions and take control. Youth workers are in the unique position of working within long-term, holistic, trusting relationships with young people. Our faith-based youth work organisations highlighted that they interact with young people at their most vulnerable, for example in times of bereavement. An initial session with a trusted adult can sustain a young person for 6 weeks whilst waiting for a Child and Adolescent Mental Health Services (CAMHS) appointment.

YouthLink Scotland members run numerous projects that are specifically focused on improving the mental wellbeing of young people. An example of one such project is GirlGuiding Scotland's Think Resilient programme designed to offer girls a safe space to share their worries and explore various techniques to help them to overcome challenges and build-up resilience. Think Resilient is peer-led and run in partnership with youth mental health charity, Young Minds.

Young people involved with the Hot Chocolate Trust, a youth work organisation in Dundee, identified four key principles that the mental health strategy should follow:

1. Young people should be seen as whole people. They are more than their mental health difficulties and also come with hopes, ambitions, skills and talents.
2. Mental health professionals should take time to get to know young people, build up trust with them, really listen to them, and learn what makes them tick.
3. Mental health professionals should not try to control or dictate what should happen, but work in partnership with young people.

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[1] Mental Health Foundation, *Poverty and mental health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy*, 2016, p. 23

4. There should be more creative opportunities to help young people express themselves, and to help them process their emotions and experiences.

YouthLink Scotland's Scottish parliament election 2016 manifesto called for a national review of young people's mental health services and support, to include the role that youth work contributes in early intervention. It is positive to see the draft strategy includes a strong focus on children and young people, particularly considering the significant rise in children and young people accessing CAMHS.[2] We also welcome the announcement of the National Social Isolation Strategy and would encourage the Scottish Government to ensure that it is joined up with the mental health strategy.

As the national agency for youth work, and in our role as an intermediary we have endeavoured to respond to this response in the best interests of the youth work sector, however the views contained within this response may not be held by each of our individual members.

1. Are these the most important priorities? If no, what priorities do you think will deliver this transformation?

We think that on the whole these priorities demonstrate the Scottish Government's commitment to transforming mental health in Scotland and particularly welcome the focus on children and young people. There are, however, a number of key areas we think should also be highlighted and approaches used. It would be beneficial to use the UN Convention on the Rights of the Child (UNCRC) to frame the strategy areas on children and young people, in particular referring to Articles 24, 23, 12, 39 and 26.

Non-medical prevention and early intervention for children and young people beyond specialist health services should be identified more clearly within the strategy. 'All of Me' is a critically important aspect for improving mental health but the definition needs to be broadened in relation to holistic support. Our members identified that trauma and bereavement should be specified as a key prevention point for young people. The central ambition of the *National Youth Work Strategy 2014-2019* is that all young people, in every part of Scotland, should have access to high quality and effective youth work practice.[3] Working towards this ambition will likely alleviate pressure on primary care and reduce the number of crisis interventions for young people. Continued funding of youth work, including CPD for youth workers, should be noted explicitly as an element of preventative mental health work. Our members highlighted the important of upskilling youth workers to develop trauma-informed practice.

It would also be positive for the strategy to acknowledge that mental health problems and support are experienced differently by different demographics of people. Research by the Mental Health Foundation has shown that social characteristics, such as gender, disability, age, race and ethnicity, sexual orientation and family status influence both the rates and the way in which mental health problems are presented, as well as access to services.[4] The Prince's Trust found that young women are significantly more likely to face symptoms of mental ill health than young men.[5] Furthermore, young people in residential care, those in prison and young asylum seekers have different needs and, as a result of their circumstances, will have access to a different set of services. YouthLink Scotland would

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[2] Information Services Division, *Child and Adolescent Mental Health Services Waiting Times in NHS Scotland*, June 2016

[3] *National Youth Work Strategy 2014-19*, http://www.youthlinkscotland.org/Index.asp?MainID=19180&UserID=1479

[4] Mental Health Foundation, *Poverty and mental health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy*, 2016, p. 9

[5] The Prince's Trust Macquarie, *Youth Index 2014*, https://www.princes-trust.org.uk/help-for-young-people/news-views/youth-index-2014

encourage the Scottish Government to consider the different requirements of these communities and tailor support accordingly.

The priorities should also include a focus on education, both in relation to education about mental health within all levels of education and also the educational attainment of children and young people with mental health problems. Children with mental health problems have more frequent absences from school[6] which can result in lower attainment levels. Curriculum for Excellence outlines the way in which mental health and wellbeing should take an all-school approach and this should be supplemented with continued support for teachers and informal educators like youth workers to equip young people to manage their own mental health and reduce stigma.

Young people in tertiary level education require flexibility in the mental health services offered due to their transience of residence. Waiting lists are not carried across local authorities and if a young person moves to another local authority, they may lose their place in the waiting list and may not experience consistencies in support. It would likely be beneficial to work in partnership with educational institutions to improve their counselling services and peer support programmes alongside improving access to and capacity of local mental health services.

A 2014 report from The Prince's Trust demonstrated that jobless young people face symptoms of mental illness as a direct result of being out of work with as many as 40 per cent of jobless young people experiencing mental ill health as a direct result of being unemployed.[7] It is critical that mental wellbeing is not seen as solely as a health issue, rather is that mental wellbeing is considered by all those in contact with young people.

The transition from accessing Children and Adolescent Mental Health Services (CAMHS) to adult mental health services can be difficult. Developing and improving supportive transitions should be a priority.

2. Are there any other actions that you think we need to take to improve mental health in Scotland?

The Scottish Government should pay particular attention to the recent recommendations from the UN Convention on the Rights of the Child related to the mental health of children and young people. In particular the recommendations emphasised the need for the state party to collect comprehensive data on child mental health; prohibition of placement of children with mental health needs in adult psychiatric wards or police stations; development of therapeutic community-based services; collect and publish data on the amount of psychotropic drugs prescribed to children; and undertake a study into the root causes of the increase in ADHD.[8]

A key principle of the *National Youth Work Strategy 2014-19* is that young people are at the heart of policy.[9] It follows that the development of evidence-based programmes should be developed with young people with lived experiences of poor mental health. Furthermore, the evaluation of programmes should have formal in-built structures to get regular feedback from young people who have used them. It should not be assumed that young people can readily

[6] Mental Health Foundation, *Poverty and mental health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy*, 2016, p. 26

[7] The Prince's Trust Macquarie, *Youth Index 2014*, https://www.princes-trust.org.uk/help-for-young-people/news-views/youth-index-2014

[8] UN Convention on the Rights of the Child, *Concluding observations [CRC/C/GBR/CO/5]*, p. 15-16, http://tbinternet.ohchr.org/_layouts/treatybodyexternal/SessionDetails1.aspx?SessionID=987&Lang=en

[9] *National Youth Work Strategy 2014-19*, http://www.youthlinkscotland.org/Index.asp?MainID=19180&UserID=1479

access health services. The barriers identified by young people to accessing health services include accessibility, acceptability and confidentiality. Recently released statistics showed an increasing number of patients referred to CAMHS did not attend their first appointment.[10] Forthcoming research by GirlGuiding has outlined reasons why girls would be put off seeking help if they were feeling down, including over half of girls (52%) saying they would be put off seeking help because they felt uncomfortable talking about their feelings and 35% because adults think their problems are not serious enough.[11]

This evidence indicates a need to examine and improve the accessibility of CAHMS within Scotland. The Scottish Youth Health Improvement Strategic Leads Group describes the essential principles and elements of youth friendly services:

> *"Youth friendly health services should include youth engagement as a core part of their service delivery and service developments should be designed in co-production with young people. They should take into consideration the specific needs of young people in areas such as: communication; provision of information; service location; environment and opening times; and issues related to consent and confidentiality. They should be clear about how they will engage with young people and the outcomes they wish to achieve."[12]*

It should be clearly outlined in the mental health strategy the steps which will be taken to ensure that the services for children and young people are youth friendly.

Priority 1: *Focus on prevention and early intervention for pregnant women and mothers* should also take into consideration parents whose children are older than infants. Research has shown that young people with an emotional disorder were more than twice as likely as other children to have parents experiencing a mental health problem.[13] Furthermore, there should be recognition that a new child has an effect on the whole family and a holistic approach should be taken. Our members believe that more emphasis should be placed on empowering families and communities to support one another.

Additionally, there should be a focus on young people who care for relatives with mental health problems. There are an estimated 29,000 young carers in Scotland[14] and young carers are more likely to have a long-term condition or disability than non-carers (22% vs. 11%),[15] with LGBT young carers more than three times as likely to have a mental health problem as the general population.[16] Young carers are more prone to school absences due to their caring responsibilities and as such, mental health support and education should not be confined to children and young people within the education system.

The focus on reducing the discrimination experienced by those with mental health problems is positive. To achieve this change, large scale cultural shift will be necessary. The actions listed to achieve this, whilst worthy, do not seem sufficient to achieve this. Our members were keen to highlight that it would be valuable to focus on the promotion of mental wellbeing for the whole population. Many would not identify with terminology or the formal services that are required for intervention at points of poor mental health.

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[10] Information Services Division, *Child and Adolescent Mental Health Services Waiting Times in NHS Scotland*, June 2016

[11] GirlGuiding UK, *Girls Attitude Survey 2016 [forthcoming],* 2016

[12] Scottish Youth Health Improvement Strategic Lead Group, *Youth Health Improvement Consensus Statement*, 2014, http://bit.ly/2bXtbSw

[13] Mental Health Foundation, *Poverty and mental health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy*, 2016, p. 26

[14] Scottish Government, *Scotland's Carers*, 2015, http://www.gov.scot/Resource/0047/00473691.pdf

[15] Scottish Government, *Scotland's Carers*, 2015, p. 30, http://www.gov.scot/Resource/0047/00473691.pdf

[16] Carers Trust Scotland, *Young People Caring OUT There: Experiences of LGBT Young Adult Carers in Scotland*, p. 9

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?

YouthLink Scotland members want to see mental health services that suit the needs of young people, that are easy to access and that change and develop within the context of the changing society we live in. They would also like to see more informal community-based projects run by the voluntary sector that can help to improve resilience to stress and mental illness. They predict that this would play a part in reducing the stigma around accessing support.

Mental health is intricately tied with other social issues, for example poverty, educational attainment and physical health. In 10 years mental health services should be woven throughout government departments, priorities and strategies in a meaningfully intersectional way. A multi-agency approach should be taken with recognition to the many services that contribute to prevention and intervention work and resources should be allocated accordingly. The approach should be holistic, person-centred, non-health focused, have regular in-built service evaluation with users, and should be funded efficiently.

4. Other comments

Hot Chocolate Trust, a YouthLink Scotland member, has recently produced a short film (7 minutes) with a young person who has used their services sharing their honest experience of mental health struggles and recovery as a result of traumatic experiences in childhood. Please get in touch using the details below to see this film.

For further information please contact Emily Beever, Senior Development Officer (Policy and Research) ebeever@youthlinkscotland.org or 0131 313 6815.