Supporting Children and Young People Experiencing a Mental Health Crisis

A Framework for the development and delivery of crisis support for children, young people and the adults that support them in Scotland

February 2026

Scottish Government
Riaghaltas na h-Alba

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"You listened to me when I felt no one else was listening. I was ready to give up for ever"
Young Person supported by Lighthouse Perth

Sources of Support

Some of the content in this Framework may have an emotional impact on you. Support is always available, and some of the national sources of help are listed here.

If you are ever in immediate danger or have the means to cause yourself any harm, you should dial 999 and request an ambulance

Mind to Mind

If you're feeling anxious, stressed or low, or having problems sleeping or dealing with grief, find out how you can improve your mental wellbeing by hearing what others have found helpful by visiting Mind to Mind | NHS inform

Breathing Space

Breathing Space is Scotland's free, confidential listening service for individuals over 16 experiencing symptoms of low mood, depression or anxiety. You can contact them on 0800 83 85 87 Monday to Thursday from 6pm to 2am and 24 hours a day at weekends (from 6pm Friday to 6am Monday).

Samaritans

Samaritans provide confidential, non-judgemental emotional support 24/7 for people who are experiencing feelings of distress or despair. You can contact Samaritans free by phoning 116 123 or emailing jo@samaritans.org

NHS 24 Mental Health Hub

NHS 24 mental health services are available to everyone in Scotland. The services available include listening, offering advice and guiding you to further help if required. The Mental Health Hub is open 24/7 and you can contact them on 111.

Childline

Childline is a free service for children and young people for when they need support or advice. It is open 24/7, and there are many ways to get help. You can call 0800 1111 or visit their website Childline | Free counselling service for kids and young people | Childline

Ministerial Foreword

I am very pleased to publish this document, which sets out our vision that every child and young person in Scotland will be able to access effective and appropriate support when they are experiencing a mental health crisis.

Whenever we have asked young people for their views, they have told us time and time again that they would be unsure who to turn to if they found themselves in crisis, or what supports would be available. They feel that there are gaps in support options, and when they do access support they feel rushed or not listened to[1].

Work has been underway for a number of years at a national and local level, across a range of sectors and partners, to improve our mental health unscheduled care response. However, we recognise that more work needs to be done for our children and young people to ensure that they can access the right care, regardless of where or when they present in crisis.

Improving crisis support sits within a wider landscape of mental health support for children and young people. This includes access to counselling support and school nurses in our schools, community mental health and wellbeing support in our local communities, and specialist support provided by the NHS such as Child and Adolescent Mental Health Services.

Ultimately, we want to support local partners to develop and deliver support options that work for their local populations. This is critical if we are to consistently provide children and young people in crisis with the support that they are asking for.

This Framework has been developed through collaboration with the Barriers and Access to Supports and Services Implementation Group which includes a wide range of partners, working across health boards, COSLA, social work, education, Suicide Prevention Scotland, Police Scotland, and third-sector organisations. It reflects the expertise of those working across a variety of sectors – from universal to specialist - who may be the first port of call for a child or young person experiencing a mental health crisis.

Over the coming months, we will continue to work closely with our partners to develop the detail of how we will implement the Framework. Through this, we will maintain a clear focus on building on existing examples of good practice, and supporting improvements to crisis support that can be achieved across all sectors in Scotland.

This will support our vision of ensuring that wherever a child or young person presents in crisis, they are always met with a compassionate response, and are supported to access the most appropriate help.

Tom Arthur MSP
Minister for Social Care and Mental Wellbeing

[1] https://youngscot.net/ysobservatory/youth-commission-mental-health

Overview of the Framework

Who is this document for?
This document is for anyone who may encounter a child or young person experiencing a mental health crisis.

What will this document support you to do?
This document will introduce the basic components of the Framework and provide an overview of the core principles of good crisis support.

When might this document be most helpful?
This document will be most helpful for when initially looking to learn more about the Framework.

Vision

Our vision is that every child and young person in Scotland, and their family members and carers, will be able to access effective and appropriate support when they are experiencing a mental health crisis. This vision sits within Getting It Right For Every Child (GIRFEC), which is the Scottish Government's long standing, national commitment to provide all children, young people and their families with the right support at the right time.

What Do We Mean By Mental Health Crisis

To support service development when talking about crisis presentations, we have used the definition of crisis agreed in The Multi-Agency Partnership Approach to Distress Framework for Collaboration[2]:

> Crisis is a state where a person is unable to cope and they may be a risk to themselves or others. They are likely to require urgent help from others to manage their mental health risks.

We have chosen to use this definition so that we are using the term "crisis" consistently across children's and adult services.

We intend for there to be some flexibility in how we apply this definition in relation to accessing support and services. We do not want this definition to become prescriptive, and we want to avoid creating another barrier to children and young people accessing the right help and support.

For the purposes of this Framework, our application of the definition of "crisis" is mainly focused on mental health crisis. This includes, but is not limited to, suicidal crisis.

[2] Mental health - distress framework for collaboration: multi-agency partnership approach - gov.scot

A mental health crisis can occur for a variety of reasons in a child or young person's life. These can include social, economic, health, and other factors.

It is important that defining a mental health crisis should not be based on clinical diagnostic criteria, or an expectation that a mental health crisis will lead to a mental health diagnosis. Crisis may not necessarily be related to a mental health condition (e.g. a crisis could arise as a result of a difficult social situation), and the main aim should always be to provide the appropriate support.

We know that:

- Young people in crisis can, and will, ask for help in a wide variety of settings. This could include universal services such as education, and specialist services such as Child and Adolescent Mental Health Services (CAMHS).
- Not every child or young person in crisis will require escalation or onwards referral to specialist help – although some will.
- Given that each set of circumstances is unique, the pathway for every crisis presentation will look different in each case.
- So too will the help provided by each setting. This will look different depending on where the presentation occurs.

About the Framework

Given the above, this Framework aims to set out our expectations of what good practice looks like for anyone who has a role in supporting children and young people aged between 12 and 18 years old (26 for care experienced young people in line with legalisation) experiencing a mental health crisis[3].

We acknowledge that there are currently gaps in provision of crisis support, as well as a lack of clarity around escalation. This document aims to set out what good looks like for any child or young person who presents in a crisis. Addressing the gaps that we know exist will be a crucial part of implementing this Framework in practice. Developing a detailed implementation plan, in close collaboration with partners and stakeholders, will therefore be key to success. The forthcoming implementation plan will be accompanied by an escalation pathway to guide practitioners to the most suitable form of support when a child or young person is experiencing a mental health crisis.

This Framework does not introduce additional responsibilities for services. Instead, it clarifies how existing processes including GIRFEC processes should be applied when children and young people experience a mental health crisis.

Aims

This Framework provides the principles of what cohesive and effective support for children and young people experiencing a mental health crisis should look like across Scotland.

[3] Children and Young People (Scotland) Act 2014: Guidance on Part 10: Aftercare

The Framework seeks to:

- Outline how GIRFEC and mental health supports come together across specialist and community services to respond to a mental health crisis;
- Support joint working across different services and structures to support improvements, and;
- Improve awareness and understanding of how we support Scotland's children and young people while they are experiencing a mental health crisis.

The expectations set out in this Framework reflect existing good practice and established responsibilities across services. For many practitioners, this will describe what they already do through safeguarding, child protection, GIRFEC assessment and planning, and local escalation arrangements.

At a local level, the Framework is a tool for partners, service managers, commissioners, planners, and practitioners to reflect on their current practice. The principles of good crisis support should inform an integrated, consistent approach to the provision of crisis support for children and young people. This should always have GIRFEC at its core.

The Framework also highlights the contribution and role which a range of services can play when supporting children and young people experiencing a mental health crisis. This includes specialist crisis services, health services, social work, and other statutory services. It is important to note that this will include services which are not typically designed to deliver crisis support, but which may be the first port of call for a child or young person when they ask for help. This may include third sector services, schools, youth groups and other settings.

At a national level, the Framework is a tool to inform future policy development and guidance, supporting greater consistency in expectations around crisis support for children, young people and the adults that support them.

The Framework should be read alongside current safeguarding, child protection[4] and GIRFEC guidance[5], and should be applied through established local procedures and professional roles.

Core Principles

This Framework aims to promote a ‘no wrong door’ whole system approach to improving and responding to mental health crisis. This means that any service which may encounter a child or young person experiencing a mental health crisis should be:

- Available in a way which meets the child or young person’s needs wherever they require help;
- Centred in equity, equality and rights;

[4] National Guidance for Child Protection in Scotland 2021 - updated 2023 - gov.scot
[5] GIRFEC resources - Getting it right for every child (GIRFEC) - gov.scot

- Trauma informed, and;
- Attuned and responsive to what children and young people really need (during and after a crisis, including a focus on recovery).

A 'no wrong door' approach does not mean that all services are expected to manage crisis alone. Instead, it means that wherever a child or young person first presents in crisis, they are met with a compassionate response, and are supported to access the most appropriate help.

The following principles provide more detail on what we know works in relation to delivering a person-centred approach. These principles can apply to all services, from initial presentation to more specialist support. A mental health crisis may not be a single event, so services also need to continually consider - and be responsive to - changing needs and risks.

Right Support, Right Time, Right Place				
Choice of support which is trauma informed and set in a comfortable environment	Ensuring all services are skilled in the first steps of crisis response	Reach in support	Support and signposting for parents/carers	Alignment of services

Centring Equity, Equality and Rights				
Age appropriate (evolving capacity) and proportionate responses	Listening and responding to the experiences of children, young people and families	Free from stigma and discrimination	Continuously improving	Telling your story only once

Responsive Services				
Creating a safe space for the child or young person and supported handover	Connected support – collaboration and working together	Governance: data sharing and risk management	Importance of using local data to understand local populations	Connections between services and support in accessing further services/ resources

These principles could be delivered through a variety of different types of supports and services to suit local population need and requirements. Local areas, through collaborative planning, should determine what type of support their population requires. This could include supports such as:

- Safe spaces
- Peer support groups

- Family support hubs
- Additional training for non-specialist workforce
- Targeted interventions for high-risk groups
- Enhanced youth work
- Development of local crisis protocols
- Out of hours support and advice for practitioners
- Face to face provision supported by digital services such as online support platforms and text-based services.

Who the Framework is relevant to

This Framework is relevant to all services and supports that assist children and young people who are experiencing a mental health crisis. This includes crises that involve suicidality and self-harming behaviours, however, not all presentations will include these.

This Framework acknowledges the fundamental role that mental health services - both inpatient and community - play in providing support and treatment to children and young people experiencing a mental health crisis. However, it also outlines the wider system that plays an important part in their care. This can be through education, social work, third sector, emergency services such as the police, and youth work. These agencies can all play a key role in children and young people's lives.

Each presentation involving mental health crisis is unique, and will be shaped by the individual circumstances and experiences of the child or young person.

The way a child or young person communicates distress, or presents when in crisis, depends on many factors. These can include their age, personal triggers, their support system, and their overall health. It is crucial that any response is person-centred, trauma-informed, compassionate and based on the specific needs of the child or young person.

It is vital that defining a mental health crisis should not be based on clinical diagnostic criteria or an expectation that a mental health crisis will lead to a mental health diagnosis. This should be based on individual need and circumstances.

Age Range

The Framework is intended for children and young people who are between the ages of 12 to 18 years old inclusive (26 for care experienced young people in line with legislation). It also has relevance to parents, carers and wider families/supports.

Within the age range of the Framework, there are a number of key milestones. These include the point at 12 years when a child may be able consent to medical treatment. At 16 years, a young person has legal capacity before being classed as an adult by many services and institutions at 18 years.

We know that those aged below 12 years old can also experience a mental health crisis. However, we also acknowledge that those between 8 to 12 years old are in a different developmental stage. Not all interventions and ways of working would be appropriate for this age group.

Notwithstanding this, age should not be a barrier to accessing support when a child or young person is in crisis. The support that is offered should always be based on the developmental needs of the individual. The right help and support should still be available for any child or young person who requires it, in line with GIRFEC, and as outlined by Article 24 in the UNCRC[6]:

'Every child has the right to the best possible health and to healthcare services that will help them attain this, including mental health'.

Additionally, from 16 years, older teenagers may start to interact with supports and services for adults. There is no universal transition point for children and young people's services. Some cease at 16 years, and others continue to age 18. This is particularly important in relation to crisis or unscheduled care. If there is an urgent mental health issue, a 16-18 year old could, in very rare circumstances for example, be admitted to an adult mental health ward if no beds are available in an adolescent unit. The 'Admission to adult mental health wards for under 18's Best Practice Guidance' (2020) is clear young people should be admitted to a specialist CAMHS ward but provides guidance on how best to manage admissions when this is not possible.

We know that crisis presentations can vary in how they appear across age ranges, and for different children and young people. They may present as being worried, sad, upset, angry, aggressive, not eating or drinking, running away, putting themselves in dangerous situations, exhibiting risk-taking behaviour, and engaging in self-harming behaviours. This list is not exhaustive - crisis can present in many different ways.

Higher Risk Groups

There are a number of groups of children and young people who are at a higher risk of either experiencing crisis or presenting with more complex needs, shaped by life experiences[7], such as those who have one or multiple adverse childhood experiences. This can be compounded by stigma, discrimination, and systemic inequalities when trying to access support.

Children and young people may belong to multiple high-risk groups, and these should not be viewed in isolation. A person-centred approach, in line with GIRFEC, is essential to understanding and responding to each individual's needs.

[6] UN Convention on the Rights of the Child
[7] Mental health of adolescents

It will be important for crisis supports and services to ensure that there is both equality[8] of access but also equity[9] of access, care and outcomes. Some of these groups may require specific interventions should crisis occur, while others may just need the service to be mindful of their needs.

We know that stigma and discrimination can also be a barrier to accessing support from services. All services should seek to be fully accessible, culturally understanding, and responsive in a sensitive way to diverse needs.

A key consideration of this work is that children and young people in crisis are likely to seek help where they are most comfortable. This may be to those for whom working with crisis is not their primary role. Wherever they present in crisis, services and professionals should be compassionate and able to support individuals into services that meet their needs and circumstances. This means ensuring that services are not only accessible for children and young people but also that they are available in a variety of ways to reduce barriers around access, such as in a variety of languages.

We also know that crisis presentations among neurodivergent children and young people and disabled children and young people may differ from their peers[10]. Examples include: sensory overload, communication breakdown, physical health deterioration, internalised distress and difficulty with transitions.

Neurodivergent children and young people, or children and young people with learning needs, may face additional challenges in accessing crisis support. Services must proactively consider physical, sensory, cognitive, and communication needs to ensure inclusive and responsive care.

Background: Why the Framework is Needed

Young people have told us that there is currently a gap in support relating to crisis support. They have expressed concern around how services have responded to them when they sought support while experiencing a mental health crisis[11].

Our recent engagement with young people from the Young Islanders Network found that children and young people would value improved visibility of services, increased training for adults in their lives such as in school and in youth work, and ensuring any improvements to crisis services take into consideration the diversity of Scotland's islands.

[8] Equality - Means ensuring that everyone has the same rights, opportunities, and access to resources, often aiming to create a level playing field where individuals are not treated less favourably because of their background or protected characteristics. It is about treating people with dignity and respect, aiming for equal outcomes.
[9] Equity - Refers to fairness and impartiality, focusing on ensuring everyone has an equal opportunity to achieve the same, or similar, outcomes. It acknowledges that people have different, unique circumstances and, therefore, allocates the specific, tailored resources and support needed to overcome barriers.
[10] Facts and Figures | CYPMHC
[11] Youth Commission on Mental Health Services - Young Scot Corporate

Furthermore, feedback shared with us by young people from the Suicide Prevention Youth Advisory Group shows that "even when in crisis, they do not always want answers, they sometimes just want people to listen to them". They would prefer to access support in non-clinical settings with people that they have a trusted relationship with.

In June 2023, the Mental Health and Wellbeing Strategy[12] was published which recognises the need to expand and improve the support available to people in mental health crisis and those who care for them. This builds on the previous work of the Children and Young People's Mental Health and Wellbeing Joint Delivery Board[13], which was tasked with ensuring that crisis support is available 24/7 to children and young people.

Through this work, three key issues in relation to crisis support in Scotland were identified:

1. High demand for services and variability in access;
2. Balance of digital and in-person supports, and;
3. Need for a whole system approach.

The Child and Family Mental Health Joint Strategic Board[14], was established in 2024. The Barriers and Access to Supports and Services Implementation Group, a sub-group of the Board, has supported the development of this Framework to drive forward improvements, and ultimately deliver improved crisis support, for children, young people and the adults that support them.

Currently, we have limited data on the numbers of children and young people who present to services experiencing a mental health crisis in Scotland. This is predominantly due to crisis presentations being recorded in different ways, data not always being linked across different organisations, or on some occasions, no data being collected at all. However, we do know that within Scotland there is high demand for access to mental health services for children and young people. A recent systematic review[15] has shown that numbers of children and young people presenting in crisis in other parts of the United Kingdom are increasing. According to this review, the key areas of focus are:

- Awareness of existing provision;
- Supportive responses embedded within emergency departments if the crisis involves a life threatening emergency;
- Considering the evidence base and availability of different types of support such as online or by telephone, and;
- Increasing access to community support with clear escalation to specialist social support and/or clinical services if necessary.

[12] Mental health and wellbeing strategy - gov.scot
[13] Children and Young People's Mental Health and Wellbeing Joint Delivery Board: final report - gov.scot
[14] Child and family mental health: Joint Strategic Board - gov.scot
[15] Review: Crisis responses for children and young people – a systematic review of effectiveness, experiences and service organisation (CAMH-Crisis) - Edwards - 2024 - Child and Adolescent Mental Health - Wiley Online Library

Evidence has shown that the aim of “good crisis support” should:

- Stabilise and manage the present crisis initially;
- Assess needs of child or young person and develop support plan with them;
- Support child or young person’s engagement with community support and/or treatment;
- Keep children and young people in their home environment, where appropriate, as an alternative to inpatient admission;
- Escalate and provide a handover for children and young people to additional mental health services where necessary;
- Offer peer support, and;
- Have an appropriately trained and supervised workforce

Definitions

The following definitions are included to provide a common understanding and consistency that can be shared across agencies and services. These definitions have been taken from a range of sources including the Mental Health and Wellbeing Strategy (2023) and the Multi-Agency Partnership Approach to Distress: Framework for Collaboration, and will hopefully ensure that with common understanding, services are best able to meet a child or young person’s mental health and wellbeing needs.

- Mental wellbeing is a person’s internal positive view that they are coping well psychologically with the everyday stresses of life and can work productively and fruitfully. Good mental wellbeing means a person will feel content and live their life the way they choose.

- Distress can be described as a sudden change in wellbeing from regular behaviour patterns with expressions of intense emotions (e.g. anxiety, hopelessness, loneliness). It is an emotional pain which may have led the person to seek help, and which does not require further emergency service involvement.

- Mental illness is a health condition that affects emotions, thinking and behaviour, which substantially interferes with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others. Mental illness is a term used to cover several conditions (e.g. depression, post-traumatic stress disorder, schizophrenia) with different symptoms and impacts for varying lengths of time for each person. Mental illnesses can range from mild through to severe illnesses that can be lifelong.

- Crisis is a state where a person is unable to cope and they may be a risk to themselves or others. They are likely to require urgent help from others to manage their mental health risks.

- Mental wellbeing, mental health and mental illness are linked to a combination of factors covering biology (e.g. genetics, health and neurodiversity),

psychology (e.g. thoughts, emotions and beliefs) and social factors (e.g. culture, poverty and discrimination). These three areas combine with a person's life experiences to impact the state of mind. This impact varies over time, does not progress in a straight line and is specific to an individual.

- Unscheduled Care is unanticipated, so presentations are unplanned to the services (i.e. where a person did not arrange an appointment). Unscheduled care incidents cannot reasonably be foreseen or planned in advance of contact with relevant services.

- Urgent Care is an illness, distress or injury that requires urgent attention but is not necessarily life or limb-threatening. There is an expectation that urgent care is time sensitive to mitigate risk or to prevent the situation from escalating (e.g. a person displaying signs of impaired decision making).

The Role of the Workforce in Supporting Children and Young People Experiencing a Mental Health Crisis

Who is this document for?
This document is for practitioners and service leads involved in providing crisis support to children and young people, from initial compassionate responses, through to specialist services

What will this document support you to do?
This document will provide an overview of who has a role in providing support when a child or young person is experiencing a mental health crisis, and outlines the skills, national policies and guidance that are available to support in your practice.

When might this document be most helpful?
This document will be most helpful when designing new services, or when supporting current practitioners to feel more confident when providing support to children and young people experiencing a mental health crisis.

Who has a Role to Play in Assessing and Supporting Children and Young People in Crisis?

A key component of this Framework is that it is applicable to everyone who may find themselves engaging with a child or young person in crisis – no matter what the setting or context.

This means that, wherever children and young people present in crisis, they should encounter services which are able to respond to their needs and support them to access the right support, at the right time, underpinned by the GIRFEC approach.

It is also essential that these crisis responses are centred around the UNCRC (in particular Article 12[16]) to help us listen and respond to the needs of children, young

[16] Article 12 requires the views of the child to be given due weight in accordance with the age and maturity of the child

people and the adults that support them regardless of where they present. This means an initial response which begins where the initial presentation was made, and is supported by strong multiagency communication and swift escalation to specialist services if required.

There are a variety of existing settings and services which are more specifically orientated towards supporting children and young people in crisis. These span:

- NHS and Health & Social Care support, such as CAMHS.
- Statutory services outside of health, such as social work and educational psychology.
- Third sector providers, including specialist crisis support and youth work services. These can be delivered in person, online, or by phone.

What Good Support Looks Like for Children and Young People in Crisis

There are a variety of key contact points during crisis. These range from initial support, to setting the conditions for longer-term follow up support. Practitioners should consider the following questions in relation to their practice (noting that sometimes these do not always play out in discrete separate stages).

Initial crisis presentation

- Which partners should be contacted/involved?
- What is the context of the crisis presentation?
- Child, family and carer involvement in decision making and planning (here and throughout)
- What immediate and longer term risks are present?

Supported handover

- How do partners work together to provide stabilisation support for children, young people and their families?
- How can effective, proportionate communication and clear lines for escalation of concerns be put in place?

Active crisis support

- What does an effective pathway/handover look like after the crisis has been stabilised?
- How can I manage this in a rights respecting manner (embedding Time Space Compassion)

Longer term follow up

- What does longer term support look like for children, young people and their wider family?
- What is the role of partners?

Some illustrative examples of what good support looks like can be found in the Case Studies Document.

Workforce Knowledge and Skills

There are three key national Knowledge and Skills Frameworks which relate closely to the skills and awareness required to put in place appropriate responses to children and young people experiencing a mental health crisis. Across the three frameworks they cover trauma informed responses, self-harm, suicide and children and young people's mental health.

It is likely that practitioners supporting children and young people in crisis will be familiar with at least one of the three Knowledge and Skills Frameworks, and will undertake their role in line with the key elements described in each. This is applicable to all practitioners from schools to community settings to social work to CAMHS.

These frameworks are:

- Children and young people's mental health and wellbeing : a knowledge and skills framework for the Scottish workforce | Turas | Learn
- Mental Health Improvement & Suicide Prevention Framework: Scotland's Knowledge and Skills Framework for Mental Health Improvement, Self-Harm and Suicide Prevention and,
- Transforming psychological trauma: a knowledge and skills framework for the Scottish workforce

Within each framework, the knowledge and skills required are set out into four different practice types: Informed, Skilled, Enhanced, Specialist.

Informed – Refers to the majority of universal provision. These are settings that may come into contact with children and young people experiencing a mental health crisis.

Skilled – Applies to settings or individuals who encounter crisis presentations more frequently or who aim to be crisis-informed.

Enhanced – Relevant for services that deal more directly with crisis management.

Specialist – Relevant to services managing complex or repeat crisis presentations.

The following diagram outlines what this looks like from the context of the different practice types laid out in these national Knowledge and Skills Frameworks:

Informed

Type of response: Compassionate response. First point of crisis management. Additional support can be sought if needed.
Provided by:

- Parents, carers, friends, community
- Wider services e.g. schools and youth work

Skilled

Type of response: Initial crisis management and compassionate support. Follow up support if required.
Provided by:

- Wider services

Enhanced

Type of response: focused crisis support
Provided by:

- Dedicated crisis supports (statutory and third sector)

Specialist

Type of support: Crisis focussed support for children/young people with elevated need.
Provided by:

- Specialist services such as CAMHS

Appropriate supervision, support and risk management should be incorporated as required as part of this practice for both specialist and universal services. Services should consider the impact of their reach across different equalities groups and through an intersectional lens, with an active focus on rights based practice.

We recognise that the different practice types are not service dependent (across both specialist and universal services). Some practitioners may move between the different types depending on their experience, training and expertise. More information about the different practice types is outlined in the following table.

Informed
Core skills required across professionals and communities to support responses which are trauma informed and contribute to mental health improvement and the prevention/management of self-harm and suicide. This includes wider workforce whose roles may not centre around mental health or wellbeing. This will also apply in a population wide setting, having relevance across all communities where there is the potential to provide initial support to a child or young person presenting in crisis. Additionally, support to wider family should be considered, recognising the emotional distress which is likely to occur.
Skilled
This practice type moves on to including staff who are in non-specialist roles but may be more likely to encounter a child or young person presenting in crisis. This includes roles where there is direct and/or substantial contact with people who may be at risk of mental ill health, self-harm or suicide.
Enhanced
The skills and knowledge at this level practice type around staff who are increasingly more likely to provide enhanced support around crisis responses, de-escalation and whose role involves facilitated handover to specialist crisis support if needed.
Specialist
This practice type is focussed around staff who have a specialist role in mental health, prevention/management of self-harm or suicide, or crisis management. The knowledge and skills at this level will be driven by the context of the organisation and practice recognising that crisis responses span across multiple specialist inputs.

Further resources to support learning and practice can be found in the Further Resources Document.

Delivery Landscape and Embedding National Policies and Resources

This Framework sits in the context of crisis across multiple systems and services, from non-specialist support to CAMHS. Although there are specifically crisis-orientated services and supports, we also know that management of crisis

responses for children and young people can be part of a number of services. These services may not be focused around crisis, or even mental health, but are simply the first point of contact for children and young people seeking support.

GIRFEC is both an approach and framework used by services across Scotland to improve and uphold the wellbeing of children and their families. It underpins the delivery of high-quality universal and targeted support through a single, shared approach to planning across education, social work, and health and social care; and between public services, the third sector and community partners.

The National Practice Model within the GIRFEC approach brings together the My World Triangle, Resilience Matrix, eight wellbeing indicators and the four contexts for learning within Curriculum for Excellence, to support overall assessment. It provides practitioners, together with children, young people and the adults that support them, with a framework to structure and analyse information in a consistent way, holistically take account of a child or young person's needs, identify their strengths and any challenges they face, and consider the most appropriate offer of timely support for the child or young person and the adults that support them.

The GIRFEC approach enables those supporting children and young people to fully participate in decisions which affect them across a continuum of need, from early help and support through to more intensive support. This provides a consistent approach during crisis.

Time Space Compassion is an approach and practical resource for anyone who wants to explore what part their team, organisation or community can play in preventing suicide and supporting people affected by suicide and self-harm.

Time Space Compassion provides an opportunity to apply a relational lens to the support and resources offered to children, young people and the adults that support them when experiencing a mental health crisis. Young People from the Suicide Prevention Youth Advisory Group have told us that "even when in crisis, they do not always want answers, they sometimes just want people to listen to them". By using Time Space Compassion support can be provided in a way that children and young people feel they need.

Time
Time is focused around ensuring people feel heard and listened to. Focusing on helping people feel validated and understood as well as providing continuity across a person's journey.

Space
Space focuses on the accessibility of safe spaces, both in creating safe space where people are and in supporting people to reach other safe spaces. This might be in service settings, in communities or at home. And can be a virtual safe space as well as a physical one. It is also about offering emotional and psychological space to support people to make sense of crisis.

Compassion

Compassion is rooted in kindness, respect, and sensitivity, understanding how trauma and crisis can affect people's behaviour. It involves identifying opportunities to offer direct support, or connect them to others who can provide support that reduces the drivers of distress in the person's life. It recognises both the impact that people's previous experiences of stigma and discrimination can have on how they engage with services now. It also includes being clear on boundaries. And that compassion extends to an individual's support network as well.

Time Space Compassion in Practice

Time
This might include: working to start a conversation well when someone may be experiencing suicidal crisis; actively developing and practising listening skills; and understanding the factors that might lead to suicidal thoughts and behaviours. And making sure that follow up is clear for the person you are supporting, so they understand what they can expect going forward without needing to retell their story unnecessarily.

Space
Being clear on what support is available, drawing on national guidance. It also means reaching into communities as well as opening your space up to them. Being alongside someone as they develop their safety plan and creating space to ask about and take action to help people feel safe both physically and emotionally whilst being clear on confidentiality processes and governance.

Compassion
Putting time into building connections, focussing on trauma informed support, and understanding that people might need different ways to express what they need. Setting clear expectations of what a person can expect and how their personal information will be managed also helps embed a compassionate response into the practicalities of support.

You can find more examples of Time Space Compassion in practice on Suicide Prevention Scotland's website. Including examples from statutory providers and the third sector.

In the context of this Framework, these principles should be applied from two perspectives:

- To highlight how increasing awareness of the importance of applying the values in each of the dimensions of Time Space Compassion can improve service responses in relation to self-harm and suicidality in children and young people.
- To consider how the broader principles can support the Framework in all areas of crisis and distress, supporting empathic and respectful spaces for children and young people.

Together, these will support further discussion about how suicidality and self-harm do not only appear at times we traditionally describe as crisis, but can appear at different times, and with different presentations, across children and young peoples' journeys.

Applying the principles of Time Space Compassion in relation to crisis for children and young people can support all professionals to:

- Increase awareness of what matters to children and young people
- Better understand crisis as a dynamic, complex interplay across multiple factors
- Formulate responses which are deeply rooted in compassion and care

Below are further national polices and resources that should be considered in relation to this Framework.

The One Good Adult Job Description resource provides a high-level description of the skills required by adults to help them develop safe, nurturing and encouraging relationships with children and young people. These relationships could help foster positive mental health and wellbeing in children and young people and provide support when they are experiencing a mental health crisis. There is a strong body of evidence and guidance, embedded in public health policy to support this approach.

Children's Services Planning sets out what services, support and improvement activities will be delivered in each local area. Children's services planning plays a crucial role in supporting a collaborative and whole systems approach to planning and delivery of supports and services for children, young people and their families. This includes supporting the mental wellbeing and health of children and young people, including when they are experiencing a mental health crisis.

The Child and Adolescent Mental Health Service (CAMHS) Specification outlines the provisions young people and their families can expect from the NHS. This includes providing or contributing to an all hours mental health crisis response service which covers advice/support to frontline services, assessment/intervention/treatment, and access to inpatient care. CAMHS crisis supports play a key role in ensuring safety and facilitating access to follow up care.

The National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care aims to ensure that children, young people, and the adults that support them, receive the supports and access to services that meet their needs at the earliest opportunity, based on the GIRFEC approach. For many children and young people, such support is likely to be community based but should also include appropriate involvement of health services, and should be quickly and easily accessible.

The Children and Young People's Community Mental Health and Wellbeing Services and Supports Framework sets out the broad approach that should be taken in the provision of community-based mental health and wellbeing supports and services for children, young people and their families. Currently community-based services promote positive mental wellbeing and provide support for those children and young

people experiencing emotional distress, however, we know that individuals in crisis may also present to these types of supports and services. It is therefore important that all types of children and young people's services are aware of what they can do to care for a child or young person experiencing a mental health crisis, and have clear routes in place to escalate concerns where appropriate.

Through the Mental Health Unscheduled Care Network, Scottish Government has completed a national review of Psychiatric Emergency Plans (PEPs). PEPs are local protocols that guide the immediate response of services when a person is at risk of detention, ensuring timely, coordinated, and effective care. The review identified measures that support an improved and consistent response across Scotland and that strengthen how local services and emergency responders work together. The Scottish Government and its national partners are developing national guidance to support local services and emergency responders with implementing these measures.

The Multi-Agency Partnership Approach to Distress – Framework for Collaboration[17] sets out the principles for multi-agency collaboration when supporting people who are experiencing distress. This includes setting out the key components of an effective approach which includes local multi-agency forums, agreeing processes and pathways, and building strong relationships across key partners and stakeholders. This Framework mirrors and works in parallel with these aims.

The National Guidance for Child Protection in Scotland (updated in 2023) describes the responsibilities and expectations for all involved in protecting children and will support the care and protection of children.

School nurses play a vital role in supporting the health and emotional wellbeing of school aged children in Scotland. The role of a school nurse centres around 10 priority areas which can influence poor health in later life. These 10 priority areas include, but are not limited to, "emotional health and wellbeing", "child protection", "substance misuse" and "care experience". The school nursing approach is holistic, with a strong focus on prevention, early intervention and support for the most vulnerable children and young people aged between five and nineteen years of age. They work within multi-disciplinary and multi-agency teams to support young people's needs. Where more specialised care is required, school nurses can make referrals into other services, ensuring young people receive the correct care and support at the right time.

Educational Psychologists bring extensive experience in the practical application of psychology, the effective use of implementation approaches, and the facilitation of collaborative problem solving to address some of the most complex challenges faced by Education and Children's Services. They are well placed to support improvement at the level of individual children, schools and early learning and childcare settings, local authorities, and the national system. Educational Psychologists work across the continuum of prevention, early intervention and crisis response, with a continual focus on prioritising prevention and early intervention. They aim to achieve this by

[17] Multi-Agency Partnership Approach to Distress: Framework for Collaboration

supporting improvements in systems, processes, and staff knowledge and skills to meet the needs of learners, particularly those with additional support needs.

Allied Health Professionals (AHPs) play a huge role in the health and emotional wellbeing of children in Scotland. AHPs are generically trained to support children with both physical and emotional concerns. AHPs work in universal and specialist services including paediatric health services and CAMHS. They work as part of multi-agency teams to support children and young people to participate in and focus on living a life that they value, and can participate in.

The Framework should be considered alongside relevant legislation, policies, national health and well-being standards and health, and social care standards including:

- Core Mental Health Standards (2023)
- National Health and Wellbeing Outcomes Framework (2015)
- Health and Social Care Standards: My support, my life (2018)
- Secure care: pathway and standards (2020)
- National Specification for the Delivery of Psychological Therapies and Interventions in Scotland (2023)

Reducing Barriers, Upholding Rights and Supporting Equality Led Approaches

Crisis support should be accessible to a wide range of children and young people. We know that parity of provision does not equal parity of outcomes. With this in mind, it is important that supports and services take into account the following when considering how to support a child or young person in crisis:

- Ensuring a trauma informed approach is taken at multiple levels (with sensitivity to how trauma may be experienced and expressed differently by different groups.
- Embedding cultural sensitivity across all practice and materials (including awareness of how disability intersects with other aspects of identity such as race, gender, and socioeconomic status).
- Ensuring services are available and accessible to meet a wide variety of needs, for example, interpretation, or accessible formats such as Easy Read, British Sign Language (BSL), or Augmentative or Alternative Communication (AAC)[18].

In order to do this, services should:

- Be clear about confidentiality and governance, explaining what might have to be shared in ways that are understandable and accessible to the individual child or young person;
- Consider crisis management within their impact assessment activity;

[18] A Right to Speak Supporting Individuals who use Alternative and Augmentative Communication - gov.scot

- Have a clear understanding of the strengths and limitations of any services they support a child or young person to access especially in relation to accessibility, communication, and sensory needs, and;
- Ensure awareness and understanding across all staff around concepts such as minority stress[19], intersectionality, and ableism, acknowledging that this will be different across all children and young people.

Four UNCRC articles which are particularly relevant to upholding children's rights in relation to management of mental health and wellbeing crisis points are:

- Non-discrimination (Article 2)
- Best interest of the child (Article 3)
- Right to life, survival and development (Article 6)
- Right to be heard (Article 12)

In relation to Article 12, the Lundy Model of Participation demonstrates how to give space for children and young people to share their views, support them to share their voice, ensure the audience is able to take on what is being communicated and through influence ensure that what has been shared is responded to.

Stigma continues to be a core issue to tackle across mental health awareness and in removing barriers to accessing support. Minority stress shows that individuals with protected characteristics can experience a compounding effect in relation to stigma, discrimination, inequality and wider social determinants.

When developing and delivering crisis supports and services in different areas (urban/rural/island areas), and across different populations, it will be crucial to do so with local demographics in mind, using local data and feedback, and aligning development with culturally competent and sensitive approaches and the Social Model of Disability.

This model shifts the focus away from individual impairments and instead emphasises the societal and environmental barriers that disable people. Applying this model means recognising, for example, that disabled children and young people are not inherently limited by their conditions, but by inaccessible systems, attitudes, and environments. Services must therefore be designed to remove these barriers - whether physical, communicative, attitudinal, or procedural - and promote full participation and dignity.

This includes ensuring that the needs of all children and young people are actively considered in service design, with attention to accessibility, communication needs, and inclusive engagement. An asset-based, rather than a deficit-based, approach to individual needs is encouraged. Areas will also need to consider how to form a locally appropriate balance between in-person and digital support, recognising that

[19] "Minority stress describes the effect of additional stressors experienced by members of minority groups. These experiences can include direct discrimination; societal and structural marginalisation; or the anticipation of experiencing stigma/discrimination and can be compounded by overlapping and intersecting factors. Experiencing minority stress can have significant impacts on both mental and physical health outcomes."

for some children and young people, digital options may enhance access, while for others, they may present additional barriers.

Considerations for Service Leads and Commissioners

Whilst we know that there are some places children and young people may present in crisis more often, there is a growing recognition that a key component of this centres around the person that the child or young people knows and trusts most. The resource One Good Adult[20] sets out the personal qualities an adult should embody, through a job description co-produced with children and young people.

Children's Services Planning leadership[21] and arrangements are a core aspect of crisis prevention and management of crisis escalation for children, young people and the adults that support them. Specifically, whilst a preventative approach should always be sought where possible, there is the need to ensure that children and young people in crisis receive intensive support (aligned with Criteria 11 (Family Support)[22]) when necessary.

Service design, delivery and appraisal should work cohesively at both operational and strategic levels in order to ensure that the needs of children, young people and the adults that support them are being met in a way which is manageable, and is supported by current and future service infrastructure. In practice, this means ensuring that the principles of GIRFEC are central to any crisis response, and being responsive to the voices of children, young people, families and practitioners.

Understanding local population need is crucial to ensuring that crisis supports and services are fit for purpose locally. Ensuring that services are gathering and analysing data on crisis presentations and service user experience will support service leads and commissioners to understand the types of support required for their local populations.

To support the development of services, it will also be important to think about how support is delivered regionally, if populations or workforce are small. Scottish Government has emphasised the need for collaborative planning arrangements[23]. While Health Boards remain legally responsible for their statutory roles, the complexity of health services means that collaboration on a sub-national basis may be helpful to achieve better outcomes for children and young people experiencing a mental health crisis.

[20] How to be a good adult | The Knowledge and Skills Framework
[21] Children and Young People (Scotland) Act 2014: Statutory Guidance on Part 3: Children's Services Planning – Second Edition 2020
[22] CHILDREN AND YOUNG PEOPLE (SCOTLAND) ACT 2014: Statutory Guidance on Part 3: Children's Services Planning – Second Edition 2020
[23] Sub national planning approach across NHS Scotland Scottish Government update | Scottish Parliament Website

Rural and Island Areas

Access to mental health support varies across Scotland, with those living in our urban areas generally having greater access to a wider range of service options in comparison to those living in our more rural and island communities.

Although there are many aspects of rural and island life that can positively contribute to mental health and wellbeing, there are also unique stressors facing our rural and island communities. The Young Islanders Network have told us that these stressors can also be magnified when we look between island communities, with Scotland's smaller islands sometimes facing further difficulties compared with larger islands.

A literature review by Heaton (2022) on mental health within island communities within Scotland showed a number of recurring themes[24],which included people in rural Scotland facing isolation, worsened by remoteness and experience stigma and fear as a result. These can be heightened by poor digital connectivity, inadequate transport links, and a lack of anonymity. There is also a higher likelihood of limited or delayed intervention and limited or unobtainable options due to workforce shortages.

As above, however, there are also benefits to living in Scotland's rural and islands communities. We know that there are stronger community relationships and reduced exposure to noise and pollution. This coupled with direct access to green spaces and nature can result in lower rates of anxiety and depression. Recent data does show that mental wellbeing remains higher in rural areas in comparison to a general downward trend across Scotland[25]

As outlined previously, services may need to be delivered regionally rather than locally due to workforce and population need. Rural and island communities are already experienced in sharing knowledge, good practice, and skills across statutory and third sector services through the use of mechanisms such as Community Planning Partnerships.

[24] Mental health and wellbeing in the Scottish islands: A review of the literature - University of the Highlands and Islands
[25] Trends in Rural Scotland: a working paper (2025) - gov.scot

Risk Management and Mental Health Crisis

Who is this document for?

This document is for practitioners involved in providing crisis support to children and young people, from initial compassionate responses through to specialist services

What will this document support you to do?

This document will provide an overview of what things should be considered in relation to risk management when supporting someone experiencing a mental health crisis.

When might this document be most helpful?

This document will be most helpful to practitioners and service leads when developing and delivering services that interact with children and young people.

Risk Management and Mental Health Crisis Presentations

Risk in relation to managing crisis presentations can feel like a difficult and complex area. Within this document, we have reiterated the risk section from the Children and Young People's Community Mental Health and Wellbeing Supports and Services Framework. This is repeated here for two reasons:

- Firstly, it is acknowledged that some of the community supports and services will at various points support children and young people at, or near, crisis point. It is also important to recognise that not all of these services will have a primary role in supporting a child or young person during a crisis. Escalation may therefore be needed where a more specialist response is required.

- Secondly, the principles outlined in that framework form the initial basis of risk assessment and management in crisis settings.

The rest of this section looks at what is needed to fully support crisis presentations, including recognising how this may differ between specialist and universal settings.

Risk (as outlined in the Children and Young People's Community Mental Health and Wellbeing Supports and Services Framework)

There is degree of risk involved in the provision of community-based mental health support, including for example:

- Managing crisis or suicidal ideation. While community-based supports and services are aimed at promoting positive mental health and wellbeing and supporting those in emotional distress, children, young people and their families will sometimes present at these services in need of urgent care, or their needs may change over the course of accessing support.
- Managing adult or child protection concerns.
- Ensuring supports and services, including digital resources, are of sufficient quality to meet needs and have effective escalation routes.

The management of risk should be considered in relation to both face-to-face and digital services, and should include each local partnership collaborating on how risk will be managed and monitored across the range of local supports and services.

Important risk mitigations include:

- Ensuring clear, agreed escalation routes to CAMHS and adult mental health services. Usually, this will be how to seek advice from a clinician where a child or young person is not getting better or is raising concern. It should also include how to support children, young people and their families to access urgent assessment both in-hours and out-of-hours from other professionals including GPs, mental health specialists, nurses and social work if required.
- Clear escalation routes to adult and child protection processes.
- Appropriate professional oversight and necessary safeguards, which includes all staff being aware of the need to assess risk and of their own capacity to do so at a local level.
- Appropriate staff training and support.
- In relation to digital services, an up-to-date knowledge of the latest online threats and harmful trends, and an understanding of the impact technology can have on children and young people's health and relationships.

In addition, the following factors are important to consider:

- Multiagency responses which are proportionate, person-centred, trauma-informed, and needs-led.
- All escalation routes are clear and agreed – this should include agreed understanding of crisis response procedures in a local area, and an understanding of urgent[26] vs. emergency presentations (requires immediate response) and how to respond to them.
- Appraisal of immediate need should take place. The nearest Accident and Emergency Department is available to deal with life threatening emergencies (such as severe bleeding, breathing difficulties, or other serious injury).
- NHS24 is available for urgent - but not life threatening - injuries and severe mental distress. Other means of removing a child from a seriously stressful

[26] Urgent and unscheduled care - Healthcare standards - gov.scot

situation or providing intensive support for serious distress, including access to emergency accommodation, should be considered.

- Routes to intervention should include the most suitable NHS service where appropriate in instances where there is physical injury, overdose, non-suicidal self-injury, intoxication or assault.
- Services should be clear on how to raise a Notification of Concern (NoC) and have consistent processes in place for all staff.
- How a child or young person is practically supported to the service they need. This could include availability of a suitable vehicle, as well as an appropriate adult to accompany them to and from the assessment/intervention site, and support them throughout.
- If a child or young person refuses to go to, or stay at, the support service, this could be due to various factors such as anxiety. If required, an assessment should be made of their capacity to make decisions about their health and welfare, and consideration given to appropriate use of mental health legislation with parental/carer engagement as appropriate.
- How crisis responses are impact assessed with respect to equalities and children's rights.

In particular, crisis services, including CAMHS and specialist third sector providers, should:

- Support wider agencies in managing and holding risk around crisis which does not require escalation;
- Work with local partners to develop crisis response procedures;
- Take into account a child/young person's developmental stage and any relevant life transitions when considering, reviewing and adapting risk management approaches.
- Be mindful of the experiences of children who have already encountered adverse experiences, including of particular agencies or interventions.
- Directly involve the child, family, carers, and members of the child's care/support network in planning, prioritisation, decision-making, and review of support provision.
- Determine support which provides maximum benefit whilst being minimally restrictive and best secures the welfare of the child or young person.

Services supporting children and young people may already be aware of the National Risk Framework to Support the Assessment of Children and Young People[27] which aims to support practitioners at all levels, in any agency, to be able to approach risk identification, assessment, analysis and management with more confidence and competence.

This National Risk Framework has GIRFEC as its heart and uses the National Practice Model[28] and 5 GIRFEC questions to support decision making, all of which also apply to the Framework for Supporting Children and Young People Experiencing a Mental Health Crisis.

[27] National Risk Framework to Support the Assessment of Children and Young People - gov.scot
[28] Getting it right for every child – Practice Guidance 1 – Using the National Practice Model – 2022

Within the National Practice Model there is an emphasis on professional judgement and curiosity. Crisis presentations can, at times, feel pressed and urgent. Taking the space and time to explore curiosity around the child/young person's experience and situation, coupled with attuned professional judgement, helps to provide a measured, holistic response to the crisis situation.

GIRFEC in Practice

There are five key GIRFEC questions that practitioners should ask themselves when considering a child or young person's wellbeing needs, whilst maintaining a focus on the rights of the child. The child or young person should fully participate in discussions when considering these questions:

1. What is getting in the way of this child or young person's wellbeing?
2. Do I have all the information I need to help this child or young person?
3. What can I do now that is needed and appropriate to help this child or young person?
4. What can my agency or organisation do now to help this child or young person?
5. What additional help, if any, may be needed from others?

There are four tools within the National Practice Model which allow practitioners to map out what a child or young person needs:

- 'The eight wellbeing indicators: Using the wellbeing indicators (SHANARRI) in the 'Wellbeing Wheel' to observe, discuss and record information which may indicate the scaffolding of support needed for a child or young person.
- The 'My World' Triangle: Helps to understand a child or young person's whole world. It can be used to explore their experience at every stage, recognising there are connections between the different parts of their world. In the assessment process, it can be used to explore strengths, needs and risks.
- The Resilience Matrix: Used in more complex situations, the Resilience Matrix helps organise and analyse information when there is a perceived risk to a child or young person.
- Planning, action and review using the 'Wellbeing Wheel': When the child or young person's needs are clear, they can be summarised using the Wellbeing Wheel to develop an individual plan to provide support.'

The Resilience Matrix[29] supports in the appraisal of complex situations, helping practitioners to consider and manage the crisis presentation. The focus on highlighting the resilient factors of a child/young person, their family and the services they are engaging with helps foster a strengths-based approach. Additionally, the focus of the tool on changing environmental hazards/stressors helps provide a practical perspective on diverting the child/young person away from crisis.

[29] GIRFEC wellbeing resources (SHANARRI) - gov.scot

Transition Points

We know that many risk factors present earlier than always accounted for. So it is important to ensure that we do not make assumptions such as “too young” or “too early”. It is also important to consider both sides of transitions. Whilst there will be a psychological impact after an event, there can also be heightened anxiety or distress in the lead up to an event or change. Providing support to help the child or young person feel in control ahead of transition points has the potential to reduce the feelings of helplessness which can accompany crisis.

Putting in place specific support, such as Transition Care Plans in the case of moving between CAMHS and adult mental health services, can help improve understanding and increase feelings of control around transition points and handovers.

Using the GIRFEC approach, practitioners and lead professionals, who are supporting a child, young person, or their family through any type of transition, should support a child or young person's wellbeing through transitions by working alongside them, and other practitioners involved in transition planning. This could be a transition from CAMHS to adult mental health services, or from primary school to secondary school. They should ensure the views and rights of the young person and family are considered in decisions throughout a transition. Effective transfer of information between services during transitions, in line with information sharing guidance, is also essential to achieving successful outcomes for the child or young person and their family.

Finally, we know that protected characteristics and different demographics (including care experience or being on the edges of care) can significantly impact how critical points and transitions are experienced. The principle of Place, focused on a collaborative, community based response, plays a key role in providing consistency and stability across a child or young person’s journey.

Further Resources

Who is this document for?
This document is for anyone who may encounter a child or young person experiencing a mental health crisis.

What will this document support you to do?
This document will provide more information around training resources, the evidence context and national policy positions

When might this document be most helpful?
This document will be most helpful for when looking to learn more about the background to the Framework and for accessing relevant professional development.

Background and Context

As mentioned earlier, Scotland currently lacks detailed data on the types and timing of crisis presentations.

We know that in relation to Community Mental Health and Wellbeing Supports and Services for Children and Young People, Local Authorities have reported that nearly a quarter of service users in 2024-25 accessed emotional distress services. 2,143 people sought support for distress when presenting to services in the same period.

There is some evidence on different crisis presentations from across the UK:

- Self-harm: In England, over half (53%) of child and adolescent mental health admissions in 2021–22 were due to self-harm, such as overdose or self-injury requiring hospital care[30]. In Scotland, the Scottish Health Survey[31] shows that the proportion of 16–24-year-olds reporting ever deliberately self-harming has risen from 4% in 2008/09 to 18% in 2023/24, though down from 29% in 2021/22.
- Timing of crises: Some evidence suggests that child and adolescent mental health crises often occur outside normal office hours, typically in the evenings or at night, which increases reliance on emergency departments and on-call services[32].

To provide the support which is required, we need to find the right balance of digital and in-person supports. The Children and Young People's Mental Health and Wellbeing Joint Delivery Board's Insight Report (2023) highlighted that choice of support was important for children and young people when accessing support for their mental health, with a mix of digital and face-to-face preferred (though face-to-face was still felt to be the priority).

We are mindful that when it comes to providing support during a mental health crisis, face-to-face support should be seen as a priority due to the immediacy of support required, and because of the potential risk in relation to escalation of need. This has been reaffirmed through the Sweep 11 Growing Up in Scotland study (GUS) which highlight that more young people had sought support for their mental health from important people in their lives, such as friends, family, teachers and their primary care doctor, in comparison to accessing support from a helpline.[33]

We know that children and young people with disabilities, and neurodivergent children and young people, have an increased risk of experiencing mental health difficulties[34], as well as increased risk of stigma, fear and isolation. However,

[30] Admission to acute medical wards for mental health concerns among children and young people in England from 2012 to 2022: a cohort study - PubMed
[31] Summary - The Scottish Health Survey 2024 - volume 1: main report - gov.scot
[32] 8091 Children in crisis: describing mental health presentations to a paediatric emergency department at a district general hospital in England | Archives of Disease in Childhood
[33] Life at age 17: initial findings from the Growing Up in Scotland study (Sweep 11)

[34] Underwood et al., 2023; Bailey, 2022; Lavis, Burke and Hastings, 2019; Mental Health Foundation, n.d.

evidence relating to the accessibility of crisis supports is less clear. Services must ensure that disabled children and young people are not only considered in design and delivery, but that their diverse needs are actively addressed through inclusive, flexible, and responsive approaches.

Background: How this Framework fits in with the National Policy Position

In this section, we have set out the wider strategic context for delivery of this Framework across relevant policy priorities. This builds on the national policies and resources outlined in "The Role of the Workforce in Supporting Children and Young People Experiencing a Mental Health Crisis" document.

The Scottish Government has worked in partnership with COSLA on a number of key strategies and approaches which have informed the development of this Framework.

The Population Health Framework[35] sets out Scottish Government's and COSLA's long-term collective approach to improving Scotland's health and reducing health inequalities for the next decade. This Framework is aligned to the four guiding principles, particularly the ones of Focus and Deliver by aiming to illustrate good practice which takes a whole system approach which is inclusive of all children and young people presenting in crisis.

Scotland's first dedicated Self-Harm Strategy and Action Plan (2023-2027)[36] aims that for anyone affected by self-harm to receive compassionate, recovery-focused support without fear of stigma or discrimination. It is jointly owned by Scottish Government and COSLA. The approach outlined in this strategy retains an important connection to the joint work on suicide prevention through the Suicide Prevention Strategy and to improving population level mental health and prevention through the Mental Health and Wellbeing Strategy and its Delivery Plan. Priority 2 of the strategy is to continue to build person-centred support and services across Scotland to meet the needs of people affected by self-harm.

Creating Hope Together Suicide Prevention Strategy 2022 – 2032 [37] is our ten year suicide prevention strategy jointly led with COSLA and sets out a clear plan to reduce suicides in Scotland and address the inequalities which lead to suicide. We have created an innovative partnership model - Suicide Prevention Scotland - to lead the delivery of the Suicide Prevention Action Plan, and create a suicide prevention community for everyone working on suicide prevention in Scotland. Effective partnership working is crucial to our approach to suicide prevention. This Framework represents a collective effort, shaped by the work of Suicide Prevention Scotland and insights from wider partners across sectors.

[35] Scotland's Population Health Framework - gov.scot
[36] Our Understanding of Self-Harm - Self harm strategy and action plan 2023 to 2027 - gov.scot
[37] Creating Hope Together: suicide prevention strategy 2022 to 2032 - gov.scot

The Health and Social Care Service Renewal Framework[38] seeks to work towards a Scotland where people live longer, healthier, and more fulfilling lives. It sets out the structure for changes within systems across a ten year period The principles of the Service Renewal Framework are central to how we will implement the Framework. The principle of People is particularly relevant given the Framework's focus on supportive, compassionate responses wherever a child or young person presents in crisis and through the focus on bringing GIRFEC into the heart of crisis responses.

The National Performance Framework[39] (NPF) is developed and published by the Scottish Government and is Scotland's way to localise the Sustainable Development Goals. It currently sets out 11 National Outcomes with associated indicators which are tracked and publicly reported on. The NPF is for all of Scotland and sets out a vision for collective wellbeing. While we anticipate that the work of this Framework will contribute to a variety of the National Outcomes, it will have a particular focus on:

- we grow up loved, safe and respected so that we realise our full potential.
- we are healthy and active.
- we respect, protect and fulfil human rights and live free from discrimination.
- we live in communities that are inclusive, empowered, resilient and safe.

The Promise and Plan 24-30 was published in June 2024. Plan 24-30 is a website designed to map out the actions and milestones to 2030, when the promise must be kept. Plan 24-30 has 25 route maps organised around the five foundations of the promise. It is intended to guide organisations with a responsibility to keep the promise through the work required. The route maps were updated in December 2025 and were developed in collaboration with a range of stakeholders, work will continue to develop these to ensure they set out the milestones, who is responsible and when progress is expected. The route maps are intended to strengthen transparency and accountability across all areas of work, so the remaining distance to travel is visible and the barriers in the way can be identified and addressed. The health route map was informed by insights from the Barriers and Access to Supports and Services Implementation Group.

Additional Knowledge and Skills

Supporting Children and Young People

SWAYs include One Good Adult, First Point of Contact and the Getting it right for every child (GIRFEC) and Children's Rights learning site. More information can be found here - Supporting Children and Young People – Sways | The Knowledge

Trauma

The National Trauma Transformation Programme (NTTP) and the NES workstreams that are focused on children and young people have collaborated to create a range of both universal and targeted training resources to support the workforce to develop confidence and competence in trauma informed and responsive practice,

[38] Health and Social Care Service Renewal Framework - gov.scot
[39] National Performance Framework - gov.scot

which is a foundational part of an evidence based response to children and young people in crisis. More information can be found here –

children-and-young-people-nes-trauma-resources-nov-22.pdf
Sowing Seeds: Trauma Informed Practice for Anyone Working with Children and Young People on Vimeo
Developing your trauma skilled practice 2 : trauma in children and young people | Turas | Learn

Mental Health Improvement, Self-Harm and Suicide Prevention

Knowledge and Skills Framework for Mental Health Improvement, Self-Harm and Suicide Prevention

Informed Practice Resources

- eLearning module - Ask Tell Respond - Promoting children & young people's mental health & preventing self-harm & suicide.

- Ask, Tell Respond Animations - Children and Young People
  Three animations to support learning about mental health, self-harm, and suicide prevention specifically for the wider Children and Young People's workforce.
    - Ask, Tell, Respond what is mental health?
    - Ask, Tell, Respond how to talk about Mental Health
    - Ask, Tell, Respond Self-harm and Suicide Prevention

  Translations available: Polish, Urdu and BSL.

- Facilitation package – (available via application) - Ask Tell Respond - Promoting children & young people's mental health & preventing self-harm & suicide available via application – Turas Learn - Informed level facilitation : children and young people | Turas | Learn

Skilled Practice Resources

- Supporting People at Risk of Suicide Learning Byte, Part B includes additional information about children and young people who may be at risk of suicide. Associated Facilitation package is also available (on application) - Ask, Tell Respond - Supporting a person at risk of suicide - Adult Suicide prevention facilitation package [Adult] | Turas | Learn and Children and Young People - Suicide prevention facilitation package [CYP] | Turas | Learn

- Supporting People at Risk of Self-Harm Learning Byte Associated Facilitation package available (on application) - Ask, Tell Respond - Supporting a person at risk of self-harm - Self-harm prevention facilitation package | Turas | Learn

- Supporting People in Distress and Crisis Learning Byte Associated Facilitation package available (on application) - Ask, Tell Respond - Supporting a person

at risk of distress or crisis Distress and crisis facilitation package [Adult] | Turas | Learn

Masterclasses and Webinars

A range of recorded masterclass sessions for people whose work role requires them to further develop skills and knowledge at the enhanced and specialist level of the mental health improvement and prevention of self-harm and suicide framework, which include:

- Nonsuicidal Self-injury in adolescents - understanding the mechanisms to provide care - Presented by Professor Paul Plener Nonsuicidal Self-injury in adolescents understanding the mechanisms to provide care - Slides and Q&A - 13th Nov 2024 | Turas | Learn

- Building our capacity to be reflective, not building our capacity to restrain - Presented by John MacKay and Shona Quinn, Aberlour, Scotland's Children's Charity Building our capacity to be reflective, not building our capacity to restrain - May 8th 2024 | Turas | Learn

- Understanding and working with autistic individuals in mental health and suicidal crisis- Becki Choat, Project Lead- SWAN Understanding and working with autistic individuals in mental health and suicidal crisis- Becki Choat, Project Lead- SWAN | Turas | Learn

Child and Adolescent Mental Health Services (CAMHS)

Essential CAMHS sited on Turas Learn. Modules 1-3 provide foundational knowledge relevant to all professionals working with children and young people including knowledge of children's rights, GIRFEC framework, mental health including risk and protective factors. Modules 4-5 designed primarily for Specialist CAMHS staff includes risk formulation, safety planning and interventions. More information can be found here - CAMHS | Turas | Learn

New to forensics: Working with Children sited on Turas Learn. This online learning program is aimed at staff who work with children who are at risk of harming others. More information can be found here - New to forensics: working with children | Turas | Learn

Neurodivergent Children and Young People

Neurodivergent children and young people have an increased risk of being in crisis related to mental health. They face distinct challenges and barriers when seeking support. More information can be found here - Autism and neurodivergence across the lifespan | Turas | Learn

Additional training resources have also been developed by The National Autism Implementation Team (NAIT) which is a practitioner researcher partnership based at

Queen Margaret University. Their work supports local implementation of evidence informed practice across the life span within a neurodiversity paradigm. More information can be found here - NAIT | ThirdSpace

- Support, education and evidence-based interventions
- Recognition and intervention for any co-occurring mental health difficulties

NES Psychology has published a guide to adapting psychological therapies for Autistic / neurodivergent people in their new MATRIX which is a comprehensive guide to evidence-based psychological interventions

Equality, Rights and Diversity

Getting it Right for Every Child and Children's Rights learning site
Getting it Right for Every Child (GIRFEC) and Children's Rights learning site | Turas | Learn

NES Equality and Diversity Zone
Equality and diversity zone | Turas | Learn

Disability and Neurodiversity Page
Disability and neurodiversity | Turas | Learn

Introduction to equality, diversity and human rights | Turas | Learn
E-Learning module – 30 minutes

Making Communication Even Better
Making Communication even Better | Turas | Learn

British Sign Language (BSL) and Tactile BSL
British Sign Language (BSL) and Tactile BSL | Turas | Learn
45 minute module – e-learning

Case Studies

Who is this document for?
This document is for anyone who may encounter a child or young person experiencing a mental health crisis and who would like to learn from fictional case studies to expand their knowledge.

What will this document support you to do?
This document will provide more information around the evidence context and national policy positions and how to apply the core principles of this Framework into practice.

When might this document be most helpful?
This document will be most helpful when looking to gain context for what the Framework looks like in practice.

The following case studies provide examples of good practice when a child or young person is experiencing a mental health crisis. They are fictional examples, based on real-life experiences of stakeholders who have experience of working with children and young people.

Some of the content in these case studies may have an emotional impact on you. Support is always available, and some of the national sources of help are listed here.

If you are ever in immediate danger or have the means to cause yourself any harm, you should dial 999 and request an ambulance

Mind to Mind

If you're feeling anxious, stressed or low, or having problems sleeping or dealing with grief, find out how you can improve your mental wellbeing by hearing what others have found helpful by visiting NHS Inform Mind to Mind

Breathing Space

Breathing Space is Scotland's free, confidential listening service for individuals over 16 experiencing symptoms of low mood, depression or anxiety. You can contact them on 0800 83 85 87 Monday to Thursday from 6:00pm to 2:00am and 24 hours a day at weekends (from 6:00pm Friday to 6:00am Monday).

Samaritans
Samaritans provide confidential, non-judgemental emotional support 24/7 for people who are experiencing feelings of distress or despair. You can contact Samaritans free by phoning 116 123 or emailing jo@samaritans.org

NHS 24 Mental Health Hub

NHS 24 mental health services are available to everyone in Scotland. The services available include listening, offering advice and guiding you to further help if required. The Mental Health Hub is open 24/7 and you can contact them on 111.

Childline

Childline is a free service for children and young people for when they need support or advice. It is open 24/7, and there are many ways to get help. You can call 0800 1111 or visit their Childline website.

NHS Education Scotland

Background

Molly was 14 when she was seen in the unscheduled care part of Child and Adolescent Mental Health Services (CAMHS). This was due to Molly attempting suicide two days previously by overdose. Molly disclosed to a guidance teacher at school that she had taken an overdose.

The guidance teacher urgently referred Molly and her parents to Accident and Emergency (A&E), immediately after speaking to Molly, and then submitted a Notification of Concern to social work. Molly was seen in A&E and was then seen by the CAMHS Unscheduled Care Team, for immediate support including safety planning, prior to discharge from A&E. Molly was then followed up by Community CAMHS within the next few days for further assessment and risk formulation. Community CAMHS also contacted the school guidance teacher.

Right Support, Right Time, Right Place

Practitioners working in A&E undertook a physical examination and tests with Molly to make sure she was physically well enough to be treated by the CAMHS Unscheduled Care Team. The approach by A&E practitioners incorporated the Time Space Compassion approach to help ensure that Molly felt supported and listened to.

At the CAMHS Unscheduled care assessment in A&E, the CAMHS Unscheduled Care Mental Health team member spent time engaging with Molly, finding out some of the ordinary aspects of Molly's life (like who she lived with, what her hobbies and interests were) and outlining the plan for the session, with clear guidance about how long the session would likely be, and that it would involve talking through what had been happening. It was suggested to Molly that she had some time on her own with the mental health worker, if that felt comfortable for her. It was also suggested to her parents that they could also speak to the mental health worker separately. In both of these meetings the mental health worker discussed confidentiality and the need to inform social work. The aim of these meetings was to assess the lead up and intent behind the overdose, and to ascertain how Molly was feeling now about the overdose and her future. This was all conducted in a very strength-based, person-centred, trauma informed and compassionate way.

Molly explained that stress had been building for the past few months in many aspects of her life, alongside a 6-month history of low mood, relating to grief, significant events that had taken place in the family, culminating in the withdrawal of many hobbies and from forms of support. The above assessment very much considered the emotional needs of Molly and her parents at this incredibly stressful time.

Centring Equity, Equality and Rights

Molly was 14 at the time of taking an overdose, In Scotland, children over 12 can provide consent to proposed medical treatment where a doctor considers they have sufficient understanding to provide informed consent. The guidance teacher was very kind and compassionate with Molly and had explained to her that she needed to share the information about Molly taking an overdose with her colleagues in health, as she was very concerned about Molly's health and safety. Molly was happy for the guidance teacher to let A&E know what had happened to her. Molly was worried about her parents becoming angry when they found out, so when the Guidance Teacher spoke to professionals, they reassured her that they would help her parents to understand that the most important thing they could do at that point, was to be open and supportive to her. The Guidance Teacher also explained that her parents would be mostly very worried about her, and that their response would likely be related to feeling fearful about her health.

Responsive Services

The guidance teacher followed local risk management protocols and organised for Molly to be taken immediately to A&E following disclosure of the overdose. She was able to draft a short letter outlining the information shared by Molly so that her parents could show this to A&E staff.

As previously stated, Molly was followed up by community CAMHS, and a formulation and risk management plan was collaboratively put in place and safety plan was reviewed. A written copy of the A&E and CAMHS assessments were sent to Molly's GP. The management plan included some skills and practices for school to introduce, to support Molly. Community CAMHS worked with Molly, her parents, and the school to develop an Anticipatory Care Plan. When Molly and her family left the community CAMHS appointment, they had a clear sense of what had led to Molly feeling suicidal and had some ideas and supports to prevent Molly's anxiety building to such extremes again. Molly and her family agreed with the safety plan and were given appropriate contact numbers should things escalate for Molly outside of CAMHS operating hours.

Closing Details

Molly was seen in CAMHS weekly for 4 weeks, and a remote school meeting was held with Molly, her parents, the CAMHS Worker, and school staff to think about her pattern of strengths and needs including communication and sensory differences. This resulted in some adjustments to her school schedule, such as a 'soft start' to a Monday, twice weekly check in with pastoral care to review ongoing academic challenges, being offered a lunchtime relaxation group and time in the quiet art room during some breaktimes. After the four sessions in CAMHS were complete, Molly was discharged.

Lighthouse Perth

Background

Who does the case study involve: Eve, 13-year-old, Doris, 15-year-old and the girl's Mother.

What is their background: Both girls and Mum live in the city and both girls attend one of the local high schools. Mum works full-time and leaves the house at 8am every morning.

What is the crisis situation: Eve is struggling at school because of ongoing bullying which is having a major effect on her mental health. Eve gets a text message at 8:30am to say she will be 'attacked' when she goes to school that day. Eve can't see any way out so proceeds to attempt to end her life.

Doris enters the room to get her school bag, sees what is happening, intervening before physical harm can take place. Both girls are understandably distressed. Doris rings Mum who returns home immediately. Eve refuses to go to A&E so Mum rings Lighthouse Perth for help.

Right Support, Right Time, Right Place

How is support put in place which provides:

- Choice of support which is trauma informed and set in a comfortable environment: Both girls and Mum are advised to come straight into the crisis centre where they have trained staff on site who can provide a trauma informed approach to all 3, providing as much TIME needed as it takes, a SAFE, trauma informed space to de-escalate the situation and provide a level of COMPASSION to all 3 separately to ensure Eve has a safety plan in place, Doris can talk through the trauma she has just experienced and Mum is supported so she is able to provide the relevant on-going support going forward at home.

- Ensuring all services are skilled in the first steps of crisis response: all staff at Lighthouse are trained to deal with a 'rapid response' situation such as this and Eve, Doris & Mum each have 1 to 1 support tailored to their needs at that time.

- Reach In Support – rather than the individual having to make connections: the Lighthouse contact Eve's GP with Mum's consent and arrange an emergency appointment for later that day so that Eve is referred to CAMHS to ensure any mental health needs are identified.

- Support for parents/carers: Mum is supported to deal with the trauma but also on how to support Eve and Doris when they are ready to leave Lighthouse. Mum is re-assured that the Lighthouse will then continue to see Eve as outreach in school every week ,until she is happy to stop the sessions. Shared safety plan with Mum and explained how it works. Also advised Mum that if Dad (lives separately) would like to discuss what has happened and needs support then the Lighthouse will be happy to see him too. Doris offered further support if needed due to the trauma.

- Alignment of services: contacted school to ensure they were aware of the incident and what support was now in place. Also advised school that it would be advisable for Eve to have a few days off. Shared safety plan with school with Eve's consent and discussed bullying text that had been received for school to deal with.

- Contacted CAMHS and updated them on what the plan going forward with Eve was so there would be no duplication and they were aware a safety plan had already been completed.

- Submitted a Notification of Concern to social work due to attempt to end life and experience of severe bullying.

Centring Equity, Equality and Rights

- Age Appropriate (evolving capacity) and proportionate responses: all 3 people were supported differently even though they were part of the same critical incident and a staff member who deals specifically with family support was assigned to Mum.

- Listening to the experiences of CYP and families and seeing the whole person: Mum is from a different ethnic background (where youth mental health/suicide is seen differently) but the girls have both grown up here so this had to be respected when talking to each of them individually. The trigger for Eve was the bullying but just by listening to her, they were able to ascertain that there was more going on which was leading to her poor mental health; a complex web soon became apparent, hence the inclusion of colleagues from CAMHS in update and the recovery plan.

- Free from Stigma and Discrimination: navigating this with Mum was more of a challenge due to the cultural differences in beliefs but taken forward with TIME, SPACE & COMPASSION ensured this was achieved. Also, made it very clear to Eve that staying away from school for a few days was not in any way to hide what had happened, but rather, to give her the space to recover.

- Continuously Improving: provided a learning opportunity due to the challenges around navigating different protected characteristics, supporting both the girls and the Mum but also treating them as a family unit.

- Telling your story only once: their contact with the school, GP and CAMHS ensured that Eve would not be having to start from the beginning every time as she did find it hard and upsetting to disclose what had happened.

Responsive Services

- Supporting the child or young person and warm handover: they were able to activate their 'rapid response' protocol to ensure Eve, Doris and Mum were seen without delay; they were all in the crisis centre within 30 minutes of Mum making the phone call. All other agency contact was done by Lighthouse, including a notification of concern to social work due to the attempt to end her life (with the permission of the family) to ensure every handover was warm and informed. The family stayed with us until the GP appointment at 1pm.

- Connected Support – collaboration and working together: working with the school in this instance was paramount to Eve's recovery journey and to the care put in place by school for Doris around the trauma she had witnessed.

- Governance: they took time to explain to Mum and the girls why it was important that the school, GP & CAMHS had all the relevant information to ensure the right support was in place going forward.

- Importance of using local data to understand local populations: knowing the area, family name and school attended had suggested we might have cultural differences to take into consideration and enabled us to be better prepared for the family arriving at the crisis centre.

- Connections between services and support in accessing further services/resources: we have pre-established links with our local GP's, schools and CAMHS which was vital in this instance to ensure a smooth de-escalation and recovery plan was in place which was very beneficial to the whole family.

Closing Details

What was the resolution: Eve is now in a good place, has better coping techniques and strategies to deal with stressful situations and can now regulate her mental health better. Eve returned to school the following week and a support programme was already in place for her, avoiding any stigma around the incident.

Eve spent the next 10 weeks working with us on her recovery. She was seen by CAMHS for assessment, but no underlying mental health issue was apparent, and they were happy to discharge after 2 sessions and for us to provide the on-going support.

Mum and Dad engaged with us well and when we discharged Eve she said that her parents were really supportive which she was surprised at and would never have spoken to them previously about mental health.

Eve & her sister Doris also now have a bond that they didn't have before and regularly check in with how each other is feeling and coping with day-to-day life. They both know they can contact us at any time via our crisis line if they are struggling.

What elements of good practice were highlighted: if our 'rapid response' service was not available, the journey for Eve and her family could have been very different, an immediate response was needed and being able to provide the TIME, SPACE & COMPASSION around this response gave us the platform to navigate the crisis and also supporting to bond this family together in their journey through a very upsetting time.

Without applying a 'whole family approach' to the situation, the recovery could have been much longer and the same results harder to achieve. We needed the whole family unit to be on-board and also supporting the work we were doing with Eve at her 1 to 1 sessions.

Agency networking was also imperative to achieving such a positive outcome for this young person and her family.

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Any enquiries regarding this publication should be sent to us at

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

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