1. How children and adolescents potentially at risk of developing mental health problems are identified and how those problems should be prevented

2. What obstacles there are in identifying children and adolescents with mental health problems and how they might be overcome

- Protective factors and risk issues

Good mental health in children is not just about the absence of mental health problems. It is also about equipping children with a sense of physical, mental and emotional well-being to enable them to realise their full potential and get the most out of life.

That is why the Scottish Government believes that investing in a child’s earliest years will pay dividends in terms of that child’s physical and mental health. There is evidence that what happens in pregnancy and the first few years of life have a huge influence on a child’s future welfare. Secure relationships with trusted and caring adults in the early years are a key factor in the development of good mental health in children. Children lacking secure relationships are at greater risk of mental health problems, educational difficulties or conduct disorders.

Building parenting capacity both pre and post birth is a key theme of the Early Years Framework. By helping parents to help their children we will take a major step towards improving outcomes for those children. The Early Years Framework also identifies the key role that the wider community has in creating safe and supportive environments for children to grow up in. Learning to play and learning to judge and manage risk appropriately are crucial factors in developing good mental health in children. The Framework builds on our commitment to Getting it Right for Every Child, and Looked After Children: We Can and Must Do Better that addresses the whole package of care, including mental health issues, of looked after children.

Towards a Mentally Flourishing Scotland, which is to be launched shortly, is a new policy and action plan for mental health improvement, including for early years, children and young people. It will explain how we will build on existing success and sets the direction and actions from now until 2011 and beyond. It will support the promotion of good mental wellbeing in the population; a reduction in the prevalence of mental health problems and mental illness; and improved quality of life for those experiencing mental health problems or mental illness. It will outline our understanding of mental health improvement, our strategic priorities for action and the infrastructure support and coordination which Government will put in place to help facilitate implementation and support delivery.

All these strategies and initiatives have cross cutting links with the Mental Health of Children and Young People – A Framework for Promotion, Prevention and Care (2005) (FPPC) our planning and audit tool, which has an implementation target date of 2015. FPPC is the action framework developed on the basis of the Scottish Needs Assessment Programme (SNAP) Report on Child and Adolescent Mental
that identified ways of better addressing the mental health needs of children and young people in Scotland and which focussed on how best to promote good mental health, how to prevent mental health problems arising and when and how to provide appropriate help for those children and young people who are experiencing mental health problems.

FPPC sets out goals and milestones for continuous improvement in the delivery of services and approaches to support and improvement in the mental health of children and young people in Scotland. It also identifies particular actions required across the spectrum of care, covering:

- early years;
- school years;
- community based activity; and
- specialist services.

The *Mental Health (Care and Treatment) (Scotland) Act 2003*, which came into force from October 2005, placed new duties on NHS Boards to provide age-appropriate services and accommodation for children and young people under the age of 18 who require psychiatric inpatient treatment. Detailed complementary advice on the future of psychiatric inpatient services for children and young people in Scotland was published in *Psychiatric Inpatient Services for Children and Young People: A Way Forward* (2004).

In 2007 *Better Health, Better Care* re-emphasised the commitment to implementation of FPPC by 2015.

**New resources**

We wrote to NHS Board Chief Executives in December 2008 offering an additional £2m in each year from 2009/10 to support and accelerate further development of specialist child and adolescent mental health services. This funding will support and accelerate the further development of specialist services for both inpatients and in the community.

**Obstacles and how they can be overcome**

Implementing the change and improvement set out in FPPC has highlighted a number of obstacles, including the need for further expansion in workforce capacity to deliver the service and the challenge of implementing the necessary changes to deliver such a large service agenda across multiple organisations and agencies.

We are striving to increase specialist workforce numbers. The *National Service Framework for Children, Young People and Maternity Services, Child and Adolescent Mental Health (CAMHS) (2004)* and *Getting the Workforce Right, Getting the Right Workforce – A Strategic Review of the CAMHS Workforce (2005)* suggests working towards 20 whole time equivalents per 100,000 population, based on current models of service delivery.
Further improvement in CAMHS workforce development is now firmly embedded and appropriately prioritised within NHS Board workforce plans to deliver services. The Board workforce planning process within the national framework takes account of the changing needs and the increasing demand for role flexibility to support appropriate care models. With this in mind we are also supporting NHS Boards to reconfigure the existing workforce and introduce a new mix of skills and competencies to meet these challenges.

Specifically to identify around gaps in services we piloted in 2008 the use of the Quality Improvement Network for Multi Agency CAMHS (QINMAC) in two NHS Board areas, an initiative led by the Royal College of Psychiatrists across the United Kingdom. The process involves CAMHS teams undertaking a self and peer led review to establish how the service operates across ten key areas. The results from this exercise are then benchmarked against other CAMHS teams across the country. Both areas reported good feedback from the process. We are therefore extending the pilot in further NHS Board areas in 2009.

In addition we have been considering how to use the CAMHS Outcomes Research Consortium (CORC) measures and have been working with the National Clinical Dataset Development Programme (NCDDP) on national data standards which build on the CORC model in particular. A group convened to take this work forward produced the required set of data standards in September 2008. A proposal has since been returned to the NCDDP Board to continue its work on outcome measures to ensure these are incorporated in the standards dataset.

We have also recently published a Psychological Therapies Matrix that includes a specific CAMHS section. It is a guide to planning and delivering evidence-based Psychological Therapies within NHS Boards in Scotland, to help them to deliver an increase in access to effective psychological therapies.

NHS Boards will be able to use this guide to assess the capacity of local services to deliver these therapies as part of their strategic planning for mental health and long term conditions. This is a working document that will be reviewed annually and updated as and when new evidence for treatments become available.

We have been supporting NHS Boards to fulfil the published commitment to ensure that a mental health link worker is available to every school. This will provide schools with clearer information and raise awareness on mental health promotion and wellbeing, mental illness prevention and help when required. The commitment was to be met by December 2008 and all NHS Board areas have achieved what they set out to provide at this stage.

3. What action is being taken to facilitate early intervention and what else can be done

There are a number of initiatives and actions underway and completed to promote mental resilience and good mental health:
Child and Adolescent Mental Health Services Inquiry
NHS Scotland

- we are making ongoing investment in services, support and accommodation for perinatal mental health care;
- we have delivered on our published commitment to ensure basic mental health training offered to all those working with, or caring for, looked after and accommodated children and young people; and
- we have an ongoing commitment to implementation of Looked After Children: We Can and Must Do Better:

School age children

- We have delivered on our commitment to ensure a named mental health link person available to every school, fulfilling functions outlined in FPPC;
- we are funding support to Learning Teaching Scotland (LTS) who support a whole-school approach to promoting physical, social, mental and emotional well-being of all pupils and staff and ensure that schools promote mental wellbeing for pupils and staff; and
- we are committed to giving children a sense of physical, mental and emotional well-being through the Curriculum for Excellence initiative.

e-resources

We have supported the creation and publication of self directed e-materials that are available to young people and their carers/families to help them understand and prevent mental ill health and how to deal with it when it occurs.

- HandsOnScotland - an online Toolkit resource for anybody working with children and young people. It provides practical information and techniques on how to respond helpfully to children and young people's troubling behaviour, build up their self-esteem and promote their positive mental wellbeing.

- Depression – [http://www.depressioninteenagers.co.uk/](http://www.depressioninteenagers.co.uk/), an integrated CD-Rom and website package that helps teenagers identify the symptoms associated with depression, offers ways of combating the symptoms and suggests sources of help.


4. How access to services and ongoing support can be improved

Action is underway with the aim of establishing a new HEAT target for NHS Boards to deliver faster access to CAMH services and we are working towards a waiting time target for referral to treatment for specialist CAMHS for 2010/11. Over the coming months attention will be on workforce, services, data collection, quality of care, referral protocols and information systems. The CAMHS Core Advisory Group are currently working to support national work on service benchmarking which will also help in taking the HEAT target work forward.

Specifically on FPPC, progress has been made to identify what needs to be done to improve services. This has involved work in many different areas, including training and workforce planning; increasing hospital bed numbers; reducing inappropriate hospital admissions; early intervention; supported transitions; improved primary care; and better planning and delivery of specialist care.

There is a specific focus on NHS Boards’ commitment to this change and improvement agenda at twice yearly performance management reviews with NHS Boards and partners by the Mental Health Delivery and Services Unit and others.

The CAMHS Core Advisory Group has been convened, along with a wider Stakeholder Reference Group to ensure engagement with the field to progress this agenda and to act as local, regional and national champions.

5. Problems there are around transition from CAMHS to adult mental health services and how a smoother transition may be achieved

Our aim is to ensure that the right care and treatment is available in the right place and at the right time for all children and young people. This is equally important for children and young people during the transition from CAMHS to adult mental health services where there is recognition that the move from the intensive family based approach care in CAMHS to an adult approach may be perceived as less supportive.

To address this, we are supporting and encouraging NHS Boards to move towards providing a CAMH service caring for those up to 18 years, including the preparation and delivery of protocols addressing the specific needs of young people treated in adult areas.

In this regard, action continues to be taken to reduce the number of admissions by a young person into an adult ward. Latest figures indicate a 24% decrease in 2008 (142 admissions, from 240 in 2003).

This attention directly links to our plan for specialist inpatient beds specifically for children and young people that match need and demand. A new facility is shortly to open in the West of Scotland and discussions are ongoing with NHS Boards from the North and South East of Scotland around their consideration of local and regional needs.

Conclusion
This is a challenging area of work that requires co-ordinated action from health, education, social work, the voluntary sector and others in designing and delivering care and support that
matches needs across the continuum of good mental health promotion, prevention, care and attention to recovery. All partners now have a clear cohesive path to follow.

The agreed target date for delivery of the overarching Framework for change and improvement for this sensitive area of care is 2015. All partners are clear on the individually timetabled delivery milestones to be achieved and progress to date has shown that all the objectives set for action by 2008 have been delivered on time.

Our task remains to maintain the momentum achieved as we make further progress towards the 2015 outline date. As part of that task we have added a further allocation of £2m in each year from 2009/10 to support and accelerate further development of specialist child and adolescent mental health services.

Dr Kevin Woods

20 January 2009