It is clear that any mental health strategy that aims to address the mental health of children (and adults) requires to incorporate agencies such as education, social care and the voluntary sector. Without this wider involvement there is a risk that the strategy becomes one dimensional and solely health orientated. NHS Forth Valley welcomes the approach taken by the Scottish Parliament’s Health and Sport Committee in consulting with other interested parties. In addition, it is essential that infant mental health should remain one of the Scottish Government’s priority areas as this is a building block of child wellbeing.

The local CAMHS (Child and Adolescent Mental Health Service) has a long history of investment in early intervention and mental health promotion in recognising that these are essential elements to achieving other priorities such as reducing the likelihood of mental health problems becoming chronic and enduring conditions also preventing suicide.

It recognised that nationally there are considerable differences in CAMH service provision. Whilst adapting to local need is a priority, the availability of a matched and stepped care response varies across NHS Board areas.

In noting that you are particularly interested in eight key questions NHS Forth Valley’s response has been formulated using this framework, namely:

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

Cultural changes within the client group, who communicate more using social media, have improved the awareness of mental health issues in children and young people. Increasing demand from Tier 1 services due to the wider socio economic impact, and the expectation placed on children during school years particularly at exam times has undoubtedly increased the demand for CAMH services. Practice based evidence suggests that GIRFEC Wellbeing Indicators are highlighting emotional health and wellbeing issues early in the problem family, however universal services do not feel equipped to deal with them. There is a lack of co-ordination of services to inform assessment and referral to CAMHS (i.e. Team around the Child).

Within Tier 3 there is much pressure on high throughput models which often results in recurring referrals. Working within a “health” focussed model of care results in families frequently being directed to General Practitioners to seek a referral to CAMHS without alternatives being considered. This often results in the child being subjected to duplicated assessments and CAMHS practitioners having little or no access information available from wider children’s services. This is further compounded by the shortage of suitably experienced staff to fill vacancies when they arise.
Contextual factors that are driving high referral rates include cuts to third sector services. Reductions and the lack of appropriate community services at Tier 1 have impacted greatly on CAMHS. This has ultimately resulted in increased referrals to CAMHS. In some Local Authorities budgetary reductions in educational psychology has also impacted on core CAMHS capacity.

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

Increasing referrals as detailed above but also CAMHS provision throughout NHS Scotland’s varies significantly especially around staffing and service models. Some CAMH Services are responsible for the assessment and diagnosis of autistic spectrum disorder in all children over 5 years old. There are also differences in the Tier 4 service and Looked After and Accommodated Child (LAAC) teams. Reporting structures are also varied with some health psychologists working within Paediatric or local authority structures. The spend for service provision across NHS Boards is also variable. This highlights that in reality systems are not comparable.

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

There requires to be greater strategic engagement with key services (out with CAMHS) to meet the needs of children and young people’s mental health and wellbeing. CAMHS cannot do this in isolation. More discussion and debate regionally and nationally when commissioning services or anticipating service change would be appreciated as these changes often have an impact out with that particular NHS board for example in LAC services.

Appropriate universal early intervention to include infant and perinatal mental health and a greater focus on delivering evidence based interventions and capacity building with Tier 1 would assist the provision of early effective intervention which could be supported by CAMHS Tier 2. An increased focus on Tier 2 activity would facilitate specialist advice and support, consultation, supervision the provision of learning opportunities.

By implementing a degree of standardisation within CAMHS teams across Scotland an improved understanding of service and what it provides would emerge. It would also aid the management of expectations from stakeholders.

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

Access to Tier1 services that support children, young people and families. Some examples of local provision include: Psychology of Parenting Programme, Local Stress Control Courses, increased access to family support services, access to Tier 1 counselling for young people, mental health promotion activities within schools, and self-harm strategy for schools supported by CAMHS.
Within Forth Valley there are Service Level Agreements with 2 of our 3 local authority partners to provide psychological therapies. Within Falkirk the agreement prioritises those young people looked after by Falkirk Council and within Clackmannanshire Council focus is around specialist assessment of children and families. Forth Valley CAMHS have invested in staff training around evidence based interventions to treat young people with eating disorders. Indications are that this Family Behavioural Therapy model has had a positive impact on assisting young people to be managed at home avoiding inpatient admission.

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

Daily vetting of referrals allows the service to prioritise those referrals considered most at risk and those whose mental health requires an urgent or more immediate response. Referrals considered “routine” are frequently considered on a case by case basis with clinicians suggesting appropriate signposting to external services, if available. The planned changes to legislation which will ensure that all agencies work together to address the child’s identified need are welcomed. It is important to note that other agencies have a role in supporting children’s mental health and wellbeing.

Forth Valley CAMHS support Tier 1 professionals by investment in Tier 2 services e.g. they offer an Advice Line for professionals. NHS Forth Valley CAMHS has recently moved to a Patient Focussed Booking system which enables the service to better manage capacity. Within this system, there is a requirement to have dialogue with Tier 1 and referring services to assist with hard to engage families and enable young people access to the services required.

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

Psychology of Parenting Programme has proved to be very successful. This has supported increased access to intervention and a shared language with parents. Within Forth Valley there has been excellent commitment by partner agencies in delivering these interventions in a responsive and cohesive way. Staff delivering and facilitating groups developed significant skills and knowledge which have been applied widely.

Locally a gap has been identified for parenting resources targeted at the needs of adolescents. Currently within Forth Valley CAMHS there is a trainee Child Psychotherapist in post. Whilst recognising that many children and families are struggling with conduct issues, attachment and trauma, Forth Valley CAMHS have reviewed all referral criteria in an attempt to support this. Forth Valley CAMHS have developed a protocol with local partners. The protocol addresses the issue of self harm and has been piloted in a local high school. The service has seen a greater investment in training which has provided a service wide awareness of evidence based interventions.

**Question 7: Which parts of the previous mental health strategy have been the least successful?**
There is a sense that the Balanced Score Card does not adequately capture the differences in CAMH services across NHS Boards. Therefore, much of the information collated cannot be compared on a like for like basis. In the majority of NHS CAMHS there is no service provision for our youngest children. It is believed that the current HEAT standards does not effectively address services for younger children. The previous mental health strategy did not include an implementation plan.

Recent changes within in-patient services has resulted in a growing need for the development of a dedicated Tier 4 services to allow patients to be treated at home rather than in hospital. Without this service, a considerable amount of Tier 3 clinical capacity is used to support the needs of a small number of very ill children.

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

It would be beneficial to have a strategy implementation plan which would ensure that all recommendations are effectively implemented across all NHS boards and aim to standardise CAMHS service provision. This should make clear the expectations of key agencies e.g. inclusion of social work and education.

Emphasis on early intervention and Tier 2 services would ensure a focus on prevention and partnership working. By addressing mental health issues in children and young people in a timely manner reduces the requirement for more specialised intervention.

There is a need for an increased focus on building resilience in young people and provision of appropriate programmes in school to help them understand what mental health is. Evidence demonstrates that young people are better equipped to manage stress if provided with an understanding of stress and the techniques available to combat this. With a continued focus around keeping young people out of hospital there is a need to review access to Tier 4 provision within all CAMHS teams.

Other areas of focus should be raising awareness of the impact of attachment and needs of vulnerable groups including LAAC and a specialist service for the transition period from adolescent to early adulthood.

Capacity planning of services in relation to demographic increases must be undertaken in conjunction with those commissioning or regulating services i.e. Care Inspectorate. There should be a commitment to treating young offenders in secure settings including prisons as this is very often a forgotten group of vulnerable young people. The development of specialist services to treat personality difficulties as they emerge across childhood would greatly enhance service provision.

Finally consideration should also be given to increasing collaborative services for parents with all forms of mental disorder. These issues greatly impact on their parenting capacity and child behaviours.