The Scottish Government

Health and Sport Committee Inquiry into Child and Adolescent Mental Health Services

During my appearance on 6 May at the Health and Sport Committee Inquiry into Child and Adolescent Mental Health Services, I undertook to write to you with further information. For convenience, this letter also covers those points that came up in discussion with Adam Ingram, Minister for Children and Early Years and his official support.

The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care.

This is set out in the Annex to this letter.

Towards a Mentally Flourishing Scotland

Towards a Mentally Flourishing Scotland (TAMFS), launched on 7 May, is the Scottish Government’s new policy and action plan for mental health improvement and outlines strategic priorities for: promoting good mental wellbeing, reducing the prevalence of common mental health problems, suicide and self harm; and improving the quality of life of those experiencing mental health problems and mental illness.

Mentally Healthy Infants, Children and Young People has been identified as a strategic priority in this plan and a range of actions will be taken forward in partnership with key stakeholders.
To support planned work around parenting in the *Early Years Framework* the Scottish Government will take forward work with partners to support delivery focused on mental health improvement for infants, children and young people, as follows:

**Commitment 1:** The Scottish Government will work with partners and existing networks to develop by 2010 a web portal on mental health improvement for those working with infants, children and young people.

**Commitment 2:** Promoting Well-being and Meeting the Mental Health Needs of Children and Young People: A Development Framework for Communities, Agencies and Specialists involved in Supporting Children, Young People and their Families outlines the competencies needed for mental health improvement work with children and young people. We will build on this work and focus on infant mental health improvement. NHS Health Scotland will work with partners to improve the skills and knowledge of front-line staff with a particular focus on inequalities.

**Commitment 3:** There are many effective interventions for mental health improvement among infants, children and young people; however, many of these are not in general use. NHS Health Scotland will initiate a programme in 2009 to disseminate the evidence base for mental health improvement and support its use through practitioner briefings and narratives to present the case to decision makers and planners.

This work is consistent with and supports implementation of *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care*.

We are also developing a national health improvement social marketing campaign aimed at young people. Mental health improvement will constitute both an underpinning element and a discrete strand in this work.

In order to assess and monitor future trends, we need to develop a national picture of mental wellbeing and mental health problems among infants, children and young people in Scotland and have made a commitment to this.

**Commitment 4:** NHS Health Scotland will work with key stakeholders to develop a set of national indicators for children and young people's mental wellbeing, mental health problems and related contextual factors by 2011.

In addition to these particular commitments we will continue to offer the following support:

- Learning and Teaching Scotland will host a Mental Health and Emotional Wellbeing post to facilitate mental health improvement in schools by supporting the implementation of Curriculum for Excellence and the Schools (Health Promotion and Nutrition) (Scotland) Act 2007 within the context of Integrated Children's Services planning.

- Young Scotland in Mind will continue to support the voluntary sector in promoting mental wellbeing, preventing mental health problems and supporting those experiencing mental health problems, with a particular focus on inequalities.
Not all students are young people, but we know that mental health problems can significantly disrupt the educational and emotional development and physical health of students. The Scottish Further Education Unit provides national support to Scotland's colleges and their stakeholders and supports mental health improvement through the professional development of staff and by providing guidance and other resources. The Scottish Governments Partnership Matters offers guidance to those involved in the decision-making process in relation to students with additional needs, whether they are young people or adults, and how they are supported in Scotland's colleges. Revised guidance, extended to the university sector, has been launched.

**Commitment 5:** The National Union of Students represents students in most of Scotland's universities and works in partnership with the Scottish Further Education Unit. NUS Scotland will deliver a three-year project aimed at long-term gains in mental health improvement practices.

The quality of the physical environment (noise and light levels; the layout of buildings; access to escape facilities such as green space and community facilities; the design of buildings including good, secure housing; and transport systems) has an important role to play in mental health improvement. Our commitment in this area is:

**Commitment 9:** The Scottish Government is implementing Good Places, Better Health which will look at the relationship between the physical environment and children's health. It will concentrate on four child health priorities including mental health improvement, with the evidence being used to support policies and decision-making at national and local level. The work will be ongoing to March 2011.

In addition in our work on reducing the prevalence of suicide, self-harm and common mental health problems and improving the quality of life of those experiencing mental health problems and mental illness (addressing stigma and discrimination, social inclusion, etc) we will ensure that the particular needs of infants, children and young people are recognised and that appropriate approaches and services are in place.

For example: with regards to self harm we will advance work on the prevention and treatment of self harm with partners

**Commitment 16:** The Scottish Government will work with partners to improve the knowledge and understanding of self-harm and an appropriate response. In taking forward this work we will:

- agree a definition of self-harm and develop a non-stigmatising language and description of self-harm;
- increase awareness of self-harm and its determinants;
- map and assess existing training provision and projects across Scotland;
- increase our understanding of effective methods of prevention and offer guidance to those delivering both general and specific services;
- develop local and national information.
Increase Healthcare Capacity in Schools

The aim of the project to test a community based integrated school health team is to increase the nursing and other health care capacity to schools. Four NHS Board demonstration sites are testing a range of models and initiatives to deal with local issues as follows:

NHS Ayrshire & Arran – the Belmont school cluster
NHS Forth Valley – Clackmannanshire
NHS Grampian – Moray
NHS Lothian – Armadale school cluster.

Each demonstration site is in the process of recruiting additional staff to the project according to the identified health needs of the area. South Ayrshire Belmont Cluster new model of practice has now been implemented.

The delivery of care is being developed in an integrated way using a partnership approach between the services involved and more importantly involving children and young people and the local community in which they live.

The new models of delivery will harness existing skills whilst at the same time develop new roles in order that increased effective healthcare, which supports anticipatory care and moves away from the ill health model to a preventative model of working, can be offered to school age children, young people and their families. This is particularly relevant at key transition stages using the *Getting it right for every child* principals of practice.

The project aims to develop a range of models and initiatives that will be tested within each demonstration site to address the health and wellbeing of children and young people within the curriculum for excellence cohort, ensuring that children and young people can access flexible health care services for advice and support within and out with the schools.

The project will run until March 2011 and will be independently evaluated.

Electronic Information Sharing

There was discussion around information sharing and privacy. A key development here will be through secure electronic information sharing where preliminary work is underway. The computer system that will allow practitioners to communicate securely concerns they have about children is now ready as a prototype. It is planned to get practitioners views’ on this in a series of workshops and other events over the summer. The outputs of these will be considered and the system will be made ready for pilot in spring 2010. The whole of this process will be subject to Privacy Impact Assessment. We are also working with the Highland *Getting it right for every child* partnership in the electronic sharing of a record and plan that will be used to support children who require co-ordinated multi-agency interventions. Again this process will be subject to Privacy Impact Assessment.

We do think that technology is important here: it can make a considerable contribution towards enabling rapid, secure sharing of information while building in safeguards so that such sharing takes full account of issues of consent and privacy. Where there are clear child protection concerns it is well established that these can surmount consent issues. We do recognise, however, that there will always be cases where there is a difficult professional judgement to be taken on whether it is appropriate to share information.

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Confidentiality and the Sexual Offences (Scotland) Bill

Ian McKee asked whether teachers would be obliged to pass on information about sexual activity between those under the age of 16 and whether this would mean that young people would be less likely to share that information.

It is not a criminal offence to fail to report the commission of a criminal offence. So it would not be a criminal offence for a teacher to fail to report the fact that two under 16s had engaged in sexual intercourse. Where the teacher learns of the fact “after the event” there would be no possibility of inciting, or being involved and part in, the commission of the offence. Equally failing to report a suspicion that they may engage in sexual activity at some time in the future would not be an offence either. Whether it would be appropriate to report such activity would depend on the facts and circumstances of the individual case.

In relation to providing advice to the child, section 39 of the Sexual Offences (Scotland) Bill makes specific provision to protect those advising children on matters relating to underage sex from being charged with incitement or being involved and part in the commission of sexual offences concerning children at Parts 4 and 5 of the Bill. The section as drafted includes protection for those who act to ‘promote a child’s emotional well being by the giving of advice’. This should cover most interaction which a member of school staff may have with a child but this will depend on the individual circumstances of the case.

Current advice on supporting pupils in school is contained within Happy, Safe and Achieving their Potential, the national standard for personal support, whilst advice on child protection is in Safe and Well, a handbook for staff, schools and local authorities. Local authorities will take account of national guidance but will also provide guidance at a local level. If a complaint is made about an individual teacher it is for schools and local authorities, as the teacher’s employer, to respond to this in line with their agreed local procedures and also the General Teaching Council for Scotland’s Code of Professionalism and Conduct. Depending on the circumstances of the case, it would be for the local authority to consider whether disciplinary action might be appropriate if the school’s child protection guidelines were not followed and also if the member of staff’s actions breached professional or school guidelines in some way. However, if the member of staff has followed policies and procedures set out at a national and local level this would be likely to provide a defence to any complaint made about the individual’s conduct.

More widely, it is important that agencies such as health, education, police and social work respond appropriately when they become aware that a child is engaging in sexual activity. For some young people this will be mutually agreed activity; for others it may be a response to peer pressure or may indicate concerns that the young person is being abused or exploited. Young people who are sexually active will therefore present with differing needs. A Short Life Working Group on Reporting and Handling Disclosures of Underage Sexual Activity has developed multi-agency guidance to professionals to assist decision making in this complex area. The guidance is drafted to allow professionals to make confident, careful and robust assessments in individual cases. The principal point is that the guidance calls for a proportionate response from professionals, in keeping with meeting the needs of the young person involved. The guidance is in draft at the moment and will be subject to further revision and consultation following the passage of the Bill. This draft guidance was shared with the Justice Committee so that this could form part of their deliberations and was welcomed within their Stage 1 Report on the Bill.
**Project with Angus on Children Affected by Parental Substance Misuse (CAPSM)**

Angus Council, with other partner agencies, is currently developing an approach to address the needs of children affected by parental substance misuse (CAPSM) which they are testing in a demonstration site in Montrose. The Scottish Government is providing funding for a researcher to evaluate and draw together lessons from the experience in Angus. There will be a particular emphasis on identifying the adult services whose work with parents may make them aware of children’s issues resulting from adult behaviour, and considering their training needs. Whilst Angus’s work on CAPSM is long-standing, the researcher is only just coming into post and it will thus be some time before the results of this learning partnership are available to inform a *Getting it right* approach to CAPSM across Scotland.

**Childhood Practice Degree and Standard in Childhood Practice**

Childhood Practice is a new degree for managers in early years and childcare settings. Currently six universities run the degree, accommodating 700 students. The degree is part time and vocationally based. Importantly, it recognises prior learning, significantly shortening the pathway towards a degree for staff. “Buy-in” from employers was ensured through their involvement at the beginning of the process to create the Standard in Childhood Practice on which the degree is based. This ensured that the most useful topics for employers and the workforce were reflected in the degree.

The Standard is one tool that can be used across children's services to bring commonality in skills and knowledge across different, but related, professions. As part of the *Early Years Framework* we are committed to going further. We will identify the “common core” of skills needed to deliver *Getting it right for every child* and early intervention.

The results of the analysis will be disseminated widely and employers and training providers will be asked to reflect the core in their initial education and continuous training programmes. This will allow employers to rationalise, prioritise and join-up their training, together, across the children’s workforce. There will be scope to remove duplication - freeing up time and resources to focus on the more specialised training that workers need depending on their role.

I hope this is helpful.

I wish you success.

SHONA ROBISON

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## Child and Adolescent Mental Health Services – progress against existing targets and milestones

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<thead>
<tr>
<th>Source</th>
<th>Existing Health Targets for Children and Young People</th>
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<tbody>
<tr>
<td><strong>HEAT</strong></td>
<td>Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in mental health and substance misuse services, primary care and accident and emergency being educated and trained in using suicide assessment tools/suicide prevention training programmes by 2010.</td>
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<td>NHS Boards to deliver faster access to Child and Adolescent Mental Health Services</td>
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<td><strong>Delivering for Mental Health</strong></td>
<td>A named mental health link person is available to every school, fulfilling the functions outlined in the Framework by 2008. (ACHIEVED)</td>
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<td>Basic mental health training should be offered to all those working with, or caring for, looked after and accommodated children and young people by 2008. (ACHIEVED)</td>
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<td>Reduce the number of admissions of children and young people to adult beds by 50% by 2009 (against the baseline figure for 2004 of 232 admissions). (MWC 2007 figures indicated 142 such admissions)</td>
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<tr>
<th>Source</th>
<th>Key Milestones</th>
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<tr>
<td><strong>The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care</strong></td>
<td>Integrated Children's Services Plans include clear actions, milestones and resources for implementation of the Framework for Promotion, Prevention and Care by 2007/08. (ACHIEVED NHS Boards have plans in place and are now able to indicate resources specifically for CAMHS development)</td>
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<td>NHS Board and Regional Workforce Plans, as appropriate, incorporate specific workforce planning for CAMHS by 2007 and provide annual updates thereafter. (ACHIEVED)</td>
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<td>There are clear and agreed local procedures in place to identify and support those children and young people in need of additional or specific support for their mental health by 2010.</td>
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<td>All staff new to CAMHS complete the &quot;New to CAMHS&quot; training within a year of taking up post by 2010.</td>
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<td>There is an annual increase in primary mental health work until 2015, by which time it should account for 25% of NHS specialist CAMHS activity in every NHS Board area.</td>
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<td>There is an annual increase in NHS specialist CAMHS workforce capacity until 2015, by which time it should reflect the skill mix and staffing profiles outlined in Getting the Right Workforce, Getting the Workforce Right.</td>
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<td>No.</td>
<td>Actions</td>
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<td>1</td>
<td>All NHS Boards and their partners to develop an integrated action plan for implementation of the Framework for Promotion, Prevention and Care, with agreed milestones and priorities that reflects the Integrated Children's Service Planning process, including action to ensure the involvement of children and young people. (Partially ACHIEVED – NHS and Local authority have plans in place these are joint in many areas with all areas striving towards integration of plans)</td>
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<td>2</td>
<td>All NHS Boards and their partners to monitor progress and review their action plan for implementing the Framework for Promotion, Prevention and Care on an annual basis. (ACHIEVED)</td>
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<td>3</td>
<td>All NHS Specialist CAMHS to have a strategic training plan, linked to CAMH service planning and reflecting the advice in Getting the Right Workforce, Getting the Workforce Right. (In progress)</td>
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<td>4</td>
<td>Robust regional planning and commissioning arrangements to be established for dedicated adolescent inpatient provision in line with Psychiatric Inpatient Services for Children and Young People: A Way Forward, Delivering for Health and the Mental Health Delivery Plan.</td>
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<td>5</td>
<td>Appropriate transition arrangements to be agreed between NHS specialist CAMHS and adult mental health services, including arrangements for handling referrals of young people between the ages of 16 and 18 years. (ACHIEVED)</td>
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<td>6</td>
<td>Clear local leadership to be established, to support NHS specialist CAMHS in adopting the different working patterns required for implementation of the Framework for Promotion, Prevention and Care. (ACHIEVED)</td>
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