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

The waiting time target was introduced without being supported by the sufficient provision of additional funding, staffing and resources in order to implement it successfully. When an initiative with similar aims was launched in England (Improving Access to Psychological Therapies), it was provided with significant funding to resource it. However, in Scotland, many teams were required to work additional hours over prolonged periods in order to get close to meeting the waiting time target, and clients in some localities were offered less flexibility, which is not sustainable practice. Meeting the waiting time target also often resulted in compromises or significant challenges with respect to delivering the three quality ambitions set out in the mental health strategy. Within adult services the re-referral rates to psychology services within Community Mental Health Teams (Tier 3) increased in some areas following the introduction of the HEAT target – it is possible that this also occurred with CAMHS?

Also regarding long waits, CAMHS in Glasgow have recently been subject to a reconfiguration process, which has changed the way clients can access specialist services. Now, anyone needing a specialist service - like FCAMHS, CAMHS-LD or LAC (tier 4), can no longer directly access this type of service, and must first be assessed within a Tier 3 CAMHS team. This would appear to place a greater burden and increasing demands on Tier 3 CAMHS to provide a service to children and young people with very complex needs, when the skills to work with these needs are more likely to lie within Tier 4 services.

There also appear to be a large number of referrals to CAMHS Tier 2 / 3 which are subsequently deemed inappropriate due to a lack of diagnosable mental health issues (certainly in some areas). In particular, referrals for conduct disorders / behavioural issues including violent and aggressive behaviour seem to block up the system due to a lack of understanding about what is the most appropriate way to intervene / support a child and their family and the confidence to implement these effectively with high level behavioural issues in community.

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

As well as the information contained in response to Question 1, the number of referrals that are inappropriate or should be dealt with from other services in Tier 1 due to the lack of training / confidence in the workforce as to how to manage Tier 1 issues. It will be critical to support, train and develop capacity for staff in Tier 1 so that they are able to manage and effectively intervene at the appropriate level. Staff from universal services are well placed to identify and support young people as relationships are consistently reported by young people as being the most important factor.
3. Are there any other issues in CAMHS that you would identify as being a priority for improvement?

Given the link between adverse childhood experiences (ACEs) and later health-harming behaviours, health issues, and mental health issues, it is crucial that where we have been unsuccessful in preventing the experience of trauma, abuse and loss in children and young people we are able to provide early and effective intervention to prevent escalating difficulties. As well as the provision of specific Tier 2/3 assessment and intervention it is essential that everyone working with children and young people:

- is aware of how to identify the potential signs/symptoms of trauma (particularly complex trauma) and routinely ask about occurrence of any ACE’s,
- has knowledge of approaches they can take to monitor these signs/symptoms,
- have a supportive, non-judgmental manner that gives young people and their families confidence to approach services,
- has the skills to intervene at an appropriate level and in an appropriate manner (helping them to manage and cope with trauma, not solely responding to crises), and
- understands how and when to access more specialist assessment or intervention when required.

Prioritisation of those young people who do not have the protection of a stable, committed relationship with a supportive parent, caregiver or other adult as they are more at risk of escalating difficulties.

Also, consideration should be given to the provision of consultation to other professionals and carers as opposed to solely delivering the service directly to the young person as they are the people who spend most time with the young person / child (have an existing relationship with them) and need to be supported to address the issues.

There should also be greater flexibility in terms of where intervention / support takes place with the young person and their parent / carer as not all young people / families will be able to attend at clinics given that their lifestyle can often be quite chaotic and this should not preclude them from a service. Greater flexibility around engagement and less rigidity regarding cessation of the service when appointments are missed is crucial.

Consideration needs to be given to key transition points and how to make these as smooth and effective as possible e.g. young people moving to adult services, young people moving to a different health area, between secure care / custody and the community.

There should also be a fast track for those young people / children where they end up involved in a significant offence that suggests CAMHS intervention may be
4. Are there any particular factors/initiatives you can identify which have helped improve services either locally or in other parts of Scotland?

Having a dedicated Forensic CAMHS in Greater Glasgow and Clyde which specialises in working with young people at risk of serious offending and related mental health needs.

IVY (Interventions for Vulnerable Youth) a national project introduced by the Centre for Youth and Criminal Justice and funded by the Scottish Government has been an important initiative in assisting to narrow a service gap in providing specialist psychological support and promoting best practice in risk assessment and management for young people with complex mental health needs who present a significant risk to others. There would be benefits to expanding or extending this service to reduce the demands of local CAMHS services.

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

Certainly in some areas it tends to simply be a continuation of the Tier 1 services already provided, but perhaps at a higher intensity.

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

In relation to Child and Adolescent Mental Health:
- The early preventative approach of rolling out Triple P and Incredible Years parenting programmes to parents of 3-4 year olds with severely disruptive behaviour.
- Improving HEAT targets for CAMHS across most areas.

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

In relation to Child and Adolescent Mental Health:
- Developing a shared understanding of when specialist Tier 2 / 3 assessment or intervention is appropriate or necessary (particularly in some areas) and the availability of alternatives in Tier 1 universal services.
- Provision of alternative interventions for the cohort of families for whom conduct problems arose prior to the rollout of Triple P and Incredible Years, or for those whom these were not effective/intensive enough.
- Improving access to services for children and young people who are looked after and accommodated (commitment 9), for those who have significant substance use difficulties, and for individuals who offend.
- The strategy did not attend to the mental health needs of children in secure care, or those in custody. These children and their parents still...
encounter a lack of equity when attempting to gain access to mental health assessment and treatment - this has certainly been evident through IVY work. Often the mental health needs underlying the presenting behaviours of these young people (e.g. using drugs, violence, self harming) are missed.

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

In addition to those areas identified in question 3 key priorities would be improving equity of access to services, resourcing of the HEAT waiting time target, and increasing the availability of highly skilled workers within CAMHS. There also needs to be more support for CAMHS to offer a greater focus on complex / developmental trauma models - these are resource intensive assessments and interventions and investment in allowing services to allocate both the time and expertise to this type of work is required.