



The All Party Parliamentary Group for Mental Health

Response to the green paper on Transforming Children and Young People's Mental Health Provision

The APPG for Mental Health welcomes the Green Paper on Children and Young People's Mental Health. Data from 2004 suggests that one in ten children has a diagnosable mental health disorder¹. We know that referrals to CAMHS services are rising, which means this figure could now be higher. So now is the right time to take action to prevent a generation of children growing up with serious mental health problems.

Given that half of all mental health conditions are established before age 14, detecting and treating problems as soon as possible is crucial to prevent troubled children growing into mentally ill adults. Mental health problems in childhood can disadvantage a person for life, leading to lower incomes, increased risk of physical health problems and increased risk of involvement in the criminal justice system. Schools and colleges have an important role to play in prevention and early intervention, so the APPG agrees that bringing services that support children together is the way forward, and we welcome the emphasis on whole school approaches.

We support the proposal to pilot four-week waiting times for access to specialist services. We recognise that the ambition to improve mental healthcare is backed by significant investment: an extra £1.4 billion over the next five years.

This submission sets out the APPGs recommendations on: Designated mental health leads in schools, workforce, prevention, monitoring, scale and pace of roll-out, and the scope of the Green Paper. It is based on the key themes that emerged from a round-table the APPG hosted between parliamentarians, clinicians, mental health campaigners and young people with experience of CAMHS².

Overall the APPG would like the Government to be more ambitious:

- The scope of the green paper should be extended to include other Government departments that influence children's lives. The Government should recognise that children not in school - like the under 5s and excluded children - can be particularly vulnerable to mental health problems.

¹ <http://digital.nhs.uk/catalogue/PUB06116>

² Helen Whately MP, Luciana Berger MP, Baroness Hollins, Baroness Tyler of Enfield, Lord Ramsbotham, Dr Jon Goldin of the Royal College of Psychiatrists, Alison Firth of the Royal College of Paediatrics and Child Health, Judy Ellerby from the National Educational Union and representatives of Young Minds, Rethink Mental Illness and Time to Change

- It should look more widely at all the whole system of support for young people, especially social care. As well as whole-school approaches, the Government should consider whole-family approaches to improving children's mental health.
- Changes should be rolled out faster and at a greater scale, so that more than a fifth of children benefit in five years' time.
- The Government must make sure there is the workforce to deliver these changes.
- Implementation of the recommendations in this Green Paper should be effectively measured.
- The Government must work to achieve a better understanding of the causes of poor mental health in order to prevent children from becoming ill in the first place.

Designated Senior Leads for Mental Health

The APPG supports the emphasis in the Green Paper on whole school approaches to mental health and we agree that every school should have a Designated Senior Lead for Mental Health. The APPG further recommends that:

- Designated Senior Leads should be mandatory, not voluntary, as so much of the success of the Green Paper proposals depends on their leadership. The Government should consider making the presence of a Designated Senior Lead an assessment criteria for Ofsted inspections.
- Designated Senior Leads must receive evidence-based training to reduce inappropriate referrals to CAMHS.
- Designated Senior Leads should be able to identify mental health problems, support children with mild conditions and accurately signpost those with more serious conditions to the appropriate care. They must not be expected to diagnose, manage or treat severe mental health problems.
- Resources must not be directed away from frontline CAMHS as a consequence of the introduction of Designated Senior Leads.
- There is a concern that teachers may be made to take up this role on top of already demanding workloads, and while some will see it as an opportunity others may only take it on reluctantly. The Government needs to consider how to make sure the role is appealing to teachers and avoid adding to their workload.

Workforce

None of the ambitions of the Green Paper will be achieved without the workforce to deliver them. Long waits for CAMHS are usually the result of workforce shortages, so insufficient child psychiatrists is a barrier to meeting the four-week waiting time standard. There is also a risk that as awareness of mental health increases, referrals to CAMHS will go up.

The APPG welcomes the Government's commitment to recruit 1,700 more therapists and supervisors and provide more training for people already working in services. The APPG also recognises that early intervention should reduce the burden on

CAMHS further down the line. However, with many teachers reporting feeling stretched and under pressure, the APPG would welcome greater clarity over who will take on these early intervention roles. And given that there has been a 6.3% reduction in child psychiatrists since 2013³, and considering the time it takes to train a specialist, urgent action is needed to address the shortages in the clinical workforce. Therefore the APPG recommends:

- The Government must take all possible steps to improve recruitment and retention of the mental health workforce, so that more people want to train as mental health specialists, work in mental health and stay in mental health. For example, it could consider encouraging more psychology A Level students to become clinicians, and creating new roles for psychology graduates.
- The Government should examine the culture and management practices within mental health. Searching questions must be asked about what is putting people off specialising in this area and how working conditions can be improved. The NHS must make sure that staff are supported, listened to and have time to care.
- Necessary resources must be available to meet the targets in the Green Paper.

Scale and pace

The APPG welcomes plans to widen access to mental health care but is concerned that the scale and pace of roll-out will leave too many children without the help they need. The Five Year Forward View for Mental Health envisages that 35% of children and young people with a diagnosable mental health condition will get NHS treatment by 2021, but that still leaves 65% untreated. This figure does not account for children with mild or moderate conditions that don't meet the threshold for CAMHS treatment.

The APPG welcomes plans set out in the Green Paper to fund new Mental Health Support Teams, as these will help fill the gap. However these are expected to reach just a fifth of the population by 2021-22. The APPG believes that roll-out could be wider and implemented faster. It recommends:

- Providing greater certainty and security to service providers could help speed up roll-out and prevent it stalling. The Government should consider what guarantees it can make about funding after the current spending review period.
- Pilot schemes must be thoroughly assessed and evaluated, and best practice disseminated quickly.
- Designated Senior Leads should be encouraged to work together in clusters to spread best practice more widely.
- The Government should set a higher aspiration for the reach of mental health support teams by 2021/21 and a path to achieve that. If Mental Health

³ NHS Digital, NHS workforce statistics, November 2017, published on 28 February 2018.
<https://digital.nhs.uk/catalogue/PUB30219>

Support Teams are effective, leaving four-fifths of children out of this network in four years' time is a missed opportunity to prevent the long-term consequences of poor mental health in childhood.

Prevention

To transform care we must not only treat mental health problems, but understand what causes them. That way we can intervene early and, better still, prevent children from becoming ill. A young former service user who is now a Time to Change Champion, said that had her problems been identified when they began to emerge aged ten, she could have avoided a decade of distress at the APPG's round-table.

The APPG welcomes that the Green Paper commits Public Health England to convening a special interest group to identify prevention evidence, highlight gaps and make recommendations for further research. However the APPG would like to see greater commitment to making progress on research into how to prevent mental ill health in children.

- The Green Paper should set out a bold ambition to get to the root of the problem and build a thorough knowledge of the clinical and social causes of poor mental health in children.
- As well as researching the causes, the Government should commit to 'translational' research into how to use this understanding to prevent and treat mental health conditions effectively.
- The Government should set out to properly understand the new risks posed to children by social media and what steps can be taken to prevent and reduce harm to children.

Monitoring

Implementation of the recommendations in this Green Paper should be effectively measured. Assessing schools on how well they support the mental health of their pupils will help identify where progress is being made and where extra support is needed. Parents want their children to be happy at school, so including measures of pastoral care in Ofsted inspection criteria will more accurately reflect what parents look for when choosing a school.

The APPG welcomes that The Department for Education is convening work to look at evidence of how schools and colleges can effectively measure the impact of what they do to support the mental health and wellbeing of pupils. However the APPG does not feel that the commitment that "Ofsted will be engaged in this" goes far enough.

- The development of a new Ofsted inspection framework is a golden opportunity to increase the attention paid to what schools do to support pupils' wellbeing and mental health. Children's mental wellbeing, and what the school does to support that, should be more heavily weighted in assessments of school performance.

Scope

The emphasis on schools in the Green Paper is right, but there is a risk that children not in school will miss out. There are clear gaps in support for children in the criminal justice system, care settings, independent schools, apprentices, children with special educational needs and excluded children. Therefore the APPG recommends:

- Improved support for the under 5s. We know that adverse childhood experiences dramatically increase the likelihood of an individual experiencing a mental health problem, and having a mental health problem at a very young age can affect a person for the rest of their lives⁴. So there is a clear need to identify pre-school children who may have suffered an early trauma and intervene as early as possible.
- Research has shown that there is a bi-directional association between school exclusion and psychological distress⁵. Excluded children are more likely to have mental health problems, and being excluded amplifies their distress. Children who have been withdrawn from school – for instance because of bullying or special educational needs – can also be particularly vulnerable. However the green paper makes no provision for this group. The Government should introduce robust protections for children excluded or withdrawn from school.
- Poor parental mental health is one of the biggest indicators for poor mental health in young people, and teachers report that problems at home cause anxiety and distress for young people. So the Government should put more emphasis on whole-family approaches to mental health, as well as whole school approaches.
- Robust transitional support should be provided for school leavers up to the age of 25.
- The Government should work to reduce inequalities in mental health and address the gap in outcomes between those from the most deprived and the least deprived backgrounds.
- The Government should extend the scope of its plans, and draw in other departments - such as Justice, Work and Pensions, Communities and Local Government and particularly social care - to embed mental health awareness in every public service children in encounter in their lives. Many of the risk factors of mental ill health are detectable before a child is born and these do not fall away once a person leaves school. The APPG would like to see a cross-departmental strategy that truly transforms all aspects of care at all stages of a child's life.

⁴ Keyes KM, Eaton NR, Krueger RF, McLaughlin KA, Wall MM, Grant BF, et al. Child maltreatment and the structure of common psychiatric disorders.
http://bjp.rcpsych.org/content/200/2/107?ijkey=55b9b73e6cb3a055db7663086564a2800f8dba9c&keytype=tf_ipsecsha

⁵ Ford, Tamsin. The Relationship between Exclusion from School and Mental Health: A Secondary Analysis of The British Child and Adolescent Mental Health Surveys 2004 and 2007.
https://www.exeter.ac.uk/media/universityofexeter/newsarchive/researchmedical/Psychological_Medicine_p reprint1.pdf

Conclusion

The Green Paper has got people talking and thinking in new, more collaborative ways about mental health. It has brought education and healthcare together, rightly crossing the boundaries between Government departments. This is a start, but all Government departments should be working together to improve the lives of our children and young people. Poor mental health affects every aspect of a child's life; the disadvantages it brings can start before a child is born and accrue throughout their life. The Government rightly wants to tackle this injustice, but it must be even more ambitious.