



Mental health services for children and young people inquiry (Public Accounts Committee)

Written evidence from the Children and Young People's Mental Health Coalition

CYPMHC welcomes this important inquiry into mental health services for children and young people and the recent review by the NAO.¹ Children and young people's mental health has never been so high on the agenda. Whilst this focus is welcome, the rhetoric fails to meet reality and consequently too many vulnerable children are still being let down by the system.

1.Planning for transformation

- There was commendable and wide-ranging consultation undertaken to inform the development of Future in Mind. Many Members of our Coalition were Members of the Children and Young People's Mental Health Taskforce, and a key message from the group and civil servants was doing the same is not an option.
- Positive progress has been made in some key areas such as a strong commitment by NHS England to youth participation and co-production and improvements in eating disorder, crisis and inpatient care provision. Many our members, such as YoungMinds and the Anna Freud National Centre, were pivotal in these achievements.

1.1 Prevalence of mental ill-health amongst children and young people and unmet need:

- We believe there are significant issues in understanding the gaps in local service provision for infants, children and young people. Fewer than a third of children and young people with a diagnosable mental health problem will get access to NHS funded treatment this year based on Government's own assertion.² Furthermore, the Children's Commissioner for England's review of child and adolescent mental health services (CAMHS) also discovered regional variations in practice suggesting access to CAMHS is a post-code lottery.³ This demonstrates the continued lack of parity between mental and physical health.
- As outlined by the NAO, the last prevalence study was undertaken in 2004 and it is likely the rate of children and young people with a diagnosable mental health need is higher than previously estimated. This indicated by the rising number of referrals to specialist children's mental health services. Referrals have increased by 26 per cent over the last five years based on recent analysis undertaken by the Education Policy Institute.⁴
- The latest Adult Psychiatric Morbidity Survey (2014), has already identified a rise in the prevalence of some mental health difficulties amongst young people. For example, young women between the ages of 16 and 24 have emerged as a key high-risk group and more likely to be experiencing PTSD or self-harm.⁵

- The 2004 study examined the needs of children and young people between the ages of 5 and 16. The new prevalence study, due to be published late 2018, will cover the needs of a wider age range (2-19). We welcome this inclusion of younger children and young people up to 19 as these age groups often face difficulties due to the lack of services available to them.
- We also welcome the Prime Minister's pledge to launch annual 'state of the nation' report on children's mental health from October 2019.⁶
- **The Government should revise its targets and cost provision appropriately following the publication of new prevalence data later this year.** This includes targets set out in the recent Transforming children and young people's mental health provision green paper and forthcoming NHS Long-Term Plan.
- **The Government should also commit to the commissioning of a regular prevalence survey of child and adolescent mental health every 5 years as set out in Future in Mind.**⁷

2. Accountability and oversight

2.1. The lack of robust accountability measures:

- The NAO review rightly identifies the lack of coherence in governance arrangements as it pertains to the transformation of CYPMHS.⁸ The government cannot just put money into the system and hope that it results in changes on the ground. There needs to be concerted political leadership to deliver change. There should also be clear expectations of outcomes from service providers and on-the-ground feedback from families and other local stakeholders (e.g. schools) as measures.
- Whilst regional assurance teams¹ have been established to oversee change and implementation locally⁹, limited evidence has been made available publicly outlining progress and outcomes.
- **The prime minister should establish an implementation taskforce pulling together ministers across government – including health, education, justice and work and pensions** with clear responsibilities and accountability mechanisms in place. The taskforce should focus on ensuring children and young people in crisis receive appropriate care and support, but also that we invest in early intervention and prevention.

2.2. The overall funding landscape:

- Adult mental health problems (excluding dementia) often have their roots in childhood. About 50% of adult mental health problems start by age 14 and 75% by age 24.¹⁰ However, the children and young people's mental health system has been historically under resourced. Whilst we have seen a welcome increase in investment, it started from a very low base. Pressure on budgets across the whole system has resulted in cuts to early intervention support, which has put more pressure on specialist mental health services. In addition, the focus on funding trends tends to be on CAMHS, although much of mental health support and services are provided via GPs, Schools and community and secondary pediatric services.
- The Royal College of Psychiatrists' recent analysis revealed wide variation in Clinical Commissioning Groups' (CCGs) investment in the children and young people's mental health system, with 33 CCGs spending less than £35 per head on

mental health for children and young people in 2016/17.¹¹ The additional funding is not always reaching frontline services, and as a consequence many children and young people are not receiving the care and support they need. However, it is possible that some of the apparent deficit may be compensated by funding to other services.

- Research published by YoungMinds, based on a Freedom of Information request to all CCGs about their spending on CAMHS, found that in the first year of the additional Future in Mind investment (2015/16) almost two-thirds of CCGs (64%) did not increase their overall spending on CAMHS by as much as they received in additional investment from the Government. In the second year of the Future in Mind (FiM) investment, 50% of CCGs did not increase their overall CAMHS spending by as much as they received as their allocation of the additional FiM investment. This highlights that, although the FiM money was assured, many CCGs have used the additional FiM investment to divert some of their previous budget on CAMHS to other priorities.
- The children and young people's mental health system requires further funding to begin to address the forgotten 65% of children and young people who have mental health problems but can't access services. This includes many young people who face difficulties during transitions between child and adult mental health services.
- **Funding for children and young people's mental health should be ring-fenced with a greater proportion focused on integrated, high quality, frontline services for 0-25 olds.**

2.3. Funding for early intervention initiatives:

- Research shows that on average it will be 10 years after the first onset of symptoms before young adults access help.¹² There are long-term financial implications associated with late interventions, including treatment for serious mental health problems such as early intervention in psychosis and conduct problems.¹³ The collective cost of acute, statutory and essential benefits and services that are required when children and young people experience significant difficulties in life is estimated to be around £17bn per year according to the Early Intervention Foundation.¹⁴
- Findings from the NAO review demonstrates the need to re-balance current and future investment from late intervention, crisis and urgent care to early intervention provision in local communities. Though acute and liaison services must be properly funded, evidence-based preventative approaches can represent best value for money and therefore there is a strong economic and moral case for investing in these approaches for both mental and physical health.
- Youth Mental Health First Aid (MHFA) is one example of a training programme seeking to improve approaches to early intervention in a range of communities across England. Youth MHFA takes a preventative approach by empowering anyone working with young people aged 8-18 with the skills, confidence and knowledge to help a young person to access further support early on if they present signs and symptoms of mental ill health. This can help them get on to a path to recover or manage symptoms as soon as possible and prevents signs and symptoms of mental ill health going unchecked and unmanaged.

2.4. Funding prevention initiatives:

- We know a lot about the socioeconomic, family based, and child-based risk factors that predispose children to experience poor mental health. Where risks are multiple and persist over time these can have a particularly detrimental impact on children and young people's ability to thrive, learn and achieve.¹⁵ A major goal for

child and family services working together should be to reduce the accumulation of multiple risks in families affecting children. Much of this important preventative work has been disinvested in following local authority funding cuts. However, if the system currently has insufficient resources to meet the needs of those with diagnosable level needs, then it has even fewer resources to invest in helping prevent de-escalate emerging mental health problems (e.g. for those facing multiple risk factors for poor mental health).

- Funding constraints are currently undermining the ability of local areas to invest in services designed to prevent children and young people becoming mentally unwell and offering a safety net to those with emerging needs. This includes good quality preventative initiatives such as school-based programmes supporting children's social and emotional skills or healthy behavior (such as the Good Behaviour Game).^{16, 17, 18}
- **Much greater investment is required in local public health services aimed at improving mental health, to ensure they are meeting the needs the populations they serve and reducing stigma.**
- **A move to a more preventative approach may mean additional funding and commissioning provision that falls outside the mainstream of CYPMHS** and boosting funding in the voluntary and community sector, for example. This should be in addition to properly resourced and funded specialist services to achieve maximum impact.

2.5. The role of the voluntary and community sector (VCS):

- Last year, the CYPMHC undertook a survey of its Members to explore the impact of the Government's children and young people's mental health transformation programme on the voluntary and community sector. Most of our members said that demand for children's mental health support will increase in the next five years, yet we are only seeing increased funding trickle through and it is not having the transformational effect Government wants¹⁹. The survey also paints a worrying picture about the impact of increased funding in the sector. Fewer than 1 in 5 organisations (11) reported directly receiving an increase in income.
- VCS providers offer a range of help and support to particularly vulnerable groups, such as LGBT groups, young carers, young refugees, children in and leaving care.
- For example, recent research by the Carers Trust found that nearly three quarters of young carers said they would know where they or other young carers in their area could go if they needed someone to talk to but couldn't talk to family or friends, and of these young carers, 50% said that this would be the young carers service.²⁰
- Families are often neglected in children and young people's mental health policy despite their crucial role in bridging the gap between interventions/services and children's wider lives. In addition, most adverse childhood experiences (ACEs) take place in the home and require holistic family-based interventions. The voluntary sector is particularly able to target family units and take a wraparound approach in a way that services typically do not.
- However, Government-led initiatives to address ACEs have been developed and rolled out by devolved administrations such Public Health Wales²¹ and NHS Scotland²². Learning from these programmes should be used to establish similar health-based approaches in England.

- We believe the VCS can offer some very cost-effective support, but plans must ensure respectful dialogue with the sector to ensure funding is commensurate with the demands and context of the work.

2.6. Fragmented commissioning and the wider funding context:

- The Care Quality Commission in its review of CYPMHS provision noted that the complexities and the fragmented nature of the planning and commissioning environment are often responsible for the shortcomings in the current implementation of transformation of CYPMHS. As a result, too many children and young people have a poor experience of care and some are unable to access timely and appropriate support.²³
- Given the significant impact of maternal/parental mental health on child mental health, we also need a more family focused approach integrating adult and child mental health and social care services.²⁴
- The most common childhood mental health difficulties are severe and persistent behavioural difficulties (conduct disorders).²⁵ There is clear guidance on what works to support these children – particularly early starters who face significantly poorer life chances as well as placing a significant burden on multiple local budgets. Parenting interventions work by supporting families with techniques to help children stabilise their difficulties. However, many of these programmes are delivered by local authorities rather than mental health services – and these services have been most affected by funding limitations, such as children’s centres.
- Pressures experienced by other local services working with children, young people and families can mean that CYPMHS often receive significant numbers of inappropriate referrals because there is no alternative support or preventative interventions available.
- Evidence shows that many of the services and support that children and young people rely on are at breaking point. This includes:
 - local authority funded children’s services such as children’s centres which have seen budgets reduced by almost half (48 per cent) in real terms in the last five years²⁶
 - planned cuts to the public health grant to local authorities average 3.9% a year to 2020/21.²⁷
 - the amount of per pupil spending in England's schools has fallen by 8% since 2010.²⁸
 - A report by Unison (2016) found that since 2012 more than 600 youth centres had closed, 3,500 youth work jobs had gone and 140,000 places for young people had been cut.²⁹
- **A clearer national steer is needed on the benefits of integrated commissioning. Government should also consider requiring key commissioners to work more effectively together to improve health outcomes for children, young people and families.** This should include local authority providers and educational services.

2.7. The use of the additional transformation funding:

- Whilst the transformation programme for CAMHS has begun, there is variation across the country with regards to how ambitious areas have been, and whether

they are developing a truly whole system approach. We have heard some of our members say that *'in some areas it is like Future in Mind has never happened'*.

- There is a risk that more recent proposals such as the Green Paper are following suit given that initiatives will only be made available to just a one fifth to a quarter of young people in England in five years' time.³⁰

2.8. Whole-system approach:

- The NAO review primarily focusses on the role of national departments and CCGs as drivers of change and fails to recognise the role of the wider system and services supporting children, young people's and family mental health and wellbeing. This includes local authorities, educational services (including special educational needs and disabilities/SEND activity), the voluntary and community sector (VCS) and the police. There is also a breadth of health services that identify and respond to the emotional and mental health needs of infants, children and young people. This includes school nursing, GPs, secondary and tertiary children and young people's care, health visiting.
- Future in Mind, the Five Year Forward View and the recent Green Paper all recognise the need for these agencies to work effectively together with NHS CAMHS to deliver whole-system transformation in this area. This also **requires effective collaborative working both on the national and local level.**
- A whole system approach needs to also consider the support available for whole families, not just children individually, given the impact of relationships and environment on mental health³¹.
- Research by Youth Access has previously explored the wider social determinants of young people's mental health demonstrating that prevalence of mental health problems increase markedly as layers of disadvantage are factored.³² This includes factors such as young people not being in education, employment or training or living with a parent experiencing mental health problems.³³ A recent report by the BMA has also shown the impact of social determinants on mental health, including the effects poverty, unemployment and low educational attainment on both young people and adults.³⁴
- **We support the Care Quality Commission's recommendation calling on Government to introduce a requirement for local areas to establish a 'local offer'** that sets out how each part of the system will make their individual contribution and ensures the system can collectively meet the needs of all children and young people in their area.³⁵

2.9. Local CAMHS Transformation: development and implementation

- Local areas were asked to produce Local CAMHS Transformation plans setting out how Future in Mind will be implemented, however, evidence shows the quality of these plans vary considerably from area to area.
- A review by the Education Policy Institute of 122 LTPs covering the 2015/16 period showed that only 18 areas (15 per cent) had sufficiently 'good' plans in relation to their transparency, involvement of children and young people, level of ambition, early intervention initiatives and robust governance in place to support delivery.³⁶
- Since 2016, the NSPCC has carried out an annual analysis of these plans, to assess the extent to which they recognise the increased vulnerability of groups of children and young people (including those who have been abused) to mental health problems. According to their latest analysis, found that more than 1 million

children in England who've been abused or neglected are living in an area with inadequate planning to support their mental health needs. Although it is worth noting that local areas may be identifying and responding to need elsewhere, for example, in their safeguarding planning.

2.10. Children's mental health in Sustainability and Transformation Plans (STPs):

- Guidance produced by NHS England requires local areas to prioritise and incorporate children's mental health transformation within its planning and delivery of the NHS Five Year Forward View.³⁷
- An assessment of Sustainability and Transformation Plans (STPs) by YoungMinds revealed a lack of visibility of children and young people's mental health priorities within the STP plans. Three-quarters of plans (77%) were rated as having "poor visibility" or "partial visibility" on their commitment and strategy to increase access to children and young people's mental health services in line with Government targets.³⁸

3. Understanding progress

3.1. Poor outcomes information:

- The lack of information collected and reported on outcomes by CYPMHS has been identified as a historical and on-going challenge as it makes it difficult to measure the success of services and undermines the development of need-focused care.
- Child mental health service experience and outcome data has been categorised as "*flawed, uncertain, proximate and sparse*" according to CORC³⁹. Information on outcomes and the responsibility to present these by those who deliver care (including within the voluntary sector) is critical and the responsibility should be shared appropriately.
- Consistent outcomes information can also help ensure services are operating as intended to help improve our understanding of capacity and demand within the system.
- **Systems should be required to routinely measure outcomes, and this should be considered as part of the delivery of care.** The collection of data on outcomes should be used to inform commissioning decisions and make service improvements as well as ascertaining the effectiveness of interventions and whether they deliver value for money.
- **To better gain a better understanding of what is currently underway in transforming provision within the current resources and recommendations of Future in Mind we recommend an audit of local areas be undertaken within the next year.** The findings of this audit would then enable a more comprehensive understanding both of gaps and hopefully any emerging good practice in transforming services. It is essential that before local areas embark on developing anything new that they seek to ensure there is a plan for sustaining the improvements they have already made.

3.2. Workforce:

- NAO conclude there is inadequate data to confirm the capacity and capability of the total mental health workforce needed within the NHS and other providers.⁴⁰
- **Local plans map existing competencies across all relevant local providers.** This should be based on need and the delivery of evidence-based provision, where offered and available.
- Last year, Health Education England published an all-age mental health workforce strategy with the view to recruit and train thousands more mental health workers

in England. The rollout of this plan is still underway and CYPMHC has been calling on **HEE to maximise the potential of the third sector and already trained professionals as part of this, alongside NHS staff, and giving a greater voice to those with lived experience of mental health problems.**

- For example, a recent Youth Access led project, funded by the Department for Education, sought to improve integration between voluntary sector Youth Information, Advice and Counselling Services (YIACS) and statutory mental health and other services to improve support for young people. Of those with identified emotional and mental health needs, most young people (86%) chose, and were offered, one to one counselling or other psychological support from the YIACS.⁴¹
- More recently, we have been **advocating an overarching infant, children and young people's mental health and wellbeing workforce plan** to include the roles of all those working with infants, children and young people and their families, including the roles of parents/carers and peer support.

About the Children and Young People's Mental Health Coalition:

The Coalition is open to all those working to improve infant, children and young people's mental health. Our current membership comprises around 190 organisations from across the charitable sector. Through our collective voice, we influence and shape policy, systems and practice by listening to, and learning from our members, supporters, children, young people and families. Further information can be found here: <http://cypmhc.org.uk/>

Contact:

For queries or for further information about this submission, please contact Kadra Abdinasir, Children and Young People's Mental Health Coalition, on Kadra.Abdinasir@cypmhc.org.uk

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