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# LIVING IT

**CHILDREN, YOUNG PEOPLE AND JUSTICE**

Edited by Claire Lightowler, Susie Cameron and Brian Rogers



**IT IS ESTIMATED** that 1 in 10 children and young people aged 5-16 in Scotland suffer from a diagnosable mental health disorder. That equates to around 3 children in every class. Common conditions include ADHD, autism spectrum disorders, depression, anxiety, and eating disorders. At Kindred Scotland we support over seven hundred families each year, only a handful of whom have any involvement with the police. We work to support families to access Child and Adolescent Mental Health Services (CAMHS) but, to my knowledge, our staff have never engaged with 'Forensic CAMHS' or 'FCAMHS', specialist Child and Adolescent Mental Health services working with young offenders. The uncomfortable truth is that we are a parent-led organisation and young offenders have far less parental support in their lives and are therefore highly unlikely to access our service.

Yet research indicates that approximately 50% of those with care experience will have a mental health problem (Barnardo's Scotland, 2012). It is recognised that young people with care experience are far more likely to end up homeless or in prison, with around 45% of young offenders having care experience. This, coupled with high probability of mental health issues, leads most to enter into a cycle of reoffending and increased mental health problems.

The Interventions for Vulnerable Youth (IVY) service, which provides specialist intervention and supports risk assessment and risk management plans for young people

who are at risk to others, reports a high level of complex mental health needs for the young people referred to them. Since April 2013, of the 30 young people they have supported, 76% had been exposed to domestic violence and 88% had experienced some other form of maltreatment. Of these 30 young people some of the most commonly identified diagnosed or suspected mental health issues included: autism spectrum disorder (12), ADHD (10), Complex Post Traumatic Stress (12), deliberate self-harm (12) and substance misuse difficulties (15). Further, the mean number of mental health issues was estimated to be four per individual, so in addition to the complexity of each, there is the added complexity of the interplay between multiple mental health conditions (Lightowler, 2014).

Many young people in our prisons and young offender institutions have mental health issues. Approximately 80% of offenders in Cornton Vale are reported as having mental health problems (SAMH, 2012) and up to two-thirds of the inmate population at Cornton Vale are on suicide watch in order to try and curb instances of self-harming. It is estimated that it costs as much as £239,000 per person, per year to keep a young person in a secure unit and the cost of the average prisoner to the state currently sits at around £35,000 per annum. It goes without saying that there is a need for more funding to deliver the level of professional support required to address the increasing challenges presented by those with mental health conditions. In addition to this there is a need for greater collaborative working in diagnosis and treatment and, perhaps most crucially, earlier intervention.

## Mental Health Provision for Young People is Just Not Good Enough

Sophie Pilgrim



Research has found that around 25% of children in England who offend have very low IQs of less than 70; 43% of children on community orders have emotional and mental health needs, and the prevalence amongst children in custody is much higher; 27% of children and young people who offend are not in full time education, training or employment at the end of their period of youth justice supervision (Prison Reform Trust 2013). In terms of early intervention, such children and young people need to be provided with specialist 'forensic' CAMHS services both within the community and, for a small minority, in-patient care. At present, in Scotland there is only one community Forensic CAMHS team in Glasgow and there are no in-patient beds. A report by the Royal College of Psychiatrists (RCP, 2013) concluded that child and adolescent mental health services are currently in need of development. CAMHS can only function adequately as part of a comprehensive tiered service that includes high-quality universal, preventive provision. The range of services must include in-patient acute and intensive care beds, planned treatment beds and alternatives to hospital admission (such as intensive outreach/home treatment teams).

The families that we support at Kindred must endure a long wait for assessment and treatment, leading many to reach crisis point. Families cannot protest when they don't know what to ask for and have almost lost hope, and children without a champion in their lives cannot speak out for themselves. Yet these young people can be provided with treatment, including medication, behavioural interventions and social activities that enhance self-esteem. "Intensive Behavioural Support" or "Intensive Treatment Services" provided under CAMHS to families of children with autism, for example, have demonstrated positive outcomes.

If treatment and behavioural support was available at an earlier stage families would have time to develop preventative strategies, before the predictable pattern of the 'nuclear' teenage years develops. Early intervention prevents the later need to fund often long term residential placements even for those who are not offenders.

Child and Adolescent Mental Health services are provided under the NHS. However, unlike other paediatric health services, families are forced to wait without advice or support while their child's health breaks down before them. Many of the families we work with experience challenging behaviour from their children including aggression and violence. It comes as no surprise that such high numbers of children and young people who offend have underlying, diagnosable mental health conditions. The Scottish Government has pledged that by December 2014, CAMHS waiting times will be 18 weeks or less, but, as a consequence of lack of resourcing and prioritisation of such services, along with an acute shortage of educational psychologists and child and adolescent psychiatrists and increased demand, this is not even close to being achieved by some health boards. Areas like Ayrshire and Arran and Tayside fall short of the current 26 week target by 32% and 29% respectively, let alone the 18-week target (ISDS, 2014).

Lack of recruitment to professional posts now means an increase in waiting times for psychiatry and psychology services. We will pay a high price for this lack of foresight. Already children and young people are sent down to England because of the lack of appropriate psychiatric in-

patient provision with Scotland. We need high level strategic management and greater prioritisation in order to get a grip on what is a critical situation before it gets any worse and creates further disadvantage for one of the most vulnerable groups in our society.

This is a key focus for the Scottish Children's Services Coalition (SCSC). We are calling on the Scottish Government to intervene and provide this support, working with organisations like Kindred in order to create a more joined up and effective approach. This will save those with mental health conditions and their families from the additional anxiety of lengthy waits to ascertain and treat their additional needs. And this begs the question, how many children and young people in Scotland today are in custody because there is no one to speak up for them?

**Kindred Scotland provides information, advocacy and emotional support to parents/carers of children and young people with additional support needs. Kindred is a member of the Scottish Children's Services Coalition, a policy-focused collaboration bringing together leading third and independent sector children's service providers. Its members deliver specialist care and education services for children with complex needs, such as learning difficulties and learning disabilities, as well as direct help and support for them and their families.**

**Sophie Pilgrim, member of the Scottish Children's Services Coalition (the SCSC) and Director of Kindred Scotland.**

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Scottish Children's Services Coalition (SCSC) [www.thescsc.org.uk](http://www.thescsc.org.uk)

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# UK Justice Policy Review:

Volume 2

6 May 2011 to 5 May 2012

# UK Justice Policy Review:

Volume 3

6 May 2012 to 5 May 2013

By Richard Garside, Arianna Silvestri  
and Helen Mills

# UK Justice Policy Review:

Volume 1

6 May 2010 to 5 May 2011

By Richard Garside and Helen Mills

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*UK Justice Policy Review: Volume 1* (May 2010 to May 2011), *UK Justice Policy Review: Volume 2* (May 2011 to May 2012) and *UK Justice Policy Review: Volume 3* (May 2012 to 5 May 2013) are now online and available to download from: [www.crimeandjustice.org.uk/project/uk-justice-policy-review](http://www.crimeandjustice.org.uk/project/uk-justice-policy-review)