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

There has been a significant increase in referral rates to CAMHs over the past decade, this is reflected both locally and nationally, primarily due to historical underinvestment. There has been a profound impact on the ability of CAMHs to respond to ever-increasing demand. National debate and “awareness raising” has had an additional influence on demand with higher expectations from families, children and young people. Criteria for CAMHs is wide, capturing a wide variation in referrals, presenting conditions and treatment options all to a limited and specialist resource. The age range up to 18yrs pushes the referral rates, taking into consideration the most vulnerable developmental stages for young people presenting with psychological, emotional and risk of mental ill health.

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

Overall poor workforce investment not recognising the need for significant variation in investment across social care, education and health. NES, SSSC and education professional bodies need to collaborate in developing workforce. Over investment in particular interventions and aspects of workforce, talking therapies with very limited changes to wait times. We need a more integrated discussion on high impact activity and action. There is a requirement for a national discussion across agencies to maximise workforce and target activity. At this time there is a very narrow line of investment to particular themes which have historically proved ineffective.

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

The need to invest in in-patient care and associated access. Clearer investment and action associated with specialist areas such as neuro-development (high impact population). A broader look at maximising workforce across health, social care and third sector, creative use of workforce that builds confidence and expertise and not a reliance on other professions for supervision. A focus on collective responsibility across agencies, education colleagues are uniquely placed to build expertise and responsiveness, workforce strategy which includes social work and nursing as targeted groups (57% of CAMHs workforce nursing). Further investment in early intervention services and approaches (1st episode in psychosis).

4. **Are there any particular factors/initiatives you can identify which have helped improve services either locally or in other parts of Scotland?**
Better data management, understanding activity and process. A focus on good governance, pathways and process management, building alliances with colleagues in social work and education. The solutions to child and young person's concerns may not be traditional responses i.e. better housing, change in school placement rather than pathologising and treating. Developing a focus on evidence base which gets best or good enough outcomes and a collective agreement across professions and agencies. Integration of health and social care placing strategic intent together, having shared outcomes and actions which collaborate and support. Developing and learning from good youth justice, sexual health and drug and alcohol services. Build on expertise of health visiting, public health, school nursing educational psychology and third sector. A greater emphasis on physical exercise, general development and well being.

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

There is currently insufficient support available. There is a need for better interagency and multi disciplinary support and action and a recognition that alternative intervention and support can have profound impact e.g. the response to Dunblane and support to children involved skilling up and support existing assets. Learn from other difficult situations, learning from their successes and developing resilience in communities. Review secure care estate and be clear about its future function, invest in interagency youth justice, recognise who are the high risk youths (emerging personality disorder), reduce the risk of offending and offending culture. A better and focused workforce investment which is multidisciplinary and interagency.

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

Monitoring of admissions profiling activity both in-patient and community. An attempt to capture a broad range of mental health themes. The highlighted themes within other questions highlight the broader concerns and benefit of previous mental health strategy.

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

The language of commitment rather than recommendation and action, raising higher expectation critical for services and agencies. Overall limited direction given within a loose narrative.

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

Key priorities should include a stronger emphasis on interagency actions, patient outcomes and in particular conduct disorder and parenting. Vary intervention
intent and investment (not just talking therapies). A commitment to develop an interagency and multidisciplinary focus on workforce development, place education at the centre providing a platform for engagement children, young people and their families.

It is essential therefore that the new mental health strategy continues to drive the integration agenda forward with an imperative to continue to work across the whole system to improve integration between physical and mental health care across the entire health and social care system including third and independent sector and particularly in primary care settings building on good practice and the emerging evidence base of innovative models and new ways of working. Integrated teams enabling skills transfer and workforce re-design with development of new roles. As we know children are a key priority in ensuring Scotland is the ‘Best place to grow up’. We consider that the development and delivery of ANP roles in neurodevelopmental work within CAMHS and also perinatal mental health will make an important contribution in delivering on this ambition.

The new strategy should emphasise the possibilities that Integration brings with further opportunities to redesign care in ways that could improve Outcomes; reduce duplication and enable prevention and earlier intervention across the whole system.

Integrated multiagency teams based within schools including social workers, school nurses and CAMHS will improve prevention and early intervention approaches. This requires the need to build on integrated health and social care partnership services to ensure that health, social care, independent sector and educational staff work collaboratively so that the right decisions can be made to support each child - referring those who need extra support to the right places sooner.