

Notes of the 2nd meeting for the Children and Young Persons Advisory Group

28th July 2020

Via Zoom

Attendance: Colin McKay, Karen Martin, May Dunsmuir, Kathleen Taylor, Jackie McRae, and Eilidh-Jane Carroll. Aileen Blower (partially)

Secretariat: Sophie Ryder and Nicola Paterson

2. The note of the previous meeting was agreed

3. The revised Terms of Reference were agreed. It was decided that an easy read version would also be produced and made available on the website.

4. The mapping out of current initiatives to improve the mental health of children and young people

Identified professional Scottish Government advisors for policy and service development side of CAMHS. A meeting is to be arranged with the advisors.

Information had been obtained from the criminal justice sector and is a work in progress at present. There is currently with a lot of activity around care and justice to implement the Independent Care Review ('The Promise'). A meeting is to be arranged with the lead of the review and a decision about who will be involved in that meeting from advisory group will be agreed when meeting is set.

5. Proposals for evidence taking

It was proposed that evidence taking be divided into a formal type of setting for evidence taking for professional interest groups and a more informal way of evidence taking for consulting with young persons, parents and carers.

The 'Evidence Sessions' paper was discussed, and members provided feedback on whether this focused on the appropriate subjects, witnesses and format. The following points were made.

- On the matter of themes identified there was agreement with main subjects, i.e. CAMHS, mental health in wider context, parental and carer rights and human rights approach.
- In Theme 4, a human rights approach, we should be tying in with the Independent Review on Learning Disability and Autism in the Mental Health Act (IRMHA) approach.
- A suggestion to assist with gathering views around tribunal experience was the use of independent advocacy and asking what their views were, as well as possibly assisting service users to give their views.

- There was also a concern around access to Mental Health Officers (MHOs) and social work support and this might be something we need to look at.
- Also need to make sure we include the voices of minority groups.
- A point was made that Themes 1 and 2 were quite service and systems specific rather than a person focussed approach – look at how to address this during the meetings.
- There was a discussion around National Carer Organisations and who they are and whether they might be approached to provide evidence.
- Another potential witness source could be nursing staff and there is a newly formed CAMHS nursing group which we will find out more about and engage with.
- GPs were also noted as potential witnesses, especially around access to CAMHS and it was agreed to approach some GPs and the RCGP to explore the possibility of them being witnesses.
- Eating Disorder Carers Service would be a useful contact as well as D&G CAMHS .
- Contact lead for GP's in Scottish Government as a route in to consult with them.

6. Format of Evidence Gathering.

- It was agreed that the group would be flexible around timing for evidence sessions to accommodate for the working hours of professionals and availability of support groups.
- Guidance from Additional Support for Learning Tribunal around conducting hearings via online platforms. This was circulated to participants prior to meeting and it was agreed shorter sessions of no more than 90 minutes would be more effective for gathering evidence.
- Plenty of options should be available for evidence taking including pre-recorded videos, virtual meetings, telephone and in writing. It was also highlighted that not everybody has the means to communicate digitally and this should be kept in mind.
- In addition to this it was agreed that the format in which the consultations took place would be flexible. A more rigid script for consulting with professionals and a skeleton script for consulting more informally with young people. It was acknowledged that allowing a young person to provide evidence in a way that suits them was critical.

- Agreement was reached that it would be best to split the advisory group into two or three individuals who could take evidence from certain witnesses and then feedback into main group at monthly meeting.
- There is a detailed list of stakeholders within the Knowledge Hub for CAMHS and this can be updated. Members to get in touch with Colin to advise whether they would like to speak or take the lead on any of the tasks mentioned.
- The group discussed how they might encourage young people to become involved with the review.
- Discussion also moved onto the young people involved in the advisory group being involved directly with consulting with young people that would be very beneficial as it may be easier for young people to relate to peers.

7. Use of Vignettes

- It was discussed and agreed how to make the best use of vignettes which had been provided by group members.
- It was agreed that the vignettes could be used in discussions with other groups but also as a means of looking at what would a healthy pathway look like for these individuals.

8. AOCB

- It was decided that the remit of the group would focus on those under 18 as other parts of the review will look at transitions and older young adults, but it doesn't mean we can't look at issue of transition.
- It was agreed we that consistency in questions was important and the avoidance of influencing young people by leading questions.
- Suggestion made to include Terms of Reference in any invites being sent out and for these to be made into easy read versions as well.

Colin ended the meeting and informed people we will be back in touch soon with some ideas around consultation dates and times and allocation of members of advisory group to particular people/groups to consult with.