World Health Organisation Consultation on the Child and Adolescent Health Strategy 2020-2030 - See Me Response

See Me is Scotland's national programme to end mental health stigma and discrimination. Our vision is to enable people who experience mental health problems to live fulfilled lives.

We are working to change negative behaviours towards mental health, by creating a movement for change, bringing people together all over Scotland who are all passionate about tackling stigma, to work as one. Currently we have nearly 10,000 people signed up, including supporters, volunteers and champions, who are leading the way in making real changes in communities across the country.

We want to change the culture around mental health so people feel confident enough to speak about how they are feeling and can ask for help if they need it, without the fear that they will be stigmatised and discriminated against. To do this we are targeting key settings where people face stigma and discrimination; in work, education, health and social care, and in their local communities.

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High level summary We conducted one workshop, with three young people, age range: 17-23. The workshop ran smoothly with very strong themes emerging. The main outcome highlighted that the current WHO CAH Strategy does not include enough on mental health and this weaved into every main theme that was constructed from the event. Our focus was to ensure that young people led the conversation and felt comfortable to contribute fully, to ensure that the recommendations sent for the consultation truly reflect the needs of young people in Scotland	-

Description of method used Our workshop method was a focus group, with a semi-structured style. We provided the young people with guiding questions but did not lead or alter their answers. The structure of the questions was co-produced with young people to ensure that the information was approachable and accessible. All notes during the session were written and transcribed, before being drawn into themes.	
Describe any variations from the *original* protocol **N/A**	
Main findings 1. Incorporating mental health and wellbeing into education 2. Training and support for service providers 3. Concerted effort to improve mental health services 4. Overarching mental health incorporation 5. Combatting stigma and discrimination	

Theme 1

Incorporating mental health and wellbeing into education

Schools should have a key role in promoting young people's mental health and wellbeing. Key points emerging from this discussion were:

- A focus on targets can be damaging. E.g. the focus on percentage of pupils with high marks and percentage going to university, leads to ignoring of other important indicators of schools doing their job. For example, mental health and wellbeing should be incorporated throughout schooling, and measurements to see how well schools are doing in this respect should be incorporated into national performance frameworks. This may require more focus on qualitative approaches, rather than just quantative measures. At the moment wellbeing gets landed in PSHE.
- PSHE needs improvement. It needs to be taken more seriously by staff and students. It should be where young people are taught about emotional intelligence, how to find support, about boundaries and looking after their own physical and mental health. In addition to weaving mental health through schooling, a strengthened PSHE could support and highlight its importance.

Theme 2

Training and support for service providers

Another theme that emerged strongly was the need for mental health awareness from all public services. Primary care staff, teachers and other frontline staff should receive Scottish Mental Health First Aid training.

- There needs to be greater support for teachers. Co-produce standards with young people and teachers and explain why this matters. Government need to back this up with policy initiative to ensure mental health is focused on, highlight that this is a national focus and all schools need to do it. Consistency in what you can expect from school and instilling standards across the board. 'One good adult', instilling caring and compassion into workforce. Connect with a person with lived experience to break down any stigma around mental health. Specific training must be made available for teachers for basic levels of mental health knowledge. E.g. focus on SMHFA and compassion

- Awareness of the impact of mental health conditions. Primary care staff need to make a shift towards person centred care, prevention and compassion, and shift from old procedures of reactive service. E.g. developing greater knowledge of what community services are available, and signposting people to these.

- There should be parity of esteem between diagnoses. Denying people treatment due to an over focus on diagnosis or having the 'wrong diagnosis' to be relevant for that service is deeply damaging. There should be no hindrance to treatment regardless of diagnosis.

- Training needs to be consistent and continuous across Scotland. Too often it is a postcode lottery of what knowledge staff have about mental health problems and what is available. Training and workforce to focus on person centred care.

Theme 3

Concerted effort to improve mental health services

- Key point is consistency in services within a country; strengthening provision and making sure the services are actually there. Stronger community focus, without losing sight of acute services. Step up community care, in addition to, not instead of acute care.
- Waiting times for mental health services are too long, there is little community or preventative support, and people are left too long without any follow up. There needs to be a concerted effort on improving mental health services, which too often lag behind physical health services.
- Improving communication between services. This would help prevent people having to repeat their stories. E.g. Sexual health services and LGBT services, and addiction services and mental health services need to talk together much more. Also communication with the person needs to be improved. E.g. waiting to hear tests back, and no news. They should notify whether or not further appointments are needed, for ease of mind.
- Psychiatry is too diagnosis focused. Experience of stigma from staff upon admission to CAMHS. Need to take young people seriously. Reforming psychiatry education, away from medical model. Compassionate responses from people. Revamp of training and regulations should be stricter.
- Significant updates to infrastructure are needed. For example updating estates, as well as communication.

Theme 4

Overarching mental health incorporation

- Mental health should be fed into and inform all aspects of the new strategy.
- E.g. reducing violence action in last strategy should be looking explicitly at the underlying mental health implications of being subject to violence, effects of the trauma on the individual. Doesn't make sense to mention mental health without reference to physical health.
- E.g. tobacco free focus in last strategy is too narrow. What about other addictive substances? Also should explore interplay between mental health and addiction, and look at underlying reasons a person uses substances. Taking into account poverty and people using tobacco as coping mechanism.
- Greater focus on healthy eating and how it links to mental wellbeing, but careful about glorifying diet culture. Nutrition classes in schools.
- Acknowledging knock-on impact of long term conditions on mental health and that aspect of a person's experience to being taken seriously when they meet healthcare professionals. Especially young people not being taken seriously.
- Severe and enduring mental health needs to be focused on. They are let down by services and much more likely to die early.

Theme 5

Combatting stigma and discrimination

- Removal of mental health stigma should be fundamental to the work of this strategy. Stigma places barriers in the way of people accessing services, both because they fear opening up (self-stigma) and the negative response they may receive from a healthcare professional (societal stigma).
- Services providers don't consider a person's life experiences or the aspects of their lives that may be a barrier to accessing help. They should think "you had to go through a lot to be here", when a person comes to an appointment about mental health, and not be dismissive or stigmatising. Accessing services can be doubly hard when there are additional layers of intersectionality and stigma.
- This links to the ACES agenda and trauma informed practice, as it acknowledges what a person has experienced and takes the person seriously as an expert in their own health.
- Focus in last strategy on depression and 'other mental health conditions' should be amended to consider the impacts of the different types of mental health condition. Progress has been made combatting the stigma of depression and anxiety, but it remains strong for more enduring mental health conditions.
- Many of the labels applied (e.g. BPD) can also be highly stigmatising.
- How to combat stigma. From See Me's learning we know that mental health stigma can be combatted by using:
    - Social contact theory. E.g. meeting a person with a mental health condition in person helps combat misconceptions.
    - Education: Training on what mental health conditions are and how to support people with mental health conditions. Increased knowledge reduces stigma and prejudice.
    - Influencing approaches: through the media, campaigns, messaging.

Reflection/notes • Some of the discussion focused on, why is there a specific Child and Adolescent *Health* Strategy, but no specific Child and Adolescent *Mental Health* Strategy. There is an overarching mental health strategy which includes adults and older people, but might it make sense to have one plan for children and adolescents on mental health also, or to incorporate mental health much more into the current plan? The group emphasized that you can't address physical health without talking about mental health, and would welcome either two separate strategies, but with explicit links made between them, or much greater focus on mental health in the new 'health strategy'. **How to ensure the government respects this?** Campaigning or lobbying at the national level. Liaising with press and raising the salience of the issue. Potential campaigns on this, and checking the government's record against the new WHO strategy. A coalition of charities and organisations could keep a checklist and highlight shortcomings to media and politicians. WHO should have a role reporting on the progress of the strategy. In the same way as the UN issues reports on how each country is doing in terms of human rights, WHO could do a country by country report analysing where improvement is needed. This would add further pressure to do something and provide a 'hook' for a news story.	
Evaluation N/A	