Jenny Marra MSP  
Convener  
Public Audit and Post-Legislative Scrutiny Committee  
Scottish Parliament  
Edinburgh  
EH99 1SP

12 June 2019

Dear Convener,

I welcome the Public Audit and Post-legislative Scrutiny Committee’s Report on Children and Young People’s Mental Health (1st Report, 2019, Session 5). The report is timely, given the work that has been ongoing over the last year in response to the issues raised by Audit Scotland in its report, published in September 2018.

I am pleased that the Committee’s report recognises the steps that have been taken to address the issues raised by Audit Scotland. In particular, the establishment of the Children and Young People’s Mental Health Taskforce, chaired by Dr Dame Denise Coia, has been a major driver in developing understanding of – and support for – the changes we have committed to making. Those changes are, of course, ultimately in support of our aim of improving mental health outcomes for children and young people across Scotland.

Dame Denise made a set of initial recommendations last September. Alongside the Audit Scotland report, and the recommendations of the Audit of Rejected Referrals taken forward by SAMH and ISD, these were instrumental in shaping the range of actions that we are taking forward through the 2018/19 Programme for Government. These are backed by £250 million in additional investment.

We set out how we would deliver those actions in Better Mental Health in Scotland, our Programme for Government delivery plan for mental health, which we published on 19 December. The plan can be found at:


As the Committee’s report highlights, the work of the Taskforce will continue to shape how we collectively respond to the Audit Scotland report. A key milestone in this work will be the forthcoming publication of its next set of recommendations. This will further drive the agenda...
of reform to address the challenges in the existing system of mental health services. The Taskforce recommendations will be made jointly to the Scottish Government and COSLA, and we will be providing a joint response.

I wanted to take this opportunity record my thanks to Dame Denise following her resignation from the Taskforce. Through her work, Denise built and led a wide ranging coalition dedicated to creating a world class system of support for our children and young people's mental health. I am sure that the Committee will also want to express its appreciation for Denise's dedicated and tireless work.

The Committee has also made a number of more specific comments, to which I respond under the following headings, as set out in the report.

Impact of social media

The Committee rightly highlights the importance, and impact, of social media. In April this year, we published new research, *Exploring the reported worsening of mental wellbeing among adolescent girls in Scotland*. This highlighted evidence that adolescents' mental wellbeing in Scotland has worsened in recent years, as well as some of the potential underlying associations.

The research can be found at:


The issues in respect of social media are especially marked amongst young women, and the review highlighted several inter-related drivers contributing to these trends. These include disrupted sleep, body image, school-related pressures and social media use.

The review did emphasise that evidence on the impact of social media on young people's mental health and wellbeing is conflicting. However, a number of existing studies point towards an association between the overuse of social media and harmful effects on young people's wellbeing.

Building on this research, we have commissioned a separate review of evidence on the effects of screen use on young people's sleep, and the implications of this for their mental health and wellbeing. We anticipate that this will be published by the end of this year.

Moreover, we have announced that we will produce advice, specific to Scotland, on the healthy use of social media and screen time. This will supplement the joint UK Chief Medical Officers' commentary on 'Screen-based activities and children and young people's mental health and psychosocial wellbeing: a systematic map of reviews', which was published on 7 February. This can be found via the following link: //www.gov.uk/government/publications/uk-cmo-commentary-on-screen-time-and-social-media-map-of-reviews.

Our advice will be co-produced by young people, for young people, and will be funded by £90,000. I was recently very pleased to announce that the successful application for this work is a joint endeavour by the Scottish Youth Parliament and the Children's Parliament. The resultant advice will ensure that young people are properly informed about how social
media can promote unrealistic expectations, and will give young people the support they need to know what the healthy use of social media looks like.

Lack of data/waiting time targets

Data issues were raised in the Committee’s report. The Scottish Government recognises that the current aggregate data collection for CAMHS, whilst suitable for high-level performance reporting, is not adequate for use in planning services more widely, or measuring the impact of investment. To address this, over recent months officials have been working with colleagues in ISD Scotland (within NHS National Services Scotland) on a number of developments to improve the quality and scope of the data available. These include:

- **Confirmation of the waiting times definitions for CAMHS and Psychological Therapies and expanding the range of scenarios to assist clinicians to record waits consistently across NHS Boards.** The guidance has now been published on the ISD Scotland website and can be accessed via these links: [Health-Topics/Mental-Health/Child-and-Adolescent-Mental-Health/index.asp](http://www.isdscotland.org/Health-Topics/Mental-Health/Child-and-Adolescent-Mental-Health/index.asp) and [Waiting-Times/Psychological-Therapies/#measurment](https://www.isdscotland.org/Health-Topics/Waiting-Times/Psychological-Therapies/#measurment).

- **Expansion of the CAMHS waiting time data collection to include a count of the number of children and young people in the CAMHS system.** This information will be included in the quarterly waiting times publication from 4 June.

- **Development of a new core dataset for CAMHS and Psychological Therapies.** This will ultimately provide individual patient data level on over 30 variables. These include demographics; reasons for rejected referrals; waiting times from referral to assessment and assessment to treatment; pathways; diagnoses; treatments; and outcomes. The Scottish Government has mandated all NHS Boards to work with ISD Scotland to put this new data collection in place, recognising that some of the current systems used by Boards to record CAMHS and Psychological Therapies require significant improvement. As these improvements take place, Boards have been asked to deliver a subset of 15 of the core variables as a minimum. Boards are working with ISD Scotland to agree a timeframe for delivering the change from the aggregate to individual collection, and from the ‘minimum’ to ‘core’ datasets. We anticipate initial reporting of the minimum dataset to begin by the end of this year.

- **Development of a Quality Indicator Profile.** Mental health services, and those involved in their delivery and commissioning, are being encouraged to use these Quality Indicator profiles for local benchmarking, service development and improvement. The Profile includes measures across six quality dimensions – person-centred, safe, effective, efficient, equitable and timely – and consists of 30 indicators (17 existing and 13 new). The first iteration of the Profile was published in February 2019 (8 indicators). ISD Scotland is working with the Scottish Government and partners to source data to populate 20 indicators by the end of 2019/20.

Process for referrals

The Committee noted the criticisms of the existing processes by which referrals are made to, and considered by, CAMHS, in the rejected referrals audit by SAMH and ISD. Addressing this issue has been a clear driver of the work of the Taskforce.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

St Andrew’s House, Regent Road, Edinburgh  EH1 3DG
www.gov.scot
To undertake a review of the existing system, the Taskforce recognised that having a specialist CAMHS workstream was vital. The focus of this workstream was to examine how those who require access to specialist CAMHS can do so quickly and receive a high-quality service. The principles guiding this work have drawn on the recommendations of both the Audit Scotland and rejected referrals reports.

Through the specialist workstream, the Taskforce consulted with primary care and education groups to develop a referral form to CAMHS, which will fast-track those with serious mental illness to specialist treatment and provide additional information which aims to reduce rejections. The Taskforce is also informing the development of a specialist CAMHS specification, with clear acceptance criteria, to drive greater consistency and improvement in services across Scotland. Both these pieces of work are expected to be published by the end of this summer.

This work has been supported by an additional £4 million in investment in CAMHS capacity across Scotland to reduce pressure on the system and to develop CAMHS capacity to support earlier intervention work. This was announced last December in response to the Taskforce’s first recommendation. This will see the CAMHS workforce expand by 80 staff.

**Early intervention**

It is a core principle of the Scottish Government’s Mental Health Strategy, and indeed, the Taskforce, that a whole-system approach to addressing mental health issues is essential. This must be one that embodies early intervention and prevention, and is rooted in Getting It Right for Every Child. Mental health cannot be the responsibility of a single service, and as the Committee noted in its evidence, this principle is reflected in the strength of good practice already in place across Scotland.

It is also reflected in the approach the Scottish Government has been taking to support the wider system of services to address mental health issues. For example, the Programme for Government last year set out substantial commitments of support for schools, through ensuring that every secondary school has access to counselling services and by committing to expand the school nursing workforce by 250.

The Committee has enquired about the implementation of the latter commitment. The Scottish Government has, through NHS Board Nurse Directors, carried out an initial scoping exercise of the current school nursing workforce. A high-level implementation plan is to be developed by the end of June 2019. A more detailed implementation plan, detailing the educational requirements, funding arrangements and the interaction with wider integrated services (including school counsellors), will be developed in conjunction with the Children’s Integrated Nursing Group, currently being established under the wider Transforming Roles Programme. We expect the first meeting of this Group to take place over the summer with an update available by September.

In addition, the Scottish Government is working with local authority partners to develop and agree a shared framework for the delivery of the commitment to counselling through schools. It is anticipated that the plans for implementation will be agreed by summer, in preparation for the delivery of the commitment in September 2020.
As I have already noted, the Taskforce is developing a series of recommendations for the Scottish Government and COSLA, which we expect to be published in early Summer this year. Ministers will be responding jointly with COSLA to the recommendations, also in the Summer.

The Committee noted the existence of good practice in a whole-system approach in different parts of Scotland. The Taskforce has been reviewing that good practice, and that has informed several of its key workstreams. This good practice will, in turn, inform the Taskforce recommendations, and I look forward to the recommendations setting out a best practice-informed blueprint to improve services and experiences across Scotland.

I welcome the Committee’s intention to continue its keen interest in this work, and would of course be happy to discuss progress in due course.

Yours sincerely,

Clare Haughey

Clare Haughey

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew’s House, Regent Road, Edinburgh EH1 3DG
www.gov.scot