

Mental Health in Scotland – a 10-year vision

Report on Consultation with Children aged 12 and under

October 2016

1. Introduction

Children in Scotland is the collective voice for children, young people and families in Scotland as well as the organisations and businesses that have a significant impact on children's lives throughout the country. It is a membership organisation, comprised of more than 550 representatives from the voluntary, public and private sectors. We aim to identify and promote the interests of children and their families, influencing the development of policy and services in order to ensure that they are of the best possible quality, capable of meeting the needs of children and young people living in Scotland.

Children in Scotland believes that children and young people should be included in decisions and ideas that affect their lives, a principle that is underpinned by Article 12 of the United Nations Convention on the Rights of the Child (UNCRC). We were delighted to work with two groups of children under the age of 12 to support the Scottish Government's consultation on the next mental health strategy and to ensure that it incorporates children's views on mental health. This work compliments Children in Scotland's response to the strategy based on evidence drawn from our network and specialist services¹.

It also draws on findings from other organisations that have researched the mental health needs of children, including the Children's Parliament, the Scottish Youth Parliament, the Growing Up in Scotland (GUS) longitudinal research, and our own existing participation and engagement work with children and young people.

Recent studies have found that that a quarter of children (age 7) are classed as having low life satisfaction and 11% as having high levels of behavioural and emotional problems². NHS Health Scotland's study of children and young people's mental health in Scotland showed a decline in young people's wellbeing as they got older, with life satisfaction and happiness decreasing between the ages of 11 and

¹ <http://www.childreninScotland.org.uk/consultation/mental-health-in-scotland-a-10-year-vision>

² Parkes, A Sweeting, H Wight, D (2014) *Family and school influences on children's social and emotional wellbeing* [pdf] University of Glasgow Available at: <http://www.gov.scot/Resource/0045/00452565.pdf> (accessed Oct 2016)

15³. It also indicates that the number of young people seeking access to mental health services is on the increase.⁴

The findings of this small consultation complement existing research to provide up to date younger children's perspectives on their mental health and support needs, to inform planning on the future mental health strategy.

2. Method

The aim of this consultation was to gather children's perspectives on second priority within the draft mental health strategy: Focus on Prevention and Early Intervention for Infants, Children and Young People.

Participants

We consulted with children in two primary schools – one in an urban area of high deprivation and one rural. Overall, we worked with 49 children aged 6 to 12 years, of which 16% were from a BME background. We actively encouraged schools to include children with additional support needs in the work we were doing. This included children;

- With a range of mental health and behavioural support needs
- With experience of substance misuse within their families
- Who were care experienced
- Who have English as an additional language.

The sample was small and does not represent the views of all children in Scotland. Nevertheless, it does provide insight into the types of mental health concerns children in Scotland experience, together with the types of support they would like to receive.

Our approach

All our engagement work with children and young people is designed to be child-centred, creative and with the wellbeing of participants in mind. Given the potentially sensitive nature of the topic, we took the following steps to ensure children were fully supported to take part, both by the CiS team and the schools we worked with;

- Liaising closely with the schools in advance to ensure that we could adapt our methods and ideas to include everyone and to be aware of any issues that might inform how we approach the work.
- Ensuring that a known and trusted adult was present throughout the sessions to deal sensitively with any issues should they arise.

³ NHS Health Scotland (2013), *Scotland's mental health: Children and young people* (2013) <http://www.scotpho.org.uk/publications/reports-and-papers/1159-Scotlands-mental-health-children-and-young-people-2013>

⁴ Scottish Youth Parliament (2016) Our generation's epidemic [online] available at: <http://tinyurl.com/ztkxvk5>

- Beginning sessions with a group agreement drawn together by the children themselves, to encourage a safe and healthy working time together.
- Not focusing on personal experiences, but using characterisation to explore what being happy safe and healthy means for all children.
- Working in small groups where necessary
- Anonymising the findings. No photos or audio recordings of the children were taken.

Content

Our sessions comprised of 4 activities:

1. Using walkabout/talkabout boards, we asked the children to express the people, places, objects and activities that help them to feel happy, healthy and safe both in and out with school
2. Drawing round a child and creating a character together, we asked the children to write inside and outside the body the issues that they might like support with in their lives, both internal and environmental or emotional
3. Discussing their circles of support – family, school and their wider community – we explored their perceptions of who or what were considered to be their greatest sources of support
4. Thinking about rights, we asked the children participating to share their understanding of their rights as well as their views on whether they believe they have a right to good mental health and wellbeing

3. Findings

Our key focus for this consultation was *Priority 2: Focus on Prevention and Early Intervention for Infants, Children and Young People*. However, given the broad nature of the discussion we also gathered perspectives on *Priority 7: Focus on 'All of Me': Ensure parity between mental health and physical health* and *Priority 8: Realise the human rights of people with mental health problems*.

Findings from the two schools and across different ages were very similar, and consequently have been brought together and are presented as one set of shared themes.

3.1 Priority 2: Focus on Prevention and Early Intervention for Infants, Children and Young People

Findings in this priority area are presented in terms of factors that support positive mental health and wellbeing (prevention), issues that children would like support with in their lives and how they would like that support to be provided (early intervention).

3.1.1 Factors that support positive mental health and wellbeing

Personal relationships

In terms of things that promote positive mental health, personal relationships were perceived as very important for children taking part in this consultation. *All* children highlighted having **friends** and having the chance to play with friends as being key to their wellbeing;

Having kind friends (Child, School 1)

Playing with my friends (Child, School 2)

Being with **family** was also very important and, coupled with their views on friendships, demonstrated that it is the human connections they have with loved ones that support their wellbeing;

Giving my mum a hug (Child, School 2)

When I am with my family (Child, School 1)

Helping and giving to others were two other important factors for the children in terms of their happiness;

Giving a present to the teacher (Child, School 1)

Be good- I help mum (Child, School 2)

In general, children felt that people being nice to one another and being included were very important. Friends, family and teachers were also identified as a significant source of comfort with regards to feeling safe;

*I feel safe when I'm with my mum and dad and play with friends
(Child, School 1)*

Knowing I have friends with me (Child, School 2)

I feel safe with my teacher and my friend (Child, School 1)

Our findings around the importance of family and positive relationships to feeling happy and safe are supported by the Glasgow University study '*Family and school influences on children's social and emotional wellbeing*' based on GUS data from seven year old children and their mothers from 3279 families published in 2014. This study found that key factors associated with poor social and emotional wellbeing included family conflict (specifically mother-child), school factors including difficulty with school work and, critically, poor quality friendships.⁵

Activities and pastimes

⁵ Parkes, A Sweeting, H Wight, D (2014) *Family and school influences on children's social and emotional wellbeing* [pdf] University of Glasgow Available at: <http://www.gov.scot/Resource/0045/00452565.pdf> (accessed Oct 2016)

Opportunity to play and take part in enjoyable activities were other key aspects of maintaining wellbeing. Children mentioned going to clubs, sports, cooking, 'messing about', going on holiday, playing with pets and learning new things as all activities that made them happy;

When I am allowed to play (Child, School 1)

I get happy when I go swimming (Child, School 2)

Playing outside and football (Child, School 1)

Giving children the chance to play and take part in activities, both in school and home environments was therefore highly recommended by participants.

We observed a correlation between our findings with this small sample and the New Economic Foundation's 5 evidence-based actions to secure wellbeing, namely Connect; Be Active; Take notice; Learn; and Give. Three of their 5 identified actions came up through the exploration of mental wellbeing with the children, specifically the notions of connection, being active and giving.⁶

- **We therefore recommend that the new mental health strategy includes a focus on how these positive assets can be supported and developed in children's lives through home, school and community environments.**

3.1.2 Issues that children would like support with in their lives

The children identified a large list of issues and problems that concerned them, or caused them worry in their lives, and that they would like support with. Many of these issues related to their individual circumstances, and the list generated was incredibly diverse. Worries could be very significant and life changing in scale 'Getting taken away from mum' (Child, School 2), or superficially quite small 'burning your finger' (Child, School 1). We cannot know the extent to which all these concerns influenced the children's mental health and wellbeing, but they do provide evidence that worries are a part of many children's lives and that children would like support to help cope with them. Clearly early intervention to help children identify and address their concerns, whatever they may, would be of considerable value.

Key themes emerging from the discussions included:

Health and illness

Children talked about concerns they had about their own health. For some this related to conditions they currently lived with, such as allergies or physical disabilities, and for others this was related to worries about potentially falling ill in the future; '*I might get cancer*' (Child, School 2). Some children also worried about the health of family members '*Gran is disabled*' (Child, School 2) or of family pets.

Home life and families

⁶ The New Economics Foundation (2008) *Five Ways to Wellbeing: The Evidence* [online] Available at: http://neweconomics.org/five-ways-to-wellbeing-the-evidence/?lost=true&_sf_s=+projects+five+ways+well+being (accessed Sep 2016)

Children discussed areas of family and home life where they had issues they would like help with. Some times these were quite general; *'Something happening in the home'* (Child, School 1) and other times more specific *'Someone calling your mum a name'* (Child, School 1). Children also talked about concerns about their home environment, in terms of space and physical accessibility.

Education and school environments

Children's concerns relating to school for the most part related to worries about school work and homework. For some this was about the amount of work *'I can't cope with work'* (Child, School 2), and for others about specific times of pressure, such as 'tests'. Relationships with teachers did not come out as big area of concern for the children we spoke to.

Friendships and Bullying

Friendships breaking down and bullying were significant causes for concern for children participating in this consultation. This could include feelings of exclusion *'When you are not in the club'* (Child, School 1), name calling, cyber bullying and general feelings of loneliness and isolation.

Puberty

Puberty was a particular issue for the older children (P7s) in this consultation. Our observation was that these children really welcomed the opportunity to talk about changes to their bodies, such as body hair, in an informal supportive environment.

Overall, the range of issues that children felt they required support with was weighted towards mental health and wellbeing, rather than issues connected to their physical health. This contrasts with the children's understanding of what it is that currently keeps them feeling well, which included a larger focus on physical health. We believe this shows that while *parity of esteem* between physical health and mental health was not apparent within the groups we worked with, *parity of need* was evidently present and self-identified.

- **We recommend that universal approaches that enable children to talk about their concerns and help them identify coping strategies and other appropriate support mechanisms are developed and prioritised within the new mental health strategy.**

3.1.3 How mental health support should be provided to children

The children who took part in this consultation identified how they would like support to be provided to them. This was described at various levels; in terms of families, schools and the wider community.

Families

Families, as described earlier are clearly a source of support and wellbeing for many children, as well as potentially an aspect of life where children can experience concerns and worries.

- **Interventions that support families to enhance wellbeing and address children's worries are therefore recommended.**

Schools

Within schools, the top support mechanisms identified were teachers, head teachers and friends. Some children described 'special teachers', who they identified as a teacher they could trust and feel confident with and who always listens.

- **The mental health strategy should explore how this concept of 'special teachers' can be explored to ensure that all children feel they have someone they can talk to in school.**

Wider community

The children we spoke to identified the emergency services, doctors and activity clubs including football, afterschool and homework clubs as providing them with the strongest sense of support out with school and home. They added hospitals, nurses, dentists, and mental health professionals to this list; *'someone to help with mental health like a psychologist'* (Child, School 1).

- **Since many of these services were not mental health specific, we recommend that community groups are given access to mental health awareness training, to build their capacity to promote good mental health, support children with their concerns, and signpost and refer to other sources of support as required.**

3.2 Priority 7: Focus on 'All of Me': Ensure parity between mental health and physical health

The participating children recognised that things like access to nutritious food, exercise and sleep were all important to maintaining good health;

My body and fruit and vegetables and doing PE in school and playing games and running ((Child, School 1)

To make sure I can eat healthy without worrying about it (Child, School 2)

There was also some recognition that ‘stress’ was not healthy, and that doing things to ‘de-stress’, such as playing with friends and pets and listening to music, was important;

Having a nap when I am stressed ((Child, School 1)

Healthy thinking (Child, School 2)

However, overall we observed a greater emphasis placed by children on physical body health over mental health in our groups. This would require more exploration, but suggests an existing lack of understanding among children about the links between physical health and mental health, to support parity of esteem between the two.

3.3 Priority 8: Realise the human rights of people with mental health problems.

The Scottish Youth Parliament’s study of mental health ‘Our Generation’s Epidemic’ included the views of over 1400 young people aged 12-26, and found that respondents felt that young people should be educated about their rights when accessing mental health support⁷.

We invited the children to tell us which rights they believe they hold, and these fell broadly into the following themes:

- **Play** – including making dens, having fun, going to the beach and playing football and other sports, to not have to stay inside, the chance to run out in the open and to go outside and explore new things.
- **Safety** – including everyone being protected from hitting (both perpetrators and victims), having a safe environment, a safe country and a safe referendum.
- **Health** – including having a healthy place to stay, to have access to eating healthy food, to exercise, to clean water and to sleep.
- **Environment and home** – including having a house.
- **Education and learning** – including doing well in school.
- **Friendship** – including to make and to have friends and to behave well towards those friends.
- **Attitude to others** – including being good to other people and making others feel happy.
- **Support** – including sharing ideas and learning for the future, having people there so they can talk to them, talking things through and relaxation.
- **Privacy**
- **Choice and self-determination** – including being able ‘to make choices’, to ‘make your own decisions’, to ‘decide how to use your life’ that ‘no one can tell you who you are’, to ‘have a chance to be without your parents’ and ‘to be who you want to be’ (Children from School 2).

⁷ http://www.syp.org.uk/our_generation_s_epidemic

Not all children were aware of their rights, and not all of the rights suggested by children currently exist as articles within the UNCRC. Nevertheless, many of the points raised by children in this consultation are supported by other findings, such as the Children's Parliament Investigating Bullying project work, which has called for adults to *'Get to know us. We need adults that are kind, sensitive and who listen to us, take us seriously, then do something to make our situation better. Don't be bystanders'*⁸

It is important to recognise that while the range of knowledge and understanding of child rights among our group was wide and fairly comprehensive, the rights they named independently did not include explicit reference to a right to good mental health.

- **If the new strategy is to take a rights based approach, it is important that a child's right to good mental health is explicitly referenced within it, as well as the links between this and the UNCRC.**

⁸ Children's Parliament (2016) Children's Parliament Investigates Bullying [online] Available at: <http://www.childrensparliament.org.uk/wp-content/uploads/CPIinvestigatesMPRJune2016-1.pdf> (accessed Oct 2016)

Conclusions and recommendations

The results of this small consultation with children aged under 12 serve to illustrate some of the priorities where children are concerned, about their mental health and wellbeing.

In terms of supporting good mental health, families, friendships, play and activities were all highlighted as key. In terms of worries and concerns, health problems, family issues, problems with friendships and bullying and school work were all emphasized as being important.

Children identified families, teachers and community groups as providing important support to them to help them cope with their problems. They identified a range of rights they thought all children had a right to, but this did not include mental health.

Our recommendations for the next mental health strategy based on these results, are as follows:

- **The new mental health strategy includes a focus on supporting positive assets in children's lives and raising awareness of what supports good mental health within families, schools and community groups.**
- **Universal approaches that enable children to talk about their concerns and help them identify coping strategies and other appropriate support mechanisms are developed and prioritised within the new mental health strategy. This should include, but not be limited to schools.**
- **The new mental health strategy should be aligned with the UNCRC and make explicit reference to a child's right to good mental health.**