

YoungMinds Written Submission to Health and Education Select Committee Inquiry into “Transforming Children and Young People’s Mental Health Provision”

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Dr Sarah Wollaston MP – Chair of Health Select Committee,
Mr Robert Halfon MP – Chair of Education Select Committee,
House of Commons,
London,
SW1A 0AA

Tuesday, 16th January 2018,

Dear Dr Wollaston MP and Mr Halfon MP,

1: I am writing to respond to the joint inquiry being held by the Health and Education Select Committees into the Government's Green Paper: "Transforming children and young people's mental health provision". At YoungMinds, we would like to thank both of your Committees for their continued scrutiny of the provision of children and young people's mental health services.

1.1: There are a lot of areas and proposals from the Green Paper that we welcome. However, for brevity, we will focus this submission on the gaps that we have identified in the scope of the proposals, and the implementation challenges.

1.2: In general, we think that the proposals, particularly those relating to schools and the mental health support teams, are a welcome continuation of the direction of travel. Though, we are concerned that the remaining gaps in service provision and some challenges relating to implementation could compromise the priority and investment given to children and young people's mental health by the Government.

1.3: YoungMinds has been commissioned by the Department of Health to carry out participation with children and young people to inform the Green Paper consultation. Beyond this, we intend to carry out additional engagement activity with children, young people and parents regarding the consultation's proposals, including an online forum. We would be happy to share our findings from this engagement activity with the Committees.

1.4: We have identified five key areas in which we highlight gaps in the scope of the proposals or implementation challenges. These five areas are listed below and will structure our submission:

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- **Prevention, early identification and early intervention;**
 - **Support for self-management;**
 - **Education and training;**
 - **Crisis and specialist care;**
 - **Resourcing.**
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2. Prevention, early identification and early intervention

2.0: We all know the benefits of intervening at an earlier stage when mental health problems emerge, in limiting unnecessary emotional distress, crisis or escalation of need; and from a systematic perspective, in reducing long-term costsⁱ.

2.1: The Green Paper includes welcome proposals to increase the focus on early identification and intervention, and build capacity. We have identified some gaps related to the scope of the proposals however, and think these could go further in establishing a greater prioritisation on prevention, wellbeing, resilience and early intervention.

2.2: Firstly, the flagship proposals to trial mental health support teams and new waiting time standards could go further, both in terms of coverage and pace. The commitment to establish pilots to cover, at most, a quarter of the country by 2022/23, five years from now, indicates that the proposals will not have a significant impact on increasing access during the course of this Parliament.

2.3: Furthermore, there is also a risk that piloting increased capacity within a fifth to a quarter of the country could create greater variation in the quality and provision of care in the short-term. The Government need to consider how this can be avoided, particularly given that variation in access and provision, was one of the key concerns raised by the CQC, in the phase one report of its thematic reviewⁱⁱ.

2.4: It is important that the Government has recognised schools as equal partners, though there is a need to get the network of support right across the whole community infrastructure, including by utilising the reach of the community and youth sectors in helping young people to build resilience and develop wellbeing.

2.5: To further embed the principles of prevention, early intervention and resilience, we think the Government should consider the following:

- a) Developing a refreshed national framework for youth provision, which includes a core responsibility of mental health first response and supervision, and promotes peer-based models of support.
- b) Introducing a new “Youth Mental Health Supervisor” status to upskill a small number of professionals in each service that works directly with children and young people¹.

¹ This would ensure that knowledge is retained within and cascaded across all universal services and would enhance the workforce’s understanding, practical skills, and supervisory support and navigation capabilities.

- c) Making childhood adversity and trauma a public health priority for all services that work with children and young people and within local transformation planning. This could include piloting trauma-informed models of care and raising understanding through targeted information campaigns for commissioners and professionals.
- d) Introducing programmes to provide practical and emotional support to parents whose children are experiencing mental ill health, and parenting programmes to support families with multiple adversities.
- e) Investing in the creation and implementation of a high-profile, youth-led emotional literacy campaign focused on improving the emotional literacy of children, young people, parents and families².

2.6: Additionally, we have identified some important questions that need to be answered regarding the implementation of the pilots for mental health support team and waiting time standards:

- a) What will the coverage of the mental health support teams be: in terms of footprint; and the ratio of teams / staff to schools / school population? Will each team cover more than one CAMH service that may have different pathways and thresholds?
- b) What will the composition of each support team be? Will there be any specific experience requirements for the Child Wellbeing Practitioners? What will their training consist of, and will there be any incentives and measures in place to retain these staff once fully-trained?
- c) Finally, what resources and levers will the support teams have for establishing or delivering universal interventions, in addition to providing support and assessment for those with emerging or identified needs?

Support for self-management

3: There are large numbers of children and young people who are experiencing mental ill health or emotional distress but are unable to get access to the treatment and care that they need. This can include children who are waiting months for assessment or treatmentⁱⁱⁱ, or those who have sub-clinical levels of need and do not meet clinical thresholds^{iv}.

² Combined with the Government's proposals to train one million members of the public in mental health awareness and first aid, this could embed a generational and culture change within families and communities, so that everyone understands how to keep themselves emotionally healthy, and be able to recognise and know what to do when problems emerge.

3.1: Although the Government has provided significant investment in children and young people's mental health services in recent years, referrals to CAMHS have increased by 44% in the last three years³, and CAMH services remain overstretched. Even if achieved, NHS England's own access target will mean that by 2020/21, two thirds of children and young people with a diagnosable mental health condition will not be able to access treatment or care.

3.2: So, it is important to ask, what support is in place for the two in three who cannot access treatment, and their families, to support self-management and to reduce the risk of them experiencing a mental health crisis, or an unnecessary escalation of need. What impact will the Green Paper proposals have on the current generation of children who need support?

3.3: There are some specific proposals that we believe would enable children, young people and their families to be able to effectively care for themselves or manage their condition in the absence of clinical interventions:

- a) The creation of 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 conditions³.
- b) Expanding the provision for a designated online and telephone service to provide advice, information 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 person⁴.
- c) Ensuring that children and young people are included within all major incident pathways⁵.

3.4: Within the Green Paper, one of the named functions of the mental health support teams is to support self-care for children and young people. We have some specific questions relating to how this will be implemented:

- a) What will the self-care tools used by the support teams look like and how will they be determined?
- b) What capacity will there be for support teams to work with children, young people and professionals to support their self-care?

³ This could include an interactive screening assessment to tailor suggested evidenced-based resources, activities and Apps, and would be able to refer onto crisis and specialist advice services.

⁴ Based on the YoungMinds' Parents' Helpline model - <https://youngminds.org.uk/find-help/for-parents/parents-helpline/>.

⁵ Following the good practice demonstrated in the response to the M.E.N arena bombing, Grenfell Tower fire and the London Bridge terrorist attack, which included significant collaboration between the NHS and community sector.

3.5: Similarly, we think that there are some important lines of inquiry for the Government to respond to relating to the implementation of the waiting time standards:

- a) How can the implementation of the waiting time standards for assessment, avoid the issues faced in capacity and delivery of the existing waiting time standards for eating disorders and early-intervention psychosis?
- b) How can the pilots ensure that the implementation of the new waiting time standards don't create a perverse incentive and lead to access thresholds being raised, in order for waiting time standards to be met.

Education and training

4: At YoungMinds, we are delighted that the Government has recognised schools and colleges as equal partners in children and young people's mental health. As well as improving the links between schools and secondary mental health services, the Green Paper includes welcome proposals to increase the school's workforce's knowledge of mental health, to teach children and young people about mental health, and to provide opportunities for schools to innovate in developing whole school approaches to promoting wellbeing.

4.1: There are some gaps relating to the scope of the Green Paper's schools proposals that we have identified, and we include some suggestions below:

- a) Increase the priority of student mental health within school improvement through an enhanced role of school governance mechanisms to promote transparency and accountability for progress on promoting student wellbeing.
- b) Build on the welcome changes to the initial teacher training content framework, by embedding an understanding of mental health, wellbeing and resilience into continued professional development, to improve the confidence and capability of all teachers⁶.
- c) Expanded the priority given to schools and colleges to cover all children and young people, including early years, universities and those who are excluded from mainstream education.

4.5: There also some issues that we have identified regarding the implementation of the proposals relating to schools in the Green Paper, and I have included our proposals and suggested lines of inquiry below:

⁶ We would also suggest that the Government baseline the skills and knowledge of teachers through a new measure of competency and confidence in mental health into the national annual NQT survey.

- a) It is important that changes to the Ofsted common inspection framework focus on increasing the priority of student mental health in school improvement and promoting best practice⁷.
- b) The DfE should work with schools to establish and implement an effective measurement of school progress in supporting student mental health and wellbeing over time. This should be published, so it is transparent for pupils and parents.
- c) What measures can be put in place to ensure that the knowledge and expertise of the designated mental health lead will be retained within the school or college if that individual leaves, and how it will be cascaded to other school staff?
- d) How can the proposals be expanded to maximise the incentive and resources for schools to be able to implement whole school approaches to wellbeing or universal wellbeing interventions, which help all students to build resilience, and preventing the development of mental health conditions?

4.6: We welcome the establishment of a new national strategic partnership focused on improving the mental health of 16-25 year olds; a group that often is overlooked. The partnership should address the needs of those in higher education, early careers, and those not in education, employment or training. More specifically, we would hope that the partnership considers:

- a) How to prevent long-term youth unemployment due to mental ill health by strengthening mental health support within apprenticeships, traineeships and early careers through increased awareness, targeted supervision and reasonable adjustment.
- b) How to enhance back to work support for young people with enduring mental health problems.
- c) Commissioning an analysis of suicidality and support at college and university.

Crisis and specialist care

5: There is a significant gap in the scope of the Green Paper by not focusing on, or addressing the issues relating to the provision of crisis and specialist care for children and young people. 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 experiencing a mental health crisis.

⁷ Reflecting the findings and recommendations of your Committees' inquiry into mental health and education in 2017.

5.1: We think that there are some specific areas that the Government should focus on to improve and expand mental health crisis provision for children and young people, and enhance the role of specialist CAMHS including:

- a) Supporting local areas to develop virtual out-of-hours crisis response service, which would enable health professionals working outside of children's mental health to consult, seek specialist advice from, and warm-transfer to crisis mental health teams and psychiatric liaison services.
- b) Introducing a dedicated 24 hour 'Crisis Hotline' for children and young people, which could be triaged through a service within NHS 111, offering advice on crisis management, de-escalation, signposting to emotional support, self-management advice services or ensuring urgent referrals.
- c) Extending the Crisis Care Concordat to encourage local areas to invest in new models of places of safety for children and young people (including volunteer-led sanctuary, haven and clubhouse models).
- d) Piloting and rolling-out a new 'hospital-at-home' model for children and young people's mental health, including a graduated care pathway from crisis to self-management⁸.
- e) Promoting new specialist outreach and liaison models from Tier 4, including psychological support in acute wards, re-integration support back to home CAMHS team, and pursuing a graduated discharge through the hospital at home.

5.3: In previous submissions, we have raised concerns about the overuse of restraint and other restrictive practices in specialist inpatient units. We are pleased therefore that the Government is supporting the Mental Health Units (Use of Force) Bill, tabled by Steve Reed MP^{vi}. This Bill would lead to the systematic recording of any use of force within mental health units, as well as improving accountability, and training for staff on de-escalation techniques.

5.4: Phase One of the CQC's Thematic Review raised concerns about the quality of care that some children and young people receive, across a number of issues, such as not being meaningfully involved in decisions about their care or treatment^{vii}. It is reasonable to expect that these concerns should be addressed as a priority.

5.5: In collaboration with the National Autistic Society, YoungMinds have developed a charter of rights, the "Always Charter", based on the principles of care that children,

⁸ Positive examples include the John Hopkins Medicine (US), the Victorian Government (Australia), and NHS Lancashire (UK) models.

young people and their families told us should be the baseline of a young person's experience of CAMHS⁹.

5.6: Children, young people, and their parents have consistently told us that being informed about their rights and knowing what to expect from their CAMHS treatment makes a significant difference to their experience of care and ultimately, their outcomes. Therefore, we would recommend that the Government:

- a. Introduces a new duty on providers to promote and actively communicate to children, young people and their parents / carers their rights when they are referred or admitted to CAMHS¹⁰.
- b. Develop an orientation and navigation tool for parents, carers and guardians of children and young people accessing CAMHS, so that they understand the pathways that their child is likely to go through (including transitions), and are aware of decision points in their treatment and care.

Resourcing

6.0: The single most significant gap in children and young people's mental health system relates to resourcing: both the scale and sustainability of funding, and the ongoing workforce challenges.

6.1: CAMH services have been historically underfunded – the latest projection stated that CAMHS spend translated to just 0.7% of the NHS budget, and 11% of the overall amount spent on mental health – with just 16% of the total CAMHS budget is spent on early intervention^{viii}.

6.2: In recent years, overall CAMHS spending has been affected by funding constraints for local authority budgets, which has led to the closure of some early-intervention services. In 2015, the Government committed a much-needed additional investment of £1.4bn for children and young people's mental health services over the course of five years. Although, research by YoungMinds showed that the whole investment is not reaching the frontline, with some CCGs using the additional investment to backfill cuts, or to siphon this off for other priorities^{ix}.

6.3: Given that 50% of enduring mental health conditions materialise by the age of 14, and 75% by the age of 24, it makes sense that an early-intervention and cost-effective approach to mental health would see a greater investment in children and young people's mental health services.

⁹ These principles of care include always receiving the right treatment and care, having their voices heard and having their human rights and dignity upheld.

¹⁰ These rights could be codified as an annex to the NHS Constitution (based on the 'ALWAYS Charter'), and enforce them through regulatory and NHS contract compliance mechanisms.

6.4: Beyond the additional £300 million that is attached to the Green Paper proposals, there needs to be a sustainable and increased settlement for children and young people’s mental health services to meet the true scale of need. This settlement needs to give commissioners the security to be able to fund early-intervention and prevention services, support the migration of commissioning to a 0-25 year basis, and have greater assurance and accountability to ensure that monies reach the frontline.

6.4: There are well-documented concerns regarding the current state of and future development of the children and young people’s mental health workforce to meet demand^x, and Jeremy Hunt has expressed concerns about how the workforce capacity issues could undermine the ambition to increase access to 70, 000 more children and young people a year by 2020/21.

6.5: To increase the capacity and capability of the mental health workforce, we would suggest that the Government consider implementing the following proposals:

- a) Create more free and low-cost counselling capacity by removing restrictions on counselling and psychotherapy (counselling psychologists) trainees placements;
- b) Support a new fast-track specialism for medical students into child and adolescent psychiatry;
- c) Introduce a new CYP IAPT ‘retention commitment’ to ensure newly trained practitioners stay in the profession for a minimum of 2 years if full- or match-funded;
- d) Introduce a ‘Children and Young People’s Mental Health Training Standard’ for health and care professionals who work on the frontline with children and young people experiencing mental health problems, but do not primarily work with a mental health service.

7: May I take this opportunity to thank you and both of your committees once again for focussing on the important issue of children and young people’s mental health services.

7.1: If you would like to discuss any of the points raised in this submission or for me to give further oral evidence to the committee, please do not hesitate to get in contact.

Yours sincerely,

Dr Marc Bush,
Chief Policy Adviser,
YoungMinds

ⁱ *Future in Mind* report, Department of Health / NHS England (2015) - [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens Mental Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)

ⁱⁱ Care Quality Commission, *Review of children and young people's mental health services: Phase one report* (2017) - http://www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf

ⁱⁱⁱ The CQC Thematic Review (2017) found that some children and young people experience waits for treatment that can last up to 18 months - http://www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf

^{iv} Recent NHS benchmarking stats (2016) show that of all community referrals, 72% will be assessed face to face, and 70% of those assessed will go on to receive treatment - <https://www.nhsbenchmarking.nhs.uk/news/camhs-benchmarking-2016-findings-published>

^v NHS Benchmarking Network CAMHS Benchmarking 2016 (<http://www.bmj.com/content/357/bmj.j1500/rr-02>) <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-HealthTaskforce-FYFV-final.pdf>

^{vi} <https://services.parliament.uk/bills/2017-19/mentalhealthunitsuseofforce.html>

^{vii} Care Quality Commission, *Review of children and young people's mental health services: Phase one report* (2017) - http://www.cqc.org.uk/sites/default/files/20171103_cypmhphase1_report.pdf

^{viii} Frith, E (CentreForum, 2016) *State of the Nation* - <http://centreforum.org/live/wp-content/uploads/2016/04/State-of-the-Nation-report-web.pdf>

^{ix} YoungMinds website (2017) *Stop the Leak* - <https://youngminds.org.uk/resources/policy/stop-the-leak/>

^x NHS Providers (2017) - *The State of the NHS Provider Sector* - <https://nhsproviders.org/state-of-the-provider-sector-07-17/the-mental-health-provider-challenge>