

Scottish Children's Reporter Administration

SCRA Response to the Scottish Government's 'Towards a Mentally Flourishing Scotland – The Future of Mental Health Improvement in Scotland 2008-11' Discussion Document

Introduction

SCRA welcomes the Scottish Government's paper on the future of mental health improvement in Scotland 2008-11 and the national prioritisation of mental health and wellbeing. Our comments are focused particularly on the mental health of children and young people referred to the Reporter and are intended to provide information for the Scottish Government officials charged with taking forward action on this policy area.

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 2006-07, 56,199 children were referred to the Children's Reporter. This figure represents 6.1% of all the children in Scotland. 39,709 of these children were referred because they were considered to require care and protection, while 11,570 had allegedly committed an offence. 4,920 children were referred on both care and protection and offence grounds.

SCRA Response

Mental Health and the Children's Hearings System

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, includes mental health and wellbeing and that, therefore, some children may be referred to the Reporter as a result of concerns over their mental health, or their mental health may be a contributory factor in a decision to refer the child on any ground. Following an investigation, the Reporter will take a decision as to whether the child requires compulsory measures of supervision. If so, and if there is sufficient evidence to support one or more grounds for referral, a Children's Hearing will be convened.

Regardless of the original ground for referral, if a Children's Hearing regards a child's mental health as an area of concern, discussion of that issue is likely to take place at the Hearing and inform the decision making of the Panel Members. Any Supervision Requirement that is made for a child may include a condition or conditions on the child. This may include a condition that he/she attends a specific local health service, such as a mental health resource. 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 so the value of including such a condition may be limited. NHS Scotland research for 2005 suggested a clear shortfall in the Child and Adolescent Mental Health Service (CAMHS) workforce in Scotland and concluded that it was "...well below the level likely to be necessary to deliver an adequate service"¹.

Early Intervention

The statement in paragraph 8.3.4 that "*concentrating efforts on the early years of life... and more generally on the mental wellbeing of children and young people, is likely to bring the best long-term outcomes of improved population mental health*", is to be welcomed and fits with the Scottish Government's focus on early intervention in terms of wider child welfare and youth offending issues.

This is particularly important as mental health cannot be considered in isolation. In terms of SCRA's work, the issue has implications for both the child welfare and youth justice agendas. For example, SCRA research into three groups of children 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 society and to the individual child that these be addressed as soon as possible.

Research Data

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.²

More focused 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.³

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

¹ *Mental Health of Young People in Scotland – Characteristics of the Specialist CAMHS Workforce in 2005 (NHS Scotland 2006)*

² *Social Backgrounds of Children Referred to the Reporter: A Pilot Study (SCRA 2004)*

³ *Persistent Young Offenders: A Study of Children Identified as Persistent Young Offenders in Scotland 2003-04; 2004-05 & 2005-06 (SCRA 2007)*

“electronic tagging” and is applied to those children for many of 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.⁴

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 and whose behaviour was considered sufficiently challenging for a Hearing to issue an MRC, 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 two groups above (PYOs and children made subject to an MRC) are likely to be in particular need of support as regards their mental health needs.

Parenting

SCRA supports the Scottish Government’s proposal in paragraph 6.1 to make children whose parents have mental health issues / problems with drugs and alcohol a priority in terms of service delivery. Parental problems of this sort can and do adversely affect some children and young people.

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 problems²
- Over ¼ of those defined as Persistent Young Offenders had parents with identified mental health problems³

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 as parental mental health can be inextricably linked to the mental wellbeing and life of the child.

Looked After Children

The focus on looked-after children detailed in paragraph 6.1 is also to be welcomed. However, SCRA considers that this category should be extended to include all children identified by agencies as requiring particular support.

Developing Policy

SCRA would welcome the opportunity to engage further with the Scottish Government as more detailed proposals in relation to this policy area are developed.

19th February 2008

⁴ *Movement Restriction Conditions in the Children's Hearings System (SCRA 2007)*