

Agenda Item	12
Report No	HCW/14/21

## THE HIGHLAND COUNCIL

**Committee:** Health, Social Care and Wellbeing

**Date:** 19 May 2021

**Report Title:** Mental Health Strategy

**Report By:** Executive Chief Officer – Health and Social Care

### 1. Purpose/Executive Summary

- 1.1 This report provides an update to Members on the emerging strategy for mental health services for children and young people in the Highlands.

### 2. Recommendations

2.1 Members are asked to:

- i. Note the work being undertaken in this area and the proposals for building on this to create a mental health strategy that addresses the wide-ranging needs of those in the community.
- ii. Note the development of a practice model that embraces universal services through to more complex and serious mental health conditions that require inpatient treatment.

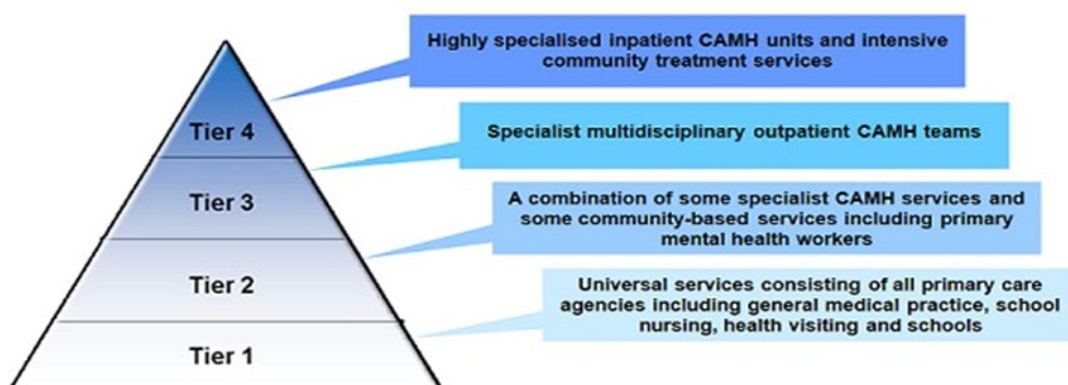
### 3. Implications

- 3.1 Resource – significant Scottish Government funding has been allocated to the Highland Council to improve the range of services available to those with mental health needs. Different funding streams have been identified for specific purposes. As such, we must report back to Scottish Government on where funding is being spent and what impact this is having on improving health and wellbeing outcomes.
- 3.2 Legal – Children and Young People (Scotland) Act 2014 states that all those working with child(ren) need to take responsibility for their wellbeing. The United Nations Convention on the Rights of the Child (UNCRC) – which comes into force later in the year – protects and promotes children’s rights.

- 3.3 Community (Equality, Poverty, Rural and Island) – resources and services must be delivered through a variety of networks. The Community Planning Partnership infrastructure will play a key role in building and developing community resilience and participation.
- 3.4 Climate Change / Carbon Clever – none
- 3.5 Risk – the Covid pandemic has emphasised the need for diverse service availability. Isolation and lockdown have resulted in an increased number of referrals for help and support. Services need to adapt and expand services so that differing needs can be addressed thus reducing personal distress and suffering.
- 3.6 Gaelic – none

#### 4. Background and Context

- 4.1 Scotland Child and Adolescent Mental Health Services (CAMHS) are multi-disciplinary teams that provide (i) assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, and (ii) training, consultation, advice and support to professionals working with children, young people and their families.
- 4.2 All children and families should receive support and services that are appropriate to their needs. For many children and young people, such support is likely to be community based, and should be easily and quickly accessible.
- 4.3 In Scotland, CAMH services are generally delivered through a tiered model of service organisation, as shown in the diagram below:



- 4.4 Children and young people who are experiencing difficulties that could be related to their mental health are usually first identified within Tier 1 services (eg. by a teacher, GP or health visitor). Children and young people with an identified need may be subsequently

referred into specialist CAMH services (falling within Tiers 2–4) for assessment and intervention if necessary.

4.5 CAMHS within the agreed Children and Young People’s Mental Health and Wellbeing model:



## 5. Developing Mental Health Strategy and Services

- 5.1 Child and adolescent mental health services at Tier 1 are provided by practitioners working in universal services who are not mental health specialists. Being able to offer general advice and treatment for less severe problems, helps with early intervention and prevention.
- 5.2 Tier 2 practitioners offer consultation to families and other practitioners. They identify severe or complex needs requiring more specialist intervention, assessment (which may lead to treatment at a different tier), and training to practitioners at Tier 1 level.
- 5.3 Tier 3 services are usually multidisciplinary teams or services working in a community mental health setting or a child and adolescent psychiatry outpatient service, providing a service for children and young people with more severe, complex and persistent disorders.
- 5.4 Tier 4 encompasses essential tertiary level services such as intensive community treatment services, day units and inpatient units. These are generally services for the small number of children and young people who are deemed to be at greatest risk (of rapidly declining mental health or serious self harm) and/or who require a period of intensive input for the purposes of assessment and/or treatment.
- 5.5 Education Services have taken the lead for driving forward the preventative approach within schools and communities. This has included the introduction of counselling. Running alongside this, we have health visitors, school nurses and looked after child nurses completing questionnaires and carrying out mental health screening with the focus being on early intervention/prevention.
- 5.6 A multi-disciplinary team of psychiatrists, psychologists and therapists provide Tier 3 CAMHS services for children in Highland. This includes the Phoenix Centre on the

Raigmore Estate. A duty rota is in place at the Children's Unit/Raigmore Hospital for children in distress/those who have attempted suicide.

5.7 Highland does not have any Tier 4 (inpatient) child psychiatric beds. This facility, if required, is outwith the council area in Dundee.

## **6. Priorities**

6.1 There is some excellent work currently going on with The Highlands. For example, the CAMHS LAC team and Lead Nurse for LAC provide consultation and support to our Residential Child Care Units as well as our foster carers.

6.2 Unfortunately, there are also gaps within our provision particularly our care experienced young people who, if they leave school early, cannot access adult mental health services until 18 years of age.

6.3 We have to ensure that we are designing and developing services that are alert and responsive to the tiered model of service delivery for mental health. We want to expand universal services as this enables early intervention/prevention support to be given as and when appropriate. However, we also have to be confident that young people, if their mental health deteriorates or improves, can move within this tier system and access appropriate help and support, quickly and effectively.

6.4 To ensure we develop our mental health strategy so that it addresses all required needs in our community, we have to ensure that services and partners are working collaboratively. In order to do this, a lead mental health officer has to be identified to ensure a co-ordinated approach is taken across the Highlands, thus removing duplication. The additional funding has given us the opportunity to do this and help create a long-term sustainable strategy and practice delivery model that will ensure that those requiring help and support – regardless of intensity levels – can do so.

Designation: Executive Chief Officer – Health and Social Care

Date: 4 May 2021

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Background Papers: N/A