



Consultation of RCPsychiS Members – Health and Wellbeing of Children and Young People

Questions

1. What are the key issues around health and wellbeing for children and young people in Scotland?

As the representative group for Scotland's specialist mental health doctors working in CAMHS, we welcome the opportunity to be able to inform the focus of the Committee's understanding on children and young people's health and wellbeing.

There are a number of critical challenges impacting our children and young people, for whom the pandemic has taken a particular toll.

Our Child & Adolescent Faculty members have highlighted the following issues being faced by those children and young people they provide care to, and their families:

- **Fragmentation** – it was emphasised the current system does not provide an integrated care pathway for children and young people across the range of need. In spite of welcome recent investment, there remains systemic, organisational and cultural gaps between settings that mean young people do not access the right care, in the right place, and at the right time.
- **Specialist care** – it was stressed that, while progress on providing specialist adolescent inpatient units was being made in some areas, there were significant gaps in available in-patient beds for young people. This applies in particular settings and for particular specialities. For those young people not admitted to these units where appropriate and cared for in inappropriate settings, there is a danger they don't get the appropriate care that need critically need.
- **Postcode lotteries** – from our communities through to the specialist care and support our members provide, our members reported unhelpful variations in what children and young people can access in support, and the routes to accessing this. The was said to be particularly the case in out of hours care.
- **Prevention and early intervention** – while recognising the necessity of continued specialist care to meet specialist need, our members emphasise that prevention and early intervention needs to improve and expand its capacity. This was particularly the case for our community settings. It was suggested a failure to have done this prior to the pandemic has now created situations in some places where young people needed to develop severe mental health disorders in order to access any kind of support.
- **Greater recognition** – our members welcome the much greater recognition of mental health and wellbeing as a key issue for children and young people. The resulting reduction in stigma can and must be maintained.
- **Wellbeing and coping skills** – We also need to engage and support children and young people to develop skills to manage and cope with

emotional and life difficulties. This can be critical in giving them the tools to manage their wellbeing in an ever more complicated world for them, and to be able to handle issues like climate anxiety individually and collectively.

- **Inequality** – living in our most deprived communities places a young person at much greater risk of poor wellbeing and exacerbated mental illness. Considering the pandemic's impact economically and socially has fallen hardest on these communities, these risk factors are only likely to be heightened as we seek to recover and renew from this period. It also means their families/carers are less likely to have the time and the resource to advocate on their behalf and to push services to provide them care if there are delays.
- **Increases in mental ill health** – Increased rates of particular disorders such as eating disorders have been seen among children and young people. These have translated to exacerbated mental ill health and subsequent increases in presentations to specialist mental health settings. While increased resource is welcome, the need for this resource to be continuous will be critical in meeting the longer term need for these services that has emerged as a result of the pandemic.
- **Staffing for the services they need** – As the severity of physical illness caused by the Covid-19 pandemic has partly abated, our members report a significant increase in demand on CAMHS. This is translating into figures like nearly 2,000 young people waiting over a year for access to CAMHS. This increase comes at a point where they and their colleagues across health and social care are mentally and physically exhausted. It also comes as, both within particular health boards and nationally, there is a limited pool of specialist mental health staff available to make up the multidisciplinary teams essential to delivering care in these settings.
- **Waiting times** – while our members highlighted that waiting times alone do not speak to the patient's outcomes, those waiting significantly longer than they should can see their wellbeing potentially deteriorate and have their mental illness exacerbated. This is particularly the case where someone is waiting over a year for care.
- **Accessing treatment following initial appointments** – With that in mind, the trend in some health boards of prioritising an initial choice and partnership appointment that focuses on a 'care plan' leads, in some instances, to young people to go onto new, longer waiting lists with only some initial support and not specific treatments. As a result, the likely severity of that young person's mental illness could become further exacerbated, requiring greater intervention when they are finally able to access treatment and/or medication.

2. What are the current challenges with improving the health and wellbeing of children and young people over the next 5 years

The above response outlines issues that will likely become challenges over time. In terms of where we are now:

- **Increasing demand** – As demonstrated by figures suggesting referrals to CAMHS equated to 1% of children and young people in June, the demand being placed on CAMHS is approaching its highest levels. This is not sustainable in the longer term, and we require a systems response to ensure there is capacity before CAMHS to meet the needs of those with distress and mild to moderate mental ill health.
- **Workforce** – While the proposals to have a mental health workforce plan developed by the end of next year are welcome, interventions are required now to ensure CAMHS and other settings are well staffed to meet the increased demand.
- **Cultural impacts** – whether it be Instagram and its impact on young people's body image or being bullied online, the spaces children and young people use carry an ever-greater risk of negatively impacting their wellbeing. In turn, this can lead to an exacerbation of mental ill health, and efforts to address these through public health education and supporting young people to develop wellbeing and coping skills should be delivered.
- **Variations** – in making interventions to improve access to mental health care and support, there was said to be a wide variation by health board in how even CAMHS set its expectation for who would likely need care in its services. This was said to sometimes reflect the particular geographies/patient profile, but there was also negative variation resulting from a lack of resource, workforce or a particular specialist setting that would most appropriately provide care for that young person.
- **Social care** – whether it be for those with specialist conditions or for those with poor mental wellbeing and mild to moderate mental ill health, there was said to be concerns social care wasn't equipped to meet children and young people's mental health needs. The need to build specialist capacity and capacity in general for social care services to better support all children and young people was seen as a critical challenge as part of any recovery and renewal agenda. It was also stressed social care practitioners should also be supported as a workforce, with the physical and mental fatigue of the pandemic just as applicable to them.
- **Alternative destinations** – without a clear understanding and way of tracking alternative destinations for those not felt to be clinically appropriate for CAMHS, we will continue to only see these young people as rejected referrals and not know if they were directed to the right care and support for them.
- **Impact of the pandemic** – whether it be infants and young children who missed out on the socialising aspects of life or young people's negatively impacted wellbeing from the stresses of cancelled exams and lost events, we won't know the impact on wellbeing for a long time. This can and must start to be tracked, including among those with severe mental illness for whom the pandemic may have exacerbated their illness.

- **Care-experienced children** – related the above, some members highlighted that care-experienced children were particularly at risk of the negative consequences of the pandemic, and that this group should be considered for fast tracking to specialist mental health support if needed.

3. What offers the best opportunity for improving the health and wellbeing of children and young people over the next 5 years?

While recognising the challenges already detailed, our members have reflected that the greater focus and awareness on mental health and wellbeing creates opportunities for positive change. This is combined with the collaborative and innovative spirit many services in our communities and beyond entered into during the pandemic, which can and must be retained.

Some of the potential opportunities our members hope will emerge are:

- **CAMHS Service Specification** – The development and continued implementation of the CAMHS service specification is a potentially critical opportunity. This specification, which has been developed with the input of young people with lived experience of mental illness and their families, creates clear expectations on services and what they should provide. This includes earlier tiers of early intervention services and supports. We would urge that it is built on with clear patient outcome targets for those who interact with CAMHS, so that we can better measure the effectiveness of interventions there. It would also ensure we have more than waiting time figures, which provide information on the process rather than the impact of the care itself.
- **Communicating what CAMHS is** – We would also urge that communication to children and young people and to the wider mental healthcare system using the specification as a basis for understanding CAMHS is critical. This would ensure its role as part of the wider mental healthcare system was better understood. Relatedly, there should also be prioritisation to build understanding of community supports as part of an interconnected care pathway.
- **Directories of support** – with the greater definition of community and wellbeing supports and services expected to be available, there is an opportunity to develop directories of support. If properly run and updated, this could be accessed by and in order to direct children and young people to these supports.
- **Building integrated links** – using the collectivist and collaborative spirit seen at the start of the pandemic, members wanted to see this built on through building cultural links across professions and settings.
- **Co-production** – following on from the above, enabling children and young people and their families/carers to be involved in service developments, using the service specification as a guide, would ensure these services better reflect the needs of those who call upon them.

- **Workforce planning** – The mental health workforce plan proposed by the Scottish Government creates the space for the staffing of CAMHS to be secured in the longer term.
- **Overall investment** – A greater investment in early intervention that is linked up to other services such as CAMHS alongside those services themselves is starting to be delivered. It is hoped this will create capacity across the system to deliver a no wrong door approach for those with mild to moderate mental ill health.
- **Mental Health Strategy** – the refresh of the Mental Health Strategy offers an opportunity to consider how we can better support children and young people’s mental health across Scotland. Some of the commitments which members suggested should be included as part of this refresh include:
 - a) A public health strategy for children and young people’s mental health including self-harm and suicide
 - b) An early intervention framework that links seamless with specialist mental health support
 - c) Education, school nurse and counsellors joined up as a seamless care and support pathway
 - d) Equality of access to all levels of care
- **Linkage to other policy areas** – the recognition of how policy decisions across government can impact the mental health and wellbeing of young people needs to be turned to action. This can and should extend to mental health and wellbeing impact assessments for relevant policy proposals and budgetary decisions alongside child impact assessments, mainstreaming these considerations in the process. This should be linked to other aspects that affect young people such as the Promise and youth justice and education policy.

4. How does addressing poverty lead to improved health and social care outcomes?

Social deprivation is a well-researched determinant of health. It impacts on the outcomes across the life span. There have been numerous reports indicating that reducing social deprivation would improve the health of children and health adults, and this applies to mental health and wellbeing too.

The Scottish Health Survey, which includes data for 16 to 18 year olds, identified those in our most deprived communities were:

- Around three times likelier to experience depression than someone from our least deprived communities, and;
- twice as likely to experience anxiety;
- nearly four times likelier to have attempted suicide

Therefore, attacking causes of such social deprivation, including economic and educational inequality, will reduce the risk factors facing young people regarding their mental wellbeing, and also reduce the risk factors that can exacerbate a young person's mental illness.

In order to address this, the previous call to mainstream mental health and wellbeing across all policies through wellbeing impact assessments would ensure these factors, which are likeliest to impact said communities, are more explicitly addressed through policy. This would ideally extend to decisions across government, so that decisions around the green space a child can access or the quality of their education more fully takes into account their mental health and wellbeing.