

Citizen Participation and Public Petitions Committee

8th Meeting, 2023 (Session 6), Wednesday
17 May 2023

PE2008: Provide funding for a separate mental health A&E for children

Petitioner	Kirsty Solman
Petition summary	Calling on the Scottish Parliament to urge the Scottish Government to urge the Scottish Government to provide funding to create a separate Accident and Emergency for children and young people presenting with mental health issues.
Webpage	http://petitions.parliament.scot/petitions/PE2008

Introduction

1. This is a new petition that was lodged on 28 March 2023.
2. A full summary of this petition and its aims can be found at **Annexe A**.
3. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.
4. Every petition collects signatures while it remains under consideration. At the time of writing, 158 signatures have been received on this petition.
5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered. A response has been received from the Scottish Government and is included at **Annexe C** of this paper.
6. A submission has been provided by the petitioner. This is included at **Annexe D**.

Action

The Committee is invited to consider what action it wishes to take on this petition.

Clerk to the Committee

Annexe A

PE2008: Provide funding for a separate mental health A&E for children

Petitioner

Kirsty Solman

Date Lodged

28/03/2023

Petition Summary

Calling on the Scottish Parliament to urge the Scottish Government to provide funding to create a separate Accident and Emergency for children and young people presenting with mental health issues

Previous Action

I have emailed MSPs and media to highlight that children are being failed by the current mental health system

Background information

A member of my family tried to commit suicide 3 times at the age of 10 due to a decline in his mental health and was not seen by any mental health professionals within A&E until his 3rd attempt.

We feel this is because A&E are equipped to deal with physical difficulties and are not trained to deal with these issues.

A specialised A&E stream for mental health only would ensure better care for our children and young people

Annexe B

SPICe

The Information Centre
An t-Ionad Fiosrachaidh

Briefing for the Citizen Participation and Public Petitions Committee on petition [PE2008](#): Provide funding for a separate mental health A&E for children, lodged by Kirsty Solman

[PE2008](#) calls on the Scottish Parliament to urge the Scottish Government to provide funding to create a specialised Accident and Emergency (A&E) stream for children and young people attending A&E with mental health issues.

Brief overview of issues raised by the petition

A&E attendance for mental health reasons among children and young people

The table below shows the number of ‘new unplanned’ and ‘return unplanned’ attendances at A&E for mental health reasons among under-18s in Scotland over the past five years, by year. These figures do not necessarily represent numbers of individual children and young people, as some patients may have attended A&E on more than one occasion.

Table 1: Number of mental health-related A&E attendances for under-18s in Scotland by year

Year	No. of mental health-related A&E attendances for under-18s
2018	4,530
2019	5,027
2020	4,377

2021	4,834
2022	4,784

Source: Public Health Scotland

Children and young people seeking mental health support out-of-hours are advised [to contact NHS24](#) in the first instance, or to dial 999 in the event of an emergency. Some children and young people experiencing a mental health crisis are advised to go to A&E by NHS24 or an out-of-hours GP, and others may attend A&E directly.

The Royal College of Emergency Medicine (RCEM)'s [Mental Health in Emergency Departments \[ED\] toolkit](#) states that “a patient presenting to ED with either a physical or mental health need should have access to ED staff that understand and can address their condition, and access to appropriate specialist services, regardless of their postcode, GP or time of arrival”. The toolkit also notes that the RCEM's standards should apply to children and young people as much as adults.

The RCEM's toolkit advises that when a young person attends A&E for mental health reasons, a risk assessment should be completed by a mental health clinician with Child and Adolescent Mental Health Services (CAMHS) training to determine whether the patient is high risk and needs to stay in, or whether they can go home and be seen the next day. The [Scottish Government's response to the petition](#) states:

“Each Health Board has arrangements in place to ensure any patient presenting at A&E in mental health crisis is properly assessed and cared for, at any time of day. In practice this involves specialist mental health clinical staff working alongside A&E teams to ensure people who have suicidal intentions are assessed and that tailored care plans are put in place. Those care plans may include accessing support from crisis support organisations or local mental health services; or, where necessary, admission to hospital.”

However, as the petitioner notes, this standard is not always achieved in practice. Within NHS Boards that do have on-call psychiatrists available for out-of-hours CAMHS emergencies, the service [may not be based in the hospital at which the patient presents](#), necessitating a transfer to access mental health support.

The Scottish Government's response to the petition adds:

“Some areas in Scotland have services in place that can respond to children and young people’s mental health needs out of hours, but there are inconsistencies in what is available and gaps in provision in some areas which is why work is ongoing with key professional groups to create a safe, meaningful, equitable and sustainable pathway for children and young people to access essential mental health care out of hours across Scotland. To support the development of the CAMHS out of hours provision, the Scottish Government has provided funding to NHS Boards over the last two years, and we continue to work closely with Boards to support them in the delivery of this alongside other aspects of the CAMHS Specification.”

In 2019, [a voluntary service to support young people attending A&E for mental health reasons](#) was launched at the Royal Infirmary of Edinburgh. The service is delivered by 6VT Edinburgh City Youth Café and Edinburgh Children’s Hospital Charity. Two youth workers are based in the accident and emergency department of the Royal Infirmary of Edinburgh during peak incident times on Friday and Saturday evenings.

Impact of CAMHS outpatient waiting times on A&E attendances

Some children and young people who seek emergency mental health care do so whilst awaiting outpatient treatment. Audit Scotland’s 2018 [Children and Young People’s Mental Health report](#) investigated the number of children and young people who use emergency and unplanned care for mental health reasons whilst awaiting outpatient treatment. The report drew on data from 2016-17 which showed that 131 children and young people attended A&E on 297 occasions for mental health reasons, before attending outpatient CAMHS. Audit Scotland stated that this use of emergency care suggests that some children and young people were not receiving appropriate mental health care until reaching a crisis point. The report noted that analysing treatment pathways could help to identify opportunities for earlier intervention, thereby reducing the need for emergency care.

The Scottish Government’s [Local Delivery Plan Standard for CAMHS](#) states that 90% of young people should commence treatment within 18 weeks of referral. [Public Health Scotland’s latest data](#) states that for the quarter ending December 2022, 70.1% of children and young people were seen within 18 weeks of referral. This represents an increase from

67.9% for the previous quarter, but remains some way below the 90% target.

Development of mental health crisis support for children and young people

The Scottish Government's [Child and Adolescent Mental Health Services: National service specifications](#) outline the provisions that young people and their families can expect from the NHS. Among these provisions is the development of a 24/7 mental health crisis response service for children and young people.

The [Children and Young People's Mental Health and Wellbeing Joint Delivery Board](#), jointly chaired by the Scottish Government and COSLA, was formed in 2021. One of the Board's key deliverables is to develop 24/7 crisis support for children and young people. The Board's [most recent newsletter](#), published on 18 April 2023, gives an update on wider work impacting children and young people's mental health support, but does not specifically address crisis support.

Following the completion of its pilot programme, the Scottish Government's [Distress Brief Intervention](#) (DBI) Programme, a non-clinical intervention designed to support people aged 16 and over experiencing a mental health crisis, is expected to be rolled out across Scotland by 2024. The applicability of DBI to people under 16 is currently under exploration.

Scottish Government Actions

In response to written question [S6W-09147](#), the then-Minister for Mental Wellbeing and Social Care, Kevin Stewart MSP, confirmed that £1.17million of the £40million invested in NHS Boards in 2021-22 to improve CAMHS services had been allocated to improvements in [out-of-hours unscheduled care](#).

The Scottish Government's [CAMHS National Service Specification](#) states that:

“CAMHS crisis services provides a 24/7 emergency/crisis response assessment and management service, working alongside other agencies (Police, ED, SWS etc.) and may provide support as required to these agencies. CAMHS Crisis services work intensively with children and young people and their families/carers as required to respond to mental health crisis immediately. CAMHS crisis services ensure children and young people are safe and receive appropriate follow up care,

including medical and psychiatric inpatient care where require, social work and other services response. CAMHS crisis services will work closely with the Crisis supports under development for the Children and Young People’s Mental Health and Wellbeing Programme Board.”

The Scottish Government’s new [Mental Health and Wellbeing Strategy](#) is expected to be published in Spring 2023, following a period of public consultation which included questions regarding CAMHS services.

Scottish Parliament Actions

The Scottish Parliament Health, Social Care, and Sport Committee held an inquiry into [the health and wellbeing of children and young people](#). The provision of CAMHS services was one of the topics explored during the inquiry. The Committee [published its inquiry report](#) on 13 May 2022. In its response to the inquiry report on 11 July 2022, [the Scottish Government stated](#) that it had allocated £40million to NHS Boards in 2021-22 to improve CAMHS services, including establishing access to out-of-hours assessments.

The Public Petitions Committee conducted an inquiry into mental health support for young people in Scotland, and [published its report](#) on 24 July 2020. The report was [debated in Parliament on 1 December 2020](#).

Sarah Swift
Researcher
19 April 2023

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

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Annexe C

Scottish Government submission of 27 March 2023

PE2008/A: Provide Funding for a Separate Mental Health A&E for Children

Calling on the Scottish Parliament to urge the Scottish Government to provide funding to create a separate Accident and Emergency for children and young people presenting with mental health issues.

The Scottish Government would like to begin by expressing how saddened we were to read the circumstances described by Ms Solman, the petitioner, regarding a young family member who is struggling with their mental health and has been contemplating suicide, and we appreciate Ms Solman raising this. The Scottish Government is committed to working with partners to ensure that any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, can get the help they need and feel a sense of hope.

We would also like to reassure Ms Solman that Mental Health remains an absolute priority for the Scottish Government, and we are committed to ensuring that everyone who needs support can get access to services that are appropriate to their needs. Everyone in need of emergency mental health care must receive that support quickly, and wherever possible, close to home. We also recognise that the issues around the mental health of young people are complex and we have a range of different mechanisms in place to provide support. We have outlined these below.

Mental Health Unscheduled Care Pathway

Each Health Board has arrangements in place to ensure any patient presenting at A&E in mental health crisis is properly assessed and cared for, at any time of day. In practice this involves specialist mental health clinical staff working alongside A&E teams to ensure people who have suicidal intentions are assessed and that tailored care plans are

put in place. Those care plans may include accessing support from crisis support organisations or local mental health services; or, where necessary, admission to hospital.

In addition, through the Redesign of Urgent Care (RUC) Programme, the Scottish Government has been working with partners on improving the unplanned access to urgent assessment and care, with a key objective of ensuring that people do not have to present at Emergency Departments (EDs) to get the support they need, unless that is where the individual needs to be cared for.

This is being facilitated by NHS 24's Mental Health Hub which is accessible through the 111 service and provides a 24/7 compassionate service to anyone requiring mental health and wellbeing support or if they are in distress. Although not specifically designed for children and young people, the NHS 24 Mental Health Hub service is open to all ages. Should the Mental Health Hub determine that further assessment or urgent referral to local services is required, the Mental Health Hub will refer the person to a Health Board's Senior Decision Maker (SCDM) for Mental Health.

The RUC Programme has ensured that each Health Board is providing access to a SCDM 24 hours a day, 7 days a week for those who require urgent mental health assessment or urgent referral to local mental health services. Where a child or young person is presenting in mental health distress or crisis and out of hours CAMHS is not available, Health Boards have established a route to an appropriate SCDM with the expectation that, when necessary, they can seek input from, or refer into, the local CAMHS service the next day. The age criteria for access to assessment by the SCDM currently varies for children depending on the Health Board; however where a child is considered too young they are generally conveyed to ED or admitted to a paediatric ward.

Out of Hours Children and Adolescent Mental Health Service

In February 2020, the Scottish Government published the [National CAMHS Service Specification](#), outlining the provisions young people and their families can expect from the NHS, and standard 3.5 of the CAMHS Specification highlights that CAMHS in Scotland will: *“Provide and/or contribute to a 24/7 mental health crisis response service for children*

and young people, including support and advice to front line services, assessment and interventions/treatment for mental health crisis presentations, and access to inpatient medical and/or psychiatric care.”

Some areas in Scotland have services in place that can respond to children and young people’s mental health needs out of hours, but there are inconsistencies in what is available and gaps in provision in some areas which is why work is ongoing with key professional groups to create a safe, meaningful, equitable and sustainable pathway for children and young people to access essential mental health care out of hours across Scotland. To support the development of the CAMHS out of hours provision, the Scottish Government has provided funding to NHS Boards over the last two years, and we continue to work closely with Boards to support them in the delivery of this alongside other aspects of the CAMHS Specification.

We are also working closely with the wider Scottish Government Mental Health Unscheduled Care programme to ensure appropriate links are made.

Suicide Prevention

In September 2022, the Scottish Government and COSLA published [Creating Hope Together](#) — a new long term suicide prevention strategy for Scotland that, along with its initial 3 year [action plan](#), sets a clear course to reduce suicide and ensures that anyone affected by suicide is able to get the help they need. The strategy also makes clear that preventing suicide is everyone’s business, whereby all parts of society — every sector and community — must take all actions possible to support people at risk of suicide, ideally as early as possible. Our vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

The work around Time, Space and Compassion for those in suicidal crisis was a key element of our previous action plan and will carry forward to this strategy and action plan. We understand that we need to embed these principles right across our work – to build compassionate communities and services. We know that many people who die by suicide have had contact with statutory services – often health and social care services – leading up to their death. Through this strategy we

want to make sure that whenever someone contacts services, that they will be met with compassion and given the support they need – support that looks after their wellbeing, protects against suicide, and always promotes recovery. This work will focus on primary care, mental health, and unscheduled care settings.

This strategy will go further in supporting children and young people affected by suicide. We know this group need different approaches, and our Youth Advisory Group will be key to helping us understand their needs and develop tailored approaches – building on our existing work, such as the Better Tomorrow social media campaign. Throughout the action plan, there are a range of new approaches that we consider will benefit children and young people. A focus will be on delivering action in key settings - including education, health and social care, youth work. We will also draw on evidence of what works and learning from child death reviews and will stay joined up with broader work happening within Government to support children's mental health.

Self-Harm Strategy

In October 2021, the Minister for Mental Wellbeing and Social Care announced that the Scottish Government would develop a dedicated self-harm strategy which would have lived experience at its centre.

While the strategy is not specific to children and young people, we know that they are a group that is particularly affected by self-harm, with 16% of 16–24-year-olds saying they have self-harmed. It is also notable that while the Samaritans report that 1 in 10 calls in general mention self-harm, this rises to 1 in 4 calls for under 18s. It is therefore crucial that the strategy and action plan address self-harm amongst children and young people, including improving the support available to their parents and carers.

To ensure we understand the perspectives of children and young people and parents/carers from the very start of our strategy development, we have Childline and Parentline within what we have called our 'self-harm strategy design group'. This group is made up of individuals with lived experience and frontline services to help inform our thinking. We are about to start a round of wider engagement and will be engaging with additional children and young people's organisations and groups,

amongst others. This wider engagement will help us to shape the strategy and to develop the detailed action plan which will accompany it. Subject to the co-production approach, we hope to publish an initial outline strategy later this year, and an action plan in summer 2023.

We have also committed £1.5 million of funding over three years to Penumbra who will establish pilot self-harm services to inform the strategy and accompany action plan. Two of the pilot sites (Dundee, and Highlands and Islands) will be open to those aged 12+. The third site (Glasgow East) is open to people aged 16+. Each site will explore different referral pathways, including some specifically targeted towards children and young people (for example CAMHS, education, youth groups and university environments).

Through this funding, Penumbra will also provide digital support on self-harm, via an online portal. As well as providing an option for digital access to support, the portal will also be a repository of information that can be accessed for those looking for support for themselves, or for someone they care for, including not only families and friends but also professionals such as teachers. These resources aim to build capacity so that if someone discloses self-harm they are met with a compassionate, sensitive and appropriate response. The services in all three geographic areas are now live and an online portal that will launch at the end of the year.

Distress Brief Intervention

The Distress Brief Intervention programme (DBI) is a 2-level approach provided for presentations of distress (including self-harm) that have an emotional component and do not require alternative emergency service involvement. It is non-clinical.

DBI Level 1 is provided by trained front-line staff (Police Scotland, the Scottish Ambulance Service, EDs, Primary Care and NHS24) and involves a compassionate response and offer of referral, where individuals are assessed as appropriate. Level 2 is provided by trained third sector staff who contact the person within 24 hours of referral and provide compassionate community-based problem-solving support, wellness and distress management planning, supported connections

and signposting for a period of up to 14 days – connecting people to the supports that help them over time.

The DBI model is a professional referral model in which frontline staff can refer people – where assessed as appropriate – for DBI support. It is not possible to self-refer to DBI.

DBI began as a pilot in 4 areas in 2017 (North and South Lanarkshire, Inverness, Borders and Aberdeen) and was initially for over 18s only. Following a Programme for Government commitment (PfG) in 2018, the age limit was reduced to 16 and over in 2019. The same PfG committed to scoping to see if DBI was applicable to those 15 and younger – there is currently a small-scale test of change underway to test the applicability and suitability of DBI for 14- and 15-year-olds.

The test of change for 14- and 15-year-olds currently covers some 18 schools in Lanarkshire, Aberdeen and West Dunbartonshire. Referrals come in via education from trained pupil support teachers and the test of change is also being supported by CAMHS colleagues. An early insight paper produced by University of Glasgow in November 2021 showed encouraging outcomes and insights, with recommendations being used to support improvement.

Following on from the early insight report into the test of change and two independent evaluations of DBI (on the original DBI service for over 18s and on the development of a pathway to DBI via NHS 24), it is our intention to commission later this year an independent evaluation of the impact and effectiveness of the DBI for under 18s.

The petition refers to a 10-year-old member of the petitioner's family who very sadly attempted to take their own life. While the early insights paper hints to DBI's effectiveness for 14- and 15-year-olds, and whilst DBI is currently available as standard for people aged 16 and over (where assessed by frontline services as appropriate for DBI), it is not anticipated that DBI would be suitable for those younger than the current test of change.

Other Work with Children and Young People

Since April 2021, the Children and Young People's Mental Health and Wellbeing Joint Delivery Board, co-chaired by Scottish Government and COSLA, has been working to ensure the development of a coherent, whole system approach to the pathways and journeys children, young people and their families may take to enhance their mental health and wellbeing; this includes ensuring children and young people who are experiencing a mental health crisis receive the support they need.

More specifically, the Board and its successor (to be introduced in 2023) will continue to oversee reforms to ensure children, young people and their families continue to receive the support they need, when they need it, underpinned by the values, principles and components of Getting It Right For Every Child, and responsive to local needs and systems.

The Joint Delivery Board was extended until March 2023 to allow more time to ensure all the recommendations are considered thoroughly and joined up comprehensively. Final recommendations will be sent to the Minister/COSLA leaders for consideration shortly which includes consideration of the expansion of the current Community Supports and Services Framework to include crisis supports. These recommendations will also provide useful input to the forthcoming Mental Health & Wellbeing Strategy, Delivery Plan and Workforce Action Plan. They will also influence the shape of the next iteration of Scottish Government/COSLA governance and programme for children and young people's mental health. The voices and experiences of children, young people and their families remains a key part of our work to improve access to mental health support.

As part of the work of the Board, we are providing local authorities with £15 million per annum to fund community-based mental health supports for children, young people and their families. The services are focused on prevention and early intervention, and include supports for positive mental health and wellbeing as well as emotional distress. Where appropriate, these services offer an alternative to CAMHS by providing support for emotional distress delivered in a community setting. Examples of this are the Emotional Distress Service in Argyll & Bute, the

Lighthouse in Perth & Kinross, the Distress Brief Intervention Associate Programme in West Dunbartonshire, and the Compassionate Distress Response Service in Glasgow and East Dunbartonshire. Digital services such as Shout and Togetherall are also available in many local authority areas to support those in distress or crisis.

You can find out more about the work of the Joint Delivery Board [here](#)

Annexe D

Petitioner submission of 27 April 2023

PE2008/B: Provide funding for a separate mental health A&E for children

Firstly, can I take this opportunity to thank the Scottish Government for their submission and for their consideration of our petition. I am petitioning with a member of my family and write this response on our behalf.

Please note on reading the submission we have a few points that we wish to highlight:

- Firstly, we put this petition forward due to our own experience of the impracticalities of a child who is in crisis having to present to A&E, as most will be aware our A&E departments are overwhelmed and crowded, this can be extremely distressing to a child who is in crisis with their Mental Health, a young member of my family was made to sit in a busy waiting area after he had taken an overdose of medication and was hearing voices in his head whilst also dealing with the noise of a busy department. This is why a designated Mental Health A&E would reduce any added distress to already distressed children.
- Second point we wish to highlight is within the submission the Scottish Government have mentioned services and beds for Mental Health however the number of these beds available for Adults and Children has not been mentioned can this be clarified as our research has shown for the West of Scotland there are only 2 wards for those in crisis with their mental health.
- Third point we wish to highlight is within the submission it was mentioned about NHS 24 and the mental health hubs that are within this service, we wish to highlight that the biggest part of any mental health assessment is observation, for example speaking to a child or the parent on the phone to assess their current state is not effective as how can the professional see any subtle signs of distress over a phone such as rapid eye movement when the

patient is hearing voices or skin picking and pinching due to stress or anxiety, therefore can the rationale behind this be explained.

- The fourth point within the submission, we wish to highlight is the mention of the RUC programme research has shown that this programme does not have sufficient number of CAHMS staff available and that in most areas people are waiting up to 900 days to be seen by CAHMS services, therefore how can this programme be recommended within the submission?
- Our fifth point we wish to highlight in the submission is the mention of available hubs within the Out of hours services for Children and Adolescents however there is no information on the locations of these hubs and centres that are available to children and adolescents struggling or in crisis with their mental health, can the exact locations please be made public?
- The sixth point and very important point we wish to highlight from the submission is the mention of the “Every life matters” report 2020 these targets are the same as the ones from the report issued in 2018, could it be confirmed if the targets within the 2018 report were met and if this is why they have been used within the 2020 report?
- The seventh point we wish to highlight from the submission is the mention that pilot schemes are running in Dundee and the Highlands for 16 year olds and also schemes being piloted for 12 year old plus, CAHMS is a service for all children and my family member is 11 and was only 10 when he attempted suicide for the first time and could not utilise these services, can it be confirmed why the piloted services are not available to any child of any age who meet the criteria and who are struggling with their mental health as a children’s service should be available to all?
- Our final point we wish to highlight from the submission is the mention and discussion of GIRFEC, the policies and services currently available are not getting it right for any child, our family member is a prime example he was not given access to a psychiatrist or clinical psychologist until his third attempt at suicide

and also the current service is not getting it right for the hundreds of children who are awaiting assessment by CAHMS who have been waiting far beyond the recommended government time scale, therefore can the Scottish Government please advise how GIRFEC has been met in their opinion?

We wish to thank the Scottish Government for taking the time in reading our concerns, we wish to add that the current highlighted concerns not only had a detrimental effect on our family member but also on the family, both the Children and Adult mental health services are stretched and the lack of available support has caused us to have to be commenced on medication for our mental health, this is due to the fact we are having to watch him and safe guard him 24 hours a day with no continued support. If we cannot get mental health services right for our children, then this will cause added pressure to the adult services as those caring for these children become exhausted and mentally traumatised themselves. We have to get it right for all children and adults.