

CYPMHW Programme Board Minute

19th August 2020

14:00 - 15:30

MS Teams

Programme Board Members

Jane O'Donnell (Co-chair)	COSLA
Donna Bell (Co-chair)	Scottish Government
Hugh McAloon	SG, Programme Director
Michael Chalmers	SG, Director for Children & Families
Morven Graham	ASPEP
Louise Long	Integrated Joint Board Chief Officers
Martin Crewe	Barnardos
Douglas Guest	Home Start
Jackie Irvine	Social Work Scotland
Ruth Christie	Scottish Government

Substitutes:

Jason O'Flynn	National Parent Forum Scotland
Elaine Lockheart	Royal College of Psychiatrists
Alex Cummings	SAMH
Ruth Stocks	ACP
Sarah Robertson	Youth Link Scotland

Support

Maggie Fallon	Universal theme lead (interim)
Stephen McLeod	CAMHS & Neurodevelopmental lead
Laura Caven	COSLA
Hannah Axon	COSLA
Lynne Jarvis	ISD
Sara Preston	Participation Officer
Jessica Galway	Programme Office
Jacqui Wray	Programme Office
Zak Galmiche	Programme Office
Neil Guy	Community MH lead
Fiona Drouet	National Suicide Prevention Leadership Group
Laura Meikle	SG Improvement, Attainment & Wellbeing
Frank Reid	SG, Suicide Prevention Policy

Judy Thompson	NHS Education for Scotland
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Apologies

Grace Vickers	Society of Local Authority Chief Executives Scotland
Kevin Kelman	Association of Directors Education
Dona Milne	Interim Director of Public Health
Sheila Downie	Royal Collage SLT
Sam Anson	SG Improvement, Attainment & Wellbeing
Amanda Croft	NHS Board Chief Executives

Graeme Henderson	SAMH
Joanna Murphy	NPFS
Jennifer Halliday	RCPsych
Gayle Cooney	ACPUK
Tim Frew	Youth Link

1. Welcome and Introduction

The Chair welcomed members to the meeting and thanked colleagues for returning to this work after the temporary pause due to the Covid-19 pandemic.

2. Minutes and Actions

Minutes of the previous meeting were agreed by all members.

3. Update on research on COVID-19 MH impacts on CYP

MF and SM presented a paper outlining emerging research on the mental health impacts of Covid-19 on children and young people's mental health.

MF stressed that the emerging research comes from the early phases of lockdown and that the evidence base is developing. MF also noted that almost all of the COVID-19 surveys are drawn from self-selecting samples. This means that the findings are likely to be biased in some way and results of individual studies should be interpreted with some caution.

MF highlighted that research is suggesting younger teenagers are reporting higher rates of anxiety and that loneliness is increasing. MF also pointed out that lower income families have been 'hit hard' and are experiencing lower levels of wellbeing.

SM noted that there has been a reduction in referrals to CAMHS during the lockdown period, with 52% fewer CAMHS referrals received since April 2020. A positive finding for the CAMHS sector is the increase in referral acceptance rates seen during this period. The 76% average acceptance rate from the last few years increased to 86% during April and May 2020, highlighting the ability of CAMHS to respond positively to referrals coming in during this time, and mitigating the impact of falling caseloads.

The Chair thanked MF and SM for the presentation and noted that there is a range of surveys and studies being carried out across the sector. The Chair asked that the secretariat prepare a paper for the board detailing similar pieces of work being undertaken to be circulated to the Board, for awareness and to highlight if there are any gaps in evidence which are relevant to the work of the Board.

MG welcomed the presentation and suggested that the Board could also link in with the Champions Board to understand if they have been gathering information on the mental health impacts of lockdown on care experienced young people. MG also

mentioned that it would be worthwhile engaging with the SHINE Network to understand what information they've been gathering throughout this period and how this could be linked to the Board's work.

MC highlighted the importance on including information on the differential impact of the pandemic on BAME children and young people. He noted that Barnardos in England have collected data regarding BAME and would be happy to share this with members.

HMcA noted that we haven't seen Scotland specific BAME research on the mental health impacts of Covid-19 but are considering the specific impacts on BAME communities as part of the wider mental health transition and recovery planning.

JL asked if there is experiential data and feedback from young people who have been accessing CAMHS digitally during Covid-19. EL noted that there has been mixed reports from young people and families on their experience of digital services. She noted that digital services have limitations and are not appropriate for really acute psychological services.

JL agreed that delivering full psychological consultations digitally is difficult, but that digital services can help break down the barriers to accessing services.

SP noted the importance of highlighting the personal experiences of children and young people and the diversity of experiences throughout the duration of the pandemic moving forward. She noted that "digital discrimination" been frequently highlighted as an issue throughout her engagement. Provision of laptops and digital devices to households has been positive however there are marginalised groups, who may already be disadvantaged/are more vulnerable to mental health difficulties, yet are unable to access Covid-19 mental health support. For example the Gypsy traveller community who without wifi access or means to be informed how to access digital devices are at a disadvantage. SP also shared some direct quotes from children and young people on their experience of the lockdown period and the impact on their mental health:

"The 'Corona-coaster is very real. I've felt scared, uncertain, relieved of pressures, full of energy and also totally lacking energy. I've been mentally up and down – sometimes able to persist through the lows, and sometimes not. I've come to realise that I'm not going to be able to just bounce back after, as I short sightedly assumed."

- "I actually feel like my mental health has improved – the pressure with school and exams has relieved and I've got to spend time at home with my family and just relax."

SP further noted that shielding young people and families including those with ASN and neurodevelopmental profiles have expressed challenges – both in clear shielding communication, transitioning out of lockdown. Young carers have also expressed challenges and additionally barriers during lockdown – and have encountered a lack of understanding e.g. Young carers going to supermarkets to

buy weekly essentials and groceries with the individual they care for, and facing barriers because they are from the same household, so not being able to gain access and that incurring additional stress and pressure.

SP also relayed the specific experiences of BAME individuals:

- "I feel doubly discriminated against, my race and now how this virus is impacting my community more."

- I feel like Covid has taken everything from me and my family – we have our multi-generational home that has had to shield, we've been in Ramadan in lock-down, we couldn't celebrate Eid or practise our faith with our community."

ACTION: Programme Board secretariat to collate overview of ongoing research and survey activity from across the sector for Board's consideration at October meeting.

4. Update paper on actions taken during COVID-19 response to support CYPMHW

HMcA presented a paper outlining the actions taken to support children and young people's mental health during the lockdown period.

HMcA noted that there had been rapid progress made during lockdown, particularly to support population mental health, through the NHS24 Mental Health Hub and the Clear Your Head Campaign.

HMcA noted that Young Scot and Parent Club have made a range of sources available to help aid children and young people.

HMcA also noted that following an additional investment of £1 million early in the pandemic period, the Distress Brief Intervention (DBI) programme, which supports people presenting to frontline services in distress, is now available nationally to those above the age of 16.

HMcA noted that there has been a focus on safe continuation of services throughout the lockdown period. As SM highlighted, CAMHS referrals have dropped due to less interactions through GP's and schools, however these are expected these to start rising again when schools reopen.

HMcA noted that the Scottish Government is currently developing a transition and recovery plan for mental health. This contains a specific section on children and young people with reference to Programme Board's work

ACTION: Mental Health Transition and Recovery Plan to be circulated to Programme Board for information.

5. Next steps on Programme Board deliverables

HMcA provided an update to the Board on the progress of the key deliverables.

NG and LC provided a further progress update on the Community Wellbeing supports and services. NG noted that the original intention was to have community based services available in autumn but due to the Covid-19 delay these are more likely to be in place by December. NG stressed that some local authorities may be delayed further due to the pandemic.

LL noted that having services in place by December is ambitious and that Covid-19 has brought challenges and delays. LL emphasised that there should be a level of urgency in getting funding plans resolved and in place to address the increasing mental health need as a result of the pandemic.

JI suggested that the Board might want to utilise the framework funding towards family support.

HMcA stated that the Minister is keen that the framework, which has been the result of 2 years of work, should be used to address the specific issue of community mental health support for children and young people and that repurposing the funding at this stage would not be welcomed by those calling for these services. HMcA further emphasised the importance of aligning the community wellbeing supports and services with the wider actions such as family support

JT also noted that it will be important to connect the work to establish a targeted pathway for vulnerable children and young people to existing services and support across the piece. Members agreed and noted that there could be further exploration into how to improve these connections.

MC agreed to share a report in October on how The Promise work links into the Programme Board deliverables.

JI noted that the partnership working throughout the pandemic has been very successful. She noted the importance of local areas assessing what supports and services they deliver, rather than just building on COVID-19 responses.

HMcA agreed and stated that NG is linking with local authorities to make sure they frame their work around the framework agreed by the Board.

LL also noted that the work to develop a Neurodevelopmental Service Specification should be prioritised as a key area of work. Members voiced support for this as well as prioritising work to support children and young people awaiting assessment.

ACTION: Children and Families Leadership Group family support recommendations paper to be shared.

LL requested an update on CAMHS service specification.

SM stated that the implementation of the specification has not been progressed as far on as anticipated due to the pandemic. He noted that throughout the pandemic the MH Services team have been meeting with Health Boards on a weekly basis. This has provided an opportunity to connect with boards to understand how they intend to implement the service specification which is now featured across Boards' remobilisation plans. Some Boards have also benchmarked their performance against the specification.

EL asked if the recommendations from the Public Petitions Committee regarding young people's mental health have been picked up through the Programme Board.

HMcA noted that a response is being prepared and it refers to some Programme Board work with an explanation the work the Board is undertaking.

ACTION: Share ministerial letter to Public Petitions Committee

6. NSPLG and CYP

Fiona Drouet provided an update on the work being undertaken by the National Suicide Prevention Group (NSPLG) in regards to suicidal distress in young people.

FD noted that the NSPLG is looking at how to engage with young people and have been undertaking an engagement programme with schools.

LM noted that the Mental Health Schools Working group is still active and are aiming to boost staff confidence to discuss mental health. She also suggested that Education Scotland would be a helpful point of contact as they are developing resources on this. LM offered to connect with FD to support this work. This was echoed by MG.

FD noted that she has connected with NG, work stream lead for the crisis deliverables, on connecting work between the PB and the NSPLG going forward.

SMcL was also keen to link with FD regarding CAMHS work.

SP welcomed the update and offered to connect with FD on CYP lived experience engagement to support this work. SP noted that while plans for the lived experienced panel were approved in February, progress on this has been paused during lockdown. SP noted that it would be important to reassess how to take the engagement forward within the current context to support the deliverables.

The Chair noted this update and it was agreed that there would be an update on the Advisory Group at the next Programme Board meeting and that a child or young person should be represented at the next meeting.

7. AOB and close

Chair thanked all members for attending. She also noted that this would be including Laura Caven's last meeting and members thanked her for her contribution to the Programme Board's work.