

**INTER-DEPARTMENTAL DRAFT
ACTION PLAN**
in response to

‘STILL WAITING’

A RIGHTS BASED REVIEW OF MENTAL HEALTH SERVICES AND
SUPPORT FOR CHILDREN AND YOUNG PEOPLE IN NORTHERN
IRELAND

October 2019

Theme 1 – Working Effectively and Collaboratively								
Objective	Action	Measures	Outcomes	Lead	Link to NICCY rec's	Resource implications	Time frame for completion	Progress update
Clear governance structures for development of CAMHS	1.1 Establish an Inter-Departmental Project Board with cross sectoral representation to develop and implement an action plan in response to the NICCY Still Waiting Report recommendations, to include engagement with children and young people	<p>1. Inter-Departmental Project Board</p> <p>2. Cross sectoral membership.</p> <p>3. ToR which includes creation of action plan and implementation of same.</p>	Better integrated working across Government and services, with cross sectoral involvement and input, including engagement with children and young people in delivery of actions.	DoH	1 1c, 1d		<p>Project Board set up in Feb 19</p> <p>Action plan to be published Autumn / Winter 2019</p> <p>On-going until completion of plan</p>	<p>Project Board established, chaired and facilitated by DoH, with representation from DE, DfC and DoJ. Meetings held in Feb, Apr, Jun and Aug 19.</p> <p>ToR agreed; and membership extended to:</p> <ul style="list-style-type: none"> - HSCB - EA - RQIA - CAUSE - VOYPIC <p>- Mindwise; with membership being kept under review.</p>
Sustainable investment in CAMHS	1.2 Create a fund map of spending in children and adolescent mental health and emotional wellbeing services.	<p>1. Clear and explicit fund map of existing services commissioned</p> <p>2. Published Map shows where funds are spent and who funds the service.</p>	Effective and efficient allocation of investment in CAMHS going forward.	DoH	1a, b,	May require additional resources, dependent on the scope of the project.	If funded, Apr 20 – Oct 20.	DoH met with NICCY for advice on the fund mapping methodology. Scoping paper developed to be discussed at Project Board.

	1.3 Increase funding for statutory CAMHS service.	1. Funding of statutory CAMHS services to increase; advice to be developed for incoming Minister	A high quality service with good outcomes for children and young people.	DoH	1a, b	Requires Ministerial approval and a new investment strategy for mental health funding.	Subject to Executive reforming and Ministers in place.	
Collect better information more regularly	1.4 Full implementation of CAMHS dataset, including consideration of alternative approaches for delivery, such as, engagement with Encompass.	1. Consistent, comparable, quality assured, regular data returns from Trusts. 2. Availability and regular publication of CAMHS data.	Quality data to support strategic planning and decision making in future service development.	HSCB, DoH, PHA, Trusts, C&V sector bodies	45, 46, 47 (a-j), 48, 49	Investment required for dedicated informatics support for CAMHS to support greater consistency of data input by clinical staff and full implementation of the remaining elements of the dataset. Recurrent funding required is for 1x WTE Band 5 in each Trust Estimated at £190k.	Ongoing. Will be given priority if investment available.	HSCB and Trusts engaged in the full implementation of the dataset. Trusts monitor acceptance of referrals to ensure all referrals are appropriate. Current regional acceptance rate shows 80% acceptance of referrals in to CAMHS.
	1.5 Development of prevalence study into children's and	1. Publication of Prevalence Study, quantifying prevalence rates for child and	Enhanced understanding of where greatest need is for targeted	HSCB	46	Investment secured through	1200 interviews to be	The Prevalence study is underway following a successful pilot of

	adolescent's mental health.	adolescent mental health in Northern Ireland.	investment and intervention in the future.			Transformation funding	completed by end Sept 19. Full target of 2750 set for end Jan 20. Prevalence study to be completed by March 2020.	the questionnaire. The first wave of the full survey is in progress A Project Board has been established to oversee the study. The full report will be published after March 2020.
	1.6 Increase awareness of referral process for referring agents	1. Workshop / information sessions / training materials developed for referring agents. 2. Benchmark NI referrals data against NHS / UK rates.	Greater regional consistency in referrals and acceptance rates.	HSCB	2a, 3	Will require funding.	Jan 20 – Sept 20	Regional Programme for GPs completed and to be rolled out through 2019/20.
Joined up working between services	1.7 Implement the Managed Care Network.	1. MCN properly established with dedicated staff in place and regular meetings. 2. Better user experience and satisfaction with service, demonstrated through patient and staff surveys.	Holistically tailored care for young people in CAMHS. Better relationships between HSCB, PHA, Trusts, C&V sector and Royal Colleges.	HSCB DoH	1c, d, e 2a, b, c 16 18	Investment required as priority to support the Managed Care Network. Recurrent funding required Total estimate: £175,000	Once recurrent funding identified, time dependent on BSO recruitment process.	

	1.8 Develop MH Liaison Service (for 16+), CAIT and acute care pathways for children and for young people.	<p>1. MCN established</p> <p>2. Regional approach developed, and resourced.</p> <p>3. Service / pathway rolled out across all Trusts.</p>	<p>Improved outcomes for children and young people presenting with mental health crisis</p> <p>24/7 access to urgent specialist help.</p>	HSCB DoH	4, 23, 24, 29	MCN implementation on costs plus resource for pathway development	To be determined once MCN implemented	Ongoing – BHSCT and SEHSCT have 24/7 response teams currently in place. Remaining Trusts have capacity / resource challenges.
	1.9 Self Harm Intervention Programme (SHIP) referral pathway for children and young people to be kept under review.	<p>1. Regular monitoring of referrals through pathway.</p> <p>2. Positive feedback from service users.</p>	Improved outcomes for children and young people presenting with self harm.	PHA DoH	4	Currently funded	Ongoing	Ongoing – the service has been extended to cover all those aged 11+

Theme 2 – Accessing Help								
Outcome	Action	Measures	Outcomes	Lead	Link to NICCY rec's	Resource implications	Time frame for completion	Progress update
Removing barriers that stop young people accessing services	2.1 Fully implement the CAMHS dataset, which will monitor referrals and acceptance rates. See Action 1.4 Develop methodology for tracking referrals that aren't accepted into CAMHS.	1. Funding secured. 2. Regional data on referrals / acceptance rates collected and published. 3. Data on non-accepted referrals collated.	Quick identification and response to variations in acceptance rates across Trusts.	HSCB DoH	3, 11,	Linked to full implementation of CAMHS dataset.	Methodology developed by Dec 20	Referrals and acceptance rates are monitored. Current acceptance rate is 80% which is a notable increase for the region.
	2.2 Create new / review existing information channels for children, young people and families, including review of the Patient Portal and HSC pages on NI Direct and social media outlets, in collaboration with children and young people. Link with 6.1 and 6.2	1. Information channels revised to present more child friendly material, informed by children/young people. 2. New HSC child friendly information channels created, as required. 3. User feedback surveys.	Easier navigation of information channels by children and young people, more access to information.	HSCB DoH	11 26 27 28	Yes	Jun 20 – Dec 20	
	2.3 Consider creation of a Mental Health Passport Scheme, through existing portals. Link to 2.2	1. Scoping paper developed on proposals for MH Passport for children and young people.	More efficient use of face to face appointment time. Increase in user satisfaction	DoH HSCB HSCTs	9	Yes	Paper developed by Mar 20	

		<p>2. Funding secured and Pilot scheme rolled out in agreed Trust / area</p> <p>3. Evaluation of pilot, including patient surveys, to inform future service provision.</p>						
	2.4 Review IEAP to ensure fit for purpose for children and young people.	Proposals developed and implemented.	Better access to CAMHS for children and young people.	HSCB DoH	11	No	TBC	
	2.5 Evaluate CBYL for children and young people.	<p>1. Data collated and analysed</p> <p>2. Evaluation published</p> <p>3. Proposals for future of CBYL for children and young people developed.</p>	Informed understanding of use and effectiveness of CBYL, enabling informed decisions to be made on the way forward.	HSCB	25	Workforce / capacity resource	Apr 20 – Oct 20	
Greater flexibility and choice in how young people engage with services	<p>2.6 Co-produce an app to help and support young people who may struggle or have difficulties engaging with CAMHS:</p> <ul style="list-style-type: none"> - Scoping work to understand what is currently provided - Set up Task & Finish group with children and young people involvement, to take forward app development 	<p>1. Scoping paper produced</p> <p>2. T&F group established, ToR agreed and regular meetings.</p> <p>3. Funding secured.</p> <p>4. App developed that works for young people and professional.</p>	<p>Better support for children and young people who are not engaging.</p> <p>Better engagement with CAMHS.</p>	DoH HSCB Trusts	8, 9, 10, 26, 27	Resource required	By Dec 21	

	2.7 Review CAMHS appointment systems	<p>1. T&F group set up and ToR agreed.</p> <p>2. Report on appointments system and proposals to improve the system.</p> <p>3. Implement agreed proposals.</p>	<p>Better choice and availability of appointments leading to more children and young people engaging with services.</p>	HSCB HSCT s DoH	8	Resource required	Jul 20 – Apr 21	
	2.8 Fully implement CAMHS care pathway across NI, including gap analysis and where additional resources should be deployed	<p>1. Funds secured and deployed as per gap analysis study.</p> <p>2. Evaluation of Trusts use of CAMHS Care Pathway, evidenced through data returns and patient / professional feedback surveys.</p>	<p>Fully implemented CAMHS care pathway and regional consistency.</p> <p>Better access to services reflected in reduced waiting times.</p> <p>Better user experience based on a better understanding of what to expect from CAMHS.</p>	HSCB	1d 2, 3, 5, 11, 12, 13, 16, 18, 28, 48, 49	Additional funds required for each Trust.	Ongoing	

Theme 3 – Supporting adults working with children and young people								
Outcome	Action	Measures	Outcomes	Lead	Link to NICCY rec's	Resource implications	Time frame for completion	Progress update
Mental health training for all professionals who work with young people	3.1 Roll out at Trust level of short course programme on the CAMHS Care pathway to GPs and other children services. Link to 2.8	1. % GP involvement in training.	Better awareness among GPs of CAMHS.	HSCB	2a, 5	Funded at present	March 20	Short Course Programme completed and disseminated to Trusts who will provide a report of activity in delivery of the programme.
	3.2 Development of a children & young people's mental health training strategy and standards for professionals working with children and young people.	1. Strategy developed with identified targeted professionals 2. Training rolled out 3. Evaluate the impact through surveys with professionals.	Better professional awareness of emotional and mental health and well-being of children and young people and better understanding of the range of appropriate service responses.	DoH DfC DE HSCB PHA Trusts EA	5 7	Funding required	Strategy to be developed by Jul 21	
Integrated working across the system to strengthen children and young people's emotional and mental wellbeing	3.3 Implementation of primary care MDTs with a mental health worker attached to all GPs across the region.	1. Full roll out of MDTs to all 5 HSC Trust areas.	Better support for children and young people with mental ill health at primary care level.	DoH HSCT s HSCB	6 13	To date, implementation of the MDT model has been supported by £13m of Transformation Funding. Of this, over £1m has been allocated to	Implementation will proceed in a carefully managed way, reflective of the availability of qualified and experienced staff and the potential impact of recruitment on statutory services.	Primary care multi-disciplinary teams are currently being implemented in five locations across NI, one in each Trust area. The model includes one mental health worker per 10k population (plus appropriate mental health managers),

						<p>mental health workers.</p> <p>Sustaining the current implementation and expanding the model across NI will require significant investment in the primary care sector. Discussions are currently ongoing to confirm appropriate sustainable funding streams.</p>	<p>In addition, many primary care settings will require capital improvements, with lengthy planning permission and building control processes to be completed.</p>	<p>to complement first contact physios, social workers and increased numbers of health visitors and district nurses.</p> <p>Within the SET/Down area, most new team members are now in place, and it is hoped that recruitment will be completed in Derry/Londonderry during 2019/20.</p> <p>New bids to expand the existing model in BHST/West Belfast beyond the current recruitment of physios and begin full implementation in Causeway/NHSCT and SHSCT/Newry & District areas, were approved in July 2019. It is expected that agreed plans will be implemented during this financial year.</p>
--	--	--	--	--	--	--	--	--

	<p>3.4 Named “MH professional” [title to be agreed] in every school, to be taken forward alongside the Emotional Health and Wellbeing Framework for Children and Young People (DE / PHA):</p> <p>- Develop proposals, including better use of VCS services; and development of business case.</p>	<p>1. Scoping paper produced and advice to be prepared for Ministers</p> <p>2. Secure funding.</p> <p>3. Pilot approach to inform advice to Ministers; and measure impact</p>	<p>Every primary and post primary school in NI has the name of a “MH professional” [title to be agreed] to contact</p>	<p>DE PHA DoH EA</p>	<p>6 33</p>	<p>To be determined</p>	<p>Scoping paper to be developed by Dec 20.</p> <p>Pilot (dependent on resources) - 2021</p> <p>It may be necessary to seek Ministerial approval to implement this action. DoH / DE to consider as work progresses</p>	<p>This is being considered as an integral part of the development of the Mental Health and Emotional Wellbeing Framework which DE is working in collaboration with DoH, PHA and the Education Authority on.</p>

Theme 4 - Specialist support								
Outcome	Action	Measures	Outcomes	Lead	Link to NICCY rec's	Resource implications	Time frame for completion	Progress update
Greater range of community based mental health support	4.1 Increase capacity in the C&V sector for community based mental health support, to include after care support:	<p>1. Scoping paper produced, to form the basis of a bid for investment</p> <p>2. Advice to be prepared for Ministers</p>	<p>Reduced pressure on primary care and decreased demand for core CAMHS.</p> <p>More support available for children and young</p>	DoH HSCB	12 30	<p>Yes; to be determined.</p> <p>May require Ministerial decision.</p>	Paper by Dec 20	

	<p>- scope existing provision with analysis and proposals for potential areas for expansion and consideration of workforce implications</p>	<p>3. Investment secured.</p> <p>4. Commissioning and delivery of more mental health and aftercare support services in the community.</p> <p>5. Increase in number of children and young people seen by C&V sector.</p> <p>6. Reduction in statutory CAMHS waiting list.</p>	<p>people discharged from CAMHS or inpatient care.</p>					
	<p>4.2 A greater range of self-help support for young people (including social prescribing – link to MDT work) to be available on referral from GPs</p> <p>Linked to action 4.1 above</p> <ul style="list-style-type: none"> - Scope existing support and complete gap analysis - Consider how best to encourage GPs to utilise supports – app development, awareness raising, 	<p>1. Scoping paper produced and advice prepared for Ministers in terms of how to expand</p> <p>2. Business case developed.</p> <p>3. Funds secured</p> <p>4. Commissioning of additional self-help support services in collaboration with GPs and others</p> <p>.</p>	<p>More self-help support available for children and young people in the community, reducing the pressure on core CAMHS.</p>	<p>DoH, HSCB</p>	<p>12, 13 30</p>	<p>Yes, to be determined</p> <p>May require Ministerial decision</p>	<p>Scoping to be complete by Dec 20</p>	

	trust specific database etc							
Needs led support and treatment in mental health hospitals	4.3 Monitor prescribing data and ensure medication for mental health to children and young people is appropriate.	<ol style="list-style-type: none"> 1. Mechanisms in place to identify outlying prescribing patterns. 2. Outlying prescribing practice identified and clinical conversations take place. 	Appropriate treatment options for children and young people, to optimise recovery.	DoH	14 15 18	No	By Apr 20	Meeting with pharmacy and GMS colleagues in the HSCB being set up to confirm current data collection and monitoring.
	4.4 Fully implement psychological therapies in CAMHS, as per the existing 2010 Psychological Therapies Strategy.	<ol style="list-style-type: none"> 1. Evaluate the current use of psychological therapies in CAMHS. 2. Identify need for further service developments. 3. Secure appropriate funding. 4. Increased training in psychological therapies. 5. Develop a children & young person's stream in the Regional Trauma Network. 	Full range of psychological therapies provided and tailored to children and young people.	DoH HSCB	15	Evaluation of current service is cost neutral; however, further service developments and training will require investment through Trusts Training money and investment in psychological therapies.	Further service developments identified by Jan 2021	Training targets for current year formulated and forwarded to Trusts. Some investment being made available, including investment from Regional Trauma Network to training for CAMHS staff. However, important to note that capacity to avail of training even where funding available is also dependant on staff being released to avail of training.
	4.5 Evaluate and analyse the need for Psychiatric Intensive Care provisions in Northern Ireland and	<ol style="list-style-type: none"> 1. BHSCT business case for PICU beds at Beechcroft. 2. Secure funding. 	Better care and outcomes for children and young people requiring intensive inpatient care at Beechcroft.	BHST DoH HSCB	17 18 20	Capital / revenue costs associated with the	Business case developed by Oct 19	

	make decision on the future need.	3. Works complete				business case.		
	4.6 Evaluate and analyse the use of detentions in Beechcroft.	1. Establish the norm for detention levels at Beechcroft (BHSCT to provide Dept with stats) 2. Note change of trends. 3. Publish regular detention statistics from Beechcroft.	Assurance of appropriate use of detentions for children and young people in Beechcroft.	DoH HSCB RQIA	19	No	Nov 19 – Dec 19 & ongoing; data to be analysed every 3 months.	
Children and young people in adult wards	4.7 Review existing protocol for children on adult wards.	1. Commence the relevant sections of Mental Capacity Act (Northern Ireland) 2016 requiring age appropriate accommodation. 2. Protocol revised in light of commencement of relevant provisions in MCA.	Reduction of children on adult wards.	DoH Trusts	17	No	MCA due to be implemented 1 st Dec 19. Review Protocol – Apr 20 – Jul 20	
	4.8 Review system of RQIA oversight of children treated for MH as in-patient on adult wards. Consideration given to the option of amending requirement under Art 118 of the Mental Health (Northern Ireland)	1. Paper produced and taken forward, as required. 2. Provide regular reports on children on adult wards.	Better oversight of young people admitted to adult mental health wards.	DoH Trusts RQIA	17	Potential legislative requirements which will require Ministerial decision Small resource associated with reporting	Apr 20 – Jul 20 Further progress dependent on Executive reforming and Ministerial decision	

	Order 1986 and the relevant Direction							
Implement and monitor minimum care standards in A&E	4.9 Enhance the framework in relation to minimum care standards in ED for children and young people who are presenting with a mental illness.	<p>1. Project Board rep to sit in on the review of RQIA legislation project.</p> <p>2. Change of policy to be considered by MHCU, in consultation with RQIA / RQIA sponsor branch; and advice prepared for Ministers</p> <p>3. If agreed, taken forward as part of the review of regulation framework.</p>	Appropriate inspection standards in ED	DoH / RQIA	21 22 24 25	Any additional standards may require ministerial approval and potentially additional investment and a change to the legislation; and additional resources required by RQIA to carry out the inspections against the standards.	Phase 1 of this review will determine the principles, remit and approach of a revised policy on regulation. Subject to the appropriate approval, the Dept intends to consult on the revised policy in September 2019 and will be seeking the views of both service providers and users as part of this process. Phase 2 will look at each service provider category, determine the risk involved and consider the most appropriate method of regulatory	

							response. Phase 2 will result in amended legislation.	
Dedicated telephone advice line	4.10 Improve contact opportunities for children and young people who are waiting for an appointment or are in between appointments, by considering how to strengthen case worker contact between appointments.	1. Scoping paper with options produced.	Increase wellbeing of children and young people.	DoH / HSCB /Trust	10	Requires resources	Paper by Jun 21	

Theme 5 - Moving from child to adult services								
Outcome	Action	Measures	Outcomes	Lead	Link to NICCY rec's	Resource implications	Time frame for completion	Progress update
Transition planning from CAMHS to post-18	5.1 Create an improved transitions procedure, including i-Thrive app development project Consider bridging service for 16-25 year olds (any change to existing policy will	1. Clear transition arrangements between CAMHS and adult services, set out in writing and compliant with NICE Transitions Guidelines.	Better transition arrangements and continuity of care for patients moving from CAMHS to AMHS.	DoH HSCB Trusts	29, 30, 31	Potentially	By Dec 20 Any change in policy will require Ministerial decision.	Ongoing

	require Ministerial decision)							
	5.2 Develop a transition dataset as part of the CAMHS dataset.	1. Publish data on transitions.	Enhanced understanding on transitions.	HSCB	29	Yes, to be determined	In line with CAMHS dataset implementation timescale.	
	5.3 New guidance for those who do not transition from CAMHS to adult services.	1. Clear information for those not transitioning including new communications strategy and aftercare / self-care supports. 2. New links with Recovery Colleges.	Better outcomes for those not transitioning to AMHS.	HSCB Trusts	30	Minor	In alignment with Action 5.1 and potentially 5.2 (if timescales allow) – by Winter 20	

Theme 6 – Flexible treatment options								
Outcome	Action	Measures	Outcomes	Lead	Link to NICCY rec's	Resource implications	Time frame for completion	Progress update
Provide clear information on service standards and how to make a complaint and feedback	<p>6.1 Better complaints structures for children and young people, including consideration of:</p> <ul style="list-style-type: none"> - Co-produce user friendly leaflets - Advocates (as part of MCA/ amendments to MHO) – may require Ministerial decision <p>Build on existing advocacy systems (such as VOYPIC in Beechcroft)</p>	<p>1. Trusts to ensure that complaints procedures made known to all service users and report variety of mechanisms in place to support making an appropriate complaint.</p> <p>2. HSCB to monitor issue of complaints as part of DSF.</p>	Better service provision	Trusts HSCB	28	Yes	Jun 21	
Strengthen involvement of young people in decisions about their care and how services are delivered	<p>6.2 Increase children and young people involvement in service evaluation and development.</p> <p>Consider development of an action plan and setting up a mental health youth forum in each Trust to support this action.</p>	<p>1. Create / review trust protocols for children and young people involvement</p> <p>2. Monitor data returns in the CAMHS dataset with reporting on user involvement.</p>	Tailored, relevant services designed around children and young people's experiences, resulting in better service provision and outcomes for children and young people.	Trusts HSCB	26, 27, 28	Investment required to support staff capacity and full implementation of the CAMHS dataset	Jun 21	

<p>Ensure full range of evidence based treatment interventions are available in line with NICE Guidelines</p>	<p>6.3 Develop treatment protocols where psychological therapies are core of CAMHS services.</p> <p>Link to Action 4.4 and 2010 Psychological Therapies Strategy</p>	<p>1. Reduction in use of medication in CAMHS.</p> <p>2. Uptake of psychological therapies increased for CYP.</p>	<p>Improved range provided and more investment in Psychological Therapies</p>	<p>DoH HSCB Trusts</p>	<p>47</p>	<p>Investment in psychological therapies required</p>	<p>Linked to Action 4.4 – by Jan 2021</p>	

DRAFT

Theme 7 – Mental health awareness and understanding								
Outcome	Action	Measures	Outcomes	Lead	Link to NICCY rec's	Resource implications	Time frame for completion	Progress update
Educate children and young people about their emotional wellbeing as part of the curriculum	<p>7.1 Promotion, prevention and early intervention around emotional wellbeing will be at the core of The Emotional Health and Wellbeing Framework (the Wellbeing Framework) being developed jointly by DE, PHA, DoH and the Education Authority.</p> <p>This will include use of the curriculum and curriculum based resources available to support teachers in its delivery.</p>	Appropriate guidance and enhanced resources available to schools to support the emotional wellbeing of pupils	<p>1. Framework published.</p> <p>2. A wellbeing ethos integrated throughout schools with full implementation of the requirements of the curriculum in respect of emotional wellbeing.</p>	DE/CC EA	32	To be quantified	<p>March 2020</p> <p>It may be necessary to seek Ministerial approval to implement this action. DE / DoH to consider as work progresses</p>	
Education providers should work more closely with mental health services	7.2 As part of the out-working of the Framework, enhanced joint working through a multi-disciplinary approach will be explored.	Formal partnerships developed between education and mental health service providers	<p>1. Framework published</p> <p>2. Education and Health providers working collaboratively to support for children and young people.</p>	DE/PH A/DoH /HSCB	33, 34	To be quantified	<p>September 2020</p> <p>It may be necessary to seek Ministerial approval to implement this action. DE / DoH to consider as</p>	

							work progresses	
Provide information at key stages and transition points	<p>7.3 Reinforce and publicise the CAMHS care pathway.</p> <p>Link to actions 2.9, 3.2 and 5.1-5.3</p> <p>.</p>	<p>1. Information material developed.</p> <p>2. Schools distribute leaflets / materials to children and young people at key transition periods.</p>	Better understanding of the CAMHS care pathway, targeted to CYP at key transition stages.	HSCB/ DoH	30, 35	Resource required	<p>Dec 2020</p> <p>It may be necessary to seek Ministerial approval to implement this action. DE / DoH to consider as work progresses</p>	CAMHS care pathway available for download
	7.4 The Wellbeing Framework will provide clear structures of support, including clarification of the links and pathways of referrals to the appropriate services, based on the child/young person's needs.	Education providers know when and how to involve the appropriate services.	Better integration of education and mental health services, resulting in early intervention and better service provision for children and young people.	DE/ PHA/ DoH/ HSCB	30, 33	Resource required.	<p>Mar 2020</p> <p>It may be necessary to seek Ministerial approval to implement this action. DE / DoH to consider as work progresses</p>	
Strengthen public awareness and community capacity building	7.5 Commission qualitative research on mental health literacy, language and awareness of services appropriate for children and young people to inform future awareness raising programmes including for example the Change Your Mind programme which is	<p>1. Research designed and commissioned</p> <p>2. Pilots run in 20/21</p>	Better understanding and awareness of the importance of mental health and emotional wellbeing in children and young people, leading to a reduction in stigma and an increase in	<p>PHA</p> <p>DoH</p> <p>DE</p> <p>HSCB / EA</p> <p>Key relevant Voluntary sector</p>	35, 36	To be agreed	<p>Through 2020; Pilots run through 20/21 if resources are available. It may be necessary to seek Ministerial approval to implement</p>	

	<p>designed to tackle mental health stigma and discrimination.</p> <p>Subject to resource availability, pilot two programmes in 2020/21 to support resilience in post-primary schools; and embed Mental and Emotional Wellbeing in the curriculum to maximise success in further and higher education.</p> <p>Links with Protect Life 2 objective and associated actions to improve awareness of suicide prevention and associated services.</p>		engagement with services.	bodies .			this action. DE / DoH to consider as work progresses	

Theme 8 – Young people with additional needs								
Outcome	Action	Measures	Outcomes	Lead	Link to NICCY rec's	Resource implications	Time frame for completion	Progress update
Equal access for young people with a learning disability to services and support	8.1 Pursue development of ID CAMHS pathway, linked to Action 8.2	1. Regional development and publication of a new ID CAMHS pathway, including roll out to all Trusts.	Full access to ID CAMHS for children and young people who require the services.	HSCB HSCT s	37, 38, 39, 40	Yes	To be agreed, subject to resource.	
	8.2 Development of the Children and Young People emotional and Wellbeing Framework.	1. Publication of Framework.	Single point of access to services for all children, regardless of disability.	HSCB DoH Trusts	37, 38, 39	Yes	Mar 20 (to be kept under review) Ministerial decision may be required if new policy proposed.	
Access to services to address mental health and substance use problems at the same time	8.3 Consider new approaches to mental health and substance use problems. Project Board to engage with policy leads in respect of new approaches for addressing the needs of children with mental health and substance misuse problems. In doing so, Project Board will liaise with the Review of Regional Facilities Programme	1. Scoping / options paper developed and advice prepared for Ministers 2. PHA to revise guidance on referral pathways in respect of both Step 2 and 3 services.	Holistic support and treatment services for children and young people with co-occurring mental health and drug/alcohol problems, resulting in better patient outcomes.	DoH DoJ PHA HSCB	41, 42, 43, 44	Potentially	Dec 20; Ministerial decision may be required if new policy proposed.	

	Team to consider how the development of proposals for a Joint Care and Justice Campus might contribute to these new approaches.							
Treatment for children and young people with co-occurring physical and mental health needs	8.4 Create a new protocol for informing RQIA of all relevant information when a child or young person is admitted to a general paediatric ward for mental health treatment or care.	<p>1. Report produced on how often this happens and what existing protocols are</p> <p>2. In light of the findings above, strengthen RQIA safeguarding role by producing a new protocol or reporting requirement.</p>	Better RQIA oversight of the appropriateness of mental health care and treatment being provided in paediatric wards.	DoH RQIA Trusts HSCB	50	Potentially	Dependent on funding.	

Timeframes based on assumption that dedicated staff resource / time is made available to take forward that particular action.