

Children and Young People's Mental Health

For DTP

CONFIDENTIAL

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Key facts

- One in 10 children and young people aged five to 16 have a clinically diagnosable mental illness
- 22 per cent (5,999) increase in the number of referrals received by specialist CAMHS since 2013/14
- 24 per cent (1,414) increase in the number of referrals rejected by specialist CAMHS since 2013/14
- 74.1 per cent (11,498) of children and young people referred to CAMHS started treatment within 18 weeks in 2017/18
- 11 weeks - the average time children and young people had to wait for their first treatment appointment in 2017/18
- £56.6million was spent on children and young people's mental health services in 2016/17
- 1014.4 whole time equivalent CAMHS staff employed by NHS boards as at 31 March 2018

Summary

Key messages

- 1. Children and young people's mental health and wellbeing is a priority for the Scottish Government. It is central to achieving its ambition for Scotland to be the best place in the world for children to grow up. The Scottish Government's mental health strategy focuses on early intervention and prevention, but in practice this is limited, and mental health services for children and young people are largely focused on specialist care and responding to crisis. The system is complex and fragmented, and access to services varies throughout the country. This makes it difficult for children, young people and their families to get the support they need.**
- 2. Mental health services for children and young people are under significant pressure. The number of referrals to specialist services increased by 22 per cent, from 27,271 to 33,270, between 2013/14 and 2017/18, with rejected referrals also increasing. Children and young people are waiting longer for treatment, with 26 per cent who started treatment in 2017/18 waiting over 18 weeks, compared to 15 per cent in 2013/14.**
- 3. Data on mental health services for children and young people is inadequate, with a lack of evidence of what difference existing services are making to children and young people with mental health problems. It is not possible to track all spending, but available information shows that 6 per cent of spending on NHS mental health services is on children and young people. Overall, between 2013/14 and 2016/17, NHS boards increased how much they spend on children and young people's mental health by 11.9 per cent in real terms, from £50.6 million to £56.6 million.**
- 4. Directing funding towards early intervention and prevention while also meeting need for specialist and acute services is a major challenge. A step change in the way that the public sector in Scotland responds to the mental health needs of children and young people is required, with integration authorities having a major role to play. Transforming services will only be possible with a clearer view of what works, a plan for how the system needs to change and a move away from reliance on short-term and isolated initiatives.**

Recommendations

It is not possible for one organisation to address all the issues raised in this report. To improve support for children and young people with mental health problems in Scotland, a wide range of organisations, both nationally and locally, need to work together with children and young people.

The Scottish Government should:

- act on the findings of current reviews and set clear timescales for when recommendations will be implemented. This includes:
 - the scoping report into provision of a specialist inpatient CAMHS unit for children and young people with learning disability and/or autism
 - the work on rejected referrals
 - the review of personal and social education (PSE), counselling and pastoral support in schools
 - review of the transition to adult mental health services
- provide more support to NHS boards, councils and integration authorities to help them improve how they meet the needs of children and young people with mental health problems. This includes:
 - improving the quality of nationally published financial data to build a comprehensive picture of spending by both councils and the NHS on children and young people's mental health across the whole system
 - building the evidence base on what works, particularly in relation to early intervention and prevention
 - providing support to share good practice.
- develop a long-term financial plan for improving mental health services for children and young people. This should be a strategic plan which improves transparency about how resources are used to support children and young people's mental health and wellbeing. It should include:
 - the anticipated balance of spending across the whole system of mental health services for children and young people
 - a framework to support all partners to prioritise activity and spending on prevention and early intervention, while also meeting the need for acute and specialist services
 - modelling of future demand for services against workforce and training plans

The Scottish Government and COSLA should:

- ensure that the newly commissioned task force on children and young people's mental health, which reports to both the Scottish Government and COSLA, takes account of the recommendations in this report when taking forward its work
- produce a joint plan for supporting improvement in services for children and young people with mental health problems, to be developed in partnership with all relevant Scottish Government portfolios and with integration authorities. This should include:
 - specific actions with clear timescales to show how the system will improve to better meet the needs of children and young people
 - a clear framework to measure progress and support improvements in performance

The Scottish Government, COSLA, NHS boards, councils, integration authorities and their partners should work together to:

- determine what performance and financial data should be collected and reported publicly, at both a national and local level. This should include measures of quality of care and outcomes for children and young people. This data should be used at a local level by delivery partners to better understand performance and inform decision-making about:
 - how to target funding to best meet the needs of children and young people
 - the type and level of mental health and wellbeing services required locally
 - the size and skills of the workforce
 - which interventions have the most positive impact on children and young people.
- routinely monitor the current balance of spend and activity at a local level on children and young people's mental health and wellbeing services, from prevention and early intervention to specialist services
- develop local plans for how the balance of spend and activity will be shifted towards early intervention and prevention over the longer term
- review alternative models of children and young people's mental health services, and consider a co-ordinated approach to piloting alternative models. Any review should ensure a human rights-based approach is followed.

NHS boards, councils, integration authorities and their partners, should work together to:

- identify and address any gaps in services, in partnership with children and young people, their parents and carers
- deliver a clear joined up approach to delivering children and young people's mental health services. This must be easier to navigate for all children and young people, including those who are most vulnerable, to prevent young people falling between the gaps. This includes:

Summary

- ensuring there is a clear and measurable process for accessing all levels of service, making sure the referrals criteria and guidance is as clear as possible
 - working with GPs, schools and others who may refer a child or young person to mental health services, to make sure that they understand how and when to refer someone
 - making clear and accessible information available to children and young people and their parents and carers.
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Background

1. Improving mental health and wellbeing is a major public health challenge. In part, this is because the underlying issues tend to be complex and people's needs can be different. Evidence suggests that mental health problems in childhood and adolescence have a significant impact on physical health, education and on the ability to find and sustain employment. Globally, mental illness is one of the leading causes of years lived with disability, and the life expectancy of people with serious mental health disorders is ten to 20 years lower than the general population.^{1, 2} Not all mental health issues require a medical response. All public services have an important role to play in supporting wellbeing and tackling the social and economic factors that contribute to mental health problems, including education, justice and housing. The Scottish Government and the Convention of Scottish Local Authorities (COSLA) have identified mental wellbeing as one of six shared public health priorities for Scotland.³
2. Mental health problems cover a spectrum from wellbeing at one end, through to short term periods of stress and anxiety which we all may experience during our lives, to severe and persistent diagnosable mental illness. Children and young people can experience a range of mental health problems, including behavioural problems, attention deficit hyperactivity disorder (ADHD), depression, anxiety, eating disorders and self-harm. The most recent UK data, from 2004, estimated that one in ten children and young people aged five to 16 had a clinically diagnosable mental illness.⁴
3. Some children and young people are more at risk of experiencing mental health problems than others ([Exhibit 1](#)). Poverty is a major contributor to mental ill health. This is a significant issue as almost one in four children in Scotland currently live in relative poverty, with Scottish

¹ The global burden of mental, neurological and substance use disorders: An analysis from the Global Burden of Disease Study 2010, H. Whiteford et al., PLoS One. 2015; 10(2): e0116820.

² Risks of all-cause and suicide mortality in mental disorders: a meta-review, E. Chesney, G.M. Goodwin and S. Fazel, World Psychiatry, 2014 (13): 153–160.

³ Scotland's public health priorities, Scottish Government and COSLA, 2018.

⁴ Mental health of children and young people in Great Britain, Office of National Statistics, 2004.

Government projections estimating that this will rise to almost 38 per cent by 2027/28.^{5, 6} Adverse childhood experiences (ACEs) and trauma are also now recognised as key risk factors for mental ill health. ACEs are stressful events occurring in childhood, such as physical and emotional abuse and neglect. Those living in areas of higher deprivation are at greater risk of experiencing ACEs.⁷ Preventing and mitigating the impact of ACEs is a priority for the Scottish Government.

4. There is no separate strategy for children and young people's mental health, which is incorporated within the Scottish Government's Mental Health Strategy 2017-2027, published in March 2017.⁸ The strategy aims to give the same priority to mental health as physical health and highlights the importance of early intervention and prevention, stating that this should be central to both funding and activity. In relation to children and young people's mental health, the strategy commits the Scottish Government to look across all four tiers of the current model of care ([Exhibit 2](#)), recognising the importance of specialist services but also the importance of intervening early. There is also a commitment to taking a rights-based approach to improving mental health services.

⁵ Poverty and income inequality in Scotland: 2014-17. Scottish Government, 2018.

⁶ Tackling child poverty delivery plan - forecasting child poverty in Scotland, Scottish Government, 2018

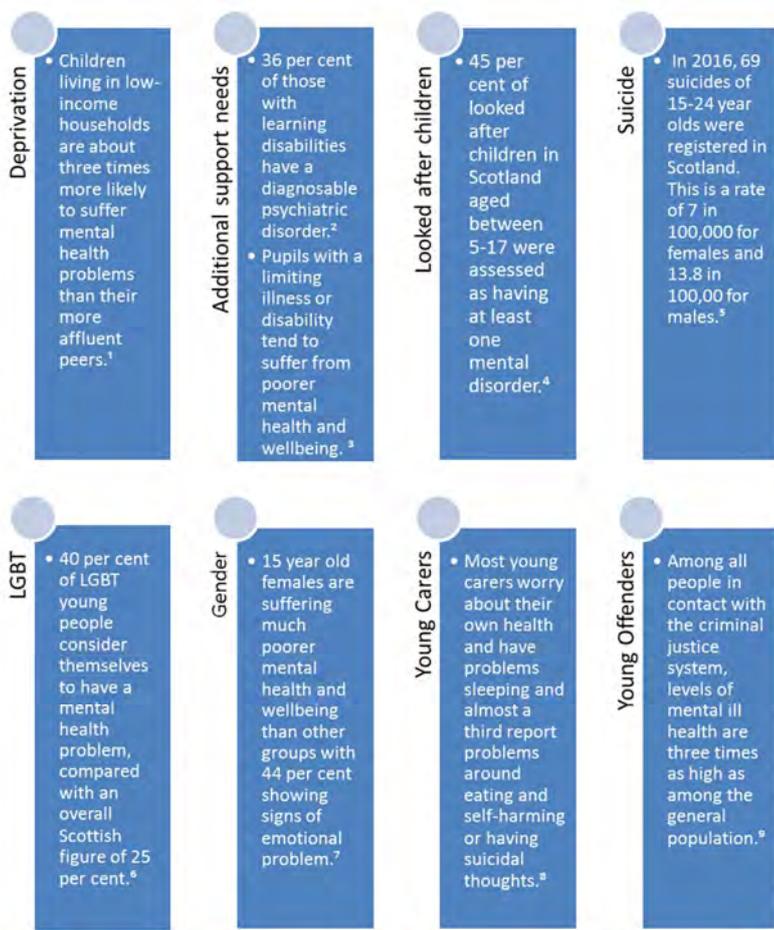
⁷ Polishing the diamonds. Addressing adverse childhood experiences in Scotland. Scottish Public Health Network, 2016.

⁸ Mental Health Strategy: 2017-2027, Scottish Government, 2017.

Exhibit 1

Factors affecting the mental health and wellbeing of children and young people

Some children and young people are more likely to be affected by poor mental health and wellbeing.



¹Meltzer, H et al (2000) *The Mental Health of Children and Adolescents in Great Britain*. London: The Stationery Office

²BOND, Department of Education (2015) *Children and Young People with Learning Disabilities: Understanding their mental health*

³Black, C. and Martin, C. (2015) *Mental health and wellbeing among adolescents in Scotland: profile and trends*

⁴ONS (2004) *The mental health of young people looked after by local authorities in Scotland*.

⁵SD prepared on behalf of ScotPHO (August 2017), *Suicide Deaths Registered in Scotland: Scotland overview 2016*;

⁶LGBT Youth Scotland (2013) *Life in Scotland for LGBT Young People: Health Report*

⁷Scottish Government (2016) *SALSUS 2015: Mental Wellbeing Report*

⁸Cree, V.E. (2003) "Worries and problems of young carers: Issues for Mental Health" in *Child and Family Social Work*. 2003. 8, pp.301

⁹Mental Health Foundation (2002) *The Mental Health Needs of Young Offenders*

Source: Audit Scotland

About the audit

5. The aim of our audit was to establish how effectively children and young people's mental health services are delivered and funded across Scotland. We set out to answer three key questions:
 - How effective are the funding and delivery of mental health and wellbeing services across Scotland in meeting the needs of children and young people?
 - What are the main factors supporting and impeding the delivery of children and young people's mental health and wellbeing services, at both a national and local level?
 - How effectively is the Scottish Government providing strategic direction to support the improvement of outcomes for children and young people's mental health and wellbeing?
6. The audit looked across the whole system of children and young people's mental health and wellbeing services, including services delivered by NHS boards, councils and their partners. The audit also looked at services to intervene early and help prevent mental health problems, such as work in schools to promote resilience and wellbeing.
7. This report sets out many areas which need to be addressed, and highlights examples of organisations working together to redesign and improve services.
8. This report is in four parts:
 - Part 1 considers how children and young people access mental health services
 - Part 2 examines the effectiveness of current services
 - Part 3 considers the resources available
 - Part 4 outlines the policy and strategic direction.
9. Our findings are based on reviewing documents, analysing information on performance and costs, and interviews and focus groups. [Appendix 1](#) summarises our audit methodology. [Appendix 2](#) lists the members of our advisory group who provided help and advice throughout the audit.

Part 1: Accessing support

The current system is complex and fragmented, making it difficult for children and young people to get the support they need

10. Most children and young people's mental health services are delivered through a four-tiered model of care, from early intervention and prevention through to more specialist support (Exhibit 2).⁹ Since this model was introduced, the policy context and the way that services are delivered has changed, for example the introduction of Getting It Right For Every Child (GIRFEC) and health and social care integration.
11. Services are delivered by NHS boards, councils, the voluntary sector and the private sector. There are many professionals involved in delivering mental health services, but they are not all mental health specialists. Children and young people can seek help through many different routes, for example through their GP, school or social work services.
12. Because services at different tiers are funded and provided by different organisations, this can lead to a lack of oversight of the whole system, and create boundaries between tier one and two services and specialist CAMHS. This can mean that children and young people get bounced between services and professionals, having to repeat their story several times, before they are able to access help.

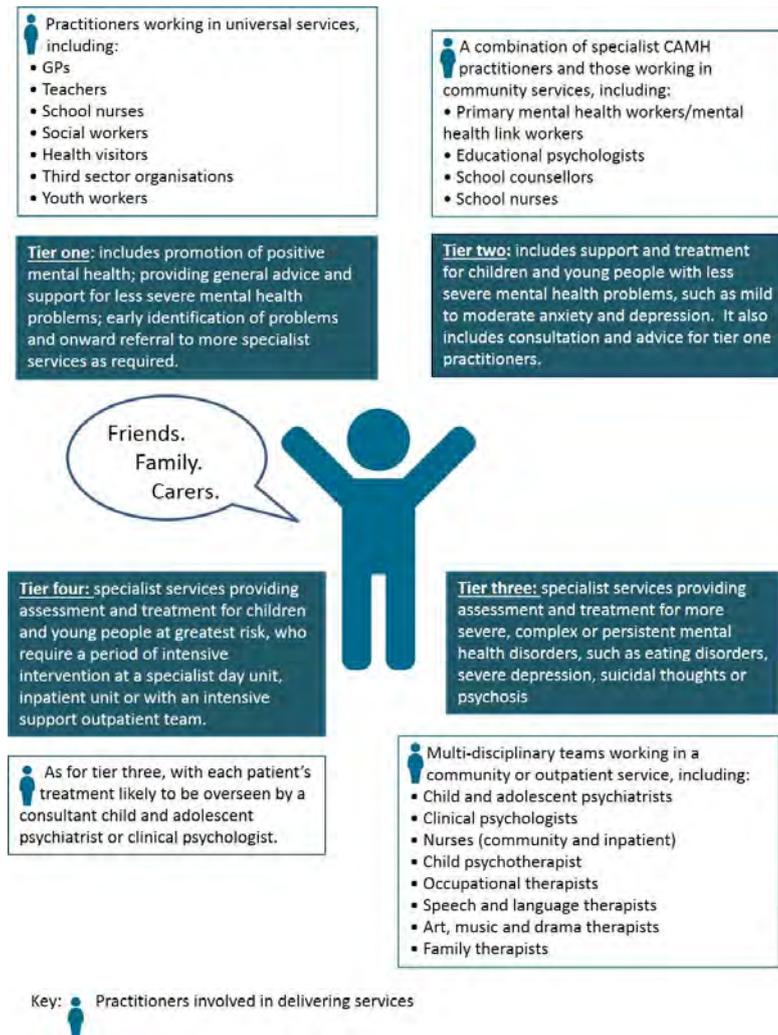
"It would be good if there was some explanation of what the service is about. Even just a picture so I can get an idea of what it will be like. It's just an extra thing to get anxious about" (Service user)

⁹ This model was developed following a 1995 NHS review, Together we stand: Thematic review of the commissioning, role and management of child and adolescent mental health services, NHS Health Advisory Service, 1995.

Exhibit 2

Tiered model of children and young people's mental health services

The four tiers of care relate to the different range of services available to those with mental health needs



Source: Audit Scotland

Children and young people experience a range of barriers to accessing mental health services

Services to prevent and intervene early are patchy across Scotland

13. Most tier one and two services, such as school counselling and primary mental health workers, are funded or provided by councils, integration authorities and the voluntary sector. The availability of these services varies between and within council areas, depending on local need and whether children and young people's mental health and wellbeing services are recognised as a local priority. These decisions are being made in the overall context of financial challenges in the public sector alongside increasing demand. Support for mental health and wellbeing within schools varies according to the ethos of the school. It also depends on the allocation of additional funding streams, such as the Pupil Equity Fund, which is allocated directly to schools, and the Scottish Attainment Challenge.
14. Across the country, services to help prevent mental health problems in children and young people, or to intervene early to help those with less severe mental health problems, are not consistently available. While it is important that local areas have the flexibility to respond to local need, the level of variation raises questions about equity of access to services in different parts of Scotland.
15. A wide range of voluntary and private sector organisations provide mental health services for children and young people. These range from mental health promotion to support for those with severe and persistent mental health problems. Voluntary organisations are often dependent on short-term project-based funding, which makes it difficult to plan and sustain services.
16. Without a clear picture of what tier one and two services are available in local areas it is difficult to identify where the gaps are. The full extent of demand for these services across Scotland is also unknown. This makes it difficult for local areas to plan and commission tier one and two services and to know what workforce they need. In Grampian, a multi-agency working group has looked at what tier one and two services are available, to identify gaps and areas for improving how services are delivered ([Case study 1](#)).

Case study 1

Grampian mapping exercise

From November to December 2017, the Grampian Child and Adolescent Mental Wellbeing Working Group commissioned a mapping exercise to understand how services are delivered across tiers one and two in each health and social care partnership within the board area. This attempted to fill in the gaps in a more collaborative way than had been done in the past.

The mapping exercise identified how tier one and two services were being delivered and existing good practice, including:

- mental health training as commonplace for school staff
- initial assessment of mental health needs carried out by school nurses
- the use of mindfulness groups in some schools
- training for staff across multi-agencies.

The mapping exercise also highlighted many gaps which partners needed to address, including:

- a need for equity in how tier one and two services are delivered across Grampian
- a need to increase capacity of workers
- a gap in tier two services across some areas.

Following this work, a pan-Grampian multi-agency development session was held in April 2018 to identify and agree further actions. This included a review and refresh of the NHS Grampian CAMHS Tiered Model of Service Delivery, particularly for tiers one and two. This aims to improve multi-agency understanding, information sharing and consistency in the way children and young people are referred to local services.

Source: Audit Scotland

17. Young people do not always know where to go for support. A Scottish Youth Parliament survey found that:
 - 74 per cent of respondents do not know what mental health information, support and services are available in their area
 - 18 per cent of those who consider themselves to have experienced a mental health problem have never accessed services.¹⁰
18. The survey also found that the stigma around mental health issues prevents children and young people from talking about their problems and seeking support and advice. Concerns about confidentiality, and fears that they will not be taken seriously, were also identified as barriers.

Criteria for accessing specialist services vary across Scotland

19. Children and young people with more severe and persistent mental health problems can be referred to specialist CAMHS, known as tier three or four services. Thresholds for access to specialist care are high. To be accepted by specialist services, children and young people must be experiencing problems which seriously impair their day to day functioning, or be at risk of causing serious harm to themselves or others.

¹⁰ Our generation's epidemic: Young people's awareness and experience of mental health information, support and services, Scottish Youth Parliament, 2016.

20. The referral criteria to CAMHS vary by NHS board ([Appendix 3](#)). For example, in some NHS boards, CAMHS are available to children and young people up to the age of 18; in others, CAMHS are only available to those over 16 if they are in full-time education.
21. The route to getting the help that children and young people need is not always as clear or as easy to understand as it should be. The Scottish Government's CAMHS referral criteria guidance from 2009 does not provide detailed information on who can make a referral. It only states that referrals 'may be made by a person, team, service or organisation on behalf of a patient/client, or a patient/client may refer him/herself'. In practice, most NHS boards do not accept referrals from the young person or their parents/carers themselves. According to the children and young people we spoke to, the referral should be made by the person who they consider to be most appropriate.

"The GP told me that my guidance teacher should refer me to CAMHS but I didn't like my guidance teacher and I had to speak to him a few times before he referred me." (Service user)

Access to specialist support for vulnerable groups is limited

22. The need to improve models of service delivery for children and young people with learning disabilities and/or autism was recognised in both the current and the previous mental health strategies. In November 2017, the Scottish Government published a report which recommended that better community mental health services need to be developed for this group. This should be alongside the development of a national learning disability inpatient unit. The report found that between 2010 and 2014, at least 45 children and young people with learning disability (LD) required specialist inpatient mental health care which is not available in Scotland.¹¹ Receiving inpatient care far from home can place an additional burden on children, young people and their families. Average costs for the service were more than £300,000 per patient per year.
23. Looked after children may have experienced multiple adverse childhood experiences (ACEs). This can lead to a range of mental health difficulties, but they may not meet the threshold for access to specialist CAMHS. The Scottish Government's strategy for looked after children notes the difficulties experienced by looked after children trying to access mental health services.¹² However, there is a lack of data on the numbers of looked after children and young people accessing CAMHS.

¹¹ 5-year survey of need for mental health inpatient care for children and young people in Scotland with learning disability and/or autism, Scottish Government, 2017.

¹² Getting it right for looked after children and young people strategy, Scottish Government, 2015.

The referrals process makes it too easy for children and young people to drop out of the system

24. It is difficult for children, their parents and carers, and professionals to understand how the referrals process works. [Exhibit 3](#) shows an example of the CAMHS referral process, and highlights the points at which children and young people who are referred to specialist CAMHS can drop out of the system. For example, if their referral is rejected, or if it is accepted but they do not opt in to services, there is no routine monitoring of what happens to them. That means it is not clear whether they are able to access tier one or two services, or whether they are referred to specialist CAMHS again later.

"I was sent a letter asking me to phone the hospital to say I wanted my appointment. I couldn't manage to do this so I lost my referral." (Service user)

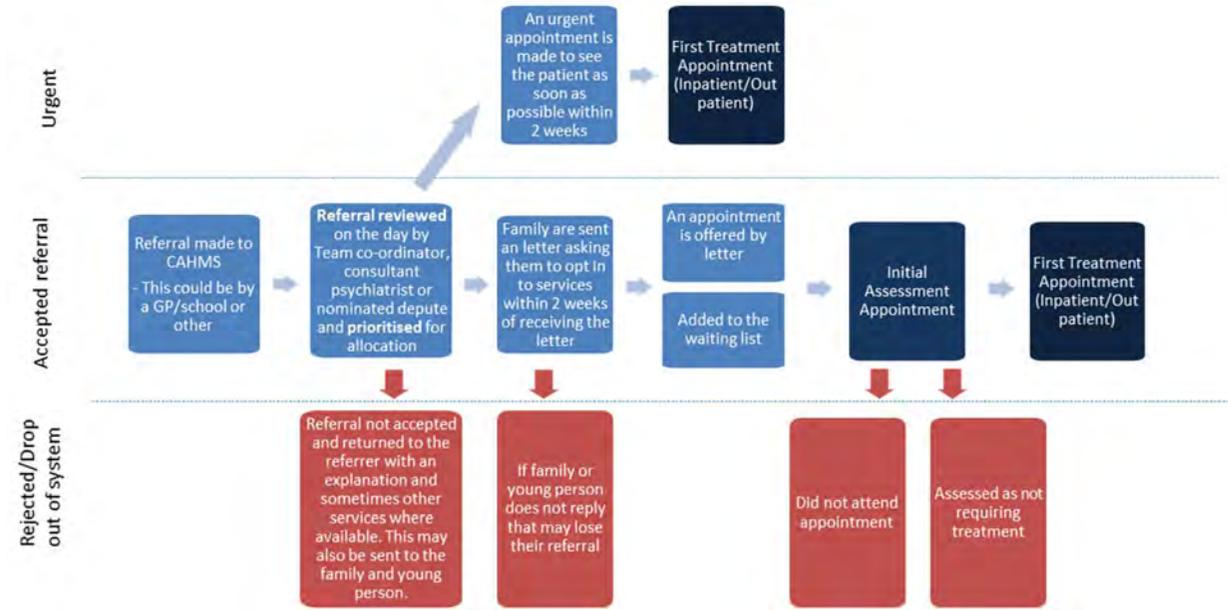
25. When referrals to specialist CAMHS are rejected, the CAMHS team may suggest alternative sources of support. Stakeholders have highlighted a reluctance on the part of some CAMHS professionals and GPs to signpost young people to voluntary sector services. This may be due to a lack of awareness of what is available. This can leave children and young people without support and unclear about what options might be available to them. The transition from child and adolescent to adult services is also widely recognised as an area where young people's needs are not being met. Young people can too easily drop out of the system if services do not work together to support them while moving into adult services.

"You can end up back at square one when you move to adult services" (Service user)

Exhibit 3

Example of a referral pathway for a child or young person who is referred to CAMHS

There are several points in the pathway where a child or young person can drop out of the system.



Source: Audit Scotland

Part 2: Effectiveness of support for children and young people

Demand is rising and children and young people are waiting longer for treatment

Demand for specialist mental health services is increasing

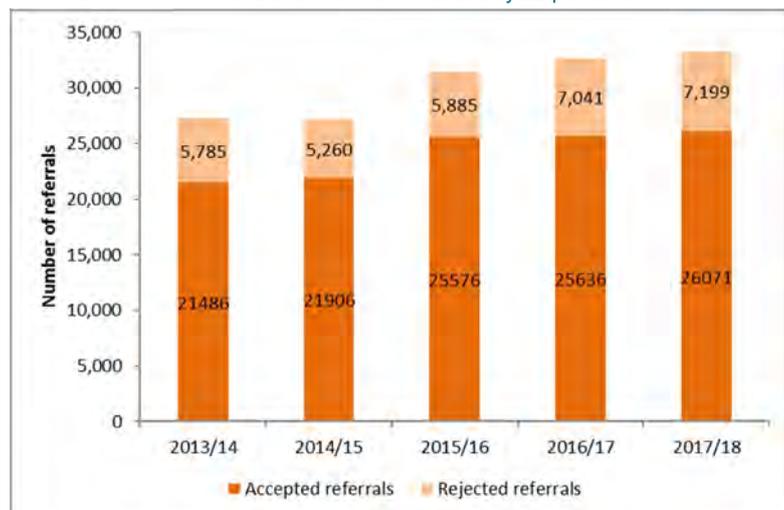
26. Between 2013/14 and 2017/18, the number of referrals to specialist mental health services in Scotland increased by 22 per cent, from 27,271 to 33,270 ([Exhibit 4](#)). All NHS boards, except NHS Shetland, received more referrals in 2017/18 compared to 2013/14. The increase in referrals may reflect increasing awareness of mental health issues and a decrease in stigma.
27. Referrals may be rejected for various reasons including:
- the child or young person does not meet the criteria for treatment. This can indicate a lack of understanding, clarity, or both, among referrers about when a child or young person meets the criteria for specialist CAMHS.
 - a lack of tier one and two services for children and young people experiencing less severe anxiety and emotional distress, meaning that referrers have limited alternative options
 - the referral does not contain enough information.

Nationally, the number of rejected referrals increased by 24 per cent between 2013/14 and 2017/18, from 5,785 to 7,199. The proportion of referrals which are rejected has not increased in that time, at around one in five.

Exhibit 4

Referrals to NHS CAMHS, 2013/14 to 2017/18

The total number of referrals to CAMHS increased by 22 per cent.



Note: Children and young people may be referred to and treated by specialist services more than once in a year. This means it is not possible to quantify the number of individuals who are referred.

Source: Audit Scotland using ISD Scotland CAMHS referrals data, 2013/14 to 2017/18

28. National data on reasons for referral and rejection is not collected, which makes it difficult to understand the nature of demand for specialist CAMHS. Collecting this data would help to assess the level of referrals that are not suitable for CAMHS and indicate the number of children and young people who would benefit from lower level support and services. Locally, organisations need to work together to understand demand and ensure tier one and two services are available to meet the needs of those children and young people who do not need specialist CAMHS.

Children and young people are waiting longer for treatment

29. Nationally, an average of 16,000 children and young people started treatment each year between 2013/14 and 2017/18. During this time, the average wait for a first treatment appointment increased, from seven to 11 weeks. There is wide variation between NHS boards in the average time that children and young people wait for their first treatment appointment (Exhibit 5).
30. There may be many reasons affecting how long a child or young person waits for treatment including:

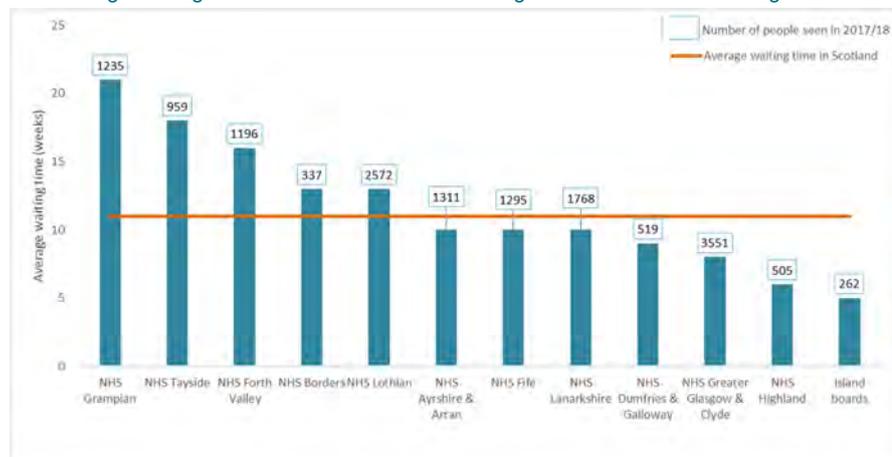
- the capacity of the team,
- the number of children and young people who need urgent treatment,
- the level of detail provided by the referrer.

There is no clear link between the number of children and young people who have had a first treatment appointment and the average length of time they had to wait.

Exhibit 5

Average time children and young people waited between being referred and their first treatment appointment in 2017/18

The average waiting time in five NHS boards was longer than the national average of 11 weeks.



Note: The average waiting time is based on the annual median.

Source: Audit Scotland using ISD Scotland adjusted CAMHS waiting times data

31. At the end of March 2018, 8,145 children and young people were waiting for treatment, up from 7,116 in March 2014. While children and young people are waiting for treatment, they may receive little or no support or advice. This means that their condition may deteriorate. Having appropriate support services in place is especially important in areas where there are longer average waiting times.

"GPs and teachers don't always know what support to offer while you're waiting for treatment" (service user)

32. More children and young people started treatment each year between 2013/14 and 2015/16, increasing from 14,301 to 17,621. This trend reversed in 2016/17 and the number of children and young people receiving their first treatment appointment declined further in 2017/18 to 15,510.

Some NHS boards are struggling to meet the 18-week waiting time standard

33. The Scottish Government's standard is that at least 90 per cent of children and young people should receive treatment within 18 weeks of being referred. This is in line with the waiting time for patients who have been referred for other acute services, but it is a long time in the life of a child or young person.

"18 weeks is far too long for a child or young person to wait to receive treatment. That's a whole school term" (NHS programme manager, mental health)

34. The standard has not been met nationally since it was introduced in December 2014. In 2013/14, 15 per cent (2,182 children and young people) waited over 18 weeks, compared to 26 per cent (4,012) in 2017/18. There is significant variation between NHS boards ([Exhibit 6](#)).

35. The performance of some boards has fluctuated. This may reflect a number of factors, including:

- workforce capacity, for example if boards have struggled to fill vacancies
- changes to the referrals process, for example whether children and young people are offered an initial assessment appointment before the first treatment appointment
- issues with data collection, for example, migrating to new patient management systems.

Exhibit 6**Children and young people who started treatment within 18 weeks of being referred to CAMHS, 2013/14 to 2017/18 ¹**

Five NHS boards have never met the 18 week waiting times standard.

	Before introduction of 18 week standard		After introduction of 18 week standard		
	2013/14	2014/15	2015/16	2016/17	2017/18
National	84.7%	79.5%	77.6%	80.6%	74.1%
	12119	12180	13669	14145	11498
NHS Ayrshire and Arran	65.3%	75.0%	97.4%	91.0%	96.0%
	436	818	1034	1024	1259
NHS Borders	97.0%	96.8%	81.2%	95.7%	81.9%
	615	577	554	707	276
NHS Dumfries and Galloway	99.2%	100.0%	97.4%	96.8%	89.6%
	372	395	300	422	465
NHS Fife	86.8%	78.3%	78.4%	83.9%	67.6%
	1019	1029	1074	1083	875
NHS Forth Valley	87.5%	60.5%	42.9%	66.0%	65.6%
	398	310	466	857	785
NHS Grampian	81.6%	60.2%	56.6%	45.0%	38.7%
	1244	801	732	615	478
NHS Greater Glasgow and Clyde	97.2%	98.7%	99.9%	98.6%	95.5%
	3519	4402	3998	3854	3392
NHS Highland	91.2%	95.1%	95.3%	89.1%	80.2%
	865	213	362	752	405
NHS Lanarkshire	83.9%	86.6%	87.3%	82.8%	69.5%

Part 2: Effectiveness of support for children and young people

	1319	1661	1701	1489	1228
NHS Lothian	73.7%	59.1%	63.0%	52.5%	60.3%
	1355	1103	1806	1490	1551
NHS Tayside	60.2%	48.6%	56.5%	97.8%	55.9%
	770	701	1241	1628	536
NHS Island Boards	98.1%	96.6%	94.6%	91.8%	94.7%
	207	170	158	224	248

Notes:

1. Colour 1 = standard met; Colour 2 = standard not met.

2. The 18-week local delivery plan standard was introduced in December 2014. ISD have reconciled data before this point for comparative purposes.

2. Data for NHS Orkney, NHS Shetland and NHS Western Isles has been combined and presented as one board for disclosure reasons.

Source: Audit Scotland using ISD Scotland data, CAMHS waiting times patients seen adjusted dataset

36. NHS Ayrshire and Arran improved performance between 2013/14 and 2015/16, and continued to meet the 18-week standard in 2016/17 and 2017/18, despite the number of children and young people starting treatment increasing from 436 to 1,259 in the same period ([Case study 2](#)).

Case study 2

Ayrshire and Arran whole systems approach

NHS Ayrshire and Arran is redesigning its CAMHS delivery to move towards a whole systems approach focused on the needs of children and young people. The approach involves:

- improving routine data collection and making better use of the data to understand the challenges facing the system
- multi-agency collaboration
- more involvement of service users
- implementing small scale tests of change.

The new approach involves a range of pilot projects including:

- Development of a multi-agency neurodevelopmental pathway. Data on waiting times, the source of and reason for referrals, and information on complaints to CAMHS teams highlighted the need to improve the process of waiting for a neurodevelopmental assessment for children, young people and their families. The pathway was developed by

a multi-agency project team, with service user involvement. It was piloted in areas with a high proportion of neurodevelopmental referrals. The pathway has now been rolled out across Ayrshire and Arran.

- Two teachers were seconded to the North Ayrshire CAMHS team to strengthen links between CAMHS and education staff and improve understanding of the referral process and the quality of referrals.
- Two CAMHS nurses have been co-located in Marr College, where they provide assessment and treatment to children and young people from the school and the cluster primary schools. This has improved engagement between the CAMHS team and school staff and families, leading to quicker assessments.

The challenge facing Ayrshire and Arran is in how to scale up successful projects, and to sustain improvements in the longer term, particularly those funded with non-recurrent funding.

Source: Audit Scotland

37. NHS boards interpret the standard in different ways. Scottish Government guidance states that the clock stops when the patient starts treatment. The distinction between assessment and treatment is not always clear for specialist mental health services, as assessment appointments sometimes include an element of treatment. Some of the variation in performance may also reflect issues with data quality or differences in referral thresholds (refer to [Appendix 3](#)). Data is not collected nationally on waiting times for subsequent assessment or treatment following the initial treatment appointment.

Data on performance and outcomes is limited

38. Scrutiny of children and young people's mental health services has focused on the waiting times for specialist CAMHS. Nationally, some wider performance data is published as part of the CAMHS balanced scorecard. The balanced scorecard was developed in 2008 to provide a core set of key performance indicators for all boards to use. It includes data on referrals, did not attend (DNA) rates, inpatient admissions and the community CAMHS workforce. The scorecard focuses on inputs and outputs rather than outcomes for children and young people, and provides limited information about the quality of services.

"Compliance with the target has become a huge focus. It's been useful in focusing attention on how to do things differently, but once you've met the target I would question whether it is actually a good measure of success or progress" (NHS senior manager)

39. The Scottish Government is developing quality indicators for mental health services. These will include measures across six quality dimensions: person-centred, safe, effective, efficient, equitable and timely. It is likely that NHS boards will be able to select which indicators they will report on, making national benchmarking difficult. There is no confirmed timescale for this work.

40. It is not possible to assess at a national level the outcomes for children and young people who access mental health services. Individual NHS boards may measure outcomes at a local level. NHS Greater Glasgow and Clyde, for example, have used a range of measures promoted by the Child Outcomes Research Consortium (CORC) to report quarterly on outcomes for children and young people accessing CAMHS since 2014.
41. Not all services and organisations have electronic systems which are fit for purpose so they can improve efficiency, share information and collect data on performance and outcomes. NHS Greater Glasgow and Clyde implemented an electronic record system shared across community children's services in 2013/14. This system has helped to:
- make information sharing easier and timelier between community children's services as they all use and maintain a single record of an individual's care history.
 - make allocating appointments quicker and more efficient.
 - make it easier for the NHS board and CAMHS teams to assess demand and capacity.
 - identify areas for improvement. For example, analysing non-attendance at first CAMHS appointments and DNAs (did not attend) by postcode to assess whether there is a link to deprivation.

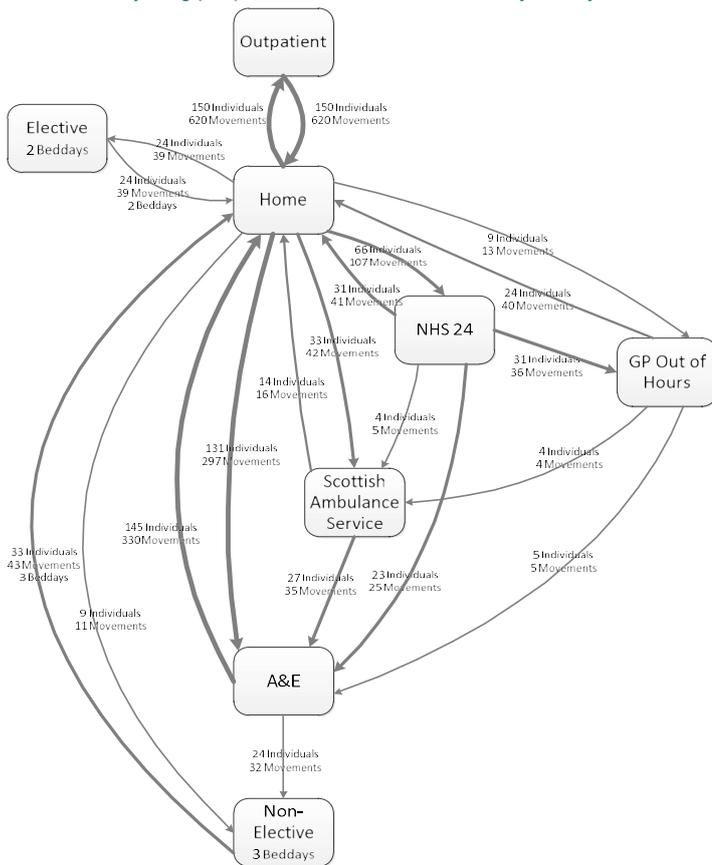
More needs to be done to understand how children and young people use mental health services

42. Analysing pathways through mental health services demonstrates the different ways in which children and young people receive support. This can indicate where there are opportunities to intervene earlier to prevent a person's condition worsening so that they need more intensive or emergency care. Using data from one health and social care partnership, ISD analysed data on children and young people attending A&E for mental health reasons, before attending outpatient CAMHS. This baseline data was used to produce pathways, which also show how these children and young people used other NHS services, where data is available ([Exhibit 7](#)). These pathways often include episodes of unplanned or emergency care, such as a call to NHS24 or a GP out-of-hours service, followed by attendance at A&E.

Exhibit 7

Pathways for one health and social care partnership, for children and young people who attended outpatient CAMHS and A&E for a mental health problem, 2015/16 to 2016/17

Children and young people access services in a variety of ways.



Note:

1. 150 children and young people attended outpatient CAMHS following an attendance at A&E for mental health reasons. This exhibit also shows other NHS services they used over this period, which may not have been related to a mental health problem.
2. The number of mental health-related attendances to A&E is likely to be an underestimate because of variation in how the reasons for A&E visits are recorded.
3. Each individual may have had multiple contacts with different services over this period.

4. The data used by ISD for this analysis does not show whether individuals were previously referred to, but not accepted by, CAMHS. If a child or young person has had their referral rejected or if they are waiting for treatment it may be that they seek help through NHS24, the GP out-of-hours service or A&E.

5. The data also does not include in-house GP services or services provided by councils or the voluntary sector.

Source: ISD, based on SMR records, A&E, NHS24, GP Out of Hours and Scottish Ambulance Service data.

Continuity of care is at risk if organisations do not work together effectively

43. Effective multi-agency working between specialist CAMHS, primary care, social work, schools and the voluntary sector is vital to ensuring that young people receive the right support at the right time. Young people told us about the importance of being able to build a relationship with a trusted person. Having some choice in who provides treatment is important so that a young person feels comfortable with those providing care. Young people also found it very frustrating repeating their histories to multiple professionals.
44. In Highland Council, the tier two primary mental health worker service works closely with NHS CAMHS to help direct children and young people to the most appropriate source of support (Case study 3).

Case study 3

The Highland Council's primary mental health worker service

Highland Council provides a tier two Primary Mental Health Worker (PMHW) service. The service is commissioned by NHS Highland and has been managed by the council since April 2012. PMHWs provide therapeutic support to children, young people and their parents/carers. They also provide consultation and training to professionals from universal services, including teachers and GPs. During 2016/17 they carried out 2868 of these consultations, helping to build the capacity of staff to identify children and young people in need of support and to intervene early.

The PMHW service consists of 11.2 whole time members of staff (9.2 WTE funded by NHS Highland and a further two WTE funded by the Highland Council to focus on early years interventions).

The service has developed a triage process and the PMHW manager attends triage meetings with the tier three team twice a week. Where appropriate children and young people can be 'stepped up' to tier three or 'stepped down' to tier two without losing their place on the waiting list.

In 2016/17, mental health support was provided to 354 children and young people, with 70 per cent seen within six weeks of a service being requested. Assessment questionnaires showed that the children and young people seen between July 2016 and June 2017 showed significant improvements in their conditions.

Part 2: Effectiveness of support for children and young people

Parent and pupil questionnaires in 2015/16 found that 78 per cent of young people and 95 per cent of parents felt that support from the PMHW 'mostly' or 'completely' helped improve their situation.

Source: Audit Scotland

Part 3: Resources

Mental health funding has primarily been used for specialist services

45. The Scottish Government committed to spending more than £1 billion on mental health services in 2017/18.¹³ It is unclear how much of this funding will be spent on children and young people's mental health and wellbeing services.
46. In December 2015, the Scottish Government announced £150 million funding over five years, from 2015/16 to 2019/20, to improve mental health services. In the 2017/18 draft budget, the Scottish Government made a further commitment to spend £150 million over the five-year period 2017/18 to 2021/22, effectively extending their commitment to provide improvement funding by two years. These funding commitments include:
- £10 million over two years to support new ways of improving mental health support in primary care
 - £15 million over three years for the mental health innovation fund, which includes an allocation to all boards to support increased access to CAMHS and develop new and innovative approaches to treatment
 - £4.6 million over four years to fund the MHAIST (Mental Health Access Improvement Support Team) programme, designed to improve access to CAMHS and psychological therapies
 - funding for the NHS Education for Scotland mental health programme, which is designed to enhance the supply and training of the CAMHS and psychological therapies workforce (£6.1 million in 2017/18).

In the 2018/19 draft budget, the Scottish Government announced a further £17 million of separate funding; £12 million to increase the mental health workforce and £5 million specifically to support CAMHS transformational change.

47. Some boards have chosen to focus additional funding on specialist CAMHS. For example:
- NHS Lothian is using £0.5 million of innovation funding and £1.2 million of capacity building funding to fund temporary clinical posts to address the longest waits for specialist CAMHS between 2016/17 and 2019/20. The board has identified additional staffing as the improvement measure that will have the greatest impact on waiting times.
 - In NHS Ayrshire and Arran, innovation funding has been used to fund an additional two nursing posts for an intensive support team. The intensive support team was established

¹³ Scottish Budget: Draft Budget 2017-18, December 2016.

to help reduce admissions to inpatient units through increased community support for young people with acute needs.

It is not clear how improvements to service delivery through the use of non-recurrent funding will be sustained.

Poor data means it is not possible to identify total spending on CAMHS

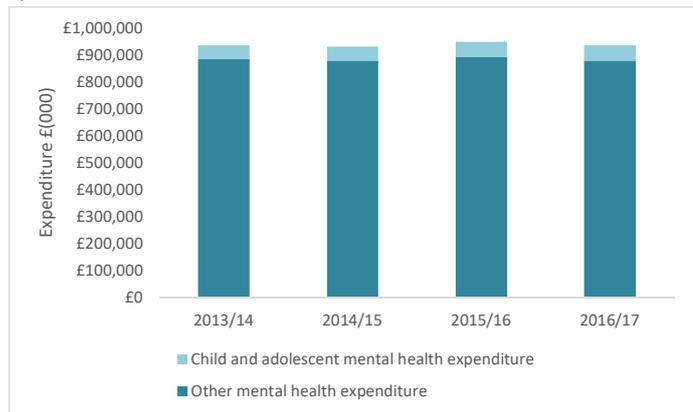
48. A summary of NHS spending by is published annually by the Information Services Division (ISD) of National Services Scotland with support from the Scottish Government's health finance division. The Scottish Government allocated £11.2 billion to the 14 territorial NHS boards in 2016/17.¹⁴ Based on the spending summary, NHS boards spent £936.6 million on mental health in 2016/17. It is not possible to track all spending on children and young people's mental health services. But available data shows that overall, between 2013/14 and 2016/17, spending increased by 11.9 per cent, in real terms, from £50.6 million to £56.6 million. Over this period, spending increased year on year, until a slight reduction of 0.6 per cent between 2015/16 and 2016/17.
49. Children and young people's mental health services represent a small proportion (6 per cent in 2016/17) of total mental health expenditure ([Exhibit 8](#)). Spending on CAMHS varies by NHS board but the summary does not capture all aspects of NHS CAMHS expenditure ([Exhibit 9](#)).

¹⁴ NHS in Scotland 2017, Audit Scotland, 2017

Exhibit 8

Trend in mental health expenditure in real terms, 2013/14 to 2016/17, at 2016/17 prices

Spending on children and young people's mental health represents a small proportion of overall spend on mental health.



Note: Community child and adolescent mental health team data is incomplete for NHS Fife, NHS Grampian and NHS Highland and therefore affects national totals.

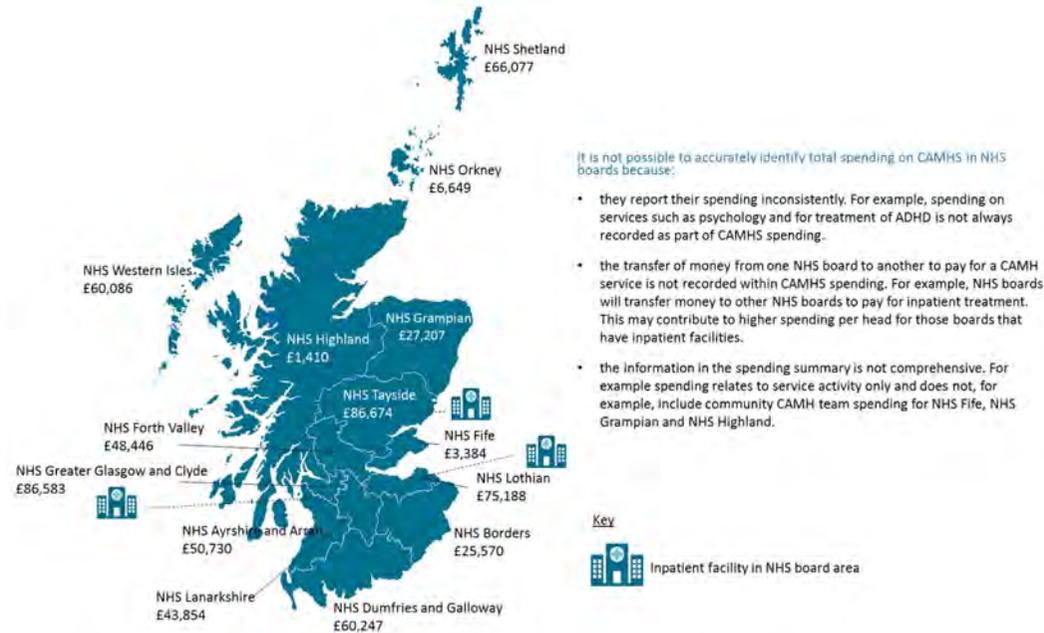
Mental health spend for the State hospital is included.

Source: Audit Scotland using ISD Cost Book data (R340, R048X, R04LSX and SFR8.3)

Exhibit 9

Published spending on CAMHS per 1,000 people under 18 years old, by NHS board, 2016/17

Spending on CAMHS varies across the country but poor data means it is not possible to identify this accurately.



- It is not possible to accurately identify total spending on CAMHS in NHS boards because:
- they report their spending inconsistently. For example, spending on services such as psychology and for treatment of ADHD is not always recorded as part of CAMHS spending.
 - the transfer of money from one NHS board to another to pay for a CAMH service is not recorded within CAMHS spending. For example, NHS boards will transfer money to other NHS boards to pay for inpatient treatment. This may contribute to higher spending per head for those boards that have inpatient facilities.
 - the information in the spending summary is not comprehensive. For example spending relates to service activity only and does not, for example, include community CAMH team spending for NHS Fife, NHS Grampian and NHS Highland.

Note: Outpatient costs are included as detailed in R04LSX only.

Source: Audit Scotland using ISD Cost Book data (R04LSX, R048X and SFR 8.3) and National Records of Scotland 2016 mid-year population estimates

It is not possible to identify how much councils spend on children and young people's mental health and wellbeing

50. Council expenditure on children and young people's mental health services is spread across education, children and families and social work and cannot be easily identified within budgets. Council spending includes, for example, counsellors and educational psychologists in schools. The Scottish Attainment Challenge Fund, introduced by the Scottish Government in 2015, provides funding that some councils and head teachers are using for mental health and wellbeing, with the aim of reducing the poverty related attainment gap.
51. NHS boards, councils and integration authorities need to better understand the balance of spending between different types of children's services to identify where spending can be shifted towards early intervention initiatives. The Scottish Government is working with Community Planning Partnerships (CPPs) on the Realigning Children's Services (RCS) programme, which is designed to support local improvement in the way children's services are commissioned. It has been running since 2015, and includes:
- work to improve sharing of data between different agencies
 - support to CPPs to understand the availability of children's services and the cost attached to these services, including early intervention and prevention
 - support to CPPs to improve joint working and more effective commissioning of children's services.¹⁵
52. This programme has the potential to improve multi-agency working, but it is difficult to assess the impact it has had. The Centre for Excellence for Looked After Children in Scotland (CELCIS) has been commissioned to carry out an evaluation of the RCS programme, which is due to be published in autumn 2018.

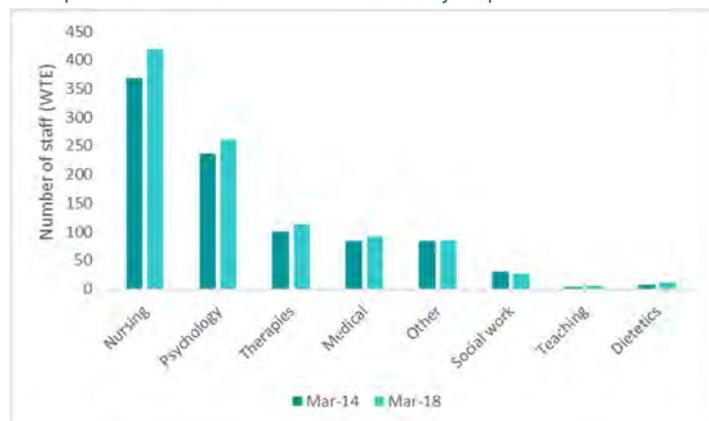
There has been an increase in the specialist CAMHS workforce

53. Nationally published workforce data focuses on NHS CAMHS employees. The specialist CAMHS workforce increased by 11 per cent between 31 March 14 and 31 March 2018, from 917.5 to 1014.4 whole time equivalents (WTE) ([Exhibit 10](#)). Nursing and psychology make up 67 per cent of the workforce, as at March 2018. Despite this increase, more children and young people are waiting longer for treatment.

¹⁵ The CPPs involved in the programme are Clackmannanshire, Dumfries and Galloway, Falkirk, Moray, North Lanarkshire, South Ayrshire, South Lanarkshire and West Lothian.

Exhibit 10**Changes in specialist CAMHS workforce between 31 March 2014 and 31 March 2018**

The specialist CAMHS workforce increased by 11 per cent.

**Notes:**

1. Therapies staff include, for example, occupational therapy, speech and language therapy and counselling.
2. Medical staff include child and adolescent consultant psychiatrists and trainee doctors.
3. Other staff include, for example, primary mental health workers, clinical support workers and youth support workers.
4. This data does not capture all council-employed CAMHS staff, such as educational psychologists and school counsellors.

Source: Audit Scotland using ISD/NHS Education for Scotland data

54. Nationally, the number of child and adolescent consultant psychiatrists has reduced from 61.5 WTE to 54.6 WTE between March 2013 and March 2017. Over the same period, the vacancy rate has increased from 6.1 per cent (4.0 WTE) to 9.5 per cent (5.7 WTE).¹⁶ The Royal College of Psychiatrists has also reported on the difficulty in recruiting, training and retaining child and adolescent consultant psychiatrists.¹⁷
55. In March 2017, NHS Lothian had a total of 2.9 WTE child and adolescent consultant psychiatrist posts. This equates to the lowest number of posts per 1,000 people under 18 years old, excluding the island boards. The board relies on trainee psychiatrists. This may affect continuity of care for children and young people as trainees will only be in post for a fixed term.

¹⁶ ISD Scotland, September 2017, IDS (M) 53 Consultant contract

¹⁷ Manifesto for Scottish Parliamentary Elections May 2016, The Royal College of Psychiatrists, 2016.

56. Over the last ten years, CAMHS staff across all clinical groups aged 50 or over increased from 15 per cent to 24 per cent of the total workforce. Longer-term workforce plans are required to ensure that the right size of workforce with an appropriate skills mix is in place to deliver services effectively.

More training is needed for those who work with children and young people

57. Non-mental health specialists, such as teachers, school nurses, GPs and voluntary sector organisations, play a key role in supporting children and young people's mental health and wellbeing.
58. A SAMH survey of over 3,000 school staff in 2017 found that:
- 66 per cent of teachers felt they did not have enough training in mental health for them to carry out their role properly
 - 63 per cent said that mental health and wellbeing was not part of their initial teacher training
 - 45 per cent had never undertaken any training on mental health after qualification.¹⁸
59. Building the knowledge and skills of the full range of professionals who work with children and families is essential to increasing the capacity of the whole system to meet the needs of children and young people. However, they may need additional training and skills to be able to:
- help build resilience and emotional wellbeing
 - identify mental health problems
 - intervene early to prevent problems escalating
 - refer children and young people to other appropriate services.
60. The City of Edinburgh Council has developed a range of training courses for teachers, parents and carers to build skills and knowledge in promoting positive mental health ([Case study 4](#)).

Case study 4

Growing Confidence - City of Edinburgh Council

In response to a demand for training and improving skills of teachers, parents and carers to promote positive mental health and wellbeing in pupils, the City of Edinburgh Council has developed a range of courses and materials. These consist of:

- training and support for staff at all levels
- resources for building resilience in primary school pupils

¹⁸ Going to be well trained, SAMH, 2017

- training for guidance and pupil support staff to deliver a PSE programme for S1/S2 classes on emotional wellbeing. This has also been delivered as a peer education programme where S5/S6 classes deliver to younger pupils.
- support for parents through universal training courses for parents of 0-11-year olds and parents and carers of adolescents.

Since 2008, 161 courses have been delivered to over 2,000 multiagency staff. Ninety-eight per cent of participants report feeling much more confident to support the development of emotional well-being in children and young people that they work with including:

- greater awareness of the reasons behind the behaviour (73 per cent)
- more patient when listening and talking to children and young people (70 per cent)
- 85 per cent of participants reported the course had had a positive effect on a personal level and were doing more to support their own emotional health and wellbeing.

The training and programmes are also being rolled out in Borders, East Lothian, Midlothian and West Lothian councils.

Source: Audit Scotland

61. The Mental Health Strategy commits to reviewing PSE, counselling and pastoral support in schools, which is due to be completed by the end of 2018. The second stage of this work is a review of the delivery of PSE in schools carried out by Education Scotland. This will include looking at how positive mental health is encouraged, how issues are identified and, where they are needed, the extent specific counselling services are available for children and young people in schools, how these are delivered and their effectiveness.
62. In April 2018, the Chief Nursing Officer published a report on the revised role of school nurses. The school nurse role will now focus on nine priority areas, one of which is mental health and wellbeing. An evaluation of the early adoption of the refocused role in NHS Dumfries and Galloway and NHS Tayside found that additional training on mental health and wellbeing was required to enable school nurses to fulfil the new role.¹⁹ To date, the Scottish Government has not committed any additional funding to support the training of school nurses.

¹⁹ A Realist Evaluation of the Refocused School Nurse Role within Early Adopter Sites in Scotland: Main Report, Scottish Government 2017

Part 4: Policy and strategic direction

It is not clear how the Scottish Government's mental health strategy will improve outcomes for children and young people

63. The Scottish Government's Mental Health Strategy 2017-2027 covers children and young people as well as adults. It was published two years after the previous strategy expired, and identifies several areas where more work is needed to understand how the current system is working and what needs to change.²⁰ These include:
- rejected referrals
 - the transition from CAMHS to adult mental health services
 - the need for highly specialist inpatient units
 - PSE, counselling and pastoral support in schools.
64. The strategy contains 40 actions, 15 of which specifically relate to children and young people, but in some cases, these actions lack detail. For example, the strategy identifies the need for a multi-agency, whole system approach for the planning and delivery of all CAMHS. The Scottish Government commits to working with partners to develop systems and pathways which support children's mental health and wellbeing in a co-ordinated way, but the strategy does not make clear how and by when this will be done. This makes it difficult to monitor progress.
65. The strategy was initially intended to be produced jointly with COSLA, but COSLA did not endorse the strategy. Because of the scale of the challenge in improving mental health services, it is essential that all the organisations involved work together to development and implement policies in this area. Despite these initial difficulties, the Scottish Government and COSLA have agreed to work together, through their joint political leadership of health and social care integration, to support implementation of the strategy.
66. The Mental Health Strategy includes an action to commission an audit of CAMHS rejected referrals, and to act upon its findings. The Scottish Association for Mental Health (SAMH) and the NHS National Services Scotland Information Services Division (ISD) carried out this work. A report was published in June 2018, and makes 29 recommendations for the Scottish Government, NHS boards and integration authorities, including recommendations on the need to improve the collection and publication of data on referrals.²¹ The Cabinet Secretary for

²⁰ Mental Health Strategy: 2017-2027, Scottish Government, 2017.

²¹ Rejected Referrals to Child and Adolescent Mental Health Services (CAMHS): A Qualitative and Quantitative Audit, Scottish Government, 2018.

Health and Sport accepted the recommendations in the report and announced £5 million funding to reshape children and young people's mental health services. This change will be led by a new task force, which will report to both Scottish Government and COSLA.

67. The Scottish Government reported on progress with the mental health strategy 2012-15 in August 2017, after the new strategy was published. Three of the actions in the previous strategy continue into the current strategy. For the current strategy, an annual report is due to be submitted to the Scottish Parliament's Health and Sport Committee later in 2018 and a full progress review is due to be carried out in 2022. The strategy does not specify how outcomes will be measured, but the Scottish Government commits to developing a framework to ensure that data is fit for purpose. No timescale is specified for this. Without this it will be difficult to establish a baseline against which to measure progress.

Children and young people's wellbeing is central to several Scottish Government policies

68. Since the publication of the Christie Commission report on public service reform in 2011, the Scottish Government has identified preventative spending as a policy priority.²² This aims to better support people by shifting public spending to tackling problems before they arise. However, in many areas the public sector has found it difficult to do this while responding to more urgent and acute needs. It can be difficult to define what constitutes early intervention and prevention. Measuring the impact of early intervention and prevention services is also challenging, as improvements may not be evident in the short term. Where there are improvements they may not be easily attributable to preventative spending.
69. Several key Scottish Government policies focus on the importance of prevention and on giving children the best start in life and enabling them to achieve their full potential. The different policy areas involved need to work together to take a coordinated approach to children and young people's mental health and wellbeing. This should cover the full spectrum of need and make the connections between perinatal and maternal mental health, early years policy and children and young people's mental health ([Exhibit 11](#)).

²² Commission on the Future Delivery of Public Services, 2011

Exhibit 11

Policies affecting children and young people's health and wellbeing

There are a range of policies that aim to give children the best start in life.

Date of introduction	Policy/legislation
X 2007	Introduction of the National Performance Framework
September 2008	A guide to Getting it right for every child published
January 2010	Introduction of the Family Nurse Partnership
August 2010	Implementation of the Curriculum for Excellence which has a strong focus on health and wellbeing
June 2012	A second guide to Getting it right for every child published
February 2014	The Children and Young People (Scotland) Act 2014 passed by the Scottish Parliament
October 2015	Introduction of the Universal Health Visiting Pathway - Pre-birth to pre-school
X 2016	The Children and Young People Improvement Collaborative established
December 2016	2017 National Improvement Framework and Improvement Plan published
June 2017	Children and Young People (Information sharing) (Scotland) Bill introduced
August 2018	The Suicide Prevention Action Plan
Post publication of audit	The ten-year Child and Adolescent Health and Wellbeing Action Plan
Post publication of audit	The Loneliness and Isolation Strategy

Source: Audit Scotland

A step change is required in the way the services respond to the mental health needs of children and young people

70. This report demonstrates that the current system is struggling to meet the needs of children and young people. The actions in the mental health strategy relating to children and young people focus on understanding the way the system works currently and its challenges, rather than meeting the needs of children and young people. The scale of the challenge means that

the Scottish Government and COSLA need to be more ambitious and to review the system as whole if it is to better meet demand and function in a more integrated and effective way.

Effective leadership is needed both nationally and locally to provide a framework for change

71. If support for children and young people is to improve, the Scottish Government and COSLA need to support and empower councils, integration authorities, NHS boards and other partners to work collaboratively to change the way services are delivered. A major challenge in shifting spending on health and social care towards prevention is that money is locked into acute care and hospital provision. As highlighted in previous Audit Scotland reports, there can also be challenges in collaborative working and difficulties caused by perceptions about budgets belonging to organisations such as councils or NHS boards.
72. To achieve the step change required the Scottish Government needs to work with COSLA, NHS boards, councils and integration authorities to set a clear framework for how the high-level priorities set out in the strategy will be achieved in practice by the organisations delivering services.
73. With the NHS and councils facing increasing financial pressures, and struggling to meet demand for reactive and crisis services, there is a need to consider how to deliver services differently. The Scottish Government could support this by reviewing alternative models of services delivery, such as the Thrive model currently being piloted in nine sites in England, and, where appropriate, working with local areas to pilot tests of change.
74. At a local level, health and social care integration has the potential to encourage a more joined up approach to planning of and expenditure on all mental health and wellbeing services for children and young people. However, this is only the case where children's health and social care services are delegated to the integration authority. In 11 of the 31 integration authorities both children's health and social care services are delegated. In a further eight only children's health services are delegated. In 12 integration authorities children's health and social care services remain the responsibility of the NHS boards and councils.
75. Stakeholders have differing views about where specialist CAMHS is best placed. Some have highlighted the potential for a more integrated approach if they are managed within children's services. Regardless of where specialist services are managed, effective partnership working between service areas and organisations is crucial to ensuring that children and young people's individual needs are met and that the best outcome for them is achieved.

Local mental health and wellbeing strategies focus on adults

76. Aberdeenshire Council is the only council to have a mental health and wellbeing strategy specifically for children and young people ([Case study 5](#)). It is too early to see the impact of the strategy, and NHS Grampian continues to struggle to meet the 18-week LDP standard.

However, the strategy focuses on taking a child-centred approach to addressing children and young people's mental health and wellbeing, and puts an organisational structure in place which encourages more effective partnership working.

77. Some mental health strategies, such as Fife Health and Social Care Partnership's, cover all mental health services. Other areas, such as Tayside's, focus solely on adult services. While a strategy does not in itself ensure that organisations prioritise children and young people's mental health, the absence of any kind of mental health strategy may indicate that the mental health of children and young people is not always considered a local priority.

Case study 5

Aberdeenshire GIRFEC mental health and wellbeing strategy 2016-2019

Aberdeenshire's mental health and wellbeing strategy for children and young people, and accompanying action plan, was launched in March 2016. It was developed by the multi-agency Mental Health and Wellbeing Thematic Sub-Group. The group includes representatives from NHS Grampian, Aberdeenshire Health and Social Care Partnership, Education and Children's services, Police Scotland and voluntary sector organisations. The strategy:

- is aimed at everyone who has a role in supporting children and young people's mental health and wellbeing
- emphasises the importance of partnership working, including with children and young people themselves, and active support from parents and carers
- highlights that all professionals who work with children, young people and their families should have access to training on mental health and wellbeing.

Work to date includes:

- A children's wellbeing team in Peterhead, providing a community-based tier one and two service to children and young people who are looked after, or at risk of becoming looked after. The team also delivers training to multi-agency staff.
- Pilot projects on low-level anxiety in two areas (Portlethen and Inverurie). These aim to enable staff such as teachers, social workers and school nurses, to support young people who exhibit symptoms of low-level anxiety, but who do not meet the criteria for referral to CAMHS.
- A mental health practitioner working in the school nursing team in secondary schools in the Garioch area. They provide tier one and two support, raising awareness of other available services, and supporting school staff, parents and carers to promote positive mental health.
- A parental engagement and support hub set up by the council, to help raise awareness of a range of issues and improve partnership working with parents and carers.

Source: Audit Scotland

Children's services plans and other local strategies should have a stronger focus on children and young people's mental health and wellbeing

78. Under the Children and Young People (Scotland) Act 2014, all councils and their partner NHS boards are required to produce three-year children's services plans. Statutory guidance states that these should plan for the provision of children's services to support children at the earliest appropriate time, to prevent needs arising.²³
79. Almost all children's services plans refer to children's mental health and wellbeing as a strategic priority, but with varying levels of detail, from brief mentions in some plans to specific mental health and wellbeing outcomes and actions in others. Whether local priorities for children and young people's mental health and wellbeing services are set out in children's services plans or mental health strategies, it is important that strategic planning of services takes place, involving all delivery partners and in response to an assessment of local need.
80. The Scottish Government has begun a six-month programme of engagement with CPPs which will focus on children's services plans. This aims to identify the challenges faced by local areas in delivering children's services, so that Scottish Government support can be better targeted.

²³ Statutory guidance on Part 3 (Children's Services Planning) of the Children and Young People (Scotland) Act 2014, Scottish Government, 2016.

Appendix 1

Audit methodology

Our objective: How effectively are children and young people's mental health services delivered and funded in Scotland?

Our audit questions:

- How effective are the funding and delivery of mental health and wellbeing services across Scotland in meeting the needs of children and young people?
- What are the main factors supporting and impeding the delivery of children and young people's mental health and wellbeing services, at both a national and local level?
- How effectively is the Scottish Government providing strategic direction to support the improvement of outcomes for children and young people's mental health and wellbeing?

Our methodology:

- interviews, focus groups and analysis of documents and local performance data in three case study areas - Ayrshire and Arran, Lothian and Grampian. We met with senior council officers, NHS senior managers, frontline staff, parents/carers and teachers.
- focus groups with children and young people. Our engagement with children and young people involved hearing about the services they use, listening to the difficulties faced when accessing services and asking for feedback on our work throughout the audit process.
- interviews with senior staff in the Scottish Government, Convention of Scottish Local Authorities (COSLA), Healthcare Improvement Scotland, the Care Inspectorate, the Mental Welfare Commission and other national bodies
- interviews with representatives from stakeholder organisations
- analysis of national performance and workforce data published up to June 2018
- analysis of financial data ²⁴
- a review of key documents, including the Scottish Government's Mental Health Strategy 2017-2027.

Our conclusion

Xxx

²⁴ We refer to real-terms changes in the report, meaning that figures are adjusted for inflation when we are presenting financial information from past years. Our analysis of financial information published by ISD is adjust to 2016/17 prices, using the GDP deflator [published by HM Treasury in from September 2017-](#).

Appendix 2: Advisory group members

Audit Scotland would like to thank members of the advisory group for their input and advice throughout the audit.

Member	Organisation
Gareth Adkins	Healthcare Improvement Scotland
Bernadette Cairns	The Highland Council
Laura Caven	COSLA
Marian Flynn	CELCIS
John Froggatt	Scottish Government
Margo Fyfe	Mental Welfare Commission
Lorna Greene	Royal College of Nursing
Dorothy Hawthorn and Jonathon Hinds	Social Work Scotland
Carolyn Lochhead	Scottish Association for Mental Health
Elaine Lockhart	Royal College of Psychiatrists
Karen Martin	Carers Trust
Thomas McEachan/Chloe Robertson	Scottish Youth Parliament
Julie Metcalfe	NHS Greater Glasgow and Clyde
Barry Syme	Glasgow City Council
Pete Whitehouse	Scottish Government
Amy Woodhouse	Children in Scotland

Note: Members sat in an advisory capacity only. The content and conclusions of this report are the sole responsibility of Audit Scotland.

Appendix 3

Overview of referral criteria and CAMH services in each NHS board

NHS Board	Age range	Who can refer	Process for urgent referrals
NHS Ayrshire & Arran	5-18 0-5 is dealt with by community paediatrics unless exceptional circumstances and a clear MH disorder.	GP/social work/education services Referrer must have met the child or young person within 5 working days before making referral.	Unknown
NHS Borders	5-18	Professional based within Children's Services, who has met with the child or young person	Urgent referrals assessed within 5 working days Emergency referrals assessed the same day These are usually carried out by a nurse and may require a psychiatrist
NHS Dumfries & Galloway	Unknown	Someone who knows the child, young person or family/carer who may be able to offer some help in the first instance is preferable but if required the young person and families/carers are able to contact the team themselves	Unknown
NHS Fife	Up to 18 years old	Professionals working with children and	committed to respond helpfully to requests for an

NHS Board	Age range	Who can refer	Process for urgent referrals
		young people, who have met with the child/young person	urgent assessment and to provide, at the very least, same day telephone consultation to those seeking support and advice. They have provided direct telephone numbers for urgent assessments.
NHS Forth Valley	0 - up to 18th birthday. Up to 16 for those with learning disabilities	Any agency working with children (but all non-health referrers must inform the child or young person's GP of the referral and complete Child's Plan paperwork) Must have met the child/young person first.	Responded to as appropriate, normally within four weeks. Children referred who are currently on the Child Protection Register will be prioritised, their referrals categorised as urgent, however the team will require access to all relevant assessments completed and the current Child Protection Care Plan. Team may decide to expedite a referral due to level of need or risk.
NHS Grampian	0 to 18th birthday Children with learning disabilities are seen up to school leaving age	Unknown	Urgent referrals are seen within one week Emergency referrals are seen within 24 hours.
NHS Greater Glasgow and Clyde	0 - 18th birthday	GP, Hospital Doctors, School, School Nurse, Educational Psychologists, or Social Worker	To be made via telephone contact. On-call service is available during normal working hours. If a medical psychiatric response is specifically required and cannot be

Commented [ZM1]: To be confirmed by Grampian

NHS Board	Age range	Who can refer	Process for urgent referrals
			achieved within the team, the referral is passed to the emergency service Duty Child Psychiatrist.
NHS Highland	0 - 16 years Up to 18 if in FT education	Requests are accepted from ALL child care professionals.	<p>Lists criteria when referrals are considered urgent.</p> <p>If it is felt that child or young person requires an urgent mental health assessment then referrals should be discussed with a CAMHS Clinician prior to referral submission.</p> <p>Referrals of an urgent nature out with normal working hours and at weekends should be directed to A&E.</p>
NHS Lanarkshire	0 - 16 years Up to 18 if in full-time education	Requests are accepted from a wide range of professionals working with children and young people.	<p>Requests can be made over the telephone in this case, but must be followed by a written request.</p> <p>If an urgent appointment is required, one will be offered as soon as possible within 2 weeks.</p> <p>Where mental health problems present an immediate and significant risk of harm to a young person or others, they should be assessed by CAMHS by end of next working day.</p>
NHS Lothian	0 - 18 years	Professionals such as GPs, community child health, general	Out of hours emergencies are advised to contact their GP in first instance.

NHS Board	Age range	Who can refer	Process for urgent referrals
		medicine, social work, health visitors, schools, educational psychology and other voluntary or professional agencies	The on-call duty doctor system for CAMHS should be used by professionals once they have seen the person, if a child or young person requires an immediate mental health assessment
NHS Orkney	Up to 18 years but can be older to allow for successful transition to adult services	Schools, social services, third sector, primary care, fellow professionals, educational psychology, paediatrics,	Urgent referrals come into the community mental health team during working hours. These are triaged on an individual basis and are responded to as soon as the initial triage dictates. This can mean within two hours. Emergency response is the responsibility of all mental health nurses in the team who are allocated duty slots between them. Out of hours emergency is triaged initially through the out of hours GP service or A&E and should specialist mental health assessment be required then on call mental health nurse will provide this assessment. Additional support is co-opted if required from the out of hours duty social work-particularly in younger children rota or the MHO rota. There are no on site psychiatrists for any age group working locally.
NHS Shetland	0 - 16	Unknown	Unknown

Appendix 3

NHS Board	Age range	Who can refer	Process for urgent referrals
	Up to 18 if in full-time education		
NHS Tayside	Up to 18	Unknown	Unknown
NHS Western Isles	Unknown	Health professionals/education/social work	Unknown

Source: Audit Scotland

[REDACTED]

From: [REDACTED]<[REDACTED]@audit-scotland.gov.uk>
Sent: 30 July 2018 15:55
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Clearance comments

Hi [REDACTED]

Many thanks for the clarification.

[REDACTED]

From: [REDACTED]<[REDACTED]@gov.scot [mailto:[REDACTED]@gov.scot]>
Sent: 26 July 2018 13:02
To: [REDACTED]<[REDACTED]@audit-scotland.gov.uk>
Cc: [REDACTED]<[REDACTED]@gov.scot>
Subject: RE: Clearance comments

Hi [REDACTED]

Following our call, I think I have the information that you are looking for:

The budget profile of the £150 million commitment over 5 years from 2017-18 to 2021-22 is expected to be £30 million per year. The additional funding from the commitment to 2019-20 is therefore over 2 years, so £60 million.

I hope that answers your question on the additional funding.

Thanks

[REDACTED]

From: [REDACTED]
Sent: 24 July 2018 13:26
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Clearance comments

Dear [REDACTED]

I have looked into your first question and have the following clarification. A commitment was given (December 2015) to invest £150 million over 5 years 2015-16 to 2019-20. That commitment was renewed in December 2016 as part of the Scottish budget 2017-18 and gave a commitment to invest £150 million over 5 years from 2017-18 to 2021-22. The additional funding is in the extension from 2019-20 to 2020-21. Since then, further new funding was announced as part of the Scottish budget 2018-19 (£17 million to support the Action 15 Workforce commitment and CAMHS Transformation).

With regard to your second question, the meetings are being set up and emails have been sent to Community Planning Partnerships. I have copied the text from the emails below.

I hope these are helpful. Please let me know if I can help further.

Improving outcomes for children and young people is at the heart of all of our work and this is reflected in the National Outcomes and National Improvement Framework. We know that this cannot be achieved without collaborative engagement with partners who deliver services locally. Children's Services Plans have identified local priorities and actions and, one year on, we are keen to engage in a dialogue with Community Planning Partnerships to hear what has worked well, where further support may be needed, and whether there are consistent themes and priorities emerging at national level. To this end we are embarking on a Scotland-wide programme of engagement with Community Planning Partnerships with the following key aims:

- to identify good practice/initiatives with a view to sharing those with other localities;
- to identify challenges for partners in delivering children services and improving outcomes;
- to inform effective and targeted deployment of existing Scottish Government improvement programmes and data tools (such as Children and Young People's Improvement Collaborative and Realigning Children's Services) according to local requirements; and
- to gain feedback on the statutory guidance for the Children Services Plans and provide support on development and implementation of the plans.
- to explore ways of improving and streamlining planning and reporting across education, health and children services.

In advance of the visits we are reviewing the Children's Services Plans and one year on reports with a view to producing summary reports. These reports will be shared with each local area.

We want the programme of visits to be both helpful and informative to all parties. To foster better collaboration the visits will be supported by colleagues from Children and Families Directorate, Learning Directorate and Health Directorates, and we will adopt an appreciative enquiry approach to the engagement.

We will also hold Strategic Leads events at the beginning and at the end of the programme of visits. We will feedback on the recurring themes and discuss the review of the Statutory Guidance.

We would therefore like to arrange a date to meet with you and other key partners involved in the delivery of the Children's Services Plan. [redacted] Engagement Lead, will be in contact shortly to agree arrangements and answer any further questions you may have on the visits.

Yours

[redacted] Director for Children and Families and [redacted] Director for Learning

From: [redacted]@audit-scotland.gov.uk]
Sent: 19 July 2018 16:23
To: [redacted]
Cc: [redacted]
Subject: Re: Clearance comments

Hi [REDACTED]

Yes, that's fine. If it's possible to get back to me by close on Tuesday that would be much appreciated.

Thanks
[REDACTED]

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From: [REDACTED]@gov.scot [REDACTED]@gov.scot>
Sent: Thursday, July 19, 2018 4:08:51 PM
To: [REDACTED]
Cc: [REDACTED]@gov.scot
Subject: RE: Clearance comments

Hi [REDACTED]

I'll look into this and get back to you - it'll probably be early next week though - hope that's ok?

From: [REDACTED]
Sent: 19 July 2018 15:52
To: [REDACTED]
Subject: FW: Clearance comments

From: [REDACTED]@audit-scotland.gov.uk]
Sent: 19 July 2018 12:30
To: [REDACTED]
Cc: [REDACTED]
Subject: Clearance comments

Hi [REDACTED]

I hope you're well. We're currently working through the clearance comments on the draft report and I just wanted to clarify a couple of points:

- The comment on para 58 talks about two periods of funding covering 2015/16-2019/20 and 2017/18-2021/22. The comments state that the £150 million referenced in para 58 covers 2015/16-2019/20. Can I clarify whether there is additional funding in place covering the period 2017/18 – 2021/22?
- [REDACTED]'s letter mentions a programme of engagement with CPPs over the next 6 months which will focus on Children's Services plans. Is there any documentation you can share which sets out when this engagement will take place and what it will involve?

Best wishes,
[REDACTED]

[REDACTED]
Audit Manager

Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
T: [REDACTED] E: [REDACTED]@audit-scotland.gov.uk
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[REDACTED]

From: [REDACTED]@audit-scotland.gov.uk>
Sent: 05 September 2018 10:59
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Children and young people's mental health - updated report

Hi [REDACTED]

Thanks for getting back to me on this.

[REDACTED]

From: [REDACTED]@gov.scot [REDACTED]@gov.scot>
Sent: 05 September 2018 06:59
To: [REDACTED]@audit-scotland.gov.uk>; [REDACTED]@gov.scot
Cc: [REDACTED]@gov.scot; [REDACTED]@gov.scot; [REDACTED]@audit-scotland.gov.uk>; [REDACTED]@audit-scotland.gov.uk>; [REDACTED]@audit-scotland.gov.uk>
Subject: RE: Children and young people's mental health - updated report

Hi [REDACTED]

Following our conversation yesterday, I have checked with colleagues about para 46. It is correct to say that we have made two £150m funding commitments for Mental Health, over two overlapping time periods. The first announcement of £150m funding was at the end of 2015, and based on this timing, would apply on a calendar year basis over the five years 2016-2020. Para 46 would therefore be more accurate if the yellow highlighted text below was removed. If you have spoken with [REDACTED] about the breakdown that follows the para then that will be fine.

Thanks

[REDACTED]

In December 2015, the Scottish Government announced £150 million funding over five years, from 2015/16 to 2019/20, to improve mental health services. In the 2017/18 draft budget, the Scottish Government made a further commitment to spend £150 million over the five-year period 2017/18 to 2021/22, effectively extending their commitment to provide improvement funding by two years

From: [REDACTED]@audit-scotland.gov.uk>
Sent: 29 August 2018 12:18
To: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>
Cc: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>; [REDACTED]@audit-scotland.gov.uk>; [REDACTED]@audit-scotland.gov.uk>; [REDACTED]@audit-scotland.gov.uk>; [REDACTED]@audit-scotland.gov.uk>
Subject: RE: Children and young people's mental health - updated report

Hi both,

Further to my previous email, please find attached the updated report.

Apologies for the delay in sending this through. Since my last email we have had continuing discussions with ISD and the boards about the cost book data. In my last email I mentioned that ISD had advised that additional outpatient costs should be included in our analysis of CAMHS expenditure. Since then some boards have advised that there is an issue with double counting of these costs, so we are no longer including these. Further to this, we have just been made aware that NHS Grampian records the bulk of its CAMHS expenditure as day patient costs, so we have also included these in our analysis. These changes affect key message 3, paragraph 48, and exhibits 8 and 9.

I'd be grateful if you could check that the following additions are accurate:

Paragraph 46 - further to your clearance comments I was in contact with [REDACTED] about the two overlapping commitments of £150 million over 5 years (see attached email) and I spoke to [REDACTED] about it yesterday. We have reworded this paragraph to clarify the various commitments.

Paragraph 66 - we have added some text on the rejected referrals audit and the new task force.

Exhibit 11 – we have added a policy timeline. This is currently presented as a table, but will be a timeline in the published report.

We are now in the middle of our publications process, so I would be grateful if you could get back to me with any comments on paragraphs 46, 66 and exhibit 11, by close on Monday 3 September.

Kind regards,

[REDACTED]

[REDACTED]

Audit Manager

Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN

T: [REDACTED] E: [REDACTED]@audit-scotland.gov.uk

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From: [REDACTED]
Sent: 02 August 2018 14:15
To: [REDACTED]@gov.scot; [REDACTED]@gov.scot; [REDACTED]@gov.scot; [REDACTED]@gov.scot;
[REDACTED]@gov.scot' <[REDACTED]@gov.scot>
Cc: [REDACTED]@audit-scotland.gov.uk; [REDACTED]@audit-scotland.gov.uk
Subject: Children and young people's mental health - post-clearance draft report

Hi all

I wanted to let you know that as well as taking the clearance comments into consideration, we have also been advised by ISD that we should include two further strands of cost book data in our analysis of CAMHS expenditure. We are also updating the report to reflect the publication on the rejected referrals audit and the additional financial information you provided on mental health funding. As this will mean some changes to the text and exhibits in the report, we thought it made sense to share a further draft of the report with you, as a courtesy, to make you aware of this additional text and analysis.

We plan to do this in the week beginning 20 August. Our publications process will then begin on 27 August, with the report publishing on 13 September.

I also have a couple of further queries. At the meeting with [redacted] and [redacted] I asked about publication of the report on models of community LD CAMHS, which was originally due to come out in May. Can I check if you now have a publication date for that?

You also mentioned that the annual report on the mental health strategy is due to be submitted to the Health and Sport Committee after recess. Would it be possible for you to share a draft of the report?

I will be on annual leave until 15 August. Happy to discuss any of this when I'm back in the office.

Kind regards

[redacted]

[redacted]

Audit Manager

Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN

T: [redacted] E: [redacted]@audit-scotland.gov.uk

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Dh'fhaodadh gum bi teachdaireachd sam bith bho Riaghaltas na h-Alba air a chlàradh neo air a sgrùdadh airson dearbhadh gu bheil an siostam ag obair gu h-èifeachdach neo airson adhbhar laghail eile. Dh'fhaodadh nach eil beachdan anns a' phost-d seo co-ionann ri beachdan Riaghaltas na h-Alba.

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[REDACTED]

From: [REDACTED] on behalf of Director of Population Health
Sent: 08 June 2017 14:59
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Audit Scotland performance audit on children's mental health

[REDACTED]
cc [REDACTED]

I understand that you are also trying to set up a meeting with [REDACTED]. We've discussed here and think it would make sense if you met jointly with [REDACTED] and [REDACTED] (the Deputy Director of Mental Health Division).

In which case suggested dates would be:

- 5/7 - PM
- 12/7 -PM
- 13/7 – PM

Grateful if you could let me know if any of these dates would suit.

Thanks

[REDACTED]

[REDACTED] Business & Policy Support | Population Health Directorate | Scottish Government | [REDACTED]
[REDACTED] St Andrews House, Regent Road, Edinburgh EH1 3DG | Tel: [REDACTED]

From: [REDACTED] On Behalf Of Director of Population Health
Sent: 08 June 2017 10:30
To: [REDACTED]
Cc: [REDACTED] Director of Population Health
Subject: RE: Audit Scotland performance audit on children's mental health

[REDACTED]

Unfortunately, due to a mixture of annual leave and long-standing commitments [REDACTED] is unable to do any of the dates you have offered below.

Do you have any availability during the first couple of weeks in July. Currently [REDACTED]'s calendar looks free on:

- 4/7 @13:30
- All day 7/7
- PM 12/7, 13/7 and 14/7

Thanks

[Redacted]

[Redacted] Business & Policy Support | Population Health Directorate | Scottish Government | [Redacted]
[Redacted] St Andrews House, Regent Road, Edinburgh EH1 3DG | Tel: [Redacted]

From: [Redacted]@audit-scotland.gov.uk]
Sent: 07 June 2017 16:24
To: Director of Population Health
Cc: [Redacted]
Subject: Audit Scotland performance audit on children's mental health

Dear [Redacted]

I'm writing to you regarding Audit Scotland's planned performance audit on children's mental health. This will be a joint audit on behalf of the Auditor General for Scotland and the Accounts Commission. As part of our scoping work I was hoping that colleagues and I could have an initial conversation with you, to discuss relevant policy priorities and developments to help inform the scope of the audit.

Would any of the following times suit? We would hope to have about an hour of your time, if possible:

- Thursday 15 June – am
- Thursday 22 June – before 13.00
- Monday 26 June – before 14.00
- Tuesday 27 June – before 11am

We are also hoping to set up initial meetings with the new Director of Children and Families and with other relevant SG colleagues.

Regards,

[Redacted]

[Redacted]

Audit Manager

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[REDACTED]

From: [REDACTED]
Sent: 03 October 2018 08:32
To: [REDACTED]
Subject: FW: CAMHS Report

From: [REDACTED]
Sent: 05 September 2018 11:20
To: [REDACTED]@audit-scotland.gov.uk>
Subject: RE: CAMHS Report

Ahh sorry! I didn't realise, she's out of the office so thought she'd not had chance!

[REDACTED] | Head of Early Interventions |
Mental Health and Protection of Rights Division |
Tel: [REDACTED] |

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]@audit-scotland.gov.uk]
Sent: 05 September 2018 11:00
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: CAMHS Report

Hi [REDACTED]

Thanks for double checking this. [REDACTED] emailed me earlier this morning to let me know.

[REDACTED]

From: [REDACTED]@gov.scot <[REDACTED]@gov.scot>
Sent: 05 September 2018 10:52
To: [REDACTED]@audit-scotland.gov.uk>
Cc: [REDACTED]@gov.scot; [REDACTED]@gov.scot
Subject: CAMHS Report

Hi [REDACTED]

I'm sorry this is coming late in the day, but you asked us to double check the accuracy of paragraph 46. We have now checked with finance colleagues, who advise a small change would make the wording more accurate. Advice is as follows:

It is correct to say that we have made two £150m funding commitments for Mental Health, over two overlapping time periods. The first announcement of £150m funding was at the end of 2015, and based on this timing, would apply on a calendar year basis over the five years 2016-

2020. Para 46 would therefore be more accurate if the yellow highlighted text below was removed.

Audit Scotland Para 46:

In December 2015, the Scottish Government announced £150 million funding over five years, from 2015/16 to 2019/20, to improve mental health services. In the 2017/18 draft budget, the Scottish Government made a further commitment to spend £150 million over the five-year period 2017/18 to 2021/22, effectively extending their commitment to provide improvement funding by two years. These funding commitments include:

- £10 million over two years to support new ways of improving mental health support in primary care
- £15 million over three years for the mental health innovation fund, which includes an allocation to all boards to support increased access to CAMHS and develop new and innovative approaches to treatment
- £4.6 million over four years to fund the MHAIST (Mental Health Access Improvement Support Team) programme, designed to improve access to CAMHS and psychological therapies
- funding for the NHS Education for Scotland mental health programme, which is designed to enhance the supply and training of the CAMHS and psychological therapies workforce (£6.1 million in 2017/18).

In the 2018/19 draft budget, the Scottish Government announced a further £17 million of separate funding; £12 million to increase the mental health workforce and £5 million specifically to support CAMHS transformational change.

Many thanks

[Redacted]
[Redacted] | Head of Early Interventions
Mental Health and Protection of Rights Division
Tel: [Redacted]

[Redacted]
[Redacted]
[Redacted]
[Redacted]

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Tha am post-d seo (agus faidhle neo ceanglan còmhla ris) dhan neach neo luchd-ainmichte a-mhàin. Chan eil e ceadaichte a chleachdadh ann an dòigh sam bith, a' toirt a-steach còraichean, foillseachadh neo sgaoileadh, gun chead. Ma 's e is gun d'fhuair sibh seo gun fhiosd', bu choir cur às dhan phost-d agus lethbhreac sam bith air an t-siostam agaibh agus fios a leigeil chun neach a sgaoil am post-d gun dàil.
Dh'fhaodadh gum bi teachdaireachd sam bith bho Riaghaltas na h-Alba air a chlàradh neo air a sgrùdadh airson dearbhadh gu bheil an siostam ag obair gu h-èifeachdach neo airson adhbhar laghail eile. Dh'fhaodadh nach eil beachdan anns a' phost-d seo co-ionann ri beachdan Riaghaltas na h-Alba.

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[REDACTED]

From: [REDACTED]
Sent: 03 October 2018 08:38
To: [REDACTED]
Subject: FW: CAMHS Audit

From: [REDACTED]
Sent: 31 October 2017 17:18
To: [REDACTED]@audit-scotland.gov.uk [REDACTED]@audit-scotland.gov.uk>
Cc: [REDACTED]@gov.scot>; [REDACTED]@gov.scot>
Subject: CAMHS Audit

Hi [REDACTED]

It was good to meet with you and [REDACTED] on Thursday and to hear more about Audit Scotland's plans for the CAMHS Audit (apologies I don't have [REDACTED]'s email address). It would be good to keep in touch as work progresses as I think there are a number of overlaps with our work on Rejected Referrals and the Youth Commission. I have passed on your email address to [REDACTED] at SAMH, and it is [REDACTED] who will lead on this work, and I think you are already in touch with her.

There were a couple of other pieces of info I said we would send:

1, The contact at Education Scotland who is leading on Action 1 - [REDACTED] in Learning Directorate is the SG Action Owner, so if you contact him he can put you in touch with the right people. [REDACTED]@gov.scot

2, Health Scotland contact is [REDACTED]@nhs.net

3, You asked for a general update on the Mental Health Strategy Actions, I will ask my colleague [REDACTED] to forward our action tracker, which contains everything, but if you wanted more info on particular actions let us know and we can send the individual progress reports.

4, We spoke about you attending the Biannual Meeting on 6 December, and I will ask my colleague to send you an invitation.

6, You asked about the research into the expansion of CAMHS - This will be a short paper looking at how other places have expanded their services to 25 (Birmingham, Australia and Ireland), that should be done over the next few months and we will let you see this once it's finished.

7, SAMH and YS Contacts - [REDACTED] SAMH Chief Executive [REDACTED]@samh.org.uk and Young Scot Chief Executive is [REDACTED]@young.scot

Hope this is helpful

Kind regards

[Redacted]

[Redacted] | Head of Early Interventions
Mental Health and Protection of Rights Division
Tel: [Redacted] |

[Redacted]
[Redacted]
[Redacted]
[Redacted]