

Scottish Government submission of 27 March 2023

PE2008/A: Provide Funding for a Separate Mental Health A&E for Children

Calling on the Scottish Parliament to urge the Scottish Government to provide funding to create a separate Accident and Emergency for children and young people presenting with mental health issues.

The Scottish Government would like to begin by expressing how saddened we were to read the circumstances described by Ms Solman, the petitioner, regarding a young family member who is struggling with their mental health and has been contemplating suicide, and we appreciate Ms Solman raising this. The Scottish Government is committed to working with partners to ensure that any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, can get the help they need and feel a sense of hope.

We would also like to reassure Ms Solman that Mental Health remains an absolute priority for the Scottish Government, and we are committed to ensuring that everyone who needs support can get access to services that are appropriate to their needs. Everyone in need of emergency mental health care must receive that support quickly, and wherever possible, close to home. We also recognise that the issues around the mental health of young people are complex and we have a range of different mechanisms in place to provide support. We have outlined these below.

Mental Health Unscheduled Care Pathway

Each Health Board has arrangements in place to ensure any patient presenting at A&E in mental health crisis is properly assessed and cared for, at any time of day. In practice this involves specialist mental health clinical staff working alongside A&E teams to ensure people who have suicidal intentions are assessed and that tailored care plans are put in place. Those care plans may include accessing support from

crisis support organisations or local mental health services; or, where necessary, admission to hospital.

In addition, through the Redesign of Urgent Care (RUC) Programme, the Scottish Government has been working with partners on improving the unplanned access to urgent assessment and care, with a key objective of ensuring that people do not have to present at Emergency Departments (EDs) to get the support they need, unless that is where the individual needs to be cared for.

This is being facilitated by NHS 24's Mental Health Hub which is accessible through the 111 service and provides a 24/7 compassionate service to anyone requiring mental health and wellbeing support or if they are in distress. Although not specifically designed for children and young people, the NHS 24 Mental Health Hub service is open to all ages. Should the Mental Health Hub determine that further assessment or urgent referral to local services is required, the Mental Health Hub will refer the person to a Health Board's Senior Decision Maker (SCDM) for Mental Health.

The RUC Programme has ensured that each Health Board is providing access to a SCDM 24 hours a day, 7 days a week for those who require urgent mental health assessment or urgent referral to local mental health services. Where a child or young person is presenting in mental health distress or crisis and out of hours CAMHS is not available, Health Boards have established a route to an appropriate SCDM with the expectation that, when necessary, they can seek input from, or refer into, the local CAMHS service the next day. The age criteria for access to assessment by the SCDM currently varies for children depending on the Health Board; however where a child is considered too young they are generally conveyed to ED or admitted to a paediatric ward.

Out of Hours Children and Adolescent Mental Health Service

In February 2020, the Scottish Government published the [National CAMHS Service Specification](#), outlining the provisions young people and their families can expect from the NHS, and standard 3.5 of the CAMHS Specification highlights that CAMHS in Scotland will: *“Provide and/or contribute to a 24/7 mental health crisis response service for children and young people, including support and advice to front line services,*

assessment and interventions/treatment for mental health crisis presentations, and access to inpatient medical and/or psychiatric care.”

Some areas in Scotland have services in place that can respond to children and young people’s mental health needs out of hours, but there are inconsistencies in what is available and gaps in provision in some areas which is why work is ongoing with key professional groups to create a safe, meaningful, equitable and sustainable pathway for children and young people to access essential mental health care out of hours across Scotland. To support the development of the CAMHS out of hours provision, the Scottish Government has provided funding to NHS Boards over the last two years, and we continue to work closely with Boards to support them in the delivery of this alongside other aspects of the CAMHS Specification.

We are also working closely with the wider Scottish Government Mental Health Unscheduled Care programme to ensure appropriate links are made.

Suicide Prevention

In September 2022, the Scottish Government and COSLA published [Creating Hope Together](#) — a new long term suicide prevention strategy for Scotland that, along with its initial 3 year [action plan](#), sets a clear course to reduce suicide and ensures that anyone affected by suicide is able to get the help they need. The strategy also makes clear that preventing suicide is everyone’s business, whereby all parts of society — every sector and community — must take all actions possible to support people at risk of suicide, ideally as early as possible. Our vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

The work around Time, Space and Compassion for those in suicidal crisis was a key element of our previous action plan and will carry forward to this strategy and action plan. We understand that we need to embed these principles right across our work – to build compassionate communities and services. We know that many people who die by suicide have had contact with statutory services – often health and social care services – leading up to their death. Through this strategy we want to make sure that whenever someone contacts services, that they

will be met with compassion and given the support they need – support that looks after their wellbeing, protects against suicide, and always promotes recovery. This work will focus on primary care, mental health, and unscheduled care settings.

This strategy will go further in supporting children and young people affected by suicide. We know this group need different approaches, and our Youth Advisory Group will be key to helping us understand their needs and develop tailored approaches – building on our existing work, such as the Better Tomorrow social media campaign. Throughout the action plan, there are a range of new approaches that we consider will benefit children and young people. A focus will be on delivering action in key settings - including education, health and social care, youth work. We will also draw on evidence of what works and learning from child death reviews and will stay joined up with broader work happening within Government to support children's mental health.

Self-Harm Strategy

In October 2021, the Minister for Mental Wellbeing and Social Care announced that the Scottish Government would develop a dedicated self-harm strategy which would have lived experience at its centre.

While the strategy is not specific to children and young people, we know that they are a group that is particularly affected by self-harm, with 16% of 16–24-year-olds saying they have self-harmed. It is also notable that while the Samaritans report that 1 in 10 calls in general mention self-harm, this rises to 1 in 4 calls for under 18s. It is therefore crucial that the strategy and action plan address self-harm amongst children and young people, including improving the support available to their parents and carers.

To ensure we understand the perspectives of children and young people and parents/carers from the very start of our strategy development, we have Childline and Parentline within what we have called our 'self-harm strategy design group'. This group is made up of individuals with lived experience and frontline services to help inform our thinking. We are about to start a round of wider engagement and will be engaging with additional children and young people's organisations and groups, amongst others. This wider engagement will help us to shape the

strategy and to develop the detailed action plan which will accompany it. Subject to the co-production approach, we hope to publish an initial outline strategy later this year, and an action plan in summer 2023.

We have also committed £1.5 million of funding over three years to Penumbra who will establish pilot self-harm services to inform the strategy and accompany action plan. Two of the pilot sites (Dundee, and Highlands and Islands) will be open to those aged 12+. The third site (Glasgow East) is open to people aged 16+. Each site will explore different referral pathways, including some specifically targeted towards children and young people (for example CAMHS, education, youth groups and university environments).

Through this funding, Penumbra will also provide digital support on self-harm, via an online portal. As well as providing an option for digital access to support, the portal will also be a repository of information that can be accessed for those looking for support for themselves, or for someone they care for, including not only families and friends but also professionals such as teachers. These resources aim to build capacity so that if someone discloses self-harm they are met with a compassionate, sensitive and appropriate response. The services in all three geographic areas are now live and an online portal that will launch at the end of the year.

Distress Brief Intervention

The Distress Brief Intervention programme (DBI) is a 2-level approach provided for presentations of distress (including self-harm) that have an emotional component and do not require alternative emergency service involvement. It is non-clinical.

DBI Level 1 is provided by trained front-line staff (Police Scotland, the Scottish Ambulance Service, EDs, Primary Care and NHS24) and involves a compassionate response and offer of referral, where individuals are assessed as appropriate. Level 2 is provided by trained third sector staff who contact the person within 24 hours of referral and provide compassionate community-based problem-solving support, wellness and distress management planning, supported connections and signposting for a period of up to 14 days – connecting people to the supports that help them over time.

The DBI model is a professional referral model in which frontline staff can refer people – where assessed as appropriate – for DBI support. It is not possible to self-refer to DBI.

DBI began as a pilot in 4 areas in 2017 (North and South Lanarkshire, Inverness, Borders and Aberdeen) and was initially for over 18s only. Following a Programme for Government commitment (PfG) in 2018, the age limit was reduced to 16 and over in 2019. The same PfG committed to scoping to see if DBI was applicable to those 15 and younger – there is currently a small-scale test of change underway to test the applicability and suitability of DBI for 14- and 15-year-olds.

The test of change for 14- and 15-year-olds currently covers some 18 schools in Lanarkshire, Aberdeen and West Dunbartonshire. Referrals come in via education from trained pupil support teachers and the test of change is also being supported by CAMHS colleagues. An early insight paper produced by University of Glasgow in November 2021 showed encouraging outcomes and insights, with recommendations being used to support improvement.

Following on from the early insight report into the test of change and two independent evaluations of DBI (on the original DBI service for over 18s and on the development of a pathway to DBI via NHS 24), it is our intention to commission later this year an independent evaluation of the impact and effectiveness of the DBI for under 18s.

The petition refers to a 10-year-old member of the petitioner's family who very sadly attempted to take their own life. While the early insights paper hints to DBI's effectiveness for 14- and 15-year-olds, and whilst DBI is currently available as standard for people aged 16 and over (where assessed by frontline services as appropriate for DBI), it is not anticipated that DBI would be suitable for those younger than the current test of change.

Other Work with Children and Young People

Since April 2021, the Children and Young People's Mental Health and Wellbeing Joint Delivery Board, co-chaired by Scottish Government and COSLA, has been working to ensure the development of a coherent,

whole system approach to the pathways and journeys children, young people and their families may take to enhance their mental health and wellbeing; this includes ensuring children and young people who are experiencing a mental health crisis receive the support they need.

More specifically, the Board and its successor (to be introduced in 2023) will continue to oversee reforms to ensure children, young people and their families continue to receive the support they need, when they need it, underpinned by the values, principles and components of Getting It Right For Every Child, and responsive to local needs and systems.

The Joint Delivery Board was extended until March 2023 to allow more time to ensure all the recommendations are considered thoroughly and joined up comprehensively. Final recommendations will be sent to the Minister/COSLA leaders for consideration shortly which includes consideration of the expansion of the current Community Supports and Services Framework to include crisis supports. These recommendations will also provide useful input to the forthcoming Mental Health & Wellbeing Strategy, Delivery Plan and Workforce Action Plan. They will also influence the shape of the next iteration of Scottish Government/COSLA governance and programme for children and young people's mental health. The voices and experiences of children, young people and their families remains a key part of our work to improve access to mental health support.

As part of the work of the Board, we are providing local authorities with £15 million per annum to fund community-based mental health supports for children, young people and their families. The services are focused on prevention and early intervention, and include supports for positive mental health and wellbeing as well as emotional distress. Where appropriate, these services offer an alternative to CAMHS by providing support for emotional distress delivered in a community setting. Examples of this are the Emotional Distress Service in Argyll & Bute, the Lighthouse in Perth & Kinross, the Distress Brief Intervention Associate Programme in West Dunbartonshire, and the Compassionate Distress Response Service in Glasgow and East Dunbartonshire. Digital services such as Shout and Togetherall are also available in many local authority areas to support those in distress or crisis.

You can find out more about the work of the Joint Delivery Board [here](#)

