# United Kingdom (Scotland): HeadsUpScotland – a country case study

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## Executive summary

The Scottish case study focuses on the work of HeadsUpScotland because of its role in Scotland's efforts to build social cohesion for mental well-being among adolescents. Established in 2004, this national initiative is closely connected to policy developments, works with a range of partners and plays a key role in bringing together policy and strategy at national and local levels.

Adolescents' mental health and well-being status is described, drawing on data from the HBSC study. Trends between 1994 and 2006 are outlined in terms of happiness, confidence, life satisfaction and perceived health. Gender, socioeconomic and rural/urban differences are analysed together with the impact of family context, school environment and bullying. It is noted that in overall comparative terms, Scotland's young people are above average in terms of happiness and below in terms of confidence and perception of body image.

The social and policy context in Scotland is described. The central place of the National Programme for Improving Mental Health and Well-being in bringing together mental health improvement (promotion and prevention), anti-stigma and suicide prevention aspects is outlined alongside more recent policy developments within health, education and children's services, such as: the new Curriculum for excellence (which includes learning outcomes for mental, social, emotional and physical health); the Schools (Health Promotion and Nutrition) Act (which places mental and emotional well-being at the heart of all schools' activities); and *Getting it right for every child* (which reforms children's services to promote cross-agency planning to meet all the needs of the child).

Some of the work of HeadsUpScotland is then described. The process of developing *The mental health of children and young people: a framework for promotion, prevention and care* is set out in detail. The role of the Framework in assisting local health, education, social work and voluntary sector services in planning and delivering integrated approaches to children and young people's mental health across the continuum of promotion, prevention and care is outlined, together with HeadsUpScotland's support for local strategy development and implementation. "Young Scotland in mind", an initiative and network for NGOs established by HeadsUpScotland, is described together with initiatives to involve children and young people. Links to European policy are also outlined.

The lessons learned point to the importance of the preconditions for establishing the project:

- a scientific evidence base underpinning work in the area and research which allows tracking of health improvement at a population level;

- high-level support – the importance of governmental support was noted both in terms of promoting leadership and encouraging innovation;

- adaptability to move with a changing policy environment, as well as influencing it;

- early involvement of stakeholders to foster ownership;

- a willingness to take a mid- to long-term view and to build capacity;

- an openness to learn from other sectors and to work in a way that is inclusive and open;

- the importance of maintaining a view of the long-term vision while at the same time being clear about what is expected of people and partners *now*;

- the capacity to provide support for implementation; and

- determination!

## Mental health and well-being status among adolescents in Scotland: HBSC findings on mental well-being

**Trends, 1994-2006**

Since 1994, young people's levels of happiness and confidence have increased (Fig. 1) and the proportion of young people reporting multiple health complaints (such as headache, stomach ache and feeling low) has fallen.

**Fig. 1**

Trends in the proportion of boys and girls that are very happy
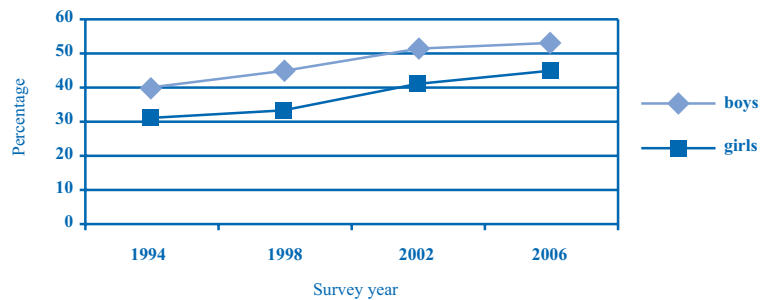


Gender differences and age differences persisted in 2006, however (Fig. 2). Boys reported higher rates of positive mental well-being than girls on all indicators (happiness, life satisfaction, perceived health and confidence). The gender gap increased with age. Overall, children in primary schools reported better mental well-being than those in secondary schools *(1)*.

**Fig. 2**

Mean life satisfaction scores by age and gender
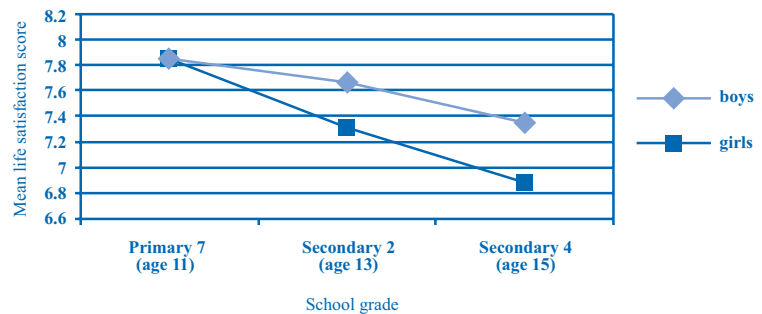


### Cross-national comparison

Cross-national comparisons in 1998 placed Scottish young people above the average in terms of happiness, but below average on confidence and positive perceptions of body image. In 2002, Scotland was close to the HBSC average for life satisfaction at all ages *(2)*.

### Socioeconomic status

Young people from high-affluence families (as measured by FAS) were more likely to report feeling happy, confident and having excellent health than those from low-affluence families. Mean life satisfaction scores also rose with increased family affluence (Fig. 3).

**Fig. 3**

Mean life satisfaction scores by FAS
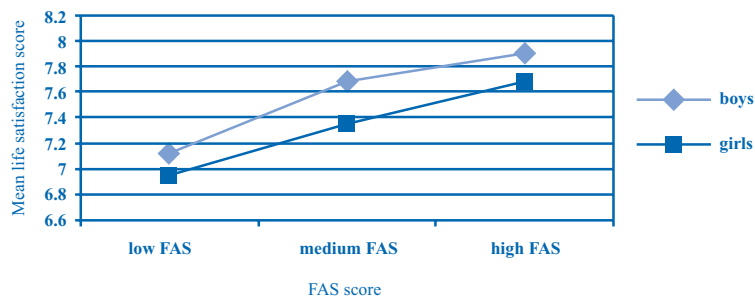


## Rural/urban differences

Young people from remote and rural Scotland had high life satisfaction, but those living in urban areas and accessible towns were more likely to feel confident *(1)*.

## Family context

Higher proportions of boys and girls from both-parent households reported excellent health and high life satisfaction. Girls from stepfamilies were more likely to report multiple health complaints than those from other family structures.

Boys who found it difficult to talk to their parents were twice as likely to report low life satisfaction as those who found it easy. However, the greatest correlation between poor communication and life satisfaction was seen among girls: one in three girls who found it difficult to talk to their mothers reported low life satisfaction. These patterns were seen for all three age groups, analysed together and separately (Fig. 4) *(3)*.

**Fig. 4**

Low life satisfaction and communication with parents
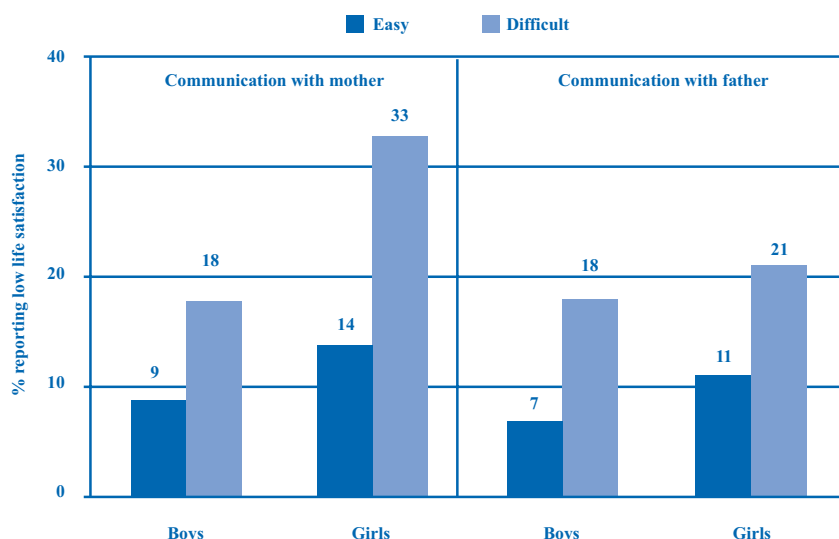
**School environment**

Of those pupils who viewed their school in a positive light, the majority also reported themselves to be very happy. About 50% of young people who held moderately positive views about their school environment also reported themselves as very happy *(4)*.

**Bullying**

Reports of being bullied declined between 1994 and 2002. A higher percentage of boys than girls reported that they had bullied others, while reports of being bullied were the same for both genders. When compared cross-nationally, Scotland has a relatively low rate of bullying. Girls who bully others reported higher levels of multiple health complaints than those who neither bullied nor were bullied. They were also more likely to smoke and to report being drunk. For both genders, cannabis use during the last year was reported most frequently by bullies *(5–7)*.

An overview of these findings shows inequalities in the mental health and well-being of adolescents which relate to gender, socioeconomic status, urban/rural living and social relations. These inequalities need to be addressed in policies and practice that aim to improve the mental health of all young people in Scotland. HBSC provides a unique picture of mental health and its social and developmental context and is a valuable source of scientific evidence that can underpin and help efforts to impact on the well-being of young people.

## Social and policy context

In Scotland, the National Programme for Improving Mental Health and Well-being has been central to policy development in this area since its launch in October 2001. The programme has been working nationally and locally to raise the profile of, and to support further action in, mental health improvement (promotion and prevention), to address the stigma of mental ill health and to prevent suicide in Scotland.

The initial work of the Programme from 2001 to 2003 focused on two key priorities: eliminating stigma and preventing suicide. The current action plan sets out the key aims to be achieved and the main priority areas for action nationally and locally from 2003 to 2006 (Fig. 5) *(8)*.

HeadsUpScotland – the focus of this case study – is part of the Programme. A key initiative for HeadsUpScotland, discussed in more detail below, was *The mental health of children and young people: a framework for promotion, prevention and care (9)*. It was developed to assist local health, education, social services and community and voluntary sector partners in planning and delivering integrated approaches to children and young people's mental health and well-being. The Framework is designed to encourage positive mental health promotion, prevention of mental illness and early care and treatment of mental health problems among children and young people.

Since the Framework was published, other policy initiatives have been introduced that have considerable influence on the direction of the work. The principal ones are now described.

**Delivering a healthy future: the action framework for children's health in Scotland** *(10)*

This framework draws together many strands of work and distils them into one resource that identifies key actions for each area of work. In the main, it is a National Health Service-focused document. All the milestones and actions within it have been consulted upon and have been generally well received. It includes a set of milestones and actions for children and young people's mental health.

**The mental health delivery plan** *(11)*

HeadsUpScotland, along with many others, has been involved in helping to develop a set of indicators for the children and young people's section of the Mental health delivery plan. The indicators for children and young people are a subset of those identified for children and young people's mental health in the action framework for children's health. In addition, there are

National Programme for Improving Mental Health and Well-being action plan

1. Raising awareness and promoting mental health and well-being
2. Eliminating stigma and discrimination
3. Preventing suicide
4. Promoting and supporting recovery

**4 KEY AIMS**

**6 PRIORITY AREAS**

a. Improving infant mental health (early years)

b. Improving the mental health of children and young people

c. Improving the mental health and well-being in employment and working life

d. Improving the mental health and well-being in later life

e. Improving community mental health and well-being

f. Improving mental health promotion and prevention in local services

SCOTTISH POLICY CONTEXT
Health improvement
Social justice and social inclusion
Education and young people
Enterprise, lifelong learning and community regeneration

NATIONAL PROGRAMME SUPPORT ACTIVITIES

a Evidence into practice
b Research
c Evaluation
d Indicators for mental health and well-being
e Keeping people informed
f Sharing and learning

other commitments in the Delivery Plan that might reasonably be expected to be applicable to children and young people, such as increased access to psychological therapies.

**Curriculum for excellence** *(12)*

A major curriculum review is currently under way in Scotland which will make a valuable contribution to promoting children's and young people's mental health within the school setting. It aims to focus classroom practice upon the child and states that the purposes of education are to enable all young people to become:

- successful learners
- confident individuals
- responsible citizens
- effective contributors.

The onus of developing these key capacities is on all teachers and other adults who work with young people and rests on

a platform of sound mental health and positive self-regard. Curriculum for excellence places health and well-being at the core of the curriculum in recognition of the vital importance of learning about health and well-being not just in and of itself, but also to enhance learning and experiences in other areas. Draft learning outcomes and experiences for mental, social, emotional and physical well-being are expected to be published late in 2007 and be tested in schools during the 2007/2008 school year.

### Schools (Health Promotion and Nutrition) Act 2007

A key target in Scotland is that every school in Scotland will be a health promoting school by the end of 2007. The above Act, passed by Parliament in March 2007, builds on this commitment by placing health promotion – including the promotion of positive mental health – at the heart of all schools' activities. The principles and proposals contained in the Act have been used to inform those elements which relate to developing and maintaining good mental health in schools. Detailed guidance to support the implementation of the Act is currently being developed by the Scottish Government with support from key partners such as NHS Health Scotland, HeadsUpScotland and the Scottish Health Promoting Schools Unit.

### Happy, safe and achieving their potential *(13)*

This report on the review of guidance provision in schools in Scotland was published in 2004. It describes the impact school staff can have on pupils' well-being and sets out 10 standards of support schools are expected to provide. It stresses that all pupils need to be supported (not just those who are experiencing difficulties) and that all school staff have a role in safeguarding the health and welfare of pupils. To support pupils as fully as possible, it is essential to make sure schools promote good mental and emotional health. The report is currently being implemented across Scotland.

### Getting it right for every child *(14)*

This is the overarching programme of reform for children's services in Scotland which aims to ensure that all agencies working with young people will join up, plan together and meet all the needs of the child. Implementation will involve a three-pronged approach of practice change, legislation and the removal of any barriers to joined-up working that prevent more timely and appropriate responses for children. Work is under way to develop tools and test out approaches to enable local agencies to work together to assess, plan and deliver improved outcomes for children, particularly those who are vulnerable or at risk. The aim is to ensure that all children get the help they need when they need it from services that are planned and delivered in an integrated way at local level.

## Intervention: HeadsUpScotland

### Leadership and governance

HeadsUpScotland has been chosen as the focus of this case study because of its central place in taking forward Scotland's commitment to improve the mental health and well-being of its children and young people. The project is closely linked to the policy environment in this area and plays a key role in bringing together partners at national level and supporting local strategy and practice.

As an initiative of the National Programme for Improving Mental Health and Well-being, it is part of the mental health division at the Scottish Government, reflecting the fact that responsibility for children and young people's mental health lies at this level. The project is also well connected with the ministerial advisory group on children's health, the Children and Young People's Health Support Group. This Group gives the project direct access to the children's services planning processes within local authorities and to the health service-based child health commissioners. The recently established Steering Group for Children and Young People's Mental Health is a subgroup of the Children and Young People's Health Support Group. Informal links with other parts of the government such as those dealing with health improvement, education, early years, social work, youth justice and communities are also important.

**Background**

HeadsUpScotland was established in May 2004 to make a major contribution to the activity already under way in Scotland aimed at improving the mental health and well-being of children and young people. It supports the process of implementing the 10 recommendations contained within the Scottish Needs Assessment Programme report for child and adolescent mental health at national and local level *(14)*.

The Scottish Needs Assessment Programme report emphasized that all agencies and organizations have a role in supporting the mental health of children and young people. It highlighted the need to address the whole continuum of mental health from mental health promotion, through preventing mental illness, to supporting, treating and caring for those children and young people experiencing mental health difficulties of all ranges of complexity and severity. It also suggested that mental health promotion should underpin all work with children and young people, even when they are mentally unwell and accessing specialist mental health services. This is a complex matrix which needs to take account of the:

● life stages of children and young people;

● the settings and places where young people live their lives;

● the range of people and organizations who come into contact with children and young people;

● the continuum of mental health to mental ill health; and

● underlying principles such as reducing inequalities, improving accessibility and increasing participation.

**Developing the mental health of children and young people: a framework for promotion, prevention and care** *(9)*

To take these recommendations forward, it was agreed that a framework should be developed to assist local health, education, social work and voluntary sector services in planning and delivering integrated approaches to children and young people's mental health across the continuum of promotion, prevention and care.

A rigorous development process took place, involving a wide range of workers as well as children and young people, followed by a formal consultation process. *The mental health of children and young people: a framework for promotion, prevention and care (9)* (hereafter referred to as "the Framework") was eventually published in October 2005 and endorsed by both the health and education departments.

The Framework is intended to be used by local agencies as a planning and audit tool, to identify goals and milestones for continuous improvement in the delivery of services and approaches to support, and to improve the mental health of children and young people in Scotland. It was developed as a guide for all those who work with children and young people to help them deliver services which promote the mental health of children and young people and prevent some mental health problems from developing.

**Support for local strategy and practice**

The Framework is intended to support local practice and to be used in an interagency way within the overall context of children's services planning. It also outlines what a "good enough" child and adolescent mental health service should look like.

The document is based on two underlying principles:

● that inequalities and adverse life circumstances will have an impact on an individual's potential for good mental health and that this must be taken into account when delivering universal services; and

● that the mental health of children and young people is particularly vulnerable at times of transition (the document has a section defining further when these are).

**243**

Based on these two principles, the document describes what all those who work with children and young people can do within their own environment to address children's and young people's mental health. It stresses that children's and young people's mental health is everyone's business.

The document is divided into five sections called "contexts":

- early years

- school age

- community environments (including voluntary sector work)

- additional and support needs (including the voluntary sector)

- specialist child and adolescent mental health services.

**Model for good practice**

The Framework presents a model through which those working in universal services can become more skilled and competent in dealing with the everyday stresses and challenges children and young people face that impact on their mental health. It describes a workforce in universal services who feel better equipped to address less-severe mental health difficulties within their own environment, supported by specialist child and adolescent mental health services staff. It envisages training and development opportunities for those working in universal services and for those working with vulnerable children and young people. The support for this would come from the specialist child and adolescent mental health services staff as they provide more training, support, supervision, consultation and advice.

Considerable progress towards this vision is already being made in some sectors. Early Years and schools are particularly active, aided by the Scottish Health Promoting Schools Unit, which is taking an active role in supporting the development of mental and emotional well-being in the education sector. The challenge for the future is to achieve this level of activity across all the sectors – the Framework sees this as a ten-year process.

**Key initiatives to support implementation of the Framework**

A number of specific areas of work have been identified for HeadsUpScotland to complement the aims of the National Programme for Improving Mental Health and Well-being and provide further development of the plans for the children and young people target group. Three are highlighted here.

Mapping local activity and progress

In response to the challenge of implementing the Framework locally, HeadsUpScotland commissioned support for local multiagency activity. Each National Health Service board was asked to map current provision for children and young people's mental health and assess this against the Framework, highlighting areas for further development. This countrywide process allowed the development of a robust national picture of services. Inevitably, all areas had gaps, but not always in the same "context". In response, two learning collaboratives were established: one for rural areas, and a second for more urban environments. These allow participants to bring their challenges with Framework implementation for discussion and support. This work is under way and there are plans to ensure that non-National Health Service orientated groups meet occasionally with the specialist children's mental health clinicians group.

"Young Scotland in mind"

A second specific area focused on the need to ensure that the contribution made by NGOs was fully recognized and supported. Funds were allocated to one of the bigger NGOs to establish a forum – "Young Scotland in mind" – for those working in NGOs either in mental health or with children and young people. This has enabled organizations who traditionally work in mental health but with a more adult focus to meet with those NGOs who have expertise in children and young people's issues, while at the same time helping NGOs who work with children and young people to appreciate better the major contribution

they make to their mental health and well-being. This network is now well established and seeks to develop local networks through which practitioners can share and learn together about issues relating to their work and the mental health of children and young people.

<u>Involving children and young people</u>

Involvement of children and young people provided a third important focus for the work. The need to ensure that their voices are heard in making decisions about how services they use affect their mental health is increasingly recognized. This involves all services used by children and young people, not only those that have a specific mental health remit. In addition, it is recognized that the process of finding your voice and having it listened to is mentally health-promoting in its own right. Accordingly, a participation partnership group was established by HeadsUpScotland, with three of the major NGOs playing a lead role in supporting the work. A piece of research is under way to assess how much children and young people are actually involved in work across Scotland.

In addition, two exemplar areas have been identified which are seeking to engage children and young people in the work and activity of the local community, supported by a participation worker. Staff who work in the exemplar areas with children and young people are being trained in a range of methods that improve involvement and participation. A national event for 120 young people was held in November 2006.

These are three of the main strategic areas of work for HeadsUpScotland. At the same time, there are many other strands of work being developed, such as: workforce capacity; the development of support resources (training packs, web sites and courses) for staff; specific initiatives and interventions in schools; the development of advisory reports on infant mental health and primary mental health work; and the hosting of national conferences that encourage people to get more involved in work for children and young people's mental health.

**Links to European policy**

The work of HeadsUpScotland reflects both the scope and priorities outlined in the *Mental Health Declaration for Europe (15)*. There is action in each of the priority areas of the Declaration: fostering awareness of mental health; collectively tackling stigma; designing and implementing comprehensive, integrated mental health systems that cover promotion, prevention, treatment, care and recovery; supporting the development of a competent workforce; and encouraging and facilitating service-user and carer involvement.

In addition, HeadsUpScotland is closely aligned with the guiding principles of the *WHO European strategy for child and adolescent health and development (16)*. For example, supporting the participation of children and young people in service development and delivery is a core element of the Participation Partnership Group. In addition, support to local areas related to the Framework and "Young Scotland in mind" is based on the need for stimulating concerted intersectoral action and collaboration across the spectrum of care.

## Lessons learned

HeadsUpScotland is not a traditional "intervention" in the classic sense; it is a wide-ranging programme that is attempting to address several major strands of work simultaneously, aspiring to lead ultimately to a major cultural and mainstreaming shift. HeadsUpScotland is still active (with at least one further year to run) and it is timely that the opportunity should be taken at this point to review "lessons learned". Using the usual approach of stakeholder involvement that HeadsUpScotland has invoked since the beginning, many people have contributed to the following section about lessons learned.

**Barriers and enablers**

<u>Leadership and influence</u>

The locus of HeadsUpScotland has given the programme a particular ability to provide leadership. As part of the wider national programme, HeadsUpScotland is directly funded by the Scottish Government; it is also linked closely to major influential

groups such as the ministerial advisory group for children's health. The Framework was published by the government and supported by both the health and education departments. This ensured that the document became the policy framework for this area of work, and it was generally acknowledged that it had to be implemented.

An exemplar of innovative support for implementation

Another key lesson is that the provision of local support for the implementation process was both innovative and worthwhile. This work has provided a baseline for how services are positioned and has provided a structure for local areas to move forward and a locus for further development of the work.

For both these points, the key issue is that governmental support for the work is essential for success.

Building a shared agenda through dialogue between different perspectives and views

The process of developing HeadsUpScotland was a long one; there was a determined effort to include stakeholders for many years in advance of its establishment. There are many different groups of professionals and voluntary organizations in the network. Challenges included ensuring adequate representation, clarifying issues of language and terminology and including the perspectives of different cultures. The recent move for different voluntary bodies forming into one committee for the purposes of implementation of the Framework has been a valuable development.

The aim was to create a shared agenda and to explore varying perspectives and views. Early work to build strategic vision helped address this. At a later stage, when the work developed to focus more on implementation, it became apparent that the work of "building bridges" has to continue longer term.

**Keeping the "big picture" in view**

Many strands of work are running in parallel, and it has been difficult to keep hold of the "big picture" at times to see how all of the strands fit together. This is not so much a barrier, but is more of a tension, in that it relates to the complexities of seeking to achieve whole-system change. Ensuring that the concerns and goals of one part of the system do not distort or detract from the overarching vision and goals is a continuing challenge. Feedback from people involved locally in implementing the Framework suggests that this is a real problem for them. There is also an issue about the priority given to specialist mental health services when in competition with other areas of work for which there are clear targets and "requirements". As with any change process, there is an enormous need to continue talking to people and feeding back to them as things develop.

**Sustainability**

Another significant barrier relates to sustainability. A huge amount of work has been done across sectors to raise awareness and build and strengthen capacity over the last three years, but much of this is inevitably through time-limited initiatives. This raises questions about how to ensure that understanding about the mental health of children and young people is embedded in mainstream thinking and practice (planning, policy and service delivery).

To summarize: from the experience at HeadsUpScotland, the preconditions for establishing this type of intervention elsewhere are:

- a scientific evidence base underpinning work in the area and research which allows tracking of health improvement at a population level;

- high-level support;

- adaptability to move with a changing policy environment – as well as influencing it;

- early involvement of stakeholders, to foster ownership;

- a willingness to take a mid- to long-term view and to build capacity;

- an openness to learn from other sectors and to work in a way that is inclusive and open;

- clarity about what is expected of people – the Framework provides a vision that is popular and to which people are willing to commit, but it is often difficult for them to see how to implement it;

- the capacity to provide support for implementation; and

- determination!

## Evidence of effectiveness

The work of HeadsUpScotland overall has been rooted in the Framework, which provides a robust analysis of what promotes mental health and what needs to be done to improve it. Evidence of effectiveness is therefore largely indirect, in that the initiatives developed have been designed to address recognized deficits or flaws in the system. Evidence is emerging, but there needs to be more collation and distribution of the evidence so that others can see what can be done.

HBSC provides useful data on aspects of mental well-being among 11–15-year-olds in Scotland and this has been used to present an overview of trends and inequities on a number of different measures for this age group. There is a need, however, for a comprehensive assessment of the mental health and well-being of Scotland's children and young people, including both younger and older age groups and on a wider range of indicators. This is needed to provide a baseline from which to monitor change, to assess future trends and to inform decision-making about priorities for action and resource allocation.

In support of the Scottish Government's drive on mental health improvement as part of overall health improvement, NHS Health Scotland (Scotland's national health improvement agency) is working to establish a core set of defined national indicators for children and young people that can be used to create a summary mental health profile for Scotland. This will enable a fuller overall assessment of the mental health and well-being of adolescents to be made. Capitalizing on work which established an indicator set for adults, this indicator set will cover not only mental health status (positive mental health and mental health problems), but also the wide range of determinants (risk and protective factors) that act at many levels, from individual, through community, to societal.

## Building local capacity

Human resource capacity has been developed through a range of well-considered initiatives targeted at different tiers and sectors. This involves training the existing workforce by, for example:

- offering ideas on models of working that broaden the types of workers who can be employed to deliver a service;

- offering a highly relevant "new to child and adolescent mental health services" training package to ensure new workers have the relevant skills; and

- providing ideas to child and adolescent mental health services about efficiency improvements within existing resources (for example, the Seven Helpful Habits workshops).

It also involves developments such as the National Interagency Training Resource and the "HandsOnScotland" web-based toolkit for the nonspecialist workforce. Just as importantly, however, it is recognized that building capacity for partnership working is an important strand of work. More generally, the process of implementation of the Framework is one that can be used to engage other services around the issue of children's mental health. That engagement is critical, but it is also a role that requires particular skills and approaches. It is not yet a role that is widely recognized and there are few people with the time and remit to do it consistently. Again, good practice examples exist, but they need to be generalized.

## Addressing inequities

This is a complex issue and perhaps one of the biggest challenges. The framework recognizes the components of social exclusion and the ways in which these correlate with mental health problems. To ensure that better use is made of the available knowledge about the damaging long-term effects of inequities on the mental health of children and young people in Scotland, it would be good to see a stronger focus on this in local priority setting and more explicit expectations about what

**247**

local service systems should be doing to address mental health inequities. However, there are issues of culture and rurality that are less well recognized, or at least are less well addressed, and these have a significant impact on outcomes for children and on the capacity of services to respond to need. The balance between universal and targeted approaches is key to inequity issues but has to be developed on the basis of local need. If a national policy is to be implemented across areas with such different local profiles, those differences have to be reflected in approaches and in funding levels.

**Building national and local alliances for mental health and well-being**

At national level, being able to demonstrate that mental health is not "new" but is part of what is already being addressed by a range of agencies and being more explicit about improving mental health outcomes for children and young people helps to take partners further towards the goals to which they are already committed. Without paying more attention to mental health, many of the problems that services currently react to will persist. Mental health improvement is an opportunity to take a pre-emptive approach, and the long-term social and economic costs to society of mental health "casualties" need to be continually identified, if things are not done differently.

At local level, it is more about process. Engagement is a two-way process and requires specialist children and young people's mental health services to reach out to others and build relationships with them. The process is then about negotiating a shared way forward, rather than telling other agencies what they should be doing. This is a skilled role and one that is not sufficiently valued yet.

In conclusion, the partnership approach adopted by HeadsUpScotland has been central to success to this stage. The range of work is complex and there is a continuing need to strive for clarity. There is also a need for patience. Sometimes it appears that progress is very slow for a long time, but then the idea "tips" and suddenly takes off. Scotland may be in that situation. The implementation support work is beginning to uncover good information on what will help us reach a tipping point.

HeadsUpScotland has learned a lot about children and young people's involvement and has made great progress. It is happening locally, but not yet widely. The lesson, as with much else here, is that the only way to learn how to do it is to get started and then to reflect and develop based on that experience.

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