

Department for Health,
39 Victoria Street,
London,
SW1H 0EU

Department for Education,
Sanctuary Buildings,
Great Smith Street, London,
SW1P 3BT

Friday, 2nd March 2018,

Dear Rt Hon Jeremy Hunt MP and Rt Hon Damian Hinds MP,

I am writing to you on behalf of YoungMinds to respond to the consultation on [*Transforming Children and Young People's Mental Health Provision: a Green Paper*](#).

[YoungMinds](#) is the UK's leading charity championing the mental health and wellbeing of children and young people. At YoungMinds, all our insights, evidence and solutions are influenced directly by the views and experiences of children and young people, and their parents or carers.

We have recently been commissioned by both of your Departments, the CQC and NHS England to carry out wide scale participation activity with children, young people, parents and carers, to inform the Green Paper consultation, Phase Two of the CQC's Thematic Review and to embed participation throughout NHS CAMH services.

YoungMinds' response to the consultation, as laid out below, is **influenced directly by the views and experiences of the children, young people, parents and professionals** that we work with.

Key points

- 1) Implementation of the core proposals should encourage the development of whole school approaches to promotion, prevention and building resilience.
- 2) The new Mental Health Support Teams should strengthen the infrastructure of schools, colleges and community care pathways, and increase the awareness and understanding of mental health amongst relevant professionals.
- 3) Consideration should be given to how the proposals can promote and support the development of a public health approach to childhood adversity and trauma.
- 4) The trailblazer areas should test a diversity of models, approaches and partnerships, and include areas with different local needs.
- 5) Trailblazer areas should test different methods for recruiting and retaining the new workforce, learning from existing CAMHS workforce challenges.
- 6) Implementation of the proposals should actively promote and support emotional literacy and self-management amongst children and young people with identified or emerging mental health needs.

- 7) The waiting time standards must not develop perverse incentives that lead to hidden waits, increased access thresholds, or longer waiting times for other services.
- 8) The Department for Education should consider how mental health can be established as a key priority of school improvement, through changes to the Ofsted inspection framework and the introduction of a wellbeing measurement framework.
- 9) The national partnership focusing on the mental health of 16-25 year-olds should examine the full range of needs of this age group, including those in higher education, early careers, traineeships and NEET young people.
- 10) There needs to be increased resource and provision to improve the confidence and capability of parents and carers to identify and respond to the mental health concerns of their children.

YoungMinds' consultation response

Overall proposals

Q1) We are delighted that schools have been recognised as equal partners in children and young people's mental health and **the core proposals have a welcome focus on early identification and early intervention.**

However, even if current NHS England access targets are met, two-thirds of children and young people with a diagnosable mental health condition will not receive treatment by 2020/21ⁱ. This is estimated at over 550, 000 children and young peopleⁱⁱ, and doesn't take into account the significant increase in the number of referrals to specialist CAMH services in the past three yearsⁱⁱⁱ.

It is essential therefore that the proposals included in the Green Paper lead to two important outcomes:

- Improving access to evidence-based treatment for those with diagnosable conditions or emerging needs, including a focus on support to self-manage;
- Reducing the demand for specialist NHS mental health services.

In addition to increasing access to evidence-based treatments, **it is important that the proposals are beneficial in supporting self-management** for those children and young people with a diagnosable mental health condition who are unable to access treatment, to reduce the risk of an escalation of need. This could be achieved by the new Mental Health Support Teams through:

- The promotion of social prescription;
- Delivering practical support on condition management, and self-soothing, building on the current DfE pilots into evidence-based interventions; and
- Upskilling wider school and community professionals to deliver practical support.

We were disappointed, however, that the Green Paper did not include a greater focus on:

- Support for parents and carers, whose children are experiencing mental health problems;
- The development of digital or communication resources to support self-management;
- The introduction of an emotional literacy campaign to reach large populations of children, young people, parents and carers.

To reduce the demand for NHS CAMH services, it is important that the roles of both the Designated Senior Lead for Mental Health in schools and colleges (DSLMMH), and the Mental Health Support Teams (MHST), do not focus interventions exclusively on those children and young people with emerging or identified mental health needs, but on whole student populations. We would recommend the introduction of incentives for schools, colleges and other universal services to **develop evidence-based approaches to prevention and promotion activities, which help to support all students to develop emotional resilience.**

There are well-documented challenges with the implementation of the current CAMHS workforce strategy^{iv}. With the development of the new MHST and DSLMMH, there needs to be a strategy for how these challenges can be overcome, including **testing different models for recruitment and retention of newly trained staff within the workforce.** It is essential that there is confirmation of a long-term funding settlement to reassure those considering or recently trained in children's mental health roles that it can be a long-term career.

Throughout the implementation of the core proposals, there needs to be robust assurance to ensure that the additional capacity proposed within the Green Paper does not simply supplant existing programmes or resource¹. Likewise, it is important that the implementation of the MHST and trailblazer areas does not lead to greater short-term geographical variation in service provision or additional burdens on existing specialist CAMH staff through additional supervisory responsibilities without additional resource in specialist services.

There is a significant gap in the scope of the Green Paper by the absence of any proposals to address issues relating to the quality of or variation in access to crisis and specialist care for children and young people².

The prioritisation of adults within the Crisis Care Concordat has led to there being a gap in innovation and collaboration regarding the development of effective pathways for children and young people.

Similarly, a recurring concern raised by children and young people who have accessed specialist CAMH services, and their parents and carers, is the absence of clear

¹ This follows concerns raised by YoungMinds' research that some CCGs have been using transformation funding to backfill cuts - <https://youngminds.org.uk/resources/policy/stop-the-leak/>.

² As highlighted in the [Review of Children and Young People's Mental Health Services: Phase One Report](#), CQC (2017).

communication about their rights and what they can expect from services³. As part of our '[Always](#)' campaign, **YoungMinds and the NAS are calling for a new duty on providers to promote and actively communicate children and young people's rights to patients and their families when accessing CAMHS.**

We hope that the Government will bring forward further proposals to improve the quality of and access to specialist and crisis care provision for children and young people.

Designated senior leads for mental health in schools and colleges

Q2) In order of preference, YoungMinds would recommend that the best way to distribute funding for DSLMH would be as follows:

- 1) Funding allocated to local authorities and multi-agency trusts to administer to schools;
- 2) Funding distributed through teaching school alliances;
- 3) Set amount of funding made available to each school, for them to buy relevant training with;
- 4) Funding training places made available to schools to book onto.

We would recommend that funding be distributed at a local level through an organisation, collaborative or local authority that can connect a large number of schools and colleges, and could act as a brokering system. This would utilise existing networks and relationships between individual schools, and would help to create a network of DSLMH, which would encourage local collaboration alongside the MHSTs.

YoungMinds is a national training provider in schools. In 2016/17, we worked with 963 schools to train 6,163 staff in children and young people's mental health, wellbeing and resilience through our [Academic Resilience Approach](#). As part of our ARA training, we work with school leadership teams to identify interventions that would be effective given the unique culture and personality of each school. What is apparent from providing this training is that **individual schools often need some support in identifying what interventions would be most effective for their school** and therefore what training they should invest in.

Q3) We suggest that there should be some core competencies and parameters for DSLMH training, which would include:

- **Developing and implementing a whole school approach to student wellbeing and mental health;**
- Identifying and implementing evidence-based interventions for prevention, promotion of mental health and wellbeing, and emotional resilience;

³ In a survey that YoungMinds carried out with 445 parents whose children have accessed inpatient care, more than half stated that they didn't know what rights their child had whilst in hospital (YoungMinds, 2017, [Always](#) campaign).

- **Improving transparency and accountability regarding the school’s commitment, approach and progress relating to student mental health and wellbeing;**
- Early-identification of mental health problems, and increased awareness of referral processes and navigation through pathways;
- Cascading and communicating knowledge, skills and expertise of DSLMH to all school staff.

We also recommend the implementation of a measure of quality assurance for training providers to ensure minimum standards of training provision.

Other features that we would suggest are important in the implementation of training for DSLMH are:

- Incentivising DSLMH to have **enough seniority within the school to be able to influence School Leadership Teams to prioritise approaches to mental health and wellbeing;**
- Introducing additional incentives to strengthen the role of the DSLMH, such as changing the Ofsted framework to establish student mental health as a priority of school improvement;
- Adopting and testing retention mechanisms within trailblazer models to ensure that the knowledge and expertise developed by the DSLMH is retained within the school or college.

Mental health support teams and trailblazer areas

Q4) There are a number of principles that we consider to be important in the development of the MHSTs and trailblazer areas, many of which build on existing best practice throughout the country. We have listed the principles below:

Functions of MHSTs:

- The core functions of the MHSTs should be co-ordination; strengthening the infrastructure within schools, colleges and communities; assessment; and practical interventions;
- Supporting DSMHL to **co-ordinate universal interventions and approaches to building resilience, prevention and promotion with school-level populations**, building on the evaluation of DfE commissioned pilots and other evidence-based interventions;
- Exploring how MHSTs can **strengthen community infrastructure and local care pathways**, including facilitating smoother step-up and step-down, triaging, self-management and self-soothing support, upskilling professionals and capacity-building services.
- Some trailblazer areas could test introducing ‘Youth Mental Health Supervisors’ within other universal or community services - akin to the DSLMH - to enhance the

wider workforce's knowledge, practical skills, navigation capabilities and supervisory support⁴;

- Providing practical support on condition management, and self-soothing (building on the current DfE pilot into evidence-based interventions), and upskilling wider school, college and community professionals to be able to deliver these interventions.
- Some trailblazer areas could test the implementation of a public health approach, looking at wider social interventions focused on prevention and promotion at a community level, and collaborating with targeted work for vulnerable families (which would promote adversity- and trauma-informed models of care).

Roll-out of MHSTs and trailblazer pilots:

- The trailblazer areas should include a diversity of models;
- Exploring how MHSTs can **collaborate with outreach from specialist CAMH services**, either through a specialist liaison model (as practiced in Oxfordshire), or a specialist outreach model (as practiced in Camden and Islington);
- Establishing and testing connections between new MHST provision and existing children and young people's mental health pathways, teams and specialists, such as crisis care pathways and eating disorder teams, and existing bespoke pathways for vulnerable groups;
- Exploring how MHSTs can draw upon commissioning and purchasing facilities to leverage additional investment through wider LTP / STP and CCG spend;
- Establishing unified approaches to the collection and analysis of data, and a strong emphasis on evaluation, with a commitment for children and young people to be included within these processes;
- Testing the relationship and implementation of SEND mechanisms, with support for those children and young people with a diagnosable mental health condition.
- **Testing different methods for recruiting and retaining the MHST workforce, building on existing CAMHS workforce challenges.**
- Some trailblazer areas could test establishing appropriate environments within the school or college for assessment, therapeutic interventions, or places of safety for crisis de-escalation.

Q5) **The trailblazer areas should include a diversity of models.**

YoungMinds recommends that different trailblazer areas should test different types of organisations as leads for the MHSTs, recognising that different types of leads may be more suited to the needs and characteristics of different areas.

We also recommend that some MHSTs test being supported by a mix of different organisations, including local authorities, groups of schools, CCGs and charities / NGOs.

⁴ This was a suggestion made to the Green Paper team by YoungMinds, relating to the introduction of a 'Youth Mental Health Supervisor' status for a designated professional working within services and organisations that work directly with children and young people.

Some trailblazer areas should build on existing partnerships from local transformation planning, and in some areas, the MHSTs could be led by an existing collaborative or partnership.

Q6) At YoungMinds, we consider that **the MHSTs need to link with, coordinate and strengthen the whole community infrastructure, with specific attention to the voluntary and youth services.** We recommend that this role includes:

- Enhancing the community workforce's understanding,
- Practical skills;
- Supervisory support; and
- Navigation capabilities.

We recommend that the most important links to test as part of the trailblazer sites would be:

- Local authority children and young people's services;
- Troubled families teams;
- Charity or non-government organisations working directly with children and young people, including youth provision;
- School staff, including school counsellors, school nurses and educational psychologists;
- Primary care;
- Urgent and emergency professionals who work on the frontline with young people experiencing mental health problems, such as police and paramedics;
- Youth offending teams.

Q7) In order of preference, our three suggested measures of the success of the trailblazer phase would be:

- 1) **The numbers of children and young people getting the support they need;**
- 2) Young people's increased knowledge and understanding of support and self-care;
- 3) The impact on children and young people's mental health across school populations.

However, we would also suggest that the following are also important measures:

- The quality of referrals to NHS children and young people mental health services;
- **The effectiveness of interventions delivered by MHSTs in terms of outcomes for children and young people;**
- The level of contact and time-intensity required for each intervention delivered by MHSTs;
- The mental health knowledge and understanding among staff in schools and colleges;
- Children and young people's knowledge and understanding of mental health issues.

Q8) We suggest that the following factors are the most important when choosing trailblazer areas:

- Diversity of models, approaches and collaborations, including the composition of organisations involved in the oversight of the MHSTs;
- **Diversity in levels of identified need, deprivation and health inequalities;**
- Diversity of different population demographics and characteristics, including rural and urban areas;
- **A mixture of areas regarding performance measures, e.g. waiting times, access, outcomes;**
- Development of existing partnerships developed through LTP footprints;
- Areas that cut across different CCG and local authority boundaries;
- Areas that have already been awarded pilots for DfE programmes, or that Ofsted intend to trial any framework changes in;
- Areas with additional responsibilities through devolution, such as Greater Manchester or the West Midlands;

Q9) There is **clear evidence to show that active participation of children and young people, both in the design of services, and in decisions about their treatment and care, lead to better outcomes**^v.

We recommend the implementation of the following principles to ensure meaningful participation in the development of Mental Health Support Teams:

- Meaningful engagement with a range of children and young people, **which reflect children with different needs;**
- Ensure the views and experiences of children and young people are meaningfully considered in the design of the MHSTs, including a focus on the roles the support teams should play, the links to other professionals, and how they engage with children and young people;
- **Incorporate the views and insights of children and young people in the design of workforce modules for the Child Wellbeing Practitioners,** including any specific recruitment criteria, such as prior experience of working with children and young people.
- **Establish that the insights and experiences of children and young people, and their parents and carers, are incorporated within the evaluation of MHSTs.**
- Include components on how to meaningfully involve children and young people in decisions about their care and treatment within training modules for Child Wellbeing Practitioners;
- Maximise opportunities for co-production within the design and evaluation of MHSTs.

Waiting time standards

Q10) We welcome the proposal of a waiting time standard for specialist NHS CAMH services to be tested through some of the trailblazer areas.

The CAMHS benchmarking report for 2016 highlighted that **the average waiting time from referral to the start of treatment in the community is 8 weeks^{vi}**. However, recent reports by the CQC and the Education Policy Institute highlighted significant variations in waiting times across the country. There seems to have been some progress in reducing waiting times nationally in recent years, however the average of all providers' maximum waiting times from referral to assessment was still 266 days in 2016/17, and 490 days for referral to treatment^{vii}.

There are some principles that we would suggest need to be established as part of the implementation of the trailblazer areas in relation to the waiting time standards:

- **The waiting time standard must refer to the time from referral to treatment, not referral to assessment;**
- **The waiting time standard must not lead to hidden waits**, or gaming within the system, including perverse incentives leading to raised access thresholds, more out of area care, or increased waiting times in neighbouring areas, or for other services;
- Resourcing for the trailblazer areas must be sustainable and not reduced following the pilots.

The Education Policy Institute's September 2017 report identifies the twenty areas that have the lowest waiting times for children and young people's mental health services^{viii}.

Moreover, in a recent analysis of STPs and LTPs carried out by YoungMinds (due to be published in March 2018), we identified **certain principles that were effective in achieving the aspiration of reduced waiting times**. We have listed these below:

- **Clearly established and robust pathways of care**, including smooth step-up and step-down provisions, in which all partners know their role and are able to navigate the pathway and enable warm transfer between partners.
- **Effective inter-agency working**, bringing together primary care, schools, CAMHS, MHST, youth justice, local authority public health and social care teams, and the voluntary sector⁵.
- **Widening access to specialist knowledge**, through models such as specialist liaison (as demonstrated in Oxford), or specialist outreach to other general acute services (as demonstrated in Camden and Islington);
- An enhanced approach based on prevention and promotion that includes **a primary focus on providing practical support for managing and de-escalating emerging mental health problems and emotional distress;**
- **Promotion of alternative routes of access** into CAMHS to address those with different levels of need (such as street-triage or drop-in services, for example the

⁵ Liverpool CCG developed a collaborative community pathway in 2015/16 that incorporated many voluntary sector partners and was effective in reducing waiting times; unfortunately due to funding changes, many of these voluntary partners are no longer funded to be part of the pathway, which has seen waiting times rise again.

PAUSE service in Birmingham) and addressing DNAs (through mechanisms, such as use of behavioural prompts and active opt-ins).

Schools and colleges

Q11) YoungMinds would suggest that the current requirements on schools to publish policies relating to behaviour, safeguarding and SEND only provides parents with some of the information they need relating to the mental health support that schools offer to children and young people.

Last year, YoungMinds and NCB carried out polling with over 2,000 children, young people, parents and teachers, as part of our *Wise Up* report^{ix}. The findings demonstrated an overwhelming support for greater public recognition and transparency relating to student wellbeing and mental health. The findings included:

- **73% of parents would prefer to send their child to a school where children are generally happy, although previous exam results have not been good;**
- **91% of teachers would welcome greater recognition of the work they do to support the wellbeing of students;**
- 73% of teachers would welcome a change to the Ofsted framework, so that student wellbeing is given a greater focus with other areas reduced^x.

One way to achieve a greater recognition of the progress that schools and colleges are making would be to establish mental health and wellbeing as a priority of school improvement through changes to the Ofsted Common Inspection Framework, and inspection programme.

The Ofsted framework has a very strong ability to influence school behaviour. Worryingly, however, a recent analysis by IPPR showed that less than one-third of reports included an explicit reference to pupil's mental health and wellbeing^{6xi}.

We believe that a school graded outstanding by Ofsted should have exceptional wellbeing support for its pupils, alongside outstanding teaching and academic success.

An increased recognition for schools of the mental health support they offer to students would **create transparency for parents and pupils so that this becomes a key criterion for choosing one school over another.**

Q12) There are three clear levers that YoungMinds recommends are explored to help schools measure the impact of what they do to support children and young people's mental health:

- The **development of a school-level wellbeing measurement framework to measure progress over time**, with results that are published and available to

⁶ The analysis was of a sample of 50 Ofsted reports of inspections, which took place after the changes to the Ofsted framework were introduced in September 2015.

students and parents⁷. This would help schools to be able to identify the interventions that are most likely to be effective given the unique characteristics and culture of the school.

- **Establishing mental health and wellbeing as a priority of school improvement** through changes to the Ofsted Common Inspection Framework, and inspection programme.
- **Enhancing the role of school governors** in promoting transparency and accountability for progress on promoting student wellbeing.

Other measures relating to schools and colleges:

Teacher Training:

We are pleased that the framework of content for initial teacher training published in July 2016 includes an emphasis on the importance of emotional development on pupils' performance.

Alongside this, and the introduction of the mental health strand included in the Teaching and Leadership Innovation Fund, we recommend that:

- **A new measure of competency and confidence in mental health is introduced into the national NQT survey** to baseline newly qualified teachers' understanding of mental health, wellbeing, child development and resilience;
- CPD training courses that raise awareness of mental health, wellbeing and resilience are promoted through the TLIF.

Curriculum:

YoungMinds welcomes the Government's commitment to ensuring that every child will learn about mental wellbeing through the Relationships and Sex Education curriculum, and PSHE.

Through our Wise Up campaign, YoungMinds has called for education about mental health and wellbeing to be embedded across the curriculum. We have submitted a response to the recent DfE call for evidence relating to the RSE and PSHE curricula and you can find the content of our response [here](#).

Vulnerable groups

Q13) The MHSTs could provide better support to vulnerable groups of children and young people through a number of mechanisms:

⁷ There are already wellbeing measurement frameworks that could be adopted for use within schools, such as the [Children's Wellbeing Measures data-set](#) used by the ONS, or the [Warwick-Edinburgh Wellbeing Scale](#), both of which measure objective and subjective measures of wellbeing.

- **Promotion of alternative routes of access into CAMHS** to address those with different levels of need (such as street-triage or drop-in services, for example the PAUSE service in Birmingham);
- Testing different methods of addressing DNAs (through mechanisms, such as use of behavioural prompts and active opt-ins);
- **Embedding meaningful engagement with a range of children and young people with different needs** - and the adults and organisations that support them - in the design and evaluation of MHSTs;
- Testing the implementation of a public health approach through some trailblazer areas, by **looking at wider social interventions focused on prevention and promotion at a community level**, and collaborating with targeted work for vulnerable families.

Childhood adversity and trauma:

We know that **one in three adult mental health problems are directly linked to Adverse Childhood Experiences** - including abuse, domestic violence, prejudice or bereavement. Moreover, children and young people who have experienced Adverse Childhood Experiences (ACEs) and trauma are more likely to have low levels of mental wellbeing and life satisfaction, go onto have poor health outcomes and die earlier than their peers⁸.

The **MHSTs can support vulnerable groups of young people by helping to establish childhood adversity and trauma as a local public health priority**. We have listed below some mechanisms for how this could be achieved:

- Include core components within CWP training modules on the effects of trauma on behaviour, and **clear guidance about how and when to ask about traumatic experiences**;
- Establish a function of the new CWP workforce of upskilling professionals who work with children – including NHS workers, teachers, social workers and police – with a **basic understanding about the impact of childhood adversity and trauma on mental health and behaviour**;
- Test how MHSTs can influence and support the **development of trauma-informed models of care** across community infrastructures, so that services give effective support to young people who might have been through traumatic experiences without re-traumatising them or making them feel in danger;
- Incorporate guidance on adversity and trauma as part of the updated **Mental Health and Behaviour Guidance in Schools**.

Q14-16) To test whether the needs of specific groups of children and young people are being met through the MHSTs **it is important that there is meaningful and ongoing engagement embedded in both the design and evaluation of the MHSTs**. This should

⁸ For more information on childhood adversity and trauma, see YoungMinds' recent publication, [Addressing Adversity](#) (2018)

include engagement with specific vulnerable groups of children and young people; their parents, carers or guardians; and the organisations that support them.

We recommend that there is engagement on the following areas:

- **How the MHST workforce should engage with these specific vulnerable groups⁹;**
- Which professionals and services the MSHTs should collaborate with and how; and
- Whether there are any specific training requirements for the CWP workforce to enable them to ensure that specific vulnerable groups of children and young people can access appropriate support.

Trailblazer areas should establish and test connections between new MHST provision and existing bespoke pathways for specific vulnerable groups.

Moreover, evaluation of the impact of the MHSTs should include a focus on specific vulnerable groups. We suggest the following measures:

- **The numbers of children and young people from specific vulnerable groups getting the support they need;**
- The knowledge and understanding of young people from specific vulnerable groups regarding support and self-care;
- The effectiveness of, and time-intensity required for interventions delivered by MHSTs to specific vulnerable groups;
- **The mental health knowledge and understanding among staff working with specific vulnerable groups.**

Comment on other proposals within the Green Paper

i. Wider support for the mental health of 16-25 year olds

YoungMinds welcomes the proposal in the Green Paper to establish a new national strategic partnership focused on improving the mental health of 16-25 year olds: a group that is often overlooked.

We think **it is essential that the remit of the partnership examines and addresses the full range of needs of this age group, including the needs of those in higher education, early careers and NEET young people.** More specifically, we would hope that the partnership's remit considers the following areas:

- **Preventing long-term youth unemployment due to mental ill health** by strengthening mental health support within apprenticeships, traineeships and early

⁹ This would include, but not be exclusive to looked-after or previously looked-after-children, children in need, and children and young people with special educational needs or disability.

careers through increased awareness, targeted supervision and reasonable adjustment;

- **Enhancing back to work support for young people with enduring mental health problems;**
- Strengthening mental health awareness, support and innovation in higher education through:
 - The promotion of universal orientation and study hygiene classes for university students;
 - Commissioning an analysis of suicidality and support at college and university;
 - Improving innovation relating to transitions between CAMHS and AMHS services when students relocate for university.

YoungMinds would be very keen to play an active and leading role as part of the national strategic partnership. We would welcome the opportunity to discuss this further with your Departments.

ii. **Support for parents and families:**

We are pleased that the Green Paper announced additional research and guidance into how services can engage vulnerable families, and support parents and carers. We are disappointed however that there were no firm proposals to introduce resources or additional support for parents and families.

We know from the calls we receive on our Parents' Helpline and our participation work with parents and carers, that **parents are on the frontline when it comes to children's mental health.** Caring for a child who is experiencing a mental health problem can have a significant impact on parents, both financially and emotionally. Parents frequently tell us that they feel unsupported by services, and often feel as though they have to fight to get their child treatment or support¹⁰.

YoungMinds recommends that there are a number of initiatives that could be introduced to improve the support for parents, carers and families, and empower them to be able to support their children when experiencing emotional distress or mental ill health. These initiatives are listed below:

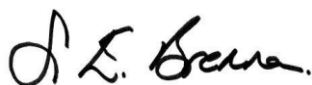
- Investment in resources and provision (including trialling peer-to-peer models) designed **to improve the emotional literacy of parents and support them to better identify and respond to mental health concerns of children.**
- Expand provision for a designated online and telephone service to provide information, advice and emotional support for any parents, carers and adults who are concerned about the mental health, behaviour or emotional wellbeing of a child or young person – based on the [YoungMinds' Parents' Helpline](#) model.

¹⁰ For more information about the issues affecting parents' supporting children with mental health problems, see YoungMinds [Parents' Helpline Evaluation Report](#) (2018) and the results of a survey carried out with members of YoungMinds' Parents' Say network by the Association of Young People's Health (AYPH), [The Role of Parents in Supporting Young People with Mental Health Problems](#) (2016)

- Create an NHS-led online 'self-management hub', which provides information, advice and resources to support young people and parents to self-manage emotional distress and mental health conditions. This could include an interactive screening assessment to tailor suggested evidence-based resources, activities and Apps, and would be able to refer onto crisis and specialist advice services.
- Create and implement a high-profile youth-led emotional literacy campaign focused on improving the emotional literacy of children and young people, parents and carers.
- **Design and implement a joint strategy across Departments (including DWP, DfE, DHSC and DCLG) for a programme of interventions for families with multiple needs.**

If you would like to discuss any of the points raised in this submission, please do not hesitate to get in contact.

Yours sincerely,



Sarah Brennan O.B.E
Chief Executive
YoungMinds

ⁱ [Implementing the Five Year Forward View for Mental Health](#), NHS England (2016)

ⁱⁱ YoungMinds calculation from prevalence figures cited in the [Impact Assessment on the Children and Young People's Mental health Green Paper](#);

ⁱⁱⁱ NHS Benchmarking network;

^{iv} NHS Providers, [The State of the NHS Provider Sector](#) (2017);

^v YoungMinds, [Amplified Insights Report](#) (2018)

^{vi} CAMHS Benchmarking report (2016) - <https://www.nhsbenchmarking.nhs.uk/news/camhs-benchmarking-2016-findings-published>

^{vii} Frith, E, [Access and Waiting Times in Children and Young People's Mental Health Services](#) (Education Policy Institute, 2017)

^{viii} Ibid

^{ix} YoungMinds, [Wise Up, Prioritising wellbeing in schools](#) (2017)

^x Ibid

^{xi} IPPR, [Education, Education, Mental Health](#) (2016)