11 January 2019

Dear Convener,

During my appearance in front of Committee on 22 November, I agreed to write with further information on several points of detail.

Rejected Referrals to CAMHS

Mr Sarwar asked whether, among the 7,000 rejected referrals to CAMHS as reported in the audit undertaken by SAMH and ISD, there were any incidents of self-harm, attempted suicide, or suicide.

The audit, as published on 29 June 2018, does not break down each rejected referral according to the initial reason for that referral and it does not contain quantitative detail on whether there were any such incidents following the rejection. However, an incident of self-harm following a rejected referral is mentioned by a parent as part of the qualitative feedback collected by SAMH (p54).

ISD’s quantitative audit of seven NHS Boards concluded that 1.4% of all referrals made in those Boards during the audit period were due to self-harm (page 26). Additionally, 0.4% of referrals made in those Boards during the audit period were due to suicidal ideation (page 26). This does not mean that an equivalent percentage of the referrals that were eventually rejected were related to these conditions.

Nursing

I offered to ask Professor Fiona McQueen, Chief Nursing Officer, to provide an update to the Committee on mental health nursing with a specific focus on mental health nursing for children in different settings. More detail about this is set out below.

Work is underway through the Chief Nursing Officer’s Directorate to support the important contribution that mental health nurses make to improving the health and wellbeing of people with mental health concerns, including children and young people. This work links with wider policy initiatives including: the implementation of new Nursing and Midwifery Council Standards for Pre-registration Nursing; implementation of the ‘Transforming Roles’ programme including the development of Advanced Nurse Practitioners; and the work being undertaken by the Child & Adolescent Mental Health Services Taskforce.
In November 2018, the Scottish Government announced a recommended increase in mental health nursing student intake places of 16.7% from 516 to 602. Following qualification, a proportion of these mental health students may choose to work in children’s mental health services thereby improving access for children with mental health concerns.

School nurses and mental health

Mr Sarwar asked me about the introduction of mental health nurses in secondary schools across Scotland. In the 2018 Programme for Government, a number of relevant workstreams were announced, as follows:

- Investing in additional counselling services which will enable access to counsellors through schools across Scotland.
- Providing more than 80 additional counsellors in Further and Higher Education over the next four years.
- Recruit an additional 250 school nurses by 2022 who will provide additional support to children with mild to moderate emotional and mental health difficulties.
- Developing services for community mental health wellbeing for 5-24 year olds to provide direct and immediate access to counselling sessions, self-care advice, family support, and peer-to-peer support with links to other care settings.

In support of these aims, the Scottish Government is working with Executive Nurse Directors, and in partnership with education authorities, to implement a refreshed school nursing role to focus on children with complex health and wellbeing needs, including mental health concerns. Once implemented by NHS Boards, the refreshed role will ensure that children and young people receive faster, effective support to meet their needs, including mental health needs. In addition, an implementation plan is currently being developed to support NHS Boards to recruit, and where necessary train, an additional 250 school nurses. A new Student Mental Health and Wellbeing Working Group will shape implementation of the additional counsellors in Further and Higher Education.

Health Visitors and mental health

To ensure that our children get the best possible start in life, Health Visitors have a key role with children and families in the promotion of mental health and wellbeing and in the early detection, intervention and referral where additional support is required. Beginning at the antenatal visit, Health Visitors are trained to assess and detect antenatal and postnatal depression (which has a subsequent impact on the health and wellbeing of the child) and then intervene utilising skills in brief intervention and non-directive counselling which is shown to be effective in reducing antenatal and post-natal depression. Within the Health Visiting pathway, tools and interventions continue to be used at visits undertaken within the first year of a child’s life. If required, Health Visitors would refer families to voluntary organisations, GPs and mental health services as required whilst maintaining a key role supporting the family. Health Visitors are also trained to detect, intervene or refer in concerns around infant mental health or related behavioural issues which may require early support and intervention.

Yours sincerely

Paul Gray

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