1. **What are the key factors that result in long waits for CAMHS services?**

Some of the key factors that have had an impact on the long waiting times for access to CAMHS services are:

- the capacity of CAMHS to meet the demand for service, although it is noted that the Scottish Government has provided additional funding to CAMHS to employ additional staff and implement service re-design;
- the need to clarify the thresholds for accessing CAMHS to ensure appropriate referrals are made;
- increased volume of referrals as result of improved awareness of mental health and services;
- an increase in the number of children experiencing distress and anxiety through factors such as cyber bullying;
- an increase in demand from parents seeking support and
- the increased prevalence of children being diagnosed with ASD and ADHD which has resulted in an increase is referrals.

2. **What would you identify as the main reason(s) for the CAMHS waiting time target not being met?**

One possible reason that the CAMHS waiting time target has not been met could be the lack of availability of other interventions, such as family therapy, parenting work, play therapy in local settings and group work to reduce waiting times for assessment or highly specialised services.

3. **Are there any other issues in CAMHS that you would identify as being a priority for improvement?**

Other issues in CAMHS that could be a priority for improvement are:

- the lack of appropriate support of those children and young people experiencing emotional distress is an area for improvement;
- the support provided to looked after children and young people who placed outwith their home local authority including those in secure accommodation;
- the focus on a clinic based model of delivery which can reduce the ability to engage with the most vulnerable children and young people, particularly those whose family life may be chaotic and for whom an outreach model may be more appropriate and
- the need to promote early intervention.
• the Scottish Government should launch an urgent review of the over 7000 rejected referrals to the CAHMS service since December 2014 to ensure no child or young person in Scotland is missing out on treatment they should be receiving.

4. Are there any particular factors/initiatives you can identify which have helped improve services either locally or in other parts of Scotland?

The key initiatives that have helped improve services locally in West Lothian are:

• CYPT Mental Health Mental Wellbeing Screening Group;
• CHOICE appointments and
• Mental Health Link Worker consultations within schools.

5. What support is provided to children and young people while they are waiting for a stage 3 referral?

While children and young people are waiting for a stage 3 referral in West Lothian they are referred to the Children and Young People’s Team and/or the Mental Health and Mental Wellbeing Screening Group. They are also signposted to the Healthy Reading book list and internet or telephone support. They can also access support within schools as many school staff have now been trained in supports such as the Self-Harm Pathway etc..

6. Which parts of the previous mental health strategy have been the most successful?

The parts of the previous mental health strategy that were most useful were the See Me Campaign and general improved awareness of mental health.

7. Which parts of the previous mental health strategy have been the least successful?

The part of the previous mental health strategy that was least successful was the move away from community based mental health consultations and the return to a more clinic environment.

8. What would you identify as the key priorities for the next mental health strategy?

The key priorities for the next mental health strategy should include:

• the provision of additional support in residential secure units for young people and for young people placed away from their local areas;
• an evaluation of services which are likely to be required in the future, including services for unaccompanied asylum seeking children;
• a focus on early intervention and building community capacity to meet local needs;
• development of an early intervention response as opposed to crisis management;
• development of approaches such as Roots of Empathy where the whole class is involved not just vulnerable children;
• the development of approaches to engage parents who need support the most and
• the development of pathways to services that are based on GIFREC.