



Children & Young People's
Mental Health Coalition

CYPMHC annual report 2020

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Acknowledgements

This was a truly collaborative effort, and we would like to sincerely thank a lot of people for their time and effort. We want to thank all our members, without whom this report and the coalition itself would not exist, for their tireless work. Our call for evidence that formed the basis of this report was answered by so many of you, and being able to champion your amazing policy, research and experience is a privilege.

Thank you to our Steering Group, who were instrumental in this work, from the report's conception to its launch. They are: YoungMinds, Mental Health Foundation, Youth Access, Centre for Mental Health, British Youth Council, Charlie Waller Memorial Trust, Foundation for Children with Learning Disabilities, National Children's Bureau and the Schools Wellbeing Partnership.

Thanks to Clare Stafford, current Vice Chair, and former interim Chair, for her excellent leadership during a difficult period for all our members, and for her continued work and support. Our Chair, Sir Norman Lamb, has been extremely involved and hands-on in our work since he took on the role. We would like to thank him for his time and effort, and for bringing his considerable experience, knowledge, and leadership to the coalition.

We are housed by the Centre for Mental Health, and Andy Bell, Alethea Joshi and Emma Bailey were so generous with time and energy, all the way from planning to editing and publishing, a big thank you to them for their continued effort.

A special thanks to all the children and young people we consulted for this report, particularly those representing the British Youth Council's UK Youth Parliament and the NHS Youth Forum, as well as Beyond's Youth Board. Hearing about your experience and passion for change was inspiring as well as invaluable for this work. Further thanks to David Morris at the British Youth Council and Jonny Benjamin at Beyond for making those workshops and consultations possible.

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Foreword by Sir Norman Lamb



It is my pleasure to introduce the Children and Young People's Mental Health Coalition's annual report. The first of its kind, and a wonderful way to mark our 10th anniversary. We were set up in 2010 to bring the sector together, to fight for a society that prioritises and cares for

the mental health of all children and young people. We are still doing it today, and this extensive and wide-ranging piece of work showcases just that.

This is a celebration of our members' fantastic work, but it is more importantly a resource for decision makers, a tool to help improve the wellbeing of present and future generations of infants, children, and young people.

In my years in government, working on crucial projects such as *Future in Mind*, and as a campaigner for better mental health across society, I have seen first-hand the growing evidence that so many factors affect children and young people's mental health. Their environment, housing, support network, school and family life all play a huge role. This knowledge spurs us on to act early, to prevent mental health problems happening in the first place or stop them worsening, to explore all corners of our society and ask how we can make change to improve everyone's mental health. That is why I am proud to chair a coalition with such a diverse range of members devoted to improving children and young people's lives.

What makes this report unique? It is driven by the work of our 216 members, meaning it combines the experience, expertise, and recommendations of people across the field. Each recommendation is not from one group, but the consensus of many, meaning they are robust and built on a truly holistic and wide-ranging view of mental health.

Inequalities in health are at the heart of the coalition's purpose. We believe that no one should be at greater risk of poor mental health because of who they are or what environment they are in. No one's mental health should be made worse because of their race, sexual or gender identity, or socioeconomic status. Yet inequalities and adversities in life are major determinants of children's mental health and affect their experiences of mental health support.

Covid-19 and lockdown has been an incredible challenge for us all. The evidence from our members on how bad the situation has been for children and young people is mounting. We will not know the true extent of the damage for many years. That is why all of us involved in mental health must be proactive, not reactive. We must build systems back better in recovery, taking the chance to make long term improvements, not quick fixes. It is the least this generation of children and young people deserve after what has happened. The silver linings, the innovations and amazing work in response to Covid-19 must be championed and taken further.

The severity of the situation cannot be overstated. The future is so uncertain for children and young people currently, and it is up to all of us to make it brighter for them. We hope this report, and all the work from our incredible members within it, can help build that brighter future, and put children and young people's mental health first.

A handwritten signature in black ink, appearing to read "Norman Lamb".

Sir Norman Lamb
Chair, The Children and Young People's Mental Health Coalition

Executive Summary

The Children and Young People's Mental Health Coalition has been advocating for the better mental health of all infants, children, and young people for the past ten years. This first-of-its-kind report has been produced in partnership with our members to celebrate our 10th anniversary, reflecting on progress over the last five years and bringing together the latest insights from research, from our members and from children and young people themselves.

While there has been tangible progress in some areas to improve mental health outcomes for infants, children and young people, our members continue to be concerned about the gap between the growing level of need and the availability of quality and timely support.

This report makes several recommendations to help shift society towards a more proactive approach towards infant, children, and young people's mental health.

Key findings

1. Member confidence in recent policy developments and implementation

Over the last five years, there have been several government-led initiatives in England aimed at transforming mental health provision for infants, children, and young people. This includes the landmark *Future in Mind* programme (2015), the *Transforming children and young people's mental health: a green paper* (2017) and more recently, the NHS Long Term Plan (2019). All three have set out bold and ambitious plans to improve mental health support for children and young people.

Improving provision for infants, children, and young people:

- Just over a quarter of members (26%) felt confident that the *Future in Mind* programme effectively improved the overall mental health and wellbeing service provision for children and young people.
- Few of our members (6%) were confident that the green paper would improve services over time for children and young people.
- A quarter of members (24%) were confident in the vision set out in the NHS Long Term Plan.

Children's mental health care funding:

- Just over a quarter of members (26%) believed that *Future in Mind* had resulted in greater funding of children and young people's mental health services.
- Only 18% of members were confident that the green paper would increase funding for mental health support
- 26% of our members were positive that the funding commitment for mental health (of at least £2.3 billion per year in real terms by 2023/24) as set out in the NHS Long Term Plan will make a difference to children and young people's mental health.

Priority areas for future government investment:

- The area our members felt most needed to be prioritised for funding for mental health interventions was within education settings, from early years to higher education (30%).
- This was followed by investment in local authority children's services (18%) and early years programmes (18%).

2. Mental health promotion and prevention

Promotion and prevention are crucial features of a comprehensive public health approach to mental health. Our members recognise the vital role strategies in these areas play in boosting the wellbeing of infants, children, and young people and in preventing the onset or escalation of mental health problems.

- **The need to prioritise promotion and prevention:** Currently, there is no clear or coherent approach to promotion and prevention in mental health for infants, children, and young people. Investment in promotion and prevention interventions for infants, children, and young people have been drastically falling in some areas in recent years. For example, the Health Foundation and the Kings Fund estimate that £1bn is needed to reverse the cuts to public health (The Health Foundation and The King's Fund, 2019).

- **The cost effectiveness of promotion and prevention:** Promotion and prevention initiatives offer a range of benefits for society, both in financial and social terms: for example, we know that mental health problems cost society £119 billion a year (Centre for Mental Health, 2020b).
- **Measuring wellbeing:** Many of the statistics we rely on are the number of those diagnosed with mental health problems or in treatment. But we do not routinely measure wellbeing, giving us no accurate local or national picture of need. Many of our members have been calling on the Government to collect comprehensive data on children and young people's wellbeing to put this on a par with their physical health.
- **Addressing inequalities and adversity:** There is a need for a greater understanding and response to the widening inequalities and adversities faced by infants, children, and young people and their impact on mental health. For example, 4.2 million children and young people live in poverty in the UK (Child Poverty Action Group, 2020) and evidence suggests that poverty is a risk factor for poor mental health.
- **The role of education:** Educational settings can play a crucial role in promotion and prevention through the implementation of a whole educational approach that promotes positive mental health through the curriculum and environment. They can also help prevent the development or escalation of mental health problems through building mental health literacy and confidence in help-seeking, and through offering advice and support.
- **Minimising the impact of the Covid-19 pandemic:** The full scale of the impact of Covid-19 and lockdown will not be known for a long time, but forecasting shows that huge problems are emerging. We need to take action now to prevent these problems from reaching crisis point in the future.
- **The need to prioritise early intervention:** The evidence from our members suggests that early mental health support for infants, children and young people is not prioritised and gets insufficient resources.
- **The need for a consistent and easy-to-access offer:** There is a postcode lottery in early intervention provision and spend, with wide variations between spending in local areas. For example, in London, local authority spending per child on low-level mental health services was £17.88 per child, compared to only £5.32 per child in the East of England (Children's Commissioner's for England, 2019). Research by YoungMinds also finds that two thirds of young people could not find support when they first needed it (YoungMinds, 2019).
- **The importance of the early years:** There is overwhelming evidence that parent-infant relationships are a very influential factor in development, including mental health and wellbeing, for babies and children.
- **Early help in the community:** Communities, alongside education settings and home life, play an immense role in the wellbeing of infants, children, and young people. Some children, young people and their families struggle with remote and formal clinical settings. Support that is located in communities may be easier to access for many.
- **Preparing for transitions early:** Many young people face challenges during periods of transition that place them at risk of falling through the net, particularly those with multiple or complex needs such as those with learning disabilities or autistic young people. Transitions between services can be improved by planning early.
- **Covid-19 could worsen an already challenging situation for early intervention services:** Covid-19 has had a devastating impact on the community sector, including youth services. A staggering 88% of youth service providers state that they will be likely or very likely reducing services to young people (UK Youth, 2020). Early intervention and youth work must be prioritised in our efforts to 'build back better' after lockdown.

3. The importance of early intervention

Early intervention ranges from early support to prevent emerging problems from escalating, to help for children and young people experiencing a mental health crisis or serious mental illness.

4. Building skills and confidence

While there has been progress to reduce stigma associated with mental health, there is still so much more to do across society to build the mental health skills and confidence the infant, children and young people's workforce needs.

- **Mental health literacy:** There has been an improvement in attitudes towards mental health within the children's workforce in recent years. But there is still more to do to improve understanding, especially in relation to conditions such as eating disorders and complex traumas.
- **Information and access to help:** Having access to relevant and up to date information about mental health and local support is vital and can save lives. However, confusing and convoluted systems can delay access to help and leave families to 'battle' for support by themselves.
- **The benefits of peer support:** Peer support can empower children and young people to look after themselves and each other, gaining sustainable, lifelong skills. If children and young people are speaking to peers and seeking support, then it only makes sense to ensure that peer support is as supported and robust as it can be.
- **Supporting parents and carers:** Parents and carers who are empowered and equipped with the right information and support can identify issues very early and seek help quickly.
- **The need for a comprehensive workforce strategy:** The wider children's workforce is currently not seen as part of the children and young people's mental health system. We must take the opportunity to build and harness the skills of the voluntary and community sector, faith groups, children's services, education, and other health workers.

5. Spotlight issues

In this year's report our members identified three key areas that require extra policy attention and exploration.

- **Behaviour in schools:** Our members have been concerned about the conflicting messages about wellbeing promotion and behaviour management within educational settings.

Children and young people's challenging behaviour can be the result of underlying conditions, unmet emotional needs, difficulties at home or poor relationships with family and peers, for example. The Covid-19 pandemic and lockdown may have also impacted on children's behaviours and emotions.

Some behavioural approaches, such as school exclusions, also perpetuate inequalities and exacerbate the traumas that lie behind them. We urgently need to build a consistent, compassionate and evidence-based approach to supporting children's behaviour, especially in the light of the shared trauma of Covid-19.

- **Digital technology - a blessing and a curse:** Members report that digital technologies, including social media, while requiring scrutiny, can be made a scapegoat for the deteriorating wellbeing of children and young people. There are many other factors to consider. Working with children, young people and their families to promote digital literacy and safety could be more productive than seeking to contain them.

As society continues to embrace digital innovation that has been accelerated by lockdown, it is crucial to remember that social and economic inequalities often prohibit access for the most disadvantaged. Digital tools to improve mental health must be made available to all children and young people, not just those who can afford to engage with them.

- **The importance of sleep:** A lack of good sleep can disrupt children's wellbeing, including their emotional development.

We have seen worrying reports of infants, children and young people's sleep being affected during the pandemic.

Our key recommendations

We call for a cross government approach to put the **health of children and young people at the heart of decision making**. This means working across departments to give infants, children, and young people across the country the best chance for good mental health. To achieve this, we set out the following actions that can be taken now to make 2020 the year we put children's mental health first:

Promotion and prevention:

- The Government should put children and young people's wellbeing at the heart of every decision. By exploring how a policy, for example in housing or education, will affect children's mental health and wellbeing, we can maximise the power of promotion and prevention, reduce inequality and injustice, and spend public money more effectively.
- The Government should lead efforts across departments to address the stark inequalities in mental health arising from racism and injustice.
- The Department for Education should provide wellbeing support funding for every pre-school, school, college, and university to adopt a whole-education approach to mental health and wellbeing.
- The Government should commit to routinely assess children and young people's wellbeing nationwide.

Early intervention:

- The Government should develop a clear and comprehensive early intervention strategy for all infants, children, and young people. This should be based upon a long-term vision and cross-government approach to meeting the needs of all those aged up to 25.
- The Government should recognise the importance of childhood trauma and adversity and ensure that public services are able to respond effectively to children and young people who have been traumatised, including as a result of the pandemic.
- The Government should invest in support for young people aged 16-25. This should involve a more flexible approach to transitions from children and young people to adult mental health services.

Skills and confidence:

- Health Education England and the Department of Health and Social Care should create an overarching infants, children and young people's mental health and wellbeing workforce plan to expand the workforce and enhance the

skills of the wider workforce. This plan should encompass the whole children and families workforce, not just staff working in NHS mental health services. This plan should also recognise and include the roles of parents/carers and peer support.

- The Department for Education and Department of Health and Social Care should fully fund and scale up the roll of out of Mental Health Support Teams so that every child and young person in England can benefit from the support they offer. This should be delivered alongside a robust evaluation to determine whether this model is effective in meeting the needs of pupils.
- The Department of Education and Department of Health and Social Care should invest in and promote the use of evidence-based, accessible parenting/carer and peer support strategies to support early identification and access to support.

Behaviour in schools:

- The Department for Education should review and reform its school behaviour policies to protect all children's mental health, educational attainment, and future life chances.
- The Department for Education should introduce a moratorium on school exclusions over the next academic year to allow pupils time to adapt to the changes within the school environment and catch up on any learning they have missed out on as a result of the lockdown.

Digital and young people's mental health:

- Digital innovations in mental health care must be matched with an investment and infrastructure by the Government that ensures everyone can access treatment and support. No child or young person should miss out on support for their mental health because of who they are, where they live or their economic status.

Sleep:

- The successor to Public Health England should test and invest in high quality interventions to support infants, children, and young people with emerging sleeping difficulties.



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experience a mental health problem, such as depression or anxiety (NHS Digital, 2017)



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1
/
2

Of all lifetime
mental health
problems
are established
by the age of
14



(Kessler R.C., et al,

Introduction

In this inaugural annual report, produced to mark the Children and Young People's Mental Health Coalition's tenth birthday, we reflect on how mental health support for infants, children, young people and their families has changed in recent years. While there has been demonstrable progress in this time, our evidence suggests there is still so much to do to improve outcomes for children and young people and to create a world around them where they can flourish and thrive.

It is estimated that around one in eight 5 to 19 year olds experience a mental health problem, such as depression or anxiety (NHS, 2017) making children and young people's mental health one of the key health issues of our time. Furthermore, half of all lifetime mental health problems are established by the age of 14 (Kessler, *et al.*, 2005). We know from wide-ranging research that mental health problems in adolescence affect people negatively well into adulthood.

Infants, children, and young people are also impacted by inequalities that affect their mental health. This includes material inequality such as poverty, and discrimination such as racism and

homophobia. Many children and young people also face inequalities because they have multiple or complex needs, such as a long-term physical condition or a neurodevelopmental disorder such as autism (Mental Health Foundation, 2018).

Addressing these issues early and appropriately is of paramount importance and should be an imperative for action.

Our strategic priorities

Our members share our vision for all infants, children, and young people to grow up in a society that prioritises, invests, listens, and attends to their mental health and wellbeing. As CYPMHC has significantly expanded its membership over the last decade, we came together in 2018 to identify and agree on a set of new strategic priorities (CYPMHC, 2018). These priorities are the most important issues for improving children and young people's mental health across the 0-25 age group:

- Promotion and prevention
- Early intervention
- Workforce skills and confidence.

How we developed this report

The Coalition only exists because its members do. This ethos has been reflected in how we have produced this report.

After an initial call for evidence from our member's latest work, we built the themes of the report around this work and our own scoping of the sector, alongside our existing three strategic priorities.

Midway through production, member workshops were held where any of our 200 members could influence the shape and direction of the report, meaning that it is an authentic representation of our members' work, and therefore of the children and young people's mental health sector.

We conducted workshops with children and young people, to gain their input on what we cover, and hear first-hand what is important to them.

The impact of the Covid-19 pandemic

This report comes at a pivotal time for children and young people's mental health. Covid-19 and the ensuing lockdown have greatly impacted those with existing mental health problems and have made emerging issues much harder to pick up. Our members have been working with children and young people to highlight the scale of the issue.

Barnardo's conducted a large study of children and young people nationwide (Barnardo's, 2020a), finding that over a third had experienced worsening mental health during lockdown. YoungMinds conducted a survey in May and June with parents and carers, finding that 67% of them feared for their children's long-term mental health (YoungMinds, 2020). Girlguiding reported that half of the girls aged 15-18 they talked to said Covid-19 and lockdown measures had negatively impacted their mental health. Looking at even younger ages, a third of girls aged 4-10 said they felt sad during the lockdown period (Girlguiding, 2020).

However, a more recent study by the University of Bristol suggests that some children and young people felt less anxious and depressed during the pandemic (Widnall *et al.*, 2020). It is important to note that these are just some of the early and emerging findings about the impact of the pandemic, and the overall severity of the problem for our society is yet to be fully determined. This crisis could affect a generation's mental health and wellbeing in the long-term unless decisive steps are taken now.

Not only have mental health issues worsened for those with pre-existing conditions due to Covid-19 and lockdown, but getting immediate help, picking up on issues early, referral to specialist mental health care, and ongoing treatment have all been greatly disrupted. Referrals to children and young people's mental health services have fallen dramatically in some areas (Health and Social Care Committee, 2020). This means that even once lockdown is completely over and 'normality' resumes, mental health problems may continue to worsen due to a lack of early and timely help.

Innovation and silver linings

This period has forced a rapid response across the sector. Some of this has created opportunities for innovation, and improvement of practice, benefitting children and young people. These 'silver linings' may enable long term improvements to be made to deliver better mental health in the future.

There has been discourse around a 'lockdown generation' of children and young people. While it is essential that the mental health crisis we face is addressed, it is important to look holistically, not just at the negatives, but at the opportunities. We have to learn lessons, listen to children and young people and their carers, and build back better. The 'lockdown generation' could be known as those for whom mental health care was transformed.

Chapter 1: Children and young people's mental health policy

Over the last decade there has been unprecedented policy focus on children and young people's mental health. This followed longstanding concerns over the complexity of the children and young people's mental health system, the lack of timely and accessible help for children and young people experiencing distress, the lack of appropriate support for children and young people with additional needs and vulnerabilities, and the variability in provision between regions and local areas (Department of Health and NHS England, 2015).

These services have long been characterised as the 'Cinderella of Cinderella services' due to decades of underfunding. This is demonstrated by the fact that children and young people's mental health services (CYPMHS) receive less than 1% of the total NHS budget (YoungMinds, 2020). Consequently, there have been a range of new policy initiatives aimed at transforming children and young people's mental health provision, with an increasing focus on prevention and promotion.

Our members' views on recent policy developments and implementation

The Government currently has long-running, wide-ranging policies that impact children and young people's mental health across the board. While the financial commitment is large in relative terms, we wanted to use our unique position in the sector, as experts, researchers and frontline providers, to gauge whether we had seen that investment translate into transformation of mental health support.

Method

We asked our 200+ members for their take on several prominent and current policy initiatives, such as *Future in Mind* (2015) and *Transforming children and young people's mental health provision: a green paper* (2017), the results and analysis of which are below.

We asked four questions, one each on our members' confidence in the policies' ability to:

- Effectively improve service provision
- Increase funding for improving children and young people's mental health
- Empower the voluntary and community sector
- Meet the policy goals.

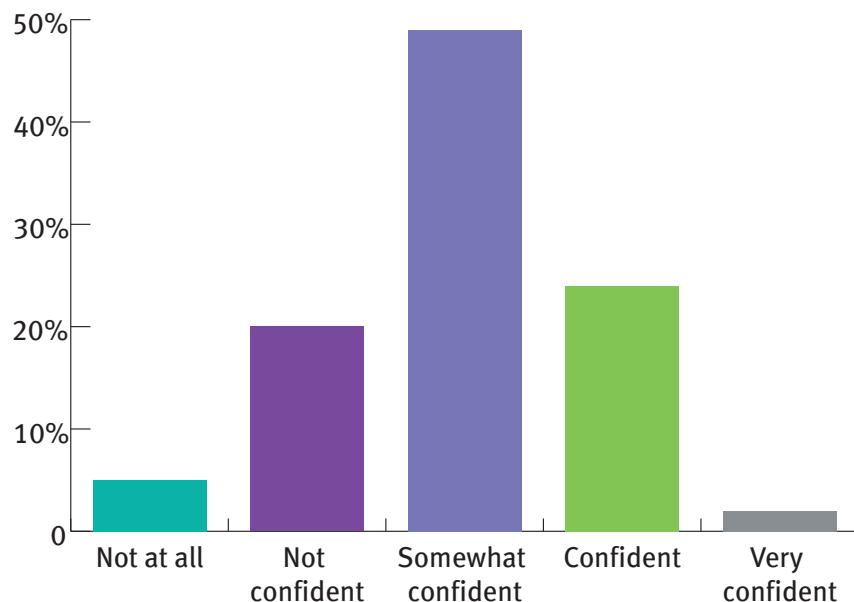
We also asked members for their priority for future government spending.

Future in Mind

It has been five years since the Government introduced its landmark *Future in Mind* initiative which sought to overhaul the children and young people's mental health system. This was backed by a historic £1.4 billion transformation funding settlement (Department of Health and NHS England, 2015). A key message that accompanied this document was that doing more of the same was not an option.

Future in Mind set out some laudable ambitions to develop a children and young people's mental health model that is based on need, not threshold or age. The programme has since enhanced local partnership working by requiring CCGs to have a local transformation plan aligned to the recommendations set out in the policy to qualify for funds. While the programme has boosted capacity in parts of the system, such as eating disorder and crisis care provision, recent reviews have highlighted several weaknesses relating to implementation. This includes failing to achieve parity of esteem between physical and mental health services for children and young people, ongoing data collection issues and falling short of its intended targets for growing the workforce (National Audit Office, 2018).

Figure 1: How confident are you that *Future in Mind* has effectively improved service provision for children and young people?

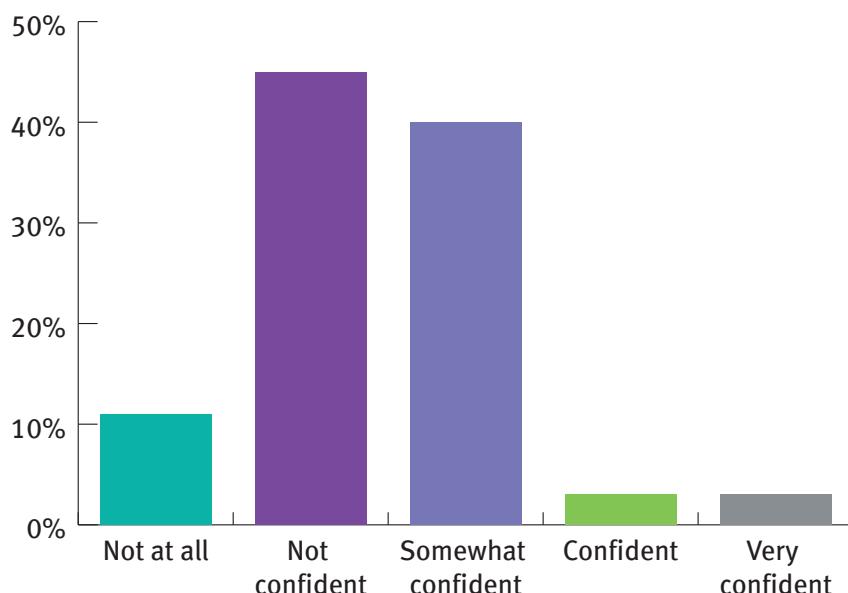


Based upon 41 member responses to survey

Member opinion on the implementation of *Future in Mind* presents a mixed picture:

- Just over a quarter of members (26%) who responded to the survey felt confident or very confident that the *Future in Mind* programme effectively improved overall mental health and wellbeing service provision for children and young people.
- Nearly half (49%) were somewhat confident that the programme led to improvements and around one in five members were not confident.
- Just over one in five (22%) of our members believed that *Future in Mind* had resulted in greater funding of children and young people's mental health services (see Table 1 in appendix). 46% were somewhat confident and around a third (32%) were not confident.
- Nearly one in five (17%) felt that the voluntary and community sector was empowered to act as a partner in the delivery of the programme. Over a third of members (34%) were not confident that the programme achieved this.
- Over half of our members (53%) were somewhat confident that *Future in Mind* was on track to meet its objectives. 44% of members did not feel that confident that the programme was reaching the milestones set out.

Figure 2: How confident are you that *Transforming children and young people's mental health: a green paper* has effectively improved service provision for children and young people?



Based upon 38 member responses to survey

Transforming children and young people's mental health: a green paper

The ongoing lack of preventative and early mental health support (YoungMinds, 2019; Children's Commissioner, 2019) prompted the development of the *Transforming children and young people's mental health provision* green paper (DfE and DHSC, 2017). This includes a commitment to roll out new Mental Health Support Teams in schools to between one-fifth and a quarter of the country by the end of 2023, training for a designated senior mental health lead in every school and trialling a four week waiting time for specialist mental health services.

- Few of our members (6%) were confident that the green paper would improve services over time for children and young people.
- Only 18% of members were confident that the green paper would increase funding for mental health support (see Table 2 in appendix), while 42% were somewhat confident and 39% were not confident.
- The majority of our members (71%) did not feel that the green paper and its proposals

empowered the voluntary and community sector to play a role in protecting the mental health of children and young people.

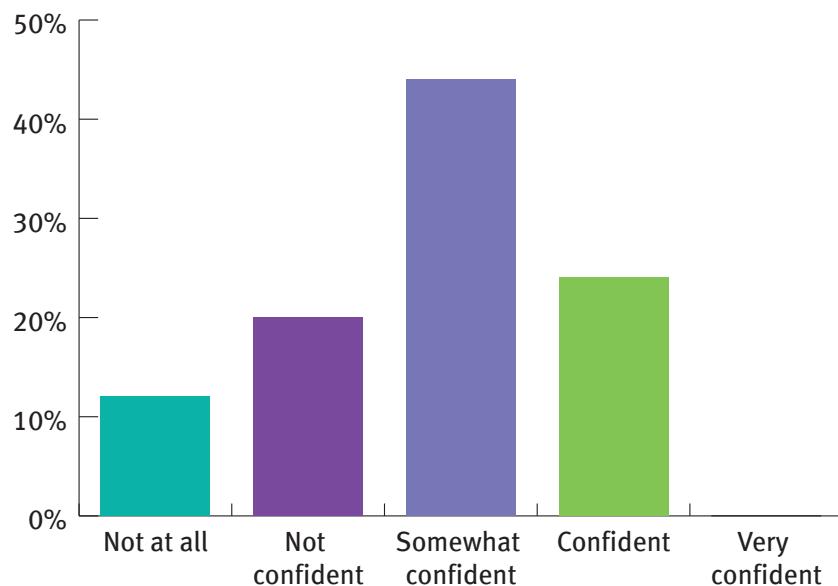
- Over half of members (56%) were not confident that the policy was on track to meet its objective. It should be noted that this was asked prior to the pandemic and implementation is still under way.

The NHS Long Term Plan

The NHS Long Term Plan builds on previous policies and commits to accelerating the objectives set out in *Future in Mind* and the green paper (NHS, 2019). The plan is backed by a commitment to increase spending by at least £2.3 billion per year on NHS mental health care (for people of all ages) in real terms by 2023/24.

In addition, the long-term goal of the plan is to ensure that 100% of children and young people who need specialist care can access it over the coming decade. Work is currently under way to implement these proposals locally, with each area taking it forward from different starting points.

Figure 3: How confident are you that the NHS Long Term Plan has effectively improved service provision for children and young people?



Based upon 41 member responses to survey

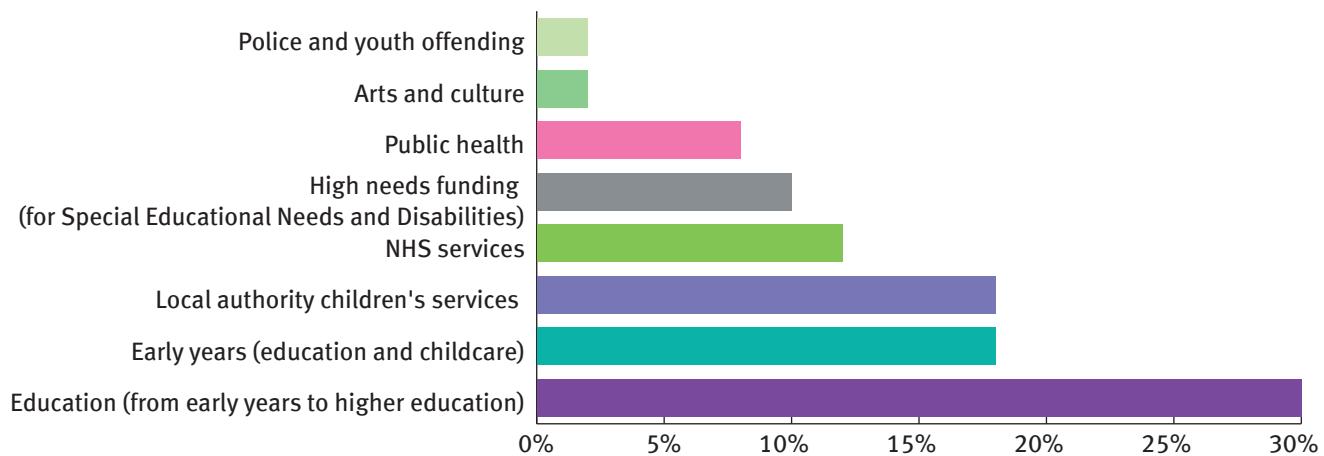
- A quarter of members (24%) were confident in the vision set out in the NHS Long Term Plan.
- 26% of our members were positive that the funding commitment for mental health (of at least £2.3 billion per year in real terms by 2023/24) as set out in the NHS Long Term Plan will make a difference to children and young people's mental health.
- Over half (56%) of members were not confident that the NHS Long Term Plan contained initiatives that would empower the voluntary and community sector to support the mental health of infants, children and young people. However, over a third (37%) were somewhat confident in this, while 7% were confident.

Priority areas for future government investment

We asked our members to tell us what areas of provision needed greater investment to better meet the mental health needs of infants, children and young people. It should be noted that these are not necessarily all distinct areas of provision or funding streams.

- The area our members felt most needed to be prioritised for funding for mental health interventions was within education settings, from early years to higher education (30%).
- This was followed by investment in local authority children's services (18%) and early years programmes (18%).

Figure 4: With the full Government Spending Review due this year, what areas should the Government prioritise for investment in children and young people's mental health?



Based upon 50 member responses to survey

While the increased policy focus on children and young people's mental health is welcome, we still have a long way to go to ensure the needs of all infants, children and young people are effectively met. There remain significant and enduring challenges across the children and young people's mental health system which we explore further in this report.

Chapter 2: Mental health promotion and prevention

From decades of research and insight, it is now widely accepted that our mental health can be affected by a myriad of social and environmental factors. The emphasis is so often on treatment and responding to crises, but if we want our children and young people to live healthy, happy lives, then promoting the protective factors and mitigating the risk factors to create a world where their good mental health is promoted and maintained is the first step.

Promotion and prevention: what the evidence tells us

A focus on mental health problems alone does not provide the whole picture about the state of mental health among infants, children, and young people. Policy and research too often focus on managing crises rather than on building the strengths children and young people possess and implementing effective preventative approaches.

Prevention and promotion go hand in hand. By improving mental health through developing emotional and mental health literacy, self-care skills, tackling inequalities and discrimination, and building resilient networks in society, we increase everyone's chances of avoiding mental health problems. This is aimed both at a collective and individual level, identifying risk and protective factors and seeking to promote them.

Several studies have demonstrated that promotion and preventative strategies can be highly effective in reducing mental health problems, such as school-based anxiety or persistent behavioural difficulties, and in increasing children and young people's coping skills (World Health Organisation, 2010).

Promoting positive mental health

The promotion of mental health involves initiatives that seek to strengthen or protect our mental health and wellbeing. It is just as important for those experiencing a mental health problem as it is for those who are not. The promotion of good mental health in the early years and in childhood is vital as it helps lay the foundations for social and emotional development throughout the life course.

What does promotion of good mental health and wellbeing mean to our members?

Our members have a diverse but shared understanding of what concepts such as promotion, prevention and early intervention in mental health mean, drawing on their areas of expertise. Overall, we find there is a broad agreement that these are important aspects which support good mental health throughout childhood, and that they are all as important as one another.

"Promotion is about the benefits and positives of mental health." – Minds Ahead

"Promotion is also about building resilience and equipping young people with the skills and knowledge they need around mental health... It should enable young people to feel confident and comfortable in talking about their mental health and being able to ask for help so that they don't feel stigmatised." – The Children's Society

"Promotion is the process of helping people take control over their mental health in order to build positive mental health and resilience." – Stem4

Prevention

Prevention cannot begin early enough. It can be a part of housing policy, ensuring infants, children and young people have a safe home. It can be in economic policy, ensuring fewer infants, children and young people live in poverty. Pregnancy is also a crucial time for promotion of good mental health and prevention of problems for parents and babies.

Any approach to support children and young people's wellbeing can be viewed with a wider lens, taking one step back. If a child has mental health problems, what is their environment that may have caused these problems? If a school is showing more mental health problems than the average, what is its environment and culture, and what is the wider demographic context from which it draws its pupils?

Our member, the Mental Health Foundation, notes that: “the risk factors for poor mental health are the social, economic and environmental circumstances which can lead to the development of mental health problems. These can include experiences of trauma, adversity, inequality, discrimination, poor housing, a parent with a mental health problem, parental conflict, and insecure attachment to parents. Protective factors can include secure parental attachments, mental health literacy, mental health and trauma-informed adults and services, access to green and blue spaces, exercise, a healthy diet, good sleep, and secure housing.”

The philosophy of prevention

If a problem is prevented, it never happens and doesn't get the chance to escalate. This can make it difficult to know whether a previous intervention specifically has helped to avert said problem, making prevention measures hard to monitor and evaluate. Preventative initiatives can often be overlooked in favour of late interventions as they are more directly measurable. The answer to this problem is both the generation of long-term evidence of what happens when prevention measures and preventative social factors are disrupted, and direct user feedback.

For example, an estimated 4.2 million children and young people live in poverty in the UK (Child Poverty Action Group, 2020) This directly correlates with worsening mental health and an increase in new mental health problems among infants, children, and young people. Reducing child poverty is therefore likely also to reduce child mental ill health.

We have ample evidence of prevention and its social and economic benefits. Stopping a problem from happening is preferable to treating a problem, both for those experiencing mental health problems and for services. We have also seen plentiful evidence that mental health is affected by a wide range of social and environmental factors which can be influenced by public policy to improve mental health outcomes. The Government acknowledged this with the Prevention Green Paper (DHSC, 2019), with recommendations and policy exploration around prevention in mental health.

However, the Government's positive rhetoric on prevention and promotion is in many ways undermined by the chronic underfunding of local government and now by the abolition of Public Health England. Cuts to the overall local authority budget, including major reductions to the public health grant, have seen councils reduce spending on public health as well as dropping services such as Sure Start children's centres, youth services and other children's services (Action for Children *et al.*, 2020). In addition, the Health Foundation and The King's Fund estimate that £1bn is needed to reverse the cuts to public health (The Health Foundation and The King's Fund, 2019).

What does prevention mean to our members?

“Having a whole system approach that works with families from conception to inform, encourage and support them to look after and improve their children’s mental health, with targeted additional support to families experiencing risk factors.” – Parent-Infant Foundation

“Prevention is reducing the chances of a young person suffering/suffering ‘more’ and helping them to identify their feelings at an earlier stage.” – No5 Young People

“We believe that prevention means challenging the many pressures, negative experiences and underlying factors that affect children and young people, to avoid the negative impact they can have on their wellbeing. We also believe that prevention needs to focus on differing needs and experiences, for example, gendered pressures.” – Girlguiding

“Prevention is about getting parents to talk openly with their children about relationships & sex education (RSE) issues, which improves mental health; promotion is about reaching them via online resources and live events.” – Outspoken Sex Ed

Tackling inequalities: the key to promotion and prevention

Mental health problems can often be reduced or prevented if we pay attention to and challenge the profound inequalities faced by many infants, children, and young people. Where one lives, their education, background, identity, and their support networks all contribute massively to mental health.

Our member, Centre for Mental Health, recently established a Commission for Equality in Mental Health (Centre for Mental Health, 2020a) to explore inequalities across all ages further. Evidence reviewed by the Commission finds that children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20% (Morrison Gutman *et al.*, 2015).

Children and young people with protected characteristics

Infants, children, and young people with protected characteristics face wide-ranging inequalities that affect their mental health. Last year, our *Overshadowed* report showed that children and young people with learning disabilities are more than four times more likely to develop a mental health problem than average (Lavis *et al.*, 2019). This was compounded by the lack of early support and people feeling as though they were being ping-ponged around various services.

According to Rethink Mental Illness (2017), the LGBTQ+ community are one and a half times more likely to suffer a mental health problem than their peers. It is not being LGBTQ+ that increases risk to mental health but bullying, fear, oppression, and ongoing discrimination faced by the LGBTQ+ community.

Children and young people from racialised backgrounds, such as Black and Gypsy, Roma and Traveller young people and their families, face wider inequalities relating to accommodation, education and employment that impact on their mental health and wellbeing (Race Equality Foundation, 2020). Discrimination and racism also impede their access to mental health support and perpetuate ethnic inequalities. The pandemic and the Black Lives Matter movement have recently put the impact of racism and discrimination into sharp focus, including the effects on children and young people's mental health.

Trauma

Our understanding of trauma, its nature and its impact on mental health is developing all the time. Trauma is a complex issue and beginning to define and understand it is an important part of treating it. In their paper *Beyond Adversity*, our member YoungMinds defines psychological trauma as an emotional response from children and young people, brought on by distressing or adverse experiences (YoungMinds, 2016). Crucially, they note that trauma can come from a cumulative set of experiences or sustained exposure, and not always from one identifiable event. Children and young people may adapt coping mechanisms that are incorrectly and harmfully misinterpreted as 'bad behaviour' that is then punished. Unresolved trauma, which can manifest from birth onwards, can cause long-standing mental health problems into adulthood.

Inequalities and trauma

Not only is childhood trauma and adversity a significant causal factor of mental health problems, such as anxiety and depression, it is also unevenly distributed across society. The same traumatic event can be experienced differently by children and young people, depending on their previous experiences and environment. As health inequalities mean disadvantaged children and young people are more likely to develop mental health problems, additional trauma – for example, resulting from Covid-19 – is more likely to have an adverse effect, further widening the inequality gap.

The cost effectiveness of promotion and prevention

Promotion and prevention measures are not only the right thing to do, they are also cost effective, making them an excellent allocation of increasingly finite resources. They also help reduce pressure on the NHS and wider statutory services, such as children's social care.

Centre for Mental Health released *Mental health promotion and mental illness prevention: The economic case* (Centre for Mental Health, 2011), highlighting in detail how several streams of prevention-focused mental health care were extremely cost effective. At that time, mental health problems were costing society £105 billion a year,

which has since risen to £119 billion in 2018/19 (Centre for Mental Health, 2020b). We have had ample evidence of prevention's benefits for a long time, yet policy largely overlooks it.

The same case for prevention can be made in individual areas of health. For example, Centre for Mental Health also found that perinatal mental health was costing £8.1 billion a year per one year cohort, yet it was estimated that it would only take £337 million a year to bring perinatal health care up to guidance standard (Centre for Mental Health, 2014).

Our member the Intergenerational Foundation has recently published analysis of the economic benefits of treating mental health problems before they arise. In *Costing Young Minds* (Intergenerational Foundation, 2020), the Intergenerational Foundation looked at the economic impact of treating depression in young people early, as opposed to leaving the problem to worsen. Their research showed an estimated £1.74 billion could be gained for the Government due to the greater economic productivity of people who are not contending with mental health problems. Conversely, they forecast a potential loss of £5 billion of public funds if endemic depression rates among young people are not tackled.

The report also highlighted Covid-19's impact, warning that the widespread issues affecting children and young people as a result of the pandemic will make early treatment of mental health problems even more important in order to reduce the economic impact of future mental health problems (*ibid*).

Understanding 'wellbeing economics'

Currently, policymaking in the UK is heavily guided and influenced by narrow financial metrics, such as gross domestic product (GDP). Increasingly, there has been growing consensus that this approach is no longer fit for purpose and that we need to consider more holistic metrics, such as wellbeing, to better understand and monitor societal progress (Cylus and Smith, 2020). Looking beyond finance, we can apply the economics of wellbeing to understand the benefits of prevention - that is, evaluating the success of decisions and actions based on how much wellbeing they cost and give

(New Economics Foundation, 2011). This model is advocated for across the children and young people's mental health sector because it puts children and young people's wellbeing at the heart of decision making. Instead of making decisions based purely on responding to the impact of mental health problems after they occur, a 'wellbeing economy' approach ensures that positive wellbeing and mental health are also promoted, and mental health problems prevented by taking wellbeing into account as early as possible.

Wellbeing measurement

It can be difficult to know at an early stage the state of children and young people's mental health, both individually and overall. Many of the statistics we rely on are the number of those diagnosed with mental health problems or in treatment. But we do not routinely measure wellbeing, providing no accurate local or national picture of need. Many of our members have been calling on Government to collect comprehensive data on children and young people's wellbeing (The Children's Society, 2020) as it will allow local authorities, providers of mental health services and schools to understand what the baseline level of need is for a new cohort. This will also help put wellbeing on a par with their physical health. It also gives a fairer depiction of how well decision makers are performing on improving mental health and wellbeing than comparing mental health outcomes against an average, given the average would not consider the starting point for each cohort. There is also a lack of comparisons made to other key children and young people's datasets such as the National Child Measurement Programme (NCMP), which measures children's height and weight.

A decision-making system that is biased to short term action

Short-term policy programmes, instant reaction from the media and general public, and short-term targets for statutory services and authorities mean that crisis response and late intervention of acute mental health cases are often prioritised over prevention. While addressing acute issues and crisis support is imperative, decision makers should not have to choose between this and prevention and early intervention. But with a lack of funds, budget

holders are incentivised to turn to programmes and systems that help them reach year on year targets, and to focus on those facing the most immediate difficulties. It is true that some prevention measures will only show impact several years into their implementation. But that does not detract from how impactful they can be, not just for improving mental health, but for reducing strain on those same crisis services in the long term.

Member concerns about reductions to local authority services and its impact on infant, children, and young people's mental health:

"Huge cuts to public health, children's centres and family support mean there is no resource for preventative work. No one is driving this work forward, measuring it or funding it. Mental health services have a medical model and often only work with children who have mental health conditions, rather than intervening when they show signs of poor emotional well-being and development." – Parent-Infant Foundation

"Public health funding is now more limited and so schools do not have PH to call on." – Minds Ahead

"As wider family support services have been significantly cut over the last ten years, we are seeing children coming to our wellbeing services when what they need is more intensive family support to address the root cause of the problem." – Action for Children

"Funding for VCSE and for local authorities. Cuts to youth services and centres. Paring back to only statutory responsibilities. High thresholds for children and young people's mental health services and a lack of viable alternatives to children on waiting lists. A focus on NHS services and schools, where many children would prefer to access services outside of the mainstream offer." – Centre for Mental Health

Promotion and prevention in the context of Covid-19

As lockdown eases, it is crucial that promotion and prevention are not forgotten. The full scale of the impact of Covid-19 and lockdown will not be known for a long time, but forecasting shows that huge problems could be on the way (Centre for Mental Health, 2020c). It is also critical that we do not allow natural forms of distress and anxiety related to the pandemic to escalate. Continuing to champion and improve prevention measures is vital and must be seen as equally important as crisis response.

The Children's Society's annual *The Good Childhood Report 2020* (The Children's Society, 2020) was able to capture the effects of Covid-19 and lockdown on the wellbeing of children and young people. Each year, questions are asked about happiness and wellbeing regarding family, home, and school life, among other areas. Tellingly, this year scores were down on average regarding happiness around 'choice' in life and 'the future'. This is in keeping with other member reports, as well as our first-hand youth voice workshops; children and young people are worried about how their futures have been affected, and it has affected their wellbeing.

The strength of *The Good Childhood Report* lies in its continuity. The report compares overall life satisfaction for children and young people with scores from the last 10 years. Sadly, we see the trend continuing that children and young people have had a significant decrease in life satisfaction compared to findings from the last decade. Further, there has been a sustained dip in happiness associated with school. This highlights the importance of getting school return right for our children and young people in the long term, as a lot of our member work has already highlighted.

Worryingly, as The Children's Society report states, most of the data was gathered before lockdown, meaning the situation already demanded attention before things were made worse. We have shown member research in this annual report that Covid-19 and lockdown have made things more challenging for our children and young people, meaning the above findings may be underrepresenting the current and future severity of the situation.

The risk of widening mental health inequalities

As noted earlier in this chapter, there are stark inequalities in mental health that affect infants, children, and young people. Covid-19 has only exacerbated these inequalities, making the need for action even more vital. Fourteen leading charities contributed to a report on Covid-19's impact on mental health and inequalities (Centre for Mental Health, 2020e). The briefing highlights the many areas of disadvantage, such as economic status, existing poor health, and for communities with particular characteristics. This is due to a myriad of factors, such as lack of access to services disproportionately affecting those who struggle to receive help at the best of times.

Our members Barnardo's have co-produced a report with young people (Barnardo's, 2020b) to help champion their voice around Covid-19's impact. Tellingly, one theme chosen by young researchers explored the inequalities in health, and the disproportionate effect of Covid-19 and lockdown on mental health, highlighting that the statistics not only show the responsibility that services have to address inequalities, but that this is personally important to young people themselves.

Our members regularly highlighted before lockdown that Black and Minority Ethnic communities were disproportionately affected by mental health problems, on a structural and personal level. Data released by Kooth, an online counselling provider delivered by our member XenZone, demonstrates the unequal impact Covid-19 has had on the mental health of Black children and young people compared to their white counterparts (XenZone, 2020). For example, depression increased by 9.2% among Black children and young people, compared to a 16% decrease for white children and young people.

Poverty

Our member The British Psychological Society recently reiterated the psychological impact of poverty and warned of the impact of lockdown (The British Psychological Society, 2020).

The Sutton Trust produced a report (The Sutton Trust, 2020) examining the way that school shutdown has perpetuated economic and digital inequalities between different pupils. Unsurprisingly, during lockdown, 30% of middle-class pupils were likely to be attending daily online lessons, compared to 16%

of working-class pupils. Notably, from a prevention and early action perspective, 60% of private schools had a pre-existing online platform, compared to 37% of state schools in the most affluent areas and 27% of state schools in deprived areas. We know full well the impact school stress and academic attainment have on children and young people's wellbeing (Centre for Mental Health and CYPMHC, 2019). This gulf in academic continuation may take a huge toll, as months of such a situation will increase an already worrisome attainment gap even further, even with extra support for disadvantaged pupils on return to school.

Further, it logically follows that private schools that have access to online platforms and resources are better equipped to be able to pastorally care for their pupils, compared to schools in deprived areas. Serious levelling up, through funding to deprived schools, will be needed to mitigate against a likely disproportionality in mental health problems.

Covid-19 and trauma

Covid-19 and lockdown has been, overall, a collective traumatic experience. That is why it is imperative that the response, across society, is trauma-informed. Centre for Mental Health has produced a briefing exploring the psychological effects of the pandemic, including quarantine conditions (Centre for Mental Health, 2020). According to the paper, those who have already previously experienced trauma or adversity, such as abuse and neglect, are at higher risk of psychological harm and trauma.

What is working well?

Promotion and prevention through education

CYPMHC and its members have long been advocating for mental health and wellbeing to be prioritised within education settings. In 2015, CYPMHC collaborated with Public Health England to co-produce with our members a whole school and college approach to mental health (PHE and CYPMHC, 2015).

When asked what was working well in prevention, our members commonly reported that schools where a 'whole school and college approach' to mental health and wellbeing was enacted were seeing positive results. This means embedding wellbeing throughout school. The Coalition and its members

have, for many years, been calling for a whole school and education approach, as an important step to levelling up our children and young people's mental health all round (*ibid*).

One element to this is the school curriculum, and how much focus there is on mental health in relationships and sex education (RSE) and health education lessons. The Government's new RSE and Health Education curriculum is welcome, and mandatory rollout is due to take place this year (Department for Education, 2019). Education on mental health is vital, giving children and young people the literacy and confidence to look after their mental health and seek help when it is needed. Mental health literacy is empowering, and important for children, young people and their families to recognise the signs of poor mental health, understand what is happening and that it is nothing to be ashamed of, and to know that help is available.

Despite these changes, the devolved nature of schools and budgets and the flexibility built into the curriculum means that the amount of time spent teaching on mental health may vary widely. It is likely that schools with more challenging intakes will need to spend more time on the core subjects that matter most in school accountability measures, meaning that mental health education will be less available to those who need it most.

Members highlighted that education at school could go further by teaching about parenting in the future, helping to prevent the conditions which can lead to mental health problems for infants and their parents. Alongside our efforts to support and inform current parents and carers, we should look to inform and equip future parents and carers through education, but our school curricula does not cover this vital topic and life skill. We cover the importance of babies' mental health, and parent-infant relationships in this report. Given its importance, starting early and raising awareness on parenting could prove invaluable for future generations of children.

Further, academic success and mental health are symbiotically linked. *Making the grade*, a Coalition and Centre for Mental Health report, outlined the vital role that schools play in supporting mental health and wellbeing (Centre for Mental Health and CYPMHC, 2019). One area it covers is exam stress, and the impact that 'teach to test' culture and attainment pressure has on mental health.

"Exams are the number one stressor for young people. There needs to be a policy to tackle exam stress, in prevention. Could be mental health first aid or mindfulness. Just something to show the school is championing mental health. If Government give schools a mental health status or rating, they'd be much more likely to do it."

– Young person from the British Youth Council's NHS Youth Forum

"It would be great if the pastoral teams in schools were briefed more and had knowledge on LGBT and trans issues. Pastoral care can be really hit and miss. There needs to be something across the board so that every single student knows there's a team they can go to that understands what they're going through."

– Young person from the British Youth Council's UK Youth Parliament

Government action, such as introducing a new RSE and Health Education curriculum, and setting guidance on wellbeing, will only work if staff have the skills and confidence to enact these important approaches. It is unfair to ask teachers and school staff to teach and support mental health and wellbeing if they do not have the support and training themselves. Furthermore, we raised our concerns about high teacher workload and the impact this has on their work-life balance and overall wellbeing (Centre for Mental Health and CYPMHC, 2019). Teachers need to have more time available to do training and to do more of the pastoral work.

We must remember that teachers have also gone through the pandemic too, and still face their own trauma and uncertainty. They need full support to be able to support children and young people.

Further and Higher Education

The further education (FE) and higher education (HE) sectors support and make up a huge part of many young people's lives, both their present and future. Our members working in these sectors have long been calling for health to be a pillar of further and higher education.

Prevention and promotion must improve in colleges and on campuses. While there has been national media and decision maker response to tragic suicide deaths at universities, policy is needed around

picking up problems early and preventing them, as well as acute and crisis support. Each institution varies widely in size, budget, and composition of students. This means that mandates must consider this variety, and should help tertiary education to help its students, as opposed to demanding the same level of fiscal commitment for everyone.

Colleges are an often-overlooked area for young people's mental health at the best of times, despite the fact that two thirds of young people aged 16-19 are in college. The Association of Colleges created a mental health charter, which has 141 sign ups so far (Association of Colleges, 2020), making use of toolkits and resources for colleges, and best enabling them to adopt a whole college approach. The whole college approach, in practice, covers all manner of areas, from curriculum to high level ethos. The Association of Colleges have reported success with such a widespread approach.

Similarly, the HE sector has developed a University Mental Health Charter which has been co-produced with students, HE organisations and experts. The Charter outlines a set of principles to support universities across the UK in making mental health a university-wide priority (Student Minds, 2019).

The impact of Covid-19 on education

The academic pressure pupils are exposed to affects their mental health. And of course, poor mental health leads to worse academic outcomes. It is imperative that prioritising the mental health of our children and young people is not sacrificed for academic attainment. It is, in fact, in aid of maintaining learning to prioritise children and young people's wellbeing, especially after such a unique and damaging disruption as lockdown.

Members across the board, such as the National Children's Bureau and Autistica, have highlighted that some children and young people, for a variety of reasons, may have seen a mental health and wellbeing improvement during school shutdown. Embracing Complexity have also reported that some children and young people with learning disabilities have thrived since school closure. Not only will school return prove difficult and potentially damaging, it is imperative that we learn lessons from their experiences. We must work with them to find out why school was worsening their wellbeing, when it should be improving it.

The Department for Education (DfE) has laid out clear guidance for prioritising wellbeing at school. This is a welcome and important step. However, if schools are to follow the guidance meaningfully, they will need to be fully funded to do so. There is a huge disparity in schools' ability to give proper time and resources to mental health and wellbeing, and this needs addressing by the government if all our children and young people are to have the same level of mental health support upon school return.

Beyond budget differences, schools will have adapted and innovated in response to lockdown in varying ways. A simple method of ensuring that these innovations and successes in improving health outcomes are not lost is to evaluate the practice of schools longitudinally. DfE has done a good job of highlighting case studies of schools responding to closure and should continue to do so in schools' recovery response.

Our member the British Psychological Society (BPS) recently published guidance for pupils returning to school. They make the important point that it is essential to create an environment where the resilience and coping strategies that children and young people nurtured during Covid-19 continue. BPS assert that, psychologically, it is important for children and young people to be in an environment that accentuates the positives of lockdown, and not creating one that focuses too much on negative language and concepts such as trauma.

The impact on the FE and HE sectors

The Further and Higher Education sectors face an extremely uncertain time due to them being largely dependent on tuition fees; a market that is under threat of collapse due to Covid-19 and lockdown.

The support available to students has been varied depending on the resource of their institution, which can vary widely. Some have been able to migrate therapies and support online, whereas others are simply unable to.

In response to the chaos that Covid-19 and lockdown have caused for students, our member, Student Minds, created a briefing on Planning for a Sustainable Future for universities (Student Minds, 2020). Drawing on their co-produced University Mental Health Charter (Student Minds, 2019), they call for all students to have access to safe and

secure support, regardless of whether they are in person or not. They also highlight the need to ensure faculty are supported, so that they in turn are equipped to support students in an unprecedented time.

To help address some of these challenges, Student Minds recently launched Student Space (Student Minds, 2020b), a new platform to support students, HE professionals and services to find the advice and support they need.

Play and green space

We know how inexorably linked physical and mental health are. This is regularly acknowledged by decision makers in their focus on outdoor time and exercise to improve mental health.

The Association of Play Industries' research forecast that by 2020/2021, spending on play facilities will have decreased by 44% since 2017/2018, despite the proven benefits of play and outdoor space to physical and mental health (Association of Play Industries, 2016).

Some groups of children and young people may have fewer opportunities to engage in leisure and play due to demands such as caring responsibilities. Research by Carers Trust (Carers Trust, 2016) found that 80% of young carers feel that their caring role affected their opportunity to take part in leisure activities. Whilst this will arise largely due to the demands of their caring responsibility, many young carers and young adult carers are living in low income households and some are living in poverty.

Views from British Youth Council's UK Youth Parliament members:

"Children need an element of play in their lives. It's required for children to develop".

"Having only an hour and 15 mins out of the classroom in the school day is just not going to cut it anymore."

Further, API surveyed 1,111 parents, finding that over a quarter of parents surveyed with children experiencing mental health problems said that the lack of outdoor play facilities in their area has played a role in their children's difficulties (Association of Play Industries, 2020).

There is also a worrying racial disparity in access to personal outdoor space. Our member, 4in10, pointed to research that showed that in England, Black people are nearly four times as likely as white people to have no access to outdoor space at home, whether it be a private or shared garden, a patio or a balcony (37% compared with 10%) (ONS, 2020).

The impact of the pandemic on play

Research suggests that play will likely have changed during lockdown conditions, particularly as a result of decreased peer-play and playground play (The Mental Elf, 2020). Many children and young people will have had restricted access to space, including outdoor or appropriate play spaces. Access to outdoor space is also crucial for children and young people's friendships. Yet despite this, analysis by Save the Children UK found that 12% of households, including 37% of Black people, have no access to outdoor space at home (Save the Children, 2020).

Given that children and young people had such little access to outdoor provision during lockdown, allowing time for play and exercise is imperative upon school return, for the long term. Education settings should give ample space and time to play, through creative recreational time and outdoor exercise, play and re-socialisation, upon schools reopening. It is important that this is not seen as a sacrifice of academic catch up time. Understandably, school leaders will want to catch up on academic work due to how much time has been lost. But given what we know about academic and exam stress and its effect on mental health, ensuring our children and young people are happy and healthy after a traumatic period will only help to improve their chances of catching up and reintegrating. We must embrace the whole school approach and make wellbeing a pillar of our educational settings.

Towards a trauma-informed approach

In their work *Engaging with complexity* on trauma approaches, our members the Mental Health Foundation and Centre for Mental Health highlighted not only the nature of trauma and its prevalence among minority groups, but also outlined the fundamentals of a trauma-based treatment (Centre for Mental and Mental Health Foundation, 2019). Diagnoses of mental health problems that are trauma-informed are holistic, and focus on the individual, taking their history and environment into account. It involves looking at the causes of trauma and poor mental health, beyond symptoms, and putting people before procedure.

Tackling and resolving trauma is crucial for healing from acute mental health problems. This resolution of trauma, so often an underlying cause, can only be achieved if treatment is trauma aware and informed.

It is important to note that willingness and understanding of a trauma-informed approach is half the battle for our systems and practitioners. Time, space and resource are needed, meaning that proper and full funding is essential. This is not only the right move for our children and young people, it is cost effective both in wellbeing and financial terms. Many complex issues have been shown to be treatable with trauma resolution treatment, and some of these issues cost far more to health systems due to patient use if the problem is not solved (Science and Technology Committee, 2018).

Lack of holistic approaches to trauma and adversity

"We would like to see further understanding of prevention as a holistic mechanism - taking into account structural and situational factors that impact on mental health. An example of this would be trauma and Adverse Childhood Experiences (ACEs). Services across all sectors need to get better at identifying when seemingly difficult behaviour may be a reaction to a traumatic event or a sign of emotional distress. To ensure this, we need a national commitment from the Government to addressing childhood adversity that ensures that all professionals who are working directly with young people know what behaviours may be related to trauma, and how to properly support them if they need it." – YoungMinds

"There are still huge barriers for diverse communities such as those from BAME backgrounds who struggle culturally to approach the conversation around mental health with their closest networks." – Xenzone

Recommendations

- Put children and young people's wellbeing at the heart of every decision. By exploring how a policy, for example in housing or education, will affect children's mental health and wellbeing, we can maximise the power of promotion and prevention, reduce inequality and injustice, and spend public money more effectively.
- The newly established National Institute for Health Protection should work with children, young people, and their families directly, to ensure that campaigns are produced to empower them and improve their mental health literacy.
- The Department for Education should provide wellbeing support funding for every preschool, school, college, and university to adopt a whole education approach to mental health and wellbeing.
- Ofsted should review its approach to inspections for the next academic year, as a sole focus on academic attainment will only discourage schools from prioritising wellbeing further. In the longer term, Ofsted should update its school inspection framework to ensure it fully prioritises mental health and wellbeing, and recognises schools implementing good and outstanding practice.
- Future changes to the RSE curriculum by the Department for Education should include a focus on literacy around parent-infant mental health, and parenting skills, as a prevention and promotion measure.
- The Government should commit to routinely assess children and young people's wellbeing nationwide.

Chapter 3: Early intervention

Early intervention can mean different things to different people. It can range from early support to prevent problems from escalating, to early interventions for children and young people experiencing a mental health crisis or serious mental illness. It can also mean taking steps from birth to promote the wellbeing of babies and that of their parents.

Research undertaken by Centre for Mental Health highlights that on average, young people get help 10 years after their symptoms first arise (Khan, 2016). There are long-term financial implications associated with delayed and late intervention, including treatment for serious mental health problems such as psychosis and conduct problems. With the right early action, we can stop young people's problems from escalating, instead of waiting to treat them at crisis point. This applies across the spectrum of mental health and support services from early help to inpatient provision.

However, the evidence suggests that early intervention mental health support for infants, children and young people is not prioritised highly enough, including being sufficiently resourced. Analysis released last year by the Children's Commissioner Office suggests that local areas, which included both local authorities and NHS spending, allocated a total of £226 million for low-level mental health services in 2018/19, just over £14 per child. There is also wide variation between spending in local areas, for example, in London, local authority spending per child on low-level mental health services was £17.88 per child, compared to only £5.32 per child in the East of England (Children's Commissioner's for England, 2019).

All our members agree on the importance of early intervention in infant, children, and young people's mental health but they recognise that many barriers make this difficult. Our member YoungMinds launched a campaign, Act Early, in 2019 to draw attention to the significant delays that young people face. A survey they conducted found that two thirds of young people could not find support when they first needed it (YoungMinds, 2019).

What does early intervention mean to our members?

"If families were listened to and support was offered when they first ask it would make a huge difference and stop problems escalating." – Rollercoaster Parent Support

"At YoungMinds, we think that early intervention means providing good early support to young people that are struggling with their mental health. It aims to stop young people's mental health concerns from escalating and tackling them head-on when they do. This is based on the Early Intervention Foundation's definition." – YoungMinds

"... "Early intervention" can be a controversial topic in the autism field – it can be associated with the idea of "treating" autism. For our work, "early intervention" more often describes psycho-education programmes to help families of autistic children understand their condition and offer appropriate support, as well as programmes designed to encourage development of social communication skills in autistic children." – Autistica

"Early intervention, or early help, means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. In terms of support for mental health and wellbeing, this often means providing support for problems with low level anxiety and depression. This type of support does not need to be delivered by a clinical specialist and is less intensive than more specialist interventions." – Action for Children

Members have also shared anecdotes of children and young people talking about their experiences in medical services, and that they feel the need to say the right things or 'magic words' to get GPs or referrals to bring crisis services in. This speaks to a reductive system, one where children and young people sometimes do not have the space to talk openly about their condition. It is imperative that we have offerings that young people feel comfortable in and where they feel they receive the right help when they need it.

The importance of the early years

There is overwhelming evidence that parent-infant relationships are a very influential factor in development, including mental health and wellbeing, for babies into childhood and then adulthood.

The 1001 days movement, a collection of groups working and campaigning for children's health, highlight the collected evidence showing just how important the first 1001 days are for lifetime mental health and wellbeing (Parent-Infant Foundation, 2020). Furthermore, the Unicef Care Nurturing Framework states that the first 3 years of a child's life are where they are most influenced; environmental factors, from home life to parent and carer relationships, affect their psychological and social development.

The postcode lottery and devolved systems are clear to see when it comes to 0-2 year olds' health. In their report *Rare Jewels*, the Parent-Infant Foundation found that 42% of clinical commissioning groups in England did not accept referrals to Child and Adolescent Mental Health Services (CAMHS) of 0-2-year olds, even though CAMHS by definition covers 0-18 year olds (Parent-Infant Foundation, 2019). This leaves a huge gap for acute cases, making early intervention difficult in many areas of the country, allowing problems to escalate.

A positive offering, one that embraces cross working and a holistic, person-centred approach which this report consistently calls for, is parent-infant relationship teams. They offer cross-service work, centring parents and infants at the heart of services, and establish relationships early, enabling prevention and early intervention. However, there are only 27 such teams in the country, falling well short of the potential need they could meet.

Early years and lockdown

The Parent-Infant Foundation have reported that Covid-19 and lockdown have greatly affected support for parents' and babies' mental health. Parents and infants need so much support at the best of times, as years of member research has shown, given how important the first 1001 days of life are for babies' development. This support is often home based, meaning quarantine has been very damaging.

Babies in lockdown, a joint report by Best Beginnings, Home-Start UK and the Parent-Infant Foundation, used a survey of over 5,000 parents to determine lockdown's impact on mental health and wellbeing (Best Beginnings *et al.*, 2020). The results were clear regarding the negative impact of lockdown. Almost 70% surveyed found their ability to cope with their pregnancy or baby had been impacted, and similarly nearly 70% felt the changes brought about by COVID-19 were affecting their unborn baby, baby or young child.

Worryingly, only a third were confident that they could access mental health support if required. Given the importance of early intervention, this could have a concerning knock-on effect on long term mental health.

The report also found that families with lower incomes, people from Black, Asian and minority ethnic communities and young parents have been hit harder by the Covid-19 pandemic and were less likely to receive much-needed support, furthering inequalities in health care. Our members have already been calling for greater perinatal support, and we back this paper's call for greater funding to local authorities, to enable them to help the most vulnerable babies when they need it, given the deep and negative impact lockdown has caused.

In their pandemic response, NHS England have discussed focusing on enacting the Long-Term Plan. One area this should cover is the Plan's commitment to perinatal mental health, aiming to reach 45,000 more mothers by 2024 (NHS England, 2019). This aim is welcome, but the impact of Covid-19 on services, and reports from the frontline that this has affected health, should be considered. The number of families in need of early intervention as a result may well increase, and services must take this need into account.

Early help in the community

We know that mental health care goes far beyond the NHS and CAMHS. Not only can we prevent problems from even beginning with our policy and practice, as we outline in the above chapter, but we can promote good mental health and reduce problems early by acting in everyday settings for children and young people before they ever reach the stage where they require specialist NHS support.

Community settings, alongside education settings and home life, play an immense role in the wellbeing of infants, children, and young people.

Our member 4in10, a poverty action group based in London, spoke in our workshops of the importance of reframing where mental health help can take place. They pointed to the fact that so many people struggle with clinical settings, and so getting people to think differently about where they can be helped would be very beneficial.

Members highlighted their work in non-traditional mental health care, often with proven results. We know full well that some children and young people feel alienated or disillusioned with statutory services. It benefits everyone to provide them with effective alternatives, making community early intervention an important offering.

Our member Beyond highlighted the success of dynamic running therapies, such as Andy's Man Club as an alternative to those who have struggled in traditional services. Creative thinking and practice can lead to effective service provision, an outcome that benefits everybody.

Mental health 'drop in' community hubs

Members have reported that after the implementation of Future in Mind and local transformation plans, children and young people that they worked with were benefiting a lot from community-based drop in hubs. For example, our member Youth Access showcased this through their research partnership as part of the report Money Matters. Their qualitative and quantitative research showed that intervention at self-referral drop in hubs improved financial capability, and crucially this correlated with increased wellbeing (Youth Access, 2018). This is a clear example of confidence around key life areas affecting mental health.

However, despite this success, members are concerned that NHS clinical commissioning groups are reducing the use of hubs as an early intervention method to redirect funds to 'target matching' services. NHS groups are given strict targets to meet, and a practical solution is to ensure that local authorities have a ring fenced budget for mental health early intervention initiatives, meaning that NHS budget holders do not have to make difficult decisions, allowing the long-term prosperity of important and popular community services.

Tackle inequalities with community-based early intervention

Youth Access, a network of a wide variety of counselling services, pointed to a wide-ranging study showing who attends voluntary and charity sector (VCS) counselling, as well as the health outcomes of their attendance. Tellingly, outcomes were comparable to those who attend statutory services, making the case for funding and supporting community-based counselling services. Further, those from minority and disadvantaged backgrounds were more likely to attend VCS services. This is very important to recognise, given our shared goals of improving access and creating fairer services. Minority groups need and deserve decision makers' help, given that they are more likely to suffer mental health problems.

"Being a young carer myself, and working with other carers in the community, it's shocking to see the lack of access to mental health support, when they are caring for other people. It's an area that gets forgotten about."

Young person from the British Youth Council's NHS Youth Forum

A vital sector defunded over time

Before Covid-19 struck, the landscape of community health was bleak, as many of our members have highlighted. *Out of Service*, a report by our members YMCA, highlights how severe cuts to youth services have been in the past decade, and all the positives (including effect on mental health) that we have lost as a result of these cuts (YMCA, 2020).

Unison paints a similarly bleak picture of the last few years alone in real terms (Unison, 2018), reporting that 160 youth centres have closed and almost 900 youth worker jobs have been cut due to lack of funding. This is an outrageous number to lose, affecting so many children and young people and their mental health. We know the power that

community settings can have, not only for improving mental health and wellbeing, but through being able to pick up issues and signpost. Investing in late intervention services will not be cost effective unless we invest in community settings, too.

It should be noted that local authorities have been forced to make budget cuts due to a lack of centralised Treasury funding (Institute for Fiscal Studies, 2019). Although we urge local authority decision makers to prioritise prevention, promotion and early intervention with any fiscal decisions, due to their economic efficiency and treatment effectiveness, this can only be achieved if the Government funds local authorities properly.

Covid-19 worsens an already challenging situation for youth settings

We highlight above the potential of community settings to improve wellbeing, and as a vehicle to catch problems early. But Covid-19 has had a devastating impact on the future of vital youth settings. UK Youth surveyed those working in youth settings (UK Youth, 2020), with a staggering 88% saying that they will be likely or very likely reducing services to young people. Following this unprecedented period, children and young people need nourishing and supportive environments more than ever. But forecasts show that the opposite is about to happen, and that these settings will be taken away. Decision makers must step in to support these community settings. It is not only vital for our children and young people's wellbeing; it will save strain and cost for services accessed later down the line.

The importance of supporting early intervention in Covid-19 recovery

In a similar vein to prevention and promotion, as highlighted above, early intervention must not be forgotten in our efforts to build back better after lockdown.

The Early Intervention Foundation (EIF) has produced work on local services, and how they have responded to Covid-19 (Early Intervention Foundation, 2020a). A clear recommendation from the findings is that the role of local services cannot be forgotten. This means that funding for social care and CAMHS being increased will not be enough.

These statutory services were also under strain and struggling to meet needs before lockdown even began. It is forecast that the strain on them will be huge (Centre for Mental Health, 2020b), even with additional funding. It is so important to remember that local services who act early can pick up and prevent mental health problems from worsening. They are as vital an investment as bolstering statutory services, for preserving our health systems and for supporting our children and young people.

Silver linings and learning from the pandemic

Like many of our members, the EIF reports silver linings of innovation and collaboration to keep providing mental health care in the face of such difficult situations (EIF, 2020a). These silver linings must be taken forward and shared as best practice, not only because they may offer more effective treatment than existed previously, but because we do not know when services will return to normality, and indeed if a second lockdown will occur. Ensuring alternative and innovative provision is supported will be an essential part of mental health care going forward, creating a more diverse and resilient system that is also more accessible to a diverse audience.

One area highlighted was the simple but effective step many local authorities have taken to share data, previously a barrier to effective teamwork. The sector has long called for better joined-up working across providers, but the question has often been how that should happen. Data sharing, allowing more cohesive and holistic care for children and young people individually, as well as helping to smooth transitions, is a clear answer to that question. It is a shame that it has taken a pandemic to make this positive change, but it is certainly important to carry this forward.

GPs play a vital role, but are not prepared

GPs are often the first port of call medically for children and young people experiencing mental health problems. A YoungMinds project found that only 8% of GPs surveyed felt that the children and young people they saw had ample community support for their mental health problems. Further, only 20% of GPs agreed that they had sufficient training in infant, children and young people's mental health to help. Subsequently, only 10%

of GPs agreed that they usually felt confident that a referral to Child and Adolescent Mental Health Services (CAMHS) would result in treatment. More than three-quarters (76%) disagreed (YoungMinds, 2019).

We know that GPs are already stretched regarding their patient time and duties. Ensuring that they are surrounded by high quality voluntary and community sector support will allow them to quickly signpost and refer children and young people in need, as opposed to letting them fall through the cracks.

This is a clear policy area where change is needed – not only for our children and young people's mental health, but also to help GPs, as they will subsequently feel more capable of efficiently assisting and signposting.

Intervening early in traumatic households

Adverse Childhood Experiences (ACE), such as abuse and neglect, increase children and young people's risk of poor health and other challenges in life (Early Intervention Foundation, 2020b). Our member Barnardo's highlighted that powers designed to help adults overcome adversity, such as domestic abuse, should be maximized to cover helping children as well. Frontline workers are very often aware of issues, and domestic abuse is a common reason for them to socially support families (Barnardo's, 2020c). This does not account for hidden issues, such as abuse within families that authorities and services are not even aware of. Seeing ill treatment of another person is a recognised form of emotional abuse of children (HM Government, 2018). This is clearly the case for children in households living with abuse. Only if there are proactive services that can pick up problems as soon as they emerge, can we intervene early and get children the help they need.

The impact of the pandemic on children and young people with vulnerabilities

Vulnerable children are defined as those who require local authority support, for example those who have been allocated an Education and Health Plan or are a looked after child (Department for Education, 2020a). In actuality, many children who are vulnerable may not be known to services or meet the threshold of this government definition but be more at risk than their peers. At the best of times, they need more support from services, schools, and local authorities, due to the higher likelihood of experiencing health problems. Given the effects of lockdowns, this help is even more important in recovery.

Beyond the statistics, frontline workers also reported concerns for the most vulnerable young people's wellbeing. The Coalition, in partnership with several of its members, ran a live practitioner survey (CYPMHC, 2020) on lockdown and its impact on mental health. Of the hundreds of responses, several frontline workers reported that they were particularly concerned for vulnerable children, such as those in traumatic households or young carers, because they already had such little support and that had been cut off. The long-term effects of this period for vulnerable children may be very damaging.

“Respite for young carers is needed – to be the responsible one during this crisis, with no escape of school and youth groups, is a massive thing impacting mental health.”

Young person from the British Youth Council's UK Youth Parliament

Preparing for transitions

Transitions characterise a period where children and young people are moving between services or are moving to adulthood. Not only is this a difficult time for all children and young people, in terms of neurological development and societal factors such as education, job decisions and environments changing, but also for those receiving ongoing mental health treatment, and for those who develop new problems.

From a mental health perspective, this period is notoriously difficult. In some respects, this is due to the nature of transitions. Transitioning is moving from one system, be it health support, educational setting or home, to another, increasing the risk of ‘falling through the gaps’. However, there are plenty of aspects in which transition support can and needs to be improved. Children and young people regularly and consistently demand a change in the system to suit their needs.

Currently, three quarters of mental health problems manifest before age 24 (Kessler, *et al.* 2005). Given how important we know early intervention is, picking them up early is vital for health care. However, problems that emerge in transitions, when children and young people are unlikely to be in support, can easily be missed. This is a huge reason, alongside improving continuation of care, to get transition health care right. Picking up issues early is best for young people and for systems. It also makes much more sense to match the needs of children and young people as they occur than to arbitrarily provide services by age.

Recommendations

- The Government should develop a clear and comprehensive early intervention strategy for all infants, children, and young people. This should be based upon a long-term vision and cross-government approach to meeting the needs of all those aged up to 25.
- NHS England should re-evaluate its commitment to perinatal mental health (which currently aims to reach 45,000 more mothers by 2024 within the NHS Long Term Plan), with a willingness to increase that target if, as predicted, need increases as a result of lack of help accessed by parents and infants during lockdown.
- The Government should recognise the importance of childhood trauma and adversity and ensure that public services are able to respond effectively to children and young people who have been traumatised, including as a result of the pandemic.
- Local areas should prioritise early help services in the community. This could include a network of open access Mental Health Hubs to provide support to those with emerging needs, alongside advice on employment, housing, and education.
- Greater coordination is also needed between mental health service providers and key agencies such as education, social care, and substance misuse services.
- Decision makers and service providers should work on the basis that no family is ‘hard to reach’. Rather, services and programmes are hard to access for some and should be assessed by their accessibility and effectiveness for those from all backgrounds. This means that services should be working for everyone, reducing inequalities in health care, and expanding the reach of early intervention.
- The Government should invest in support for young people aged 16-25. This should involve a more flexible approach to transitions from children and young people’s services to adult mental health services.

Chapter 4: Building skills and confidence

Mental health literacy, removing stigma, and knowing what to do if someone needs help are all vital elements of a society with better mental health. Building skills and confidence is often the first step in promoting good mental health and addressing early problems. Conversely, a lack of skills and confidence can be a big barrier to accessing help and treatment.

We see the workforce as all those who work, paid or not, to improve the mental health of infants, children, and young people. That of course includes parents, carers, and all those who work with young people, even if their role is not explicitly about mental health.

We know that children and young people may choose to speak to a variety of people in their life about mental health, be it peers, parents, teachers, or community workers like sports coaches. By giving everyone the skills and confidence to talk about and help with mental health problems, we will further our shared goal of a society that promotes good mental health. Confidence is important in and of itself. We can ensure that people such as teachers and parents have mental health skills. But they need the confidence to act in a field that is often scary and emotive.

Young people we spoke to in our workshops also highlighted the importance of a diverse workforce, one that looks like them and understands their social or cultural background.

"One of the things is that the actual psychologists and counsellors are often from a white background, and often don't understand the cultural barriers and factors that affect the mental health of someone from the BAME community. Often when you don't have that it's really hard to go into the deeper issues such as honour killings, or the basics. You just can't get into it, we don't have a platform to encourage people from these platforms to get into this work, we should be encouraging them to help their community, because they understand the issues. While somebody can sympathise, they can't empathise. If we are to help people from BAME backgrounds we need to encourage people from those backgrounds to be leading on improving mental health." – Young person from the British Youth Council's NHS Youth Forum

"In the BAME community, there is still a taboo, we are not out of that phase yet. You can't openly talk about it. People will start talking about needing a religious conversion" – Young person from the British Youth Council's NHS Youth Forum

Mental health literacy and anti-stigma

Members in our workshops and call for evidence reported that they felt attitudes and anti-stigma around mental health had improved in some areas. National campaigns such as 'Time to Change' were applauded. However, some members made the important point that a more nuanced understanding of mental health problems was still missing. Beyond, a group who work in schools and community settings, reported that the discourse was still very focused on anxiety and depression, and that understanding of issues such as personality disorders and eating disorders were low.

Several members also echoed the point that stigma was still high among more complex or hidden issues. Public awareness around mental health overall has increased but some were quick to highlight that more complex or nuanced issues, such as borderline personality disorder and self-harm, still carried a lot of stigma and misunderstanding.

Information and access to help

Having access to relevant and up to date information about mental health and local support is vital and can often prevent children and young people's needs from escalating. A recent review by the Care Quality Commission of children and young people's mental health services described "a complex and disjointed system that produces disjointed support" (CQC, 2018).

North Yorkshire Young Minds Combined is a project that focuses on joining up support and information aimed at infants, children, and young people. They noticed through their work that across various local groups and services, mental health was being prioritised. They found that CAMHS and clinical commissioning groups, alongside community groups, all wanted their own information and websites. While understandable, this creates a

confusing and convoluted landscape for children, young people, and their families to navigate. Eventually, ‘The Go To’ (NHS North Yorkshire CCG) platform was created as a one-stop resource for children and young people in North Yorkshire, allowing coordination for providers and streamlined access for children and young people.

Several members reported that existing public health campaigns could contain more elements that speak to children and young people directly, as well as those who care for them. This is a crucial element of empowerment, as children and young people need to feel they have ownership over their mental health and choices, as opposed to having to rely exclusively on the actions of others. The recently launched Public Health England mental health campaign (Every Mind Matters) to support children, young people, and their parents affected by the pandemic is a much welcome initiative we hope to see invested in and expanded over the coming years.

Instilling skills and confidence in children and young people through peer support

Peer support is a growing area, in a variety of settings, from educational to health care and the community. Contrary to the misconception that it is an ‘add-on’ or a ‘soft skill’, peer support can empower children and young people to look after themselves and each other, gaining sustainable, lifelong skills.

It is loosely defined as “Using the knowledge, skills and experience of children and young people in a planned and structured way to understand, support, inform and help develop the skills, understanding, confidence and self-awareness of other children and young people with whom they have something in common” (Department for Education, 2017).

Young people’s views on skills and confidence:

“Services and help made by young people for young people, that is always our big thing.” – Young person from the British Youth Council’s NHS Youth Forum

“Everybody needs a basic level of awareness, and PSHE is a good place for it. I worked with St John Ambulance on having first aid on the PSHE curriculum. MHFA needs to be on there. If it’s advisory guidance, schools can always not do it.” – Young person from the British Youth Council’s NHS Youth Forum

“Make young people aware of their rights when they are declaring disabilities and mental health problems.” – Young person from the British Youth Council’s NHS Youth Forum

“There is an immediate need to educate parents to help their children. Teachers have done that for a long time.” – Young person from Beyond Youth Board

“I think a lot of teachers are so worried about teaching mental health and how to deal with difficult questions, so my school is looking for training opportunities to instil confidence.” – Young person from Beyond Youth Board

“One of the biggest long-term issues has been messaging behind mental health. There’s so much fragmentation within the sector, so many people have different definitions of mental health and what it means, how to deal with it. For youth, it’s important to have consistent messaging so they don’t get confused.” – Young person from Beyond Youth Board

“Please involve us in decision making, we know what we need. We are experts in our own health.”

Young person from the British Youth Council’s NHS Youth Forum

From British Youth Council's UK Youth Parliament:

"There needs to be mandatory legislation around mental health leads. There are requirements for first aid training, but no requirement for at least one staff to be mandatory mental health trained, which I find abhorrent."

"Having LGBT inclusive sex ed will massively improve the mental health of young LGBT people, as they are being 'seen'."

"Educate what healthy mental health looks like, people only talk about the extremes of depression and anxiety, so you don't notice it creeping in. If you know what healthy looks like, then you notice things creeping in."

In an internal study, YoungMinds reported that among the thousands of children and young people they surveyed, the person they were most likely to speak to about mental health was their peers. If children and young people are speaking to peers and seeking support, then it only makes sense to ensure that peer support is as supported and robust as it can be.

Our member Leaders Unlocked also shared the lessons learned in their evidence sessions from running 46 workshops with children and young people. Common themes for the attendees were shared responsibility, and the importance of going along with users, not just doing things to them. Further, the importance of creating environments where young people can help themselves was another common theme.

Good peer support needs a structure around it. A common criticism can be that it is unregulated and so can be unhelpful for children and young people. But it is important to view peer support in the same way as any formal treatment: the more it is funded and supported, the more effective it will be. Peer support can also take place in community or online settings, meaning it is able to reach groups who may struggle to access statutory services.

The Department for Education released a landmark report on 100 pilot sites, 91 of which were schools, for peer support programmes. Schools informed

children and young people of the project and mentors were often selected by volunteering, although some schools actively recruited children and young people, for example by approaching those with mental health needs or those living in difficult circumstances (it is excellent practice to actively seek children and young people who are marginalised for leadership roles). Children of both primary and secondary school age reported feeling "happier, better supported and better able to cope with the issues that had prompted them to seek support" (Department for Education, 2020).

Addressing inequalities

Through the Coalition's research into skills and confidence-based programmes, such as peer support, a theme has emerged surrounding the type of people such participatory and volunteer programmes reach; namely, that children and young people who are confident will be more likely to take part in programmes and look for leadership roles. Conversely, this means that such programmes risk not reaching those who may be less confident, namely children and young people from poorer backgrounds, or those from oppressed groups such as the LGBT and/or Black and Minority Ethnic communities.

That is why it is so important to consider inequalities when designing skills and capacity-building initiatives. Unless we consider access, and how the design of such programmes makes them reachable and encourages disadvantaged children and young people to access them, then we may not address inequalities in mental health, despite well intentioned support.

"[on MH teaching] only an hour a day or twice a week, it would make a massive difference, you're at school for at least 5 years. You'll slowly build the foundations of understanding mental health and how it changes."

Young person from Beyond Youth Board

The converse of this situation is that peer support, as it is community and network based, can reach groups that traditionally struggle to benefit from and access traditional services. The Proud Trust, for example, amongst their varying work with LGBTQ+ children and young people, offers a supported training-based peer support system (The Proud Trust n.d). The results are very positive and provide mental health help for a community that is marginalised.

Member views on the role of parents and carers:

“One of the biggest issues I see is that if professionals don't see the problems families are asking for help for...families are passed round and round the system until things hit a crisis and help starts to be available. The parent/carer voice is often invisible unless the hard evidence is seen and this must change... years are often wasted because the 'evidence' professional organisations require is not available.” – Rollercoaster Family Support

Good mental health starts at home: the role of parents and carers

A true prevention and promotion approach is one that takes a child's family into account, focusing on the role of parents and carers, their own health, relationships, and home lives. This allows the addressing of potential causes, given how impactful parental health and home life is on children and young people's mental health. Parents and carers, if empowered and equipped with the right support, can identify issues very early and schools are often their first port of call.

Taking a holistic and whole family approach is crucial and can stop problems from escalating.

In their evidence submission, our member Carers Trust highlighted the importance of whole family working for young carers in particular. “Whole family working involves understanding and addressing the needs of the family as a whole. This means considering the impact of an individual's additional needs on the rest of their family and addressing a child's needs within the context of their family, instead of in isolation. When a whole

family approach is used to support mental health, we can see a “virtuous circle”, a beneficial cycle of events where one positive outcome leads to another positive outcome and so on resulting in a continuous process of improvement, amongst services that contribute to good mental health amongst young carers and young adult carers.”

Providing training, integrated support, advice, and information to families can equip them with the skills needed to support their child's mental health. We need to get to a place where care and services are truly co-produced and are rooted in the views and experiences of families.

Strengthening the workforce

Education staff

Faculty in education settings have a huge responsibility, and are being asked to provide more and more pastoral support, as well as supporting children and young people's learning. As our members continue to call for a whole school approach, we must remember that this can only be achieved through fully supporting faculty. That means not only giving them the resource, training, and funding to prioritise their pupils' wellbeing, but also the time and space. It is not enough to push faculty on a whole school approach without also giving space to put meaningful wellbeing check ins and signposting in place. Time given to prevention and promotion, such as play, interaction with nature, and learning therapies must also be given and balanced with academic pressures.

“I want to talk about bereavement. I lost my dad in year 9 and my school did not know how to deal with it. We are going to see an increase in bereavement and schools are really ill equipped to deal with it. The rate is high, but they still don't know how to deal with it. Training needs to be in place.”

Young person from British Youth Council's UK Youth Parliament

While a whole institution approach can only be achieved if staff, parents and authorities work together and are mental health aware, it was agreed by members that teachers and staff are already being asked to balance teaching with pastoral care. Without an increase in time and space given to faculty to improve children and young people's mental health, this may add further strain to the wellbeing of faculty. Dedicated mental health leads and roles in schools were recognised by our members as an important addition to schools prioritising mental health. Mental Health Support Teams have also been welcomed where they are based.

In a recovery briefing on children and young people's mental health, co-authored by the Coalition and members such as The Children's Society and Action for Children, one recommendation was to increase rollout of Mental Health Support Teams as a necessary piece of recovery (The Children's Society *et al.*, 2020). They have been welcome and effective, but there are simply not enough of them to cover nationwide needs. As is true of many effective initiatives in government and charity work, often reinventing the wheel is not needed, and simply scaling successful projects up to a nationwide level is a simple but influential policy.

“Around training, schools should have a mental health lead. The amount of mental health lessons I have had from a teacher flicking through a PowerPoint who did not know what they were talking about. Afterwards the school says they speak to their pupils about mental health. Yes, but it wasn’t helpful!”

Young person from British Youth Council's UK Youth Parliament

Staff wellbeing

Wellbeing of the workforce needs to be as important as their job duties. Indeed, the two are inexorably linked, as welfare impacts the ability to work well, and work affects wellbeing. The Association of Colleges gave an example of a member college which mandated that teachers had to set themselves a wellbeing target, alongside their professional yearly targets. At appraisal, meeting their own wellbeing measure was taken as seriously as the other goals. This is an excellent example of ratifying a commitment to giving mental health parity with role duties.

The specialist workforce and managing complexity

Our members working with children and young people with learning disabilities and/or complex communication needs report them having had very negative experiences in the mental health system. In our *Overshadowed* report, young people and their families highlighted concerns about the mental health workforce's training in learning disabilities, and the impact this has in diagnosing mental health problems. The same has also been raised about the lack of awareness and mental health training among learning disabilities specialists. It is often the case that young people's mental health needs are overlooked due to misattribution to their learning disabilities (Lavis *et al.* 2019).

Similarly, during workshops, our members reported working with young people who regularly had negative experiences of Accident and Emergency or acute services around mental health. This was a very common theme. If medical practitioners are not mental health aware or trauma-informed, it follows that they may mistreat mental health problems, or symptoms such as self-harm. Young people being misdiagnosed, stigmatised, and bounced around medical services does not help statutory services, and it is detrimental to the health of the child or young person in question. Young people report sometimes being dismissed as attention seeking.

We refer to our work on behaviour below, namely that all behaviour is communication, and dismissal is an unfair and unhelpful way to solve the problem.

To improve partnership working between agencies and to centre the voices of those with lived experience, Carers Trust have developed 'The Triangle of Care' model to assist mental health professionals to better involve and support carers and families in the care planning and treatment of those with mental health issues (The Princess Royal Trust for Carers and the National Mental Health Development, 2010). The Triangle of Care approach was initially developed by carers and sought to improve carer-professional engagement in acute inpatient services. It has been successful in effecting positive change for carers by encouraging joined-up working between the carer, the person using services and professionals. It has now been extended to cover all aspects within a mental health service whether an inpatient, community or specialist service.

Last year, Carers Trust launched The Triangle of Care for Children and Young People's Mental Health Services to help mental health professionals in children and young people's services to be better able to identify, understand and support carers. By staff and carers working together in equal partnership with the child or young person, their collective knowledge and expertise can be used to devise individual care and support plans to help support recovery for the whole family (Carers Trust, 2019).

Recommendations

- Health Education England and the Department of Health and Social Care should develop an overarching infants, children and young people's mental health and wellbeing workforce plan to expand the workforce and enhance the skills of the wider workforce. This plan should encompass the whole children and families workforce, not just staff working in NHS mental health services. This plan should also recognise and include the roles of parents/carers and peer support.

- To improve efficient signposting for young people, every local area should have a directory of services that could provide support for young people's mental health – including local charities, youth clubs, peer support groups; a guide to helplines, evidence-based apps and online support; and clear advice on local and national options for social prescribing and self-management. GPs, Mental Health Support Teams, teachers, youth workers and other professionals would be able to access this directory, to ensure that there is awareness of and coordination between all services available in their area.
- The Department for Education and Department of Health and Social Care should fully fund and scale up the roll out of Mental Health Support Teams in schools and colleges so that every child and young person in England can benefit from the support they offer. This should be delivered alongside a robust evaluation to determine whether this model is effective in meeting the needs of pupils.
- We want to see a wider and more diverse range of therapeutically trained staff in NHS-funded services to offer a range of help and support to infants, children, young people, and their families.
- The Government should ensure there is a new budget to train staff in trauma-informed wellbeing approaches, as well as providing pastoral support to staff themselves.
- The Department of Education and Department of Health and Social Care should invest in and promote the use of evidence-based, accessible parenting/carer and peer support strategies to support early identification and access to support.

Chapter 5: Spotlight issues

This chapter focuses on current policy issues and challenges identified by our members that require greater attention from policy makers and from providers of mental health support. This year, our members wanted us to focus on the impact of behaviour management approaches in schools, online support and use, and its effects on infants, children and young people, and the links between sleep and mental health.

Behaviour in schools

Before lockdown began, there was sector and member concern regarding how children's behaviour in schools was being approached. Our members were particularly worried about the conflicting messages around wellbeing promotion and behaviour management.

Wide-ranging evidence points to behaviour, be it disruptive or unusual by normal standards, as a symptom of causal factors of health and wellbeing. Children and young people's challenging behaviour can be the result of underlying conditions, unmet emotional needs, difficulties at home or poor relationships with family and peers, for example (Centre for Mental Health, 2020e). Our members are clear that 'all behaviour is communication'; that is, when children and young people behave in a different way, it is a form of communication and could be a cry for help. In this regard, if decision makers' and schools' goals are to change behaviour that may be disruptive for a child and their peers, then addressing the causes (such as the myriad of factors in a child's past and present) not the symptoms (the behaviour itself) is the right approach. However, earlier this year, the Government reinforced its punitive approach, such as greater use of exclusions, to deal with challenging behaviour (Department for Education, 2020c). The announcement stated that "there are no excuses for bad behaviour". This is troublesome for two broad reasons. Firstly, exclusions can clearly do long-term harm to a child, by reinforcing the traumatic or harmful factors that are causing the behaviour in the first place, punishing them as opposed to considering what in their life may be causing them

to act this way (Centre for Mental Health, 2020e). Secondly, if the goal is to reduce behaviour that may disrupt a classroom, say, then an approach that makes the causes worse (punitive) as opposed to one that tries to treat the causes and work with the child (therapeutic) is counterintuitive and helps nobody. We feel it is imperative to reconsider approaches to behaviour, to better achieve what decision makers want, but also to give children and young people the care they deserve.

Inequalities in behaviour: the case of school exclusions

There are several disparities and inequalities in school exclusions (Department for Education, 2020d). Gypsy and Roma children and young people are more likely to be excluded than anyone else, and Black Caribbean pupils are three times more likely to be excluded than their white peers. This means that when schools exclude pupils, instead of helping communities that are more likely to experience mental health problems, they may make things much worse.

There is a dual correlation between children and young people with mental health problems and exclusion, with those who need help most with their health being more likely to be excluded (Mentally Healthy Schools) And being excluded is worse for their mental health. This is a cruel and unhealthy cycle.

Member views on the impact of behavioural policies on children and young people's wellbeing:

"Continuing permanent exclusions from school [is] due to behaviour policies that are insensitive to trauma histories. Mental health leads in secondary schools work well in some schools but in others, if the senior lead is not experienced in mental issues, it is counter-productive and permanent exclusions continue." – One Education

“The wider education system can impact on the ability of teachers and other professionals to support young people with ‘challenging behaviours’ who are in need of support around their mental health first and foremost. [...] There are schools who are doing this very well, but the gulf between good and bad practice seems to be widening. This has particular implications for children and young people with additional needs including autism, other additional needs and those who are not accessing school or alternative provision” – Charlie Waller Memorial Trust

“There is much to welcome in the government’s mental health agenda in schools, but it is undermined by an over-emphasis on high stakes testing from a young age, as well as by an accountability system that frames ‘behaviour’ in terms of discipline rather than communication.”
– YoungMinds

This cycle extends into adulthood, greatly affecting life chances and health. Children and young people who are excluded by age 12 are four times more likely to be imprisoned (Smith and McAra, 2003). A vital piece of tackling inequalities in adulthood, including racial injustice, starts with our school and college approach.

There is a huge movement in society now to address structural racial injustice. A big step in the right direction would be to review exclusions as a behaviour management method, instead focusing on helping pupils address the root causes of their behaviour in a trauma-informed manner.

Covid-19 and behaviours

It has been widely accepted that Covid-19 and lockdown has had a massive effect on our children and young people. The Department for Education has published renewed guidance on prioritising wellbeing upon schools reopening; a welcome move (Department for Education, 2020e). However, a behavioural approach which is therapeutic and non-punitive will be a vital part of this approach - an approach that the government has accepted is important. It stands to reason that if decision makers are dedicating time and resource to wellbeing in schools, then they should include behaviour management under this umbrella. Intuitively,

following an unprecedented time for children and young people, their behaviour upon readjusting and returning to school after a potentially traumatic time may well be different. Working with children and young people, intervening early, and offering person-centred support, is a crucial part of the offering from our systems that they need and deserve. Punishing or excluding them, when their behaviour is a symptom of a traumatic time, is not only unfair but also damaging for their long-term mental health.

The impact of the online world on children and young people’s mental health

Members reported concern in our workshops that digital technologies, including social media, while being scrutinised, can be made a scapegoat for wellbeing issues of children and young people, when there are many other factors to consider. We believe that social media is far too large and varied in its impact and content for children and young people to be denounced or applauded in absolute terms. A nuanced approach is required, one that can celebrate and accentuate the benefits, for example offering a platform for online communities to give communal support, especially for those who are isolated, while looking to tackle the issues that exist online.

It is clear that a reductive approach, one that blames social media and digital screen time as the single cause of mental health problems, will not help society improve children and young people’s mental health.

The discourse and education of parents and carers around digital use was also highlighted as an important area by our members. Beyond, who work with schools and carers, highlighted their experience of educational programmes for parents which focus solely on negative aspects, such as the potential harms of social media, and the need for control over children and young people and their online behaviour.

Leaders Unlocked also reinforced this notion, suggesting that working with children and young people on social media and screen time could be more productive than working against them.

During lockdown, there was a huge disruption to health care, both physical and mental. This forced services that provide crucial help for children and

young people, alongside systems that pick up emerging mental health issues, to go online.

Remote intervention - a mixed response

Youth Access, in response to Covid-19, produced a rapid, wide-ranging review of remote interventions (Youth Access, 2020). The high level findings supported what our members have said above – that although there are several benefits to remote support for children and young people, it should not fully replace face to face services, due to the large volume of children and young people who do not suit remote services. The benefits highlighted included the fact that disadvantaged groups, such as the LGBTQ+ community, have sometimes found it easier to access remote services. Making services easier to access for traditionally oppressed groups, and ones that find engaging with statutory services more difficult, is a compelling reason to increase and improve remote provision.

An increased flexibility, lack of waiting time, and less reliance on parents and carers transporting children and young people to services were also cited as universal reasons for the success of remote support.

Inequalities and digital

As society continues to embrace the digital innovation that has been accelerated by lockdown, it is crucial to remember the social and economic inequalities that exist, often prohibiting access. We must ensure that children and young people who do not have access to such technology are not left behind.

The scale of this potential problem has been laid bare by Covid-19. Home education was reliant on

“People, especially with learning disabilities, have missed out on digital engagement. We need one to one assessment of each individual after lockdown, to see how much people have been affected.”

Young person from British Youth Council's UK Youth Parliament

“If I went to my GP and I said I need help and they handed me a website link, I would feel it was a cop out, and would lose faith in the services. That may just be my mentality and what I expect therapy to look like. If they are going to roll out a digital approach, there needs to be a change in mindset regarding what therapy looks like, and further education on how people can benefit. An education piece would instil confidence.” – Young person from Beyond Youth Board

“I totally agree (that the first point of contact should be in person). The person that you’re communicating with digitally should be the same person that you’ve built a relationship with. Not having that surprise when you join a zoom call and it’s someone else. It’s all about relationships.” – Young person from Beyond Youth Board

“I grew up in a rural community, and it was quite an undertaking to see a mental health professional. There needs to be a blended approach. This change might make services way more accessible” – Young person from Beyond Youth Board

laptops and WiFi, and it became an immediate concern that hundreds of thousands of pupils would not have access, losing ground on their learning, but also losing health support. Indeed, data from the Office of the Children's Commissioner finds that an estimated 9% (nearly one in ten) families in the UK do not have a laptop, desktop or tablet at home (Children's Commissioner for England, 2020).

It also became clear that children and young people with vulnerabilities, often reliant on continued support from services, were at greater risk during lockdown. Children and young people at risk may not have access to a safe space to conduct their therapy. Treatments can be very demanding and intense for children and young people, and this can be easily compromised if they do not have a safe and confidential space. The British Association of Counselling and Psychotherapy highlighted the need for specific training for therapists, not only because online treatment requires different skills, but because those suddenly conducting their therapy at home were at risk, so code words and protocol etc. were needed.

After lockdown- what should the digital offer be?

Our members, such as The Children's Society, have reported that there has been a mixed response to digital migration of counselling, therapy and treatment (The Children's Society *et al.*, 2020). Some children and young people have preferred online help, as it gives them more flexibility, or they feel more grounded and safer in their own space. However, other children have really struggled to engage in online treatment, finding it more disconnecting. The reasons may vary between people, but from our wide-ranging member feedback, one thing is clear: digital support is not for everyone, and a mixed model is needed to help all children and young people.

An excellent point raised by members as part of the workshops was the need for long-term study on the impact of remote therapies and support. Surveys so far have produced robust results and clear themes, but it could be that the enjoyment or novelty of remote support does not correlate with effectiveness of treatment. Undeniably, some children and young people have already experienced benefits from remote support, but overall, institutional action must consider long-term effectiveness, which can only be determined through longitudinal study.

Our member, Our Time, run community-based whole family workshops, which have migrated online during Covid-19. They have anecdotally reported that health issues that usually would stop a family reaching an in-person session no longer prevented them from attending.

This is one example of our members turning to online support in response to lockdown, finding silver linings where they may not have otherwise explored digital migration.

Continuing this theme, our member Rollercoaster Family Support reported that lockdown had presented opportunities to strengthen online family networks, allowing facilitation of parental peer support regarding mental health of children and young people. The Sleep Charity also reported that they were engaging with parents that they would not usually have been able to engage with.

Sleep: The role it plays in infants', children's, and young people's mental health

The Coalition and its members see sleep as a crucial emerging issue simply due to how much it impacts mental health and vice versa. This means that both negative and positive cycles exist. The spotlight has sharpened on sleep, and its role in mental health, and with good reason. The scientific community has long advocated for better, longer sleep for health benefits, but research is more clearly showing the direct correlation with good mental health (University of Warwick, 2020). The lack of good sleep can also disrupt children's development, including their emotional development. The British Sleep Foundation suggests that children with disabilities are 86% more likely to have long-term sleep problems than children without disabilities.

Our member, The Sleep Charity, have also been highlighting the direct link between children's sleep problems and their parents' and carers' health, as one can have a considerable impact on the other.

This year, The Sleep Council and The Sleep Charity published *A Wake-Up Call*, a manifesto calling for widespread changes to improve everyone's mental health (The Sleep Council and The Sleep Charity, 2020). It highlighted that an estimated 40% of people in the UK have sleep difficulties. The manifesto calls for greater awareness and sleep education for children and young people. Further, it advocates for early intervention being expanded, as too often problems are only addressed at the acute stage, a problem further raised in our member workshops. There is already effective practice in some areas that can be scaled up. A family-centred sleep service in Sheffield helped up to 800 children, who gained an average of two hours' more sleep a night, a pivotal amount. Clearly, greater funding could expand a successful service to the whole country (BBC News, 2019).

Sleep and Covid-19

We have seen worrying reports of sleep being affected during the pandemic. Barnardo's report that, upon surveying their frontline workforce, one of the two most common problems for children and young people was disturbed sleep (Barnardo's, 2020b). We know that mental health has gotten worse for some during lockdown. Sleep problems have clearly been the same, and these effects may be long lasting, and have a knock-on impact on education, wellbeing, and whole-family health.

Recommendations

- The Department for Education should review and reform its school behaviour policies to protect all children's mental health, educational attainment, and future life chances.
- The Department for Education should introduce a moratorium on school exclusions over the next academic year to allow pupils time to adapt to the changes within the school environment and catch up on any learning they have missed out on as a result of the lockdown.
- The Department for Education should support schools and colleges in developing systems for better engagement with parents and families, so that schools, parents and carers can constructively address children's mental health and behaviour needs together.
- Digital innovations in mental health care must be matched with an investment and infrastructure by the Government that ensures everyone can access treatment and support. No child or young person should miss out on support for their mental health because of who they are, where they live or their economic status.
- The successor to Public Health England should test and invest in high quality interventions to support infants, children, and young people with emerging sleeping difficulties.
 - This should include advice and information for children, young people, their families and professionals on the physiology of sleep, how the body and brain benefit from sleep, how sleep impacts learning, the effect of screen use on sleep, how to monitor and improve sleep patterns and how to manage anxiety.
 - The successive organisation should also commission robust research into the impact of sleep on mental health and wellbeing across the life course.

Conclusion

This comprehensive report set out to collect and synthesise the latest evidence from our Coalition members about the current state of infants', children's, and young people's mental health in England, through both quantitative data around how members viewed long-standing government policy performance, and a call for evidence of latest member findings and research across a range of areas.

Across our three strategic priorities of prevention and promotion, early intervention, and skills and confidence, our findings show that members believe that urgent action is needed across the board to improve the situation. This was particularly true in tackling inequalities, as well as improving the wellbeing of the most vulnerable children and young people. The report strives to be solution based, and has robust, member-led recommendations for decision makers at every juncture.

The impact of the pandemic has further increased the urgency of prioritising the mental health of

infants, children, and young people, and has heightened pre-existing issues as well as creating new ones. However, member work has identified silver linings, and chances to build back better and expand the innovations and collaboration that has been successful in answer to the pandemic. The overall call is for a long-term improvement to systems as a response to the pandemic, rather than a short-term 'sticking plaster' solution.

Our members have also raised concerns about emerging challenges such as the use of digital, sleep, and approaches to behaviour management in educational settings, evolving areas that threaten children and young people's mental health. They intersect with our priorities and are covered through the report as well as in their own chapter.

To benchmark national policy progress and implementation, next year's report will survey members again on their expert take around government policy and its progress, as well as short- and long-term response to the pandemic.

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Appendix

Table 1: Member confidence in the implementation of Future in Mind

Future in Mind	Not at all	Not confident	Somewhat confident	Confident	Very confident
Confident the policy has effectively improved service provision for children and young people	5%	20%	49%	24%	2%
Policy has led to increased funding for improving children and young people's mental health	5%	27%	46%	22%	0%
Policy has empowered the voluntary and community sector for improving children and young people's mental health	12%	22%	49%	17%	0%
The policy is on track to meet its goals	7%	37%	53%	2%	0%

N= based upon 41 member responses to survey

Table 2: Member confidence in the implementation of Transforming children and young people's mental health: a green paper

Transforming children and young people's mental health: a green paper	Not at all	Not confident	Somewhat confident	Confident	Very confident
Confident the policy has effectively improved service provision for children and young people	11%	45%	40%	3%	3%
Policy has led to increased funding for improving children and young people's mental health	5%	34%	42%	13%	5%
Policy has empowered the voluntary and community sector for improving children and young people's mental health	22%	49%	27%	3%	0%
The policy is on track to meet its goals	11%	45%	42%	3%	0%

N= based upon 38 member responses to survey

Table 3: Member confidence in the implementation of the NHS Long Term Plan

NHS Long Term Plan	Not at all	Not confident	Somewhat confident	Confident	Very confident
How confident are you in the vision set out in the NHS Long Term Plan in improving mental health outcomes for children and young people?	12%	20%	44%	24%	0%
How confident are you that the funding commitment for mental health (of at least 2.3 billion per year in real terms by 2023/24) will make a difference to children and young people's mental health	5%	24%	44%	24%	2%
How confident are you that the NHS Long Term Plan has empowered the voluntary and community sector for improving children and young people's mental health	22%	34%	37%	5%	2%

N= based upon 41 member responses to survey

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**Children & Young People's
Mental Health Coalition**

About the Children and Young People's Mental Health Coalition

Our vision: For all infants, children and young people to grow up in a society that prioritises, invests, listens and attends to their mental health and wellbeing. We listen to, and learn from members, supporters, children, young people and families, using this knowledge to influence and shape policy, systems and practice.

CYPMHC was established in 2010 by 28 founding members and now connects over 200 organisations representing the voluntary and community sector, academic institutions and professional membership bodies working across the country. The growth of the Coalition coincides with increased national focus on children and young people's mental health.