



Children & Young People's Mental Health Task Force

Recommendations

July 2019

Foreword

The Children and Young People's Mental Health Taskforce was jointly commissioned by the Scottish Government and COSLA in June 2018. The aim of the Taskforce was that children, young people, their families and carers should know that they are supported in good mental health and will be able to access services which are local, responsive and delivered by people with the right skills.

These recommendations to Scottish Government and COSLA are the product of a year's work by; Taskforce members, and those who contributed to its workstreams. Everyone who came together contributed their expertise, energy and commitment to identify the best way forward for children and young people's mental health services in Scotland.

The Taskforce would not have progressed this work at such a pace were it not for the leadership of the Chair, Dr Dame Denise Coia. Her vision to build an approach to mental health support and services for children and young people that, irrespective of background or personal characteristics, ensures they receive the right care and interventions at the right time and in the right place, has been fundamental to the commitment of the Taskforce. Her resolve that the voices of children, young people and their families should be central to this work has culminated in this set of recommendations.

Going forward the Taskforce are clear that children, young people and their families should remain actively involved in identifying local gaps and needs. They should be integral in developing the additional support and services that will meet these needs, as well as providing feedback on an ongoing basis of their experiences.

These recommendations provide a blueprint for how children and young people's services should support mental health. Implementing these recommendations will be a positive step towards creating a system of mental health supports and services which meet the needs of children and young people across Scotland for years to come.

A Scotland wide commitment to children and young people's mental health

The Children & Young People's Mental Health Taskforce was tasked to investigate how to improve the way children's mental health services are organised, commissioned and provided and how to make it easier for young people to access help and support when needed. Members of the Taskforce, and its workstreams, have identified the following recommendations for consideration by the Scottish Government and COSLA.

The Taskforce believe that transformational change is required to improve children and young people's mental health and the services that support them, however it is recognised that a number of immediate actions are both required and possible to effect change in the short term.

Members consider that preventative approaches are central to this transformational change. Equally important is a whole system approach, underpinned by 'Getting it Right for Every Child' (GIRFEC). A whole system approach will help children, young people and their families receive the support they need when they need it.

The focus for delivery of our recommendations on the ground are the local Children's Services Partnerships (CSPs) as they are intended to support and build on existing and developing good practice. The Taskforce recognises the importance of responding to local needs with local solutions, and that across Scotland there are different structures and arrangements currently in place to support children, young people and their families. Therefore the starting point for implementing these recommendations will vary throughout Scotland. However what is most important is that children and young people receive the right help, at the right time wherever they are.

There is a recognition that some of these recommendations may not have an immediate impact, while recent reports have identified that children and young people are currently not receiving the input they need now. Early intervention and prevention are vital to improving outcomes for children and young people, decreasing waiting times and reducing rejected referrals. However increasing this activity may not directly benefit the children and young people who are already waiting for help. It is also possible that enhanced identification of children and young people experiencing mental health difficulties will result in increased demand on Child and Adolescent Mental Health Services (CAMHS) in the short term. It is vital therefore that local CSPs should be actively responding to the identification of needs to ensure children, young people and their families receive the support they require.

As a Taskforce we are aware that our recommendations to date focus very much on school aged children, and that further work will be required to address the needs of young adults and pre-school children. The Youth Commission on Mental Health Services, who co-chair Taskforce meetings, were established to advise Scottish Government Ministers on how mental health services available in Scotland could be developed or improved to meet the needs of Scotland's young people. They have

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recently published their own set of recommendations, which the Taskforce are happy to endorse and will ensure inform future work.

These recommendations are intended to enhance and support the excellent work the Taskforce have seen and learned from during this initial phase. The Taskforce are encouraged and impressed by the dedication and creativity of frontline practitioners across the whole workforce, and the enthusiasm of the children, young people and their families who are actively involved in developing solutions.

The Leadership Required for Transformational Change

Scotland requires a top to bottom commitment to making children and young people's mental health and wellbeing a demonstrable exemplar of GIRFEC in action. This should cover; children and families' services, early years & childcare services, school and post-school education, primary healthcare, specialist mental health services, neurodevelopmental services and the third sector.

All organisations or partnerships which can make a positive contribution should publicly commit to doing so. It should be clear to staff working in all relevant organisations, at all levels, that they are encouraged and supported to work in partnership with others to deliver on that commitment.

The Scottish Government and COSLA have made a strong statement of intent by co-commissioning the Taskforce. This shows real commitment to identifying a better approach. It is essential going forward that both parties commit to working together over the long term to deliver that approach.

A formal, long term public commitment at this stage will send out an important signal across the public sector and beyond that both spheres of government are committed to working together for the sustained period it will take to make the changes Scotland requires. It will also give assurance that the two spheres will jointly consider these recommendations and seek to work in unison through to implementation.

Recommendation 1 - The Scottish Government and COSLA should commit to a formal, long term partnership to jointly drive the reform of Scotland's approach to children and young people's mental health. In doing so, they should use their powers of direction and influence to ensure public bodies and local partnerships demonstrate this commitment through the priority it receives.

To support those working together on the frontline to deliver services, clear and unambiguous commitment is needed at all strategic levels. Children and young people's mental health should be a visible priority for relevant public bodies and partnerships.

This means that we should expect priority to be given to promoting positive mental health and meeting the needs of children, young people and their families in:

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- Community Planning Partnership Local Outcome Improvement Plans and Children's Services Plans;
- Primary Care Improvement Plans;
- Education Improvement Plans and School Improvement Plans.

Recommendation 2 - The Scottish Government and COSLA should demonstrate joint leadership through establishing a strategic partnership with partners across a range of sectors and organisations to enhance and accelerate improvement in children and young people's mental health as a priority.

The range of partners involved in providing mental health services and support to children and young people, and to their families, is recognised, both in the public and third sector. Our expectation is that organisations continue to work together and partnerships with the third sector grow and develop to support this, the Scottish Government and COSLA should enter into a strategic partnership with all partners involved, importantly including representative groups from the third sector. This should focus on jointly planning the evolving nature of the sector's contribution.

Recommendation 3 - The Scottish Government and COSLA should recognise the vital and increasing role the third sector performs in supporting and improving the mental health of children and young people and should ensure they are fully involved and represented in strategic partnerships at a local and national level.

Getting it right for every child with mental health support needs: A whole system approach

Most of the time, children and young people should experience good mental health, along with the normal challenges and stresses of growing up. They should benefit from positive and helpful support for their wellbeing at home, in the early years and at school, and they do not require any extra help over and above that from the people they see day to day.

Many children and young people may need extra help at some point and some could need additional or specialist support. This may be because of factors relating to the child's development or health profile or it could be because of the impact of adverse experiences on the child, family or community. If required this help should be delivered in line with the GIRFEC approach and 'National Practice Model'.

Additional support should be provided promptly, wherever possible within universal services and the community, and should be proportionate to the level of need and risk. Where this is not possible there can be no 'wrong door' for children and families who need to receive extra help – they should only have to ask once to access services. Wherever is requested, for example through school or from a GP or Health Visitor, there should be a helpful and appropriate response - bureaucracy or organisational and professional boundaries should not get in the way.

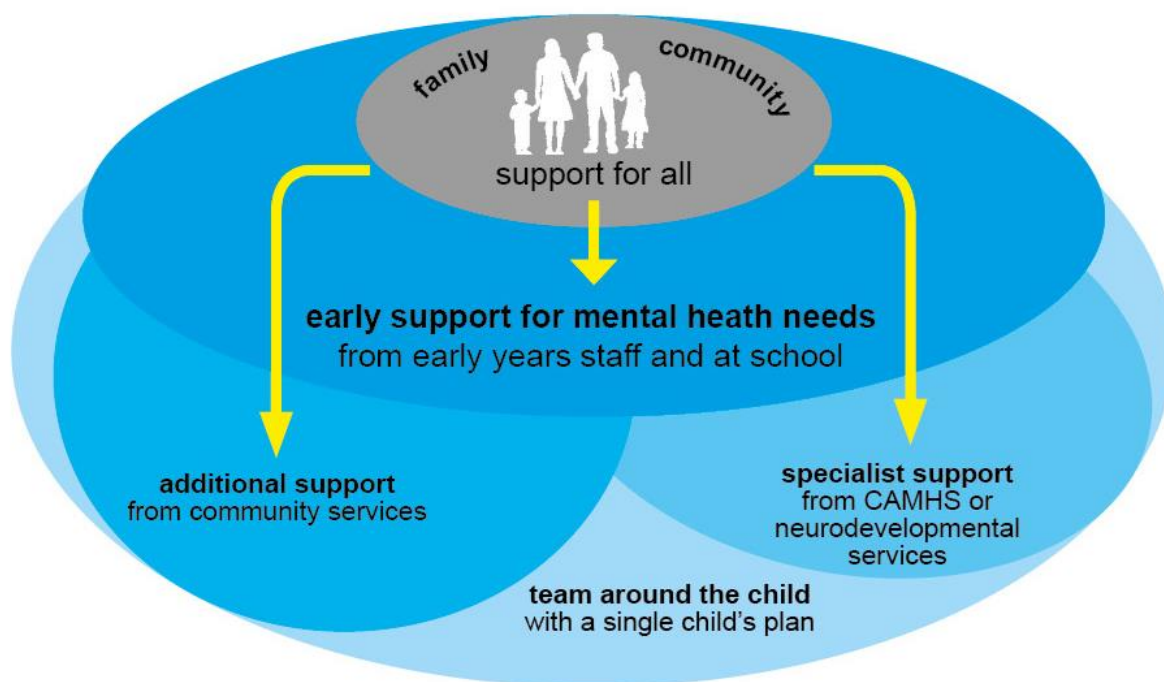
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The voice of children, young people and families should be central to the identification and assessment of needs, and in the determination and delivery of the help that is provided. Shared decision-making will increase the likelihood of successful outcomes.

Recommendation 4 - The Task Force endorses a whole system approach to addressing children's mental health needs, ensuring preventative action to reduce need, and a prompt and proportionate response which improves outcomes for all children who need support or treatment.

The Taskforce believes a whole system approach involves addressing the mental health and wellbeing needs of children, young people and families in an integrated way across the groupings shown below.

Workstreams have collaborated in a bid to ensure recommendations meet the needs of children and young people with a range of needs within the whole system, including those at risk of not receiving a service and those with neurodevelopmental support needs.



Support for All

Positive mental health and wellbeing is promoted with families and young children throughout the early years. This continues into school, with the focus on health and wellbeing within the Curriculum for Excellence.

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Midwives, Health Visitors and other partners work with parents and carers to support the healthy development of the baby and young child. Critically, this includes promoting strong early attachment, involving positive engagement and interaction with the primary carers.

When children go into school, learning in health and wellbeing ensures that they can develop the knowledge, skills and capabilities they need for mental and emotional wellbeing. This includes support for young people to make informed choices to promote their own wellbeing, and to establish a healthy lifestyle that can be sustained into adult life.

A key focus should be on the capacity building of staff who work with and support children and young people.

Early Support

Many children, young people and families experience mild and/or temporary mental health difficulties at some time during childhood that can be responded to early and effectively by GPs, Health Visitors, School Nurses and school staff or other significant adults with whom they have a supportive relationship.

This early support can be in the form of advice and guidance, including signposting families to information or supportive activities. Information can be shared in a way that empowers young people and families to find the best ways of supporting their own mental health and wellbeing. Increasingly, good use can be made of helpful online resources. Good quality support at this stage can help reduce referrals made to other parts of the system, therefore impacting on wait times and helping to prevent emotional distress and mental illness need from escalating.

Health Visitors and education staff can also provide early support through making changes or enhancements to how they support the child and family. This might include one to one activities including counselling or group work, for example with Health Visitors organising a parenting group, or guidance staff organising a group for those who need support.

Additional Support

Some children and young people may require additional support for a mental health or neurodevelopmental need to achieve positive mental health outcomes. This support should be determined by a practitioner with a strong understanding of mental health provision within a community setting, such as; a Primary Care Mental Health Worker, Psychologist, Educational Psychologist, School Nurse or Family Support Worker. It can be provided directly by that practitioner, or by other colleagues within the team around the child – for example, school or social work - and should be evidence based.

Such support should be part of an integrated approach to help the child, based on assessed need, and set out in a child's plan. It should be asset based, building on strengths in the family and other local networks, and should be clear on what a successful outcome would look like.

Specialist CAMHS Support

A small number of children and young people experience mental illness or other mental health needs that require focused, evidence based assessment and interventions from specialist Child & Adolescent Mental Health teams. This includes children, young people and families who would benefit from a range of interventions, including specialist community treatment and/or in-patient services.

Once again, such support should be provided as part of an integrated approach, with a team around a child, and with the interventions set out within a child's plan. Given the nature of the needs and interventions, and the key role families play in their treatment and recovery, it may be necessary for some aspects of the plan to remain confidential to the child and family and a core group of practitioners.

It should always be clear what outcomes are being sought, and what additional services will be required once the child no longer requires a specialist service.

Core components of the whole system approach

There are five core components of a whole system approach to meeting the mental health needs of children and young people:

1. Clear points of contact for children, young people, families and practitioners who have concerns regarding a child's mental health through the Health Visitor, School or GP to where advice or access to support is available.
2. An early response to the first concerns or signs of distress, with prompt, proportionate and informed assessment that determines the response, without unnecessary delay or bureaucracy.
3. A clear pathway through services, with a focus on prevention and early intervention within the community, and an accelerated path to additional, higher level or specialist support or treatment whenever that is required.
4. Children, young people and their families at the centre, empowered to express their views regarding their needs and services, and to have these views acknowledged and recorded.
5. Mental health needs integrated into any support for other needs that a child may have, as part of a single plan with a team around the child that is co-ordinated by a lead professional.

This approach must be underpinned by local partnerships. Every local partnership should ensure this whole system approach to meeting mental health needs within GIRFEC, that incorporates agreed service standards and involves:

- Collaborative management and professional leadership of mental health interventions and services, from universal to targeted provision.

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- Easy to access, clear points of contact for children, young people, families and practitioners who have a concern about a child or young person's mental health, where advice or access to support is available.
- Early support for children and young people who experience distress, delivered in universal services and by those who know children and young people.
- Dedicated support for children and young people who require community based mental health services as part of additional and integrated support from a range of partners.
- Prompt access to CAMHS and Neurodevelopmental services for children whose needs cannot be met without more specialist support.
- The organisation of a child's plan for all children who require co-ordinated multi-disciplinary support, by a lead professional.

Partnerships should also ensure that support is available to children and young people who may be excluded from mental health services, such as children with neurodevelopmental profiles and support needs, or those who are facing multiple challenges in their lives in addition to their mental health needs.

What does this look like in practice?

Integrated working based on a common language built around the whole system model.

- Use the SHANARRI wellbeing indicators to describe needs.
- Use the National Practice Model, with clear points of contact for children and families, and co-ordinated support and planning from the lead professional.
- Ensure appropriate information sharing, wherever appropriate with consent of the young person and/or family.
- Ensure a high level of respect and confidence for and from practitioners from other disciplines.
- All children receive prompt and appropriate mental health support to meet their needs, including those with neurodevelopmental profiles who require support and those who are facing multiple challenges in their lives, where traditional treatment approaches may not be considered effective.
- Practitioners share the accountability and responsibility when managing risk.
- Mental Health Impact Statements are included when decisions are made in multi-disciplinary meetings e.g. looked after and adopted child's meetings.

Mental wellbeing, and early and community based support are prioritised.

- Focus on active prevention and health promotion strategies.

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- Support children, young people, parents and carers to have conversations around mental health and neurodiversity with practitioners they already have a relationship with.
- Encourage evidence based parenting programmes and family support, a whole-family focus, which can be delivered by a range of practitioners.
- Promote whole system, multi-disciplinary support for children who require additional support.
- Provide accessible 'one-stop' integrated services in communities where young people would make use of them.
- Facilitate early help seeking and collaborative intervention strategies that consider professional, self-help, peer support and community interventions.

Children, young people and families are involved in shared decision making around their own mental health and wellbeing.

- Emphasise the range of self and community approaches that do not involve the input of mental health professionals.
- Prioritise shared decision making which actively engages children and parents/care givers.
- Build interventions around collaboratively agreed plans.
- Discuss and monitor the outcomes that are being sought from the outset.
- Develop agreed approaches to reduce the level of support and intervention.

The Foundations for improving Children and Young People's Mental Health

The whole system model described emphasises early intervention and prevention. There is incontrovertible evidence that strong relational health is a key factor in reducing negative outcomes in relation to emotional and mental health and wellbeing. It is also clear that effective early responses to need result in improved outcomes. It is therefore critical investment decisions are informed by an early intervention and prevention approach that will support the team around the child to provide universal, early and additional support. Resourcing must support the whole system model by investing fairly in early intervention as well as specialist and crisis support. To achieve this ambition some work may be required to ascertain the totality of current spend on children and young people's mental health, investigating budgets at both a national and local level.

Recommendation 5 - Scottish Government and COSLA should support future investments in children and young people's mental health that prioritise early intervention and prevention approaches.

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A long-term, preventative approach is required and the advice of workstreams intends to complement the whole systems approach.

The ambition is summarised well by the Mental Health Policy Commission’s recent report:

By systematically deploying evidence-informed practices and programmes that maximise resilience and minimise risk factors, it is within our grasp to halve the number of people living with life-long mental health problems in a generation. What is required is transformational change that embeds prevention in all policies and practices that affect young people.
(Mental Health Commission)¹

Further supporting information can be accessed at the following link:

<https://www.birmingham.ac.uk/Documents/research/policycommission/Investing-in-a-Resilient-Generation-Executive-Summary-and-Call-to-Action.pdf>

A preventative approach, with a resilient generation of children, and resilient families and communities, can form the foundational building blocks in the Taskforce’s model for improving the mental health of Scotland’s children and families. The Taskforce is investigating what these building blocks need to be to create a whole system approach to children and young people’s mental health that ensures the right help at the right time.



Recommendation 6 - The Taskforce has begun to identify a set of building blocks integrating the recommendations of all its workstreams. These will embed prevention and best practice in all our work with children, young people and their families. Scottish Government and COSLA should ensure future approaches to children and young people’s mental health are based on these building blocks.

These building blocks would help local CSPs to frame and reinforce both their local approach and contribution to the national performance framework. They would supplement not replace GIRFEC and children’s services planning arrangements. This framing would be designed to help; partnerships, families and communities plan

¹ Burstow, P., Newbigging, K., Tew, J., and Costello, B., 2018. Investing in a Resilient Generation: Keys to a Mentally Prosperous Nation. Birmingham: University of Birmingham.

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and organise their role and contribution in ways that are well informed by evidence, to embed preventative approaches and support transformation change

The Taskforce endorses straightforward principles and approaches that are built on the key recommendations of all the workstreams. This approach has been informed by; Birmingham University’s Mental Health Policy’s Commission’s ‘Four Building Blocks for Building a Resilient Generation’ (Appendix 1), Glasgow’s ‘Healthy Minds Framework’ and Fife’s ‘Our Minds Matter’ strategy (Appendix 2).

To illustrate this principle, foundation building blocks supported by the work of the Generic and At Risk Workstreams for example, might look like:

BUILDING BLOCK	LOCAL FOCUS
Resilient generation of children and young people	Build emotional health from early childhood
	Focus on health and wellbeing in schools through Curriculum for Excellence
	Peer support
	Effective use of digital platforms
Resilient families and communities	Enhanced perinatal support
	Support good parenting practice in the early years
	Parenting programmes
	Family support for those facing difficulties
	Network of youth and community supports
Right help, right time, right support	Responding early to the first signs of distress
	Full implementation of GIRFEC Practice Model
	A network of support around the child, as part of GIRFEC
	Support for effective transitions between life stages, for example into nursery and school

The Taskforce and its workstreams will develop the building blocks model, adding detail to the key building blocks that will support all families, communities and partnerships to develop their local approaches and contributions to achieving good mental health for every child and young person.

These building blocks will achieve:

- Improved health and wellbeing and life chances of all children, young people and their families in the area.

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- Children, young people and families being more empowered to manage their own mental health and make the best use of the support available to them.
- Children and young people's mental health needs being identified and appropriately responded to earlier.
- Improvement in access to appropriate mental health assessment and treatment, with reductions in waiting times for specialist mental health services.
- Reduction in children and young people being passed from one place to the other via inter-agency referrals.
- Greater continuity in the adults that are providing support to children, young people and families.

The Centre of the Developing Child at Harvard University, have published a set of design principles based on child development and the capabilities of adults². These principles are designed to guide policymakers and practitioners across sectors to redesign policy and practice in improving outcomes for children and families and would support the aims of the workstreams. These are:

- Support responsive relationships for children and adults;
- Strengthen core life skills;
- Reduce sources of stress in the lives of children and families.

The Taskforce strongly supports tackling the provision of support by taking a whole system approach, which progresses the Delivery Plan's concept of a hub-based approach. While the GIRFEC framework and national practice model are in place, much more needs to be done to ensure it is being implemented consistently across Scotland and for all children and young people.

Support for Innovation and Change

To develop and expand mental health support and services for children and young people it is vital that the Taskforce is informed by what works. The Taskforce should enter an innovation phase that will support a series of 'pathfinders' to establish and test new models of children and young people's mental health programmes. These pathfinders will help children and young people in the immediate term, while also helping to clarify what will work in the long term to enhance children and young people's mental health services.

The Taskforce has seen examples of current good practice across the country however innovation and creativity are needed to establish the whole system approach described above. This approach would begin to fill an already identified gap with the potential for scaling and replication. In the long term we would look to see partnerships drawing on this learning in response to demand.

² Centre on the Developing Child at Harvard University (2017). Three Principles to Improve Outcomes for Children and Families. <http://www.developingchild.harvard.edu>

Recommendation 7- In order to reinforce the requirement to take action and responsibility as part of a whole system, the Scottish Government and COSLA should jointly commission a small number of pathfinders in different parts of Scotland.

Pathfinders should involve collaboration with CSPs, the endorsement of the relevant NHS Board and Primary Care community and a strong role for the third sector.

Proposals should include:

- How the area's Children's Services Partnership will improve. This should include what is currently being delivered across its universal, additional and targeted services and should involve professionals from across a range of organisations and services, including CAMHS.
- Potential priority and high risk groups within the whole systems approach, such as; pre-birth to five year olds, children and young people of school age out of the school system, young adults 16-25 not in education, employment or training and children and young people who require support between what is available through universal services and specialist CAMHS services.
- How the GIRFEC framework will be used effectively across primary care, specialist services and community services
- How the active involvement of children, young people and their families can be developed and improved to achieve an effective local approach that is trusted and has their confidence.

Pathfinders should be provided with:

- Funding and support resources, such as data and information.
- Support to identify and focus on two or three key and distinct issues and to learn from other models, both within and out with the children's services sector.

This is a particular priority for ensuring children and young people who are currently at risk of not being able to access services to get the right help at the right time. Pathfinders will therefore have to actively engage with some of those communities of children. Early suggestions from the At Risk workstream include a need for pathfinders to focus on:

- A coherent response for those children at heightened risk of poor mental health outcomes as a result of experiences of poor relational health in early childhood. These tests will require to adopt an attachment focussed, relationship based approach and will best be delivered in family homes and community resources and should be led by organisations with experience of family support.

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- A coherent approach across the Pathfinders to ensure early and effective perinatal support is in place for those families at heightened risk of poor mental health in the perinatal stages.

It will be for Community Planning and Children's Service Planning Partnerships to design their responses, but these should be tailored in a manner which allows the test, learning and review process to be applied effectively.

The Neurodevelopmental and Specialist CAMHS Workstreams emphasise the need for professionals who are working in CAMHS and Neurodevelopmental services to provide support to the Pathfinders, within a 'whole system' model in support of children and young people's mental health. It is vital they are committed to developing and learning as part of these local Pathfinders and will be supported to do so.

Technology

The Taskforce recognise the continuing challenges regarding information sharing and the systems required to support this. However integrated electronic information management systems, accessible by key partners, would enhance integrated assessment and planning, speed up decision making, and safeguard the interests of children and families.

Recommendation 8 - Scottish Government and COSLA should provide support to local partnerships to develop fit for purpose systems for sharing information digitally to better support children, young people and families in line with GIRFEC.

As identified by the Chair of the Taskforce and the young people of the Youth Commission on Mental Health Services, digital platforms can also be better utilised to provide helpful advice and support to children, young people and families. This may include but is not restricted to: general health and wellbeing advice; self-help support; information about local services (including advice on where to get support in a crisis); clinical interventions; and the potential for real time interface with professionals who are providing support.

Recommendation 9 - Scottish Government and COSLA should endorse further exploration of the digital solutions children, young people and their families would find useful. This should include consideration of the needs of those accessing CAMHS and neurodevelopmental services, as well as those who are looking for tools to support their wellbeing.

Child and Adolescent Mental Health Services

If parents and/or professionals think a child has a problem that requires help, there probably is....we may not be sure what it is, but it's very likely that there will be more than one problem.... and these problems will overlap
(Professor Chris Gillberg)³

The Taskforce is clear on the message that there must be a 'single door' approach when children, young people, their families or those who support them seek help, and that professionals from across the multi-agency workforce will successfully work together to ensure this, as part of the whole system.

There is a recognised level of inconsistency in Specialist CAMHS and Neurodevelopmental service (including: community paediatricians, paediatric nurses in the community, speech and language therapists, occupational therapists, and physiotherapists) specifications across Scotland. This incorporates variance in: age range, criteria, capacity and professionals available within these services.

In the Taskforce delivery plan published in December 2018, both the Specialist CAMHS and Neurodevelopmental workstreams committed to developing a specification for Ministers and COSLA setting out the key service requirements within the model of GIRFEC.

Service Performance

The Taskforce have found that, the performance of CAMHS and Neurodevelopmental services across Scotland are inconsistent. There is a lack of direct proportionality with resource and demand (e.g. some areas are doing better with more referrals and less resource).

Recommendation 10 - Building on existing work, the Scottish Government should commission a quality/performance improvement plan to improve consistency, in the short term, of CAMHS performance and CAMHS acceptance criteria. This will be of particular importance given the £4m investment in CAMHS to ensure there is a measurable improvement, in line with Taskforce recommendations, as a result of this investment.

Recommended Performance Standards

There is unhelpful variation across Scotland regarding the composition and function of specialist CAMHS teams, and this impacts on the treatments and services they offer, resulting in inconsistency in referrals that they accept and do not accept. Though this reflects the different structures and services across the country, it could be improved to meet the needs of children, young people and their families.

³ The Mental Health and Neurodevelopmental Needs of Children and Young People – The ESSENCE Model - Professor Chris Gillberg, 29.03.19

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It is suggested that these standards should be discussed with the CAMHS workforce and other stakeholders, and should take account of capacity modelling data for Health Boards across the country, and learning from development work including the pathfinders described. They should seek consistency and best practice with regard to:

- The provision of support and treatment to young people as required, until their eighteenth birthday;
- Steps should be made to explore how support and treatment can be extended to their twenty sixth birthday for anyone with care experience;
- Inclusive referral criteria;
- The provision of crisis support;
- Pathways for whole system support for children who are best assisted by other services;
- Improved transition to adult services;
- Systems for collecting data for measurement and audit purposes.

Putting the experiences and voices of children and young people at the centre

Throughout its work the Taskforce has recognised that children and young people should be at the centre of creating solutions designed for them. The Youth Commissioners on Mental Health have emphasised the need for co-designed solutions. Children and Young People's Mental Health services will not be fit to serve children and young people unless they are actively engaged in their creation.

Recommendation 11- Scottish Government and COSLA should commission means to ensure recommendations and actions required for their implementation are co-designed and co-produced in partnership with children and young people going forward.

Supporting and Developing the Multi Sector Workforce

Working with children and young people with mental health support needs is rewarding but can be challenging and attention needs to be paid to ensuring staff feel valued and supported in their work. There are opportunities to improve recruitment and retention through measures such as protected learning time and prioritising staff well-being. Key to supporting the workforce is having the right training and development in place, and this has been a focus of the Workforce Workstream over the last six months.

Recommendation 12- Scottish Government and COSLA should support the implementation of a programme of education and training for the multi-sector workforce in support of the Taskforce's ambitions for a whole system approach model.

Principles

This multisector workforce training approach should be underpinned by a number of key principles:

- Workforce development should build upon GIRFEC and the National Practice Model principles.
- A workforce model should support collaborative working across early years, schools, primary care, further and higher education and community settings.
- Professionals who work across all the services children, young people and their families access, and work together to support children and young people's mental health and neurodevelopmental needs should, where practical, be trained together. This will allow greater understanding of the expertise of and challenges faced by those working together.
- The development of the workforce should include a knowledge and skills framework with 4 levels based on contact with, and competencies required, to work with children, young people and families rather than sector, discipline or employer.

Levels

- **Informed-** all staff in the Scottish workforce including those working in health, social care and third sector settings.
- **Skilled-** staff who have direct and/or substantial contact with children, young people and their families.
- **Enhanced-** staff who have more regular and intense contact with children, young people and their families who may be at risk of, or be affected by, mental health and wellbeing concerns.
- **Specialist-** staff who, by virtue of their role and practice setting, provide an expert specialist role in the assessment, care, treatment and support of children and young people and their families who have mental health and neurodevelopmental support needs that cannot be met at the earlier levels.

The following cross cutting themes should be covered at all levels:

- Child, adolescent and family development, including neurodiversity,
- Engaging with children, young people and families;
- Mental health and wellbeing across perinatal and infant periods, as well as across childhood, adolescence and young adulthood;

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- Assessment, formulation and diagnosis, where appropriate, of difficulties including neurodevelopmental diversity;
- Evidence based support and interventions aimed at strengthening attachment, parenting and family relationships.

Identified Education and Training needs

Public health approach - A public health approach to enhance knowledge and awareness about the spectrum of mental health and wellbeing, highlighting universal human emotional experience (across the whole range of developmental stages, including the perinatal period and infancy), as distinct from mental health problems. This work would include specific areas; such as neurodiversity, ACES/Adversity/Trauma, and Suicide prevention, as well as the importance of evidence-based promotion, prevention and early intervention work to support mental health and wellbeing.

Suicide Prevention - Training delivered to all sectors of the children and young people's workforce that links to the Mental Health Improvement and Suicide Prevention Framework, and the Strategic Workforce Development Plan, including a universal resource on mental health improvement and suicide prevention.

Undergraduate mental health training - Building on the work already underway, formulation of mental health training to be included in refreshed undergraduate curricula for relevant sections of the wider children and family's workforce, including teachers, social workers, health visitors and school nurses. Much of this would map onto the broader education and training needed for the skilled, enhanced and specialist workforce described below.

Adverse Childhood Experiences (ACES) /Adversity/Trauma/ Resilience- To apply the best evidence base in terms of the consolidation and development of staff skills and knowledge and maintain well-being in the face of demanding roles, particularly where a requirement for ongoing relational engagement is key;

- The NES (2017) *Transforming Psychological Trauma: Knowledge and Skills Framework for the Scottish Workforce* is a robust, evidence-based framework and should be used to support workforce planning and subsequent training development and implementation.
- Reflective practice or clinical supervision structures to be planned to focus on support for staff to deliver safe, high quality, evidence-based, relational approaches while maintaining their own resilience and wellbeing.

Delivery of a one-year development plan for staff who are new to work in Children and Young People's Mental Health (CYPMH) services - To include the above topics delivered at a skilled and enhanced level, as well as additional training on physical health monitoring. This is likely to be particularly relevant for nurses and Allied Health Professionals (AHPs) joining CYPMH services.

Education, training and practice support in evidence-based psychological interventions- To cover the range of promotion, early intervention and intervention for the spectrum of mental health and wellbeing across the perinatal, infant, child, adolescent and young adult periods. Also to continue to develop supervisors in specific evidence based psychological therapies who can maintain and develop the quality of the interventions.

Implementation of Workforce education and training

Effective delivery of education and training that leads to changes and improvements in practice will require significant consideration of implementation factors. These will include:

- a) The availability of resources and tools to guide selection of usable evidence-based approaches and interventions.
- b) Leadership, organisational and competency factors
- c) Supervision/Coaching
- d) Protected and resourced learning time

Recommendation 13- Scottish Government and COSLA should work with partners to ensure that the supply of well-trained staff is maintained and expanded. This should include working alongside the Third Sector on a recruitment drive for children and young people's mental health services to attract bright, compassionate people of all ages and backgrounds to this work.

Once recruited, the workforce should be encouraged and supported within their organisations through ongoing training, career advancement opportunities and wellbeing initiatives.

Scotland is changing in terms of breaking down the stigma surrounding mental health and neurodevelopmental profiles of need and the GIRFEC framework provides a holistic approach to children's health and wellbeing. Young people in particular now speak more openly about their mental health and neurodevelopmental needs and have lobbied, along with their families, for mental health to be regarded as important as physical health. The Taskforce is committed to improving mental health and neurodevelopmental services and responses for children and young people across Scotland, which promote good mental health, intervene early when problems develop and provide high quality specialist input when needed. This requires a motivated, skilled and supported workforce to deliver these aims and to meet increasing requests for help from services.

Recent media attention and political and public scrutiny have often been negative and critical of services and those who work within them. There is a need to create a positive narrative around working in this area and lessons can be learned from other

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parts of the UK where high-profile media campaigns and recruitment drives have proven successful.

Working with children and young people with mental health and neurodevelopmental support needs can be challenging because of the nature of their difficulties which are often in the context of physical health, family and social adversity. However, the right input can transform their lives for the better, allowing them to flourish and meet their potential.

At the enhanced and specialist levels of practice there are also opportunities to increase the supply of allied health professionals and psychologists and to increase the number of nurses and doctors working in children and young people's mental health. This can be done by expanding training numbers as well as by promoting in-service development opportunities.

There are opportunities to improve recruitment and retention through measures such as protected learning time and prioritising staff well-being.

Across universal and third sector organisations there are also opportunities to increase the availability of skilled staff in counselling, psychotherapy and other therapeutic interventions.

APPENDIX 1:

Mental Health Policy Commission – Investing in a Resilient Generation: four building blocks (2018)

Building block	Local focus to build the resilience of young people
Positive family, peer, and community relationships	Enhanced perinatal support with a specific focus on the mental health of mothers and infants
	Parenting programmes , which include fathers, where possible, and have a whole-family focus
	Intensive support for families facing difficulties, building on the Family Recovery Project model with embedded mental health expertise
	Investing in the social infrastructure of communities with a stronger focus on the needs of young people
Minimise adverse experiences and exclusions	Ensure vulnerable families and young people have a secure base within the community in terms of income, housing, and access to health, education, and employment – using a combination of universal provision and targeted approaches such as Housing First
	Community and family-based approaches to reduce harm caused by identifiable Adverse Childhood Experiences , such as abuse, domestic violence, bullying, or victimisation
Mentally friendly education and employment	Whole-school Social and Emotional Learning programmes that are universal but can offer additional support for more vulnerable children
	Whole-school approaches for addressing harmful behaviour , particularly bullying, substance abuse, and reducing exclusions
	Supporting successful transitions in education (eg, primary/secondary school transition) and into employment
	Encouraging employers to support the mental well-being of their workforce and make public reporting on employee engagement and well-being a requirement
Responding early and responding well to first signs of distress	Accessible and friendly ‘one-stop-shop’ services for young people – eg, the Australian Headspace model or the Tavistock-AFC Thrive model here in the UK. The best services are those that are co-designed with young people and their families
	An inclusive approach that involves family and friends in developing understanding and support, and that addresses social, relationship, or identity issues that may underlie young people’s mental distress – eg, Open Dialogue

Table 1: Local action to build a resilient generation

APPENDIX 2:

NHS Glasgow City and Greater Clyde – Healthy Minds Framework

Glasgow City HSOP
Health and Social Care Partnership

Mental Health Improvement & Early Intervention for school age children and young people

- One Good Adult** Importance of dependable adult to supporting and protecting mental health of children and young people – e.g. strengthen parenting, mentoring, guidance, befriending initiatives
- Resilience Development in Schools** Whole school approach to mental health and wellbeing – ethos, curriculum, positive behaviour, anti-bullying, pastoral care...
- Resilience Development in Communities** Strong network of youth services, voluntary and community organisations, confident and skilled to support and intervene
- Guiding Thru the Service Maze** Children, families & young people have range of support options for early intervention and can be helped to find their way to appropriate help quickly
- Responding to Distress** Frontline staff in many agencies are confident and supported to intervene and help children and young people in situations of distress, including self harm and risk of suicide
- Peer Help & Social Media** Those who share their problems enjoy better mental health - build opportunities for young people to provide peer support, and to use social media for wellbeing

This strategy is underpinned by tackling poverty, disadvantage & inequalities as well as having GIRFEC core values and principles at the heart of it.



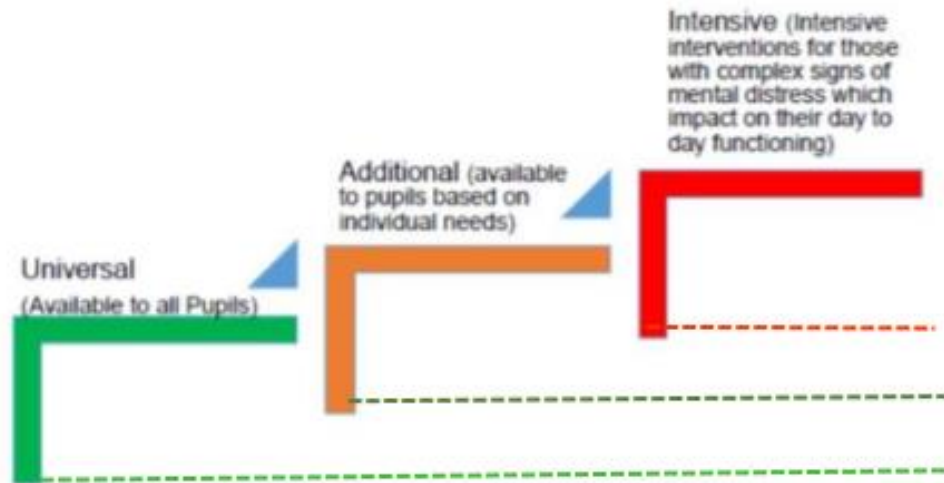
Fife Health and Social Care Partnership – Our Minds Matter

Fife’s Health and Social Care Partnership and its Children’s Services Partnership have introduced, **Our Minds Matter**, a strategy to support young people’s emotional wellbeing. Their 3 tiered approach is based on working with children, young people, their families and every member of the workforce, including volunteers who are involved in their support. It focusses on how best to provide additional support alongside universal and preventative services (using the building block language of “responding well and responding early to first signs of distress”, “Investing in a Resilient Generation” and “Guiding thru the service maze”). The strategy provides additional support that is:

- ✓ **available to Fife young people based on their needs.**
- ✓ uses the **Child Wellbeing Pathway** along with the **Contextual Assessment of Anxiety Framework**
- ✓ applies **Core Fife Resources** e.g. Seasons for Growth and 7 Habits for Teens
- ✓ **involves partners** (e.g. parents and/or other professionals) in assessing and responding to individual children’s needs
- ✓ gives **access to appropriate information** to partners and young people at a suitable level
- ✓ **listens to** and **coaches** young people to support them to be **resilient** and explore **solutions**.
- ✓ **refers to locally available support** services.

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- ✓ **built into the Children's Services Plan and Fife's Health and Social Care partnership's plan.** While based in secondary schools, the "team around the child" includes primary mental health care workers, CAMHS team members including psychiatrists and school nurses.



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