

Prevention and collaboration: improving children's mental health and wellbeing services in Scotland



Introduction

Children and young people's mental health and wellbeing has been an area of significant public and political concern in Scotland in recent years, particularly since the COVID-19 pandemic. This paper seeks to set out the extent of mental health difficulties amongst children and young people in Scotland; the system which seeks to prevent and respond to these difficulties; and the ways we can ensure children's mental health issues don't grow with them.

Who are Place2Be?

We have worked in Scotland for over 20 years, creating a Place2Be in schools for children and young people aged 4 and up: a safe and creative space in schools for children to open up about their emotions and any difficulties they are facing, so mental health problems don't grow with them.

In 2023-24 we provided in-school mental health support services in over 70 primary and high schools, and outreach services to more than 150 schools – meaning we are available to over 60,000 children and young people.

We also provide 'places to be' for the adults around children of all ages to learn, reflect and gain confidence in supporting children's mental health. Through supporting the whole school community, we create systems that help children thrive.

The state of children's mental health and wellbeing in Scotland

A Scottish Government study of the wellbeing of children through the pandemic and beyond suggests a significant number were experiencing mental health difficulties in 2023: almost 1 in 5 (18%) aged 5 to 7 were experiencing mental health difficulties [1], rising to almost 1 in 4 (23%) of children aged 8 to 11 [2].

Mental health issues continue to increase through adolescence. More than 1 in 3 adolescents surveyed in 2022 were classified as having low mood or depression, according to the WHO-5 Wellbeing Index [3]. Similarly, almost 1 in 3 (32%) of 13 and 15 year olds were classified as having moderate or severe anxiety (according to the Generalised Anxiety Disorder Scale) [4]. Worryingly, just 27% of adolescents in Scotland are 'very happy' with their life – the lowest level found in the HBSC study since 1994 and down from 36% in 2018 [5].

1 in 4

**children aged 8-11 were experiencing
mental health difficulties**
Public Health Scotland, 2024

A 2021-22 study found that mental wellbeing in young people declined between S2 and S4 before improving in S5 and S6 [6]. This peak during adolescence is borne out by the age at which children access mental health services: the peak age for CAMHS referrals for girls was 14 and 15 for boys [7]; and the highest number of school-based counselling service users were in S3 and S4 (approx. ages 13-15 years) [8].

What's driving poor mental health amongst children and young people?

Several life circumstances can put children and young people more at risk of poor mental health and wellbeing, not least their family's income; their gender; and whether they have experienced Adverse Childhood Experiences. We explore some of these factors below, as well as some of the trends observed in recent years that may have contributed to decreasing mental health and wellbeing. It should be noted that this summary of factors is not exhaustive, nor should they be treated as determinative – each child will experience these issues differently and should be supported accordingly.

Children and young people in the most deprived communities are more likely to have poorer mental health. For children aged 1-11 years in 2023, the proportion experiencing mental health difficulties in low-income households is triple that in high income households (38% versus 12%, as measured by parent/carer responses to a Strengths and Difficulties Questionnaire) [9]. The same study found that the gap in mental health between children from low and high income households has increased since 2020, likely due to the combined impact of the pandemic and cost of living increases. Young people in secondary schools (S2 to S6) in the most deprived communities are also likely to have lower mental health and wellbeing than their peers in the least deprived areas [10]. Indeed, they are less likely to say "they generally feel cheerful and in a good mood".

Adolescent girls are more likely to have lower mental wellbeing than boys [11] and are significantly more likely to report anxiety at ages 13 and 15 – 47% of girls reported anxiety versus 16% of boys – and over half of adolescent girls were classified as having low mood or risk of depression [12]. A 2022 study of secondary school girls found that they are more likely to, "...wish they had a different kind of life; there are lots of things they worry about in their life; they often or always feel lonely; they sometimes, often or always feel left out of things; and their body and the way they look affects how they feel about themselves." [13]

Over half

**of adolescent girls were
classified as having low mood
or risk of depression**
HBSC Study, 2022

A clear link can also be drawn from traumatic experiences and poorer mental health: adults in Scotland who had experienced four or more Adverse Childhood Experiences, experienced lower mental wellbeing than those that had not experienced any [14]. A 2019 study also found that for children aged 14, of those who said they had felt depressed for a period of days, 43.6% said that this was within 2 months of a bereavement or traumatic event [15].

While mental health concerns around children and young people in the UK were rising prior to the COVID-19 pandemic, there is evidence to suggest that this experience “considerably exacerbated this trend” [16]. The Scottish COVID-19 Early Years Resilience and Impact Survey of parents of children aged 0-11 in 2023 found that parental concerns over mental health increased by age and that these concerns were more likely to have occurred recently, compared to pre-pandemic or the early stages of the pandemic.

The past decade has also seen a rise in the use of digital technology in our everyday lives and in smart phone usage amongst children: a source of particular concern from parents, schools, and education policymakers. According to an Ofcom survey, almost a quarter (27%) of 5-7 year olds in Scotland have a smartphone, rising to 65% for 8-11 year olds, and 96% amongst 12-15 year olds [17]. In the same study, parents reported that 38% of 5-7 year olds were using a social media app, and 63% of 8-11 year olds.

A 2022 study of adolescent social media use in Scotland found an increase in ‘problematic’ [18] social media use compared to 2018 (from 9% to 14%) and associated this type of use with the “least favourable mental and social wellbeing profile” [19]. Social media use has also been associated with lower life satisfaction amongst children in Scotland aged 12 [20]. One study has pinpointed ages 11-13 for girls and 14-15 for boys as ages where increased social media use has a negative link with life satisfaction [21].

63%
of 8-11 year olds use
social media apps
Ofcom, 2024

Experience of bullying has also been linked to mental health difficulties: one study found that teens who have been bullied and distrust others “are 3.5 times more likely to experience clinically significant mental health issues by age 17.” [22]

According to the HBSC study, the rates of adolescents reporting that they’ve experienced bullying have more than doubled here between 2002 and 2022 – from 8% to 18%. It also found that those that had been bullied were significantly more likely to feel anxious or be at risk of depression [23]. A study of children at age 12 in Scotland also found that life satisfaction decreased if a child had experience of bullying [24].



Access to specialist mental health support

Over the past decade there has been a significant increase in both demand and capacity in specialist children's mental health services in Scotland. Referrals to CAMHS (Child and Adolescent Mental Health Services) are up 41% over the past decade [25]; as of September 2024 the CAMHS workforce was up 128% compared to 2006 [26]; and the proportion of NHS spending on CAMHS has increased over the past five years [27].

CAMHS waiting lists are also falling and more children are being seen within the Scottish Government's 18 week waiting time target, almost meeting the 90% target in July-Sept 2024 – with 89.1% of children waiting less than 18 weeks [28]. Equally, while spending on children's mental health as a proportion of Scottish NHS spending has increased, it remains below the Scottish Government's 1% target, hitting 0.75% in 2022-23 [29]. Meeting this target would have unlocked an additional £38.4 million in 2022-23 (our calculation).

£38.4m
of additional CAMHS spending would
be unlocked by meeting the Scottish
Government's 1% target
Based on Public Health Scotland
figures for 2022-23

The number of rejected referrals to CAMHS has been a persistent issue for a number of years and has increased over the past five years – over a quarter (27.8%) of referrals in Jul-Sept 2024 were rejected – this is an increase from 22.2% for the same period in 2019 [30]. The most common reason for a referral being rejected is that the service is 'unsuitable' for the young person – this is the same as was found by the first audit of rejected referrals in 2018 – but there has been a drop in the proportion of referrals rejected for 'insufficient information' [31]. It should be noted, however, that the reason for a rejected referral is not recorded in 35% of cases. Following an audit of rejected referrals in 2018 the-then Health Secretary said that the system was "completely unacceptable" [32]– it is disappointing that the available data still does not show a clear improvement.

The gender and deprivation gap in provision of mental health services can also be seen in CAMHS referrals [33]: girls were more likely to be referred to CAMHS than boys (55.8% of referrals, compared to 44.1% for boys) and referrals were also higher for young people from the most deprived 20% of households, compared to the least deprived (25.3% of referrals compared to 20%).

How Place2Be are responding

We directly support children from the age of 4, using creativity and play to intervene early so children don't develop mental health difficulties that require specialist services. Through this work, we also often support to children and young people who have already been referred to CAMHS – around 14% of those we supported in 2023-24 were known to be on a waiting list.

For the past two years we also have provided play therapy to primary schools across a local authority area peripatetically via a 'Single Point of Access' (SPA) model. Referrals are made by schools to the SPA, which brings together CAMHS, social work, youth workers, and external providers like ourselves. The SPA then ensures the onward referral is to the most appropriate service for the child, such as our play therapist.

This service ensures all services are at the table, providing a real opportunity to understand children and families in a broader context and build professional relationships. There are also obvious financial advantages for the local authority in providing equity of service at a lower cost than fully embedded services.

Access to preventative and community mental health support

Responsibility – and funding – for preventative mental health and wellbeing support is split across the health service, local authorities, and schools: local authorities hold counselling in schools budgets, they share responsibility for community mental health funding in children's partnerships, and schools fund wellbeing support through Pupil Equity Funding. This siloed approach means funds don't always work in tandem to provide holistic and comprehensive preventative support.

Since 2020-21, the Scottish Government has provided £16 million per year, via local authorities, for the provision of counsellors in schools for young people aged over 10. Figures for July-Dec 2022, the latest available, show that 13,150 young people accessed counselling services in that period – 8% higher than the same period in 2021 – and over 546 counsellors were in post [34]. It is noteworthy that the most recently published official data on school counselling is already two years old; does not include a clear indication of the relative frequency of different issues children present with; and includes no data on the quality or impact of in-school counselling services.

There is a clear gender gap in access to counselling. More girls accessed in-school counselling in the same period than boys (64% versus 35%) [35], as confirmed by our own data: in Place2Be partner secondary schools in Scotland in the 2023-24 year, 69% of the young people using our 1-1 service were female and 28% were male. In addition, Place2Be's data for partner primary schools show that in the 2023-24 school year, slightly more females accessed our one-to-one interventions than males (51% versus 49%). The gender disparity was more pronounced in the proportion using our self-referral drop-in service in those schools, 69% of which were female and 31% male.

Since 2020 the Scottish Government has also provided £65 million to fund community-based mental health support for children and young people aged 5-24 and families, distributed via Children's Services or Community Planning Partnerships. In the second half of 2022, 45,523 people used these services; 56% of those who accessed them were in secondary schools, while 39% were of primary school age [36].

This fund has also supported parents and carers – 9% of those supported in the second half of 2022 – and 'family relationships or issues at home' was the second top presenting issue. Likewise, parenting support was the second most frequent onward referral made.

How Place2Be are responding

We're working across existing local services to deliver embedded services in schools, including 42 full partner schools and 179 further outreach schools. A good example of this partnership work is Aberdeen, where we've expanded our work from 0 primary schools to 13 in a single year – something only possible through a funding partnership that includes the local authority, NHS Grampian, the schools themselves, and charity fundraising. This approach has also enhanced our collaboration with the three partners.

We're supporting parents alongside their children through our Family Practitioners, offering specialist advice for parents and carers and signposting to local support services. We're also delivering our Parenting Smart Online Course – developed in partnership with South London and Maudsley NHS Foundation Trust and based on tried and tested techniques and experiences from supporting children, young people, and their families. Designed to support carers of primary-age children, it gives parents and carers extra tools to help strengthen their relationship with their children.

Community mental health funding has also allowed us to work in partnership with local authorities to address local needs, including community-based support for young people experiencing Emotionally-Based School Avoidance; and to build capacity amongst school leaders to improve pupil wellbeing.

What we need from local and national government

Access to specialist mental health support

- Greater formal cooperation between health and education services to ensure CAMHS and early mental health support services are joined up – ensuring children get the right help at the right time.
- Children who need more specialist mental health support have a right to receive it at the point of need, in the most appropriate setting, and well within the Scottish Government's 18-week standard.
- The Scottish Government meets its commitment to spending 10% of the frontline NHS budget on mental health, with 1% directed at services for children and young people.

Access to preventative and community mental health support

- The Scottish Government could pool existing funding from health and education budgets to support early intervention mental health services in primary schools. This could be delivered through a new National Framework of Providers, supporting consistency and transparency in the quality and level of service available.
- All parents and carers should have access to appropriate advice, guidance and training to understand and respond to the behaviour of their children, support their mental health, and build positive relationships.



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