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Mr Orr,

Thank you for your email of 4 December 2014 addressed to Shona Robison, Cabinet Secretary for Health, Wellbeing and Sport on the subject children and young people's mental health services. The Cabinet Secretary has asked for me to respond on her behalf.

Improving mental health and well-being for all ages is a national priority for the Scottish Government and we are working with our partners to deliver the commitments set out in our national mental health strategy (<http://www.scotland.gov.uk/Publications/2012/08/9714/0>). The Strategy identified Child and Adolescent Mental Health as one of its four Key Change Areas and set out a number of commitments designed to meet the specific mental health prevention, care, transition and recovery needs of children and young people. While we recognise we have some way to go, our ambition is to ensure that the highest quality care and treatment is available in the right place and at the right time.

As you say in your email there were 202 admissions to non-specialist inpatient facilities involving 179 young people (*MWC Young Person Monitoring 2013/14*). It is not clear from the data collected what is driving the increase in admissions. We suspect though that the increase may be partly due to an increase in demand for specialist CAMHS, through better identification of children and young people with problems, better diagnosis and more people being prepared to come forward

Data collected shows that numbers of children and young people seen by specialist CAMHS has increased by over 60% in the last 2 years, which may have resulted in an increase in demand for access to inpatient beds.

It should be noted though that there are occasions when it may be clinically judged to be more appropriate to admit young people to adult wards or the young person and their family have a preference for an admission to a local adult ward.

We have made a commitment in the Mental Health strategy to work with clinicians in Scotland to identify good models of Learning Disability (LD) Child and Adolescent Mental Health Services (CAMHS) service delivery in use in different areas of Scotland or other parts of the UK which could become, or lead to, prototypes for future testing and evaluation. In support of the commitment we have commissioned Glasgow University and NHS Greater Glasgow and Clyde to undertake a project to identify good models of LD CAMHS service delivery.

In addition a survey is about to be undertaken with the aim of gathering information on all those Scottish children/young people aged under 18 who have either had a psychiatric admission in the past 5 years or required admission but were not able to access it. This survey should inform provision of in-patient services for this group of children and young people.

We are working in partnership with the National Scottish Steering Group for Educational Psychologists to ensure a sustainable supply of educational psychologists to meet potential future needs. This includes work to improve the data available to inform future workforce planning decisions.

The Teacher Census has reported that numbers of centrally employed Educational Psychologists have been relatively stable for some time. *There were 405 reported in 2014 comparing with 413 in 2008, 418 in 2009, 401 in 2010, 390 in 2011, 411 in 2012 and 407 in 2013. (updated from Dec 2014 Summary Statistics)

In September 2014, 24 students started the first year of the Master of Science Degree in Educational Psychology at Dundee University , and 19 students started the second year of the course at Strathclyde University. 21 students successfully completed the course in September 2014.

We have invested £13.5 million over a five year period (2009-14) to increase the number of psychologists working in specialist CAMHS and we have committed a further £3.5 million for year 2014-15. As a result of this investment we have seen a 60% growth in child psychology posts between October 2009 and September 2014.

We also continue to invest £2 million per year in tier 3 and tier 4 (intensive) community CAMHS services. This investment is allowing NHS Boards to grow their intensive outreach services, thus reducing the length of time children and young people need to be in hospital. As a result of this investment, we have seen a 43% growth in the overall specialist CAMHS workforce.

As I said at the start of this letter “While we recognise we have some way to go, our ambition is to ensure that the highest quality care and treatment is available in the right place and at the right time for all children and young people”.

I hope you find the above answers the points you raised.



THOMAS HOGG
Policy Officer