Recommendations Update Section One: Further Research The Scottish Government should explore the Our <u>CAMHS Service Specification</u> states that all CAMHS services need to work in views and experiences of staff working in CAMHS regarding the system's fitness for partnership with children, young people purpose, current good practice and innovation, and their families in all aspects of service and opportunities for improvement in processes design and delivery. as well as the system overall. The Scottish Government should also explore the views of The Scottish Government continues to children, young people and parents who do engage with children, young people and access CAMHS to explore their experiences of families, monitor surveys and the referral system and processes. research that provide us with the views of service users to ensure that the right help and support is available. This has been, and will continue to be important, throughout the Covid-19 pandemic. The Scottish Government has provided NHS Boards with £16.4 million in 2021/22 specifically to support their implementation of the CAMHS Service Specification. Scottish Government are monitoring the outcomes of this funding. 2 The Scottish Government should request that The Scottish Government is working with ISD explore how data can be gathered about Public Health Scotland (PHS) on a number Tiers 1 and 2 of CAMHS, so that a full picture of of actions to improve the data that is the service being provided to children, young collected regarding referrals and access to people and their families can be gained. CAMHS. Boards have been asked to work with PHS to agree a timeframe for delivering the change from the aggregate to individual collection, and from the 'minimum' to 'core' datasets. As some Boards will need to replace or significantly enhance their systems, Directors of eHealth have been commissioned to develop a programme of systematic updates to enable this data collection. Section Two: Meeting the needs of children, young people and their families Scottish Government should consider A key recommendation of the Children whether the tiered model of CAMHS continues to Young People's Mental Health be fit for purpose. In the short term it should Taskforce was to create a new model of change the language used to describe services: support for children and young people's references to specific tiers are confusing and mental health. Development of this new unhelpful to children, young people and their model was taken forward by the Scottish families. Government and COSLA co-chaired





Children & Young People's Mental Health & Wellbeing Programme Board

In response the board developed a Community Health and Wellbeing Supports and Services Framework through engagement with stakeholders.

The Framework provided guidance for new and enhanced services for 5-24 year olds (26 for care experienced) their families and carers. This includes:

- A clear broad approach for the support that children and young people should be able to access for their mental health and emotional wellbeing within their community.
- Assisting local children's services and community planning partnerships to plan new local community mental health and wellbeing supports or services or the development of existing supports and services, in line with this framework.
- The enhancement or creation of services that can deliver support which is additional and innovative wherever these are best placed.
- The Scottish Government should review and if necessary restructure the current system so appropriate services are easily accessible to children and young people with behavioural and emotional problems, alongside a mental health problem not severe enough to fit the eligibility criteria for CAMHS. The Scottish Government should consider whether achieving this aim requires nationwide provision of schools-based services.

In March 2020 £2 million of new funding was allocated to Local Authorities to specifically support the planning and development of new community mental health and wellbeing services.

£3.75m was provided in January 2021 for the delivery of services between Jan 2021-March 2021.

An additional £15m was allocated in April 2021 to fund services until March 2022.

These services are expected to be funded long term if found to be successful. The Children and Young People's Mental Health and Wellbeing Joint Delivery Board are currently evaluating the impact of the services and will make recommendations on long term funding.

The new community services focus on early intervention and support for





		emotional distress and wellbeing rather than mental illness and other needs that may be more appropriately met through CAMHS. They will however work closely with CAMHS services ensuring those for which CAMHS is not appropriate have support which they can access locally.
		These support services complement the additional support available through schools which includes: Counselling Access to school nurses Free online training for school staff to support the wellbeing of children and young people Whole School Approach Framework, to assist schools in responding to and supporting children and young people's mental health. These resources have been drawn together on Education Scotland's National Improvement Hub page Positive mental wellbeing resources to support children and young people.
5	In carrying out Recommendation 4, the Scottish Government, Health Boards and Integration Joint Boards (IJBs) and local government should ensure services are funded at an appropriate level, available consistently nationwide and measure both waiting times, outcomes and patient satisfaction.	As above. In addition to the above, the Programme for Government commits to ensuring that by the end of this parliamentary session, at least 10% of frontline health spending will be dedicated to mental health and at least 1% will be directed specifically to services for children and young people.
6	In creating the system suggested at Recommendation 4, the Scottish Government should develop a multi-agency assessment system, with a focus on quickly referring young people to the appropriate service and eliminating the inefficiency of multiple referrals. This should build upon areas of existing good practice.	The new and enhanced community mental health and wellbeing supports and services sit alongside and complement the other local support and services; Education; universal children's services; social work; health and care services including primary care; employability; alcohol and drug support and CAMHS. The Community Mental Health Services
		Framework sets out that there should be clear accessible points of initial contact and access through any appropriate source to ensure that a child or young person is provided with the right help.





Recommendation 4, all CAMHS teams should publish information on the circumstances in which they will conduct a paper-based assessment. There should be an expectation that face to face assessments will take place in almost every circumstance. We will Specific coming In resp Health's Boards is availa The Sc NHS Bo specific of the Scottish outcome In a well-functioning system, there should be no need for rejected referrals. However, if they do occur, the Scottish Government should require personalised and meaningful signposting to be mandatory. The net CAMHS and refinitely contact that the personal contact the security of the services whom C and refinitely contact the security of the services and refinitely contact the security of the security of the services and refinitely contact the security of	MHS Service Specification outlines and need to make eligibility criteria and easily accessible, and provide the on how assessments take place. be closely monitoring the Service eation's implementation over the months. onse to the Minister for Mental as letter dated 19 June 2019, all confirmed that their referral criteria able to those who make referrals.
need for rejected referrals. However, if they do occur, the Scottish Government should require personalised and meaningful signposting to be mandatory. Services further of for those whom C The new CAMHS and reference can accesservices 2020. Lesservices 2020. Les	pards with £16.4 million in 2021/22 ally to support their implementation CAMHS Service Specification. In Government are monitoring the es of this funding.
The repreferrals services Our Specific that chi	National <u>CAMHS Service</u> eation sets out the levels of service ldren, young people and families ect from CAMHS across Scotland.





appropriate re-engagement policies in place.

Section Three: Making immediate changes to CAMHS

Making and receiving a referral

Where this does not already happen, all CAMHS teams should establish regular sessions when a member of staff is available by telephone to discuss potential referrals with referrers, to reduce the number of inappropriate referrals received.

Our <u>CAMHS</u> <u>Service</u> <u>Specification</u> includes a duty for all CAMHS teams to provide a contact for referrers to discuss referrals with.

We will be closely monitoring the Service Specification's implementation over the coming months.

The Scottish Government has provided NHS Boards with £16.4 million in 2021/22 specifically to support their implementation of the CAMHS Service Specification. Scottish Government are monitoring the outcomes of this funding.

Assessing a referral

All CAMHS teams should review their assessment procedures to ensure they offer appropriate opportunities for young people to speak to professionals without parents being present, and for parents to speak to professionals without children being present, with regard to issues of capacity and consent.

All CAMHS teams should train those conducting assessments to introduce themselves, explain their role and clearly set out what will happen during the assessment and the possible outcomes, this should also be included in the appointment letter.

The specification includes a clear expectation that services should have appropriate re-engagement policies in place.

Rejecting a referral

All CAMHS teams should send notification of rejected referrals to both the referrer and the child or young person, or where appropriate their parent or guardian. Notifications should be written in clear, non-medical language and should clearly identify the team who has made the decision to reject the referral.

Our <u>CAMHS Service Specification</u> sets out the importance of providing support and personalised, meaningful signposting to the child/young person and their family/carers, with informed consent, to access other services within the children and young people's service network, in cases where families' needs are best met elsewhere.

We will be closely monitoring the Service Specification's implementation over the coming months.

The Scottish Government has provided NHS Boards with £16.4 million in 2021/22 specifically to support their implementation of the CAMHS Service Specification.





		Scottish Government are monitoring the outcomes of this funding.
wl di wi	lotifications of rejected referrals should therever possible and appropriate include a irect re-referral to a more appropriate service, without requiring the child, young person or their amily to start the process again.	As above. Our CAMHS Service Specification includes a duty for all CAMHS teams to provide a contact for referrers to discuss referrals with. We will be closely monitoring the Service Specification's implementation over the coming months. The Scottish Government has provided NHS Boards with £16.4 million in 2021/22 specifically to support their implementation of the CAMHS Service Specification. Scottish Government are monitoring the outcomes of this funding. The specification includes a clear expectation that services should have appropriate re-engagement policies in place.
14 Al wl	Il CAMHS teams should publish information on that support is available in a crisis, and where hildren, young people and their families should e referred in a mental health crisis, including out if hours services.	In response to the Minister for Mental Health's letter dated 19 June 2019, a number of Boards outlined the crisis support that they provide to children and young people. Our expectation is that all Boards should provide this information in a clear and concise way. Improving Crisis support is a current deliverable of the Joint Delivery Board. The Board has set up a Task and Finish Group with the following objectives: • Evaluate current provision of crisis services for 5-24 year olds. • Produce a Framework detailing the standard of crisis support children, young people, their families and carers should receive. • Support the development of new and expanding crisis services
C	he Scottish Government should work with Royal colleges and appropriate NHS bodies to create aining and/or targeted and regularly refreshed	Our <u>CAMHS Service Specification</u> focuses on the importance of Boards providing time for continuous professional



resources for GPs to ensure they understand when a referral to CAMHS is appropriate and what other services are available, building on current examples of good practice and taking into consideration the local context.

development and training for those supporting children, young people and families mental health.

Engagement with Royal Colleges and appropriate NHS bodies was an integral feature of the development of the national CAMHS Service Specification. The referral criteria and pro forma was agreed with GPs through this engagement process.

We will be closely monitoring the Service Specification's implementation over the coming months.

The Scottish Government has provided NHS Boards with £16.4 million in 2021/22 specifically to support their implementation of the CAMHS Service Specification. Scottish Government are monitoring the outcomes of this funding.

16 CAMHS teams should ensure all those who can refer into them have child-centred and developmentally appropriate information which they can provide to children, young people and their families at the point of referral, setting out what will happen next and signposting to sources of information.

In response to the Minister for Mental Health's letter dated 19 June 2019, a number of Boards outlined the information that they provide to children and young people, and their families, at the point of referral.

Our expectation is that all Boards should provide this information in a clear and concise way.

Our <u>CAMHS</u> <u>Service</u> <u>Specification</u> includes clear standards around how services should engage with children and young people and their families.

We will be closely monitoring the Service Specification's implementation over the coming months.

The Scottish Government has provided NHS Boards with £16.4 million in 2021/22 specifically to support their implementation of the CAMHS Service Specification. Scottish Government are monitoring the outcomes of this funding.

Normal practice should include a conversation between the referrer and CAMHS teams before rejecting all but the most clearly inappropriate referrals, to establish whether any other information is available. Good practice should be

Our <u>CAMHS Service Specification</u> focuses on the importance of collaboration between services when referrals are made. It additionally outlines that any assessments should take into consideration all information relating to the





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that child or young person planning meeting child or young person as outlined in the minutes are included. child's plan. The Scottish Government has provided NHS Boards with £16.4 million in 2021/22 specifically to support their implementation of the CAMHS Service Specification. Scottish Government are monitoring the outcomes of this funding. In addition, the new Community Mental Health Services currently being developed will ensure there is a real alternative for those for children and young people for whom CAMHS is not suitable. 18 All bodies responsible for children's services In response to the Minister for Mental should intensify efforts to ensure GPs have Health's letter dated 19 June 2019, a sufficient information about non-CAMHS services number of Boards outlined that they provide information about non-CAMHS in their area and are aware of resources such as the ALISS database. services in their area. The Framework for Community Services was developed in collaboration with stakeholders including the Royal College of General Practitioners. The new Community Mental Health Services being delivered will ensure that through Children's Services Partnerships or Community Planning Partnerships, education, health, including CAMHS and primary care, wider children's services, youth work and the third sector will work together taking a whole system approach to supporting children, young people and their families. This will ensure that GPs have sufficient knowledge about non-CAMHS services in their area. In addition the Joint Delivery Board will be highlighting community services and promoting best practice. Availability of services The relevant and responsible bodies should The Minister wrote to all NHS Boards on review their CAMHS and adult mental health 17 December 2019 formally requesting services to ensure all those aged up to 18 can that Boards put in place steps to ensure receive a service, regardless of educational that all Children and Adolescent Mental Health Services (CAMHS), status. For those who are approaching the age of includina

Learning Disabilities CAMHS, extend to

age 18 as a minimum by 1 April 2020.





routed into adult services.

18 are either helped within CAMHS or quickly

		As part of the c£40 million investment in CAMHS in 21/22, £8.5 million was provided to NHS Boards to support the expansion of community CAMHS from age 18 up to the age of 25 years old, for targeted groups and those who wish it We are monitoring the implementation of this expansion over the coming months.
20	The relevant and responsible bodies should encourage and support the establishment of peer support groups for parents caring for children with emotional, behavioural as well as mental health issues.	The Community Mental Health and Wellbeing Framework and associated funding allows local authorities to provide support for families, carers and siblings of any child or young person receiving support from CAMHS, school, community or elsewhere. As a result a number of peer support projects have been established.
21	The relevant and responsible bodies should review their mental health services to ensure they are available for children and young people who have Autistic Spectrum Disorder, or a learning disability alongside a mental, emotional or behavioural problem.	The National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care was published on 8 September 2021, following agreement from the Children and Young People's Mental Health and Wellbeing Joint Delivery Board. This Specification will support services to provide the most appropriate care and treatment to children, young people and their families with neurodevelopmental conditions.
22	The relevant and responsible bodies should review their mental health services to ensure provision exists for children, young people and their families where the child is no longer attending school but has emotional, behavioural and mental health difficulties.	The Minister wrote to all NHS Boards on 17 December 2019 and formally requested that Boards put in place steps to ensure that all CAMH Services, including Learning Disabilities CAMHS, extend to age 18 as a minimum by 1 April 2020. As part of the £40 million investment in CAMHS in 21/22, £8.5 million was provided to NHS Boards to support the expansion of community CAMHS from age 18 up to the age of 25 years old, for
		targeted groups and those who wish it. We are monitoring the implementation of this expansion over the coming months.
	ion Four: Data Collection	
23	ISD should agree with Scottish Government and NHS Boards ongoing data needs around rejected	The Scottish Government is working with Public Health Scotland (PHS) on a number of actions to improve the data that is



	referrals to improve the experience and outcome for children and young people.	collected regarding referrals and access to CAMHS.
		Boards have been asked to work with PHS to agree a timeframe for delivering the change from the aggregate to individual collection, and from the 'minimum' to 'core' datasets. As some Boards will need to replace or significantly enhance their systems, Directors of eHealth have been commissioned to develop a programme of systematic updates to enable this data collection.
24	ISD should work with third sector organisations to understand the services they provide to children and young people and explore sharing data between these organisation and statutory services to ensure full pathway information is available and used for improving services and experience.	The Scottish Government is working with Public Health Scotland (PHS) on a number of actions to improve the data that is collected regarding CAMHS. Once this work is complete we expect PHS to share this data with all relevant organisations to ensure that full pathway information is available.
25	The Scottish Government should request ISD to begin enhanced data collection and publication of rejected referral information on a routine basis. This would allow for further analysis in such areas as SIMD, geographical areas and service delivery differences. In particular, the Scottish Government should request research comparing the demographic profiles of those who are rejected from CAMHS with those who are not, to establish whether particular groups are being especially disadvantaged.	The Scottish Government is working with Public Health Scotland (PHS) on a number of actions to improve the data that is collected regarding referrals and access to CAMHS. As some Boards will need to replace or significantly enhance their systems, Directors of eHealth have been commissioned to develop a programme of systematic updates to enable this data collection.
26	The Scottish Government should request ISD to undertake further work to understand what happens next to the children and young people e.g. usage of other services. This could be achieved through linkage of records included in the audit to other services.	As above.
27	ISD and Scottish Government should work with NHS Boards to standardise the definitions of all data items relating to CAMHS including 'Referral Source', 'Reason for Referral' and 'Rejected Referral Reason'. These should be adopted and implemented by all Health Boards to ensure consistency and comparability. This would include less use of 'Other' categories.	As above.
28	The term 'rejected' is emotive and distressing. However, the qualitative element of this research indicates a lack of evidence that referrals are	The Scottish Government are investing in a range of measures to support children and young people's mental health out with







genuinely beina 'redirected'. which is the preferred alternative The Scottish term. Government should act on the recommendations in this report to create a system that minimises inappropriate referrals and ensures that those which do occur are demonstrably redirected. Only at this point should a change in language be considered.

CAMHS to ensure that mental health support can be accessed from a variety of sources. This includes:

- Providing enhanced digital resources on mental health and wellbeing available via Young Scot's website and social media.
- Developing community mental health services.
- Investing over £60 million so every high school has access to counselling available.
- Recruiting an additional 250 school nurses by 2022.

In addition, having community services in place which children and young people can be referred will assist with the transition from rejected to redirected referrals. The reporting in June showed the first referrals from CAMHS to community services.

29 NHS Boards should have clear referral protocols available to all referrers, including GPs and teachers, which clearly define the process of referrals and what services the NHS Board provides through:

referrers

- Enhancement of existing referral pathways and development of standard referral highli pathways which are clearly written, freely available and easily understood by all process.
- The development and use of a standard referral form, clearly indicating which information is essential before a referral can be considered. This form should include space for input from GPs, schools, parents and the child, so that as much information as possible can be provided. It should also include space to indicate what services and approaches have already been tried, to avoid unhelpful signposting in case of rejection.
- Considering the development of standard referral criteria which applies to all services across Scotland.

In response to the Minister for Mental Health's letter dated 19 June 2019, all Boards confirmed that their referral criteria is available to those who make referrals, including GPs and teachers.

Our <u>CAMHS</u> <u>Service</u> <u>Specification</u> highlights the importance of Boards having clear eligibility criteria and referral processes which are easily accessible. This also included the National Referral Pro-forma for CAMHS in Scotland.

The Scottish Government has provided NHS Boards with £16.4 million in 2021/22 specifically to support their implementation of the CAMHS Service Specification. Scottish Government are monitoring the outcomes of this funding.



