

People's response to: Transforming children and young people's mental health provision - a government consultation green paper

People is an early intervention/prevention charity. We have a 22-year history of research and practice in supporting the improvement of children's development and learning. We do this by training around 1,000 practitioners annually to deliver our evidence-based Peep Learning Together Programme with parents and children under 5.

Our CEO, Dr Sally Smith, is part of the All Party Parliamentary Group for Conception to Age 2 - the First 1001 Days. We are also part of the Scottish Government Early Learning and Childcare Quality Reference Group, advising on emerging policy affecting children under 5, their families and services they receive.

We wish to offer the following suggestions to the government's green paper on Transforming Children and Young People's Mental Health Services. We would to begin by saying that we are pleased to see the Government's commitment to children and young people's mental health.

Stages of childhood

Our first comment concerns the stages of childhood. In the green paper, 'children' refers to those aged 3 and above, and young people to older school-aged children. We would like you to consider describing childhood in three phases, rather than two, beginning with infancy (0-2). This reflects the distinct focus on the First 1001 Days. Similarly, the proposed review of evidence related to children and young people's mental health should include children aged 0-2, rather than beginning at age 2.

Early intervention and prevention

We suggest a focus on early intervention and prevention. This approach can address the root causes of poor mental health. The emphasis in the green paper is on children and young people 'with a mental health condition'. Infant mental health looks at the issues in the parent-child relationship, hopefully before they become internalised as a mental health problem disorder 'belonging' to the child. We agree that parents need support in caring for a child with a mental health disorder (p.8) but would add that parents and children together need preventative support before a child mental health disorder emerges and is pathologised.

Evidence shows that holistic support for families, from pregnancy, has a bigger impact on children's physical and mental health, than trying to fire-fight established mental health difficulties later on in childhood (Center on the Developing Child at Harvard University, 2016). We suggest that the focus on schools and colleges as sites to address mental health is extended to early years and community provision. The proposed mental health awareness training (p.5) should be available to early years and family support professionals. These staff should also be included as the Government revises professional training (95), to reflect the need to identify and tackle mental health issues early.

In parallel to the support mental health teams will provide to children with mild to moderate mental health difficulties (75), we would like to see early intervention/prevention provided to families. This may avoid the mental health problem being pathologised or lessen its severity as well as increase the family's ability to cope.

The efficacy and cost-effectiveness of this preventative approach is well-evidenced (Heckmann, 2006). There is also a wealth of compelling evidence of the importance of the first 1001 days

(conception to age two) on children's social and emotional development and the long-term effects of this on children's mental health.

Joint working

In order to provide early intervention for families, consideration needs to be given to how services work together in the best interests of the families. This will involve community-based practitioners, third sector organisations, public health and early years settings and others. While the work of community-based organisations is recognised in the paper (125) resources, support and priority in policy need to be given to joint working in the interests of the families, including during the child's early years.

Factors which impact on mental health

We suggest consideration is given to the structural issues which impact on mental health. When families experience poor housing, poverty or a lack of community support 'keeping their child(ren) in mind' becomes more difficult. 'Keeping children in mind' is a function of sensitive parenting which is associated with secure attachment.

We would like to see greater emphasis placed on the impact of mitigating Adverse Childhood Experiences (ACEs) on child mental health. ACEs are referenced in the green paper but we would like to see explicit note of the effect that adverse childhood experiences can have on neurodevelopment and the subsequent emergence of mental health difficulties. This understanding of ACEs sees mental health as midway along a pathway which begins with adverse childhood experiences. This provides a means - through addressing ACEs - of preventing mental health issues from emerging later in childhood or lessening their severity. This would mean that alongside the commitment to 'tackling the early signs of mental health' (p.4) there would be a commitment to 'tackling the factors which are known to negatively impact mental health'. Also, alongside the commitment to provide resources to address the effects of trauma (43) would be a commitment to prevent or mitigate the trauma occurring.

The perinatal period

We were pleased to see the commitment to identifying and addressing maternal mental health in the perinatal period (antenatal and early post-natal). We would suggest that a parallel commitment is given to support with the parent-child relationship during this period. This recognises that support can be given to the parent-child relationship to avoid the emergence of a mental health problem later in life. The psychiatrist Bessel Van Del Kolk, well-known for his work in post-traumatic stress said 'the parent-child connection is the greatest mental health intervention known to mankind.' The parent-child relationship, and the structural factors which impact upon it, must be addressed as a preventative intervention.

Engaging with families and the home environment

We ask that greater attention is paid to the type of engagement with parents which results in improvements in the child's home environment. The Scottish Government has demonstrated this commitment in 'A Blueprint for 2020: The Expansion of Early Learning and Childcare in Scotland: Quality Action Plan'. In Scotland, evidence-based family learning, via early years settings, will be available to all families in areas of multiple-deprivation by 2019. The green paper commits to publishing and promoting evidence-based interventions with parents and carers (124). We would like to see this commitment extended early years settings and community-settings working with

families in the children's early years. As stated previously, there is a wealth of evidence about the efficacy of this preventative/early intervention approach.

The importance of the home environment is well-documented and an approach of partnership with parents is an effective way for an educational setting and home to work together in the best interests of the child. We would be delighted to discuss this approach with you and share our extensive practice and research experience in supporting parents with their child's development and providing workforce development in this approach.

Our ongoing commitment

Please take this response as signalling our commitment to support the improvement of children and mental health services by sharing our knowledge and research with you at whatever point in the process is most helpful.

March 2018