

## Briefing in advance of Scottish Government debate on mental health Tuesday 6<sup>th</sup> January 2015

### Child and Adolescent Mental Health Services (CAMHS)

#### Background

The Scottish Children's Services Coalition (SCSC) is a policy-focused collaboration between leading independent and third sector service providers who have come together to work with political and other key stakeholders to help improve the delivery of children and young people's services.

SCSC members deliver specialist care and education services for children and young people with complex needs, such as learning difficulties and learning disabilities, as well as direct help and support for them and their families. They also provide independent advocacy, advice and representation for children and young people with care experience.

#### Key issues

#### Waiting times for access to CAMHS

The Scottish Government has set a target for the NHS in Scotland to deliver a maximum wait time of 26 weeks from a patient's referral to treatment for specialist CAMH services from March 2013, reducing to 18 weeks from December 2014.

Only half of the 14 Health Boards currently achieve the 26-week waiting time treatment target and only 5 of the 14 Health Boards currently achieve the 18-week target.<sup>1</sup>

**Table 2. Waiting times (with adjustments) for people who started their treatment in July-September 2014 by NHS Board**

NHS Board of Treatment	People seen	People seen within		Average (median) wait (weeks)	Waiting time adjustments <sup>1</sup>
		18 weeks (%)	26 weeks (%)		
<b>NHS Scotland<sup>2,3,4</sup></b>	3,308	78.0	86.2	9	-
NHS Ayrshire & Arran	235	69.8	83.8	12	NA, U, RO
NHS Borders	153	96.7	100.0	4	NA
NHS Dumfries & Galloway	75	100.0	100.0	6	NA, U, RO
NHS Fife	329	70.2	75.4	8	NA
NHS Forth Valley	117	54.7	68.4	17	NA, U
NHS Grampian	315	54.0	73.7	18	Unadjusted
NHS Greater Glasgow & Clyde	1,062	97.6	100.0	6	NA, U, RO
NHS Highland <sup>2</sup>	..	..	..	..	..
NHS Lanarkshire	396	76.3	94.4	6	NA, U, RO
NHS Lothian <sup>4</sup>	307	67.1	73.9	12	NA
NHS Orkney	10	100.0	100.0	7	Unadjusted
NHS Shetland	22	95.5	100.0	5	NA, U, RO
NHS Tayside	273	50.5	58.2	17	NA, U, RO
NHS Western Isles	14	100.0	100.0	3	NA,RO

This is set against a background of increased referrals from 3,996 in the quarter July to September 2012 to 5,516 in quarter July to September 2014 – 38% increase.

<sup>1</sup> NHS Information Services Division, Child and Adolescent Mental Health Services Waiting Times in Scotland, Quarter ending September 2014. Available at:

<https://isdscotland.scot.nhs.uk/Health-Topics/Waiting-Times/Publications/2014-11-25/2014-11-25-CAMHS-Report.pdf?51221865416>

## **Provide adequate inpatient services for children and young people**

Figures from the Mental Welfare Commission (MWC) indicate that the number of children being admitted to non-specialist units such as adult and paediatric wards has increased from 177 last year to 202.<sup>2</sup>

There is no secure/locked provision in Scotland for under 18s - all 3 adolescent Inpatient Psychiatric Units are open wards and there are no unit for those with severe learning disabilities. Thus those with forensic needs or challenging behaviour and learning disability are sometimes sent to units in England.

Under Section 23 of the Mental Health (Care and Treatment) Act 2003, a responsibility is placed on NHS Boards to provide accommodation and services to meet the needs of persons under the age of 18. There is a risk that this will not happen if a young person is admitted to an adult mental health ward.

There are only 46 CAMHS beds in Scotland, including only 1 in the Highlands, well below the number recommended by experts.

## **Provide adequate staffing**

### **Psychiatrists and psychologists**

Figures from the NHS education and training body, Education for Scotland, highlight many high level training jobs for child and psychiatry, as well as for learning disabilities, are vacant.<sup>3</sup>

In the most recent national recruitment round (6<sup>th</sup> June 2014), for jobs starting in August, just 5 out of 13 higher specialty training places for doctors in child and adolescent psychiatry were filled. In addition, just one doctor was recruited for 9 training slots caring for people with learning disabilities. The situation is even more acute outwith the Central Belt.

In August last year no one had been recruited to any of the 8 slots caring for people with learning disabilities. In addition, just 5 out of 8 training positions for child and adolescent psychiatry were filled.

### **Educational Psychologists**

The National Association of Scottish Principal Educational Psychologists (ASPEP) and the Scottish Division of Educational Psychologists (SDEP) have identified that the number of trained educational psychologists in Scotland is “dangerously low”.<sup>4</sup>

A quarter of educational psychologists might retire in the next four years and too few new trainees are being recruited. There is also a concern that some councils could breach their statutory obligations on provision of services for those requiring support if the situation does not improve.

The removal of bursary in 2012 has led to a 70% fall in the number of applicants and needs to be urgently addressed.

<sup>2</sup> Mental Welfare Commission, Statistical Young People Monitoring 2013/14. Available at: [http://www.mwscot.org.uk/media/203515/young\\_person\\_monitoring\\_2013\\_2014.pdf](http://www.mwscot.org.uk/media/203515/young_person_monitoring_2013_2014.pdf)

<sup>3</sup> The Herald, Psychiatrist shortage looms as training posts are unfilled, 7<sup>th</sup> July 2014

<sup>4</sup> The Association of Scottish Principal Educational Psychologists, Workforce Planning Report, 2013. Available at: [http://www.aspep.org.uk/?page\\_id=204](http://www.aspep.org.uk/?page_id=204)

## **Urgent actions**

The following urgent actions are proposed to prevent increasing number of children and families reaching crisis point and as cost saving measures to the taxpayer:

1. Provide adequate provision so that children and young people are not being admitted to non-specialist units such as adult and paediatric wards.
2. Provide secure inpatient facilities for children and young people with mental health requirements in Scotland.
3. Address waiting times for CAMH services, ensuring Scottish Government targets are being achieved by all Health Boards across Scotland.
4. The adequate staffing of teams in supporting children and adolescents when it comes to psychologists and psychiatrists needs to be urgently addressed.
5. Address funding issues for training of educational psychologists.

Further information about the SCSC can be found at [www.thescsc.org.uk](http://www.thescsc.org.uk).

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