NSPCC Scotland response to a consultation on proposals for a Mental Health (Scotland) Bill
20 March 2014

NSPCC Scotland welcomes the opportunity to respond to the consultation on draft proposals for a Mental Health (Scotland) Bill. We believe mental health is crucial to the preventative spend agenda.

About NSPCC Scotland

NSPCC Scotland is working with others to introduce new child protection services to help some of the most vulnerable and at risk children in the country. We are testing the very best models of child protection from around the world, alongside our universal services such as ChildLine, the ChildLine Schools Service, and the NSPCC Helpline. Based on the learning from all our services we seek to achieve cultural, social and political change in Scotland – influencing legislation, policy, practice, attitudes and behaviours so that all children in Scotland have the best protection from cruelty.

General Comments

The 2003 Mental Health Act and this draft Bill focus on care and treatment of a person when they have a mental disorder. This specific focus means that very young children are largely excluded from provisions; we do not routinely identify the mental health needs of infants and so opportunities for intervention are limited. Indeed, the lack of data on the mental health needs of young children outlined by *Scotland's Mental Health: Children and Young People 2013*[1] highlight how little emphasis we place on the care and treatment of infant mental health. However research has shown that abused or neglected children are at greatly increased risk of mental health problems such as conduct disorder and physical disorders.[2] In their study looking into the prevalence of mental health disorders and mental health needs of preschool children in care in England, Hillen et al found that 60.5% of the children in their study had at least one mental health

[1] E Tod, J Parkinson, G McCartney *Scotland's mental health: Children and young people 2013*: (Edinburgh NHS Health Scotland / ScotPHO):http://www.scotpho.org.uk/publications/reports-and-papers/1159-Scotlands-mental-health-children-and-young-people-2013. A PDF Copy of the report accessed 13 March 2014

[2] H. Meltzer, et al. (2003), *The mental health of young people looked after by local authorities in England. The report of a survey carried out in 2002 by Social Survey Division of the Office of National Statistics on behalf of the Department of Health*, 1-351 (London: The Stationery Office). C. Coffey et al. (2003) Mortality in young offenders: retrospective cohort study. *British Medical Journal*, 326: 1064.

disorder. This figure increases to 69.8% when developmental delay, language disorders and pervasive developmental disorders were included.[3] An unpublished audit paints a similar picture in Glasgow. In a sample of over 100 children aged 0-5 in local authority care, 45% of the children had symptom scores suggesting psychopathology.

Infant mental health is crucial, not only in terms of prevention and enduring optimal child development, but also to ensure that parents are able to cope with the pressures of parenthood and that the children become healthy adults. *The Mental Health Strategy 2012-2015* contains a welcome emphasis and specific commitments around infant mental health. It is unclear how the specific emphasis on care and treatment outlined in the draft Bill is intended to link with the strategy and its focus on prevention and infant mental health.

The whole lifecycle needs to be included in any approach to tackle the mental health needs of Scotland on a population basis. This should begin with the perinatal period, that is, during pregnancy, childbirth and the first year of life. Maternal mental ill health during this period can have an impact on a child's later outcomes. The *South London Child Development Study* showed that children of mothers who were anxious or depressed in the perinatal period had a lower IQ and were more likely to be diagnosed with depression themselves.[4] Looking at the whole of lifecycle is not just advantageous for prevention but also for being able to plan secondary and tertiary services. Infant mental health is not just about prevention and ensuring optimal children development but also has a role where a child has infant mental health needs and requires specialist services.

Mental health care planning must include planning services that are able to meet the needs of mothers who are particular vulnerable to mental illness after childbirth. One such group, highlighted in a report to be published soon by the NSPCC, are mothers and babies affected by the criminal justice system. Women with a partner in prison often suffer from social isolation, which is recognised as a key factor in perinatal depression. The stigma and practical impact of imprisonment can leave partners financially and emotionally vulnerable and isolated. Loss of income, home, friendships and relationship-breakdown are all associated with deteriorating mental health and wellbeing. The on-going stress caused by these difficulties can affect the immune system of pregnant women and can make a woman less likely to look after herself, with the potential to damage infant outcomes. In England the organisation *Family Action* provide a well evidenced and innovative community based early intervention mental health

[3] Hillen, T., Gafson, L., Drage, L. and Conlan, L.-M. (2012), Assessing the prevalence of mental health disorders and mental health needs among preschool children in care in England. Infant Ment. Health J., 33: 411–420. doi: 10.1002/imhj.21327.

[4] S Hogg (2013) *Prevention in mind: All Babies Count: spotlight on perinatal mental health(* London NSPCC) https://www.nspcc.org.uk/Inform/resourcesforprofessionals/underones/spotlight-mental-health-landing_wda96578.html PDF copy of a report accessed 24 February 2014

service, which they proposed to offer to this group of mothers. The model enhances the care provided by health visitors, and has been welcomed by health visitors in areas where the service already exists.
Both women and men involved in the criminal justice system have very high rates of mental disorders. Large numbers are parents. We need to ensure there is a close connection between the policy and service planning in the areas of public health (and early years) and criminal justice.

Specific Questions

Question 2

While we have no specific comment to make around this provision, we feel it important to flag the potential for the terminology of 'named person' used in the draft Bill to be confused with the 'named person' provisions contained in the recent Children and Young People (Scotland) Act.

Question 10

Widening the scope of the provision from post-natal depression to 'mental disorder' is a welcome step because it recognises that post-natal mental illness is much wider than depression. We recently published the report *Prevention in Mind* which focuses on perinatal mental health in England. Our report found that 1 in 10 mothers in the UK experience mental illness during pregnancy. Within that, the most common condition is depression affecting 10-14% of women, but 2 in 1000 women experience either a chronic mental illness such as bipolar disorder or postpartum psychosis.[5] To be treated for these conditions, women may require inpatient care and it is just as important that they are able to stay with their babies as it is for those who have a severe depressive illness. By being able to stay with their baby the mother can develop a positive relationship with them which improves the outcomes for the child in later life.
While the proposed changes are welcome, women who experience post-natal mental ill-health but do not require hospitalisation are equally in need of support. We would be interested in discussing with officials how women in this situation can access support to address both their mental health needs and any needs they may have in their parenting role. By providing effective, timely support to them, steps can be taken to prevent the need for hospitalisation.
The commitment to place a duty on health boards to allow women with a wider range of mental health conditions to look after their children in hospital needs to be matched by appropriate resources. The increase in women eligible for support needs to be matched by the number of Mother and Baby units where they can stay as well as the quality of support provided. In addition to supporting mothers' mental health needs, midwives and other relevant health professionals require skills in observing, analysing and understanding relationships with reference to attachment and child development, and in intervening to help

[5] S Hogg (2013) *Prevention in mind: All Babies Count: spotlight on perinatal mental health*: (London NSPCC) https://www.nspcc.org.uk/Inform/resourcesforprofessionals/underones/spotlight-mental-health-landing_wda96578.html PDF copy of a report accessed 24 February 2014

improve family functioning. Similarly, the *Prevention in Mind* Report found that 29% of midwives in England had no mental health content during their pre-registration training[6] and 42% of GPs lacked knowledge of special services for people with mental health conditions.[7]
There also needs to be a whole family approach to providing support to women and their families, as fathers often feel excluded. One Mother and Baby unit in the UK has space for fathers to stay with their partners and five provide support groups for partners[8]. This is sadly not common. In a UK wide survey by *Bounty – the parenting club* for 4Children in 2011, 42% of women who thought that they had experienced postnatal depression said that their partners needed more information about the condition.[9]

Conclusion

NSPCC Scotland welcomes the opportunity to respond to the Mental Health (Scotland) draft Bill consultation and would like to see the Bill strengthened by the changes detailed in the above response and clarification given about how it fits with 2012-2015 Mental Health Strategy. We would be happy to discuss any of the points raised with relevant officials.

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[6] S Hogg (2013) *Prevention in mind: All Babies Count: spotlight on perinatal mental health* :(London NSPCC)https://www.nspcc.org.uk/Inform/resourcesforprofessionals/underones/spotlight-mental-health-landing_wda96578.html PDF copy of a report accessed 24 February 2014
[7] S Hogg (2013) *Prevention in mind: All Babies Count: spotlight on perinatal mental health: (London NSPCC)* https://www.nspcc.org.uk/Inform/resourcesforprofessionals/underones/spotlight-mental-health-landing_wda96578.html PDF copy of a report accessed 24 February 2014
[8] S Hogg (2013) *Prevention in mind: All Babies Count: spotlight on perinatal mental health* :(London NSPCC)https://www.nspcc.org.uk/Inform/resourcesforprofessionals/underones/spotlight-mental-health-landing_wda96578.html PDF copy of a report accessed 24 February 2014
[9] *'Bounty – the Parenting Club* 'Word of Mum Panel™' research panel survey for the NSPCC, November 2012.