I have compiled the following comments in my role as Chair of the Faculty of Children and Young People in Scotland, within the Division of Clinical Psychology in Scotland, a Division of the British Psychological Society. In compiling the feedback I have discussed the questions with members of the Executive Group of the Faculty. This group is comprised of senior Clinical Psychologists who are currently managing and delivering Clinical Psychology Services as an integral part of the wider CAMHS services across Scotland. Several members of the group have responsibility for whole CAMHS systems within their areas, in Lead Clinician or similar roles.

Clinical Psychologists working in CAMHS are involved in activity across the age range from pre-school through to transition to adult services and contribute to direct primary and secondary mental health services for children, young people and their families, developmental and learning disabilities services and a range of more specific services such as, inpatient services, forensic services and those for Looked After Children.

Clinical Psychologists deliver a wide range of assessment, advice and support functions for children and young people. They are also delivering a wide range of evidenced based psychological therapies and interventions. Clinical Psychologists also provide significant support, training and consultation to other CAMHS professionals and a wide range of health, education and social care staff who support children, young people and their families.

**How Children and Adolescents potentially at risk of developing mental health problems are identified and how those problems should be prevented.**

Children and young people with mental health problems are often identified in primary healthcare settings where the concern is largely presented by their parents. There is considerable room for improving the awareness of General Practitioners and Health Visitors about mental health issues for children and young people. Children and young peoples’ needs are also identified in school settings and concerns here are sometimes not necessarily identified at home. There are issues about school staff's understanding of mental health issues but also their knowledge and perceived access to Child and Adolescent Mental Health Services (CAMHS) and other services. There is considerable confusion at times about how to respond to self harm, aggressive or acting-out behaviours. It is also evident that young people who are withdrawn, depressed or struggling socially can often be missed.

Young people themselves can identify the links between their mental health and their behaviours such as substance misuse, as evidenced in the recent lifestyle survey in Grampian, but it is often hard for staff working with young people to
respond to the behaviours such as these, which are a consequence of poor mental health, never mind have the confidence, support, knowledge, skills, time and space to address the mental health issues themselves.

Often primary care health and education staff can be unclear and disconnected from the integrated children's services processes which could and should be supporting the holistic and integrated assessments of young people's needs where understanding about mental health issues can best be clarified. These integrated assessment processes themselves are underdeveloped, the impact of the Additional Support for Learning and the Getting it Right For Every Child legislation and guidance is still in relative early stages of being shared, understood and functioning across multi-agency children's services.

There are also issues about shared understanding of confidentiality and information sharing protocols and often variable connections to families and their concerns about their young people. More needs to be developed in terms of knowledge of mental health and CAMHS systems but also better relationships with parents needs to be nurtured. The culture in schools is crucial to this and more needs to be done to encourage understanding and awareness of positive mental health and it's promotion and the role we all play in the prevention of mental health problems for young people. Protected time for whole school staff groups to explore these issues and the linking of that to focused organisation practice is critical to improve outcomes. The Mental Health Delivery plan target of a link worker in every school is helping to focus this agenda, however, not enough has been done to ensure the local authorities and their education departments have this target in their development plans and it is clearly very difficult for overstretched CAMHS services to lead this process, or in some services be connected to it at all.

The context for the intelligent networks and their connection to CAMHS services described above is well identified in the excellent document, the Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care. This document, and the needs analysis and consultation with young people, staff from all disciplines and organisations which went with it, is a well written systemic, systematic and integrated framework for not only aspects of mental health promotion with actions which prevent the development of mental health problems and the systems needed to link those in need to specialist CAMHS services. The document also sets out the range and scale of the required development of specialist CAMHS in terms of assessment, treatment, consultation, training and support.

Unfortunately, the framework has not been developed sufficiently by health boards and local authorities. The profile of the framework should be high in the Integrated Children's Service's Plans and Health Improvement Plans, however,
multi-agency processes across boards and local authorities are complex and variable. The co-ordination required to make elements of the framework a reality in terms of service re-design and re-organisation, resource development, training and workforce developments across education, social work, health and voluntary is substantial and the integrated children's services infrastructure is still not coherent enough for the level of development in the framework to be taken forward in anything other than a variable, patchy and opportunistic fashion. Many professionals such as Health Visitors, GPs, teachers and social workers not only need to develop their understanding but also need to be given the directed opportunity to contribute to how children and young people’s mental health needs are understood and managed. Clearly, significant structural support for this process is still underdeveloped and the opportunities for direct support from a learning and practice point of view continue to be limited.

**What Action is being taken to facilitate early intervention and what more can be done?**

In terms of early intervention, there have been some progress in terms of workforce development with the highly regarded MSc in Applied Psychology for Children and Young People starting to produce graduates capable of operating with evidence based skills in the interface between primary care and integrated children's services and CAMHS services. The numbers of potentially suitable Psychology graduates is still significantly greater than the capacity of the training course currently. In addition, the pace of development in terms of boards being able to resource posts for these graduates is sadly lacking. Primary mental health work is being developed and primary mental health workers are increasing in numbers, but there is little consistency or shared clarity as to how these staff are trained, supported, their work structured and how they link to the intelligent networks across integrated children's services. Many of the posts are funded with temporary funding sources, which can compromise recruitment and retention of staff, possibly if this were a permanently established part of the work force, then this would improve.  

More needs to be done by boards and local authorities to agree clear protocols around the care pathways for how children and young people's mental health is supported across integrated services and how staff within these services are supported by primary mental health work and link to specialist CAMHS services. Clearly, there are significant resourcing and staff development issues which need to be funded and supported.

**How Access to Services and Ongoing support can be improved.**

As far as access to specialist CAMHS services is concerned, the absence of the clear and agreed systems with suitable numbers of appropriately qualified and
resourced staff within integrated children's services and within primary mental health workers, leads to significant difficulties. Referrals to specialist CAMHS are variable in terms of their frame of reference and their match between the level of need as defined by the presenting problems, and skill match within CAMHS teams. Issues about the priority of referrals are complex to understand and the clarity about who feels a young person's mental health is a concern often takes time to establish.

Beyond these issues there lies what is probably the most significant problem in relation to access, which is the substantial under-resourcing of specialist CAMHS teams. By any definition there clearly is not enough funding for the workforce required to provide the services described within the framework.

The Royal College of Psychiatry, the British Psychological Society and a number of independent multi-agency groups have estimated the size of the required workforce. Very few health board areas have CAMHS teams staffed at levels approaching 50% of the types of figures quoted in the above benchmarks and many have significantly less than that. These levels are stretched even further with the challenges of remote and rural areas and also areas with significant deprivation. These gaps create significant delays in relation to responding to identified needs and concerns, and also puts extreme pressure on the availability and opportunities for these skilled staff to support the developments within integrated children's services and primary mental health work as described above.

Whilst there are still significant issues with the potential workforce there are still significant developments in the numbers of trained Clinical Psychologists and still considerable potential for CAMHS services to attract both nursing and psychiatry staff from other sectors of mental health. However, due to the limited or non-existent development funding these potentials are largely untested. Increasing the development resource for establishing larger specialist CAMHS teams is supported by the Framework and by a range of legislation and guidance in both health and local authority sectors, but remains a major issue and the biggest single block to improved access and better outcomes for children and young people with mental health problems. Also, the recent development of the Psychological Therapies Matrix is a significant step forward, however, expanding the range of psychological therapies available is challenging in terms of skill mix and access.

**What problems are there around transition from CAMHS to adult mental health services and how a smoother transition may be achieved.**

CAMHS services tend to be systemic in nature and practice and work with a wide range of mental health, psychological, psychiatric and developmental problems in
the context of integrated children's services. Despite the difficulties described above the type of needs supported within specialist CAMHS teams are generally wider than those seen in adult mental health services, with significant resource problems and potentially less integrated non nhs services. This can mean that some young people who are transitioning into adult mental services are likely to receive a different and in essence more limited service than provided by CAMHS teams within the integrated children's services context. Better co-ordination between CAMHS and adult mental health services are needed to enhance the transitions. There may also be particular transition problems with certain types of diagnostic categories, for example as the rate of diagnosis of Attention Deficit and Hyperactivity disorder increases, not all adult psychiatry teams have the capacity of knowledge to take this on.

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20 January 2009