Part One: CAMHS

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

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

Parent carers of young people feel that some of the issues may be to do with lack of staffing and clarity about what CAMHS can actually offer. Recruitment and retention of child and adolescent psychiatrists has also been highlighted by some professionals and carers, although this is very anecdotal evidence and it is not clear whether this is limited to certain health board areas. Areas that have had difficulties retaining a permanent psychiatrist, especially within in-patient settings, have to rely on community CAMHS psychiatrists to cover the need, which has a knock-on impact on the capacity for community-based work.

More generally, there is an issue with people’s understanding of what CAMHS is for. Tier 3 or 4 services are specialist services only offered to those in real crisis or need; the majority of young people will not need to be seen by services of this nature, but there is perhaps an expectation or misunderstanding from service users, parents, carers and some professionals that it should be there for all children and young people, so referrals are made into when it might be more appropriate to refer the young person to a Tier 1 service (such as a third sector youth organisation). A lack of appropriate Tier 1 services, or capacity issues with those that do exist, may exacerbate this problem. A parent carer of a young person on the autistic spectrum reports being told by a CAMHS team that “your son doesn’t need our help, he needs help at school so a classroom assistant is the best person.” Her son was then discharged.

Waiting times are very variable between areas, with some smaller or less populous health boards meeting the target and others falling very short[^1]. This will also be linked to recruitment, capacity and staffing issues, which affect both smaller and larger boards. Additionally, there is a disparity between Boards in the ages of eligibility for CAMHS, with some areas (e.g. NHS Borders) allowing eligibility until age 18 and others (e.g. NHS Lanarkshire) capping access at age 16 (if referred before 16th birthday). This means that there are more cases relevant to the CAMHS waiting time target in some areas of the country than others, and consequently a disparity between the figures.

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

As discussed above, there is an issue with understanding what CAMH services are actually for and the criteria that need to be met for a referral. Promoting and refreshing what CAMHS does to GPs, other referral agencies, carers and the public may lead to more appropriate referrals and an improvement in services and perception. The lack of low-level support for young people is also a problem – research from the Scottish Youth Parliament has found that young people are worried about not being taken seriously, have a fear of being judged and that there is a lack of prevention and early intervention services\(^2\). More universal services, that could refer and signpost on if necessary, but primarily provided early intervention and preventative support, would alleviate some of these problems. Lack of focus on early intervention services has therefore led to further pressure on and a greater demand for services operating at tiers 3 and 4, as many children and young people’s mental health has worsened because they have been experiencing problems without adequate or any support.

It is possible that young carers are referred to CAMHS on the basis of the ‘significantly unfavourable social context’ referred to in the 2009 referral criteria guidance\(^3\). This recognises that the impact of being a young carer of someone with significant mental or physical health problems can affect a young person’s mental health, but the young carer may not then meet the strict qualifying criteria for a CAMHS referral. Wider awareness of the thresholds for CAMHS intervention would prevent inappropriate referrals. It is also important for young carer services to be appropriately resourced and supported to work with young carers who may be experiencing mental health problems linked to their caring role, as this may be the most appropriate source of support for this group.

Along with the ALLIANCE, we believe that as long as CAMHS targets are the key measurements for these services this will continue to drive investment, energy, resources and strategic decision making within Boards. Whilst the targets are useful for measuring access to services, prioritising them can lead to young people not receiving support at a much earlier stage and preventative action not being taken. This has the unintended consequence of resulting in people requiring to be in a more severe condition in order to get support.

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

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


As described above, better Tier 1 services such as peer support and youth groups will relieve the pressure on CAMHS, as these services can offer preventative and low level support. For young carers, the opportunity to meet peers who understand the impact of a caring role can be a great source of emotional support. Young carer services can also help young carers with one to one support, or making sure that the family as a whole is receiving appropriate support and the young carer is not providing an inappropriate level of care.

The Triangle of Care⁴ is a tool to help health services identify and involve carers as key partners in care. Young carers who are identified through this may fit the referral criteria for CAMHS and can be supported to access these services; those who do not can still be supported to maintain an appropriate caring role (if they want to provide care) as well as their own health and wellbeing. Using the Triangle of Care means that young carers who are reaching crisis point will be able to access CAMHS quickly and appropriately.

Part Two: Mental Health Strategy

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

One area which has been a partial success is the early detection and intervention in psychosis. This can be patchy across Scotland, but the multi-disciplinary team approach in Glasgow does seem to work well; this is because it works with the whole family as well as the service user.

Patient safety is another success, albeit in varying degree. The emphasis on patient safety has seen the creation of a working group looking at issues such as safety around communication at times of transitions. This group now includes carers and carer organisation representatives, and is looking at how carers can be more involved and informed about issues around patient safety, such as safe use of medicines, involving carers in treatment decisions (through the active promotion of Triangle of Care) and admission/discharge practices.

Recognition of the need to work better with families and carers and the commitment to involve families and carers in policy around effective service delivery has also improved in recent years, particularly among mental health services that are using Triangle of Care. However, as not all services are using this approach, there are varied experiences and not all carers feel they are listened to or involved.

The promotion of physical activity and mental health has also been a positive step from the previous strategy. There does appear to be more emphasis on seeing the whole person and looking at the impact of long term health conditions on mental health of the individual.

The continued work around ending stigma has been good, as has the focus on human rights for people with mental health problems and how to embed this into services. The success of the See Me campaign deserves particular praise.

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

Issues with waiting times for CAMH services have been discussed at length in the first part of this response, and have been one of the least successful parts of the previous strategy.

There is still a reliance on care and treatment within previous strategy and not enough emphasis on prevention and health promotion. This is still the case despite increased attention to and promotion of self-management, but again there is variation in promotion and success between different services and initiatives. Peer support work within services has also not been universally successful.

Carer support services and national carer organisations have not been involved to an effective degree; even in the commitment to involving families and carers the lead organisation was not a carer-led organisation. Whilst services that work with both service users and carers are valuable, carer-focused organisations have a unique input and can uncover specific issues for carers that may otherwise be missed. Relatedly, there has been a lack of coordinated partnership working with the third sector, and too much emphasis on working with statutory services. We agree with The ALLIANCE that much of the success of the previous strategy is due to the efforts of service user-led, carer-led and third sector services that work in mental health.

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

Carers wish for more awareness and services for children, young people and families affected by autistic spectrum disorder (ASD). They would like to see more joined up work amongst all services in providing treatment and support to families. They would also like to see education services included in that as this can be an area where children and young people with ASD are most often let down.

A priority for Carers Trust Scotland would be the inclusion of work to support families and carers, and an emphasis on the use of tools such as Triangle of Care to help identify, involve and support carers. A linked priority would be closer working partnerships with the third sector, recognising the experience and value they can bring, especially in preventative work, with a commitment for increased funding for third sector organisations rather than the reliance of money going to fund primary mental health services only. This is important for preventative and early intervention support for carers. In addition, more promotion of self-management and recovery work, and a concerted effort to embed peer support work in services, will enable carers of people with mental health problems to be better supported.

In order to improve some of the known issues with successful access to CAMHS, there must be a clearer pathway within children and young people’s mental health systems so that people understand the role and nature of CAMHS. Carers also reiterated the importance of increasing the number of Tier 1 services, such as third sector community based groups, in providing invaluable support to families, carers and young people, feeling this could prevent inappropriate referrals being made to CAMHS. There also needs to be improvement in education on positive mental health, and support to help families build resilience within children and young people so that they can better look after their own mental health and cope with what life throws at them. Practical support, such as work being done with the Recovery College in Dumfries to tackle anxiety in young people with autism spectrum disorder,
is an excellent example of provision of good Tier 1 or 2 services that can remove some of the workload on over-stretched CAMHS and mental health services.

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