



**Dim mwy o greulondeb i blant. DIM.  
Cruelty to children must stop. FULL STOP.**

**NSPCC CYMRU/WALES  
RESPONSE TO:**

**MENTAL HEALTH PROMOTION ACTION PLAN  
– PROVIDING A NATIONAL FOCUS FOR  
MENTAL HEALTH IMPROVEMENT**

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- 1.1 NSPCC Cymru/Wales welcomes the opportunity to respond to this consultation on the Mental Health Promotion Action Plan.
- 1.2 The NSPCC's purpose is to end cruelty to children. Our vision is of a society where all children are loved, valued and able to fulfil their potential.
- 1.3 We seek to achieve cultural, social and political change – influencing legislation, policy, practice, attitudes and behaviours for the benefit of children and young people. This is achieved through a combination of service provision, lobbying, campaigning and public education.

## **Section 1: Introduction**

- 1.1 NSPCC Cymru/Wales welcomes this action plan. We hope that this will provide the foundation on which to continue good practice and address inefficiencies. We also hope that this will lead to greater awareness of everybody's role in the improvement of mental wellbeing in Wales.
- 1.2 We welcome the clarification of definitions used and agree that the aims of mental health promotion activity should be to strengthen protective factors and reduce risk factors.
- 1.3 Our listening services have identified the extent of mental health problems amongst children and young people. Overall, 14,463 children and young people across the UK spoke to ChildLine, a service provided by the NSPCC, about mental health issues in 2005/2006. This means that mental health issues were the fourth most commonly discussed with children and young people. An Action Plan which comprehensively addresses mental health promotion and the quality and accessibility of services, will help to influence local initiatives to safeguard the wellbeing of children and young people in Wales.
- 1.4 Whilst we welcome the general direction of the Action Plan, we believe that more acknowledgment must be given to children and young people who demonstrate signs of mental ill health. Whilst the term 'individual' is used, the plan fails to address the practical needs of children and young people which may differ in terms of causes and solutions. We were disappointed that children and young people were not consulted with, as were older people. We believe that all Welsh Assembly Government policy areas should identify children and young people as a group in their own right and consultation with them will help improve policy areas such as this. The Welsh Assembly Government is failing to address the needs of children and young people here, and will continue to do so until a child-centred approach is adopted and incorporated into all policy programmes. We would urge the Welsh Assembly Government to return to their seven core aims for children and young people and to ensure that these form the basis of all their work.
- 1.5 We believe that a universal approach to the provision of mental health services should be a key priority for the Welsh Assembly Government. However, they must also address better the provisions in place to safeguard the mental health of those children and young people who need to be placed in the care system. In 2005-2006, ChildLine counselled 1,046 children about their experience of the care system. This covers foster care as well as children's homes. These children and young people are over-represented within such statistics and therefore, we would urge the Assembly Government to take account of the potentially different service needs in relation to mental health, for this group.

### **Measuring Success:**

- 1.6 We agree that evidence-based indicators of social determinants can potentially identify those most vulnerable to mental health problems, though such determinants must not be exhaustive. Whilst we agree that unemployment (including youth unemployment) and childhood wellbeing should be included, we have concerns here around the use of such information. We would welcome clarification around how each determinant was chosen, what exactly they will highlight and how such information will help measure the success of the Action Plan.
- 1.7 We also hold concerns around the quantitative nature of the indicators identified. We would welcome a more qualitative approach in order to explore more operational issues, with a focus on measuring success based on experience.
- 1.8 We also believe that the indicators of social determinants for common mental health disorders within the plan will maintain a reactive approach only. Whilst we acknowledge a continuous need for reactive services, we would urge the Welsh Assembly Government to include, on the lines of mental health promotion, more preventative and protective measures. An acknowledgement of the need for listening services such as ChildLine and

counselling services must be made within the action plan, so that children and young people will have someone to turn to when they need support.

### The Policy Context:

- 1.9 In terms of the National Service Framework it was disappointing that the Children, Young People and Maternity Services version was rarely mentioned within the Action Plan. The Children's NSF identifies key actions universal to all children, including two actions around promoting positive mental health and psychological wellbeing. We are unclear of the influence this action plan will have on the delivery of the NSF in terms of mental health promotion. We would therefore urge the Assembly Government to flag up the actions identified within the NSF and ensure that the responsible organisations are delivering on these.
- 1.10 We welcome the use of policy pyramids within the action plan identifying a cross-cutting approach. This will help develop a holistic awareness and acknowledgement of responsibility. The 'Taking Stock' section is also a helpful rundown of the current policies and/or programmes actioned by multi-agencies. However, this section is disappointingly process-focused rather than outcome-focused and as such, fails to provide a reasonable understanding of current achievements. We would urge the Welsh Assembly Government to consider providing detailed information on how each programme directly or indirectly affects the promotion of mental health.

## **Section 2: The Seven Themes**

### 2.1 Parenting and early years

- 2.2 We welcome the acknowledgement that parenting has a considerable effect on the health outcomes for children and that a child's mental wellbeing at infancy significantly influences later mental health.
- 2.3 This theme within the Action Plan is the only to address adults as parents of children. We would urge the Assembly Government to take a child-centred approach here and provide more supportive provisions to empower those who care for children and young people to understand and consider the effects of parenting upon the mental wellbeing of those cared for. We believe that parenting support services are a key provision for all parents and should be universally available and delivered as a matter of course.
- 2.4 Parenting support services in Wales must also identify the varied need and recognise the diversity of family settings and ways of providing care for children and young people. Despite acknowledging postnatal depression, this action plan fails to address the needs of parents/carers who suffer with mental health problems; those who have previously suffered; or those who are potentially more vulnerable to developing mental health problems. The potential effect this may have on their parental capacity also needs to be addressed here. We would urge the Assembly Government to acknowledge the link here and to support the needs of such parents by ensuring that the appropriate support services are in place.

### 3.0 Children and young people

- 3.1 We welcome this theme and the acknowledgement that childhood mental wellbeing is a strong indicator of future adult mental wellbeing. In this respect, we are encouraged by the recognition of the importance of anti-bullying schemes and that every school will have a counselling service as part of the NSF. Empowering children and young people in the necessary life and social skills will increase confidence and self-esteem and enable them to overcome problems they identify.

- 3.2 NSPCC Cymru/Wales welcomes the recent development of a draft strategy for school-based counselling service in Wales by the Assembly Government. We are encouraged by its progress and look forward to its implementation. It is known that independent counselling and peer support programmes for children and young people in schools is seen as a non-stigmatizing form of emotional support to those who need such a service<sup>1</sup>. Benefits of which are evidenced for the pupil and the school. However, problems with such provision were finance and staffing issues<sup>2</sup>. We would therefore urge the Assembly Government to continue its progress to date with the planned strategy for Wales, though also identify and take action around the issues of funding and resourcing such beneficial provision.
- 3.3 Our ChildLine in Partnership with Schools (CHIPS) service also helps set up sustainable peer support schemes tailored to the needs of individual schools. We endorse the view that children and young people can help each other, can play a part in making changes to improve their own lives, and have a right to be listened to and respected. We would therefore urge the Welsh Assembly Government to continue to support and highlight the value that peer support can bring.
- 3.4 NSPCC Cymru/Wales also believes teaching professionals and all those involved in education have an important role to play in the identification process of children and young people's mental wellbeing. Tier one of the Child and Adolescent Mental Health Services (CAMHS) strategy, includes such professionals. Through our work with a variety of professionals working directly with children and young people, NSPCC Cymru/Wales has encountered the need for more support and further training around identifying mental health problems amongst children and young people and understanding their needs. We would urge the Assembly Government to take the lead and ensure that standard practice is developed and maintained as an integral part of training processes for all who have direct contact with children and young people. We also hope that such issues will be identified and explored as part of the Assembly Governments' review of CAMHS.
- 3.5 We are encouraged by the acknowledgement that both an identifying stage and a reactive stage need to form service delivery. High quality and co-ordinated services will help prevent and promote mental wellbeing amongst children and young people. Such services should include the provision for those who are in most need of a therapeutic response. NSPCC Cymru/Wales provides a therapeutic service, working with children, young people and their families, where the child or young person has experienced abuse. The service assists children and young people in the recovery process and helps them to overcome the damaging effects of abuse. From our direct experience, we would urge the Welsh Assembly Government to address the lack of such service provision.
- 3.6 We are disappointed that the area around access and quality of services was not as clearly identified for children and young people as it was for older people. In the same light, children and young people who are potentially more vulnerable of developing mental health problems should have "access to primary prevention and integrated services, with key actions to identify mental health problems at an early stage and provide comprehensive and integrated services" (p31). We would urge the Assembly Government to return to their acknowledgment that childhood mental wellbeing strongly predicts future mental wellbeing and equate such needs.
- 3.7 Despite acknowledging that the prevalence of mental health problems amongst children and young people includes the issue of suicide, we are disappointed that there is no identification of current policy or programme actions to target this. The Adult NSF is listed in the 'taking stock' section around this issue, though children and young people under the age of 18 do not fall under its responsibility. Evidence provided by ChildLine indicates

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<sup>1</sup> Jenkins,P and Polat,F (2006) The Children Act 2004 and Implications for Counselling in Schools in England and Wales, *Pastoral Care – June 2006*.

<sup>2</sup> Ibid.

that in 2005/2006 more than 1,200 (1,265) children and young people called about suicide. A further 2,108 called to discuss other problems, but also mentioned suicide. Reasons for which include family conflict, physical abuse, sexual abuse and problems in school. We would therefore urge the Assembly Government to acknowledge this gap and ensure that the Children and Young People's NSF correctly targets such a major area of concern.

- 3.8 We believe that the action plan is also failing to address another significant area and client group. Children and young people who display sexually harmful behaviour have not been identified as a group in need of effective and timely mental health services. Research has concluded that adolescents were more than twice as likely to be suspected of having sexually abused another child as any other comparable age band in adulthood or childhood<sup>3</sup>. In order to help address mental health issues in childhood and prevent their development into adulthood, targeted interventions need to be in place. This action plan needs to recognise the complex needs of this group of children and young people, which are not currently being addressed or targeted through consistent services. NSPCC Cymru/Wales has a Sexual Harmful Behaviour (SHB) service, providing assessments and treatments for young people who have displayed such behaviour. We believe that this area of specialist work must be equipped with appropriately trained and experienced staff. Experience in this area confirms that SHB service delivery must take place promptly once such behaviour has been discovered for most effective results. However, there are currently significant waiting times for children and young people to access these services. Without addressing this issue we are failing this group of children and young people. We urge the Assembly Government to look into such provision and make the necessary changes to meet this need.

#### 4.0 Communities

- 4.1 Whilst we agree that social capital and the experience of inequality within communities has a major impact on the levels of trust, tolerance and participation felt by individuals, we are disappointed with the adult-dominant approach here. Children and young people need to be acknowledged as individuals and as a valued part of communities too. We would urge the Welsh Assembly Government to consult with children and young people themselves in order to learn about and address their issues around community participation.
- 4.2 Our concern with the lack of children and young people's involvement here is furthered by the failure to place the Children's NSF and CAMHS strategy, within the policy pyramid. If children and young people are to feel valued and part of their own communities, it is vital that the relevant targeted policy and programmes addressing their own needs are identified within the action plan. We would recommend that the Assembly Government return to this issue and provide the evidence necessary regarding current policy provision around the involvement of children and young people.

#### 5.0 Health and Social Care Settings

- 5.1 Whilst we are encouraged that "service users and carers" are identified within the current policy/programme actions again, we are concerned around the adult-dominant approach here. We would urge the Assembly Government to acknowledge that children and young people fall under this category too, and may potentially have different needs to adults around health and social care settings. Identifying needs is an important aspect of service provision. Therefore, all key actions identified under support services (pg 40-41) should include the appropriate and targeted provision for all children and young people,

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<sup>3</sup> Glasgow, D et al. (1991) Sexual abuse of children by children, *Journal of Child Law*, 3(4) 147-151.

including those potentially more vulnerable. A child-centred approach must be used in order to better meet their needs.

- 5.2 Further highlighting our concern around an adult-dominant approach is our identification that the Children and Young People's NSF or the CAMHS strategy is not mentioned within this section. Both documents are vitally important in terms of the impact health and social care settings have on the mental wellbeing of children and young people. We would therefore urge the Assembly Government to identify and include the importance of both documents within this section.
- 5.3 We also hold concerns around the action plan's focus on the promotion and improvement responsibility of health and social care professionals. We agree that such individuals are in a "unique position" (p39) to do this, however, there is no acknowledgement that such professionals are also in a key position to identify early signs of mental health problems. The Welsh Assembly Government's CAMHS strategy categorises healthcare professionals as Tier 1, with primary or direct contact with children and young people who may suffer with or are at risk of developing mental health problems. We would urge the Welsh Assembly Government to acknowledge this important responsibility and ensure that such staff are adequately trained, resourced and supported within their role in order to fulfil such duties.

## 6.0 Mental health literacy

- 6.1 We are generally encouraged by the inclusion of this theme within the Action Plan. In relation to mental health literacy, calls to ChildLine, have evidenced that what young people perceive to be acceptable behaviour in society affects their ability to access counselling services. This was in addition to general problems of service provision. The perceived stigma of mental health problems prevents many young people from reaching out for the help they need. We therefore agree that improving the perceptions and understandings around mental wellbeing will, both individually and collectively, help to prevent problems from occurring and also act as a reactive tool in addressing possible signs of mental health problems.
- 6.2 However, our concerns here are two-fold. Firstly, the lack of a child-centred approach fails to acknowledge that children and young people have further issues around confiding in individuals regarding concerns or queries they may have around mental health. Our CHIPS service helps set up sustainable peer support schemes tailored to the needs of each individual school. Peer support schemes give children a safe, supportive system that makes it easier to talk about things that are troubling them, and to get the feedback and support of someone of a similar age who is trained in listening and communicating. It has been evidenced to make a tremendous difference to the school's emotional wellbeing<sup>4</sup>. Since 2004/2005, 3,250 children and 399 adults have undertaken peer support training in Wales through our CHIPS service. However, support from the Assembly Government is vital to ensure the continuation of this programme, bringing huge benefits to children and young people who need our support. A similar service is also provided by our NSPCC Cymru/Wales' schools service in North Wales. We urge the Assembly Government to continue to support and highlight the value that peer support services can bring to improving mental health literacy amongst children and young people.
- 6.3 Secondly, there is a complete failure to mention any child-related policy/programme currently addressing children and young people's mental health literacy. We would urge the Welsh Assembly Government to recognise this in order to understand current arrangements and identify the issues needing to be tackled. Our Education Advisory Service works in partnership with schools and other voluntary and statutory organisations, providing emotional literacy training to promote an understanding of children and young people's mental wellbeing. We have subsequently identified a need for the Assembly

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<sup>4</sup> ChildLine, 2005, Every School Should Have One: How peer support schemes make schools better.

Government to lead a change in attitudes and values around the mental wellbeing of children and young people through the provision of training. Such awareness raising initiatives must be supported by proactive measures and standards in order to improve the mental health literacy of children and young people amongst adults.

## 7.0 Conclusion

7.1 NSPCC Cymru/Wales welcomed the opportunity to respond to this consultation and hope that the Welsh Assembly Government will take into account the need for a more child centred approach to this strategy. We would welcome feedback on how the Welsh Assembly Government intend to take forward the points raise in this response and would be happy to meet with representatives to discuss this.

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