Minister for Social Care, Mental Wellbeing and Sport submission of 29 June 2023

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

The Scottish Government would like to thank the Committee for the opportunity to share our view on the merit of the petition and to respond to the eight points that Ms Solman, the petitioner, raised in her written submission of 27 April 2023. We hope that this response will go some way to address these. We would also like to thank Ms Solman and her husband for their time on Wednesday 21 June when they met with the Minister for Social Care, Mental Wellbeing and Sport to share their experience. This also provided an opportunity to discuss Ms Solman's submission.

The Scottish Government understands that anyone who has not been in Ms Solman's position may be unable to fully understand what she and her family have experienced. Through the description that was provided in the petition and written submission, we understand the distress and stressful effect this has on the young family member in question as well as the wider family. We would like to reiterate that we are fully committed to ensuring that anyone requiring urgent or unplanned mental health support is able to get the right care, in the right place, the first time regardless of when or how they access care.

A&Es and Unscheduled Care (Points 1 – 5)

The Scottish Government agrees with Ms Solman's point that A&Es are not always the most suitable environment for people in distress or experiencing a mental health crisis, which is why, as highlighted in our initial submission, we are working with partners, such as Police Scotland and the Scottish Ambulance Service, to improve the unscheduled care pathway for mental health to ensure that people don't need to attend A&E unless that is where they need to be cared for.

In her submission, Ms Solman also noted that her young family member attended A&E after overdosing on medication. It is therefore important to note that where a person is experiencing distress or a mental health crisis and has a physical health concern too, such as self-harm injuries or an overdose, Health Boards may require that the physical concern be initially treated, usually within an A&E setting, before mental health support can be provided. To ensure that people are directed to the appropriate location for any physical or mental health concern that they

may have, we are working on enhancing the messaging available on how to access urgent or unplanned health care. The messaging will continue to encourage people to contact NHS 24 on 111 during the out of hours period for urgent care unless the person is experiencing a life-threatening emergency, in which case they should phone 999 or go directly to A&E. If NHS 24 determine that an emergency response is required, they will arrange this on the person's behalf. Where a Health Board has a Children's Hospital available and if it is deemed to be appropriate, the person may be advised to attend there rather than the general A&E.

On Ms Solman's third point regarding NHS 24's MH Hub triaging process, anyone calling NHS 24 who selects mental health as the reason for their call will be put through to the Mental Health Hub's Psychological Wellbeing Practitioners (PWPs) who are specially trained staff and will offer an empathetic response. The PWPs will triage people using a psychosocial assessment which is an evaluation of an individual's mental health and social wellbeing. It includes assessing environmental and social factors to understand the individual's concerns and provide the best care possible. The PWPs are expertly supported at all times by senior clinicians, and should the psychosocial assessment indicate that the caller requires an urgent specialist mental health assessment or an urgent referral to local mental health services, they are able to refer the person to a Health Board's Senior Clinical Decision Maker (SCDM), as explained in our original submission.

We have also spoken to NHS 24 about the processes in place where the caller or the person the call is about is unable to engage in the psychosocial assessment, and they have confirmed that where a person is unable to engage and NHS 24 believes them to be a risk to themselves or others, then NHS 24 will contact the emergency services to attend to the individual.

We have also heard from Health Boards that, where a person has been referred to the SCDM for a specialist mental health assessment, using technology when an individual is in crisis may not be the most appropriate method of engagement, particularly where no pre-existing relationship has been established. Boards have advised that a patient-centred approach is adopted when considering the suitability of digital technology for a mental health assessment and that the views of the individual should be considered when choosing the channel of communication. This is included in the national guidance for clinicians on using technology for urgent care assessments.

Turning now to the fourth point in Ms Solman's submission regarding CAMHS staffing within the Redesign of Urgent Care (RUC) programme, the Scottish Government would like to begin by thanking Ms Solman for sharing the research materials she consulted when drafting her submission. These research materials were kindly shared with the Scottish Government following the meeting on 21 June with the Minister, however we were unable to find a reference to the RUC programme within them.

As mentioned in the original submission, the RUC programme was designed to address the demand issues in urgent and unscheduled care and to reduce the need to attend A&E by directing people to more appropriate care settings. If Ms Solman has any additional research materials that she is willing and able to share with the Scottish Government on this matter, these would be warmly received.

The Scottish Government also welcomed the opportunity to clarify Ms Solman's question on "*hubs within the out of hours services for children and adolescents"*. As we explained, the Mental Health Hub that was mentioned in the original submission was in reference to the dedicated mental health and wellbeing service within NHS 24 rather than a reference to a dedicated out of hours service for children and young people. We also explained that we are continuing to work with Health Boards on the development of their CAMHS out of hours service provision and aim to implement this within the wider mental health unscheduled care pathway once established. Unfortunately, we are currently unable to provide more information on this work as it is currently still in the development stage. However, it may be helpful to know that in the meantime the national guidance for the mental health unscheduled care pathways states that, where necessary, CAMHS input should be secured as soon as possible for an out of hours presentation, recognising that in some areas this might be the next working day.

We are happy to provide the Committee and/or Scottish Parliament with an update on these developments in due course.

Mental Health Beds (Point 2)

With regard to the number of beds available for mental health we can confirm that in the period 2021/2022, there were 3,511 beds available for mental health purposes. This comprised: 60 for child and adolescent psychiatry; 336 for forensic psychiatry; 1,650 general psychiatry; and 1465 psychiatry of old age. The number of available beds has been dropping year on year, with the figure in 2012/13 equating to 4,630 beds. This is for several reasons, including a shift to providing treatment and

care away from a hospital setting and in a more ambulatory or community-based setting. A detailed breakdown of the data per Board can be found at: Acute hospital activity and NHS beds information (annual)–- Annual – year ending 31 March 2022–- Acute hospital activity and NHS beds information (annual)–- Publications–- Public Health Scotland

CAMHS Waiting Times and GIRFEC (Points 4 and 8)

Turning now to the points that Ms Solman raised in relation to CAMHS, we would like to begin by sharing that the Scottish Government appreciates the concerns that Ms Solman raised in her petition and follow-up submission, particularly around CAMHS waiting time targets, and understand the distress this has caused.

Although we have seen significant sustained improvements in CAMHS waiting lists over the past year, we recognise that the target of all Boards achieving the 90% standard by March 2023 has not been achieved. Waiting times statistics published on 6 June for quarter ending March 2023 show that:

- 74.2% of CAMHS patients started treatment within 18 weeks of referral in the quarter ending March 2023, an improvement from 70.2% in the previous quarter, and an improvement from 73.0% in same quarter in the previous year.
- 4,920 started treatment during the quarter ending March 2023, a 12.2% decrease from the previous quarter (5,601) but similar to the same quarter in the previous year (4,954).
- 8,001 referrals were accepted by CAMHS during the quarter ending March 2023, a 2.6% increase from the previous quarter (7,802) and a 4.2% increase from the same quarter in the previous year (7,680).
- The median wait for first treatment was 9 weeks, the same as the previous quarter.
- 7,701 were waiting to start treatment, a 1.8% increase from 7,563 in December 2022 but a 26.0% decrease from same quarter in the previous year (10,406).
- Of these, 467 (6.1%) had been waiting longer than one year for treatment in CAMHS, a 64.7% decrease from same quarter in the previous year (1,322).

While progress is being made to improve access and reduce waiting lists, we recognise that performance varies across Health Boards and more needs to be done. We also acknowledged that the difference the

increased staffing and investment has already made to many families will not provide comfort to Mr and Ms Solman given their experiences. We continue to direct tailored support to Boards not meeting the standard. This includes access to professional advice, ensuring Boards have robust improvement plans in place and monitoring their implementation.

Ms Solman also mentioned GIRFEC in her last point, and her family's experience has highlighted why the Scottish Government must work even harder to ensure that children, young people and their families are getting the right support at the right time.
It may be helpful if we clarified that as a framework for providing and maintaining support for children, young people and families' wellbeing, GIRFEC is jointly owned across children's services, and everyone has a responsibility for implementing it.

We recognise that children and young people may require distinct support for a variety of reasons. GIRFEC supports practitioners to plan, design and assess that support, including through multi-disciplinary working, to meet individual children and young people's needs, and to make sure the level of support is reviewed regularly. Practitioners working with families should confidently and promptly respond to a child or young person's wellbeing needs and respect their rights, choice, privacy, and diversity. Children, young people, and families should also be included in decisions that affect wellbeing as much as possible.

One of the core components of GIRFEC is the offer of advice or support from a named person, who is a clear point of contact for children and their families. In addition to a referral to CAMHS, the named person can also provide information and advice around self, peer, and community mental health support from within their own service or request further support from other relevant services or agencies such as the NHS, local authority and third sector or community groups.

Every Life Matters Targets (Point 6)
Ms Solman referenced the Scottish Government's 2018 *Every Life Matters* action plan, in which we published a target to reduce suicide deaths by 20%, by 2022 (from a 2017 baseline), rather than by 2020 as quoted by Ms Solman. The annual report published by our National Suicide Prevention Leadership Group in 2020 included reference to this same target rather than reuse of this figure for a new target.

While the figures for 2022 have not yet been published, the latest available data shows that there were 753 probable suicides registered in

Scotland in 2021, which is a decrease from 805 in 2020. This is the lowest number of suicides registered in a year since 2017 (when there were 680 suicides registered). The data is taken from Suicide Scotland overview - 2022 which provides suicide data going back to 1982.

While it is positive that fewer people died by suicide in 2021 than in 2020, every suicide is a tragedy with lasting impacts on families and communities. However, we know more needs to be done to further drive down suicide deaths in Scotland. This is why our ambitious new suicide prevention strategy and action plan – Creating Hope Together – sets out a range of actions across every sector and community to reduce suicide deaths in Scotland, while also tackling the inequalities that contribute to suicide risk, while also focusing on ensuring that timely, compassionate help is available to anyone affected by suicide.

Self-Harm Pilots (Point 7)

We believe that in her seventh point on CAMHS pilot services in Dundee and the Highlands, Ms Solman was referring to the self-harm pilot services that we mentioned in our original submission.

These pilot services provide support to a wide range of people who self-harm and they are testing out different approaches. These approaches include for example testing eligibility criteria (including the age of children who can use the service), opening hours, and referral routes with a view to informing decisions around longer-term developments. This is why some of the services are open to children and young people aged 12 and over, while for others the age limit is 16. While these services are not currently equipped to work directly with children younger than 12, the new online portal which is now live does provide helpful information and support to children and young people of any age, as well as to those who care for them.

We would like to thank Ms Solman once more for raising her concerns with the Citizen Participation and Public Petitions Committee, and we are profoundly sorry for what her family has had to go through. We hope that the points outlined in our original and follow-up submissions have been helpful and provide Ms Solman with some reassurance on the Scottish Government's commitment to the matters raised in the petition.

Lastly, the Scottish Government would like to thank the Committee again for the opportunity to respond to Ms Solman's written submission and to provide our views on the petition's merit. It is the Scottish Government's view that there is no merit to funding separate mental health A&Es for children and young people given the existing and developing mechanisms to ensure that anyone in need of urgent or unplanned

mental health care and support is able to receive the right care, in the right place, first time.

However, we are aware that more work needs to be done, and we will continue to work with key professionals and stakeholders to develop safe, meaningful, and sustainable mental health unscheduled care pathways across Scotland for everyone, including children and young people. The Scottish Government wants to make sure that every time a person is in touch with services, they will be met with compassion and given the support they need, support that looks after their wellbeing, protects against suicide, and promotes recovery.

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