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

   Orkney continues to meet the CAMHS waiting times targets. We have a small team of appropriately trained staff and well developed and clear referral pathways to CAMHS services. Supporting our staff to maintain / enhance their skills is an issue with small population numbers and staff absence can impact significantly on our ability to deliver services.

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

   Orkney is meeting the CAMHS waiting time targets. Capacity or reductions in appropriately trained staff would be result in a disproportionate level of impact on our service delivery.

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

   CAMHS like many of our services rely on appropriately qualified staff to be able to effectively work with families and carers to support our children and young people emotional and psychological health and wellbeing. Access to VC supported training, supervision and clear alternative routes of service provision for tier 1 and 2 services to support young people.

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

   The anti-stigmatising effect of campaigns such as ‘See me’ has helped to promote an environment in which young people feel more able to seek help at an earlier stage. This has a positive impact on their outcomes.

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

   Local third sector services such as youth café and counselling services are available. Education services provide a good level of support to young people through their guidance structure.

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

   Recovery focussed elements, with a clear mind-set towards recovery and supported self-management in evidence across the piece from mental health professionals.
7. **Which parts of the previous mental health strategy have been the least successful?**

The desire to use technology effectively has not bedded in as anticipated. Non mental health professionals in the health and care services can lack confidence in the virtual and self-management led emerging approaches to mental health leading to lower than possible referral and redirection rates to services such as NHS24 telephone CBT service and higher than necessary direct referral rates to specialist community mental health services.

Promoting confidence and evidencing the benefits of services such as NHS24 CBT as an appropriate alternative to non-mental health practitioners would be of value. The work to support and address conduct behaviours in children does not seem to have achieved the pace of other areas of work.

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

A refreshed focus on technology and promoting the confidence of all involved in alternative forms of service delivery. An increased pace of change, with increased resources to support, children with conduct disorders as a spend to save activity would be welcomed.