

Review

Crossing the Boundaries: New Directions in the Mental Health Services for Children and Young People in Scotland. Report of a Working Group set up by the Mental Disorder Programme Planning Group of the Advisory Council on Social Work and the Scottish Health Service Planning Council. SHHD and the Scottish Education Department. 1983. Pp 133. £6.75.

This is a report which carries major implications for the mental health services for children and young people in Scotland. It is the first report to look at the many different services involved and it considers their relationships with each other, with children and young people and their families and with the community. Although the report is concerned with Scotland there is much in the conclusions and recommendations that would be applicable to the rest of the United Kingdom. The main challenges in the report lie in the emphasis on prevention, on developing a co-ordinated strategy for the promotion of the mental health of children, young people and their families and on 'a positive inter-linking between services rather than mere co-operation between them'. Even if there were no financial pressures, moves in these directions would be necessary for more effective action, but the financial pressures heighten the need for these moves as they will allow the best use to be made of scarce resources.

The report stresses quite explicitly mental health rather than illness but this does not mean that it does not recognize that some young people will require more specialized help; and the report does concern itself with what can be done to make existing services more effective. Much of the preventive work that has been talked about in the report is clearly primary prevention and, given finite resources, there will be choices to be made between spending money on preventive programmes and on treatment programmes. There may be a risk, too, that money is spent on projects that are seen as good ideas rather than of proven value—or even as proven as is possible in what are often very complex areas. For example, the statement 'Day nurseries and nursery schools are beneficial towards children's mental health' cannot be accepted without qualification. What could have been said and would have been incontrovertible is: 'Some day nurseries and some nursery schools are beneficial towards some children's mental health', but that is a very different statement. The difference is important, too, because scarce resources might be spent establishing more day nurseries and nursery schools, when the money might be better spent on improving the quality of those that exist, becoming more knowledgeable about who benefits most and becoming more discriminating about who goes there. Perhaps also there might be money left to find more effective ways to meet the

needs of those pre-school children who are most highly at risk and who are often already suffering and showing problems. All this would be in line with the recommendations of the report *Vulnerable Families* (published by the Scottish Home and Health Department and the Scottish Education Department).

For many of us a change of emphasis to prevention would entail a very considerable change in work pattern and in how our time is distributed. Related to this the report states: 'We emphasize that the advisory, consultative and supportive role of child and adolescent psychiatrists is becoming more, rather than less, important'. The report envisages a 25 per cent increase in the number of child and adolescent psychiatrists, but these posts are not yet established and to begin with it is likely that such developments would have to take place with existing staff. Even if the preventive emphasis resulted in a reduction in the number of disturbed children, that would not be the case for some years. Even if, too, some of the cases can be coped with by primary care teams to the extent they are willing to do so (not, by any means, to be taken for granted) there are still likely to be plenty of cases not catered for in that way. This means that such a change of emphasis would entail measures to encourage a greater selectivity in the children referred or in the acceptance of referrals, less cases taken on for treatment or rationing the provision of services through longer waiting lists. Do we think that would be justified? I would suggest that some shifts along these lines would be justifiable with the exception of the longer waiting lists and that it would then be possible to go some way to meet the challenge in the report, even with existing staffing.

As regards the positive inter-linking between services that is referred to this is seen as necessary to allow more effective management of problems that necessitate the involvement of a number of agencies and to reduce as far as possible gaps and overlaps in provisions so as to make the best use of scarce resources. This seemingly clearly desirable and non-controversial proposal carries hidden dangers. The risks are that it would be administratively highly complex, that it might limit the families' choice or the referrers' choice and that it might stifle fresh initiatives. Issues concerning responsibility, accountability and confidentiality will also arise and, although there have been helpful College memoranda relevant to these issues already published (*Bulletin*, July 1984, 8, 123–26; *Bulletin*, July 1978, pp 127–31), new ways of multidisciplinary working will raise new issues. Despite these problems there is certainly room for more co-ordination of services than at present, and provided it is not felt that an administratively watertight system must be found, the dangers mentioned above can be avoided.

Related to this is a proposal to set up multidisciplinary

Child and Adolescent Centres to function as the main foci for the child and adolescent mental health services. The report has avoided any suggestion that these should be huge establishments replacing current arrangements. It is clear that the management of some complex cases could be facilitated if the referral was to such a centre and all the professionals could get involved in a united way. The gains would include a reduction in difficulties in communication between agencies, less duplication of the collection of information to meet the different requirements of different agencies and less delay from being on the waiting lists of different agencies who receive the referral at different stages. However, there is much that would have to be worked out about how such centres would fit in with existing services and they would have to prove their worth. The report, in fact, implies recognition of all of this in suggesting a few pilot projects to begin with.

The report proposes that the separate psychiatric, psychological, social work and educational components of the child and adolescent mental health services should be united in a single Child, Adolescent and Family Development Service with separate divisions. It claims that such a structure would broaden the traditional medical basis of the service and would enable professions other than medicine to contribute to the formulation of policy and development of this service. While to some extent this is already happening, such a development could be expected to lead to the views of the different disciplines being better co-ordinated than at present. Another benefit would be that the message the name carries of emphasizing development rather than illness would be a helpful one for children, young people and their families. In addition, many referrals could be made more profitably to the team rather than to a single service as at present. However, it would, of course, be important that referrers always explained to the referred families who were the professionals involved in the team and that referrers and families retained the right of the referral being to only one of the divisions, for example, to Psychiatry and not to all. The report claims that routine administration would be simplified but this claim must be treated with some scepticism. Once again the benefits through a change such as is proposed require to be established by pilot schemes.

The report also states that when the condition of a mentally handicapped child is predominantly a behaviour disorder or other psychiatric state clinical responsibility should lie with a child and adolescent psychiatrist who should also provide a consultative service to the paediatric services and other agencies concerned with mentally handicapped children. While the desirability of moves in that direction are widely accepted it seems to be the case in many areas that, at least as regards the direct clinical responsibility, this could only happen to a substantial extent when additional posts are established or when mental handicap posts are being filled.

A large section of the report—five chapters—concerns children away from home who, the report points out, are a vulnerable group from the point of view of their mental health. Central to the report's recommendations is the statement: 'All moves into residential care should constitute an improvement on the child's existing circumstances, and the care provided must be the best available for him'. It must be a matter of great concern that that is still not, by any means, consistently what happens. The report makes many recommendations for improvement that seem to me very much deserving of support, but I wish now to concentrate on some of the areas of particular concern to psychiatrists. Firstly, the need for child and adolescent mental health services to be prepared to provide support for foster parents, social workers and others involved in fostering and adoption requires to be emphasized. Often this means that if help is to be provided before a foster placement breaks down, the referral of a child in foster care has to be treated as urgent. In addition to the role of child and adolescent mental health services in relation to adoption and foster care in general, there is a particular need for their involvement in the specialized foster placements that have such great potential to help disturbed children and young people.

The report also states that multidisciplinary assessment of children admitted to local authority care may be required before, immediately after admission or when a change of plan is envisaged. At present, involvement of the mental health services often takes place only after crucial decisions have already been taken. It would be desirable, too, for residential establishments to have their own admissions committees so that they do not admit children whom they do not think they can help. The need for a unit in Scotland providing intensive support and some security for severely disturbed young people is identified. However, the report does not take up the issue of the need for some provision in each area for young people who would not require or be suitable for the national provision but who still require some greater degree of control than children's homes generally provide.

In conclusion, although there are some areas where the report might have said more and others about which I have some reservations, overall this is a report packed with good sense, much of which is non-controversial and which will be widely accepted. In addition, there are some pointers for new initiatives with regard to which the report rightly urges pilot schemes and evaluation. What is most important now is for action to be taken on the basis of the recommendations of this report and child and adolescent psychiatrists have a clear responsibility (as have other workers in the field) to take the steps they feel are required to ensure that this report is not left like so many others to gather dust on a shelf.

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