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

   There are a number of linked factors which impact on the waiting times for CAMHS. These are:
   - Increase awareness of mental health problems experienced by children and young people
   - Reduction in stigma meaning more people are seeking help
   - High number of accepted referrals to CAMHS
   - Increase in high number of accepted referrals over the last 5 years
   - Reprioritising of referrals that occurs due to clinical requiring an emergency / urgent response

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

   - The scale of the increase in referrals (this is not a small actual number, and the sheer number alone means that waiting times have been difficult to reduce)
   - The increase specifically in increasingly complex and unwell children and young people whose needs require high specialist knowledge or specialist parts of a service
   - The reduction in investment to other children and young people’s services which means that there are less places for children, young people and families to ask for help and support.

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

   - Opportunities for staff across CAMHS services and other front line services to receive training and practise in neurodevelopmental disorders so that adapted psychological therapies and other supportive therapies can be used more frequently, by a greater number of staff
   - Creating and investing in more family friendly spaces for clinics and support sessions to be run
   - A reinvestment in children’s and young people’s services within community settings including youth work, to support children and young people earlier so that they are less likely to become as unwell
• Reinvestment in community and other services for children and young people would also help support recovery work with children and young people and discharge from CAMHS.

• There is compelling evidence about early intervention and this should be visible within the structure of services available to children and 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?

• Nationally
  - GIRFEC has assisted both nationally and locally in terms of giving structure to coordinating care and tasks.
  - The Early Years Collaborative – focusing on small step changes and using evidence to drive improvement and change

Lothian

• A focus on patient focused booking including asking families to call in to accept first appointment resulting in lower DNA rate for first appointment

• Ongoing work to reduce DNAs and CNAs- the staff work hard to look at this issue and make the services run as efficiently as possible

• Delivery of PoPP across Edinburgh, in East and in West Lothian has made a positive difference to children and families, and the continued local investment in this programme will continue to help with this

• The Learning Disability intensive support service has been recognised by a National Report on services for Children and Young People as a very effective and innovative approach to Care

• The implementation of Family Based Therapy as a 1st line treatment for Anorexia Nervosa has helped to reduce admissions of children and young people with eating disorders into the inpatient unit and to tier 4 services.

• The Early Years Learning Disability work and the delivery of confident parenting and nursery and primary school for parents with a child with a learning disability is highly valued by parents and staff in partner agencies

• The evaluation of the impact of the early years clinical psychology post in East Lothian also suggests that post being colocated with the social work team is delivering real benefits to vulnerable children.

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

• Self help material

• Sign positing to community and 3rd sector agencies

• Websites

6. Which parts of the previous mental health strategy have been the most successful
Commitment 7

National roll out of Triple P and Incredible Years Parenting programmes to the parents of all 3-4 year old with severely disruptive behaviour.

Commitment 10

Good models of Learning Disability CAMH service delivery in use in different areas of Scotland or other parts of the UK which could become or lead to prototypes for future testing and evaluation.

Commitment 31

We will also work with NHS Lothian to test an approach to working with women with borderline personality disorder in the community by extending the Willow Project in Edinburgh. We will use the learning from the test to inform service development more widely across Scotland.

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

Commitment 24

We will identify the key components that need to be in place within every mental health service to enable early intervention services to respond to first episode psychosis and encourage adoption of first episode psychosis teams where that is a sensible option.

Commitment 32

We will promote work between health and justice services to increase the effective use of Community Payback Orders with a mental health condition in appropriate cases.

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

- An ongoing focus on access to ensure people feel able to benefit from services that are available
- An increase in focus on early intervention in order to prevent or minimise illness and give people tools to support them in their communities
- A focus on promoting well being, to continue the message that mental health is something every child and adult has, and that over the life course events and situations will impact on this. Promoting well being and having a focus on what keeps individuals and families well is as important as having services available for people when they are unwell.
- Greater focus on the impact of poverty (material and relative) on people’s mental health and wellbeing
- Greater focus on the importance of environment and healthy public places and spaces including sports and arts which promote wellbeing and build connections between people and communities.
- Greater focus to people in prison and those in contact with criminal justice services Parity with physical health and greater attention on the impact on people’s mental health of poor physical health and long terms conditions