**COMMUNITY MENTAL HEALTH AND WELLBEING SUPPORTS AND SERVICES**

**DRAFT FRAMEWORK**

**Objective**

**Every child and young person in Scotland will be able to access services which support and improve their mental health and emotional wellbeing within their community.**

**Every child and young person and their families or carers will get the help they need, when they need it, from people with the right knowledge, skills and experience to support them. For most children and young people and families, most of the time, this will be in the form of easily accessible support within their communities.**

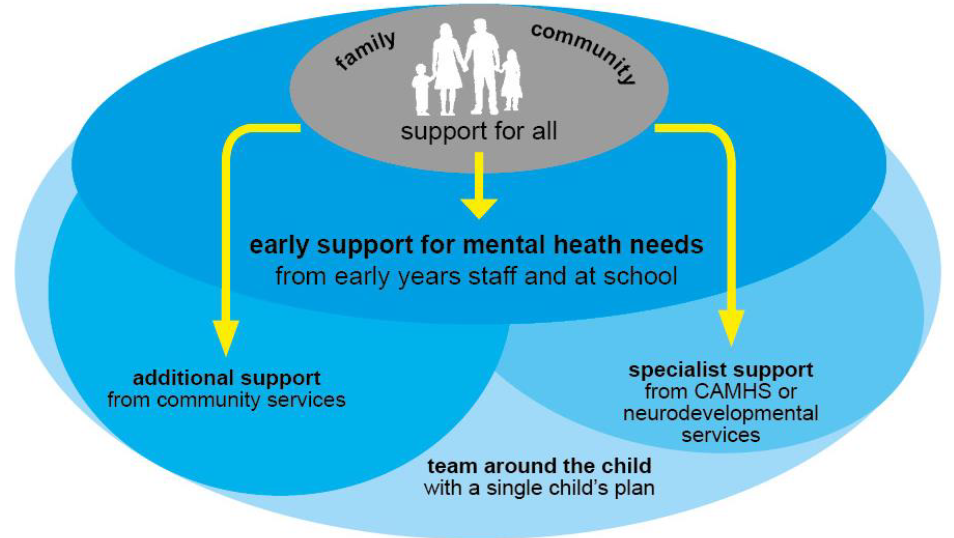
**This framework aims to:**

* Set out a clear broad national approach for the support that children and young people should be able to access for their mental health and emotional wellbeing within their community.
* Assist local partnerships with the commissioning and establishment of new local community mental health and wellbeing supports or services or the development of existing supports or services, in line with this framework.

How community mental health and wellbeing services are constructed will vary according to local needs but the kind of support described and addressed in this framework is additional to what can be provided through universal services, including by educational establishments, and to the highly specialised clinical services provided through CAMHS.

**Context**

1. This framework specifically addresses the issue of establishing or developing community supports and services that target issues of mental and emotional distress and wellbeing rather than mental illness and other needs that should be met through CAMHS.
2. The whole system model recommended by the Taskforce, involves both ‘early support for mental health needs’ and ‘additional support from community services’. It also recognises that there should be continuity in support. This framework is designed to support the ‘additional support’ aspect of the Taskforce’s vision.



1. The framework recognises that this range of provision is currently unlikely to be in place in any local partnership, and it focuses on the additionality that is required to ensure that a continuum of support and services is in place**. It sits alongside Scottish Government funding intended to resource that additionality, in order to deliver more sustainable, effective and easily accessible community supports and services to address mental and emotional wellbeing.**
2. The framework sets out a national steer on the kind of support that should be in place in every area to ensure that no child or young person is left with nowhere to turn. It recognises the rights that children, young people and their families have to easily access consistent, sustained local support across Scotland, as part of our commitment to embedding UNCRC in practice.
3. Locally, you may choose to develop new community supports or you may choose to build on supports that are already established, where there is something to build upon. This framework is intended to be used to help you to design and build services and supports that are in line with national priorities and principles, relevant to your local developments and are based on local needs assessment, responsive to the needs of local communities. Some broad national outcomes measures will be set out in due course.
4. **The age group for these supports and services is age 5 to 24 with further consideration being given nationally to ensuring that the correct support is in place for infant mental health and children up to the age of 5.**
5. All community mental health and wellbeing services are intended to be integrated into the whole system of mental health support for children and young people, including CAMHS, which recognises a continuum of support wherever and whenever it is needed.
6. We would anticipate that support to the families and carers of children and young people who are receiving additional support from any part of the system will be an integral part of the delivery of this support and this is explained further below.
7. Local partnerships are also asked to clearly identify how they will involve the voice of children, young people and families in developing or further developing community support and services.

**The Taskforce and the Programme for Government**

1. This framework has been developed in response to the recommendations of the Children and Young People’s Mental Health Taskforce and is also responsive to the recommendations made by the Youth Commission on Mental Health.
2. The framework will help to deliver on the Scottish Government’s 2019 Programme for Government (PfG) commitment that:

**‘*We are establishing community wellbeing services across Scotland, focusing initially on children and young people from ages 5-24. This will be an open-access model and referrals can be made by those who work with and support children and young people. Crucially, children and young people will also be able to self-refer to the service. We will also scope out how this service can be made available in the future to people of all ages across Scotland.’***

1. Other relevant PfG commitments include:

*‘Support the development of a community perinatal mental health service across Scotland. Backed by £5 million of investment, this will focus on women with mild to moderate symptoms, allowing them to quickly access support from, for example, cognitive behavioural therapists and psychological therapists.’*

*‘Make £3 million available to support the establishment of integrated infant mental health hubs across Scotland. These will create a multi-agency model of infant mental health provision to meet the needs of families experiencing significant adversity, including infant developmental difficulties, parental substance misuse, domestic abuse and trauma.’*

**A Whole System Approach**

1. In line with the Getting it Right for Every Child (**GIRFEC**) approach it is vital that community mental health and wellbeing supports and services are integrated with and contribute to a whole-system approach. This should include use of the wellbeing indicators **(SHANARRI**) and the practice model to identify and describe needs, and a co-ordinated approach to children’s planning that brings professionals across different disciplines together to deliver the right support at the right time.
2. The development and delivery of these services should align with the whole-system approach to improving the mental and emotional health of children and young people set out in the 2020-23 children's services plans.
3. Enhanced or new community mental health and wellbeing support and services should sit alongside and complement the other local support and services provided by education, universal children’s services, social work and health and care services including primary care. Community support should work closely with specialist CAMHS services. Close relationships may also be required at times with community police and with developing new perinatal services. There should be appropriate links to out of hours and crisis services.
4. There should be no wrong way to access support. There should be clear accessible points of initial contact and access through any appropriate source to ensure that a child or young person is provided with the right help. Community support and services should support the whole-system by also providing specific access for families, carers and siblings, to help build resilience.
5. Everyone involved in supporting mental health and wellbeing should be clear about the role of community support and services.

**Design and Delivery with children, young people and families**

1. This framework draws on existing national work that has included or focussed on the views of children and young people and their families. This includes – Feels FM, the Youth Commission and the Taskforce.
2. In discussing and designing your local supports and services, and submitting plans to the Scottish Government, you should clarify how children, young people and families may already have been involved in providing views or designing support and should clearly set out how this will be done in developing support and services for the local area. This should reflect the aim to support families and carers as well as children and young people and should reflect the age range from 5 to 24.

**Core Principles**

1. Every child and young person has a right to expect certain core principles applicable to their support:

* **Easily Accessible.** Support should be easily and quickly accessible to anyone requesting assistance. This may include online support and a support or assessment phone service as well as face to face support. It must include self-referral options. Community mental health and wellbeing services should be highly visible within the whole system so that children, young people, families/carers and professionals are aware of the support pathways available.
* **Accessible to all.** In line with GIRFEC, community services should be equitably accessible to those with additional and complex needs, there should be targeted provision for those considered “at risk” taking account of local need and there should be conscious efforts made to reduce health inequalities. This should systematically focus across all young people with protected characteristics as well as other groups of young people where there is evidence of poor mental health outcomes. Community services should be free of stigma, judgement and discrimination.
* **Strengths based.** There should be a focus on building resilience, not over medicalising the child or young person.
* **Relationship based**. Community support should be relationship based and, where possible, should be delivered or supported by people already in a child or young person’s life. Those with a trusted relationship with the child or young person should be supported to support them. Services and supports should be sustainably resourced to allow for the development of relationships.
* **Prevention focused.** Early intervention and prevention approaches should be prioritised. Community support should provide an early response to the first concerns or signs of distress, with prompt, proportionate and informed assessment that determines the response and assesses risk.
* **Empowered.** Children, young people and their families should be at the centre, empowered to express their views regarding their needs and services, and to have these views acknowledged and recorded. Where appropriate, children, young people and families should take part in shared decision making. All decisions made about a child and family should consider the mental health impact.
* **Get the right help.** Community services should work closely with specialist CAMHS, any other relevant health and social care partners, children’s services and educational establishments to ensure that there are clear and streamlined pathways to support where that is more appropriately delivered by these services. Local partners should be clear and explicit about how these different services should work together.
* **Tell your story only once.** There should be no “handoffs” and “no wrong door”. Children and young people should be able to tell their story once and should be supported through seamless transitions.

**Family and Carer Support**

1. **I**t is a clear intentionof community support that help should also be available for families and carers, particularly for those in a parental role and siblings. This should apply wherever the child or young person is receiving additional support. If the child or young person is receiving support at CAMHS or in school for example, rather than through these community services, the parents or carers (and siblings if relevant) should still be able to access some community support for themselves when it is needed.
2. We recognise that some in a parental role may have their own mental health issues which are being addressed through adult services. However, there is also a need to provide preventative support to family members supporting their child or young person or to help them where there is already significant stress. Resilient families will be better able to provide support at home.
3. The support given to families and carers could be standalone support or support whilst the young person is attending their own appointments. This may be as simple as someone to listen and talk to in a less formal setting. This support should be flexible and recognise that some people may only need such help occasionally and others may need it consistently for a period of time.

**Community Mental Health and Wellbeing Support – what is it?**

1. Support and services should be provided to children and young people who will benefit from additional help to promote, manage and improve their mental health and wellbeing and to help them develop coping strategies and resilience. This support may be required for a variety of reasons and circumstances and should be holistic, recognising that children and young people may have a number of issues and need “whole-person” flexible support.
2. With appropriate professional oversight, community mental health and wellbeing support and services can safely deliver help which targets a variety of issues. The following list is not exclusive but gives an indication of the kind of issues of distress that should be addressed:

* Anxiety
* Attachment
* Bereavement support
* Body image and self esteem
* Building resilience and coping strategies (emotional regulation)
* Depression (mild to moderate)
* Emotional and behavioural difficulties associated with neurodevelopmental disorders
* Gender identity
* Healthy and positive relationships
* Healthy digital interaction
* Parenting support for children and young people of all ages
* Positive mental health and wellbeing
* Self-harm
* Substance misuse

Local partners should identify and demonstrate clearly any particular groups and needs that should be addressed by their community support.

The support available should be highly flexible and adaptive to need and the changing circumstances of the child, young person or family/carer. Support should be compassionate, empathetic and kind, and take account of the evidence from stakeholders of what works, which includes:

Continuity in provision – wherever appropriate, getting support from people that young people know and trust, who should be enabled to be confident in addressing mental wellbeing. This may include continued contact with practitioners from CAMHS within community based services.

Confidential services for those who choose them, for example outwith their school or immediate community

Relation-based practice, which enables support to be provided and change achieved through one-to-one professional relationships

* Self-referral services

Peer support networks, including support groups and peer led programmes.

1. The range of support that might be delivered through community mental health and wellbeing services is reflected below, and this list can inform local decisions about the additionality that is required from this framework:

* Additional community based support from trained staff in appropriate settings.
* Additional early support in school for children and young people with identified needs.
* Targeted interventions for specific groups - e.g. LGBT Youth, Deaf communities, young parents and carers, children and young people with learning disabilities, or complex needs.
* Parenting support groups, which include information on child brain development, and help parents to understand and manage difficult behaviour and empower them to strengthen their relationships with their children.
* Supportive work with family members.
* Support for children and young people which helps them to contextualise their emotions by age and stage and understand brain development; emotional regulation skills based on DBT, CBT or other relevant models and, support to develop self-care.

**Access**

1. Community mental health and wellbeing support and services should be easily accessible and available to children, young people and their families/carers.
2. Effective assessment and planning should ensure that the needs of children and families are understood, and appropriate supports and services are identified and put in place to address those needs. Local partnerships should ensure that all young people are able to access support based on need.
3. Easily accessing support and services will mean having this in place wherever children, young people and families are going to access it or ask for it – for example within school, within general practice, in youth work or through other community settings. A single approach may not be appropriate, particularly to cover the full age range of 5-24. For many children in particular, support should be integrated into aspects of their daily lives. For others, it will need to be outwith these settings.
4. In due course there should be appropriate linkages with the establishment of integrated infant mental health hubs across Scotland, as outlined in the 2019 Programme for Government. These will create a multi-agency model of infant mental health provision to meet the needs of families experiencing significant adversity, including infant developmental difficulties, parental substance misuse, domestic abuse and trauma.
5. In order for community mental health and wellbeing services to be as accessible as possible they should consider the following:

* Hours of operation – support and services should be available at times that children, young people and families/carers can access them, not solely 9-5 or weekdays. The Scottish Government is also considering how to further develop access to support for people in a crisis where they or their families/carers consider that urgent support is required. We would expect community services to link with crisis support when that is more readily available.
* Support should be available as close to 365 days a year as possible.
* There should be clear pathways linking community services with all other parts of the whole-system.
* Self-referral is an essential element. A well-known source of support locally that is accepted and trusted and easy to access by self-referral. There should also be other non-referral entry points e.g. open access, drop in and digital.

1. To ensure fully accessible and integrated support and services, there should be specific consideration of “at risk” groups. This means children and young people who are at greater risk of not being able to access support for any reason e.g. those who are living in a care situation, have experience of the criminal justice system or whose distress prevents them actively seeking support.
2. Additional measures to ensure that services are accessible may include:

* All aspects of the service are trauma-informed;
* Facilitated transport is available;
* Location of the support is flexible – this may include providing support alongside other more general supports available to that age group that may be frequently or easily accessed e.g. youth or sport clubs,
* Support is available to those who have existing relationships with the child or young person, including multi-disciplinary consultation on how best to support the child.

1. In providing support and considering where such support should take place, we know that young people consistently ask for somewhere comfortable and pleasant where they can feel relaxed talking about their mental health and wellbeing.

**Workforce**

1. Ensuring safe and effective person centred care aligned to GIRFEC, will require several elements to be in place in terms of workforce capacity and capability.
2. The most central of these will be a well-co-ordinated system to provide quick assessment of need and access to staff with the relevant skills and dedicated time available through their job plan. Workforce means both the public and third sector workforce as a considerable amount of community support is provided through third sector organisations.
3. Specific knowledge and skills targeted at mental health and wellbeing needs and outcomes is required across sectors and disciplines at the 4 levels of practice below:

* 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.

1. It is expected that most workers in community support and services would be practicing at the skilled and enhanced levels with support from specialist CAMHS staff for supervision, coaching and training. The workforce which will continue to support perinatal mental health, such as, health visitors, midwifes and nurses should also be well integrated into the whole-system of community wellbeing services.
2. Schools offer a wide range of supports within whole-school approaches including nurture, targeted approaches including the use of mental health first-aid training, and support from school counsellors and school nurses. The provision of counselling through schools is delivered in line with a range of aims and principles, which include:

* Delivered in partnership between national and local government, and relevant partners, and should build upon the services already in place wherever possible.
* Should be part of a holistic, child centred, approach to improving the mental health and wellbeing of children and young people.
* In recognition of the need to ensure young people are safe, services should ensure a robust assessment is carried out and that young people are supported to access alternative services appropriate.
* Should align to, and/or enhance the local services to support the mental health and wellbeing of children and young people.

1. These principles should broadly refer to the whole workforce involved in the delivery of community mental health and wellbeing supports.
2. All staff working across the four levels should themselves be supported as well as able to work safely. Services should prioritise staff wellbeing and ensure that there is appropriate reflective practice or clinical supervision structures to support staff to deliver safe, high quality, evidence-based, relational approaches while maintaining their own resilience and wellbeing. Key to supporting the workforce is having the right training and development in place.

**Risk**

1. The development of enhanced services within the community is likely to change the overall balance of provision, critically involving more children and families being supported in the community, and fewer needing to be referred to CAMHS.
2. As with all change, there is a level of risk involved with this process, and Partnerships will require to manage that change and that risk as build confidence in new services and processes, across the system. This process will require professional oversight, and necessary safeguards. This includes all staff being aware of the need to assess risk and of their own capacity to assess risk at a local level.
3. Each local partnership should collaborate on how risk will be managed and monitored across the range of local support and services.
4. Important risk management aspects will include embedding community supports and services within the whole system locally, with excellent connections between community based and CAMHS services, and an explicit approach to staff training and support. staff training and support in place.
5. There should be clear escalation pathways both in hours and out of hours agreed with CAMHS. Usually this will be how to seek advice from a CAMHS clinician where a child or young person is not getting better or is raising increasing concern. It will also include how to support a child or young person to access urgent assessment from other professionals both in and out of hours including - a GP, mental health specialist, nurse or social work if required. This information needs to be easily accessible from anywhere.

**October 2019**