**Delivery of psychological therapies and interventions: national specification – Consultation: SAMH Submission**

**Introduction**

SAMH (Scottish Association for Mental Health) is Scotland’s mental health charity. We’re here for your mental health and wellbeing, providing local mental health support and always accessible information. We listen to what matters in each local community and campaign nationally for the changes that make the big and little differences in life. Now more than ever, we need to make change happen. We’re standing up for Scotland’s mental health.

Psychological wellbeing is at the heart of SAMH’s own organisational strategy, ‘We Won't Wait’.[[1]](#footnote-1) We believe increasing access to psychological support is crucial to better supporting Scotland’s mental health and wellbeing as we emerge from the Covid-19 pandemic and tackle the ongoing cost of living crisis. We hope a new national specification for psychological therapies and interventions will help facilitate timely easy access to appropriate evidence based psychological support for everyone who would benefit from it.

As set out in the consultation, the stated intention of a national specification is to remove barriers, identified by people with lived experience and voluntary sector organisations, like SAMH, to psychological support with a focus on improving access to care. Whilst we welcome much that is included in the draft specifications, we are not convinced that as drafted it will result in the much-needed increase in availability of support, or radically simplify and facilitate easy access to psychological care. We have a number of overarching concerns that we describe in detail below but that include in brief:

* Scope of interventions covered
* Overwhelming lack of ambition
* Workforce capacity
* Lack of recognition, and unclear role, of the third sector
* Mental Health Policy and Delivery Alignment

We believe the third sector, if adequately resourced, is well placed to play a key role in the provision of locally available psychological wellbeing support. For context, SAMH deliver a number of psychological interventions including our ‘Time for You’ service. This is delivered in partnership with Glasgow Caledonian University and supports anyone experiencing mild to moderate emotional or mental health difficulties aged 16 and over and living in Scotland.[[2]](#footnote-2) Importantly people can self-refer to ‘Time for You’ and have choice over what intervention will best support them, from wellbeing coaching to 1-1 talking therapy.

**Overall Specification Document (Questions 1 – 7)**

In the wake of the Covid-19 pandemic and the ongoing cost of living crisis, SAMH believes that the Scottish Government must urgently prioritise psychological wellbeing as part of a broader redesign and reprioritisation of mental health services.[[3]](#footnote-3)

As we set out in our response to the Scottish Government’s Mental Health Strategy consultation, we believe this can be achieved in part through resourcing an expanded network of psychological wellbeing services at a local level, which the third and voluntary sector is well placed to deliver.[[4]](#footnote-4) As such, we welcome the creation of a national specification for psychological therapies and interventions. A national specification has potential to:

* Increase quality of care
* Provide clarity to people using the system on what their rights and expectations should be in regards to treatment
* Improve data collection and analysis at both a local and national level
* Reduce geographic inconsistencies in care and support.

Critically, if adequately resourced and supported a national specification has potential to improve the outcomes of people receiving psychological care.

Again, there is much to welcome in the draft national specification. In particular, we welcome the commitment for shared decision-making and a general partnership approach to care and treatment. We also welcome the commitments throughout the draft specification to tackle inequality in access to psychological support experienced by people due to cultural, ethnic, and other protected characteristics.

However, we have a number of overarching concerns regarding the draft specification:

* Scope of interventions covered by the national specification

It is not clear which services beyond NHS delivered psychological therapies are intended to be governed by the specification. The consultation document lists a large range of settings for psychological care, and provides a broad definition of psychological therapies and interventions – including referencing third sector delivery. However, the draft specification itself does not include a definition of psychological interventions. Indeed, a number of commitments in the draft specification relate directly to psychological therapies that contribute to the existing national LDP 18 week waiting time target (for example point 2.7). It is therefore unclear if specification only covers services which contribute to the 18 week target (i.e. NHS psychological services), or if the intention is that the specification will also provide the framework for non-NHS services such as psychological wellbeing services delivered by organisations such as ourselves. Clarity on this point is needed in the final version of the specification so third sector providers can understand their duties in relation to the specification. We believe at a minimum that the specification should ensure clear pathways of triage, assessment, and support across psychological and mental health services irrespective of which sector is delivering them.

* Ambition of the specification

We believe Scotland’s mental health service – including psychological support – requires a radical redesign. Minor reform will not be adequate to meet the needs of people requiring support for their mental health or fix the structural problems in the system. In the context of psychological therapies, the 18 week waiting time target has never routinely been met, pre- or post Covid-19. The most recently available data (July – September 2022) shows that nearly one in ten people waited over 6 months from referral to starting treatment.[[5]](#footnote-5)

‘Talking It Out’, our 2016 research exploring people’s experience of psychological therapy in Scotland found the wait to begin treatment had a negative effect on their mental health and that once starting therapy over a third of people felt they did not receive enough sessions.[[6]](#footnote-6) Importantly the research found that people benefited from psychological therapy, both in the immediate and longer term. With more than half of those who had completed their therapy over two years prior to taking part in the research stating that the therapy still helped them now[[7]](#footnote-7),it is clear that much more needs to be done to ensure easy timely access to psychological support becomes a reality.

We are concerned that **the specification as drafted does not demonstrate fundamental redesign of the psychological and wider mental health system.** Rather it appears to codify existing practice and structures, which we know are not- and have never been -adequate to meet demand. We are not reassured that this specification will ensure the “transformational and lasting” change to mental health support promised in the Scottish Government’s NHS Recovery Plan (2021-2026).[[8]](#footnote-8)

An example of reform we believe could make a significant difference is the introduction of **multi-agency triage for all referrals**. Such a system of assessment and triage should include all relevant agencies including local NHS mental health teams and third sector mental health service providers. Multi-agency triage would ensure that everyone seeking help is provided with an appropriate local service or intervention, reducing the challenges faced by people trying to navigate the often confusing mental health care and support landscape. Multi-agency triage could also facilitate an offer of support to people while they are on a waiting list to begin NHS delivered psychological therapy. An example of this approach is currently working effectively in South West Edinburgh in providing mental health service to children and young people. Wellbeing Together South West includes third sector organisations, schools, and social work teams. Partners work together to develop ‘seamless pathways of support’ and evaluate the range of services that will best meet the local needs and provide timely support for children, young people, and their families.

As drafted, point 2.7 in the draft specification disappointedly states people will need to wait 18 weeks before being offered a: *“Choice to discuss other avenues of support if this is available to me”.* This is unacceptable; additional support should routinely be offered while people wait to begin therapy. We have developed a CYP Link Worker role that is already facilitating choices for young people and is taking direct referrals from schools. We have an example where this role is also embedded in a CAMHS team.

We believe much can be learned from psychological therapies systems delivered out with Scotland. For example the “NHS Talking Therapies, for anxiety and depression programme” in England (formerly known as Improving Access to Psychological Therapies, IAPT).[[9]](#footnote-9) This programme has seen an internationally recognised transformation and expansion of support for people in England living with depression or anxiety. With a rapid increase in the psychological workforce resulting in over 1 million people in England being referred to IAPT each year.[[10]](#footnote-10) In 2021-22 over 1.2 million referrals accessed IAPT with 91% accessing IAPT within 6 weeks or referral.[[11]](#footnote-11) Of those who completed treatment, 50% moved into recovery.[[12]](#footnote-12)

Positive features of the NHS England programme include:

* The ability for people to self-refer to the service
* Provision of post therapy support including employment advisors and employability support as part of the wider IAPT offer;[[13]](#footnote-13)
* Routine outcome monitoring as standard.

Importantly as part of the overall monitoring framework patient outcomes are collected, including recovery rates.[[14]](#footnote-14) The Scottish Government should use learning from the NHS England programme to ensure there is a similar national prioritisation of psychological wellbeing in Scotland focused on both a nationally supported psychological wellbeing infrastructure and patient outcomes.

* Workforce

Ensuring that everyone who can benefit from psychological therapy can access timely support psychological services – and wider mental health services – requires significant additional resource including a larger workforce. Despite NICE guidelines,[[15]](#footnote-15) recommending psychological interventions (including CBT and other psychological therapies) as first line treatments for depression we know too many people are not being offered or referred to psychological therapy.[[16]](#footnote-16) Research we undertook in 2020 into people’s experience of treatment of depression found that 46% of research participants were not given treatment options by their GP, and only half (48%) were referred to psychological therapy.[[17]](#footnote-17) While there are welcome commitments in the draft specification on ensuring a well-resourced psychological workforce, it is not clear how this will be achieved without a significant increase in resource and the workforce.

To ensure all who can benefit from psychological therapy do so, the psychological services workforce must be increased – both in the NHS and third sector. In Scotland, we have fewer NHS psychologists and therapists per person than in both England and Northern Ireland, in order to bridge this gap, we would need to increase our workforce by approximately 50%.[[18]](#footnote-18) Importantly, workforce planning must account for regional disparities and challenges including the workforce challenges in rural and remote communities. The pledged mental health and wellbeing workforce plan due for publication this year by the Scottish Government must prioritise the psychological wellbeing workforce across all sectors. As a starting point it would be helpful for the specification to include a clear definition of the psychological workforce. We believe this should include staff delivering psychological interventions in the third sector, such as counsellors. Currently only data on NHS employed psychological service staff is routinely reported on.[[19]](#footnote-19) This does not provide an accurate understanding of Scotland’s psychological workforce or provide a robust benchmark for developing the proposed mental health and wellbeing workforce plan.

* Recognition and Role of the Third Sector

As previously stated, it is not clear if non-NHS psychological interventions are in scope for this specification. In Scotland, significant high quality psychological interventions, including counselling, peer support and supported self-management are provided by the third sector; Either though local commissioning by IJBs and HSCPs or self-funded from charitable resources. The specification as currently drafted does not adequately recognise this contribution from the third sector, or the need to ensure clear pathways into and between services irrespective if they are delivered by the statutory, third, or independent sectors.

For example, point 4.2 (outcome 4) states that *“I will be enabled to access care and support from other agencies beyond formal services, if I would find this helpful. This will include consideration of third sector or member led organisations, which support people from different social, economic, cultural and ethnic backgrounds”.* While this is welcome in part, it unhelpfully frames third sector support as an additionally to ‘formal services’ rather than a core aspect of psychological support in parity with formal and NHS services. We believe focus should be on the needs of the individual accessing support, with people routed quickly into the most appropriate support irrespective of which sector or agency is delivering the intervention. As stated above, a process of local multi-agency triage including NHS mental health services and third sector mental health providers should be introduced to quickly assign the most appropriate and desired psychological support.

In general, the specification should be strengthened by clearly outlining that people will be supported to access appropriate psychological support from a wide range of partners, with the person seeking support empowered to make decisions about their own care. Again, this should be irrespective of which sector is providing the service or intervention. If the specification retains the distinction between ‘formal support’ and other support, these terms should be clearly defined in the specification. It is currently unclear in the draft if ‘formal support’ means NHS psychological services or a wider range of interventions delivered within and out with the NHS.

* Mental Health Policy and Delivery Alignment

SAMH welcomes the considerable amount of policy development currently being undertaken by the Scottish Government in regards to mental health and wellbeing. Including: This specification; the proposed Secondary Mental Health Standards; the upcoming Mental Health Strategy; the proposed Mental Health and Wellbeing Workforce Plan; and the commitment to a Student Mental Health Plan.

While we believe there is real merit in all these pieces of work, it is important that the Government demonstrates clear strategic alignment between these various projects. For example, clarity is needed on the relationship between this specification and the upcoming mental health and wellbeing workforce plan, to ensure the commitment to “an adequately funded and staffed psychological workforce” (7.1) is fully resourced in the national workforce plan.

Having confidence in how this specification and the secondary mental health standards will act to achieve the aims of the upcoming mental health strategy is also challenging without a published finalised strategy and workforce plan. While we do not want to see unnecessary delays in the process of reforming both psychological therapies and secondary mental health standards, having a finalised mental health strategy as the framework for overall mental health system improvement and objectives would have been beneficial.

**SAMH Comments on Specification Outcomes**

* **Outcome 1 questions: High-quality care and support that is right for me** (questions 8-13)

SAMH welcomes many of the commitments under this outcome. In particular we welcome commitments to:

* Minimise unnecessary delays and limit unequal waits across Scotland (1.5)
* Reduce barriers to psychological care related to cultural and other inequalities (1.10)
* Provide people accessing support choice and opportunity to discuss appointment times and delivery method (online, face to face etc.).

We know from our own published the impact of the Covid-19 pandemic has had on mental health care and treatment with the move to remote delivery of care and treatment often very challenging and distressing.[[20]](#footnote-20) When asked during the research about people’s future hopes for mental health care and treatment, a return to face to face treatment was the most common answer, with over half (54%) of people choosing this as one of their top three hopes.[[21]](#footnote-21) Ensuring genuine choice over mode of delivery of psychological interventions is therefore essential.

We believe this outcome should be strengthened by including referral criteria – even in broad terms - for psychological therapies and interventions. As drafted, there is nowhere in the specification which outlines the criteria (diagnostic or otherwise) for accessing support. This is at odds with the 2020 CAMHS national specification which provides a clear list of referral criteria to CAMHS tier 3 and 4.[[22]](#footnote-22) While the specification (outcome 3.1) does make reference to the Psychological Therapies Matrix as a basis for the psychological care offered, it is not clear if this is intended to cover the full scope of psychological interventions or only psychological therapy. We note that the Matrix is challenging to engage with from the perspective of someone seeking support and is also currently under review.[[23]](#footnote-23)

The option to self-refer as a right should also be included in the specification under outcome 1. Currently the draft specification only make’s reference to the possibility of self-referral under outcome 5 on transitions.

On a point of language, 1.4 should be amended. Currently it reads:

“I will be seen when it is my turn, and this will be in a timely way. Where necessary, services will prioritise the referrals for those at risk with urgent care needs, and detail the criteria used to prioritise.”

This drafting is overly paternalistic. While we recognise the need for clinical and needs based prioritisation, everyone accessing a psychological intervention should have the expectation that they will be seen in a timely manner. Not when it is their ‘turn’.

* **Outcome 2 - I am fully involved in decisions about my care (Questions 14-19)**

SAMH welcomes the commitment under Outcome 2 to shared decision making regarding psychological care and treatment,

Again, we are concerned that the outcome is not ambitious enough in regards to support during waits to begin psychological therapy. Point 2.7 should be replaced with a commitment that a range of appropriate supports will be proactively offered to people waiting to start treatment. This offer of support should be immediate at the point of referral and assessment. This should go beyond signposting, but rather involve supported onward referral to psychological wellbeing support. As we have already made clear, we believe this could be achieved by introducing multi-agency assessment and triaging for psychological support, ensuring a range of psychological wellbeing providers are embedded at the point of assessment.

* **Outcome 3 – High-quality interventions and treatments that are right for me (Questions 20-25)**

SAMH broadly supports commitment under Outcome 3. In particular we agree with point 3.2 that psychological care should be offered to people receiving care as part of the wider health and social care system.

We also agree with commitment 3.3 which details moves towards a shared record to reduce the need for people to retell their story. As set out in our response to the Scottish Government’s National Care Service consultation, we strongly support the development of an integrated health and social care record.[[24]](#footnote-24) While supportive, any sharing of personal data must be accompanied by adequate legal safeguards. These safeguards would ensure potentially distressing personal information is only shared with consent of the individual where it will benefit their care and support. Shared records should be accessible and amendable by third sector mental health providers. Therefore the government must ensure third sector providers are included in any design of the proposed system of shared records and is resourced to use the system as an equal partner.

In regards to point 3.1, clarity is required on the use of psychological interventions not included in the Psychological Therapies Matrix. Specifically, will non-Matrix interventions be counted as contributing to the 18 week waiting times target? In principle we believe all psychological interventions, where there is a clear evidence base for effectiveness, should be available, irrespective of if they are in the Matrix.

* **Outcome 4 - Rights are acknowledged, respected and delivered (Questions 26-31)**

As outlined above we have concerns about the use – without definition – of the term ‘formal services’ at point 4.2. We believe third sector delivered psychological support should not be seen as an ‘addition’ to NHS psychological services, but viewed as an integral part of Scotland’s psychological system in parity with NHS services.

Point 4.4 states that “there will be a clear responsibility framework and complaints process for services and systems”. Clarity is required here on whether the intention is for a single point of access for complaints covering the whole psychological support system- irrespective of which agency or sector is providing the individual service- or if the intention is for all services to have their own individual robust complaints process and framework. Later in the consultation document reference is made to supporting people to raise a complaint through NHS Board processes and the Scottish Public Services Ombudsman (SPSO) when unhappy with their care and treatment, which suggests the intention is to retain the existing complaints framework. Third sector mental health providers already have extensive complaints, regulatory and scrutiny systems. Any integration or standardisation of these into a wider complaints system should be done in partnership with third sector providers to ensure no loss of existing good practice.

SAMH knows from research undertaken in a social care context that people receiving mental health services are often not provided a clear explanation of their rights, including their right to complain.[[25]](#footnote-25) Any new or reformed complaint’s system should be developed in partnership with people with lived experience and psychological service providers. The ability to seek and access redress in regards to the standard of care someone receives is fundamental to a human rights approach.

We believe the national specification should provide more detail on the intended framework for complaints and people’s rights to be supported through any complaints process, for example by independent advocacy. Importantly, data arising from complaints should be routinely collected and analysed at a local and system’s level to ensure learning and quality improvement across the whole psychological service system.

* **Outcome 5 - I am fully involved in planning and agreeing my transitions**

No comments.

* **Outcome 6 - We fully involve people, their families and carers**

No Comments.

* **Outcome 7 – I have confidence in the staff who support me (Questions 44 – 49)**

SAMH welcomes the focus on ensuring an adequately funded and staffed psychological workforce. For the national specification to be successful in improving the experiences of people seeking and accessing psychological support it is essential that the ambition for a fully resourced psychological workforce is made a reality rather than ambition.

It will be essential in developing the pledged national mental health and wellbeing workforce plan that the Scottish Government engages in genuine co-production, with staff and providers from the mental health third sector on an equal footing with statutory partners.

Point 7.7 states a Psychological Care Governance Group will be created in all local areas to ensure local service provision is safe and evidence based. We believe this has merit in regards to planning and overseeing local service provision to be effective and representative of the wide range of psychological interventions the groups must include third sector providers. We would welcome more detail on the planned responsibilities, functions and powers of the Psychological Care Governance Group’s in the final version of the specification.

**Implementation and Measurement (Questions 50-55)**

SAMH welcomes the commitment that measurability is a key aim of the specification. The collection and analysis of good quality data is crucial to quality improvement and the sharing of good practice across the psychological services sector.

We have long argued for a fundamental shift in how me measure and evaluate mental health services and interventions. Currently for NHS services (CAMHS and Psychological Therapies) measurement has focused on referral rates and waiting times. While waiting times are important, reflecting the negative impact long waits for support have on mental health, it is critical we also start to routinely measure the outcome and quality of care and treatment. We believe, as occurs in NHS England’s Talking Therapies, for anxiety and depression programme, routine individual outcome monitoring should be undertaken as standard across all psychological services. This would provide clear evidence of service quality, facilitate learning and sharing of good practice, and cost effectiveness of particular interventions.

We broadly agree with the process outlined in the consultation document for indicators underpinning the specification to be developed in co-ordination with the development of the Adult Secondary Mental Health Service Standards, the Mental Health Strategy and National Care Service. This will allow the creation of a set of standards and indicators, which are accessible and applicable across the wide scope of mental health care and support in Scotland. We believe people with lived experience of mental health problems, the mental health workforce and third sector providers should be fully involved in the co-production of the mental health standards and indicators.

We are broadly positive about the draft self-assessment tool and indicators as a starting point. For example, we welcome the commitment to routinely collect and publish equalities data to ensure equal access to psychological care. However, both the self-assessment tool and draft indicators require fundamental strengthening through the inclusion of routine gathering and publishing of individual treatment outcomes, including recovery rates. Beyond individual outcome measurement, we believe long term outcomes, both at a personal level (such as sustained recovery and movement into employment (if relevant)) and a service/systems level should be routinely measured. For example, long term indicators and outcomes could include instances of unscheduled care and re-referral/re-admission rates..

A standardised approach to data gathering and outcomes measurement will facilitate comparison and learning across and between services, irrespective of the service delivery agency. This is welcome, but third sector providers should be resourced to ensure successful implementation of any standardised approach.

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1. [SAMH\_Strategy-We\_Wont\_Wait.pdf](https://www.samh.org.uk/documents/SAMH_Strategy-We_Wont_Wait.pdf) [↑](#footnote-ref-1)
2. [Time for You – SAMH Mental Health and Wellbeing Support | SAMH](https://www.samh.org.uk/about-us/our-work/time-for-you) [↑](#footnote-ref-2)
3. [Scottish\_Government\_Mental\_Health\_Strategy\_SAMH\_submission\_-\_Sept\_2022.pdf](https://www.samh.org.uk/documents/Scottish_Government_Mental_Health_Strategy_SAMH_submission_-_Sept_2022.pdf) [↑](#footnote-ref-3)
4. [Scottish\_Government\_Mental\_Health\_Strategy\_SAMH\_submission\_-\_Sept\_2022.pdf](https://www.samh.org.uk/documents/Scottish_Government_Mental_Health_Strategy_SAMH_submission_-_Sept_2022.pdf) [↑](#footnote-ref-4)
5. PHS [Psychological therapies waiting times Quarter ending September 2022](https://publichealthscotland.scot/publications/psychological-therapies-waiting-times/psychological-therapies-waiting-times-quarter-ending-september-2022/) December 2022 [↑](#footnote-ref-5)
6. SAMH [Talking It Out](https://www.samh.org.uk/documents/Talking_it_out.pdf) 2016 [↑](#footnote-ref-6)
7. SAMH [Talking It Out](https://www.samh.org.uk/documents/Talking_it_out.pdf) 2016 [↑](#footnote-ref-7)
8. [NHS Recovery Plan 2021-2026 (www.gov.scot)](https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/08/nhs-recovery-plan/documents/nhs-recovery-plan-2021-2026/nhs-recovery-plan-2021-2026/govscot%3Adocument/nhs-recovery-plan-2021-2026.pdf) [↑](#footnote-ref-8)
9. [NHS England » NHS Talking Therapies, for anxiety and depression](https://www.england.nhs.uk/mental-health/adults/nhs-talking-therapies/) [↑](#footnote-ref-9)
10. [Psychological Therapies, Annual report on the use of IAPT services, 2021-22 - NDRS (digital.nhs.uk)](https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2021-22) [↑](#footnote-ref-10)
11. [Psychological Therapies, Annual report on the use of IAPT services, 2021-22 - NDRS (digital.nhs.uk)](https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2021-22) [↑](#footnote-ref-11)
12. [Psychological Therapies, Annual report on the use of IAPT services, 2021-22 - NDRS (digital.nhs.uk)](https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2021-22) [↑](#footnote-ref-12)
13. [£122 million employment boost for people receiving mental health support - GOV.UK (www.gov.uk)](https://www.gov.uk/government/news/122-million-employment-boost-for-people-receiving-mental-health-support) [↑](#footnote-ref-13)
14. [NHS England » NHS Talking Therapies, for anxiety and depression](https://www.england.nhs.uk/mental-health/adults/nhs-talking-therapies/) [↑](#footnote-ref-14)
15. NICE [Recommendations | Depression in adults: treatment and management | Guidance | NICE](https://www.nice.org.uk/guidance/ng222/chapter/Recommendations) 2022 [↑](#footnote-ref-15)
16. SAMH [Decisions\_were\_made\_about\_me.pdf (samh.org.uk)](https://www.samh.org.uk/documents/Decisions_were_made_about_me.pdf) 2020 [↑](#footnote-ref-16)
17. SAMH [Decisions\_were\_made\_about\_me.pdf (samh.org.uk)](https://www.samh.org.uk/documents/Decisions_were_made_about_me.pdf) 2020 [↑](#footnote-ref-17)
18. [SAMH\_2021\_manifesto\_(3).pdf](https://www.samh.org.uk/documents/SAMH_2021_manifesto_%283%29.pdf) [↑](#footnote-ref-18)
19. [06 December 2022 Psychology | Turas Data Intelligence (nhs.scot)](https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/06-december-2022-psychology/#:~:text=As%20at%2030%20September%202022%3A%201%20There%20were,lower%20than%2030%20June%202022.%20...%20More%20items) [↑](#footnote-ref-19)
20. SAMH 2022 [Still\_Forgotten.pdf (samh.org.uk)](https://www.samh.org.uk/documents/Still_Forgotten.pdf) [↑](#footnote-ref-20)
21. SAMH 2022 Still\_Forgotten.pdf (samh.org.uk) [↑](#footnote-ref-21)
22. [Child and Adolescent Mental Health Services (CAMHS): NHS Scotland National Service Specification (www.gov.scot)](https://www.gov.scot/binaries/content/documents/govscot/publications/factsheet/2020/02/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/documents/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/govscot%3Adocument/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification.pdf) [↑](#footnote-ref-22)
23. [Matrix - A guide to delivering evidence-based psychological (scot.nhs.uk)](https://www.nes.scot.nhs.uk/our-work/matrix-a-guide-to-delivering-evidence-based-psychological-therapies-in-scotland/#matrixreview1) [↑](#footnote-ref-23)
24. [National\_Care\_Service\_consultation\_-\_SAMH\_Response.pdf](https://www.samh.org.uk/documents/National_Care_Service_consultation_-_SAMH_Response.pdf) [↑](#footnote-ref-24)
25. [National\_Care\_Service\_consultation\_-\_SAMH\_Response.pdf](https://www.samh.org.uk/documents/National_Care_Service_consultation_-_SAMH_Response.pdf) [↑](#footnote-ref-25)