SCSC
Scottish Children's Services Coalition

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Ms Shona Robison MSP
Cabinet Secretary for Health, Wellbeing & Sport
Scottish Government
St Andrews House
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4th December 2014

Also by Email - 4th December 2014

Dear Ms Robison,

Increased funding for children and young people's mental health services

We would firstly like to take this opportunity to congratulate you on your appointment and wish you well in your new post.

Following the Chancellor's Autumn Statement and the announcement of £2 billion for the NHS we are urging that the Scottish Government devotes a share of the £125m, arising from the Barnett consequential, to improve child and adolescent mental health services (CAMHS) in Scotland.

We believe that these services are at breaking point and extra funding for CAMHS could help address and improve significantly key problem areas such as: diagnosis and treatment wait times; an increased number of children and young people being sent to non-specialist units; no secure inpatient facilities and a shortage of both educational psychologists and psychiatrists.

CAMHS wait times

Recent figures from the Information Services Division of National Services Scotland revealed that the vast majority number of Health Boards are currently failing to meet a Scottish Government HEAT 26-week waiting time target for treatment from specialist CAMH services[1] (introduced in March 2013)

[1] Child and Adolescent Mental Health Services Waiting Times in Scotland, Quarter ending June 2014. Available at: https://isdscotland.scot.nhs.uk/Health-Topics/Waiting-Times/Publications/2014-08-26/2014-08-26-CAMHS-Report.pdf?20698183775

and have missed a Scottish Government target of an 18-week waiting time, which comes into force later month.

Only 5 of the 14 Health Boards have currently achieved this 26-week waiting time target from March 2013 and only 4 of the 14 Health Boards currently achieve the 18-week target.

On top of this and, due in part to a greater awareness of ASN, Scottish Government figures indicate that the numbers of those classified as having ASN, some of whom will require mental health services, continues to increase.

Support is clearly required to ensure that these Boards meet these targets.

Children admitted to non-specialist mental health settings

According to figures from the Mental Welfare Commission (MWC) the number of children and young people being admitted to non-specialist units such as adult and paediatric wards has increased from 177 last year to 202 (174 adult and 28 paediatric) due to a strain on resources (the second year of an increase), meaning that they may not be getting the appropriate support they require[2]**.** 116 of these are 16 or under.

The MWC indicates that NHS Boards will experience difficulties meeting a commitment to reduce admissions of young people to non-specialist wards.

There is also no secure/locked provision in Scotland for under 18s - all 3 adolescent Inpatient Psychiatric Units are open wards and there are no units for those with a severe learning disability.

Thus those with challenging behaviours and learning disabilities are being treated in unsuitable adult or paediatric wards, or being sent miles away from their families to England, a clearly distressing situation.

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. According to the MWC there is a risk that this will not happen if a young person is admitted to an adult mental health ward[3].

Based on work by Kurtz (2009) and the National In-patient Child and Adolescent Psychiatry Study (NICAPS)(O'Herlihy et al, 2001), it is recognised that about 24-40 CAMHS beds are required per 1 million total population up to the age of 18. This would see a minimum of 120 beds for Scotland.

There is currently a national bed base of 42 which will be increased to 48 through a new 12-bed in-patient unit to replace the current six-bed unit in Dundee. Thus has already commenced on site and it is expected that the new unit will be commissioned in late 2015.

[2,3] Mental Welfare Commission, Statistical Young People Monitoring 2013/14

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

Support is required to deliver adequate bed-provision for children and young people in specialist units as well as secure inpatient provision in Scotland.

Educational Psychologists

Late last year the National Association of Scottish Principal Educational Psychologists (ASPEP) and the Scottish Division of Educational Psychologists (SDEP) published a report which identified that the number of trained educational psychologists in Scotland is "dangerously low" and that psychological services in Scotland were reporting a significant increase in demand[4].

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.

A key issue here has been the removal of the bursary and support is required to ensure the delivery of an adequate pipeline of psychologists who are often the first port of call for those in need.

Psychiatrist shortage

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[5].

In the most recent national recruitment round (6th 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.

It should also be noted that staff numbers for child and adolescent psychiatrists have decreased by 14% between the period 2002 and 2013[6].

We note the work that the Scottish Government is undertaking with the Royal College of Psychiatrists to deliver an adequate number of psychiatrists.

Conclusion

The funding from these Barnett consequentials presents an ideal opportunity for Scotland to truly lead the way in promoting the wellbeing of children when it comes to mental health conditions and we urge that the Scottish Government now goes that extra mile to ensure that we have a range of mental health services available in Scotland for those who so vitally need it.

We welcome your views on this and please let me know should any further information be required.

Yours sincerely

The Scottish Children's Services Coalition comprising:

Sophie Pilgrim, Director, Kindred
Sophie Dow, Founder, Mindroom
Tom McGhee, Managing Director, Spark of Genius
Duncan Dunlop, Chief Executive, Who Cares? Scotland
Stuart Jacob, Director, Falkland House School
Niall Kelly, Managing Director, Young Foundations

Cc: Jamie Hepburn MSP, Minister for Sport and Health Improvement
Lauren Murdoch, Head of the Mental Health Unit, Scottish Government

[5] The Herald, Psychiatrist shortage looms as training posts are unfilled, 7th July 2014
[6] SPICE Briefing, Mental Health in Scotland, 22nd May 2014. Available at: http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_14-36.pdf