

**22<sup>nd</sup> August 2014**

## **Barnardo's Scotland and NSPCC Scotland written evidence at Stage 1 to the Health and Sport Committee on the Mental Health (Scotland) Bill**

### **Key Points**

- The proposed Mental Health (Scotland) Bill does little to specifically address the biggest issues currently affecting children and young people in Scotland who are in need of the support provided by mental health services.
- Waiting times for Child and Adolescent Mental Health Services (CAMHS) vary widely across Scotland. Several NHS Boards are not meeting the current HEAT (Health, Efficiency, Access, Treatment) targets for CAMHS waiting times, and a stricter target is due for delivery from December 2014.
- All elements of *The Mental Health of Children & Young People: A Framework for Promotion, Prevention, and Care* (published in 2005 by the then Scottish Executive) are expected to be in place by 2015, as previously stated by the Scottish Government. There should be scrutiny of this.
- The specialist NHS CAMHS workforce has grown significantly over the last decade. However, it still falls short of the level of need predicted in 2005 by a Scottish Executive workforce review.
- Early identification and support for perinatal mental health and infant mental health requires a universal services workforce knowledgeable and informed in these issues. Further progress is needed to achieve this.

### **Introduction**

In the main, the proposed Mental Health (Scotland) Bill does not specifically address some of the biggest issues currently affecting children and young people in Scotland who are in need of the support provided by mental health services. Whilst we understand that this Bill has arrived out of the specific process of reviewing the Mental Health (Care and Treatment) (Scotland) Act 2003, we nevertheless see it as a missed opportunity to address some of the most significant issues affecting children and young people. Therefore, in this briefing we present evidence relating to a number of significant issues which currently affect children and young people who are experiencing mental ill health or illness, and suggests ways in which the Committee could either address them through the Bill or highlight them in other ways.

## **CAMHS waiting times**

Barnardo's Scotland and NSPCC Scotland would like to highlight to the Committee a long-standing concern that we have with the lengthy waiting periods faced by vulnerable children needing mental health services. Child and Adolescent Mental Health Services (CAMHS) are a crucial part of the mix of mental health services that exist across Scotland, and, as a particularly important form of early intervention it is crucial that they can be accessed in a timely fashion by those needing their support. However, waiting times across Scotland are extremely inconsistent, and a number of health boards have not met the existing HEAT target for CAMHS waiting times, even though a stricter target is due for delivery from December 2014<sup>1</sup>.

In 2009, the following target was approved by the Scottish Government for inclusion in HEAT from April 2010. *'By March 2013 no one will wait longer than 26 weeks from referral to treatment for specialist CAMH services'*. Since then, the Scottish Government has established a stricter target of 18 weeks, in line with waiting times for adult services. NHS Boards are expected to be meeting this target from December 2014 onwards. These targets were given further force in the Scottish Government's *Mental Health Strategy for Scotland: 2012-2015*<sup>2</sup>,

**"Commitment 11:** *We will work with NHS Boards to ensure that progress is maintained to ensure that we achieve both the 2013 (26 week) and the 2014 (18 week) access to CAMHS targets"*

Since August 2012 ISD Scotland has published quarterly waiting times statistics for CAMHS, including a breakdown for each of the Scottish NHS Board areas. The statistics highlight the waiting time for a young person between referral and receiving treatment.

The most recent waiting times statistics for CAMHS were published by ISD Scotland on the 27th of May<sup>3</sup>. These figures raised a number of things that may be of interest to the Committee:

- In the three months between January and March 2014, 310 children and young people had waited more than 26 weeks (the existing target) to be seen by specialist mental health services.
- In that same quarter, 580 children and young people had waited more than 18 weeks (the target due to be introduced by the Scottish Government in December 2014)

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<sup>1</sup> Detail on the relevant HEAT target is available here -

<http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/CAMHS18weeks>

<sup>2</sup> Scottish Government, *Mental Health Strategy for Scotland 2012-15*, <http://www.scotland.gov.uk/Resource/0039/00398762.pdf>

<sup>3</sup> ISD Scotland, *Child and Adolescent Mental Health Services Waiting Times in Scotland (Quarter ending 31 March 2014)*, 27<sup>th</sup> May 2014 <https://isdscotland.scot.nhs.uk/Health-Topics/Waiting-Times/Publications/2014-05-27/2014-05-27-CAMHS-Report.pdf?97999209166>

- 4 out of 14 NHS Boards in Scotland were not meeting the Scottish Government's current target of a maximum wait of 26 weeks. All of these NHS Boards were also below the target when the previous batch of figures were published on the 25<sup>th</sup> of February.
- A further 4 NHS Board areas, making a total of 8, are not currently meeting the stricter target of 18 weeks, due to be met by December 2014.
- There is a great deal of variation in the average (median) waiting times between different NHS Boards. At one extreme, NHS Orkney, NHS Western Isles and NHS Borders were all achieving median waiting times of just 3 or 4 weeks. However, at the other end of the scale, NHS Grampian and NHS Ayrshire & Arran are only achieving waiting times of 15 and 14 weeks, respectively.

On the basis of these statistics, both organisations are concerned that there is still a great deal of work for the Scottish Government and several NHS Boards to do, in order to achieve the stricter CAMHS waiting targets being introduced in December. Equally, it is concerning, given the long-standing focus on CAMHS, dating back to the publishing of the Scottish Needs Assessment Plan (SNAP) Report on Child and Adolescent Mental Health in 2003<sup>4</sup>, and the fact that there has been a 26 week waiting time target since March 2013, that there are still a number of NHS Boards missing the current target by a significant amount.

We know from our own services that it is vital for children and young people who have suffered trauma and abuse to get timely support. The earlier that intervention takes place, the more likely it is that they will make as full a recovery as possible.

It is not possible from the statistics to ascertain the extent to which more vulnerable children, with a more significant clinical need, are getting earlier support. NHS Boards have the flexibility to allocate all appointments on the basis of clinical need, and the figures only show averages.

We welcome the Scottish Government's current target, as well as the introduction of a new, stricter target from December this year. However, we hope this is part of a continuous journey of improvement, towards a situation where *all* of Scotland's NHS Boards are performing as well as the best performing NHS Boards.

It would be possible to put the CAMHS waiting time targets onto a stronger statutory footing through the proposed Mental Health (Scotland) Bill. It would also be possible to require regular reporting by Ministers on the target, and to require the establishment of an action plan. At the very least, we suggest that the Committee establishes a process to seek information and evidence from the highest and lowest performing Health Boards to better understand what the successes and failures can be attributed to, where learning can be shared and where progress can be made. We also suggest that the Committee should seek evidence from the

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<sup>4</sup> Public Health Institute of Scotland, *Needs Assessment Report on Child and Adolescent Mental Health: Final Report – May 2003*

relevant Minister to understand what actions the Scottish Government has taken to support Health Boards to meet the target and what actions Ministers are taking to ensure that the goal of reaching the lower waiting time target, as set out in the Scottish Government's Mental Health Strategy, is achieved.

### **Implementation of 'The Mental Health of Children & Young People: A Framework for Promotion, Prevention, and Care'**

In 2000 the then Scottish Executive commissioned a strategic review of the state of children and young people's mental health and the supports available to them. This led to the publishing of the SNAP needs assessment report in 2003<sup>5</sup>, a comprehensive review with 10 major areas of recommendation. The Scottish Executive then translated this into the development of a delivery framework, the Framework for Promotion, Prevention and Care. This was published in 2005 as a 10-year master plan for how children and young people's mental health services should be developed and delivered in Scotland. The framework sets out comprehensive service elements and activities plans, across five areas: the Early Years (Universal services), School Years (Universal services), Community-based activity, Additional and Specific Supports, and Specialist Child and Adolescent Mental Health Services. The framework set out that,

***'All of the elements outlined in the framework are expected to exist within local services by 2015. This will be a challenging timescale, in some areas more than others. However, with effective planning and appropriate prioritisation, much can be achieved over the next 10 years.'*** (paragraph 1.19, page 5<sup>6</sup>).

Furthermore, the framework survived the transition from the Labour-Liberal Democrat Coalition to the SNP Scottish Government. In 2010 Shona Robison MSP, who was then the Minister for Public Health and Sport said,

*"I am pleased that the [Health and Sport] Committee recognises the priority that we place on the implementation of the Mental Health of Children and Young People's Framework, which we are working towards full delivery of by 2015."*<sup>7</sup>

With the life of the framework now almost complete, and the expectation that virtually all of the actions of the framework should now have been put in place by the Scottish Government, Local Authorities and Health Boards, we suggest that now would be an appropriate time for the Health and Sport Committee to revisit Child

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<sup>5</sup> Public Health Institute of Scotland, *Needs Assessment Report on Child and Adolescent Mental Health: Final Report – May 2003*

<sup>6</sup> Scottish Executive, *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care*, 2005. <http://www.scotland.gov.uk/Resource/Doc/77843/0018686.pdf>

<sup>7</sup> Health and Sport Committee Debate on Child and Adolescent Mental Health and Wellbeing, Wednesday 6<sup>th</sup> January 2010, Col 22426

and Adolescent Mental Health and Wellbeing, in much the same way that they did in 2008-09<sup>8</sup>, when the framework was three years into its lifetime.

### **Maternal and Infant mental health**

The Framework mentioned above looks at the action needed to improve the mental health of children from birth onwards.

The mental health of infants is indivisible with that of their mothers, and maternal and infant mental health need to be viewed holistically.

A healthy secure parent-child attachment is the most important protective factor for infants and a strong predictor of good outcomes. Mental health issues experienced by women in the perinatal period – during pregnancy and the year after childbirth – can affect this, by inhibiting a mother’s ability to provide the sensitive, responsive care a baby needs. To reduce the impact on babies, it is important that mothers receive timely support for their own mental health needs, and that this support specifically addresses their interaction with their babies, for this intimate interaction performs a vital role in the cognitive, emotional and social development of infants.

Early identification and support by universal services is essential for both perinatal and infant mental health. For this to happen all occupations in contact with women in the perinatal period, and with infants, need to be equipped with the appropriate knowledge.

As part of the Early Years Framework, both the Scottish Government and COSLA signed up to actions to improve infant mental health. These included:

- moving to a parenting model of ante-natal and post-natal support to promote parenting skills and attachment;
- building the capacity of universal services through mental health training for front line professionals, and CPD for early years workers.

Early identification and support is essential and our universal early years professionals - midwives, health visitors and GPs – play a crucial role in this. Infant mental health care, comprising primary, secondary and tertiary interventions, should be an essential part of our universal service provision.

We would like to see an audit of progress in terms of instating infant mental health as a core compulsory topic within the curriculum and post qualification training of all children’s services occupations in contact with children under three years of age including midwives, general practitioners, health visitors, community mental health nurses, paediatricians, and other professionals. It remains a concern that those

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<sup>8</sup> In 2009-10 the Health and Sport Committee undertook an inquiry into Child and Adolescent Mental Health and Wellbeing, and published a report on the matter:

<http://archive.scottish.parliament.uk/s3/committees/hs/inquiries/mentalhealthservices/index.htm>

health professionals who have contact with all children under three, are still generally not trained in infant mental health.<sup>9</sup>

The same issues apply to perinatal mental health. The SIGN Guidelines on the management of perinatal mood disorders indicate that competencies and training resources for health professionals caring for pregnant or postnatal women with, or at risk of, mental illness should be established.<sup>10</sup>

At the moment knowledge of perinatal mood disorders is not a core compulsory topic within the curriculum of the health occupations that come into contact with women during pregnancy, birth and the post natal period. There should be a further audit of progress made in instating this topic in the curriculum and post qualification training offered in Scotland to these occupations and a time-bound plan made with targets set for achieving this.

### **Young children in the care system**

While the focus of early intervention work is on the universal workforce, an equally important issue which demands attention is the ongoing skills development of those in contact with infants and very young children either at the threshold or within the child protection system. Recent research found, for example, that decision-making by child protection social workers is still insufficiently informed by current knowledge of attachment, early childhood development, and the long term impact of maltreatment on life chances.<sup>11</sup>

As highlighted by Furnivall, training and support in attachment is required by all those caring for young looked after children, including foster and kinship carers and adoptive parents, residential and early years staff.<sup>12</sup> This type of training and support is not routinely available in Scotland to those who provide care to our most vulnerable children. We need a coordinated national strategy to address this and improve practice by sharing knowledge about effective interventions.

### **CAMHS workforce**

A parallel strategic review of the CAMHS workforce, in 2005, addressed the capacity issues around implementation of the new framework. It identified the education, training and skills development needed to deliver an appropriate pattern of services. However, it also undertook an estimate of the size of the NHS specialist CAMHS workforce at the time, concluding that a total of 615wte (whole time equivalents) was "the best available estimate of actual current workforce in NHS

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<sup>9</sup> Wilson, P (2011), Why invest in the pre-school years? in Bird, W, et al. (2011) Thinking ahead. Why we need to improve children's mental health and wellbeing. (London: Faculty of Public Health),1-9.

<sup>10</sup> <http://www.sign.ac.uk/guidelines/fulltext/127/>

<sup>11</sup> Ward, H, et al., (2010), Research Brief. Infants suffering, or likely to suffer, significant harm: a prospective longitudinal study (London: Department for Education).

<sup>12</sup> Furnivall, J, (2011), iriss insight 10. Attachment-informed practice with looked after children and young people (Glasgow: iriss).

specialist CAMHS” (Paragraph 6.1.1<sup>13</sup>). On that basis, it made a recommendation to increase the size of the CAMHS specialist workforce based within the NHS:

*“Recommendation 44: A plan for phased investment in workforce should be developed in conjunction with plans for implementation of the Framework for Promotion, Prevention and Care, with the aim of doubling the size of the NHS based CAMHS workforce within ten years.”*

However, although the most recent statistics from ISD Scotland<sup>14</sup> show that there has been a very significant increase in the size of the specialist NHS CAMHS workforce, by 20% (measured in wte) between September 2009 and the end of March 2014, they showed that the workforce size, at 917.5wte, was still well short of the estimated workforce need, of 1200-1450wte, established by the 2005 workforce review.

The Mental Health (Scotland) Bill could establish a duty on each Health Board or Health and Social Care Integration Scheme (where there has been an agreement with the relevant local authority (ies) to integrate CAMHS services) to develop, publish and report on a CAMHS workforce development strategy, perhaps as part of the local children’s services plans required by the Children and Young People (Scotland) Act 2014. However, as a minimum we suggest that any work by the Committee to consider progress on the implementation of the framework should also consider workforce issues. We suggest that the Committee should write to the Scottish Government to ascertain whether Ministers still consider the 2005 workforce need estimate to be up-to-date, and either how they intend to reach it or how they intend to update it.

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<sup>13</sup> Scottish Executive Health Department National Workforce Unit, *Getting the Right Workforce, Getting the Workforce Right: A Strategic Review of the Child and Adolescent Mental Health Workforce*, 2005

[http://www.sehd.scot.nhs.uk/workforcedevelopment/Publications/camh\\_workforce\\_strategic\\_rev.pdf](http://www.sehd.scot.nhs.uk/workforcedevelopment/Publications/camh_workforce_strategic_rev.pdf)

<sup>14</sup> <https://isdscotland.scot.nhs.uk/Health-Topics/Workforce/Publications/2014-05-27/2014-05-27-CAMHS-Report.pdf?77834719420>