

MINUTES of the Cross-Party Group for the Prevention and Healing of Adverse Childhood Experiences (ACEs)

Meeting held on 30th September 2020

Location: Zoom meeting

Title - Children's mental health in the context of recovering from the pandemic

Convenor: Gail Ross MSP (SNP)

Secretariat: George Hosking, WAVE Trust

In attendance:

MSPs:

Gail Ross, MSP (SNP)

Emma Harper MSP, (SNP) Deputy Convenor, Health and Sport Committee

Liam McArthur (Lib Dem)

Speakers

2. Gary Broadway, Head of Supported Learning, Kirkcaldy High School

3. Hugh McAloon, Deputy Director, Scottish Government Mental Health and Social Care Directorate, together with Maggie Fallon (Education Scotland) and Ruth Christie (Health and Social Care Directorate)

4. Dr Sally Amor, Child Health Commissioner, NHS Highland

5. Dr Trevor Lakey, Health Improvement and Inequalities Manager, Glasgow City Health and Social Care Partnership

Attendees:

Aileen Nicol, CELCIS

Alana Davis, British Psychological Society

Alex Williamson, 70/30 Ambassador Coordinator

Anthoulla Koutsoudi, WAVE Trust

Councillor Elspeth Kerr, Glasgow City

Emma Burke, Children 1st

George Hosking, WAVE Trust

Janine Rennie, Wellbeing Scotland

John Marr, With Kids

Karen Law, 70/30 Ambassador

Katy Hetherington, NHS Scotland

Lisa Bywater, With Kids

Lorna Kettles, Early Years Scotland

Louise Stean, Fife County Council

Michelle Wilson, Children's Health Scotland

Natalie Thomas, 70/30 Ambassador

Rachel Love, NSPCC

Ríobárd Ó Broin, office of Gail Ross MSP

Ryan McShane, Who Cares? Scotland

Susan McKellar, Parent Group Leader Facilitator, Parent Network Scotland

Tracey Jenkins, GCVS

Speaker 1: Gary Broadway, Head of Supported Learning, Kirkcaldy High School

- Part of my role during lockdown was to coordinate the learning clubs for a lot of the key workers and vulnerable children. The real focus, in addition to school work, was to look after their well-being.
- We delivered a lot of learning resources to local homes. Lots of laptops were also provided by local businesses to communities. The school gave myself and the guidance staff mobile phones so our learners could contact those they have key relationships with.
- The attitudes of the young people have been brilliant. But a lot of the students weren't coping. A significant amount talked about suicide and there were some attempts. There was lots of anxiety about what if there's another lockdown, if school closes again, what help they'll get to deal with that. A lot of young people don't want to be at home all day, every day. We've seen a number of fights in school, which is usually very rare. There's also a lot of unrest on social media.
- Some kids are coping. But some who previously coped aren't, including those that go below the radar and keep their head down. We've got an issue with some not attending (not a huge percentage) because they're so anxious about potentially catching the virus. We're using outreach programmes and IT to engage them.
- The support we provided included access to a named person, pupil support officers (n=4) anxiety groups for young people; counsellors (n=2) in schools several days a week; an art therapist; access to services, e.g. school nurse service; and primary mental health workers.
- We're used to a range of partners being in school every day. A lot of that advice and support is available online and over the phone, but it's not quite the same. The restrictions also resulted in e.g. the educational psychologist only being able to go to one school per day.
- We used a kitbag programme, developed a social and emotional programme with a real focus on well-being and used 5 ways to well-being.
- Staff are tired and it's only September, and that includes some who aren't normally tired. As a team manager, you're trying to look after the team as well.

Speaker 2: Hugh McAloon, Deputy Director of Scottish Government's Mental Health and Social Care Directorate; Maggie Fallon, Education Scotland; Ruth Christie, Health and Social Care Directorate

- **Maggie Fallon:** There's research indicating a general worsening of mental well-being among children and young people, in particular older girls and disadvantaged young people. There's been a decline in some young children's sleep patterns; mood; general behaviour; anxiety levels; eating patterns and behaviour; and general mental well-being during lockdown period.
- There were also positive impacts, including an increase in imaginative play.
- Mental well-being support in schools has been highlighted as very helpful for children and young people, particularly for those who have experienced adversity, trauma and bereavement during this period. Though there's been a plethora of resources developed that have been made available for them, research tells us children are finding that information from discussions in school is more helpful than going to these resources.
- Particular groups experienced significant hardship during the lockdown period, e.g. care-experienced young people, young carers, refugees, migrant and asylum-seeking families.
- There are reports from across the UK of an increase in domestic abuse, as well as emergent evidence of an increase in child- and adolescent-to-parent violence.
- The key issues for disadvantaged children and young people are digital access; anxiety; uncertainty about the future; worries about having a purpose; the ability to make meaningful connections to others; loss of education; risk of exclusion; and being able to participate in the community.
- **Ruth Christie:** We started our 4-year perinatal and infant mental health programme, supported by £50m investment. We have a perinatal programme board and an infant mental health implementation and advisory group.

- The aim of the infant mental health work is to meet the needs of infants experiencing significant adversity, including developmental difficulties, parental mental illness, parental substance misuse, trauma, etc. – all things contributing to ACEs.
- The key outcomes we want to get include:
 - a shared understanding of infant mental health and
 - the importance of positive relationships across policy and practice, as well as within families, communities and universal support services;
 - to make sure the language and concepts are common currency;
 - to help parents and carers develop positive relationships with their babies; and
 - to support the prevention of later mental health and relationship problems, with early intervention offered when needed.
- The key actions for our 2021 infant mental health work – covered in 2 delivery plans published in July – include establishing infant mental health services across Scotland. NHS Fife and Lanarkshire received funding last year to start develop their existing services and this year the rest of the health boards across Scotland will receive funding too.
- A third sector fund, worth £1m per year, also supports a range of organisations providing support to women, families and infants. This includes enhanced peer support, parenting support, perinatal counselling services, etc.
- **Hugh McAloon:** I think we'll see longer-term impacts from the lockdown evolve as we go forwards. Our response during the pandemic is one we can build out from.
- We've had school counsellors across Scotland. Education psychologists have been working with kids during lockdown and will be critical going forwards.
- Once we look at prevention, developing a better understanding among parents of their children's emotional and mental development is really important, particularly during lockdown when young people are feeling the pressure. We made Solihull online support available, which includes this and strategies for parents in supporting children's mental health. The usefulness of that will widen out as we go forwards.
- We're working on CAMHS renewal as part of wider mental health services renewal, as well as an alternative to CAMHS that's a non-clinical response to distress, as the line between emotional distress and mental illness is blurred and a lot of kids who are sent to CAMHS need a different response.
- We're working with local authorities across Scotland to get these new community mental health services up and running by the end of the year. They will provide useful additional support.

Speaker 3: Dr Sally Amor, Child Health Commissioner, NHS Highlands

- Early years and the first 1,001 days are gaining more recognition across Scotland and the wider UK. It matters more than has previously been acknowledged, yet babies and toddlers have no voice in the system and child and adolescent mental health services rarely see children under school age.
- [The early years] underpin our capacity to form close relationships as babies. Babies and toddlers are shaped in fundamental ways by their interactions with parents and environments. Parents' struggles affect infants' development. It's not about perfection, but parents would benefit from more education, support and care.
- Babies are born ready for connection, they need it. They are uniquely vulnerable, incapable of looking after themselves, with their brains still in the process of developing. The absence of the right environments for babies might limit or curtail their potential to thrive, sometimes across their entire lives.
- How has toxic stress been exacerbated by the requirements to respond to the virus? These experiences can have a lasting effect on the physical and mental health of children as they develop. By understanding how parents who've had their own experiences of adversity are responding to these times, we can see how these difficulties might arise.

- When does Covid-related adversity become a traumatic experience? We can't answer it now, but we need to be open about asking the question. And what do we understand about the influence of Covid on some parents?
- The Babies in Lockdown report was an online survey of 5000+ parents and carers. 7 in 10 found their ability to cope in pregnancy, or with their baby, had been impacted as a result of Covid. Nearly 7 in 10 felt that changes by Covid were affecting their unborn baby or child. Only one-third expressed confidence in being able to access mental health support. Almost half reported that their baby had been clingier and a quarter reported they'd been crying more. Clearly there's an impact playing out here.
- Other issues raised by parents included mental health concerns, difficulties birthing, dads and other co-parents being excluded from pregnancy journey, and digital health appointments leaving women feeling exposed and humiliated. The report concluded that the lockdown could cast a long shadow going forward for parents and babies.
- If resilience is best understood as having the skills and capabilities to respond to stress and threat, how do we best support this in these strange and troubling times? It seems key to mitigating the consequences of suppressing the virus, and seems important to ensure we all come out of these times well-placed to recover in full.

Speaker 4: Dr Trevor Lakey, Health Improvement and Equalities Manager, NHS Greater Glasgow and Clyde

- I lead on mental health, alcohol and drugs. We are hosted in Glasgow Health and Social Care Partnership. The mental health improvement team I lead has a focus on positivity, and resilience-building is at the heart of that. This doesn't gloss over the fact some people need a significant service response as well.
- iMind, digital resources for mental health. Also, covidminds.org tracks studies on mental health.
- Teen Covid study shows 8% of children experienced loneliness pre-lockdown. This rose to 22% during lockdown. Also, 39% in that sample experienced worsening sleep. Covid Life showed a big impact on 18-29 year-olds in terms of worries and challenges.
- In April, we produced a public mental health response to Covid crisis paper. Building resilience and connecting communities were at the heart of it.
- During the last 6 months, the levels of support demands coming in from partners have been huge. We're pleased mental health hasn't disappeared off the radar, with many agencies saying "it's a massive issue and we need support". At the start, we provided a 1-page digest of key resources as we were mindful of information overload.
- We issued a major contract in January to deliver a lot of mental health training. There's a huge demand, we're having to ration that across the Health Board.
- We need to dig in for the long haul. Even as lockdown eases, there will still be support needs. Colleagues are saying they're getting levels of distress they haven't encountered before. We've seen youth suicides in different parts of the Board and across Scotland.
- A few examples of the thousands of agencies and groups providing responses to children's needs include turning resources into mobile trucks providing supplies and providing online activity sessions every week. Many schools are using all sorts of imaginative approaches, e.g. family quiz nights. CAMHS have retooled services to be provided online.
- How do we sustain not just the financing, but also staff and volunteer well-being, e.g. when working from home? Also, how do we involve young people in aspects of delivery?

Open discussion

- **Karen Law:** There is a very important need for babies to get the right support from the beginning, e.g. from a doula. Failure to ensure this can lead to mental health problems.

- **Liam MacArthur MSP:** How does this play out in an island community? Any views as to whether there's a patchiness in terms of delivery, and whether this conforms to others areas where this patchiness is problematic in island and rural areas?
 - **Sally Amor:** We have a lot to learn still about the way we play to the strengths of rural communities without idolising them, and understanding the pressures and risks that influence them. Alcohol and drugs can exacerbate adversity. Challenges in home can be some of the most stigmatising things to work around. The question comes back to people like myself who have a remit for mental health: how do we develop models better suited to rural communities? I worry that the rush to digital solutions becomes overwhelming in a world where relationship is vital. Can a screen-mediated relationship be as good as a biologically-mediated relationship? I suspect we don't know, but it's not that simple.
 - **Liam:** I think a lot of things like telecare over the past decade are seen as a substitute for face-to-face interaction, or as a Trojan Horse for the withdrawal of services. However, if combined with regular face-to-face interaction, then it seems to offer an access to services that otherwise wouldn't be there, or without any continuity at all. Digital can be the only solution for remote areas.
- **Trevor Lacey:** As Chair of a national body, I see very good sharing across Scotland, for example in suicide prevention. Digital mental health support works, but it is better when it complements more traditional approaches, rather than replaces them.
- **Gail:** Some people in Caithness can have a 5 minute appointment in Inverness which requires a 200 mile round trip. Some are cancelled at short notice. A blended approach is best.
- **Gail:** Gary, young people who aren't coming to school, how would you work with them to ensure they can access what all the young people who attend school can access?
 - **Gary Broadway:** You can put resources out there for young people, but trying to get them to buy into it is tricky. With schools reopened, for children not accessing school we can visit them and talk to them about how they can use IT to engage with school. We can do this because myself and my support team know them and their families, it goes back to those relationships – without that, none of it works. We're looking at a blended learning model, including setting up groups on Microsoft Teams so any child with e.g. ADHD can dial in at certain times and be supported by staff. Some children too anxious to attend school will come after school. It is goes on longer then we'll need a bigger strategic plan to support children going forwards.
 - **Alana Davis:** There are many Covid issues – for example women at risk. We need a non-blanket approach. Don't close down buildings; a blended approach is best going forwards.
- **Ryan McShane:** At one point, we were close to achieving the school counselling target – are we close to it now, with what I'd have thought would be higher demand?
 - **Gail:** The Education Minister made a statement in the chamber that we're still on course to deliver them by next month. A couple of committees will be holding them to account on that pledge.
 - **Ryan:** Conversation is important for people. I see this when collecting glasses in the pub. People want to talk – e.g. about the football. It is really important for children to be heard.
- **John Marr:** One frustration for us, as a children's mental health charity with play and art therapy, is not seeing the same recognition for these kinds of interventions as much as, say, counselling. Young children often can't verbalise how they're feeling and what they're going through, but play is their native language.
 - **Karen:** John is so right.
 - **Gail:** Should this be happening in schools anyway?
 - **John:** It should be, but they can also be used therapeutically. Ryan is right, Children need to be heard; but sometimes they are heard through art and play.
 - **Alana:** Music and Art therapy are under-recognised.
 - **Sally:** What we also miss out in funding is conflict resolution skills for parents, how to resolve parental conflict before you get near to abuse and violence. We need more

support for the early years. (Gail and Sally exchanged positive experiences around the value of Family Nurse Partnership.)

- **Trevor:** I agree, greater investment is needed in the early years. We need more diverse support and smaller case loads.
- **Sally:** We spend the bulk of money in Western countries on tertiary education, not in the earliest years. Those windows to effect change are where we have the least investment in public services. We can fiddle at the edges, or we can do more to shift that curve across. There's a language around build back better – that requires investment in the early years.
 - **Alex Williamson:** The Christie Commission estimated 40% of public spending is only necessary because of a failure to invest in prevention.
 - **Sally:** The challenge for Scotland is that even the public protection structure is too fragmented. When looked at the thorough consequences of childhood trauma and adversity, we have the violence against women partnership, community justice partnership, etc. Why do they work in parallel?
 - **Sally:** Silo thinking is reactive, survival thinking. There's scope to do more there.
 - **Gail:** When I was a councillor, there was a nervousness to take money from other budgets to put into preventative spending, to have gaps in other budgets now to stop the gap being there 10-15 years down the line. It's a budget on its own that needs to be given more serious consideration. We put a couple of million aside in 1 year at Highland Council, probably didn't spend half of it, then filled the black hole that comes at the end of every budget year.
 - **Alex:** One of the great problems with ACE preventions is that the economic and social yields are not immediately seen. It causes an over-roll of parliamentary cycles. It requires a restructuring in how every public service works, there's no overnight solution. It's easier to focus on short-term interventions rather than place everything on prevention.
- **Gary Broadway:** For myself and my colleagues in the education sector, the priority now is keeping schools open. It's right for the well-being of kids, gives them contact with people who care about them. This has to be a priority.
- **Ryan:** Has our CPG achieved what we set out to achieve?
 - **Gail:** We could probably fit in 2 more meetings before the end of March. I'd like to see if we could get the Deputy First Minister to the last meeting. He came to the first meeting, we put across our objectives and told him what we were looking to achieve. We wanted to bring this message to Government and the fact the ACEs agenda is high up in every department is a real success. But I feel we need to get John [Swinney] along to complete that circle and ask him how he thinks it's gone.
 - **Gail:** Another objective that I had was just to get all these people together from all the different sectors that are interested to hear some informed presentations and get a conversation going, and we've achieved that. The quality of speakers at each meeting has been exemplary. I know a lot more now than I did when we first set up the group.

ACTION POINTS

1. Organise 2 further CPG meetings before March 2021.
2. Secure the Deputy First Minister for the later meeting.