SPICe Briefing

Child and Adolescent Mental Health - Legislation and Policy

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Roseannah Murphy

This briefing provides an overview of the legislative framework underpinning the provision of Child and Adolescent mental health services, and the policy context shaping approaches to mental health support since 2003. Further information can be found in the SPICe breifing Child and Adolescent Mental Health –Trends and Key Issues.

The Scottish Parliament
Pàrlamaid na h-Alba

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EXECUTIVE SUMMARY

This briefing considers the legislative framework underpinning the provision of Child and Adolescent Mental Health Services (CAMHS), and the policy context shaping approaches to mental health support for children and young people. It focuses on legislation and policy since 2003 when the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the 2003 Act') was passed and the Scottish Needs Assessment Programme Report on Child and Adolescent Mental Health ('the SNAP Report') was published.

This briefing may be read in conjunction with SPICe Briefing Child and Adolescent Mental Health – Trends and Key Issues, which summarises the structure of NHS CAMHS, discusses factors affecting service provision, and outlines trends and key issues related to the mental health of children and young people.

Mental health policy, strategies promoting the wellbeing of children and young people and, to some degree, mental health legislation in Scotland have reflected growing consensus around the importance of preventative approaches and early intervention. However, ensuring timely access to treatment and support has proved challenging. The rate of referrals to specialist NHS Child and Adolescent Mental Health Services (CAMHS) is rising and many NHS Boards are failing to meet Scottish Government waiting time targets (Information Services Division Scotland 2016). Various professional bodies and organisations working in health and children's services have also emphasised the need for more preventative approaches and further work to promote mental health (Royal College of Psychiatrists in Scotland 2016; Scottish Association for Mental Health 2016; Scottish Youth Parliament 2016).

The Scottish Government has announced an additional £150m in spending on mental health services, including measures to increase access to CAMHS, and is in the process of developing a new, 10-year mental health strategy (Scottish Government 2016a; 2016b). The Scottish Government has also committed to developing a 10 year Child and Adolescent Wellbeing Strategy, addressing both physical and mental wellbeing (Scottish Parliament 2016a). Aspects of the implementation of the Mental Health (Scotland) Act (2015) are also currently under review (Scottish Government, 2016c).

This briefing outlines these recent developments in the context of earlier policies and existing legislation. The 2003 Act took a rights-based approach to the care and treatment of people with mental disorders. The Act introduced obligations upon health boards to ensure psychiatric inpatient care and accommodation provided to people aged under 18 is appropriate to their age. It also included a duty to consider and mitigate potential harm to parent-child relationships when individuals receive compulsory treatment. The Act also established various safeguards relating to the care and treatment of children and young people. The Mental Health (Scotland) Act 2015 amended aspects of the 2003 Act, and the current review of its implementation will include a Children's Rights and Wellbeing Assessment. Other recent legislation, such as the Children and Young People (Scotland) Act 2014 and Public Bodies (Joint Working) (Scotland) Act 2014 may have an impact on the provision of mental health support for children and young people.

The 2003 SNAP Report highlighted the prevalence of mental health problems among children and young people in Scotland (estimating that around 10% of young people have mental health problems which cause them substantial difficulties) and advocated mainstreaming mental health

support and promotion. In 2005, the Scottish Government published The Mental Health of Children and Young People: A Framework for Promotion Prevention and Care (2005) which responded to the SNAP report's recommendations, emphasising multi-agency approaches to the mental health needs of children and young people, and a strong focus on preventative work and early intervention. Subsequent mental health policies, Delivering for Mental Health (2006); Towards a Towards a Mentally Flourishing Scotland (2009); Mental Health Strategy for Scotland: 2012 – 2015 (2012) have addressed mental health needs and services for people of all ages, and have generally set a number of specific commitments regarding child and adolescent health.

A consultation on the new mental health strategy, Mental health in Scotland – a 10 year vision (Scottish Government 2016d), opened on 29 July 2016. The proposed framework is structured around life stages, and emphasises the need for prevention and early intervention, including support for maternal wellbeing and early years support. It sets specific commitments relating to a range of people and mental health concerns including perinatal mental health; early intervention programmes for vulnerable infants, children and young people; conduct disorder and first episode psychosis.

The Scottish Parliament Health and Sport Committee will lead a short inquiry on mental health, including CAMHS, in November 2016.

INTRODUCTION

This briefing provides an overview of legislation underpinning the provision of Child and Adolescent Mental Health Services (CAMHS) in Scotland, and the policy context shaping approaches to mental health support. It focuses on legislation and policy since 2003 when the Mental Health (Care and Treatment) (Scotland) Act 2003 was passed and the Scottish Needs Assessment Programme Report on Child and Adolescent Mental Health ('the SNAP Report') was published.

For discussion of CAMHS services, factors affecting service provision, and trends related to the mental health of children and young people, see SPICe Briefing, "Child and Adolescent Mental Health – Trends and Key Issues".

TERMS USED

The terms used to discuss the mental health needs of children and young people can be complex and similar terms may be used in different ways. Additionally, services used by children and young people may define 'children', 'adolescent' or 'young people' differently, and the age at which a young person is considered to have the capacity to make decisions and hold certain rights may vary depending on the service in question and the relevant legislation.

- Mental health – An umbrella term which may denote both mental health problems and mental wellbeing. The World Health Organisation (WHO) defines mental health as "a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO 2016).

- Mental health problem – A broad term which can refer to any long-term or short-term difficulty a person experiences with their mental health.

- Mental disorder – May refer to mental health problems which are severe and/or chronic in nature, and limit ability to manage everyday situations and tasks. It is used in the Mental Health (Care and Treatment) (Scotland) Act (2003) to include mental illness, learning disability or related disorders.

- Mental illness – Typically refers to a diagnosable psychiatric condition.

- Rights-based approach – Generally, the term 'rights-based' is used to describe an approach to the treatment and care of people with mental health problems which focuses on safeguarding and upholding their human rights. The Mental Welfare Commission for Scotland (MWC) describes a rights-based mental health system as "giving people greater opportunities to participate in shaping the decisions that impact on their human rights. It also means increasing the ability of those with responsibility for fulfilling rights to recognise […] those rights, and making sure they can be held to account" (2015, p.11).[1]

- CAMHS – Can be used to refer to specialist mental health services concerned with assessing, diagnosing and treating clinical mental health problems. It may also be used to discuss all services supporting the mental health needs of children and young people.

This briefing does not discuss particular mental health difficulties in detail, however, a glossary of terms related to mental health problems and therapies referred to is provided in Annex A.

[1] The MWC is the statutory body with responsibility for monitoring Scotland's Mental Health Services.

CAPACITY OF CHILDREN AND YOUNG PEOPLE

Generally, people have legal capacity at the age of 16 and over. However, the age at which a person is considered an adult or child and/or able to give consent to procedures or make certain decisions may differ depending on the relevant legislation and context.

The capacity to give consent to medical treatment is determined by the Age of Legal Capacity (Scotland) Act 1991. People aged 16 or over are considered able to give consent, and those under the age of 16 may give consent to treatment where, in the opinion of the qualified medical practitioner attending the child, they are capable of understanding the nature and possible consequences of the treatment.

Recent mental health legislation follows the Children (Scotland) Act 1995 in considering a child to be under the age of 18. This does not affect a young person's ability to consent to medical treatment, but legislation ensures additional safeguards are in place when a person aged under 18 is receiving treatment in relation to their mental health.

The Adults with Incapacity (Scotland) Act 2000 concerns those unable to give informed consent and considers an adult to be a person aged 16 or over. The Adult Support and Protection (Scotland) Act 2007 also applies to those aged 16 and over.

LEGISLATIVE CONTEXT

The provision of mental health services for children and young people is guided by mental health legislation and legislation which relates to wider services for children and families, such as education and social care. This section provides an overview of key legislation as it pertains specifically to the mental health of children and young people. An outline of the broader legislative framework is provided in Annex B.[2]

MENTAL HEALTH LEGISLATION

The Mental Health (Scotland) Act 2015 ('the 2015 Act') received Royal Assent on 4 August 2015. The 2015 Act amended provisions relating to children and young people within the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the 2003 Act'). It also makes some amendments to the Criminal Justice (Scotland) Act 2003 and the Criminal Procedures (Scotland) Act 1995.

Some young people aged 16 or over may also be impacted by provisions of the Adults With Incapacity (Scotland) Act 2000 which concerns those who lack capacity to act or make some (or all) of their own decisions due to a mental disorder or inability to communicate. The Adult Support and Protection (Scotland) Act 2007 also applies to people aged 16 and over.

Mental Health (Care and Treatment) (Scotland) Act 2003

The 2003 Act came into force in October 2005. It led from the 2001 Report of the Millan Committee which reviewed previous mental health legislation for Scotland. The Act applies to all those with a "mental disorder" (a broad term which includes all those with a mental illness, learning disability or related disorder). It enacts much of the rights-based approach to the care and treatment of people with mental disorders recommended by the Millan report, emphasising

[2]For discussion of the legislation underpinning the provision of adult mental health services see SPICe Briefing 14/36 Mental Health in Scotland (Nowell 2014). On the provisions of the 2015 Act, see SPICe Briefing 14/65 Mental Health (Scotland) Bill (Burgess 2014a).

that individuals should be enabled to participate as fully as possible in their care, and that interventions should be the least restrictive possible.

For the purposes of the 2003 Act, any individual aged up to 18 is considered a child. Aspects of the Act relating specifically to the mental health of children are detailed in the following table:

Welfare of children	The Act outlined the principles which should apply when functions of the Act are carried out - including the principle that the welfare of a child with a mental disorder should be paramount in any interventions imposed on a child under the Act
Advanced Statements	A written statement, produced, signed and witnessed when a person is well, which explains how they wish to be treated if they become mentally unwell. Professionals making decisions about an individual's treatment have a duty to take an advanced statement into account. The Act places no restriction on the age of those who can make an advanced statement. The Scottish Government's guidance, 'The New Mental Health Act – A Guide to Advanced Statements' (2004a) includes young people under the age of 16, provided they fully understand the nature of the statement and its implications for their treatment.
Mental Welfare Commission for Scotland (MWC)	The role of the MWC was redefined. This statutory body is responsible for regulating aspects of Scotland's mental health services, and monitoring and safeguarding the treatment and care of those with mental disorders. The MWC monitors and reports on the number of children and young people who are admitted to non-specialist inpatient wards for mental health care and treatment.
Named Person	The Act enabled people aged 16 or over to appoint a named person of their choice, authorised to make decisions about their care and act in their interests. The named person for people aged under 16 would be a parent, their main carer or, for looked after children, the local authority.
Post-natal Depression	A duty was placed on health boards to provide services for women admitted to hospital with post-natal depression which maintained their ability to care for their child (up to the age of one) where this was in the child's best interests.
Appropriate Inpatient Care	A duty was placed on health boards to ensure psychiatric inpatient care provided to young people aged under 18 is appropriate to their needs and offered in a setting appropriate to their developmental stage.
Parent-Child Relationships	Introduced a duty to consider and mitigate potential harm to parent-child relationships when individuals are subject to compulsory measures under the 2003 Act or the Criminal Procedure (Scotland) Act 1995.
Equalities	Specified that when functions of the Act are carried out, no discrimination should be made on the basis of age.
Assessment of Needs	Where an application is made for a Compulsory Treatment Order for a child, a Mental Health Officer has a duty to produce a care plan which assesses the child's needs under the Children (Scotland) Act 1995.
Designated Medical	Requires the MWC to maintain a list of medical practitioners – including child specialists – who may act as a designated medical practitioner certifying an individual's consent (or inability to give consent) to

Practitioner	treatment, and that the treatment is in the individual's best interests.
Safeguards for Treatments	Specified additional safeguards for certain treatments given to patients under the age of 16. These safeguards principally relate to procedures necessary to certify a child's consent to (or inability to give consent to) surgery affecting brain function and other regulated treatments (namely, electroconvulsive therapy; vagus nerve stimulation; transcranial magnetic stimulation). The Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice supplies further information and guidance.
Promoting Wellbeing	New duties were placed on local authorities to provide services intended to promote the "wellbeing and social development" of people who have or may develop a mental disorder. This applies equally to services for those aged under 18.

The McManus Report

In 2008 the Scottish Government commissioned a limited review of the 2004 Act. The McManus Report was presented to Ministers in March 2009. Recommendations and observations which relate specifically to children and young people include:

Appointment of Named Persons

The Report expressed concern that under the 2003 Act a young person under the age of 16, otherwise considered able to consent to medical treatment, cannot appoint a named person of their choice. The parent or guardian of a person under the age of 16 was considered their named person. The Report indicated this may cause difficulties where a young person subject to the 2003 act no longer lived with their parent or guardian, and/or where it may be inappropriate for a parent or guardian to receive confidential information about the young person. It recommended that those under the age of 16 considered competent to make their own medical decisions should be able to appoint a named person of their choice.

Provision of Advocacy Services

The Report noted particular difficulties in the provision of appropriate advocacy services for children and young people.

Age Appropriate Facilities

While encouraged by the Scottish Government's commitment to reducing inappropriate admissions, the Report referred to statistics from the MWC which "show that there is still a problem with people under the age of 18 being kept in adult wards of hospitals, and this was confirmed to us by NHS managers" (p.75). The report reminded NHS Boards of the legal duty to provide appropriate services to young persons.

Mental Health (Scotland) Act 2015

The 2015 Act made certain amendments to the 2003 Act which relate specifically to children and young people:

Named Person

The 2015 Act amended the 2003 Act so that an individual may only have a named person if they choose to have one, and the proposed named person must give written and witnessed consent to acting as a named person. Applications may be made to the Tribunal to remove a child's named person where they are not acting in the child's best interest, and the Tribunal may then appoint another named person (Burgess 2014).

Services and Accommodation for Mothers

The 2015 Act extended the requirement on health boards to provide mothers admitted to hospital with post-natal depression with services and accommodation allowing them to care for a child (up to the age of one) to mothers admitted to hospital for any kind of mental disorder.

Consultation on the Implementation of the Mental Health (Scotland) Act 2015

The Scottish Government led a consultation on the implementation of certain sections of the 2015 Act between 7 March and 30 May 2016. The consultation made two proposals relating specifically to the mental health of children and young people:

- That existing safeguards relating to patients under 16 years of age who require certain regulated treatments are extended to artificial nutrition.

- Leading a "Children's Rights and Wellbeing Assessment" (CRIA) which will "assess whether the proposals will advance the realisation of children's rights in Scotland and protect and promote the wellbeing of children and young people" (p.16).

(Scottish Government 2016c)

EDUCATION AND CHILDREN'S SERVICES LEGISLATION

Education (Additional Support for Learning) (Scotland) Act 2004 and 2009

The following section provides a very brief summary of provisions of the Education (Additional Support for Learning) (Scotland) Act 2004 ('the 2004 Act'). For more detailed discussion of the wider legislative framework and policy context into which the Acts were introduced, see SPICe Briefing 08/46 Additional Support for Learning (Georghiou and Kidner 2008).

The 2004 Act established the duties of education authorities to make suitable provisions for children with additional support needs (ASN): a broad category defined as circumstances, "where, for whatever reason, the child or young person is, or is likely to be, unable without the provision of additional support to benefit from school education" (asp 4 s.1). This definition includes a far greater range of needs than the term "special educational needs" which was employed in previous legislation. It includes emotional, behavioural and mental health needs, and contextual circumstances affecting a child's education, such as bereavement, or the mental illness of a parent or guardian.

As of 2015, 2,338 pupils in Scotland are recorded as having ASN related to a mental health problem.[3] ASN related to social, emotional and behavioural difficulty are also recorded and in 2015 31,685 pupils were recorded in this category (by far the largest group of pupils with ASN). Other categories recorded include ASN due to learning disability, Autistic Spectrum Disorder, and substance misuse (Scottish Government 2016f table 1.8). Some pupils may have more than one reason for requiring additional support, and may be recorded in more than one category.

Local authorities are required to assess support needed by pupils with ASN. It may be provided by way of a non-Statutory Individualised Education Programme (IEP), or if appropriate support requires coordination with other services, by a Coordinated Support Plan (CSP).

An IEP is a non-statutory document which should be produced when a pupil has additional support needs which cannot be accommodated solely by personal lesson planning in the classroom. An IEP describes the nature of a pupils ASN in detail and specifies: how these are to be met; the learning outcomes to be achieved; what additional support is required, "including that required from agencies outwith education." Guidance indicates that, "Where appropriate, an education authority should work with health, social work or voluntary agencies to draw up the programme so that objectives and services can be co-ordinated into a plan of action" (Scottish Government 2011, p. 54-55). Local authorities may have their own policies regarding IEPs. An IEP may form part of a "staged intervention".

A CSP is a statutory document which must be produced where:

- the local authority is responsible for the child's education, and
- the child has ASN which have a significant adverse effect on their education. (These needs can arise from one or more complex factors or from multiple factors which taken together have a significant adverse effect), and
- those needs are likely to continue for more than a year, and
- those needs require significant additional support to be provided beyond education such as from social work or health

(Georghiou and Kidner 2008)

A **staged intervention** is a process which identifies and assesses a pupil's additional needs, then plans and monitors support. Local authorities may develop different models of staged intervention. Generally, stages of intervention move from support within the pupil's school towards involving more provision from specialists in the local authority, to highly specialist provision outwith a local authority's scope. (Education Scotland online).

When referrals to specialist CAMHS services are considered, NHS Boards may have regard to support and assistance a child or young person is currently receiving, and some may expect them to be supported by some form of staged intervention and/or have an IEP in place before receiving further CAMHS support.

[3] Pupil Census Data does not define the category 'mental health problem', but the Scottish Government's report, Supporting Children's Learning (2016e) on the implementation of the ASL Act in 2015 defines mental illness as "a diagnosable illness such as depression, anxiety and schizophrenia which significantly interferes with an individual's cognitive, emotional or social abilities" (p.7).

The 2004 Act requires health boards or any other appropriate agency to assist the education authority in exercising functions under the Act.[4] The Act established the Additional Support Needs Tribunal (ASNT), to which disputes regarding CSPs may be referred.

The Education (Additional Support for Learning) (Scotland) Act 2009 introduced several amendments, including the provision of an ASNT advocacy service and the stipulation that education authorities must presume all looked after children and young people have ASNs unless determined otherwise.

In 2012, a Scottish Government's response to the Doran Review (2012) reflected that the ASN of some groups of children were "hidden" and not always being met, including the needs of children with mental health difficulties (p.6).[5]

Education (Scotland) Act 2016

The Education (Scotland) Act 2016 modified the 2004 Act. Its provisions included extending certain rights to children aged between 12 and 16 where the Education Authority and/or the ASN Tribunal for Scotland consider them to have capacity. This includes the right to have a supporter or advocate present during discussions with the Education Authority. It establishes a support service for children to assist them to access their rights under the 2004 Act.

Children and Young People (Scotland) Act 2014

The Children and Young People (Scotland) Act 2014 ('the 2014 Act') received Royal Assent on 27 March 2014. The points at which some relevant sections of the Act were expected to come into force are noted below. For information about the recent Supreme Court judgement on the information sharing provisions in relation to the Named Person Service in the Act, see SPICe Briefing 16/66 Named Person (Kidner 2016).

Though the 2015 Mental Health Act does not make reference to the 2014 Act (since it largely amends provisions of the 2003 Act, which looks to the Children (Scotland) 1995 Act on matters of child welfare) the 2014 Act has various implications for the planning and delivery of mental health services for children and young people.

The 2014 Act is a broad piece of legislation which introduces a range of reforms to children's services and puts elements of existing policy on a statutory footing. This section outlines parts of the Act particularly relevant to the mental health needs of children and young people.[6]

United Nations Convention on the Rights of the Child

The 2014 Act requires Scottish Ministers to maintain consideration of how the requirements of the United Nations Convention on the Rights of the Child (UNCRC 1989) might be furthered in Scotland, and report on this every three years.[7] Public authorities are also required to report on steps taken in furtherance of UNCRC requirements every three years. These duties may have a long term impact on mental health support for young people by embedding a rights-based approach to child welfare in the planning of services. The UNCRC stipulates that any person under the age of 18 should be considered a child.

[4] Unless doing so would conflict with the agency's statutory duties.
[5] The Doran Review was a strategic review of learning support for pupils with complex ASN.
[6] For a detailed overview of the policy context informing the Act, see SPICe Briefing 13/38 Children and Young People (Scotland) Bill (Kidner 2013) and SPICe Briefing 14/41 Health Inequalities – Early Years (Burgess 2014b).
[7] Ratified by the UK in 1991.

Getting it Right For Every Child

Getting it Right for Every Child (GIRFEC) is a wide ranging Scottish Government programme steering the delivery of children's services. It aims to make children's services more personalised, and promote multi-agency approaches. Initially developed in the course of a review of the Children's Hearing System in 2004, GIRFEC has been codified and rolled-out across various children's services in Scotland since 2011. The 2014 Act put aspects of GIRFEC on a statutory footing including:

- Requiring local authorities and health boards to develop joint children's services plans, in co-operation with a range of other service providers.
- Requiring a "named person for every child".
- Duties for certain public bodies to share information with the "named person".
- Requiring a "child's plan" where targeted intervention is necessary
- Creating a statutory definition of "wellbeing"

(Adapted from Kidner 2013a)

Named Person

The 2014 Act aimed to introduce the role of a "Named Person" for every person under the age of 18. A Named Person is an individual professional (such as a health visitor or guidance teacher) with responsibilities including: helping families to access services; providing families information and support; sharing and discussing concerns about a child or young person's wellbeing with other agencies. It seems likely that a Named Person may assume some responsibilities relating to accessing mental health services. In areas where the Named Person scheme has been trialled, some NHS boards' CAMHS referral guidance indicates expectations that a Named Person may play a role in referring children and young people to CAMHS (NHS Forth Valley 2014). This role does not relate to the 'Named Person' provided by the 2003 Mental Health Act.

As discussed in SPICe Briefing 16/66 Named Person (Kidner 2016), a recent Supreme Court judgement found that "the information sharing provisions in relation to the Named Person Service" in the 2014 Act "are outwith the legislative competence of the Scottish Parliament" (p.3). The Scottish Government has issued a statement that it "remains committed to the named person policy" and intends to work towards legislative amendments" (p.10).

Children's Services Planning

Local authorities are currently required to produce a "Children's Services Plan" under s.19 of the Children (Scotland) Act 1995. In preparing the plan, they must consult various bodies including the health board. Since 2004, national guidance has stated that community planning partners should develop integrated children's services plans.

From April 2017 (when this part of the 2014 Act commences) there will be a new duty to create Children's Services Plans, with responsibility for children's services planning placed jointly on local authorities and the relevant health board. Other bodies will participate (or be consulted with) during the development and review of the plan, which should take place every three years. The 2014 Act defines a "children's service" as any service provided in the local authority area wholly or mainly benefiting children. This includes those provided by the relevant health board.

Child's Plan

There are currently a number of statutory and non-statutory plans used by services and professionals responsible for planning the support and care of children and young people. These include (but are not limited to):

- Mental Health Care Plan – A non-statutory plan detailing medical care and treatment a child or young person receives from CAMHS, and recording who has delivered that care.
- Individualised Education Plan – A non-statutory plan detailing ways in which a pupil's education will be tailored to their specific additional needs, and assessing progress.
- Coordinated Support Plan – A statutory plan related to a pupil's complex ASN.

The 2014 Act requires a Child's Plan to be developed for an individual child if they have a wellbeing need which requires a targeted intervention. The Scottish Government's draft guidance on the implementation of the Act indicates that existing statutory and non-statutory plans should fit within the framework of the Child's Plan (2015a). Integrated Care Standards for CAMHS recommend that children and young people entering CAMHS should receive a holistic assessment, which should be informed by a child or young person's GIRFEC plan should they have one (Healthcare Improvement Scotland 2011).[8]

Wellbeing

The Act puts a notion of wellbeing on a statutory footing. Eight indicators of wellbeing are referred to (safe; healthy; achieving; nurtured; active; respected; responsible; included) (asp 8 s96). Scottish Government draft guidance defines 'healthy' as "having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make safe, healthy choices" (2015a p.15).

Care Leavers

The Act places new duties on local authorities to provide support to care leavers up to the age of 26, if support is requested by a care leaver and meets a needs assessment. A care leaver is defined as a person who was looked after when they reached the age of 16. Previously, local authorities' duties to care leavers applied only to those aged 18 and under, with discretion to support those aged under 21.

The extension of these duties to care leavers up to the age of 26 is relevant to the mental health needs of young people because best practice guidelines recommend CAMHS services are available to vulnerable young people who require them, including looked after young people and care leavers.

Relevant Services

The 2014 Act provides for counselling services, advice and support for children at risk of being looked after, their families, and, amongst others, pregnant women considered likely to become responsible for a child at risk of being looked after. Such services could include parenting support. The Act places obligations on local authorities to make such services available where the likely benefit to the child's wellbeing outweighs any likely adverse effects, and to ascertain and have regard to the view of the child, and other individuals as the local authority considers appropriate. It is not compulsory for individuals to engage with these services. (Centre for Excellence for Looked After Children in Scotland 2014).

Relevant services may be provided directly by local authorities, procured from other public sector bodies, or purchased from external providers. It is likely that many such services may be delivered by third sector organisations.

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[8] An ICP sets out the procedures and standards that should be expected in treatment of a clinical or care group. It should be developed by a multiagency team; informed by evidence and best practice; and supported by audit processes. A "holistic assessment" should take an individual's wider circumstances into account. (HIS 2011).

PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

The planning and delivery of NHS CAMHS may be impacted by the Public Bodies (Joint Working) (Scotland) Act 2014 which came into force on 1 April 2016. The Act requires local authorities and NHS boards to integrate adult social care services, adult primary care and community health services and some hospital services. A strategic "integration plan" (covering a three-year period) must establish how an integration authority will plan and deliver services.

The Act also allows local authorities and NHS boards to integrate other services, including children's health and social care services. As of December 2015, all of Scotland's local authorities have plans to integrate children's health services, though the range of services and related integration arrangements may vary (Audit Scotland 2015). For more information on the background of the Act, please see SPICe Briefing 13/50, Public Bodies (Joint Working) (Scotland) Bill (Robson 2013). For information regarding the implementation of the Act see SPICe Briefing 16/70 Integration of Health and Social Care (Burgess 2016), Audit Scotland, Health and Social Care Integration (2015) and Scottish Government online.

POLICY CONTEXT

The Mental Health Strategy for Scotland: 2012 – 2015 identified child and adolescent mental health as one of four 'Key Change Areas' prioritised for improvement. The last national strategy to focus exclusively on the provision and development of mental health services for children and young people was The Mental Health of Children and Young People: A Framework for Promotion Prevention and Care (2005) ('the Framework'), which took a broad approach to mental health. The Framework encompassed a "notion of wellbeing" and emphasised the need to make the mental health of children and young people a mainstream concern of all those involved in their care.

The following section provides some background to the 2005 Framework. It then offers an overview of the direction of national policy from 2005 up to the Mental Health Strategy for Scotland 2012 - 2015, and comments briefly on some recent developments.

THE MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE: A FRAMEWORK FOR PROMOTION, PREVENTION AND CARE (2005)

The Framework was developed in response to the 2003 Scottish Needs Assessment Programme Report on Child and Adolescent Mental Health ('the SNAP Report') which found that 1 in 10 children and young people in Scotland experienced difficulties with their mental health, and recommended a holistic approach to supporting the mental health of children and young people.

Building on the SNAP Report recommendations, the Framework considered many facets of mental health services and support for children and young people across all stages of their development: from mental health promotion and preventative work, to the intensive treatment of acute mental health problems in clinical settings. Its overall aim was to promote and help shape effective inter-agency planning. It assumed a "multi-agency approach" to meeting the mental health needs of children and young people. It emphasised that all those with a responsibility for children and young people have an important role to play in supporting their mental health. It also stressed that professionals working in adult services have a duty to consider the needs of their clients' children. The Framework's aspirations to promote multi-agency approaches to mental health services built on previous policy such as For Scotland's Children (2001) and the fourth edition of Health for All Children in Scotland 'HALL 4' (2003).

The Framework focused on five contexts for mental health support services for children and young people: early years; school; community-based activity; additional and specific support; and specialist CAMHS. It recommended that 25% of all CAMHS activity should focus on preventative work and highlighted the role of Primary Mental Health Workers (PMHW) whose remit included training and supporting primary care workers and others working with children and young people; and providing early, evidence based interventions to children and families.

Subsequent reports focusing on the mental health of children and young people included Getting the Right Workforce – Getting the Workforce Right (2005c) which considered the implications of the 2005 Framework for CAMHS workforce planning.

DELIVERING FOR MENTAL HEALTH (2006)

Delivering for Mental Health, the national strategy for mental health published in 2006, made three specific commitments relating to child and adolescent mental health services:

- Making a named mental health linked person available to all schools by the end of 2008, as recommended in the 2005 Framework.
- Offering basic mental health training to all those working with or caring for looked after children and young people by the end of 2008.
- Reducing the number of CAMH inpatient admissions to adult wards by 50% by the end of 2009. This commitment was based on Delivering for Health (2005d) which indicated 47 specialist beds would be available nationally by 2008 and 56 by 2010.
- A parallel commitment was to develop community services “in line with the objectives of the Framework” which, coupled with an actual increase in the number of beds, “should reduce the need for admission to adult wards” (p.12). As of 2016, a total of 54 specialist NHS CAMHS inpatient beds are available nationally.

TOWARDS A MENTALLY FLOURISHING SCOTLAND: POLICY AND ACTION PLAN 2009 – 2011

Published in 2009, this 3 year strategy outlined an approach “based on a social model of health which recognises that our mental state is shaped by our social, economic, physical, and cultural environment, including people’s strengths and vulnerabilities, their lifestyles and health-related behaviours, and economic, social and environmental factors”. It listed the following commitments related to child and adolescent mental health:

- NHS Scotland would work with stakeholders to develop a suite of national indicators in order to monitor trends in the mental health of children and young people in Scotland.
- Create a common core of “skills, knowledge, understanding and values” for professionals working with children.
- Establishing a national Self-Harm Working Group

SCOTTISH PARLIAMENT HEALTH AND SPORT COMMITTEE

In 2009 the Scottish Parliament Health and Sport Committee led an inquiry into child and adolescent mental health and wellbeing. The Committee took written and oral evidence from a wide range of professional and organisational bodies, including members of the group that produced the 2003 SNAP report. The inquiry focused on key issues including: implementation of the 2005 framework; training and workforce development; service capacity; access to services; intervention in the early years; and transitions to adult services.

As outlined in the Committee's 7th report, the Committee found broad support for the policy ambitions of the 2005 Framework, but identified concerns that its implementation may not be fully realised by the target date of 2015. The Committee suggested that further interim targets and milestones could help to measure its delivery (Health and Sport Committee 2009, Para 26).

The Committee found many stakeholders indicated that staff working in children's services and education, who are not mental health professionals, "often lack the awareness, the skills or the confidence to deal with emerging mental health problems effectively", and called the Scottish Government to re-examine training needs in this area (2009, Para 43). The Committee also heard oral evidence expressing concern at the variability of CAMHS staffing levels in different parts of the country, difficulties regarding recruiting highly specialist staff, and barriers to keeping specialist staff involved in research activities (2009, Para 44).

The Committee identified waiting times for treatment as a matter of particular concern, and found significant variance in CAMHS waiting times in different part of the country. Evidence also indicated that waiting times between receiving an initial assessment and beginning treatment were a key concern. The Committee called for the Scottish Government to accelerate its ongoing work towards setting a target for CAMHS waiting times (2009, Para 79).

CAMHS WAITING TIMES TARGETS

In November 2008, the Scottish Government announced an intention to develop a target to deliver faster access to CAMHS. In 2010, a waiting time target was established, specifying that people referred to CAMHS should wait no more than 26 weeks between referral and their first appointment. This waiting time HEAT target was to be met by March 2013, and was reduced to 18 weeks from December 2014. The HEAT target was succeeded by a Local Delivery Plan (LDP) Standard from 2015. The target waiting time remained 18 weeks. Performance related to this target is discussed in SPICe Briefing Child and Adolescent Mental Health – Service Provision, Trends and Key Issues. In June 2016, the Scottish Government committed to reviewing all NHS targets (Scottish Parliament 2016a).

THE MENTAL HEALTH STRATEGY FOR SCOTLAND: 2012 – 2015

Published in 2012, the Mental Health Strategy for Scotland: 2012 – 2015 ('the 2012 Strategy') succeeded previous policies, Delivering For Mental Health (2006) and Towards a Mentally Flourishing Scotland 2009 – 2011.

The 2012 Strategy identified child and adolescent mental health as one of four 'Key Change Areas', and stressed the importance of preventative approaches and early intervention. It specified six aspects of child and adolescent mental health to receive particular focus and made a related commitment to each.

1. Responding better to conduct disorders
   National roll-out of parenting programme to families of all 3 to 4 year olds with "severely disruptive behaviour".

2. Responding better to attachment issues
   Making basic infant mental health training more widely available to professionals who work with children; improving access to child psychotherapy by investing in training a new cohort of trainees in 2013.

3. Looked after children
   Developing the current balanced CAHMS scorecard to reflect specialist mental health consultation and referral activity relating to looked after children.

4. Learning disability and CAMHS
   Identifying good models of Learning Disability CAMHS for future evaluation

5. Access to Specialist CAMHS
   Achieving waiting time targets for access to CAMHS (18 weeks in 2014)

6. CAMHS admissions to adult beds
   Reducing admissions of under-18s to adult wards to a figure linked to current performance in the South of Scotland.

A CAMHS Implementation and Monitoring Group was established to track progress towards the Strategy commitments. Two sub-groups were established with further responsibility for monitoring progress relating to Looked After Children and Admission to Adult Beds.

CURRENT DEVELOPMENTS

A REVIEW OF MENTAL HEALTH SERVICES IN SCOTLAND (2016)

Commitment One of the 2012 Strategy was to "commission a 10-year-on follow up to the Sandra Grant Report to review the state of mental health services in Scotland" (p.9).[9] The Mental Health Foundation was commissioned to produce a follow up review, published in January 2016. The review represents a survey of the experiences of professionals and service users. It comments on a rise in demand for CAMH services over the past decade, stating a "reoccurring theme that emerged from the review" was that some of the demand was due to a "gap in provision around crisis care and in prevention/early intervention" (p.77).

[9] The Sandra Grant Report, published in 2004, was an assessment of mental health service provision across Scotland undertaken in view of the 2003 Mental Health Act.

ADDITIONAL FUNDING FOR MENTAL HEALTH

On 13 March 2015, the then Minster for Sport, Improvement and Mental Health, Jamie Hepburn MSP introduced details of an additional £15m in spending on Mental Health. This funding was first announced in November 2014. This additional spending covered a period of three years and was allocated as follows:

- An allocation to NHS Boards to support access to CAMHS and develop new approaches to treatment.
- An allocation to NES Scotland to develop improved CAMHS training.
- Working with partners and boards to develop better ways of helping people in distress, including those at risk of self-harm or suicide.
- Working with partners and boards to develop new ways of delivering support through primary care settings.

(Scottish Government 2015b)

On 26 May 2015, the Scottish Government announced a £100m fund to improve mental health services. This figure included the £15m announced in detail on March 2015, bringing total new spending on mental health to £85m, covering a period of three years and designated as follows:

- To reduce waiting times for CAMHS and for adult psychological therapies
- Improving responses to mental health problems in primary care settings
- Promoting wellbeing through physical activity
- Improving patient rights

(Scottish Government 2015c)

On 12 January 2016, the First Minister announced over £54m would be further invested in improving access to mental health services. A portion of this funding was included in spending already announced, with £50m to be allocated.

- £24.7m was to be spent over four years on improving capacity to provide support quickly.
- £4.8m was to be spent over four years on work by Healthcare Improvement Scotland (HIS) to help boards develop more efficient, effective, sustainable services.[10]
- £26.4m was to be spent on workforce development.

(Scottish Government 2016a)

This brought the total additional pool of investment in Mental Health Services up to £150m, to be spent over a total of almost five years. As a point of comparison, NHS spending on CAMHS across Scotland represented £45.2m in 2013/14 (Scottish Parliament 2015).

Related to the £4.8m to be invested with Healthcare Improvement Scotland to delivering more efficient services, a Mental Health Access Improvement Support Programme (MHAIST) was established to help health boards identify factors impacting access to mental health services, and support them to meet waiting time targets (HIS online).

MINISTER FOR MENTAL HEALTH

In May 2016, Maureen Watt MSP was appointed as Scotland's first dedicated Minister for Mental Health. Previously, Ministerial responsibilities for mental health were included in the role of Minister for Sport, Improvement and Mental Health, held by Jamie Hepburn MSP from 2014

[10] Healthcare Improvement Scotland is the health board concerned with scrutinising and improving the quality and safety of healthcare services, and outlining best practice.

to 2016. On 22 May, Maureen Watt stated the Government would deliver an “ask once, get help fast” approach by the end of this Parliament and would “look at new and innovative ways to deliver mental health services – beyond traditional health settings. For example, by bringing together healthcare and education we can ensure better treatment for our young people”.

UN COMMITTEE ON THE RIGHTS OF THE CHILD

In June 2016, the UN Committee on the Rights of the Child published its concluding observations on the fifth periodic report on the UK. Its observations included:

- The number of children with mental health needs is increasing;
- Children with mental health problems are often treated far from home, some do not receive age-appropriate support and some are placed in adults’ facilities;
- Mental health waiting time targets “may not be realised in practice” due to a lack of clinics and specialists (Para 60).

The Committee made a number of recommendations, including:

- More comprehensive data should be collected on children’s mental health, “disaggregated across the life course of the child, with due attention to children in vulnerable situations, and covering key underlying determinants”;
- Rigorous investment in CAMHS, and strategies with “clear time frames, targets, measurable indicators, effective monitoring mechanisms and sufficient human, technical and financial resources” (Para 61).

REVIEW OF TREATMENT TIME TARGETS

On 7 June 2016, during the Scottish Parliament Debate, ‘Taking Scotland Forward: Health’, Shona Robison, Minister for Health, announced that current NHS targets would be reviewed. Consultation would be led over the summer of 2016, and a document outlining future plans would be published during 2016-2017 (Scottish Parliament 2016a). Various organisations have called for a greater focus on mental health and wellbeing outcomes.

FUTURE MENTAL HEALTH STRATEGIES

At the time of writing, the Scottish Government is in the process of producing a new ten-yean national mental health strategy, due to be published in late 2016. A consultation on proposed priorities for the new strategy was opened on 29 July and ran until 16 September (Scottish Government 2016c). On 24 August 2016, Maureen Watt, Minister for Mental Health launched the public events programme to gather public and organisational feedback on the new mental health strategy (Scottish Government 2016b).

Mental Health in Scotland – A 10 Year Vision

The proposed framework is structured around life stages:

- Start well – ensuring that children and young people have good mental health, and that we act quickly when problems emerge;
- Live well – supporting people to look after themselves to stay mentally and physically healthy, to get help quickly when they need it, and to reduce inequalities for people living with mental health problems;
- Age well – ensuring that older people are able to access support for mental health problems to support them to live well for as long as possible at home

(Scottish Government 2016c, p.1)

Start Well: Objectives for the first stage, start well, are described as follows:

"Prevention, early intervention and early years approaches will be central to improving future health and wellbeing. This means starting young. It means tacking problems early – whatever people's age, supporting the attainment of children and young people. It will include support for child and adolescent mental health and maternal wellbeing, both within and without NHS services. There will be actions to improve perinatal mental health. There will be actions to improve responses to first episode psychosis"

The proposed framework identifies eight strategic priorities:

1. Focus on prevention and early intervention for pregnant women and new mothers.
2. Focus on prevention and early intervention for infants, children and young people.
3. Introduce new models of supporting mental health in primary care.
4. Support people to manage their own mental health.
5. Improve access to mental health services and make them more efficient, effective and safe – which is also part of early intervention.
6. Improve the physical health of people with severe and enduring mental health problems to address premature mortality.
7. Focus on 'all of me': ensure parity between physical health and mental health.
8. Realise the human rights of people with mental health problems.

Proposed actions and outcomes which relate directly to the mental health of infants, children and young people include:

- Improving the identification and treatment of perinatal mental health problems by introducing a Managed Clinical Network.[11]
- Focusing perinatal mental health interventions on the most vulnerable mothers who are at the highest risk.
- In 2016 - 2017, develop a range of evidence based programmes to promote good mental health, support key vulnerable populations of infants, children and young people. These programmes will be delivered by children's services during 2017 - 2020.
- By 2018 – 2019, support these programmes "by better assessing which early intervention programmes are proven to work for different vulnerable populations".
- By 2019 – 2020, have completed the national roll-out of targeted parenting programmes for 3 and 4 year olds with conduct disorder.
- By 2017 – 2018, have improved the recognition and treatment of first episode psychosis through early intervention services.
- Develop further actions to support the health and wellbeing of children and young people, recognising the link between mental and physical health through our children and young people's health and wellbeing strategy.
- Utilise our universal services such as the new health visiting pathways to support good mental health, prevention and early intervention.

(Scottish Government 2016c, p. 4-5)

[11] A Managed Clinical Network is a co-ordinated group or groups of health professionals collaborating across organisations and health boards "to ensure equitable provision of high quality clinically effective services" (NHS Education for Scotland online).

Children and young people's health and wellbeing strategy

The Scottish Government has also committed to developing a 10 year Child and Adolescent Wellbeing Strategy, addressing both physical and mental wellbeing (Scottish Parliament 2016a).

Suicide Prevention Strategy

A separate suicide prevention strategy is due to be published in 2017 (Scottish Government 2016c).

PARLIAMENTARY CONSIDERATION

Specific commitments relating to Child and Adolescent Mental Health featured in all the manifestos of major political parties contesting the 2016 Scottish election. All emphasised the need to achieve parity of esteem between physical and mental health. A brief summary of relevant commitments is provided in Annex C. Matters relating to Child and Adolescent Mental Health have been raised in a range of recent Parliamentary Debates (Taking Scotland Forward: Health, 7 June 2016), Parliamentary Questions and Motions this Session.

Scottish Parliament Health and Sport Committee

In November 2016, the Scottish Parliament Health and Sport Committee will lead a short inquiry on Mental Health, including Child and Adolescent Mental Health. The inquiry is likely to consider CAMHS waiting times and health boards' performance in respect of waiting time targets. The inquiry may also consider the nature of support provided to children and young people who are waiting for assessment and NHS support (2016a).

The Committee issued a call for written views over the 2016 Parliamentary recess, and received written submissions from a range of health boards, children's services, professional bodies and third sector organisations (2016b). Many submissions identified areas of good practice and improvement, such as anti-stigma work led by SeeMe; early detection and intervention in presentations of psychosis; and intensive home treatment services. However, many also expressed concern around increased volumes of referrals and workforce capacity. Several submissions suggested that CAMHS receive many referrals which are considered inappropriate. Some indicated that there may be poor awareness of alternative sources of support outwith NHS CAMHS. Other submissions maintained that strategic focus must remain upon reducing waiting times. One submission commenting on support available for young people waiting for a referral to specialist CAMHS services stated, "we must not go down the path of offering or developing supports for people waiting to be seen; the focus must be on improving response times and capacity" (NHS Borders 2016, Para 5).

On 27 July 2016, the Convenor wrote to Maureen Watt, the Minister for Mental Health, requesting information on improvements to CAMHS since the Health and Sport Committee's 2009 inquiry. Information requested includes:

- Workforce statistics - the current number of CAMHS consultant psychiatrists; the current number of clinical psychologists engaged in research activities; a breakdown of CAMHS staff per 100,000 population in each health board);
- Updates on progress made towards the implementation of the 2005 Framework; Hall 4 contacts and assessments; the role of community health nursing teams.
- Details on the availability of CAMHS in-patient beds.

Petition

A petition, PE01611: Mental Health Services in Scotland, has been lodged in the Scottish Parliament on 27 July 2016. The petition calls on the Scottish Government to reduce child and adolescent mental health waiting time targets from 18 to 14 weeks. It also calls for further training on mental health for primary care staff and increased funding for third sector organisations offering mental health support.

ANNEX A: TERMS USED - MENTAL HEALTH PROBLEMS, CARE AND TREATMENT

Glossary

Child Psychotherapy	Individualised psychotherapy which is age-appropriate and sensitive to the child or young person's family situation and social context. Therapy may involve careful observation of a child playing or drawing. Often used when patients have not responded to other psychological treatments. More information is available from the Association of Child Psychotherapists.
Conduct Disorder	A disorder diagnosed in childhood and adolescence characterized by persistent aggressive behaviour, destruction of property, deceitfulness and serious violation of age-appropriate rules over a period of 6 months of longer (ICD-10, F91).
First Episode Psychosis (or First Presentation Psychosis)	Refers to the first occasion when a person presents signs of psychosis. Psychosis causes people to perceive or interpret things differently from those around them. The two main symptoms of psychosis are hallucinations or delusions. More information about psychosis is available from the NHS online. NICE guidelines state all children and young people with a "first presentation of sustained psychotic symptoms (lasting 4 weeks or more)" should be referred urgently to an early intervention in psychosis service or a specialist CAMHS service.
Intensive Home Treatment Services	Intensive Home Treatment Teams provide a "rapid response, intensive specialist assessment, treatment and risk management in a community centre" for people who may otherwise need to be admitted to inpatient care (NHS Lothian 2011, p.6)
Perinatal Mental Health	Refers to a woman's mental health during pregnancy and the year following birth. Includes conditions such as antenatal depression, postnatal depression, maternal obsessive compulsive disorder, postpartum psychosis (the onset of psychotic symptoms days or weeks after birth) and post-traumatic stress disorder. More information is available from Maternal Mental Health – Everyone's Business.

ANNEX B: LEGISLATIVE FRAMEWORK

Legislation	Relevant Provisions
Children (Scotland) Act 1995	The Act provided a framework for Scotland's child protection system. It established a duty for local authorities to promote the welfare of "children in need".
Adults With Incapacity (Scotland) Act 2000	Provides for decisions to be made on behalf of people aged 16 and over who are unable to make decisions themselves due to a mental disorder or an inability to communicate.
Regulation of Care (Scotland) Act 2001	The overarching objective of this Act is to establish a national system regulating care and early years services and to regulate the social services workforce providing these services, including care for children and young people with mental health problems. It also extends the direct payments scheme for community care services: proving for people aged between 16 and 17, and the parents of disabled children, to use direct payments to purchase services under the Children (Scotland) Act 1995.
Community Care and Health (Scotland) Act 2002	The Act aimed to enable greater joint working between NHS boards and local authorities. It allowed NHS boards and local authorities to make payments to one another, delegate functions and pool budgets in respect of care services.
Mental Health (Care and Treatment) (Scotland) Act 2003	The Act followed recommendations outlined in the Millan Report in 2001. It is a rights-based piece of legislation enabling people to participate as fully as possible in their care. It outlines the principle that the welfare of a child with a mental disorder should be paramount in any interventions imposed on a child under the act. Among other provisions, it places a number of duties on health boards, local authorities and medical practitioners safeguarding the welfare of children and young people receiving care and treatment related to a mental disorder.
Education (Additional Support for Learning) (Scotland) Act 2004 and 2009	These Acts establish the duties of local authorities to make suitable provisions for children with "additional support needs", including mental health problems and social, emotional and behavioural difficulties.
Adult Support and Protection (Scotland) Act 2007	The Act introduces provisions for the protection of people aged 16 and over who are at risk of abuse, including people with mental health problems. The Act also makes certain amendments to the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003.
Public Services Reform (Scotland) Act 2010	This Act aims to reform public services in Scotland, streamlining the function of various bodies and improving scrutiny. Services concerned include children's care services. Part 7 amends the Mental Health (Care and Treatment) (Scotland) Act 2003, furthering its capacity as a protective body.

Equality Act 2010	This Act consolidates and furthers UK legislation relating to discrimination. It establishes 'protected characteristics', including disability which encompasses substantial, long-term mental impairment.
Children's Hearings (Scotland) Act 2011	The Act provides the legislative framework for the Children's Hearing System. As part of the Hearings process, it might be requested that a child is assessed by a mental health professional such as an educational or clinical psychologist or a psychiatrist.
Social Care (Self-Directed Support) (Scotland) Act 2013	This Act aims to offer people who are provided with community care services and support greater choice over those services. Among other provisions, this Act consolidates the rights of children and their families to access direct payments, including all four options for self-directed support outlined in the Act. It specifies that people aged 16 and 17 will be able to choose and manage their own self-directed support; that parents of children aged under 16 will manage their support; and that children aged 12 and over have the capacity to form a view upon their support.
Children and Young People (Scotland) Act 2014	This Act comprises a wide range of provisions. Measures relating to children's and young people's mental health include: putting aspects of the Scottish Government's policy Getting it Right for Every Child (GIRFEC) on a statutory footing; placing a duty on local authorities to produce "Children's Services Plans" jointly with the relevant regional health board. Children's services include those provided by integrated joint boards established by the Public Bodies (Joint Working) (Scotland) Act 2014. Children's Services Plans may include specialist services such as CAMHS and other services which support the mental health and wellbeing of children and young people. For information about the recent Supreme Court judgement on the information sharing provisions in relation to the Named Person Service in the Act, see SPICe Briefing 16/66 Named Person (Kidner 2016).
Public Bodies (Joint Working) (Scotland) Act 2014	This Act provides a framework for further integration of health and social care services across Scotland, requiring local authorities and NHS boards to integrate adult social care services, adult primary care and community health services, and some hospital services; and produce an integration plan for each area. It allows for local authorities and NHS boards to integrate children's health services - including specialist services such as CAMHS - and amends section 7(1) of the Children and Young People Scotland (Act) 2014 to include "an integration joint board established under section 9 of the Public Bodies (Joint Working) (Scotland) Act 2013" as a "service provider". Integration arrangements for children's services may vary.
Mental Health (Scotland) Act 2015	This Act makes several amendments to the Mental Health (Care and Treatment) (Scotland) Act 2015. The Act allows applications to be made to the Mental Health Tribunal if a child's named person is not acting in their best interests. It extends requirements on health boards to provide services and accommodation to mothers with post-natal depression, allowing them to continue caring for an infant, to mothers with any kind of

	mental disorder.
Carers (Scotland) Act 2016	This Act places a duty on local authorities to provide support for carers, including duties to prepare local strategies for carers, providing advice to carers, and preparing adult care and support plans or young carer statements for carers. The Act extends the definition of a carer and extends the group of people considered to be ‘cared-for’.
Scotland Act 2016	The Scotland Act provides for the devolution of various powers to the Scottish Parliament. Those relating to children’s and young people’s mental health (or to the families of children and young people with mental health problems) include the devolution of Carers Allowance and powers relating to benefits. The Act provides powers to legislate for discretionary housing payments; to ‘top-up’ reserved benefits; powers over discretionary payments; and powers to create new benefits in areas not connected with reserved matters. The Act employs a broader definition of a ‘carer’ than suggested in the Social Security and Benefits and Contributions Act 1992, and removes restrictions on age, employment and study.
Education (Scotland) Act 2016	This Act amends the Education (Additional Support for Learning) (Scotland) Act 2004 by extending certain rights to children aged between 12 and 16.

ANNEX C: 2016 MANIFESTO COMMITMENTS

Party	Manifesto Commitments
Scottish Conservatives	Called for "a significant increase in support for mental health services" and an additional £300 million investment over the next Parliament. Mental health services would include dedicated mental health support in every GP surgery; 24-hour support in A&E services; and social prescribing networks. Stated that "we need to start moving towards parity of esteem for physical and mental health". Called for a "Crisis Family Fund" which would provide "tailored support" to "families with complex needs" - including mental health difficulties - on a "payment-by-results basis" for at least 10,000 families over the next Parliament. Highlighted the impact of social and environmental factors on mental health, including housing.
Scottish Greens	Stressed the need for parity between physical and mental health services. Supported the Declaration of Rights for Mental Health (promoting the rights of people affected by mental health difficulties in Scotland) and highlighted the impact that inequalities have on mental health and access to services. Indicated support for programmes which develop children and young people's self-esteem; to reduce stigma and "pressures on children"; to identify child mental health issues early; and to address child trauma, bereavement and loss. Specified that mental health education should be established in the school curriculum.
Scottish Labour	Stated, "Our vision is for a Scotland where mental health is given the same priority as physical health", and called for mental health professionals in post "throughout our health service, from primary care settings, to A&E departments". Indicated a "focus on the links between poverty, deprivation and mental ill health". Expressed the benefits of "addressing anxiety, welfare, and low level mental health issues in the classroom" and promised "access to a qualified and appropriately experienced counsellor" to all secondary schools in Scotland, as well as investment in "educational psychologists and community health professionals trained in talking therapies".
Scottish Liberal Democrats	Called for "transformed" mental health services and promised to double the mental health budget for children and young people "so they can access better services". Promised to "put mental health on the same statutory footing" as physical health. Stated that more mental health professionals would be trained and "co-located" with GPs, the police, at A&E and in prisons. Expressed intentions to develop "a fairer benefits system, especially for those with mental health problems". Made a wide range of commitments pertaining to CAMHS including: creating new CAMHS inpatient units in Aberdeen and Inverness; to "review school counselling services"; and building teacher's capacity to help families access "relevant mental health services".

Scottish National Party	Highlighted the £150 million investment in mental health announced on 16 January 2016, and intentions to "put in place a new ten-year plan to improve mental health". Indicated that "the share of the NHS budget dedicated to mental health and to primary, community and social care" would increase "in every year of the next parliament". Promised to "ensure that mental health conditions are treated with parity, re-enforcing existing legislation". Referred to the interrelationship between physical and mental health, and notes "almost £1 million" provided to the Scottish Association for Mental Health (SAMH) to develop work in this area, and indicated future consideration of "social prescribing" within Scotland's health services.[12] Committed to developing "a new 10-year Child and Adolescent Health and Well-being Strategy, covering both physical and mental well-being". Planning will "examine innovative ways to deliver mental health services for children and young people, bringing together healthcare and education, to ensure faster treatment without stigma".

[12] Current SAMH initiatives include pilot social prescribing projects in parts of Glasgow (Castlemilk and Parkhead) and developing a Mental Health Charter for Sport.

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SB 13/38 Children and Young People (Scotland) Bill

SB 13/50 Public Bodies (Joint Working) (Scotland) Bill

SB 14/36 Mental Health in Scotland

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SB 14/65 Mental Health (Scotland) Bill

SB 16/66 Named Person

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