

Mental Health Strategy 2017-27

Second Annual Progress Report

November 2019

Foreword



It is now two and a half years since we published our ten year Mental Health Strategy. At the time of its launch, we committed to regularly update Parliament and the public on our progress with an annual report. I see this report as a crucial opportunity to update and engage on this work.

We continue to deliver on the 40 specific commitments we made in the Strategy. Our central vision, that we are all working towards, remains that **of a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma.**

I believe it is also worth taking a moment to reflect on how the mental health landscape has changed radically since 2017. That is in no small part due to the drive and passion of so many people working tirelessly across Scotland to improve services, implement change and ensure that mental health is given the priority and profile it deserves. We have had the Children and Young People's Mental Health Taskforce, the Youth Commission on Mental Health Services, the audit of rejected referrals to CAMHS led by SAMH, and two consecutive Programmes for Government which have featured mental health at their very heart. I extend my thanks to the wide range of partners and people with lived experience who have contributed to this work.

We have published our Vision to Improve Early Intervention in Psychosis. We carried out the largest conversation ever held with young people in Scotland on what mental health means to them, through our Feels FM campaign in collaboration with See Me. We have requested clear plans from NHS Boards for improving the performance of their specialist services. And we have committed to establish an Adult Mental Health Collaborative, bringing together public services, the third sector and communities to improve support for people living with mental ill health.

These are just a few centrepiece examples of our collective ambition at work – this report illustrates many more. Together, this forms a snapshot of some of the work that spans commitments made under the Mental Health Strategy and beyond, and focuses on the full range of work ongoing to support the Strategy's ambition. The

report illustrates our approach across the life course. Regardless of age, you should only ever have to ask once to get the right help fast.

However, challenges remain, and this report lays those out. We know that our specialist services for CAMHS and Psychological Therapies need to deliver more quickly to support those in critical need of help. We have been driving an intense programme of investment and reform with NHS Boards to ensure that there is real, sustainable improvement in performance.

The rising profile of mental health worldwide is a uniformly positive change. We are experiencing a reduction in stigma, although there is still plenty of work to be done before it is eradicated entirely. That, in turn, means an increased willingness to talk about our mental health, and more people coming forward for help when they need it. It is our duty to meet this demand and ensure the right support is available, at the right time. That support should be at any level of need – whether that is through universally available services, in the community, or in specialist mental health services.

Despite the size of the task, there is much that should be cause for considerable optimism. Our dedicated workforce across the NHS, who work so hard day in, day out. The passionate voices of people with lived experience. And our willingness to learn and innovate, working collaboratively to do so.

Together, we will deliver better mental health for all in Scotland.



Jeane Freeman
Cabinet Secretary for Health and Sport

Progress on the Mental Health Strategy and Beyond

The Mental Health Strategy set out to transform the mental wellbeing of people in Scotland and the mental health services they use. The Strategy has formed the basis of a programme of work that goes well beyond the initial 40 actions. While this report summarises what has happened with each of those actions, it also describes how the landscape has changed since 2017, with many ambitious pieces of work extending well beyond the Strategy's original scope.

Within the first two years of the Strategy, 19 of the 40 actions **are complete or nearly complete**. The remainder are in progress, with only [Action 40](#) (a review at the halfway point of the Strategy in 2022) not yet underway. Beyond progress on the actions themselves, there have been several sets of recommendations from various reports and audits that have formed the basis of major new programmes of work which build on the initial ambitions set out in the Strategy.

Some headline achievements over the last year have been:

- 268 additional Whole Time Equivalent (WTE) mental health workers employed, as of 1 July 2019 ([Action 15](#));
- funding of £18.5 million in 2019/20, as part of an overall investment of £58 million over the last four years to help NHS Boards improve access to CAMHS and Psychological Therapies;
- the investment of an additional £4 million to recruit 80 additional Child and Adolescent Mental Health Services (CAMHS) staff across Scotland;
- the launch of the Perinatal and Infant Mental Health Programme Board supported by £50 million of funding, to implement the recommendations of the Managed Clinical Network for perinatal mental health ([Action 16](#));
- the establishment of a Children and Young People's Mental Health and Wellbeing Programme Board, to take forward the recommendations of the Children and Young People's Mental Health Taskforce;
- setting up an Independent Review of Mental Health Legislation in Scotland and a Review into the Delivery of Forensic Mental Health Services in Scotland;
- the expansion of the Distress Brief Intervention (DBI) programme to under-18s, with £4.5 million of additional funding across 2018-21 ([Action 11](#));
- the publication of our vision to improve early intervention in psychosis in Scotland ([Action 26](#)); and
- the publication of the first report of the Quality Indicator Profile for Mental Health by NHS National Services Information Services Division ([Action 38](#)).

This report details progress in these actions, and the wider programmes of work they underpin, through the following sections:

1. Perinatal and infant mental health and wellbeing;
2. Children and young people's mental health and wellbeing;
3. Adult mental health care;
4. Performance in key specialist services;
5. Investment in the workforce;
6. Public mental health and suicide prevention; and
7. Rights and mental health.

Appendix 1 sets out our progress in delivering each individual Strategy Action.

Appendix 2 sets out our progress in delivering each commitment in the 2018/19 Programme for Government.

Appendix 3 sets out the actions we are taking in response to the audit of Rejected Referrals to CAMHS.

Appendix 4 sets out the Scottish Government's response to each of the 103 recommendations made by the Youth Commission on Mental Health Services.

1. Perinatal and Infant Mental Health and Wellbeing

Our vision for women, young children and families is for perinatal and infant mental health services that are responsive, timely and address the changing needs of women and families throughout pregnancy and the early years of life. It is crucial that these services are led by the needs of women, young children and families, building on good practice and learning from both positive and negative experiences of current services. As well as continuing to fund the Perinatal Mental Health Managed Clinical Network (MCN) ([Action 16](#)), Programmes for Government in 2018 and 2019 set out our commitment to improving perinatal and infant mental health services.

In March 2019 the MCN published its [Delivering Effective Services Report](#) for perinatal and infant mental health services, which put forward a vision for services in Scotland along with recommendations for service improvement. In order to deliver this change, the First Minister committed £50 million to support perinatal and infant mental health services across Scotland. This will include greater investment in Mother and Baby Units, support to third sector services, and developing perinatal mental health community services, and integrated, infant mental health support.

In addition, targeted parenting programmes for families with children aged 3-6 continue to be rolled out ([Action 4](#)). Overall, 870 Psychology of Parenting Programme groups have now been delivered (or are currently being delivered) to 5,515 families.

[Action 3](#) is the development of a web-based resource detailing evidence based psychosocial prevention and early intervention approaches for children and young people. The resource will enable practitioners, services and commissioners to make fully informed decisions about investment in early intervention or prevention approaches is currently underway. The first phase of this resource, covering interventions targeted at 0-3 years, will be launched by the end of 2019, as part of a phased development.

Building on Success: The Perinatal and Infant Mental Health Programme Board

Building upon [Action 16](#), The Perinatal and Infant Mental Health Programme Board was established in April 2019 in order to implement commitments to improving perinatal and infant mental health. Professor Hugh Masters was appointed as Chair.

Membership of the Programme Board was formed following an initial stakeholder meeting in March 2019. In August 2019 the [Programme Board Delivery Plan](#) was published, which sets out in detail actions to be taken in 2019/20 to develop services and implement the recommendations in the MCN Delivering Effective Services Report. In addition, it has established a dedicated group on infant mental health to identify the key actions to take to develop an integrated infant mental health service across Scotland.

The actions set out in the Strategy have led to new commitments, set out in this year's Programme for Government, and based on the Perinatal and Infant Mental Health Programme Board's delivery plan. These include:

- investing £3 million to establish integrated infant mental health hubs across Scotland;
- investing £825,000 for more specialist staffing at the two current Mother and Baby Units in Scotland (St John's Hospital in NHS Lothian and Leverndale Hospital in NHS Greater Glasgow and Clyde), enabling them to become centres of expertise; and
- developing a community perinatal mental health service across Scotland with £5 million of investment, focusing on women with mild to moderate symptoms of poor mental health.

2. Children and Young People's Mental Health and Wellbeing

We want to realise the vision of the Mental Health Strategy as it relates to children and young people. That is of a Scotland where children, young people and families can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma. Our actions under the Mental Health Strategy, together with our other ongoing work, bring a focus on improving the individual and collective support from services. Wherever and whenever a young person asks for help, they should receive the support they need.

We will do this by:

- ensuring that the mental health of children, young people and families is prioritised, and improvement is driven through local and national leadership;
- bringing coherence, evidence (including the views of children, young people and families) and strategic thinking to all relevant Scottish Government policy to ensure a 'whole-system' approach to mental health at local and national level;
- ensuring that our whole system approach to supporting children and young people is reflected in the support and services that are available across Scotland;
- promoting children, young people and families' understanding of mental health and reducing stigma; and
- ensuring the voices of children young people and families shape policy and services, and that they are involved in designing the right support for them.

The progress summarised in this section shows how we are achieving these aims, both through specific actions in the Strategy, and through other centrepiece work which builds on and further develops those actions.

Building on the recommendations of the Children and Young People's Mental Health Taskforce and other key reports, our approach to reform is governed by a set of key priorities:

- embedding a more strategic and coordinated commitment to mental health improvement locally and nationally;
- ensuring GIRFEC principles inform how services work together for mental health (recognising that it was not simply a 'health service' issue);
- understanding the complex spectrum of issues with which children, young people and their families need support, including emotional distress;

- ensuring the workforce has the skills and capacity it needs to address these issues; and
- providing the full range of support for those issues, including primary care, community support and alternative services to CAMHS in many communities.

These elements of reform can be seen across the different blocks of activity for different age groups and for children, young people and their families overall, as set out below.

We have also set out our response to key sets of recommendations that have informed the progress of our work beyond the Mental Health Strategy, particularly [the audit of rejected referrals](#) (published in 2018) and [the report by the Youth Commission on Mental Health Services](#) (published earlier this year). These are set out in detail in the appendices of this report.

School-age children ([Actions 1, 2, 5, 8, 17, 18, 19 and 20](#))

In June 2018 we established the Children and Young People’s Mental Health Taskforce to support and build on the aspirations of the Strategy. The Taskforce, chaired by Dr Dame Denise Coia, was commissioned jointly with the Convention of Scottish Local Authorities (COSLA) to provide recommendations for improvements in provision for children and young people’s mental health in Scotland. Its remit was to work in partnership to develop a programme of sustainable reforms. In particular, the Taskforce was directed to act on the recommendations of the audit of rejected referrals to CAMHS ([Action 18](#)).

As one of its early actions, in December 2018, the Taskforce published a [Delivery Plan](#) which called for an immediate investment in CAMHS teams to reduce pressure on the system and to support capacity building in early intervention. The Taskforce published its final [recommendations](#) on 4 July 2019. The recommendations included: a call for a Scotland-wide commitment to change; more community-based services to ensure that there was a wide and effective range of supports available for children, young people and their families; improvements in support for the workforce; improvements in digital information sharing and the use of technology; and reforms to CAMHS.

In response to the publication of the final recommendations, the Scottish Government and COSLA announced that the work of the Taskforce would be taken forward by a new programme board – the Children and Young People’s Mental Health and Wellbeing Programme Board – which they jointly chair. The work of the Programme Board builds on the work of the Taskforce, the Mental Health Strategy, and other key reports such as rejected referrals. It focuses on:

- strengthening local partnership planning for improved mental health and wellbeing outcomes ([Action 8](#));
- enhancing existing community based supports and developing innovative approaches for emotional/mental distress ([Action 17](#));

- delivering the 2019 Programme for Government commitment on a 24/7 mental health crisis support and prevention telephone and text service for children, young people, their families and carers;
- developing a Service Specification, and a support and improvement programme for CAMHS and neurodevelopmental services across Scotland ([Action 18](#));
- improving the performance of CAMHS and Psychological Therapies;
- developing more targeted pathways and support for particularly vulnerable groups of the population, especially those in care, and those at the edge of, or in secure care ([Action 5](#));
- investing in the development of the workforce across Scotland to support mental health and wellbeing; and
- strengthening the role of public services scrutiny in driving improvement in mental health and wellbeing.

The work of the Programme Board rests on the foundation of activity started by the Mental Health Strategy, and extended through the Taskforce and successive Programmes for Government.

Emotional wellbeing of young people

Understanding the experiences and stories of young people growing up in a modern Scotland is fundamentally important to the Scottish Government. By listening to young people's views on things that can affect their mental health, and acting accordingly, we can help build positive emotional wellbeing at an early stage.

In April 2019, we published research exploring the reported worsening of mental wellbeing among adolescent girls in Scotland. We took direct action based on the conclusions of that review, and have:

- committed £90,000 of funding to co-produce advice on the healthy use of social media and screen time. This advice is being created in partnership with children and young people by the Children's Parliament and the Scottish Youth Parliament;
- established a Body Image Advisory Group, independently co-chaired by the Mental Health Foundation and a young person with lived experience. The Group will provide the Scottish Government with policy recommendations in early 2020; and
- commissioned an intensive review of evidence on the effects of screen use on sleep and the implications of this for mental health (this review will be published in early 2020).

We will continue to engage with young people, and to take bold and world-leading steps based on what we hear.

Through wide-ranging commitments in the 2018 Programme for Government, we set out a £250 million package of measures to support positive mental health and prevent ill-health. A centrepiece commitment was to invest over £60 million in additional school counselling services across all of Scotland. We are working closely with our local government partners to deliver this commitment, which is in support of [Actions 1 and 2](#) in the Strategy. This will ensure that every secondary school has access to counselling services, whilst also improving the ability of local primary and special schools to access counselling. We anticipate that the first cohort of counsellors will be in schools during this academic year, with the full cohort in place by September 2020.

In addition, we have committed to put in place an extra 250 school nurses by 2022, to provide more comprehensive support for children with mild to moderate emotional and mental health challenges. The first intake of 50 nurses has started in the 2019/20 academic year.

Community wellbeing services [\(Action 17\)](#)

One of the main actions of the Programme Board will be to take forward the Taskforce recommendation to develop community mental health services across much of Scotland. Over the next three years we will establish a community wellbeing service to enable children and young people aged 5 to 24 years access to a range of mental health support in the community.

This service aims to address the gap between the support offered by universal services, such as schools and primary care, and more specialist health services such as CAMHS. It will be delivered in partnership by Local Authorities, Integration Authorities and third sector organisations. This will be an open-access model so children and young people can self-refer, and referrals can be made by people working with and supporting children and young people. Our ambition for this service is that it be expanded to include all adults, and this will be explored as the service is rolled out.

We will also provide a crisis support service for children and young people and their families, ensuring that there is comprehensive, analogous support to physical health crisis support. We will be reviewing existing services and options available, and will then develop services so that support is available 24/7 for children, young people and their families who need urgent support.

Adverse childhood experiences [\(Actions 5, 6 and 7\)](#)

We remain focused on reducing and mitigating the impact of ACEs through taking forward specific work in respect of at-risk groups of young people. This was a significant focus of the Taskforce's work, through its dedicated "at-risk" work stream. As part of the work of the Children and Young People's Mental Health and Wellbeing Programme Board, we will focus on developing pathways into the right mental health support for at-risk populations. Over the next year, this includes developing targeted

pathways for young people in, or at the edge of secure care, young people who offend, and young people in care. This will include pathways into specialist services, but will mainly focus on the earliest possible point of intervention in each vulnerable young person's journey.

Specialist inpatient care [\(Actions 19 and 20\)](#)

We have also developed a protocol for admissions to non-specialist wards for young people with mental health problems, where such an admission is clinically and socially appropriate for the young person. This is to ensure that safe and appropriate care can be provided in non-specialist settings, and has been taken forward in response to a Mental Welfare Commission recommendation ([Action 19](#)). The protocol will be published in early 2020.

More specific needs have required more targeted actions. NHS Lothian and NHS Greater Glasgow and Clyde (GGC) have been selected to develop a Learning Disability Psychiatric Inpatient Service for all up to the age of 18 ([Action 20](#)). The business case for national designation of the service is currently being taken forward by NHS National Services Scotland. NHS Lothian and NHS GGC are currently preparing the capital investment Outline Business Case, and are reviewing options including new build and adaptation of existing facilities. We are further supporting work on developing pathways in and out of specialist services.

In addition, a Secure Adolescent Inpatient Service for Scotland is being built by NHS Ayrshire and Arran ([Action 20](#)). The new service is expected to start in 2021.

Young adults [\(Actions 21, 22 and 26\)](#)

In support of [Action 21](#), we have worked with NHS Boards to support the national roll-out of Transition Care Plans (TCPs). Transitioning between CAMHS and adult services is an issue that young people have frequently raised as a concern. We listened to that feedback and developed the TCPs directly with young people to ensure they were useful and intuitive. We now expect that TCPs will be used as standard in every transition between CAMHS and adult services, and will continue to work with Boards to further refine and enhance the transitions process.

During Eating Disorders Awareness Week in 2019, we relaunched NHS Lothian and Beat's Digital Peer Support Service for those with an eating disorder, continuing our support for [Action 22](#). The relaunch included the addition of a telephone coaching service for parents and carers, reflecting feedback from users of the service. The positive experiences of participants since the resource was first launched in 2018 is why we have relaunched the project for a further three years. We continue to work towards our ambition that those suffering with an eating disorder are supported and given hope of recovery, whatever their circumstances.

Additionally, we announced that there will be Scottish-specific Guidelines on the management and treatment of eating disorders, which will be produced by the Scottish Intercollegiate Guidelines Network (SIGN). When the SIGN guidelines are published, we will have a Scotland-specific blueprint, and we will expect it to be carefully followed across the country.

In support of [Action 26](#), we published the first ever national Vision to Improve Early Intervention in Psychosis on 30 June 2019. The Vision lays out the steps we are going to take to ensure that the right support for psychosis is available across the country, no matter where people live. To ensure the delivery of our Vision, and as set out in the 2019 Programme Government, we will establish a National Early Intervention in Psychosis Improvement Network, overseen by Healthcare Improvement Scotland. We are backing this work with an investment of an additional £390,000.

Further and higher education ([Action 9](#))

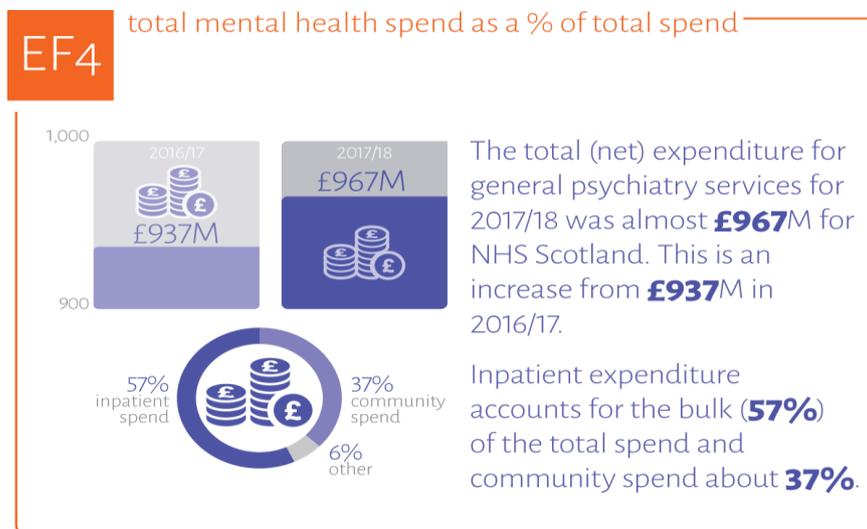
In support of [Action 9](#), we continue to support the National Union of Students (NUS) to develop its “Think Positive” campaign to ensure consistent support for students across Scotland. More institutions now have a Student Mental Health Agreement (SMHA) in place than ever before – there has been a 31% increase compared with summer 2018. The SMHAs help colleges, universities and Student Associations to work together, and to improve student mental ill health on campus whilst improving staff knowledge and tackling stigma and discrimination. NUS Scotland has continued to work with institutions to finalise and promote their SMHAs over the course of 2018/19.

In addition, the 2018 Programme for Government has strengthened counselling provision in higher and further education institutions, with over 80 additional counsellors over the next four years. In November this year, the Scottish Government announced the first tranche of funding to support the roll out of this expansion.

3. Adult Mental Health Care

The principles that underpin our approach to children and young people’s mental health also ground the work we are doing to improve mental health support for the whole population. Central among these is partnership working to provide high quality, accessible mental health services for adults. Sustained change will only happen if we work in partnership with Local Authorities, NHS Boards, Integration Authorities and third sector partners. Consequently, we are taking actions to strengthen the collaboration between partners – such as the national Adult Mental Health Collaborative, and the support for networking in rural areas – and disseminate learning across different parts of Scotland that will enable the actions to drive effective change quickly.

As part of an approach to improving adult mental health services that brings together all services, we have developed a wider set of actions to address distress and trauma, whilst ensuring that improving and responding to mental health needs is also delivered across wider public services. This includes close working with partners in justice, addictions, homelessness, and other policy and service areas. It also requires a clear focus on prevention and early intervention, as well as ensuring that the development of existing services meets the emerging and growing needs of the population. Consequently, many of our actions support the development of new services, such as computerised cognitive behavioural therapy.



Proportion of mental health is included in the Quality Indicator Profile as a measure of whether mental health services are efficient.

Collaboration

In order to drive forward our ambitions for strengthened adult mental health services, we announced the establishment of an Adult Mental Health Collaborative in the 2019 Programme for Government. The Collaborative is a key part of our goal to better support adult mental health services through public services, the third sector and communities working together to improve support to people suffering from mental ill health. We will use the Annual Forum event at the end of November 2019 ([Action 39](#)) to start a conversation about what our Collaborative should look like.

We envisage that the new Collaborative will seek to build on the experience and learning gained from similar initiatives. It will create a learning system in which partners can connect and easily learn from each other, as well as recognised experts in areas where they want to make improvements. It will also support the application of improvement methodology to bridge the gap between what we know works and what we do in practice.

Recognising the importance of working together across services, we are also taking forward the work of the National Distress Intervention Group to ensure that services from across our health, justice and social care system are brought together to focus on the needs of any person experiencing distress. That particularly includes those with multiple, complex needs.

Self-help support ([Action 25](#))

The Scottish Government has developed more accessible psychological self-help resources and supported a national rollout of computerised cognitive behavioural therapy (cCBT) with NHS 24 through [Action 25](#) of the Strategy. NHS 24 has recently successfully procured Beating the Blues US, an updated version of the Beating the Blues cCBT product. This new product will be available to all NHS Boards, following successful national rollout of cCBT in 2018. It will provide improved technical and operational capabilities, while maintaining the quality of the clinical content. Further work is underway to support more widespread online access to Cognitive Behavioural Therapy.

The 2018 Programme for Government also committed to strengthening the content of current self-help platforms provided through NHS Inform. This has included new self-help guides for anxiety and depression, and ongoing work to develop additional guides for bereavement, problem-solving, self-esteem, chronic pain and Post-Traumatic Stress Disorder.

Primary care transformation ([Action 23](#))

[Action 23](#) focuses on the transformation of mental health services in primary care through the testing and evaluation of the most effective and sustainable models of service delivery. To this end, the Scottish Government invested £110 million in the Primary Care Fund in 2018/19 to support implementation of the new GP contract and wider primary care reform. This includes the Primary Care Transformation Fund and the Primary Care Mental Health Fund (PCMHF).

To date, £20 million has been invested via the PCMHF to encourage the development of new models of care to ensure that people with mental health problems get the right treatment, in the right place, at the right time. This includes £5.5 million in 2019/20. Primary Care Improvement Plans must demonstrate how this is being used to re-design primary care services to ensure that those who need mental health support can access it when they need it. As a result, Primary Care Improvement Plans will continue to be reviewed.

Furthermore, the Scottish School of Primary Care published its [National Evaluation of New Models of Primary Care in Scotland report in Spring 2019](#). It tested and evaluated new models of delivering mental health services in a primary care setting, such as [a listening service for service users](#), [training service users on self-management](#), [improved support for self-directed support for mental health service users](#), and [wellbeing services for NHS staff and locating welfare rights advisors in GP practices](#). The Scottish Government also published its ten-year strategy, [Primary care: national monitoring and evaluation strategy in March 2019](#), which will inform the evaluation of such models.

Unscheduled care (Actions 13, 14 and 15)

Unscheduled care is an example of an area where coordinated actions across Government are required.

As a result, [Action 13](#) is being progressed as part of a broader project recommended by the Health and Justice Collaboration Board for a 'National Distress Intervention Group'. The Group comprises multidisciplinary representation from across Scotland including Police Scotland, Board Chief Executives, the NHS's Information Services Division, Emergency Medicine, Academia, Secondary Care Senior Management, Scottish Government, individuals with lived experience and Third Sector. The Group will focus on practical detailing and implementation of improvements, including improvements in access to mental health services.

The Scottish Government is working with NHS 24 to develop its unscheduled mental health services to complement locally-based services under [Action 14](#) of the Strategy. NHS 24's 111 phone line provides a Scotland-wide triage service for people or carers seeking urgent health advice out of hours. The 2018 Programme for Government committed to enhancing the handling of mental health calls to the 111 service, with more specially-trained staff and improved routing of mental health calls. The aim is to deliver a better journey for those accessing the service, reducing the need for onward referral by ensuring people get the right help at first point of contact. Work to build and grow the mental health 'hub' model within the 111 service began in February 2019. Evaluation has now been completed, highlighting a range of positive experiences from those calling the service. Work will continue to build on the findings of the evaluation, including additional recruitment to extend opening hours of the service to seven evenings a week, and increase the hours covered at weekends.

As part of our 2018 Programme for Government, NHS 24 has also been trialling improvements to the NHS 24 Breathing Space service by introducing web-chat with an NHS 24 adviser. The additional staff to manage the service are now in post, with

training completed. Work is ongoing to identify capacity requirements to increase the availability of web-chat, alongside an evaluation of the service. Findings from the evaluation will be used to inform the roll out of a test of change in the coming months.

One of the key settings outlined by [Action 15](#) of the Mental Health Strategy is Accident and Emergency (A&E) departments. Good progress with the recruitment of additional mental health workers is being made with this commitment. Not all Integration Authorities have an A&E department in their area, however, for those who do, recruitment or the planning of recruitment for this setting has begun. The most common role being recruited for in A&E departments are Registered Mental Health Nurses. This is being linked to the work on access to services through [Action 13](#), as discussed above.

Better mental health in the justice system ([Action 10](#))

A governance group has been established which meets quarterly to discuss the development and progress of the enhanced mental health pathway as part of the Justice strategy. In addition, an Expert Group has been established to take forward the recommendations made to the Scottish Prison Service (SPS), the Scottish Government and the NHS following the Expert Review of Mental Health and Wellbeing Support by HM Chief Inspector of Prisons for Scotland. Work on the recommendations is progressing well, and actions to date include:

- agreement to scope a single data sharing agreement for the Justice pathway (from point of arrest to release from prison);
- implementation of a Standard Operating Procedure by HMP and YOI Polmont to provides a robust system to support a young person's transition from secure care, to SPS care and strengthens processes for information sharing in these cases; and
- commitment by the Scottish Prison Service to develop a new health and

Building on Success: Review of the Delivery of Forensic Mental Health Services in Scotland

A rights-based approach, with people with lived experience at the centre, is being taken by a review of the delivery of forensic mental health services in Scotland. This review follows developments in recent years that include a decline in the number of patients detained in high security, the development of medium secure services elsewhere, the introduction of excessive security appeals for patients detained in medium security, and a continuing move towards services in the community. In light of these changes and new developments this review offers an opportunity to make sure that not only do services reflect the key priorities for our health services and that practice is joined up across health, communities and throughout the criminal justice system, but also that forensic mental health services deliver the right help at the right time so that people receiving services fully enjoy their rights.

wellbeing strategy, with a draft to be ready by April 2020.

Access to services by people in rural areas [\(Action 12\)](#)

[Action 12](#) outlines the Scottish Government's commitment to supporting the development of the National Rural Mental Health Forum. The Forum was established in 2017 with Scottish Government funding. It helps and encourages people in rural areas to maintain good mental health and wellbeing. The Forum also develops connections between communities across rural Scotland to reflect the unique challenges presented by rural isolation.

The Forum is jointly funded by the Scottish Government's Rural Economy and Mental Health Directorates and will receive £50,000 for 2019/20. Since it was established in 2017, membership has grown from 16 organisations to over 110. For 2019/20, the Forum will focus on delivering activity such as the following:

- addressing the specific impact of Brexit on rural businesses/employers;
- increasing the evidence base of workplace mental health issues and experience in rural areas, with the aim of informing policy;
- developing and sustaining relationships with COSLA, Community Health Partnerships and Community Planning to promote benefits of connecting to the National Rural Mental Health Forum (NRMHF);
- at least two national anti-stigma campaigns with NRMHF and all partners; and
- links made with all Integration Authorities to discuss local plans.

[Action 38](#) of the Mental Health Strategy committed to developing a Quality Indicator Profile for Mental Health (QIPMH). The QIPMH collates a range of indicators on individual care and treatment as well as service response, and has been designed as a tool for monitoring and improving service quality. In February 2019, Information Services Division published the first report of the QIPMH, which presented data on eight quality indicators.

The QIPMH is complemented by the Population Mental Health Framework. The Framework is a set of indicators reflecting four main themes: childhood determinants of a mentally healthy life, the impact of mental ill health, population mental health and wellbeing, and health inequalities and parity of esteem. Data for these indicators have recently been updated with the latest available data. Data from both sources is used to illustrate this and future Annual Reports to Parliament.

The Mental Health and Learning Disability Inpatient Bed Census and the Mental Health, Addiction and Learning Disability Patients: Out of NHS Scotland Placement Census continue to provide annual information on mental health, addiction and learning disability services and who uses these services. The most recent Censuses were published in October 2018.

Inpatient beds

We are continuing with our work to further improve prevention and early intervention of mental health problems while supporting the increase in the treatment of people at home, or in a home-like setting.

Data on psychiatric inpatient beds comes from the annual [National Inpatient Bed Census](#) and from Information Services Division of NHS National Services Scotland. We have seen successes in the reduction in the bed occupancy rate across Scotland and a marked reduction in the average length of stay. This is indicative of the successes in developing new models of care within community settings, allowing people to receive the support they require in settings more suitable for their needs.

There still remain instances where individuals require specialist support which can only be provided in an inpatient setting, however, the number of psychiatric inpatient admissions has declined further in the last year. As this work progresses, we will continue to work with key partners to address health inequalities, which are evident in statistics, to help build a fairer and more inclusive Scotland.

4. Performance

Making sure that there is a range of options and appropriate services for children, young people and adults across Scotland is a vital element of our programme of reform. That work to support all services must sit alongside targeted and intensive work to ensure that specialist services for those with severe and urgent needs for assistance get effective, appropriate help as soon as possible.

As a result, the Scottish Government is working closely with NHS Boards to drive sustainable improvements in specialist mental health services. We are funding improvements to the provision of Psychological Therapies services and CAMHS to help meet set treatment targets under [Action 24](#) of the Strategy. The 18-week targets were introduced in December 2014 which establishes that 90% of patients need to start their treatment within that time. To monitor this mental health waiting times are included in NHS Board Annual Operating Plans and NHS Boards have developed trajectories to meet the 90% standard by December 2020.

Performance has been improving, however, Scotland has never met this standard at the national level for either CAMHS or Psychological Therapies (see Figure 1). Performance varies across NHS Boards, with some consistently meeting or almost meeting the target.

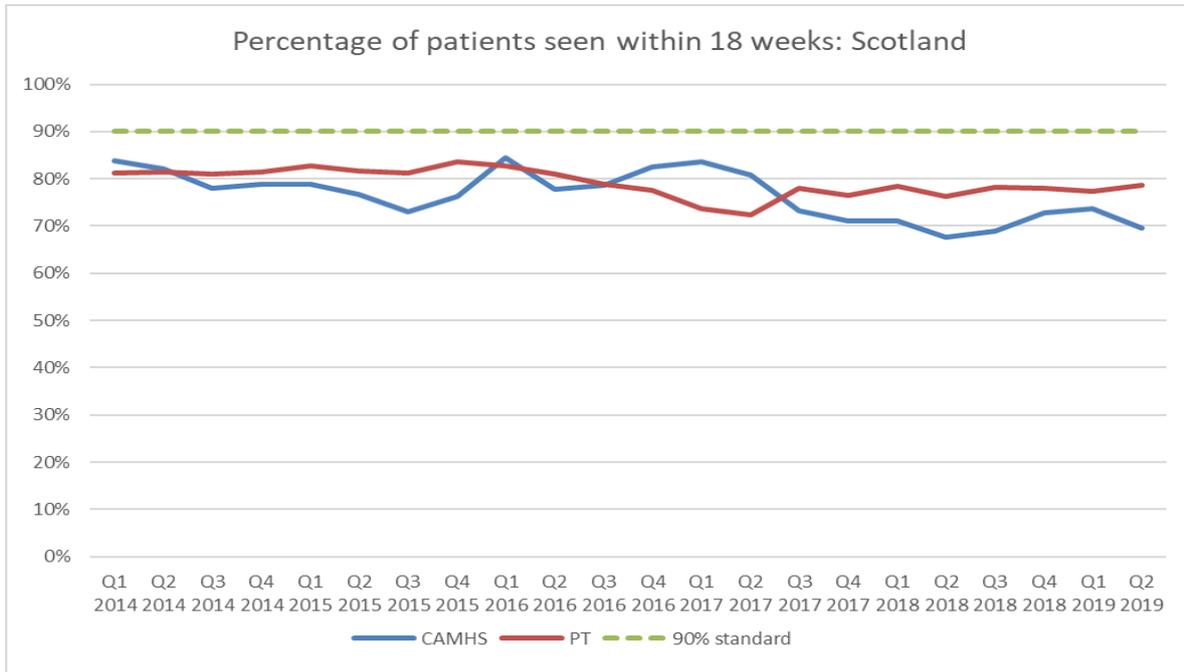


Figure 1: Percentage of CAMHS and Psychological Therapies patients seen within 18 weeks.

The most recent waiting times statistics were published on 3 September 2019 and cover the quarter, April to June 2019.

- For CAMHS, 7 out of 10 (69.7%) children and young people were seen within 18 weeks. The average wait was 12 weeks.
- For Psychological Therapies, around 8 out of 10 (78.7%) patients were seen within 18 weeks. The average wait was five weeks.

As well as measuring the percentage of people seen within the 18-week standard, the statistics show the distribution of wait, both for those seen and those still on the waiting list. The latest statistics (for the quarter ending June 2019) show that, of 10,419 people waiting for CAMHS treatment, 12.6% (1,311) had waited over nine months, including 5.6% (584) who had waited over a year. For Psychological Therapies, of 16,317 people waiting, 18% (4,741) had waited over nine months, including 8.4% (2,205) who had waited over a year.

Scottish Government action and progress to date

The Mental Health Directorate has a programme of work in place to challenge performance and support sustainable improvement at the Board and national level. Actions include:

- directing specific funding streams to increase capacity in the system;
- supporting Boards to implement tests of change;
- providing guidance around aspects of service delivery; and
- work around whole system change to support positive mental health and prevent ill health.

The Scottish Government has invested £58 million over four years (2016-20) to help boards improve access to CAMHS and Psychological Therapies through workforce development, recruitment and retention, and service improvement support. This included £18.5 million in 2019/20, including investment for 80 additional CAMHS staff as announced in the 2018 Programme for Government.

The Mental Health Directorate oversees and drives forward this programme of work to fulfil the recommendation by the Children and Young People's Mental Health Taskforce for an enhanced quality and performance improvement programme for CAMHS. The Performance and Quality Improvement Unit within the Directorate has begun a series of site visits and meetings with NHS Board Chief Executives, Integration Authority Chief Officers, and Senior Clinicians, to review trajectories and support the development of local improvement plans.

This includes work to improve our understanding of performance. The current aggregate data collection for CAMHS and Psychological Therapies waiting times, whilst adequate for reporting on the standards, cannot provide any information on:

patient demographics; reasons for referral; diagnoses; pathways followed; treatments received; or patient outcomes. This information is crucial for service planning and improvement, and for measuring the impact of our investment. A new core dataset, the CAMHS and Psychological Therapies National Dataset (CAPTND), has been developed and Information Services Division is now working with all NHS Boards to put in place a robust collection that will provide this core dataset at an individual patient level. Boards have been asked to deliver a subset of 15 of the core variables as a minimum.

The initial reporting of the minimum dataset will begin before the end of 2019. As some Boards will need to replace or significantly enhance their systems, it is likely to be at least one year before the minimum dataset can be delivered, and up to three years before the full core dataset will be available nationally. In the meantime, site visits between the Scottish Government's Mental Health Directorate and local teams to review local datasets including activity, workforce and capacity, and support Boards and Integration Authorities to develop meaningful and effective Annual Operation Plans in advance of the CAPTND, have begun. The first five NHS Board visits will be completed in time for the next round of the Plans.

5. Investment in the Workforce

We have made significant investments in the mental health workforce. We remain in constant dialogue with Integration Authorities about their recruitment plans under [Action 15](#). This is our commitment for 800 additional mental health professionals in GP practices, A&E departments, prisons and custody suites by 2021/22. A quarterly Reporting Framework has been agreed with Integration Authorities and we are seeing good progress with 268 additional whole time equivalent (WTE) staff employed as of 1 July 2019.

In December 2018, following the recommendations of the Children and Young People's Mental Health Taskforce, the Scottish Government also announced that an extra 80 mental health professionals will be recruited to work with children and young people in Scotland. This is part of a £4 million investment. The additional staff will be made up of psychologists, nurses, allied health professionals and administration workers. The recent uplift in the CAMHS workforce – up 4% in the last year – suggests that we are starting to see the impact of this investment on staff resources.

As already noted, the Scottish Government has invested £58 million to support NHS Boards over four years (2016-20). This investment has contributed to the work of NHS Education in Scotland in workforce development and training. It has also supported workforce growth. As a result, there has been an increase of 59 WTE in CAMHS (up by 6% from 993.5 WTE in March 2016 to 1,052.4 WTE in June 2019) and 101 WTE psychology services posts (up by 9% from 1,079.2 WTE in March 2016 to 1,179.9 WTE in June 2019).

The funding has also been vital in facilitating improvement work. The Mental Health Access Improvement Team (MHAIST) was established to support NHS Boards, using quality improvement methodology, to provide every board with local capacity from an Information Services Division analyst, and to improve access and reduce waiting times. MHAIST is working with NHS Health Improvement Scotland and Information Services Division to provide health information to the NHS to review the impact of this work.

MHAIST is supporting NHS Boards to develop and deliver frontline improvement projects through a collaborative. It is also supporting individual Boards to understand strategic improvement issues. Examples of improvements include the following.

- NHS Fife is increasing self-referral to low intensity psychological therapies through the use of web-based services. The Access Therapies Fife website removes the need for GP referral to lower intensity interventions, and allows more capacity within the clinical team for provision of support to those needing higher intensity therapies. The site has allowed more than 1,700 people to manage their support by self-referring to a range of therapy groups, with support being received within six weeks of referral.

- NHS Lanarkshire has focused on reducing 'do not attends' (DNAs) in Psychological Therapies. DNAs have a significant impact on all staff and patients, impacting on caseload, therapeutic relationships and waiting times. This work has resulted in a further reduction in waiting times from 13 to 11 weeks.
- NHS Ayrshire and Arran CAMHS has taken a whole system approach to mental health support aligning specialist CAMHS teams with developing initiatives in partnerships with North Ayrshire schools, primary care and other parts of the community. They worked with parents, GPs and CAMHS nurses and clinicians to develop a service guide, improve information sharing and increase access to the right service at the right time and now 99% of GP referrals are made to named clinicians. As a result, the demand and average wait from referral to routine assessment in Kilwinning has reduced. The Ayrshire and Arran Wellness Model has significantly influenced, managed and changed the demand pressures placed on specialist mental health services to children and young people in the locality, ensuring those individuals with serious mental health concerns are seen timeously and appropriately.

Lastly, as part of the work of the Children and Young People's Mental Health and Wellbeing Programme Board, NHS Education in Scotland is taking forward a programme of training and skills development across the range of workforces supporting mental health and wellbeing in Scotland.

6. Public Mental Health and Suicide Prevention

Taking a public health approach to mental health recognises that there are a broad range of influences on individual experiences of mental wellbeing. Good mental health is not only the absence of mental illness. Poor mental health can be prevented and a range of support is needed to make sure people can enjoy good mental wellbeing.

Good mental wellbeing is one of Scotland's six public health priorities. We recognise the inter-related nature of the public health priorities, and see a role for each in improving mental wellbeing. Good mental health can make a significant contribution to achieving a Scotland where:

- we live in vibrant, healthy and safe places and communities;
- we flourish in our early years;
- we reduce the use of and harm from alcohol, tobacco and other drugs;
- we have a sustainable, inclusive economy with equality of outcomes for all; and
- we eat well, have a healthy weight and are physically active.

We recognise that it is important to put mental health and wellbeing at the heart of all policies and to address inequality. Partnership working is needed to make the most of the contribution that a broad spectrum of policy areas, such as environment, economy, culture, education and work, can make to improve the mental wellbeing of the people of Scotland.

Suicide prevention

We continue to take action to prevent suicide in Scotland. The [Scottish Suicide Prevention Action Plan: Every Life Matters](#) was published in August 2018. This is the Action Plan through which the Scottish Government, working in partnership, aims to build on progress already made to prevent suicide. *Every Life Matters* sets out an ambitious aim to reduce the rate of suicide by a further 20% by 2022 (from a 2017 baseline).

We have established a National Suicide Prevention Leadership Group (NSPLG), chaired by former DCC Rose Fitzpatrick. The membership of the NSPLG is broad, including representation from Health and Social Care, Justice, Third Sector, Local Authorities and COSLA as well as clinical professionals, young people and people affected by suicide. Its plan for delivering on the ten actions of *Every Life Matters* was published in December 2018 and updated in June 2019. We recognise that working in partnership with organisations and those affected by suicide is needed to realise the vision of *Every Life Matters*. The NSPLG is a key part of this, and will be working in turn with a broad range of delivery partners and voices who are important to this work.

The NSPLG published its first [Annual Report](#) on 30 September 2019, describing its work to date and further planned activity, including approaches to local planning and reviews of suicides. The Group made observations on the evidence for a public health approach to suicide prevention, and made 11 recommendations to both the Scottish Government and COSLA. These recommendations were accepted.

Over the coming year, we will be working with partners to develop and promote best practice in local suicide prevention planning. This will include learning from multi-agency reviews of deaths by suicide; extending suicide prevention workforce development; and supporting the implementation of measures to support those in crisis and for those who have been bereaved by suicide.

Delivery Leads from a range of organisations have recently been put in place by the NSPLG to lead on each action within the Action Plan and drive forward work to progress each action. This work will develop over the coming months.

NHS Education for Scotland and NHS Health Scotland have recently produced the first in a range of new mental health and suicide prevention workforce development resources. They will be working over the next year to further develop these for use across different settings. We have asked all NHS Boards to include mental health and suicide prevention training as an essential element of local Workforce Development Plans.

Distress Brief Intervention [\(Action 11\)](#)

The Distress Brief Intervention (DBI) Pilot Programme provides the offer of next day contact with a distress worker from a third sector background to people presenting in distress to A&E departments, police, ambulance services and primary care. The DBI is a time-limited, problem solving approach in four pilot sites for all presentations of distress (including self-harm) that have an emotional component and associated risk, and that do not require alternative emergency service involvement. We are providing £3.4 million to test the DBI programme in four sites: Aberdeen, Inverness, Borders and Lanarkshire.

By mid-October 2019, there had been around 4,500 referrals from front-line services to the DBI Level 2 providers across the four pilot sites (Inverness: Support in Mind; Aberdeen: Penumbra; Borders: SAMH; Lanarkshire: Lanarkshire Association for Mental Health, Richmond Fellowship and Life Link).

An interim evaluation report, undertaken by a research consortium led by the University of Stirling based Nursing Midwifery and Allied Health Professions Research Unit, is to be published in late 2019. It indicates that the DBI programme is:

- developing highly effective cross-sectoral working and extended professional networks both within and across the pilot sites;
- being delivered as intended and is broadly welcomed by all those involved; and

- helping and motivating the majority of individuals who access it to take the first steps in manage their distress more effectively.

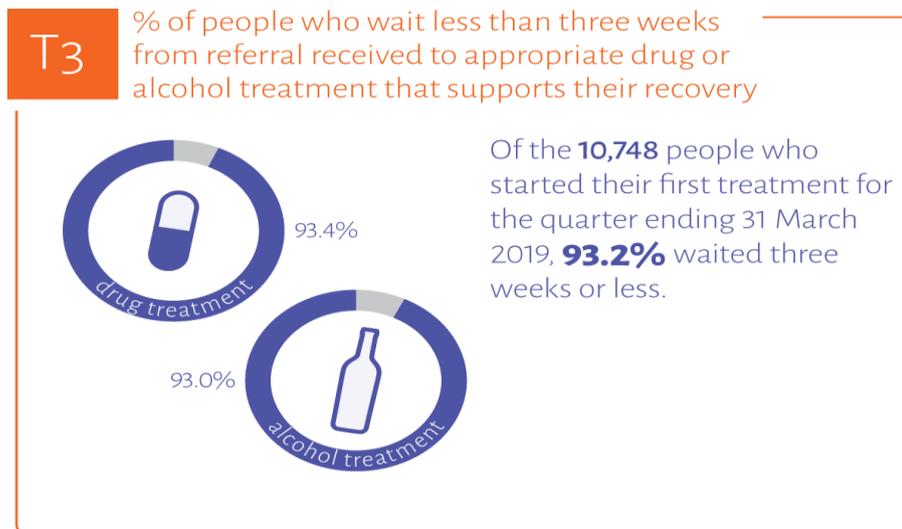
Critically, the interim evaluation has evidenced that the DBI service is helping to prevent some suicidal behaviour and as a consequence is saving lives.

Building on Success: The Distress Brief Intervention (DBI) Programme

The 2018 Programme for Government committed to extending the programme to under-18s from 2019 and to establish a DBI Associate Programme for other regions wishing to implement the principles of DBI in existing programmes. Additional funding (£4.5 million in 2018-21) was made available for this extension process. Referrals to DBI became available for 16- and 17- year olds in all four pilots by Summer 2019. The first associate site (Moray) went live in June 2019; discussions are progressing with other regions interested in the associate programme.

Substance use, comorbidity, alcohol minimum unit pricing [\(Actions 27 and 28\)](#)

The delivery of minimum unit pricing for alcohol by Scottish Government was a major international achievement which is projected to significantly save lives and reduce the burden of alcoholic liver disease.



Waiting times for drug and alcohol treatments are included in the Quality Indicator Profile as a measure of whether alcohol and drug services are timely.

NHS Education Scotland produced the Lead Psychologists in Addiction Services Scotland report which describes an evidence-based approach to therapy. Its use has been promoted through seminars to commissioners, managers, trainers and practitioners across all sectors of alcohol and drug services.

As part of a £20 million, two-year funding package to tackle the drug deaths emergency in Scotland, we have committed to establishing joint working protocols between alcohol and drug services and mental health services to improve access, assessment and outcomes from January 2020. We will work with a range of stakeholders from mental health and substance use fields including professional bodies, service providers and commissioners and people with lived experience to develop this work.

In 2020, we will publish a written report on findings, which includes best practice in terms of a joint working protocol, and engage proactively with Integration Authorities to amend or create their own effective protocol. This will include a coordinated offer of peer support to local areas to support local protocol development. We will also make funding available to local areas to support the development of unified and integrated services for people who experience mental health and alcohol and drug problems.

Physical health improvement in those with mental ill-health (including work on activity, screening and smoking cessation) ([Actions 29, 30 and 31](#))

The premature mortality of between 15-20 years in people with severe and enduring mental ill-health is a well-recognised major health inequality, and one of the core areas of focus for the Mental Health Strategy.

The Active Living Becomes Achievable (ALBA) pilot programme run by SAMH received £1 million funding across 2016-19 from the Scottish Government. ALBA aims to increase the physical activity levels for people living with mental and/or physical health conditions, leading to improved mental and physical health and wellbeing ([Action 31](#)). The programme was available in Fife, North Ayrshire, and West Lothian. Results from the evaluation of the ALBA intervention are expected to be available in early 2020. We are in discussions with SAMH and, depending on the detail of the evaluation, will consider options for extending or rolling out the programme beyond the three pilot areas.

With respect to [Action 29](#), NHS Boards' stop-smoking services are now utilising IMPACT guidance on appropriate and effective engagement with people in mental health settings and with people with mental health issues to ensure treatment and support is being prioritised.

To tackle inequality in screening services across Scotland, NHS Boards and third sector organisations, including those supporting people with mental health problems, have been invited to bid for the Health Screening Inequalities Fund. This is a fund set up under the Cancer Strategy to help improve access to screening services. Two projects are currently being undertaken specifically working with people with mental health problems and Stage 2 applications for 2019/20 funding are currently being considered and decisions will be announced shortly ([Action 30](#)).

7. Rights and Mental Health

The Mental Health Strategy recognises the importance of taking a human-rights based approach to the delivery of each of the Actions. This seeks to ensure that people are empowered to both know and claim their rights, and to increase the ability and accountability of those responsible for fulfilling, protecting and respecting them. For example, our mental health law is based on rights and principles, and offers safeguards for patients where compulsory treatment is necessary. This section shows how the Scottish Government is re-affirming its commitment to human rights, in particular, through review of Strategy's equality impact assessment and various reviews of the mental health legislative framework.

Assessing equality and human rights impacts

The Mental Health Strategy makes it clear that its vision and ambitions apply to all citizens of Scotland. Our human rights approach means that we will seek to address stigma and discrimination in all its forms, and remove barriers that prevent people with a mental illness from reaching their full potential.

In early 2020, we will be working with advocates for protected characteristics groups to review the equality impact assessment (EQIA) for the strategy. This will not only be an opportunity to consider the use and interpretation of the available evidence and data, but also a catalyst for improving links between organisations and individuals advocating for protected characteristic groups and Scottish Government officials as well as how we reach 'hidden populations' of service users. We will work with colleagues from the Scottish Government human rights team to ensure that we are fully considering the impact of human rights and taking appropriate action to ensure that individuals' rights are fulfilled.

Building on Success: Independent Review of Mental Health Legislation in Scotland

This year, the Scottish Government announced an independent review of the Mental Health Act, chaired by John Scott QC, reaffirming our commitment to a modern, inclusive Scotland which protects and respects human rights.

Building on the work carried out under [Actions 33 and 34](#), this over-arching review aims to improve the rights and protections of those living with mental illness and remove barriers to those caring for their health and welfare. It will examine developments in mental health law and practice concerning compulsion as well as care and treatment since the current legislation came into force in 2005.

We are clear that the views of patients, those with lived experience and those that care for them will be front and centre of the work, so that they can help shape the future direction of our legislation.

Mental health and incapacity legislation and practice [\(Actions 32, 33, 34 and 35\)](#)

[Action 32](#) is being progressed through the revision of the statutory Code of Practice for the Mental Health (Care and Treatment) (Scotland) Act 2003 to better incorporate and reflect a rights-based approach for practitioners. Alongside the legislative updates required to the Code, over the course of the year there has been extensive stakeholder engagement to identify key practice issues requiring update or clarification within the new version. The wider issue of whether current mental health legislation fulfils the needs of people with learning disability and people with autism is considered in [Action 33](#). The independent review team have gathered evidence on how people with learning disability or people with autism experience the Mental Health (Care and Treatment) (Scotland) Act 2003 and will make recommendations concerning any future reforms, if they think they would help better support people's human rights. The review has taken a human rights-based approach which places a strong emphasis on consulting with, and actively involving, people in its work. For example, all advisory groups consist of professionals and people with lived experience. The final public engagement phase commenced on 30 August 2019 and the review will report its findings in December 2019.

The reform of legislation for Adults with Incapacity ([Action 34](#)), continues on a revised timescale. This work will now be carried out alongside other strands of the recently announced Review of Mental Health Legislation. As such, the timetable for putting this before parliament has changed to align with that of the wider review (it had been due in Spring 2019). We will develop guidance on power of attorney and improved risk assessment of supervision of guardians by December 2019. The Review will produce an Interim Report in May 2020 which will identify priorities and an overall timeline for the next stage of the review, based on the evidence it has gathered.

[Action 35](#) recognises the invaluable contribution made by the Mental Health Officer (MHO) workforce in improving the lives of people with mental health problems, their friends and families and acknowledges the pressures being experienced by the workforce. While it is the responsibility of Local Authorities to plan their MHO workforce, ensuring they have the appropriate levels of staff in place to provide services for their residents, we have engaged with relevant stakeholders and are developing proposals to better support MHO capacity. This will include specific proposals to provide MHOs with capacity, experience and skills for the most vulnerable groups – for example, children and young people and those with a learning disability. These proposals are being progressed in partnership with COSLA.

Employment [\(Actions 36 and 37\)](#)

We know the mental health benefits of working in mentally healthy workplaces. Along with See Me's targeted work programme, NHS Health Scotland continues to lead on activities to support employers and employees through its Work Positive and Healthy Working Lives Programmes and in partnership with public and private sector employers, is developing a framework of key standards that will demonstrate how employers are supporting a mentally flourishing workplace. Also, in recognition of the

importance the Scottish Government places on staff wellbeing and resilience, particularly for those who are called upon to offer assistance in moments of crisis and trauma, we are providing funding of £138,000 to extend the Lifelines Scotland wellbeing programme to cover emergency responders in Police, Ambulance and Fire Services.

As part of our commitment to achieve a coordinated and aligned employability and health pathway for those with mental health problems, given in “*A Fairer Scotland for Disabled People: Employment Action Plan*”_Scottish Government will evaluate the employment support provided to those who suffer mental ill-health and make improvement to Fair Start Scotland, which will include reviewing how individual placement and support is delivered within Scotland.

<p>6 - Determine and implement the additional support needed for practitioners assessing and managing complex needs among children who present a risk to themselves or others.</p>	<p>The Cabinet Secretary for Justice launched two new resources for practitioners during the 12th National Youth Justice Conference on 19 June 2019. The Scottish Government will continue to fund the Interventions for Vulnerable Youth (IVY) project initially until April 2020. With consideration to be given to a further proposal for funding beyond April 2020. Continuing work in this area will be taken forward as part of the work for Action 5.</p>
<p>7 - Support an increase in support for the mental health needs of young offenders, including on issues such as trauma and bereavement.</p>	<p>Evaluations of trauma, bereavement and loss services in Schools and Her Majesty's Young Offender Institution Polmont were published in summer 2019. An independent expert review of mental health and support for young people entering Her Majesty's Young Offender Institution Polmont was established in December 2018 and reported its findings in May 2019. An Expert Review Group is taking forward the implementation of the recommendations.</p>
<p>8 - Work with partners to develop systems and multi-agency pathways that work in a coordinated way to support children's mental health and wellbeing.</p>	<p>The Children and Young People's Mental Health Taskforce began work on this commitment in line with the Delivery Plan published in December 2018. The Taskforce put forward its final recommendations in July 2019 and the work will continue to be progressed through a package of nine deliverables overseen by the new Children and Young People's Mental Health and Wellbeing Programme Board. One key deliverable is a delivery plan to strengthen local partnerships' strategic focus on improving mental health and wellbeing. This, and the other deliverables, are due to be completed by December 2020.</p>
<p>9 - Support the further development of "Think Positive" to ensure consistent support for students across Scotland.</p>	<p>In 2018/19, record numbers of colleges and universities across Scotland signed up to take part in the 'Think Positive Student Mental Health Agreement' project. A brief was developed and put out to tender for Scotland-specific research on student mental health and provision of support across further and higher education sectors. Following commission of the work, the research will be completed by mid-2020.</p>
<p>16 - Fund the introduction of a Managed Clinical Network to improve the recognition and treatment of perinatal mental health problems.</p>	<p>The Perinatal Mental Health Managed Clinical Network published its needs assessment report in March 2019 with a list of recommendations. The Scottish Government established a Perinatal and Infant Mental Health Programme Board to implement those recommendations, and its initial delivery plan was published on 30 August 2019. The action is now complete.</p>
<p>17 - Fund improved provision of services to treat child and adolescent mental health problems.</p>	<p>It is now the final year of the £54 million package (2016-2020) of support to help Boards improve their performance against Child and Adolescent Mental Health Services (CAMHS) waiting times targets by investing in workforce development, recruitment and retention, and service improvement support. Expectation is for delivery of the 18-week standard (for 90% of patients) by end 2020. In addition, £4 million in funding was provided in December 2018 to support additional workforce capacity of CAMHS.</p>

<p>18 - Commission an audit of CAMHS rejected referrals, and act upon its findings.</p>	<p>The 'Rejected Referrals' report was published on 29 June 2018. The Children and Young People's Mental Health Taskforce was established to act on its findings, and its recommendations, published in July 2019, are being taken forward through the new Children and Young People's Mental Health and Wellbeing Programme Board. With the development of a clear set of deliverables by the Programme Board to act on the report, the action is now complete.</p>
<p>19 - Commission Lead Clinicians in CAMHS to help develop a protocol for admissions to non-specialist wards for young people with mental health.</p>	<p>The protocol for admissions has been completed and submitted to the Scottish Government. The final protocol is due to be published in the coming months.</p>
<p>20 - Scope the required level of highly specialist mental health inpatient services for young people, and act on its findings.</p>	<p>Following analysis and consultation, we have determined the need for a secure CAMHS inpatient unit for Scotland and this will be built in Ayrshire and Arran with a target opening date of 2021. A specialist Learning Disability Child and Adolescent Mental Health Services unit is proposed for NHS Lothian and NHS GGC a proposal for national service designation is to be considered by Board Chief Executives in December 2019. Capital funding is still to be agreed.</p>
<p>21 - Improve quality of anticipatory care planning approaches for children and young people leaving the mental health system entirely, and for children and young people transitioning from CAMHS to Adult Mental Health Services.</p>	<p>Transition Care Plan documents, along with protocols for clinicians, were launched in August 2018. The Minister has written to all NHS Boards and Health and Social Care Partnerships to outline her expectations that the Transition Care Plans will be used Scotland-wide, and officials are following up on the comments received with a view to revising and updating the Transition Care Plans accordingly. The action is now complete.</p>
<p>22 - Support development of a digital tool to support young people with eating disorders.</p>	<p>The CARED site won the Alliance Scotland Self-Management Resource of the Year 2018. Ongoing promotion of online peer support via videos shared on social media and the CARED Scotland website. It has met the annual recruitment targets of 15 parents and carers and 45 young people to receive the service. The action is now complete.</p>
<p><u>Mental Health Whole System Change</u></p>	
<p>10 - Support efforts through a refreshed Justice Strategy to help improve mental health outcomes for those in the justice system.</p>	<p>Development of the Enhanced Mental Health pathway is in progress to help those in crisis or distress (who come into contact with the Police) to ensure they are provided the most appropriate support. See entry on Action 15 for further information. There has also been the review of mental health services for young people in custody (Polmont in particular) with recommendations now being taken forward by the Expert Action Review Group.</p>
<p>15 - Increase the workforce to give access to dedicated mental health professional to all A&Es, all GP practices, every police custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings.</p>	<p>268 additional whole time equivalent (WTE) staff have been employed as of 1 July 2019. A fourth quarterly update on the number of additional staff recruited as of 1 October will be provided before the end of 2019.</p>

<p>23 - Test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019.</p>	<p>The Scottish School of Primary Care published its National Evaluation of New Models of Primary Care in Scotland report in Spring 2019. It tested and evaluated new models of delivering mental health services in a primary care setting, such as a listening service for service users, training service users on self-management, improved support for self-directed support for mental health service users, wellbeing services for NHS staff and locating welfare rights advisors in General practitioner practices. The Scottish Government also published its ten-year Primary care: national monitoring and evaluation strategy in March 2019, which also informs the evaluation of such models. The action is now complete.</p>
<p>24 - Fund work to improve provision of Psychological Therapy services and help meet set treatment targets.</p>	<p>It is now the final year of the £54 million package (2016-2020) of support to help Boards improve their performance against waiting times targets by investing in workforce development, recruitment and retention, and service improvement support. Expectation is for delivery of the 18-week standard (for 90% of patients) by end 2020, as set out in improvement trajectories in the 2019/20 Annual Operational Plans of the Boards.</p>
<p><u>Public Mental Health</u></p>	
<p>11 - Complete an evaluation of the Distress Brief Intervention (DBI) by 2021 and implement the findings from that evaluation.</p>	<p>All four key front-line Distress Brief Intervention Level 1 service pathways (Emergency Departments, Primary Care, Police Scotland and Scottish Ambulance Service) have continued to adapt and incrementally up-scale. Extension to 16 and 17 year olds commenced in all four pilot sites – Lanarkshire, Borders, Aberdeen and Inverness. In addition, the first Distress Brief Intervention Associate Site was established in Moray in June 2019.</p>
<p>12 - Support the further development of the National Rural Mental Health Forum to reflect the unique challenges presented by rural isolation.</p>	<p>The Scottish Government is funding the Forum at a total of £50,000 (per annum and split between Mental Health and rural policy). Membership of the Forum has now grown to 106 organisations. The Action Plan is also now in place with outcomes and timescales from 2018/19 through to 2021. Funding for 2019/20 has been confirmed and announced, funding levels have remained at 2018/19 levels. With plans for continuing support now in place, the action is now complete.</p>
<p>13 - Ensure unscheduled care takes full account of the needs of people with mental health problems and addresses the longer waits experienced by them.</p>	<p>Incorporation is underway into the work of a broader National Distress Intervention Group recommended by the Health and Justice Collaboration Board. The first meeting of the Group was held on 29 July 2019 when key themes were identified, which will be workshopped over the next 12 months. Recommendations on unscheduled care are due by summer 2020.</p>

<p>14 - Work with NHS 24 to develop its unscheduled mental health services to complement locally-based services.</p>	<p>NHS 24 has established a dedicated mental health hub within the 111 service where callers are routed directly to a new specialist mental health skillset, psychological wellbeing practitioners, who carry out a psycho-social assessment and are consistently resolving 60% of calls with no need for onward referral. The hub will also receive calls transferred from Scottish Ambulance Service or police 101, as part of a collaborative pathway to better respond to people in mental health distress. The SAS transfer capability is already in place, however, there were delays to roll out for police 101 calls due to information commissioner's office review of data transfer between police and NHS, which has concluded transfer is not possible within current information governance legislative framework, however, joint work is now underway to develop a suitable alternative to transfer of callers.</p>
<p>25 - Develop more accessible psychological self-help resources and support national rollout of computerised CBT with NHS 24, by 2018.</p>	<p>Computer-based Cognitive Behavioural Therapy services have been operating across all NHS Board areas in Scotland since April 2018 – the key deliverable on this action has already been achieved.</p>
<p>26 - Ensure the propagation of best practice for early interventions for first episode psychosis, according to clinical guidelines.</p>	<p>The Scottish Government published 'Our Vision to Improve Early Intervention in Psychosis in Scotland' on 30 June 2019. It lays out a two-stage process with initial work taking place in two test boards which have now been selected and are currently recruiting improvement support. The formation of an Early Intervention in Psychosis Improvement Network (EIPIN) is now underway. The second stage of phased implementation across all NHS Boards and Health and Social Care Partnerships (HSCPs) will be guided by the EIPIN's recommendations, as well as the learning from the improvement work in the test NHS Boards.</p>
<p>27 - Test and learn from better assessment and referral arrangements in a range of settings for dual diagnosis for people with problem substance use and mental health diagnosis.</p>	<p>Mental health and substance use policy colleagues are working with experts to support the development of effective joint working protocols between alcohol and drug services and mental health services. This has been set out as a commitment in the 2019 Programme for Government.</p>
<p>28 - Offer opportunities to pilot improved arrangements for dual diagnosis for people with problem substance use and mental health diagnosis.</p>	<p>Plans are progressing to provide a small grant to support 3-5 local areas to develop and test integrated services for people with mental health and alcohol/drug problems.</p>
<p>29 - Work with partners who provide smoking cessation programmes to target those programmes towards people with mental health problems.</p>	<p>IMPACT guidance has been rolled out to all NHS Boards. Quarterly training continues. Improvements in data are planned by end 2019. With these actions underway through joint working with partners, the action is now complete.</p>
<p>30 - Ensure equitable provision of screening programmes, so that the take up of physical health screening amongst people with a mental illness diagnosis is as good as the take up by people without mental illness diagnosis.</p>	<p>Screening Inequalities Fund Stage 2 applications for 2019/20 funding are currently being considered and decisions are expected to be announced before the end of 2019.</p>

<p>31 - Support the physical activity programme developed by SAMH.</p>	<p>Since its inception in 2016, the Active Living Becomes Achievable (ALBA) programme has taken an innovative approach to combine Cognitive Behavioural Approaches with Physical Activity and Sport utilising digital technology to improve mental health, physical health and wellbeing of people with mild to moderate mental health problems resulting in:</p> <ul style="list-style-type: none"> • Recruiting 412 participants over five cohorts in Fife, West Lothian and North Ayrshire; • Sustained increase in participant wellbeing, approaching parity with the general population; • Significant improvement in adherence rates (57% vs. 20%); • Sustained increase in physical activity levels; • Increase in participants confidence and ability to self-manage their mental health and wellbeing; • Decrease in reliance on statutory/primary/secondary care and/or medication; • Increased chances of employment/training/volunteering; • Facilitated six training sessions on our Supporting Behaviour Change training in conjunction with Napier University with 64 participants trained; • Recruited 26 peer volunteers (target 24) to support ALBA participants; and • 1,532 participants completed eLearning for Mental Health Awareness and 228 participants completed eLearning for Supporting Behaviour Change (target 1,500). <p>Through the support for the programme, the action is now complete.</p>
<p>36 - Work with employers on how they can act to protect and improve mental health, and support employees experiencing poor mental health.</p>	<p>NHS Health Scotland, Health and Work Directorate has continued to deliver training and review resources relating to the Mental Health at Work and the Work Positive Programmes. A one-year pilot of a new framework of workplace mental health standards for the public and private sector led by NHS Health Scotland Public Mental Health Team is planned to commence before the end of 2019.</p>
<p>38 - Develop a quality indicator profile in mental health which will include measures across six quality dimensions – person-centred, safe, effective, efficient, equitable and timely.</p>	<p>The Quality Indicators for Mental Health were launched in September 2018. Future steps are to operationalise this regular reporting, with the intention of full reporting of all 30 Quality Indicators by January 2021. The action is now complete.</p>
<p>39 - Establish a bi-annual form of stakeholders to help track progress on the actions in this strategy, and to help develop new actions in future years to help meet our ambitions.</p>	<p>Successful 3rd annual forum was held in December 2018. Implementation of leadership and delivery structure of each theme in place. Publication of previous forum materials and up to date action delivery report on Scottish Government website for September 2019. The action is now complete.</p>

<u>Rights-based Approach and Equalities</u>	
32 - Use a rights-based approach in the statutory guidance on the use of mental health legislation.	Over the course of 2019, there has been extensive stakeholder engagement, including with service user representatives, to identify key practice issues requiring update or clarification within the new version of the Code.
33 - Commission a review of whether the provisions in the Mental Health (Care and Treatment) (Scotland) Act 2003 Act fulfil the needs of people with learning disability and autism, taking forward new legislative measures if necessary.	This work is stakeholder driven and evidence led and as such is formed of three public engagement phases. Stage 1 finished in November 2018 and focused on finding out about people's experiences as well as what is known already about the Mental Health Act. The responses have been analysed and were used to inform the work of Stage 2. Suggestions were sought on how the Act could better promote and protect the human rights of these groups of people. Stage 2 completed at the end of August 2019. Stage 3 is underway, the review will seek comment on options for change in an open consultation. The review will submit its final report to Ministers by the end of 2019.
34 - Reform Adults with Incapacity legislation.	Following the consultation in 2018 we have worked with stakeholders, including three working groups to distil the messages received into draft policy. We have also been working on producing guidance and amending the adults with incapacity codes of practice.
35 - Work with key stakeholders to better understand Mental Health Officer capacity and demand, and to consider how pressures might be alleviated.	This work will be taken forward as part of the package of deliverables for the Children and Young People's Mental Health and Wellbeing Programme Board, which is jointly chaired by COSLA and the Scottish Government, particularly under the workstreams to strengthen local partnerships and develop community wellbeing services.
37 - Explore innovative ways of connecting mental health, disability, and employment support in Scotland.	13 projects were supported until March 2019. Statistics were published in May 2019 and evaluations of all projects were completed and submitted to the Scottish Government by end September 2019. We launched Scottish Government's Recruitment and Retention plan on the 29 August 2019 which sets out how we intend to increase the number of disabled people, including people experiencing mental health issues, employed in the Scottish Government. It also sets out how we will enhance support for new and existing staff. The action is now complete.

Appendix 2. Programme for Government 2018/19

COMMITMENT	PROGRESS TO DATE	NEXT STEPS
Support during Pregnancy and after Birth		
Support the third sector to provide counselling (for 11,000 women a year).	£50 million investment being overseen and directed by Perinatal and Infant Mental Health Programme Board which will develop new services to support those 11,000 women who might benefit from additional support in their community.	In 2020/21 the Scottish Government will invest in the third sector to develop counselling, befriending, peer support and other services to support women and families experiencing perinatal mental health problems who would benefit from support in their community, this will include specific funds to address some of the groups identified who might find it difficult to access services, such as those from BME communities, women experiencing domestic abuse and women with involved with substance misuse.
Ensure rapid access to psychological assessment and treatment (for 5,500 women in need of more specialist help).	Invest £825,000 to increase specialist staffing levels at the two current Mother and Baby Units at St John's Hospital in NHS Lothian and Leverndale Hospital in NHS Greater Glasgow and Clyde, enabling them to become centres of expertise.	This will develop regional perinatal networks to coordinate and lead service development and ongoing monitoring and evaluation.
Develop more specialist services and consider the need for a small number of additional inpatient beds or enhanced community provision (for 2,250 women with the most severe illness).	Invest £825,000 to increase specialist staffing levels at the two current Mother and Baby Units at St John's Hospital in NHS Lothian and Leverndale Hospital in NHS Greater Glasgow and Clyde, enabling them to become centres of expertise Develop training to grow the number of staff able to provide specialist perinatal care.	This will develop regional perinatal networks to coordinate and lead service development and ongoing monitoring and evaluation. An options appraisal will be undertaken looking at how we could increase capacity in specialist mother and baby units including what specialist support is required in the North of Scotland. This will be completed by the end of 2019, after which we will set out the next steps.

Children and Young People		
Put in place recommendations from Taskforce on Children and Young People's Mental Health Improvement.	The Children and Young People's Mental Health Taskforce made its final recommendations to the Scottish Government and COSLA on 4 July 2019.	Delivery of the recommendations will be overseen by the new Children and Young People's Mental Health and Wellbeing Programme Board jointly chaired by the Scottish Government and COSLA. The Board met for the first time in August 2019.
Invest over £60 million in additional school counselling services, creating around 350 counsellors in school education across Scotland, and ensuring that every secondary school has counselling services.	The Scottish Government and COSLA agreed on the distribution of funding for Local Authorities in August 2019. The Scottish Government has also engaged with COSCA and BACP to ensure that appropriate standards will be followed by counsellors. It has worked with the Scottish Qualifications Authority to enable additional training to become available for already established counsellors to work with children and young people in seven colleges across Scotland.	Implementation plans will be presented by Local Authorities on the counselling plans by the end of 2019.
Put an additional 250 school nurses in place by 2022 to provide a response to mild and moderate emotional and mental health difficulties.	NHS Boards have provided intake numbers for September 2019 and January 2020 and are ready to recruit. An oversight group through the Scottish Nursing Directors Group is being established.	The first tranche of 50 nurses in training is starting in the 2019/20 academic year.
Enhance support and professional learning materials for teachers on good mental health, including ensuring that, by the end of academic year 2019/20, every Local Authority will be offered training for teachers in mental health first aid (using a 'train the trainer' model to disseminate to all schools).	Since 2014, Education Scotland has been rolling out Scotland's Mental Health First Aid Training for Children and Young People to Local Authorities.	All Local Authorities will have been offered Scotland's Mental Health First Aid Training by the end of the 2019/20 academic year.
Provide more than 80 additional counsellors in Further and Higher Education over the next four years, with an investment of around £20 million.	An approach to the allocation of resources to the sector was agreed between the Scottish Funding Council and the Scottish Government. The additional resource will enable institutions to recruit access additional counselling services for students.	The first tranche of counsellors will be in place in the 2019/20 academic year.

Put in place systems to fast-track those with serious mental illness to specialist treatment.	Following a recommendation by the Taskforce £4 million was invested in 2019/20 to provide an additional 80 CAMHS staff. A CAMHS standard referral form is being developed which will help fast-track those with serious mental illness to specialist treatment.	One of the key deliverables to be taken forward by the Children and Young People's Mental Health and Wellbeing Programme Board is the development of a set of CAMHS Service Standards, which are due to be published in the coming months.
Develop services for community mental wellbeing for 5-24 year olds and their parents, to provide direct and immediate access to counselling sessions, self-care advice, family support, peer-to-peer support and group work.	The Children and Young People's Mental Health Taskforce made recommendations on how to develop these services in July 2019.	Delivery of the recommendations will be overseen by a new Programme Board jointly chaired by SG and COSLA and this is one of the key deliverables.
Improve the training and awareness of people working with vulnerable families, and deliver improved infant mental health support for families that need it.	£3 million is to be made available to support the establishment of integrated infant mental health hubs across Scotland.	These will create a multi-agency model of infant mental health provision to meet the needs of families experiencing significant adversity, including infant developmental difficulties, parental substance misuse, domestic abuse and trauma.
Launch a new website containing trusted help and information for young people and their families.	The Children and Young People's Mental Health Taskforce considered options on delivering this as part of its work programme.	The options explored by the Taskforce are being considered by the Children and Young People's Mental Health and Wellbeing Programme Board, with a view to concrete proposals being prepared.
Expand the Distress Brief Intervention (DBI) programme pilots during 2019 to include people under 18.	DBI referral became available for 16- and 17-year olds in two of the four pilots in May 2019, and in the other two in July 2019, so is now available in all four pilots. In addition, we have one area which has "joined" as a DBI Associate programme (Moray) – this happened in Spring this year, many months ahead of when we would have expected any Associate programmes to go live. Independent evaluation of DBI programme is underway and will report in March 2021.	Incremental building on progress to date is continuing. Work to undertake a scoping exercise to review the potential applicability of DBI for those aged 15 and younger and considering the recommendations for further extension is underway. A DBI associate programme is being established for other regions wanting to implement within existing programmes.
Make mental health and suicide prevention training mandatory for all NHS staff who receive mandatory physical health training.	Action 2 of Every Life Matters states that Suicide Prevention and Mental Health (SP/MH) Training should be mandatory for all NHS staff. A new Knowledge and Skills Framework and a Workforce Development Plan has been developed by NHS Health Scotland and NHS Education Scotland for NHS Boards. The Scottish Government Director for Mental Health, Donna Bell, wrote to all NHS Chief Executives and Integration Authority Chief Officers, asking them to include SP/MH training in their local workforce development plans.	NHS Boards will take forward the action to make SP/MH Training should be mandatory for their staff in a way that responds to local requirements.

<p>Implement the recommendations made in the Audit of Rejected Referrals, to ensure that all children are appropriately triaged and where necessary directed to alternative support services. This will include ensuring that GPs and others have clear consistent guidelines for referral to CAMHS.</p>	<p>The Scottish Government accepted all 29 recommendations in the Audit of Rejected Referrals report. As a direct response to the Audit's findings, we announced the establishment of the Children and Young People's Mental Health Taskforce which produced their final recommendations on improving CAMHS in July 2019. In addition to the work of the Programme Board, the Scottish Government is working with ISD on a number of actions to improve the data that is collected regarding referrals to CAMHS. Additionally, the Minister for Mental Health wrote to all NHS Boards on 19 June 2019 to seek an update on how each Board processes referrals to CAMHS, what action each Board has taken to provide clearer referral criteria, and what action has been taken to better publicise out of hours and crisis supports.</p>	<p>The Children and Young People's Mental Health and Wellbeing Programme Board, which is chaired jointly by the Scottish Government and COSLA, is currently considering the delivery of these recommendations through nine key deliverables. This includes development of a set of CAMHS Service Standards.</p>
<p>Put in place 24/7 crisis support for children, young people and their families.</p>	<p>The Taskforce recommended development of this support as part of its recommendations in July 2019.</p>	<p>The Children and Young People's Mental Health and Wellbeing Programme Board is currently taking forward work on the development of a 24/7 mental health crisis support and prevention telephone and text service for children, young people, their families and carers.</p>
<p>Adults</p>		
<p>Trial improvements to the NHS 24 Breathing Space service, by introducing web-chat with an NHS 24 adviser</p>	<p>A Breathing Space test of change was introduced at the beginning of 2019. Additional staff have been put in post and training completed to support introduction of web chat. Demand has grown to c.250 web chat requests per month on average. There is evidence that this is reaching new people rather than shifting from telephone so considering need to increase capacity. Evaluation framework has been agreed and on track as part of wider mental health evaluation work.</p>	<p>To identify capacity requirements to increase availability of web chat within funding available. Evaluation is ongoing and is informing roll out of test of change from autumn 2019.</p>
<p>Introduce more widespread online access to Cognitive Behavioural Therapy (helping around 5,000 more people with mild to moderate depression).</p>	<p>eCBT in Western Isles operational for two months with 100 self-referrals, on target to meet 130 planned. NHS Lothian has completed initial set for July 2019.</p>	<p>A staggered approach across Scotland is being taken forward as part of the planned test of change.</p>

<p>Strengthen the content of current self-help platforms provided through NHS Inform.</p>	<p>Migration of Moodjuice is ongoing. Communication plan is in place with territorial Boards informing changes to Moodjuice. Two new self-help guides for anxiety and depression now live.</p>	<p>Paired writing sessions arranged, which will develop additional self-help guides focussing on bereavement and problem-solving, self-esteem, chronic pain and PTSD.</p>
<p>Improve access to psychological assessment and therapies in rural areas, through the use of technology such as video-conferencing.</p>	<p>This workstream is due to start in autumn 2019.</p>	<p>This workstream is due to start in autumn 2019.</p>
<p>Enhance the handling of mental health calls to the 111 service, with more specially trained staff providing specialist mental health advice.</p>	<p>The test of change introducing a mental health 'hub' is progressing well. Further recruitment completed with 12 Psychological Wellbeing Practitioners in post and four going through final recruitment checks; eight Mental Health Nurse Practitioners in post and two in final recruitment stages, and three SCNs in post. One SCN post still to fill. Currently finalising plans to extend to seven evenings a week subject to funding in place.</p>	<p>Evaluation is ongoing and will inform roll out of test of change in autumn 2019.</p>
<p>Create and implement refreshed mental health and suicide prevention training by May 2019 for Scotland's public and private sectors.</p>	<p>At the end of May 2019, the Minister for Mental Health launched a new SP/ MH learning and awareness-raising resource– developed by NHS Health Scotland NHS Education in Scotland. These resources are applicable to the NHS and beyond. COSLA and the SFA announced that they will roll out the resources across their staff.</p>	<p>Phase 2 of the workforce development is in the delivery plan of the NSPLG for 2019-21. Informed by views of partners, NHS Health Scotland and NHS Education Scotland (NES) will undertake further work in the following areas:</p> <ul style="list-style-type: none"> • Continued promotion of the universal resource across sectors • Developing and commissioning education and training to meet specific workforce needs • Developing infrastructure to support delivery to specific workforces • Launch specific workforce resources and programmes • NES and NHS Health Scotland are undertaking work to support training in relation to suicide prevention amongst children and young people
<p>Develop reviews of all deaths by suicide, ensuring lessons are shared and acted on.</p>	<p>The NSPLG has completed a review of the current system in terms of identifying and summarising the responsibilities on each institution for undertaking reviews of completed suicides. They have identified scope for improvement across these existing responsibilities but more importantly have identified that there is no requirement placed on any institution to undertake a review of</p>	<p>Identification and testing of an appropriate methodology for reviews which will try to establish whether there was a missed opportunity to make a contact count across the system. A number of Health and Social Care Partnerships have expressed an interest in being involved.</p>

	completed suicide in a community setting.	
Develop innovative ways to use digital technology to prevent suicide	The NSPLG have been scoping existing activity and identifying people’s needs to see where digital technology could have best effect. Animations were launched in May on various platforms were used to deliver awareness raising and learning resource for best reach.	The NSPLG is looking to identify how to best enhance digital resources across initiatives of the Suicide Prevention Action Plan. Including engaging at risk groups, promoting suicide prevention training and improving support for those bereaved by suicide.

Appendix 3. Audit of Rejected Referrals – Scottish Government Action

RECOMMENDATION		ACTION
Rec 1	<p>The Scottish Government should explore the views and experiences of staff working in CAMHS regarding the system’s fitness for purpose, current good practice and innovation, and opportunities for improvement in processes as well as the system overall. The Scottish Government should also explore the views of children, young people and parents who do access CAMHS to explore their experiences of the referral system and processes.</p>	<p>The Children and Young People’s Mental Health Taskforce and its associated work streams engaged with the full range of professionals represented in CAMHS and in the wider children’s services system. Additionally, the Children and Young People’s Mental Health and Wellbeing Programme Board are currently developing a CAMHS service specification which states that all CAMHS need to work in partnership with children, young people and their families in all aspects of service design and delivery.</p> <p>The Scottish Government funded a Youth Commission on Mental Health Services. The Commission was made up of over 20 young people who spent 15 months on an in-depth review of Children and Adolescent Mental Health Services and the wider support that is available. They published their final recommendations in May 2019 and the Scottish Government is responding in this Annual Report.</p>
Rec 2	<p>The Scottish Government should request that ISD explore how data can be gathered about Tiers 1 and 2 of CAMHS, so that a full picture of the service being provided to children, young people and their families can be gained.</p>	<p>The Scottish Government is working with Information Services Division (ISD) on a number of actions to improve the data that is collected regarding referrals to CAMHS.</p>

<p>Rec 3</p>	<p>The Scottish Government should consider whether the tiered model of CAMHS continues to be fit for purpose. In the short term it should change the language used to describe services: references to specific tiers are confusing and unhelpful to children, young people and their families.</p>	<p>The Children and Young People’s Taskforce recommended a model of supporting children and young people’s mental health, based on GIRFEC principles, including clear criteria and the role for CAMHS and Neurodevelopmental Services. The Children and Young People’s Mental Health Programme Board is tasked with implementing this model.</p> <p>This year our Programme for Government contained an action to develop community mental health and wellbeing services. These services will be put in place to support the mental health needs of children and young people, using an open access model that also allows self-referral.</p> <p>This service is being progressed though the Children and Young People’s Mental Health and Wellbeing Programme Board. In the coming months we will be announcing how we will fund and deliver these services.</p>
<p>Rec 4</p>	<p>The Scottish Government should review and if necessary restructure the current system so appropriate services are easily accessible to children and young people with behavioural and emotional problems, alongside a mental health problem not severe enough to fit the eligibility criteria for CAMHS. The Scottish Government should consider whether achieving this aim requires nationwide provision of schools-based services.</p>	<p>This year our Programme for Government contained an action to develop community mental health and wellbeing services. These services will be put in place to support the mental health needs of children and young people, using an open access model that also allows self-referral.</p> <p>This service is being progressed though the Children and Young People’s Mental Health and Wellbeing Programme Board. By the end of this year we will be announcing how we will fund and deliver these services.</p>
<p>Rec 5</p>	<p>In carrying out Recommendation 4, the Scottish Government, NHS Boards and Integration Joint Boards (IJBs) and local government should ensure services are funded at an appropriate level, available consistently nationwide and measure both waiting times, outcomes and patient satisfaction.</p>	<p>In 2017/18 we delivered on our commitment to invest one billion pounds in mental health. Additionally, our 2019/20 programme budget for mental health has been increased by £15.3 million, from £70.2 million last year to £85.5 million – up nearly 22%. This increased funding will support actions to improve early intervention for those who require support for their mental health.</p> <p>The Scottish Government is working with Information Services Division on a number of actions to improve the data that is collected regarding referrals and access to CAMHS.</p>

<p>Rec 6</p>	<p>In creating the system suggested at Recommendation 4, the Scottish Government should develop a multi-agency assessment system, with a focus on quickly referring young people to the appropriate service and eliminating the inefficiency of multiple referrals. This should build upon areas of existing good practice.</p>	<p>The Children and Young People's Programme Board has agreed a model for accessing mental health support, that is based on GIRFEC principles. This year our Programme for Government contained an action to develop community mental health and wellbeing services. These services will be put in place to support the mental health needs of children and young people, using an open access model that also allows self-referral.</p> <p>This service is being progressed though the Children and Young People's Mental Health and Wellbeing Programme Board. In the coming months we will be announcing how we will fund and deliver these services.</p>
<p>Rec 7</p>	<p>In creating the system suggested at Recommendation 4, all CAMHS teams should publish information on the circumstances in which they will conduct a paper-based assessment. There should be an expectation that face to face assessments will take place in almost every circumstance.</p>	<p>The Minister for Mental Health wrote to all NHS Boards in July to seek assurance that information about referral criteria should be published in an accessible way.</p> <p>The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS service specification which includes Boards making eligibility criteria clear and easily accessible and provide guidance on how assessments should take place.</p>
<p>Rec 8</p>	<p>In a well-functioning system, there should be no need for rejected referrals. However, if they do occur, the Scottish Government should require personalised and meaningful signposting to be mandatory.</p>	<p>The Scottish Government is working with Information Services Division on a number of actions to improve the data that is collected regarding referrals to CAMHS, including the reasons for why referrals may be rejected and what signposting is given.</p> <p>This year our Programme for Government contained an action to develop community mental health and wellbeing services. These services will be put in place to support the mental health needs of children and young people, using an open access model that also allows self-referral.</p> <p>This service is being progressed though the Children and Young People's Mental Health and Wellbeing Programme Board. In the coming months we will be announcing how we will fund and deliver these services.</p>

Rec 9	Where this does not already happen, all CAMHS teams should establish regular sessions when a member of staff is available by telephone to discuss potential referrals with referrers, to reduce the number of inappropriate referrals received.	The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS service specification which includes a duty for all CAMHS teams to provide a contact for referrers to discuss referrals with.
Rec 10	All CAMHS teams should review their assessment procedures to ensure they offer appropriate opportunities for young people to speak to professionals without parents being present, and for parents to speak to professionals without children being present, with regard to issues of capacity and consent.	The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS service specification which includes clear standards around how services should engage with children and young people and their families.
Rec 11	All CAMHS teams should train those conducting assessments to introduce themselves, explain their role and clearly set out what will happen during the assessment and the possible outcomes, this should also be included in the appointment letter.	The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS service specification which includes clear standards around how services should engage with children and young people and their families.
Rec 12	All CAMHS teams should send notification of rejected referrals to both the referrer and the child or young person, or where appropriate their parent or guardian. Notifications should be written in clear, non-medical language and should clearly identify the team who has made the decision to reject the referral.	The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS service specification which includes Boards making information as clear and accessible as possible.
Rec 13	Notifications of rejected referrals should wherever possible and appropriate include a direct re-referral to a more appropriate service, without requiring the child, young person or their family to start the process again.	The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS service specification which includes Boards involving children, young people and their families in any decisions that are being made about their care and treatment. Additionally, that services should have appropriate re-engagement policies in place.
Rec 14	All CAMHS teams should publish information on what support is available in a crisis, and where children, young people and their families should be referred in a mental health crisis, including out of hours services.	The Minister for Mental Health wrote to all NHS Boards in July to seek assurance that information about crisis support should be published in an accessible way. We are currently carefully considering our next steps based on what we have heard.

Rec 15	The Scottish Government should work with Royal Colleges and appropriate NHS bodies to create training and/or targeted and regularly refreshed resources for GPs to ensure they understand when a referral to CAMHS is appropriate and what other services are available, building on current examples of good practice and taking into consideration the local context.	The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS service specification which includes Boards providing time for continuous professional development and training for those supporting children, young people and families mental health.
Rec 16	CAMHS teams should ensure all those who can refer into them have child-centred and developmentally appropriate information which they can provide to children, young people and their families at the point of referral, setting out what will happen next and signposting to sources of information.	The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS service specification which includes Boards providing time for continuous professional development and training for those supporting children, young people and families mental health.
Rec 17	Normal practice should include a conversation between the referrer and CAMHS teams before rejecting all but the most clearly inappropriate referrals, to establish whether any other information is available. Good practice should be that child or young person planning meeting minutes are included.	The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS service specification which includes the importance of collaboration between services around referrals. Additionally that any assessments should take into consideration all information relating to the child or young person as outlined in the child's plan.
Rec 18	All bodies responsible for children's services should intensify efforts to ensure GPs have sufficient information about non-CAMHS services in their area and are aware of resources such as the ALISS database.	The Minister for Mental Health wrote to all NHS Boards in July 2019 to seek assurance that Boards were providing information and advice to referrers about other support that is available in their area. We are currently carefully considering our next steps based on what we have heard.
Rec 19	The relevant and responsible bodies should review their CAMHS and adult mental health services to ensure all those aged up to 18 can receive a service, regardless of educational status. For those who are approaching the age of 18 are either helped within CAMHS or quickly routed into adult services.	The Scottish Government agrees with this recommendation and we are currently developing our approach.

Rec 20	The relevant and responsible bodies should encourage and support the establishment of peer support groups for parents caring for children with emotional, behavioural as well as mental health issues.	<p>This year our Programme for Government contained an action to develop community mental health and wellbeing services. These services will be put in place to support the mental health needs of children and young people, using an open access model that also allows self-referral. The services will include a variety of support services which could include peer support groups for parents.</p> <p>This service is being progressed though the Children and Young People’s Mental Health and Wellbeing Programme Board. In the coming months we will be announcing how we will fund and deliver these services.</p>
Rec 21	The relevant and responsible bodies should review their mental health services to ensure they are available for children and young people who have Autistic Spectrum Disorder, or a learning disability alongside a mental, emotional or behavioural problem.	The Children and Young People’s Mental Health and Wellbeing Programme Board is currently developing a CAMHS service specification which will include children and young people with complex needs and how services should best meet their needs.
Rec 22	The relevant and responsible bodies should review their mental health services to ensure provision exists for children, young people and their families where the child is no longer attending school but has emotional, behavioural and mental health difficulties.	The Scottish Government agree with this recommendation and we are currently developing our approach.
Rec 23	ISD should agree with Scottish Government and NHS Boards ongoing data needs around rejected referrals to improve the experience and outcome for children and young people.	The Scottish Government is working with Information Services Division on a number of actions to improve the data that is collected regarding referrals to CAMHS.
Rec 24	ISD should work with third sector organisations to understand the services they provide to children and young people and explore sharing data between these organisation and statutory services to ensure full pathway information is available and used for improving services and experience.	<p>Information Services Division is part of a Sharing Intelligence for Health and Care Group which consists of the following seven national organisations:</p> <ul style="list-style-type: none"> • Audit Scotland; • Care Inspectorate; • Healthcare Improvement Scotland; • Mental Welfare Commission for Scotland; • NHS Education for Scotland; • Public Health & Intelligence • Scottish Public Services Ombudsman.

Rec 25	The Scottish Government should request Information Services Division to begin enhanced data collection and publication of rejected referral information on a routine basis. This would allow for further analysis in such areas as SIMD, geographical areas and service delivery differences. In particular, the Scottish Government should request research comparing the demographic profiles of those who are rejected from CAMHS with those who are not, to establish whether particular groups are being especially disadvantaged.	The Scottish Government is working with Information Services Division on a number of actions to improve the data that is collected regarding referrals to CAMHS.
Rec 26	The Scottish Government should request Information Services Division to undertake further work to understand what happens next to the children and young people e.g. usage of other services. This could be achieved through linkage of records included in the audit to other services.	The Scottish Government is working with Information Services Division on a number of actions to improve the data that is collected regarding referrals to CAMHS.
Rec 27	Information Services Division and Scottish Government should work with NHS Boards to standardise the definitions of all data items relating to CAMHS including 'Referral Source', 'Reason for Referral' and 'Rejected Referral Reason'. These should be adopted and implemented by all NHS Boards to ensure consistency and comparability. This would include less use of 'Other' categories.	The Scottish Government is working with Information Services Division on a number of actions to improve the data that is collected regarding referrals to CAMHS.
Rec 28	The term 'rejected' is emotive and distressing. However, the qualitative element of this research indicates a lack of evidence that referrals are genuinely being 'redirected', which is the preferred alternative term. The Scottish Government should act on the recommendations in this report to create a system that minimises inappropriate referrals and ensures that those which do occur are demonstrably redirected. Only at this point should a change in language be considered.	<p>This year our Programme for Government contained an action to develop community mental health and wellbeing services. These services will be put in place to support the mental health needs of children and young people, using an open access model that also allows self-referral.</p> <p>This service is being progressed though the Children and Young People's Mental Health and Wellbeing Programme Board. In the coming months we will be announcing how we will fund and deliver these services.</p>

<p>Rec 29</p>	<p>NHS Boards should have clear referral protocols available to all referrers, including GPs and teachers, which clearly define the process of referrals and what services the NHS Board provides through:</p> <ul style="list-style-type: none"> • Enhancement of existing referral pathways and development of standard referral pathways which are clearly written, freely available and easily understood by all referrers • The development and use of a standard referral form, clearly indicating which information is essential before a referral can be considered. This form should include space for input from GPs, schools, parents and the child, so that as much information as possible can be provided. It should also include space to indicate what services and approaches have already been tried, to avoid unhelpful signposting in case of rejection. • Considering the development of standard referral criteria which applies to all services across Scotland. 	<p>The Minister for Mental Health wrote to all NHS Boards in July 2019 to seek assurance that information about referral criteria should be published in an accessible way.</p> <p>The Children and Young People’s Mental Health and Wellbeing Programme Board is currently developing a CAMHS service specification which will include Boards make sure that they have clear eligibility criteria and referral processes which are easily accessible.</p>
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Appendix 4. Youth Commission on Mental Health Services

RECOMMENDATION		SCOTTISH GOVERNMENT RESPONSE	COMMENTS
Services			
1	There should be a standardised framework to measure the success of mental health services for young people.	Accept	Through Mental Health Strategy Action 38 we have developed a Quality Indicator (QI) Profile which measures the quality of services that people receive. The QIs are complemented by a Mental Health Strategy Framework which illustrates population mental health and wellbeing, strategic impact and parity of esteem between physical and mental health.
2	There must be a person-centred approach to mental health services.	Accept	The Children and Young People’s Mental Health and Wellbeing Programme Board will be supported by a lived experience group to ensure the voices and experiences of children, young people and their families are at the centre of this work.
2i	Young people should have control over the length, regularity and location of appointments, to ensure they feel comfortable and secure with the care they receive and to aid their recovery. This is not to undermine clinical support but to give the young people the choice of the best options available to them.	Accept	The Children and Young People’s Mental Health and Wellbeing Programme Board is currently developing a CAMHS Service Specification which includes agreeing a care plan with the child or young person. This is scheduled to be published in the coming months.
2ii	When assessing young people’s mental health, the questions used need to identify more than if they are at a crisis point but understand how they are feeling both in the moment and generally.	Accept	

2iii.	<p>There should be transitional support to address the gaps in services to allow young people to choose what their care looks like. This means there needs to be an overlap in services to allow for a more seamless transition. Young people should have a choice and have effective support throughout the process on when to transition to adult or young adults' services. CAMHS services for young people should include:</p> <ul style="list-style-type: none"> a. Youth services available up to 18-year olds b. 'Young adult' services made available from 16-25 c. Adult services available from 21 	Accept in Principle	<p>In August 2018 we published our Transition Care Plans which support young people as they transition to adult mental health services. Additionally the Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS Service Specification which further embeds the use of TCPs. With respect to the part of the recommendation relating to the age range of services, see response to Services recommendation 2iv.</p>
2iv	<p>There should be a service for 16 to 25-year olds that is focused on stages of life instead of the patients' age. Such as when a person is moving from compulsory education into independence and employment and supporting them through this stage.</p>	Accept In Principle	<p>The 2017 Programme for Government includes a commitment to exploring the expansion of CAMHS to include flexibility for patients to continue their care and treatment until age 25. We are carefully considering our approach to this recommendation and exploring options on how this might be achieved.</p>
2v	<p>Less clinical language should be used when communicating with young people around their care. The language used while talking to young people should be easy to understand, respectful, and comforting.</p>	Accept	<p>The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS Service Specification which includes making sure staff are appropriately trained to support and treat children and young people. This is scheduled to be published in the coming months.</p>
2vi	<p>Initial assessments of young people and their mental health should be face to face until they can identify their care plan. This process should not extend past four weeks.</p>	Accept	<p>The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS Service Specification and CAMHS referral criteria. This is scheduled to be published in the coming months.</p>

2vii	When a young person moves Local Authority their mental health support and care should not be disrupted or halted. Transitions to new service, no matter the Local Authority should be supported in a way that is appropriate for the individual.	Accept in Principle	In August 2018 we published our Transition Care Plans which support young people as they transition between services. The TCPs will be crucial in ensuring a smooth transition in the event of a move between NHS Board areas. There are technical and equity challenges that need to be explored, and will be scoped as part of follow-up work to the development of the CAMHS Service Specification.
2viii	Medication should not be the only or automatic option. There should be a variety of care options available to the young person. Other complimentary therapies should be offered and encouraged where appropriate (e.g. art therapy, group therapy, etc.)	Accept in Principle	<p>Medication often has an important role in care and treatment, however, other options relating to individual care and treatment will always be carefully considered by the relevant clinicians involved in the young person's care. Those options will depend entirely on the circumstances of the young person, and will be offered with good clinical judgement.</p> <p>The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS Service Specification which includes services providing recommendations for interventions and treatment options which provide engagement, flexibility and choice. This is scheduled to be published in the coming months.</p>
2ix	Clear monitoring processes should be created and consistently implemented with patients to ensure they are put on the right medication and this is continually reassessed, in line with NICE guidance. Medication may not be suited to the individual even if it 'treats' their mental health. This must be consistently used to ensure they are on the right course of action for each individual patient	Accept in Principle	We recognise the importance of good and appropriate prescribing. Options relating to treatment will be made by the relevant clinicians involved in the child or young person's care. We expect that all clinicians will follow the relevant clinical guidance when prescribing medication, and will keep this under review.

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2x	The workforce of all mental health services for those up to the age of 25 must be increased to meet demands and ensure that young people's needs are being met	Accept	We have invested heavily in CAMHS staffing in recent years, including £4 million in 2019/20 for 80 additional CAMHS staff. We are seeing the impact of this investment – with CAMHS staffing up 4% in the last year and up by 76% under this Government.
3	There should be services available out with the working hours (9am to 5pm).	Accept	This year our Programme for Government contained an action to develop a 24/7 crisis support will be developed for children and young people and their families. We will build on existing pilots to ensure children and young people can access crisis services in a way that best meets their needs, whether that's face to face, on the phone, or by text.
3i	Crisis support should always be available to all young people, 24 hours a day, 7 days a week, 365 days a year. Counselling should also be available outside 9am-5pm but not necessarily overnight to suit the need of young people in school. This will ensure that all young people have access to appropriate services and don't have to take time off of education, work etc. to attend appointments.	Accept	
4	Services should not be centralised but standardised, to allow access for every young person to quality and appropriate mental health services.	Accept	The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS Service Specification to ensure that all CAMH services across Scotland are delivering an agreed standard of service. This is scheduled to be published in the coming months.
4i	A 'basic standard of care' should be developed and monitored continuously across Scotland, specifically for young people accessing services. This should ensure that all young people receive an appropriate level of care.	Accept	

4ii	Young people should have the same support no matter where they live. A young person's background, culture, ethnicity and location should not limit the amount of care they receive.	Accept in Principle	<p>We recognise and support the principle behind this recommendation, however, it is important to note that there will sometimes be some differences in care due to the location of services. For example, services in a rural location will inevitably differ in how they provide specialist or condition-specific care to those in a more urban area.</p> <p>However, we expect outcomes to be the same, regardless of where in Scotland the service is provided. That is why the Children and Young People's Mental Health and Wellbeing Programme Board is developing a CAMHS Service Specification to ensure that all CAMH services across Scotland are delivering an agreed standard of service. This is scheduled to be published in the coming months.</p>
4iii	Services within rural areas should be mobile to allow access to all young people when accessing public transportation might be difficult. This would help focus on providing more quality support services within rural areas (including Highlands and Islands).	Accept In Principle	<p>We recognise and support the principle behind this recommendation, and will carefully consider our approach.</p>

5	<p>Waiting times need to be reduced to eight weeks without compromising the care provided to each individual young person. This should be achieved incrementally by 2029.</p>	<p>Cannot Accept</p>	<p>A substantial number of children and young people are seen within the 18 week standard, with the median wait for first appointments below 18 weeks. However, we recognise the need to improve waiting times, and appreciate the Youth Commission’s passionate and articulate views on this. Nevertheless, in line with Sir Harry Burns’ review of Targets and Indicators for Health and Social Care in Scotland (2017), we are clear that the focus needs to be on providing access to treatment in a timescale that supports clinically effective treatment.</p> <p>The forthcoming Service Specification for CAMHS will set out expectations for what is to happen during any waiting period, including assessment and signposting to other services where appropriate.</p> <p>We accept that current waiting times performance for CAMHS currently falls short of the 90% standard in many Boards, and there are a range of actions and investments set out in the Mental Health Strategy, Children and Young People’s Taskforce recommendations and Programmes for Government to reduce waiting times. In addition, NHS Boards have also been asked to provide trajectories to meet the standard by December 2020 in their Annual Operational Plans which means that funding will be tied to performance in a way which was not the case in previous years. We will work closely with Boards on delivery against these standards, intervening where Boards fall short of what they have said they will do.</p>
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5i	While on the waiting list for CAMHS young people should be linked to other mental health support services that may not necessarily be clinical services. This may be local community support; speaking to a specialist mental health nurse; peer to peer support or other resources. This will ensure they are immediately beginning to address their mental health, and where possible avoiding reaching a crisis point.	Accept	The Children and Young People’s Mental Health and Wellbeing Programme Board is currently developing a CAMHS Service Specification to ensure that all CAMH services across Scotland are providing the right care and treatment options, including options while on a waiting list. Additionally, we have committed to develop a new community wellbeing service to support the mental health needs of children and young people, using an open access model that also allows self-referral. The availability of this resource will help to ensure that young people are able to access the right support at the right time.
5ii	Following their first assessment or referral, young people should be referred not only to CAMHS but to other support services. CAMHS may not provide the appropriate support for all young people, so they should have the choice to be directed to other local and community-based services.	Accept	
5iii	Young people should not have to wait more than eight weeks to receive regular and appropriate care but by providing support immediately in some form young people can start to address their own mental health. For some young people this might be enough, and they may not need to access CAMHS, or it may stop their mental health from worsening while they wait for support.	Accept in Principle	See the response to Services recommendation 5i above. The availability of enhanced community-based support will help to ensure that young people are able to access the right support at the right time, and will be a crucial factor in addressing mental health issues at an early stage.

6	There needs to be access to a trained mental health professional, not necessarily a GP, available in every health centre or surgery on a full-time basis.	Accept in Principle	Providing enhanced support in health centres and GP surgeries is a policy priority for the Scottish Government. Action 15 of the Mental Health Strategy contains an action for 800 additional mental health workers in key settings which is supported by significant investment which will rise to £35 million by 2021/22.
6i	By providing a mental health practitioner, with an appointments system for 20 minutes slots, this will allow young people to either speak about their mental health issues or gain information about other services they may want to access locally, in an environment they feel safe and supported in so young people can access accurate information quickly or even just talk so they might not need to be signposted to another organisation.	Accept in Principle	
7	All mental health referrals should be treated with the same importance as a referral from a medical professional.	Accept	The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS Service Specification to ensure that referral criteria are standardised across Scotland. This is scheduled to be published in the coming months.
7i	Clear referral guidance and a process should be put in place to ensure that anyone with duty of care over a young person (e.g. youth workers, teachers, parents and carers) can make a referral which will result in support for the young person.	Accept	
7ii	Clear criteria for CAMHS accepted referrals need to be created to help ensure young people are accessing and being referred to appropriate services. This gives also gives clarity to those who aren't accepted to a service.	Accept	
8	Crisis support needs to be improved to keep young people safe.	Accept	See the response to Services recommendation 3 above.
8i	Young people should not be turned away from hospitals or other services when at a crisis point for their mental health. All hospitals should have a crisis support team there to support the young person.	Accept	We accept and support this recommendation.

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8ii	Hospitals should have a 'safe space' within accident and emergency for people going through a crisis. This may be an appropriate area that is quiet and welcoming but monitored by staff with mental health training.	Accept in Principle	We recognise and acknowledge the principle behind this recommendation. This will require careful scoping in the context ongoing work to improve the response to mental health presentations at A&E.
8iii	A Scotland specific text service needs to be provided for those going through a crisis as some people may not be able to talk on a phone. This must be advertised effectively through online, schools, higher and further education, and mental health services etc.	Accept	See the response to recommendation 7 above. Our 2019/20 Programme for Government contained the commitment to develop a 24/7 crisis support service which will introduce a text service so children and young people can text as well as phone to access help.
9	Therapeutic spaces should be more welcoming to young people.	Accept	The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS Service Specification to ensure that all CAMHS is delivered in age-appropriate, accessible and comfortable settings.
9i	Spaces need to be less clinical in order to make young people feel comfortable and safe, allowing them to make better use of the support being offered. These spaces should be co-designed with young people.	Accept	
10	There needs to be a focus on preventative services not just support services, including education, support, advice and early intervention.	Accept	Early intervention is one of the core areas of focus of the Mental Health Strategy 2017-27 and underpins the recommendations of the Children and Young People's Mental Health Taskforce .
10i	Developing and providing services which prioritise early education and provides support before mental health intervention is required, allowing young people to build resilience and confidence in managing their own mental health.	Accept	See the responses to Services recommendations 5iii and 10 above.
11	Mental health services need to actively embrace digital tools and technology, but patients should have the option to make use of technology if that suits their needs. This should not be the only choice and should not take priority over all other options available.	Accept	We accept and support this recommendation. This was a recurring theme throughout the Children & Young People's Mental Health Taskforce, and is being considered by the Children and Young People's Mental Health and Wellbeing Programme Board.

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11i	The ability to book appointments online should be available to young people accessing mental health services, this should also provide the ability to change or cancel appointments to allow flexibility while maintaining consistency.	Accept In Principle	We acknowledge the principle behind this recommendation, which would represent a significant service change. We will carefully consider our approach.
12	Mental health support should be immediately offered to young people who are diagnosed with long-term or enduring physical illnesses.	Accept In Principle	We acknowledge the principle behind this recommendation, which would represent a significant service change. We will carefully consider our approach as part of the implementation of the CAMHS Service Specification.
12i	Anyone offering primary care to young people should be equipped to refer to a specialist and specific mental health services where appropriate, this includes the knowledge and understanding of how a long-term condition may affect their mental health and knowledge of the support services available. This may include mental health specific services relating to the long-term condition.	Accept In Principle	The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS Service Specification and CAMHS referral criteria. We will carefully consider whether further specific work is required in respect of referrals involving a long-term condition.
12ii	All young people with a long-term condition should have access to mental health services when needed and are seen within eight weeks of diagnosis.	Cannot Accept	See the response to Services recommendation 5 above.
13	Improvements need to be made to mental health support specifically for young people in care.	Accept	Work is ongoing to develop targeted pathways for vulnerable groups of young people, including young people in and around the care system as part of the programme of deliverables by the Children and Young People's Mental Health and Wellbeing Programme Board.
13i	If a young person in care must move Local Authority, they should not be put to the back of a waiting list and their care should be continued, in as similar a way as possible to that which was being provided, in the new Local Authority.	Accept in Principle	See the response to Services recommendation 2vii above.

13ii	Young people in care should have control over how they access mental health services and the information around their mental health, as well as consistency in the support they receive no matter the Local Authority or care provider.	Accept	The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS Service Specification which includes standardised criteria for the provision of CAMHS across Scotland . This is scheduled to be published in the coming months.
14	A service should be created to support children and young people with parents and carers who are struggling with their mental health.	Accept In Principle	We accept this recommendation in principle, and will carefully consider how work to develop crisis and community support services can reflect and support this type of need.
14i	A service that can support young people whose parents and carers are struggling with mental health should be created. This should include a source of peer-to-peer support where young people can make friends and meet others with shared experiences and take part in activities such as homework clubs, sports clubs etc.	Accept In Principle	
15	When treating a young person, mental health professionals must take a holistic approach to their treatment, care and diagnosis. There should not be a reliance on a single policy or procedure, such as the use of Adverse Childhood Experiences (ACEs). Policies should adapt to reflect the needs of young people as they change and develop.	Accept	We accept and support this recommendation. This principle will be reflected in the development of the workforce actions by the Children and Young People's Mental Health and Wellbeing Programme Board.

Education			
1	Mental health and wellbeing education for pupils in both primary and secondary schools should be standardised across Scotland.	Cannot Accept	In Scotland there is no statutory curriculum. Curriculum for Excellence is the national approach to learning and teaching for young people aged 3 to 18 in Scotland. It provides significant flexibility, within broad national guidelines, for teachers to develop lessons which best meet the needs of individual learners. Teachers, head teachers and other professional educational practitioners are best placed to decide what is taught in Scotland's schools. Education Scotland provide support and guidance to ensure that high standards exist across the country.
1i	Education Scotland should work with young people to develop a universal resource on mental health and wellbeing to be used within schools to ensure consistency across Scotland. This will allow teachers to focus on their core tasks while also delivering quality and appropriate education on mental health to young people.	Accept	<p>The Scottish Government has established a working group made up of expertise within the sector, this includes Education Scotland, Health Scotland, Convention of Scottish Local Authorities (COSLA), Association of Scottish Principal Educational Psychologists (ASPEP), Local Authorities teaching unions and third sector organisations.</p> <p>The working group will develop a new mental health professional learning resource and training to help all school staff support the wellbeing of children and young people within their schools. This free resource and training will be available to all staff in primary, secondary and special schools and will enhance the strategies already available to schools.</p>
2	Mental Health should continue to be embedded within education from an early age in order to strengthen the knowledge and awareness of mental health.	Accept	Mental health and wellbeing are already a crucial element of the curriculum and this is underpinned through a specific set of experiences and outcomes. Mental health education is already delivered through Personal and Social Education / Health and Wellbeing classes - Along with literacy and numeracy it is one of the three core areas that are the responsibility of all

			staff in the school and forms part of the whole approach of the nursery, school, college or other setting to improving outcomes for children and young people.
2i	Emotion and resilience classes should be provided to all students from primary one to teach students how to work through their emotions in a healthy way. This would normalise mental health from a young age, reduce stigma and prepare them to manage their own mental health.	Accept in Principle	Every child and young person should have access to emotional and mental wellbeing support in school. However, mental health and wellbeing education cannot be prescribed across Scotland, it is up to Local Authorities and schools to determine how they will deliver the curriculum to best suit the children and young people in their area. The recently established working group has a focus on developing resources for use in schools, and will include resources covering emotion and resilience.
3	There should be a whole school approach standardised across Scotland when it comes to Mental Health.	Accept in Principle	Implementation of Curriculum for Excellence is supported by a set of Experiences and Outcomes which span across all five levels of the broad general education phase – to recognise the nature of development and learning in mental health and wellbeing. There are already specific experiences and outcomes in mental and emotional wellbeing which are the responsibility of all practitioners. We are, following the recommendations of the Review of Personal and Social Education, implementing a PSE Toolkit which will provide all schools across Scotland with a one stop shop for all aspects of PSE learning, including mental health and wellbeing.

3i	<p>i. The following things should be accessible by every school in Scotland:</p> <ul style="list-style-type: none"> - training for all staff involved in education; - counsellors, youth workers and support workers in school environments; - staffed safe spaces for young people to deal with their own mental health; - A mental health crisis protocol that should be codesigned with young people 	Accept in Principle	<p>We have commenced work to design and develop a new mental health professional learning resource for all school staff. The aim of the learning resource is to equip all school staff with the necessary skills to confidently support young people exhibiting signs of distress.</p> <p>The investment in school counsellors is part of a package of measures to ensure that children and young people get the support that they require. Local Authorities will be responsible for the recruitment of counsellors and on how best to deliver the service in their local area. It is intended that the Programme for Government commitment will be delivered in full by September 2020.</p> <p>The placement of youth workers and support workers and staffed spaces in every school is a decision for the individual school or Local Authority and not something that the Scottish Government can prescribe. Each Local Authority should have a relevant protocol in place to deal with incidents occurring within a school environment.</p>
4	<p>There should be a peer-to-peer support service in every secondary school for young people that might want to access it as part of a whole school approach.</p>	Cannot Accept	<p>While the Curriculum for Excellence framework is set at a national level, it is up to Local Authorities and schools to determine how they will deliver the curriculum to best suit the children and young people in their area. Schools may choose to use peer support and mentoring programmes within their schools. Education Scotland provide training and support around peer to peer mentoring and support. In addition, third sector providers may provide training on peer to peer support and mentoring.</p>

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4i	There is a lot of pressure on ‘mental health ambassadors’, so there should be trained young people who can support each other if it is wanted. The training should be focussed on allowing young people to access the relevant support they need.	Accept in Principle	We recognise and support the principle behind this recommendation, and will carefully consider our approach.
5	Higher and further education facilities should provide appropriate and ongoing support to all students when needed.	Accept	<p>As part of our Programme for Government commitment (2018/19), the Scottish Government is investing around £20 million in more than 80 additional mental health counsellors over the next four years, which will strengthen the support available in every college and university in Scotland</p> <p>Our Student Mental Health and Wellbeing Working Group has also been tasked with developing an integrated approach to student wellbeing in colleges and universities. This is set out in the Group’s draft Work Plan.</p>
5i	There should be a variety of options available, such as but not limited to counsellors for students who want to talk to someone and peer-to-peer support. Other options should be available depending on the students’ needs. By providing support in further and higher education, it can help to reduce waiting times and help ensure students feel less isolated.	Accept in Principle	The Student Mental Health and Wellbeing Working Group is developing a Work Plan, part of which calls for the development of a Whole System or Whole Campus approach. As part of this it will explore an integrated approach to student wellbeing.

5ii	There should be monitoring procedures to ensure higher and further education institutions are reflecting on the reasons why students drop out or change courses.	Accept in Principle	<p>This is the responsibility of institutions. The SFC, QAA and Education Scotland all consider withdrawal rates and ask institutions to report on this including plans to reduce these rates where required. There are a variety of reasons for students to withdraw from a course and not all of these are within the institutions control.</p> <p>The Outcome Agreement guidance requires colleges and universities to have a Mental Health Strategy in place, which must include a commitment to an improvement in retention of students who experience mental ill health, and to monitor the number of students leaving a course early due to mental ill health</p>
5iii	Education institutions must have follow-up meetings with students when they move classes or drop out to ensure they are supported and to give them the opportunity to say why they chose to leave a particular class. This should include students who are working on their dissertation. This can be a big part of their university career which can cause a lot of stress for students.	Accept in Principle	This is agreed in principle, but it is not something that could be managed by the Scottish Funding Council or through Outcome Agreements. The Agreements require that institutions identify and address barriers to retention, however we would not prescribe actions at this level of detail.
5iv	Students in placement related courses should be offered time and space to debrief between placement and university classes to help students manage their mental health	Accept in Principle	Although we acknowledge the intent of this recommendation, this would be up to individual institutions.
Community and Public Opinion			
1	More work needs to be done to reduce stigma and educate the general public to ensure young people access services without feeling judged. This work should be co-designed with young people to ensure that it is relevant and meets their needs.	Accept	We fund the See Me programme to tackle stigma and discrimination which can be associated with mental health problems. See Me has a range of work specifically aimed at young people. Crucially, this work is co-created with young people because they know best how to tackle stigma in this area. The recent Feels FM campaign shows what is possible through this approach.

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1i	More work needs to be done to reduce mental health stigma around anyone who identifies as male. This should include creating more awareness of the organisations who do work around men's mental health, such as SAMH's The Changing Room - this work should target young men up to the age of 25 as well. This would have the goal of reducing the high suicide rates amongst males.	Accept	We are committed to tackling the stigma associated with mental health problems and recognise that there can be particular barriers to seeking help for men. Our Suicide Prevention Action Plan includes a commitment for the National Suicide Prevention Leadership Group to target interventions toward at risk groups and we welcomed the recent recommendation to fund work to engage with groups of people with characteristics and experiences that may indicate an elevated risk of suicide.
2	Available resources and where to access support needs to be advertised more effectively. If a young person is directed elsewhere, a follow up should be in place to ensure they are receiving the support.	Accept	See the response to Services recommendation 5iii above.
3	A resource should be created to educate young people on safe self-harm – this is not to encourage young people or glamorise self-harm, as some may see it, but to ensure people are being safe and have safer options, as well as allowing the public to understand the specific support required.	Accept In Principle	We agree with the importance of providing appropriate help and support relating to self-harm. We are carefully considering our approach.
4	More community-based approaches need to be available nationally to support mental health.	Accept	See the response to Services recommendation 5iii above.
4i	There should be support that can be accessed in every local community. This will create a community-wide approach which can support young people; combat isolation; and help people deal with their issues in a more personal and effective way. This can help reduce strain on national services.	Accept	

Finance, Policy and Rights			
1	More funding needs to be available and sustainable across all sectors, including public sector, private sector and third sector, at both national and local levels to increase the capacity of services and ensure that young people have access to quality support.	Accept	Increasing the funding available for mental health is an ongoing priority for the Scottish Government, including £250 million of additional investment in the 2018 Programme for Government.
1i	Scottish Government should invest more funding to mental health services, covering all of the following; prevention, clinical, education and community. Funding should cut across multiple policy areas because Mental Health affects more than health and wellbeing (e.g. education or employment).	Accept	
2	Funding needs to be monitored and documented across all mental health services to ensure services are held accountable and stop young people from potentially falling through the cracks.	Accept	We encourage NHS Boards to improve and keep under review the accurate monitoring of mental health expenditure to inform improved planning and service delivery and ensure greater transparency and understanding of how funds are used. The Information Services Division of NHS NSS publishes all NHS Board health spending online.
2i	Review of funding and spending of all mental health services to better understand how funds are distributed. Ensure that this information is accessible to public.	Accept	
3	Policies around Mental Health should address young people's rights, be clear and accessible, and have consistency across all sectors, to ensure young people have access to the support they are entitled to.	Accept	We accept and support this recommendation, and will look to embed this approach in everything we do, including through the work of the Mental Health Strategy Delivery Group and the Children and Young People's Mental Health and Wellbeing Programme Board.

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3i	The Scottish Government should develop guidance for all employers of young people up to the age of 25, to outline the young person's rights and how their mental health can be supported. Young people should also have access to this guidance to ensure that their rights are being met and they are being supported appropriately. This should be applicable across all sectors. The guidance should be co-designed young people.	Accept in Principle	Young people should be supported by their employers so that they understand their rights and how their employer should support their mental health. The UK Government has produced guidance titled 'Employing disabled people and people with health conditions' which assists employers to support their workforce with their mental health.
3ii	Scottish Government should clarify and provide guidance how mental illness fits under the equality act and what young people with mental illnesses are entitled to.	Accept in Principle	The UK Government has already produced guidance titled "Equality Act 2010: Guidance on matters to be taken into account in determining questions relating to the definition of disability" which includes information about how mental illness fits within the Act.
3iii	Accessible guidance on Scottish benefits for young people struggling with their mental health should be produced to clearly outline what benefits are available, who is eligible and how to make a claim.	Accept in Principle	Disability Living Allowance for under 16 year olds is available for children and young people who have disabilities or long-term health conditions which affect their care and/or mobility needs. This includes mental health conditions. Guidance on how to apply can be found on the UK Government website. Currently, the Scottish Government is working on developing the devolved Scottish equivalent of Disability Assistance for Children and Young People, which will open for new claims from Summer 2020. Support for children, young people and their families will be available for those that require it.
4	Young people must be at the centre of the decision-making process regarding their care and supported to understand their rights.	Accept	We accept and support this recommendation. We will carefully consider our approach as part of the implementation of the CAMHS Service Specification.
4i	Young people should have the option to choose what information remains confidential unless there is a risk of harm to themselves or others	Accept	Young people over the age of 12 and deemed to have the capacity to consent can choose what information is shared with whom.

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4ii	Young people need clear accessible guidance on what information is confidential and how this will be shared and with whom.	Accept	The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS Service Specification which includes ensuring guidance on consent and information sharing regarding a child or young person's care is fully explained and documented. This is scheduled to be published in the coming months.
4iii	Young people need clear and accessible information on what care options are available for them and are able to choose what is best for them.	Accept	The Children and Young People's Mental Health and Wellbeing Programme Board is currently developing a CAMHS Service Specification which includes agreeing a care plan with the child or young person. This is scheduled to be published in the coming months.
4iv	Before any changes to care, conversations must be had with the young person in question to ensure that all appropriate care options are explored.	Accept	
4v	There should be regular conversations to ensure young people are capable of making the best decisions for their care	Accept	
4vi	Young people should be able to bring a trusted person into discussions around their care and be made aware that this person can be a friend as opposed to a parent or guardian.	Accept	
4vii	Young people should be educated about their rights around their mental health. Young people's rights surrounding mental health should be brought together into a simplified, accessible document. This document should be distributed to schools, GP's, colleges, all mental health services and online to start conversations surrounding young people's rights. This information should be co-designed with young people.	Accept in Principle	The rights of children and young people are a key priority for the Scottish Government. We are absolutely committed to the incorporation of the UN Convention on the Rights of the Child. Incorporation will ensure that children's rights are woven into policy, law and decision-making. It will also ensure that children and young people are empowered to know and understand their rights and, if necessary, defend those rights in Scottish courts.

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5	Mental health care should not be refused. Signposting does not equal mental health care.	Accept	See the response to Services recommendation 5iii above.
5i	All young people who request support must be directly linked to a service, whether this is clinical or not, therefore ensuring the young person is supported appropriately.	Accept	
5ii	NHS policies should be updated to state that young people in mental health crisis cannot be turned away. These policies should be clear and easily accessible to young people.	Accept in Principle	See the response to Services recommendation 3i above.
6	Young people should be supported to understand their rights through the Mental Health Act, including; - Clarity on what care you can receive ; - What your rights surrounding treatment are; - Your rights when receiving any and all mental health care not just when receiving in-patient or compulsory care.	Accept in Principle	We agree that it is very important to help people understand their rights under the Mental Health Act. The Mental Welfare Commission have produced comprehensive guidance on patient rights under mental health law. In addition, the Scottish Government has a range of guidance material to help with understanding of the Act, some of which is in the process of being updated. We will consider whether further guidance is needed in respect of young people and the Mental Health Act.
7	An accessible and young person friendly version of the act should be created.	Accept in Principle	An easy-read version of the Mental Health Act has been produced in the past. As above, we will consider whether further guidance is needed.
<u>Training</u>			
1	All training should be taught by a qualified trainer or be in line with a licensed course or standardised curriculum.	Accept	We agree with this recommendation. These principles will be mainstreamed in the delivery of the workforce workstream of the programme delivered by the Children and Young People's Mental Health and Wellbeing Programme Board.
2	As times change, training needs to move with it. Anyone delivering mental health support should ensure their procedures and tools are up to date and relevant to young people.	Accept	

3	Basic mental health training should be accessible and encouraged for everyone working with young people. This should include all current training as well as any refreshed or updated training.	Accept	
3i	Training should involve some type of sensitivity or communication training so young people feel like they are being listened to, respected and taken seriously.	Accept	
3ii	Within Scottish Mental Health First Aid Training, a section needs to be added to highlight both the positive and negative effects that social media can have on mental health and how young people can be supported through both.	Accept in Principle	We support the focus on healthier use of social media and screens. We have committed to co-produce advice on the healthy use of social media, which is being developed by children and young people. The guidance will be launched in early 2020.
3iii	There should be mandatory mental health training for all people working in emergency services – this may include but is not limited to fire service, police, paramedics and other first responders. As well as Suicide Prevention (ASIST) and Scottish Mental First Health Aid must be provided to all first responders .	Accept in Principle	NHS Health Scotland has oversight responsibility for the delivery of Scotland’s Mental Health First Aid (SMFA) and the Livingworks Suicide Prevention Training programmes (safeTALK/ASIST) in Scotland. Working in partnership with NHS Education for Scotland, they are jointly progressing activity to deliver Action 2 of our Suicide Prevention Action Plan. As part of this work, we wrote to NHS Chief Executives outlining the requirement for Mental Health and Suicide Prevention Training to be included as an essential element of local Workforce Development Plans as of June 2019.
3iv	Mental health training should be mandatory across the board for all NHS and primary care staff, primarily those who are public facing.	Accept in Principle	We wrote to NHS Chief Executives outlining the requirement for Mental Health and Suicide Prevention Training to be included as an essential element of local Workforce Development Plans as of June 2019.

3v	There should be mandatory mental health training for all people working in education who have direct contact with young people.	Accept in Principle	<p>NHS Health Scotland and NHS Education for Scotland launched a package of new resources to support workforce development in relation to mental health improvement and suicide prevention in May 2019. Following this, a commitment was made from Local Authority Chief Executives to roll out these new products across Scotland's Local Authority workforce.</p> <p>The new Workforce Development Plan identifies areas of work that will support the recommendations of the Children and Young People's Mental Health Taskforce. This includes working with Education Scotland and others to develop mental health improvement and suicide prevention learning resources that support teachers and other staff in educational settings.</p>
3vi	There should be an increase in the number of Scottish Mental Health First Aid (SMHFA) trainers across Scotland to meet this demand to ensure there is a waiting time of less than four weeks from requesting this training to receiving it.	Accept in Principle	There has been increased interest in the existing Scotland's Mental Health First Aid, Suicide Prevention and Mentally Healthy Workplace training programmes which will continue to be supported, subject to funding. In 2018, NHS Health Scotland facilitated an additional increase to the existing bank of trainers: 100 SMHFA trainers, an additional 20 safeTALK trainers and additional 30 Mentally Healthy Workplace trainers.
3vii	There should be regular training updates available to everyone who needs it. Refresher courses should take place at least once every three years	Accept	Regular updates are provided to those who are accredited Mental Health First Aid Trainers which are published on the SMHFA website: www.smhfa.com

3viii	Mental health modules should be integrated within higher, further and secondary education for courses involving public facing professions. This must be included in higher education courses which will lead to working with young people between 11 and 26; and holding responsibility of the health and wellbeing of young people under their care.	Accept	Initial teacher education (ITE) programmes already contain a strong element of pupil emotional and mental health and wellbeing to ensure that student teachers have skills in this area. In addition, the suite of Professional Standards managed by the General Teaching Council for Scotland (GTCS) are currently being revised and the mental health of both practitioner and learner will be given greater prominence in revised versions. As ITE programmes prepare teachers to meet the GTCS professional standards this action will also result in further changes to the content of these programmes.
4	Mental health services need more training in order to be more inclusive to minority groups – this will include but not is limited to ethnic minorities, LGBT+ and disabled people.	Accept	The Children and Young People’s Mental Health and Wellbeing Programme Board is currently developing a CAMHS Service Specification to ensure that all CAMH services across Scotland are delivering an agreed standard of service, which includes ensuring that services take into account gender, sexuality, religion, ethnicity and other key characteristics. The Service Specification is due to be published in the coming months.
4i	Mental Health services should link up with specialised services to request training or gain further insight into working with these groups to address gaps in staff knowledge to ensure that young people are receiving appropriate care for their needs.	Accept in Principle	See response to Training recommendation 3iii.
5	Young people should have access to mental health first aid training, if they want it.	Accept in Principle	The Scottish Government agrees in principle with these recommendations, however we note that the current license for Mental Health First Aid only extends to those over the age of 18. We will carefully consider our approach to this recommendation.
5i	Scottish Mental Health First Aid should be as readily available as first aid training is for young people.	Accept in Principle	
6	Mental Health First Aid should be a standard requirement for all organisations working with	Accept in Principle	The Scottish Government agrees in principle with this recommendation. We expect organisations and

	young people in line with the laws on first aid training.		employers to ensure that appropriate training is available to their staff.
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