Establishing a core set of national, sustainable mental health indicators for children and young people in Scotland:
Report of the event of 25th November 2011 to launch the completed indicator set

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Content

1. Introduction

This report provides a summary of an event to launch and share the final set of national mental health indicators for children and young people in Scotland (www.healthscotland.com/scotlands-health/population/mental-health-indicators/children.aspx). The event was organised by NHS Health Scotland and took place at the Glasgow Royal Concert Hall on 25th November 2011.

The event overall is outlined initially, followed by a summary of the feedback from delegate discussions relating to what the indicator set means to Scotland, especially at the local level, and how it could be used. The summary of the feedback captures the views expressed by delegates at the event but is not an analysis of these. The report finishes with a conclusion.

1.1. Purpose

NHS Health Scotland finalised a set of adult mental health indicators December 2007 (for details see www.healthscotland.com/scotlands-health/population/mental-health-indicators-index.aspx) and has since worked to establish a similar core set of national, sustainable children and young people's mental health indicators for Scotland. This is to fulfil Commitment 4 of the Scottish Government's mental health policy *Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-11* (*TAMFS*) (Scottish Government, 2009) which committed NHS Health Scotland to work with key stakeholders to develop a set of national indicators for children and young people's mental wellbeing, mental health problems and related contextual factors.

The aims of the event were:

1. to launch and share the final indicator set for children and young people
2. to encourage participants to consider what the indicator set means to Scotland, especially at the local level, and how it could be used.

A briefing paper summarising the final output from the work including the indicators, their measures and associated data sources and recommendations is available at www.healthscotland.com/uploads/documents/18128-ChildrenAndYoungPeoplesMentalHealthIndicators.pdf and a final report on the development of the indicators will soon be completed.

1.2. Event format

The event included both presentations and facilitated table discussions. A copy of the event programme is included in Appendix A. The presentations included:

- setting the scene; how do we know if we are improving children and young people's lives?
- an introduction to the children and young people's indicator set and indicators
- a response from the Scottish Government's Mental Health Division
- links to national policy:
    - Getting it Right for Every Child (GIRFEC) and the Early Years Framework
    - Curriculum for Excellence
- creating mental health in early life, linking to the asset-based approach.

Video recordings and the PowerPoint presentations from all the presentations are available at www.healthscotland.com/scotlands-health/population/mental-health-indicators/children.aspx.

1.3. Participants

Approximately two hundred and forty individuals from throughout Scotland attended the event. They represented a range of organisations and policy/topic areas including NHS boards, the voluntary sector, local authority, academia, schools/education and independent organisations, as well as NHS Health Scotland and the Scottish Government. As the event was heavily oversubscribed, the presentations were recorded to go on the web.

2. Feedback on the children and young people's indicator set

Following all the presentations, delegates contributed to facilitated table discussions focusing on:
- So what?
- What's next?

So what? aimed to stimulate delegates to reflect on:
- what they had heard about the indicator set and its content
- how the indicator set fits with, adds meaning to, and can work with or complement other policy and practice initiatives
- what the indicators mean to them and their work
- how the work could be useful in their own area of responsibility.

What's next? aimed to encourage delegates to consider:
- possible next steps that they/their agencies could take to make best use of the indicator set
- how the indicators could be used as a resource to inform future work towards improved mental health for children and young people.

The event generated a high level of interest and debate, and many valuable comments, which will inform future thinking, especially for supporting local work, were made. Key points are summarised below largely in themes that emerged through the comments.

2.1. So what?

In response to the question of *So What?* in relation to the indicator set, delegates made overall general comments as well as some very specific ones. Not all delegates were in agreement and these opposing views are documented below under the themes:
- overall comments
- application to other policies and strategies
- usefulness for practitioners and local level use
- data.

Overall comments

General comments

Overall, the indicators were warmly welcomed with a great deal of enthusiasm. They were seen as a positive step, to be very useful and to have come at the right time, with the event seen as opening a dialogue. Many were surprised at the accessibility of the indicators in terms of both content and language as there had been an expectation that they would be largely numeric. A few delegates, however, noted issues with the use of the term 'mental', which is avoided in the school setting (emotional health and wellbeing being terms used instead), and differences in language used currently between different policy areas, for example, GIRFEC,

health and wellbeing and mental health and wellbeing.[1] The data source being explicit was also welcomed as useful and it was clear to some that the indicators could be used in different ways.

The indicators were perceived to be well grounded in reality, refreshing, and to reflect aspects of lives that had meaning for children and young people. Connected to this was the feeling that the choice of more relevant indicators was a much better way of measuring mental health, especially with the inclusion of wellbeing. It was noted that the work had not shied away from identifying things that are not easy to measure and the qualitative aspect of some of the indicators, even if they currently have no data source attached, for example, those around family and attachment, was welcomed by many.

Some questioned what the expectation for the indicators from the NHS, schools etc was, as there was a perceived risk that otherwise the indicator set would not get used. There was also question over how the indicators fit an assets-based approach as they were seen to have come from a 'top-down' approach, rather than 'bottom-up'. However, some felt that while the work had been 'top-down' in design they saw that it could be 'bottom–up' in implementation. Finally, the challenges of the evidence-base and developing an evidence-base for some initiatives that may help provide data for indicators were noted.

Broad holistic approach of the framework
People very much liked the structure of the framework with the different domains, which they found useful and sensible, and felt that it was flexible and could be tailored to local circumstances. The focus on context was seen as good as was the breadth of the indicators to allow a wide range of disciplines to find a locus and relevance in the work, with the indicators providing a framework useful across different organisations.

Delegates noted that, being so broad in coverage, the indicators encourage a holistic approach, rather than a treatment focus, and are very comprehensive. This was welcomed, as was the fact that the indicators locate children and young people in the family and community setting and provide a strong thread around good lives. Additionally, it was felt that the indicators could help those who are less familiar with this agenda to see the breadth, depth and complexity of mental wellbeing and that this could be used to influence others. From a voluntary sector perspective, the holistic approach of the indicators was welcomed, despite a feeling that the model is very 'medical' as opposed to 'social' in practice.

The number of indicators
Some expressed concern at the number of indicators (a consequence of the broad holistic approach of the framework [109 indicators in total, some with multiple measures]), there being many more than for the adult indicator set, making it hard to know where to start. Concern extended to the high number of indicators without a data source, many of which were seen as the 'meaty ones'. It was felt that further

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[1] The indicators work was cognisant of the use of different language in different arenas, but after discussion it was agreed in the advisory group that as the work comes from a mental health perspective it is appropriate to use the language of mental health with a recognition that some may use different language, appropriate for their discipline, when referring to the work etc.

consideration is required to assist users in the use of such a broad set of indicators, to avoid users being overwhelmed, and to help in the identification of which indicators to use to judge improvement. It was felt that it would be a challenge to get people to use the whole breadth of the indicator set.

A few, however, questioned whether '*we are just gathering more data to sit on the shelf*?' and cautioned about people keeping analysing and indicators becoming an industry in itself.

Data-less
The identification of data gaps was welcomed and it was felt that it should be useful locally and nationally for people to consider how these gaps could be reduced. Many noted that it is the really useful indicators which have no data at the moment.

Application to other policies and strategies
There were mixed views on whether and how the indicators are applicable to other policies and strategies.

Positive
Many could identify how the indicators fit with, and inform, GIRFEC and its 'wellbeing indicators' and the Early Years Framework indicators, are crucial for Curriculum for Excellence and could support collaboration and the recognition of cross-cutting themes. Several also noted the link to Single Outcome Agreements (SOA) and some felt that the indicators could provide a bridge to and inform SOA outcomes, and help make mental health mainstream. It was also felt that the indicator set supports the drive towards preventive spend in the early years.

Negative
Others in turn, however, questioned how the indicators fit with and would be applied to other policies and strategies e.g. national agendas such as GIRFEC, the Early Years Framework, and Curriculum for Excellence and how they could be made sense of locally. Stimulation of debate was felt to be required at community level. More clarity was requested on how the indicators could be incorporated into existing work and how they sit with HEAT targets and the national SOA indicators. It was not clear to all how the indicators could influence policy and clinical services. Finally, there were concerns about the tension between the emphasis in the indicators on public mental health, determinants and the wider public health agenda and the government demand on specialist services and pressure to deliver and how the two might be reconciled.

Usefulness for practitioners and local level use
As for views on application to other polices and strategies, there were mixed views on whether and how the indicators could be used at local level.

Positive
A key use of the indicators was felt to be in providing a measurement framework that practitioners can refer to. It was highlighted that it can often be difficult to align the good work that is going on with targets or performance measures and that the indicators provide a framework whereby people could assess the impact of the work they are doing. Many felt that the indicators fitted their work and that where data are

available, the indicators could be used to set a baseline at local level to allow future progress to be measured. It was also felt that organisations could identify which indicators are useful to them and make the link between individual outcomes and how they are contributing to the overall mental health and wellbeing of children and young people. Others felt that the indicators could help: identify the people to work with; highlight how people need to work together more closely; encourage involvement with local stakeholders; and identify what work should be done. Connected to this was the view that practice and system is very difficult to change and the indicators encourage a way of working.

It was further noted that the indicators could be used to assist the direction of and influence services and it was hoped that they would be useful in aligning priorities of a wide range of services to the mental health message. Some felt that it could be empowering to staff to look at such a holistic approach for mental health as demonstrated through the indicator set. In some areas, e.g. West Lothian, the framework usefully complements the life stages approach to community planning. There was a question as to whether the indicators could be used to stimulate debate on culture and ethos.

There were some comments on the direct relevance of the indicators to children and young people themselves noting that they could be used for structuring discussion with children and young people or that they could enable people to start thinking about how to work with children. Although there was a question posed as to how the voice of the child could be enhanced through the indicators.

Negative
Not everyone, however, was as confident in how to use the indicators or did not see their utility or relevance at local level. Some were unsure whether the indicator set could only be used nationally and questioned how the indicators and data sources would help practitioners and the relevance to front line workers' jobs, as they saw the indicators as being very strategic. Some also felt that there didn't seem to be the system for this agenda, but did note that the indicators could be arranged in schools as a starting point.

Data
It was not clear to all how local data such as that for Curriculum for Excellence and GIRFEC could be used to show how delegates are making a difference. But it was felt that there is a willingness locally to collaborate with national partners to collect and collate data and that the national set allows a mechanism for a shared process across Scotland when collecting data. Some also felt that a number of NHS boards and local councils conduct their own surveys (with different questions) which represents an opportunity for pooling resources in a collective collaborative manner so that the same questions could be used and therefore boost availability of national and local comparative data.

A challenge was felt to be ensuring that there isn't a 'one size fits all' approach with local responses required. There was a desire for local support for data provision, perhaps with a national recommended set of additional questions that would facilitate comparability where places decide to invest in better local data. Others suggested that there are other good sources of data, not covered by the indicator

set, collected locally in some places. For example, there are a lot of child protection data but it was recognised that there are many variations in this and it was noted that statistics on children looked-after are no longer published locally.

Data gaps
Regarding additional data collection, the importance of exploring what isn't collected was recognised but with this the challenges of filling the data gaps were highlighted:
- '*How do we measure what is meaningful?*'
- '*Issues about how we collect 'rigorous' data*'
- '*Are some things just too difficult to measure?*'

The lack of/insufficiency of the data sets for the early years was seen as a challenge. This dearth of information around infants was surprising to some, given the current focus on early years and a disappointment (the lack of data on nurture being especially noted).

Some emphasised that just because something is difficult to measure this doesn't mean that it shouldn't be measured, noting that some of the most crucial things, such as attachment, will be the most difficulty to measure. Delegates welcomed the fact that the indicators recognise these factors, even if a suitable data set is not yet available. The data-less indicators were seen as a potentially important driver to getting data for 'no data' items, although it was noted that it would be useful for these to be prioritised for development. Finally, it was felt that putting children and young people at the centre legitimates demanding certain data.

Data issues
There were some concerns that disaggregated data for some sources, eg Scottish Health Survey data for 16-17 year olds, might have too small a sample size.[2] The representativeness of data, including local data, was also raised, especially as vulnerable group are not always included and the lack of local data was noted.

It was felt a lot of the indicators relied on quite subjective data. Views were mixed on how this data could be collected effectively, some felt that subjective measures could be collected by standardised tools, and there were also issues about who can make an accurate assessment. It was felt that all measures need to consider the context within which they are taken.

A further challenge identified was the management of the flow of information and the expectation/impression of staff who it was felt may end up having to use vast quantities of data, or collect additional data to augment gaps in local data sets. A need to co-ordinate data collection nationally was also noted, as was the need for localised data, although in relation to localised data it was highlighted that if more activity happens at community level there would be a need to ensure communities that choose to do more, collect comparable data.

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[2] The robustness of this data at the national level has been tested and this data source found to be robust for national use

2.2. What's next?

Many expressed a desire to '*keep this* [the indicators] *alive*' and '*not sit on shelf*', noting that they will be useful to build capacity and knowledge of what contributes to/impacts on children and young people's mental health. Overall, all were enthusiastic to raise awareness of the indicators with their organisations and look to use the indicators identifying those which are collectable and relevant for planning and reporting. Although as noted below, some felt guidance/training on use was needed. Discussions covered:

- local level support – knowledge transfer
- local level use
- data work.

Local level support – knowledge transfer

Questions were raised about the further dissemination of the indicators; how the indicators will be fed into everyone's remit and whether schools, social work etc will know about the indicators if delegates approached them after the event. There was a feeling that presentation and communication at the local level would be crucial to how the framework is received, understood and used. Local support/guidance from NHS Health Scotland in the use of the indicator set was requested and seen as beneficial from two perspectives:

1. generally helping people at the local level in how they best go about using the indicators. It was noted that the whole package is useful, but as with logic models, it will be most effective if people could orient themselves and their role within the framework, and select or prioritise use of data that suit their context. Some requested guidance on how they 'sell' these indicators to staff on the ground and avoid 'more work', and enquired about what would be available on the web, specifically how much of the context and any direction for local implementation. Others were just unsure about what to do with the indicator set and were still unsure as to how it could be used locally and so required support and guidance.

2. helping manage the size of the indicator set, which was seen as a risk for local use. Connected to this were suggestions to:
   - prioritise some indicators to support local need/activity
   - create a nationally recommend minimum indicator/data set
   - provide direction on what indicators to focus on.

There was seen to be a role for local champions, especially community champions. However, it was felt that at the moment the role is very difficult for people to pick up due to time and resources. The reality of how hard it is for communities to own this agenda was highlighted and it was questioned as to how this could be facilitated and communities supported.

There was a suggestion for a follow up seminar in about 12 to 18 months to share how people are using the indicators both locally and nationally and a suggestion that the use of the indicators could be piloted in an area to form a case study.

Local level work

It was noted that planning cycles are now ripe for inclusion of these indicators, with

the local government elections coming up and Christie Report fresh in people's minds at strategic level and that they might help generate and stimulate debate at a local level about delivery. Some were conscious that the indicators may only help influence children and young people's lives in the future and that there may be a missed opportunity for children and young people of today. With this in mind there was a desire to think about how the indicators could be used now.

It was felt that linking up at local level around good practice would be very helpful so that if, for example, there was a project in one locality doing good work around a particular domain/indicator this was widely known about. Some questioned whether there could be a way of fostering this to facilitate identifying and sharing good practice and linking up practitioners. A suggestion was the development of a repository of good practice across areas allowing people to link to good work. It was noted that the Mental Health Improvement Network could provide a useful forum for the development of collaborative work using the indicator set and for the sharing of good practice.

It was also felt that there was scope for buddying up of areas with similar challenges to create indicator clusters, for example, Lanarkshire, Inverclyde, North Ayrshire could work together. In relation to this, the framework was considered to allow for local flexibility allowing identification of the indicators that could be collected at health board and local authority level and making comparisons to the national data. This had, for example, been proposed in Lothian as an approach to work on the adult indicators. Building on and sharing learning from the adult indicators was noted as helpful.

Data work

In terms of data, the data gaps, especially domestic abuse, were identified and addressing key gaps was seen to be very important. Delegates wondered if there could be exploration of how these gaps could be filled noting that, for example, the 24-30 month review undertaken by health visitors is currently being reviewed so some of the data-less measures in the indicators could be suggested for inclusion in this check.

There was question over how data for the indicators are gathered at local level and a recognition that there are a significant number of areas where there is no suitable data. It was felt that there is a need to collect/collate data services and tools to determine what is collected nationally and locally, and how, in order to ensure consistent and comparable data. A single electronic record was seen to be a long term vision.

3. Conclusion

This report captures the comments and issues raised by delegates at the event to launch and share the final set of national mental health indicators for children and young people. It will especially help those in NHS Health Scotland who are to report on the analysis of data for the indicators and also those who support individuals working on mental health (in many policy areas) at a local level.

Overall the following conclusions can be made:

1. Indicator set – welcomed and seen as useful and a positive development. Whilst the holistic and broad nature of the indicators was applauded, so too the large number of indicators that this necessitates was seen as a potential risk to use at a local level, which would require careful co-ordination and support

2. Application to other policies and strategies – views were mixed on whether and how the indicators are applicable to other policies and strategies

3. Usefulness for practitioners and local level use – views were mixed as to whether and how the indicators were useful and could be used at local level. There was a desire for support and guidance for local use and to help make the large number of indicators manageable. Identification of examples of local use of the indicators was suggested so that learning could be shared

4. Data – there was a desire amongst many delegates for greater collaboration nationally and locally including pooling of resources currently used on local non-comparable surveys into national surveys with local samples. The challenges of filling data gaps were recognised but there was also a desire for these to be addressed.

All outputs from the children and young people's mental health indicators work are available at www.healthscotland.com/scotlands-health/population/mental-health-indicators/children.aspx.

**Appendix A
Event programme**

Children & Young People's Mental Health Indicators: Launch Event

25th November 2011, Glasgow Royal Concert Hall
Programme

10.00-10.30   **Registration, tea and coffee**

10.30-10.35   **Welcome and introduction**
Dr Allyson McCollam
Chair: Children & Young People's Mental Health Indicators Advisory Group

10.35-10.50   **Improving children and young people's lives – how do we know?**
Tam Baillie
Scotland's Commissioner for Children and Young People

10.50-11.30   **The children and young people's mental health indicators**
Dr Jane Parkinson
Public Health Adviser, NHS Health Scotland

11.30-11.50   **Mental Health Division response**
Geoff Huggins
Head of Reshaping Care & Mental Health Division, Scottish Government

11.50-12.30   **Links to policy**
- Getting it Right for Every Child (GIRFEC) & Early Years Framework
Boyd McAdam
Head of Better Life Chances Unit, Children's Rights and Wellbeing Division,
Scottish Government
- Curriculum for Excellence
Derrick Bruce
Positive Behaviour Officer, Education Scotland

12.30-13.30   **LUNCH**

13.30-13.35   **Welcome back**
Dr Allyson McCollam

13.35-14.00   **Creating mental health in early life**
Sir Harry Burns
Chief Medical Officer for Scotland

14.00-15.00   **Implications: So what? What's next?**
Facilitated table discussion

15.00-15.30   **Feedback and summing up**
Dr Allyson McCollam